ZING HEALTH OF MICHIGAN, INC.

H4624-010 Zing Select Diabetes & Heart IL (HMO C-SNP)
H4624-011 Zing Select Diabetes & Heart IN (HMO C-SNP)
H4624-012 Zing Select Diabetes & Heart MI (HMO C-SNP)
H4624-023 Zing ESRD Select MI (HMO C-SNP)
H4624-025 Zing ESRD Select IN (HMO C-SNP)
H4624-027 Zing Select Diabetes & Heart Complete IL (HMO C-SNP)
H4624-028 Zing Elite Diabetes & Heart IL (HMO C-SNP)
H4624-029 Zing ESRD Select IL (HMO C-SNP)
H4624-031 Zing Elite Diabetes & Heart IN (HMO C-SNP)
H4624-032 Zing Elite Diabetes & Heart MI (HMO C-SNP)
H4624-033 Zing Elite Diabetes & Heart OH (HMO C-SNP)
H4624-034 Zing Select Diabetes & Heart OH (HMO C-SNP)
H4624-036 Zing ESRD Select OH (HMO C-SNP)
H4624-039 Zing Elite Diabetes & Heart TN-MS (HMO C-SNP)
H4624-040 Zing Select Diabetes & Heart TN-MS (HMO C-SNP)
H4624-042 Zing ESRD Select TN-MS (HMO C-SNP)
H4624-046 Zing Elite Balance IN-MI (HMO C-SNP)
(**collectively "Zing Health"**)

2027 Formulary

(List of Covered Drugs)

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

Formulary ID: 00027176, Version Number 6

Effective Date: 01/01/2026

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

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

When this drug list (formulary) refers to "we," "us", or "our," it means Zing Health of Michigan, Inc.. When it refers to "plan" or "our plan," it means Zing Health.

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

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

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

What is the Zing Health Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 23. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 23. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 83. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Zing Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Zing Health before you fill your prescriptions. If you don't get approval, Zing Health may not cover the drug.

- **Quantity Limits:** For certain drugs, Zing Health limits the amount of the drug that Zing Health will cover. For example, Zing Health provides 60 capsules per prescription for celecoxib 100mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Zing Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Zing Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Zing Health will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Zing Health Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Zing Health limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

What can I do if my drug is not on the formulary or has a restriction?

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

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

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

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

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

For more information

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

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

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

Zing Health Formulary

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

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

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

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

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

Drug Cost Shares (Table 1):

H4624-010 Zing Essential Wellness Diabetes & Heart IL (HMO C-SNP)

H4624-028 Zing Elite Diabetes & Heart IL (HMO C-SNP)

H4624-029 Zing ESRD Select IL (HMO C-SNP)

H4624-032 Zing Elite Diabetes & Heart MI (HMO C-SNP)

H4624-036 Zing ESRD Select OH (HMO C-SNP)

H4624-042 Zing ESRD Select TN-MS (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type / Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$400^ **H4624-010** **H4624-032**	Retail 30-day supply	$0	$5	22%	25%	29%	$0
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
$350^ **H4624-028** **H4624-029** **H4624-036** **H4624-042**	Retail 100-day supply	$0	$15	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

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

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

Drug Cost Shares (Table 2):

H4624-031 Zing Elite Diabetes & Heart IN (HMO C-SNP)

H4624-033 Zing Elite Diabetes & Heart OH (HMO C-SNP)

H4624-039 Zing Elite Diabetes & Heart TN-MS (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$350^	Retail 30-day supply	$0	$8	22%	25%	29%	$0
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
	Retail 100-day supply	$0	$24	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

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

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

Drug Cost Shares (Table 3):

H4624-034 Zing Select Diabetes & Heart OH (HMO C-SNP)

H4624-040 Zing Select Diabetes & Heart TN-MS (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type / Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$500^ H4624-034	Retail 30-day supply	$0	$8	22%	25%	28%	$0
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
$450^ H4624-040	Retail 100-day supply	$0	$24	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

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

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

Drug Cost Shares (Table 4):

H4624-046 Zing Elite Balance IN-MI (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$500^	Retail 30-day supply	$0	$5	22%	25%	28%	$11
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
	Retail 100-day supply	$0	$15	22%	25%	Not available	$33
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	22%	25%	Not available	$33
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

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

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

Drug Cost Shares (Table 5):

H4624-023 Zing ESRD Select MI (HMO C-SNP)
H4624-025 Zing ESRD Select IN (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$350^	Retail 30-day supply	$0	$5	22%	25%	29%	$0
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
	Retail 100-day supply	$0	$15	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

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

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

Drug Cost Shares (Table 6):

H4624-011 Zing Select Diabetes & Heart IN (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$450^	Retail 30-day supply	$0	$10	22%	25%	28%	$0
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
	Retail 100-day supply	$0	$30	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	22%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

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

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

Drug Cost Shares (Table 7):

H4624-027 Zing Select Diabetes & Heart Complete IL (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
$700^	Retail 30-day supply	$0	18%	25%	25%	25%	$0
	Select Insulins*	$0	N/A	$0	$35 or 25%	$35 or 25%	$0
	Retail 100-day supply	$0	18%	25%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$105 or 25%		$0
	Mail Order 100-day supply	$0	$0	25%	25%	Not available	$0
	Select Insulins	$0	N/A	$0	$70 or 25%		$0

^Applies only to Tiers 2. 3, 4 and 5; deductible does not apply to insulins or vaccinations.

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

Drug Cost Shares (Table 8):

H4624-012 Zing Select Diabetes & Heart MI (HMO C-SNP)

INITIAL COVERAGE:

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

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

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

Notice of Non-Discrimination

Discrimination is against the law.

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

Zing Health:

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

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

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

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

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

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

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

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

Notice of Availability / Aviso de disponibilidad

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

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

Chinese Traditional: 台語

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

Chinese Simplified: 中文

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

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

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

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

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

Korean: 한국어

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

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-946-4458 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic: العربية

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

Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-946-4458 (TTY: 7111) पर कॉल करें या अपने प्रदाता से बात करें।

Italian: ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-866-946-4458 (TTY: 711) o parla con il tuo fornitore.

Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-866-946-4458 (TTY: 711) oswa pale avèk founisè w la.

Polish: UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-946-4458 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Japanese:

日本語

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-946-4458 (TTY: 711）までお電話ください。または、ご利用の事業者にご相談ください。

DRUG LIST

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	2	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	2	
probenecid TABS 500mg	2	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	2	B/D
NSAIDS		
celecoxib CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
celecoxib CAPS 400mg	2	QL (30 caps / 30 days)
diclofenac potassium TABS 50mg	2	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	2	QL (60 tabs / 30 days)
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diflunisal TABS 500mg	2	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
flurbiprofen TABS 100mg	2	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	2	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	2	
piroxicam CAPS 10mg, 20mg	2	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
methadone hydrochloride i CONC 10mg/ml	2	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	2	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	2	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	2	QL (180 tabs / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	4	
endocet tab 2.5-325mg	2	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	2	QL (240 tabs / 30 days)
endocet tab 10-325mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	2	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	2	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	2	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	2	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	2	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	2	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	2	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	2	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	2	QL (180 tabs / 30 days)
tramadol hcl TABS 50mg	2	QL (240 tabs / 30 days)
tramadol-acetaminophen tab 37.5-325 mg	2	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	2	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, PA
atovaquone SUSP 750mg/5ml	2	QL (300 mL / 30 days), PA
aztreonam SOLR 1gm, 2gm	2	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, PA
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	2	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	2	
clindamycin phosphate in d5w iv soln 300 mg/50ml	2	
clindamycin phosphate in d5w iv soln 600 mg/50ml	2	
clindamycin phosphate in d5w iv soln 900 mg/50ml	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	2	
dapsone TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	4	
daptomycin SOLR 350mg, 500mg	2	
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
ertapenem sodium SOLR 1gm	2	
fosfomycin tromethamine PACK 3gm	2	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	2	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	

Drug Name	Drug Tier	Requirements/Limits
ivermectin TABS 3mg	2	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	2	QL (10 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	2	
linezolid SUSR 100mg/5ml	2	QL (1800 mL / 30 days)
linezolid TABS 600mg	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 2gm, 500mg	2	
methenamine hippurate TABS 1gm	2	
metronidazole SOLN 500mg/100ml	2	
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg	2	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	2	B/D
pentamidine isethionate inj SOLR 300mg	2	
polymyxin b sulfate SOLR 500000unit	2	
praziquantel TABS 600mg	2	
pyrimethamine TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	5	NDS
sulfadiazine TABS 500mg	5	NDS
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NDS, PA
tobramycin NEBU 300mg/5ml	5	NDS, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	2	
trimethoprim TABS 100mg	2	
vancomycin hcl CAPS 125mg	2	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	2	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)
ANTIFUNGALS		
amphotericin b SOLR 50mg	2	B/D
amphotericin b liposome SUSR 50mg	5	NDS, B/D
caspofungin acetate SOLR 50mg, 70mg	2	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	2	
fluconazole in nacl 0.9% inj 400 mg/200ml	2	
flucytosine CAPS 250mg, 500mg	5	NDS, PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	2	
griseofulvin ultramicrosize TABS 125mg, 250mg	2	
itraconazole CAPS 100mg	2	QL (120 caps / 30 days)
ketoconazole TABS 200mg	2	PA
micafungin sodium SOLR 50mg, 100mg	2	
nystatin TABS 500000unit	2	
posaconazole TBEC 100mg	2	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	2	PA
voriconazole SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
voriconazole TABS 50mg	2	QL (480 tabs / 30 days)
voriconazole TABS 200mg	2	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	2	
atovaquone-proguanil hcl tab 250-100 mg	2	
chloroquine phosphate TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	2	
primaquine phosphate TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
APTIVUS CAPS 250mg	5	NDS
atazanavir sulfate CAPS 150mg, 200mg, 300mg	2	
darunavir TABS 600mg	2	QL (60 tabs / 30 days)
darunavir TABS 800mg	2	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
efavirenz TABS 600mg	2	
emtricitabine CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
etravirine TABS 100mg, 200mg	2	
fosamprenavir calcium TABS 700mg	2	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	2	
maraviroc TABS 150mg, 300mg	2	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
rilpivirine hcl TABS 25mg	2	
ritonavir TABS 100mg	2	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS
tenofovir disoproxil fumarate TABS 300mg	2	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
VIRACEPT TABS 250mg, 625mg	4	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	2	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	2	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	2	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NDS
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	2	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	2	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
IDVYNSO TAB 100-0.25	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
lamivudine-zidovudine tab 150-300 mg	2	
lopinavir-ritonavir tab 100-25 mg	2	
lopinavir-ritonavir tab 200-50 mg	2	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	NDS
ethambutol hcl TABS 100mg, 400mg	2	

Drug Name	Drug Tier	Requirements/Limits
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	2	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NDS, PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir SUSP 200mg/5ml	2	
acyclovir sodium SOLN 50mg/ml	2	B/D
adefovir dipivoxil TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
entecavir TABS .5mg, 1mg	2	
famciclovir TABS 125mg, 250mg, 500mg	2	
ganciclovir sodium SOLR 500mg	2	B/D
lamivudine (hbv) TABS 100mg	2	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	5	NDS, PA
MAVYRET TAB 100-40MG	5	NDS, PA
oseltamivir phosphate CAPS 30mg	2	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	2	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	2	
rimantadine hydrochloride TABS 100mg	2	
valacyclovir hcl TABS 1gm, 500mg	2	
valganciclovir hcl SOLR 50mg/ml	5	NDS
valganciclovir hcl TABS 450mg	2	
VOSEVI TAB	5	NDS, PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	2	
cefadroxil CAPS 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
cefadroxil SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
cefepime hcl SOLR 1gm, 2gm	2	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
cefotetan disodium SOLR 1gm, 2gm	2	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftaroline fosamil SOLR 400mg, 600mg	5	NDS
ceftazidime SOLR 1gm, 2gm, 6gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	2	
tazicef SOLR 1gm, 2gm, 6gm	2	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml	5	NDS
e.e.s. 400 TABS 400mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml	2	

Drug Name	Drug Tier	Requirements/Limits
erythromycin lactobionate SOLR 500mg	2	
fidaxomicin TABS 200mg	5	NDS
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	2	
ciprofloxacin 400 mg/200ml in d5w	2	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	2	
levofloxacin SOLN 25mg/ml	2	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	2	
levofloxacin in d5w iv soln 500 mg/100ml	2	
levofloxacin in d5w iv soln 750 mg/150ml	2	
moxifloxacin hcl TABS 400mg	2	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2	
PENICILLINS		
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin CHEW 125mg, 250mg	2	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2	
amoxicillin & k clavulanate tab 250-125 mg	2	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	2	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	2	
nafcillin sodium SOLR 1gm, 2gm	2	
nafcillin sodium SOLR 10gm	5	NDS
oxacillin sodium SOLR 1gm, 2gm, 10gm	2	

Drug Name	Drug Tier	Requirements/Limits
penicillin g potassium SOLR 5000000unit, 20000000unit	2	
penicillin g sodium SOLR 5000000unit	2	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	2	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	2	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	2	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	2	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	2	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	2	
TETRACYCLINES		
doxy 100 SOLR 100mg	2	
doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	2	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	1	
doxycycline hyclate SOLR 100mg	2	
minocycline hcl CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg	5	NDS
NUZYRA TABS 150mg	5	NDS, QL (30 tabs / 14 days)
tetracycline hcl CAPS 250mg, 500mg	2	
tigecycline SOLR 50mg	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D
BENDEKA SOLN 100mg/4ml	5	NDS, B/D
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
cyclophosphamide SOLN 1gm/5ml	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D
LEUKERAN TABS 2mg	5	NDS, PA
lomustine CAPS 10mg, 40mg	2	
lomustine CAPS 100mg	5	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
oxaliplatin SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	NDS, B/D
cytarabine SOLN 20mg/ml	2	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), PA
mercaptopurine SUSP 2000mg/100ml	5	NDS
mercaptopurine TABS 50mg	2	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	5	NDS, QL (120 tabs / 30 days), PA
abiraterone acetate TABS 500mg	5	NDS, QL (60 tabs / 30 days), PA
abirtega TABS 250mg	2	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), PA
anastrozole TABS 1mg	1	
bicalutamide TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	5	NDS
exemestane TABS 25mg	2	
FIRMAGON SOLR 80mg	4	PA
FIRMAGON SOLR 120mg/vial	5	NDS, PA
fulvestrant SOSY 250mg/5ml	2	B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), PA
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	2	PA
LIFYORLI CAP 125MG DS	5	NDS, QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	5	NDS, QL (27 caps / 28 days), PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, PA
LYSODREN TABS 500mg	5	NDS
megestrol acetate TABS 20mg, 40mg	3	
nilutamide TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	5	NDS, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
tamoxifen citrate TABS 10mg, 20mg	2	
toremifene citrate TABS 60mg	2	PA
VEPPANU TABS 100mg	5	NDS, QL (90 tabs / 30 days), PA
VEPPANU TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), PA
lenalidomide CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), PA
bexarotene CAPS 75mg	5	NDS, QL (300 caps / 30 days), PA
doxorubicin hcl SOLN 2mg/ml	2	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	NDS, B/D
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	5	NDS
mesna TABS 400mg	2	
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), PA
tretinoin (chemotherapy) CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
BEIZRAY CONC 20mg/ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
paclitaxel protein-bound particles for iv susp 100 mg	5	NDS, B/D
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	PA
bortezomib SOLR 3.5mg	2	PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
BOSULIF TABS 500mg	5	NDS, QL (30 tabs / 30 days), PA
bosutinib TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
bosutinib TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), PA
dasatinib TABS 20mg	5	NDS, QL (90 tabs / 30 days), PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), PA
erlotinib hcl TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
erlotinib hcl TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
everolimus TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), PA
everolimus TBSO 3mg	5	NDS, QL (90 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
gefitinib TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	5	NDS, PA
HERCEPTIN SOLR 150mg	5	NDS, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
HERZUMA SOLR 150mg, 420mg	5	NDS, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), PA
IBRANCE CAPS 125mg	5	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
imatinib mesylate TABS 100mg	2	QL (90 tabs / 30 days), PA
imatinib mesylate TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAPS 140mg	5	NDS, QL (90 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 30 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D
KANJINTI SOLR 150mg, 420mg	5	NDS, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), PA
lapatinib ditosylate TABS 250mg	5	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	5	NDS, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), PA
nilotinib hcl CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
nilotinib hcl CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	5	NDS, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, PA
pazopanib hcl TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
pazopanib hcl TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	5	NDS, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), PA
sorafenib tosylate TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), PA
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	1	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	

Drug Name	Drug Tier	Requirements/Limits
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone TABS 25mg, 50mg	2	
KERENDIA TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	4	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	4	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	4	QL (180 tabs / 30 days)
ENTRESTO TAB 49-51MG	4	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	4	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	2	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	2	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	2	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg	1	QL (60 tabs / 30 days)
losartan potassium TABS 100mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	2	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	2	
flecainide acetate TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
pacerone TABS 100mg	2	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
quinidine sulfate TABS 200mg, 300mg	2	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	2	
gemfibrozil TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	2	
atenolol TABS 25mg, 50mg, 100mg	1	
bisoprolol fumarate TABS 5mg, 10mg	1	
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
labetalol hcl TABS 100mg, 200mg, 300mg	2	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml	2	
metoprolol tartrate TABS 25mg, 50mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	2	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	2	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	2	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2	
dilt-xr CP24 120mg, 180mg, 240mg	2	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
felodipine TB24 2.5mg, 5mg, 10mg	1	
nifedipine TB24 30mg, 60mg, 90mg	2	
nimodipine CAPS 30mg	2	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
digoxin SOLN .05mg/ml, .25mg/ml	2	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	2	QL (90 caps / 30 days), PA
droxidopa CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), PA
epinephrine SOLN 1mg/ml	2	
guanfacine hcl TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
ivabradine hcl TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NDS, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	4	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	2	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), PA
alyq TABS 20mg	2	QL (60 tabs / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
duloxetine hcl CPEP 20mg	2	QL (120 caps / 30 days)
duloxetine hcl CPEP 30mg	2	QL (90 caps / 30 days)
duloxetine hcl CPEP 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	2	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl SOLN 20mg/5ml	2	
imipramine hcl TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
mirtazapine TABS 15mg, 30mg, 45mg	1	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
paroxetine hcl SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	2	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml	2	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	2	
trazodone hcl TABS 50mg, 100mg, 150mg	1	
trimipramine maleate CAPS 25mg, 50mg	4	QL (120 caps / 30 days), PA; PA applies if 65 years and older

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

Drug Name	Drug Tier	Requirements/Limits
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
selegiline hcl CAPS 5mg; TABS 5mg	2	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 vial / 28 days)
aripiprazole SOLN 1mg/ml	2	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
asenapine maleate SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	4	QL (2 packs / year), PA
BYSANTI TAB PACK B	4	QL (2 packs / year), PA
BYSANTI TAB PACK C	4	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
clozapine TABS 25mg, 50mg	2	
clozapine TABS 100mg	2	QL (270 tabs / 30 days)
clozapine TABS 200mg	2	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	2	PA
clozapine TBDP 100mg	2	QL (270 tabs / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
risperidone TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	2	QL (2 vials / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	5	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	3	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	3	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	2	QL (6 vials / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), PA
ANTISEIZURE AGENTS		
brivaracetam SOLN 10mg/ml	2	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
clobazam SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
diazepam SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	2	
diazepam inj SOLN 5mg/ml	2	
diazepam intensol CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg	2	
divalproex sodium TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), PA
eslicarbazepine acetate TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	2	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), PA
gabapentin CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
gabapentin TABS 600mg	2	QL (180 tabs / 30 days)
gabapentin TABS 800mg	2	QL (120 tabs / 30 days)
lacosamide SOLN 200mg/20ml	2	

Drug Name	Drug Tier	Requirements/Limits
lacosamide TABS 50mg	2	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	2	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	2	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
levetiracetam TB3D 250mg	2	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	2	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	2	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	2	
methsuximide CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
perampanel SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
perampanel TABS 2mg	2	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	2	
phenytoin CHEW 50mg; SUSP 125mg/5ml	2	
phenytoin sodium SOLN 50mg/ml	2	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	2	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
pregabalin CAPS 200mg	2	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	2	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin SOLN 20mg/ml	2	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	1	
relgaabi CAPS 300mg	1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	1	QL (270 caps / 30 days)
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	2	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	2	QL (240 tabs / 30 days), PA
SUBVENITE SUSP 10mg/ml	5	NDS, ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	2	
topiramate CPSP 15mg, 25mg, 50mg	2	
topiramate SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	2	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
vigabatrin TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
vigadrone PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
vigadrone TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	2	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 12.5 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	2	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	2	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
atomoxetine hcl CAPS 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	2	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	2	QL (60 tabs / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
methylphenidate hcl SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
ramelteon TABS 8mg	2	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	NDS, QL (30 caps / 30 days), PA
temazepam CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older
zolpidem tartrate TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), PA
dihydroergotamine mesylate SOLN 4mg/ml	2	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
ergotamine w/ caffeine tab 1-100 mg	2	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	2	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	2	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml	2	QL (12 syringes / 30 days)
sumatriptan succinate SOLN 6mg/0.5ml	2	QL (12 vials / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	4	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), PA
lithium SOLN 8meq/5ml	2	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	2	
riluzole TABS 50mg	2	
tetrabenazine TABS 12.5mg	2	QL (90 tabs / 30 days), PA
tetrabenazine TABS 25mg	5	NDS, QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
dalfampridine TB12 10mg	2	QL (60 tabs / 30 days), PA
fingolimod hcl CAPS .5mg	5	NDS, QL (30 caps / 30 days), PA
glatiramer acetate SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
glatiramer acetate SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
glatopa SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
glatopa SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	2	
cyclobenzaprine hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	2	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	2	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	2	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	2	
buprenorphine hcl SUBL 2mg	2	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	2	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	2	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	2	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	2	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	2	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	2	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	2	QL (60 tabs / 30 days)
disulfiram TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
naltrexone hcl TABS 50mg	2	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	2	
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
testosterone pump GEL 1.62%	2	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	6	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	6	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	6	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	6	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	6	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	6	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	6	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
sitagliptin phosphate TABS 25mg, 50mg, 100mg	6	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	6	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	6	QL (60 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR EXT WR MIS INSERTER	4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	1	PA

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D; brand RELION not covered
NOVOLOG FLEXPEN SOPN 100unit/ml	3	brand RELION not covered
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days)

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) spray SOLN 200unit/act	2	B/D
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days)
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), PA
WYOST SOLN 120mg/1.7ml	5	NDS, PA
XTRENBO SOLN 120mg/1.7ml	4	PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
deferasirox TABS 90mg; TBSO 125mg	2	PA
deferasirox TABS 180mg, 360mg	4	PA
deferasirox TBSO 250mg, 500mg	5	NDS, PA
kionex SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NDS
sodium polystyrene sulfonate SUSP 15gm/60ml	2	
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
sps rectal SUSP 15gm/60ml	2	
trientine hcl CAPS 250mg	5	NDS, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
apri	2	
aranelle	2	
aubra eq	2	
aurovela 1/20	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	

Drug Name	Drug Tier	Requirements/Limits
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
deblitane TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	2	
emzahh TABS .35mg	2	
enilloring	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
hailey 1.5/30	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel	2	
jencycla TABS .35mg	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	

Drug Name	Drug Tier	Requirements/Limits
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
LILETTA IUD 20.1mcg/day	3	
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutera	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
meleya TABS .35mg	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-linyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	

Drug Name	Drug Tier	Requirements/Limits
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
sprintec 28	2	
syeda	2	
tarina fe 1/20 eq	2	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
valtya 1/35	2	
valtya 1/50	2	

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

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	2	
hydrocortisone sod succinate SOLR 100mg	2	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	2	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	2	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	2	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	2	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	2	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, PA
betaine powder for oral solution	5	NDS
cabergoline TABS .5mg	2	
carglumic acid TBSO 200mg	5	NDS, PA
CERDELGA CAPS 84mg	5	NDS, PA
CEREZYME SOLR 400unit	5	NDS, PA
cinacalcet hcl TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days)
cinacalcet hcl TABS 90mg	2	B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	2	
desmopressin acetate spray SOLN .01%	2	
desmopressin acetate spray refrigerated SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, PA
INCRELEX SOLN 40mg/4ml	5	NDS, PA
ISTURISA TABS 1mg	5	NDS, QL (240 tabs / 30 days), PA
ISTURISA TABS 5mg	5	NDS, QL (360 tabs / 30 days), PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
lanreotide acetate SOLN 120mg/0.5ml	5	NDS, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, PA
mifepristone (hyperglycemia) TABS 300mg	5	NDS, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, PA
raloxifene hcl TABS 60mg	2	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
tolvaptan TABS 15mg, 30mg	5	NDS, PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	5	NDS, PA
tolvaptan tab therapy pack 30 & 15 mg	5	NDS, PA
tolvaptan tab therapy pack 45 & 15 mg	5	NDS, PA
tolvaptan tab therapy pack 60 & 30 mg	5	NDS, PA
tolvaptan tab therapy pack 90 & 30 mg	5	NDS, PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	3	QL (4 pens / 28 days), PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg	3	QL (30 tabs / 30 days), PA
zelvysia PACK 100mg, 500mg	5	NDS, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	2	B/D, QL (360 caps / 30 days)
sevelamer carbonate TABS 800mg	2	B/D, QL (540 tabs / 30 days)
PROGESTINS		
gallifrey TABS 5mg	2	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	2	
progesterone CAPS 100mg, 200mg	2	
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liomny TABS 5mcg, 25mcg, 50mcg	2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	2	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	2	

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	2	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	2	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg	2	B/D
aprepitant CAPS 125mg	5	NDS, B/D
aprepitant capsule therapy pack 80 & 125 mg	2	B/D
compro SUPP 25mg	2	
dronabinol CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	2	
granisetron hcl TABS 1mg	2	B/D
meclizine hcl TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml	2	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	2	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
prochlorperazine SUPP 25mg	2	
prochlorperazine edisylate SOLN 10mg/2ml	2	
prochlorperazine maleate TABS 5mg, 10mg	2	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
promethazine hcl TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	2	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	2	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	2	
nizatidine CAPS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	2	
budesonide CPEP 3mg	2	QL (90 caps / 30 days)
budesonide TB24 9mg	2	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	2	
mesalamine CP24 .375gm	2	QL (120 caps / 30 days)
mesalamine CPDR 400mg	2	QL (180 caps / 30 days)
mesalamine ENEM 4gm	2	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	2	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	2	QL (120 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	2	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	2	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	2	
lactulose SOLN 10gm/15ml	2	

Drug Name	Drug Tier	Requirements/Limits
lactulose (encephalopathy) SOLN 10gm/15ml	2	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	2	QL (60 tabs / 30 days), PA
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	2	
CREON CAP 3000UNIT	4	
CREON CAP 6000UNIT	4	
CREON CAP 12000UNT	4	
CREON CAP 24000UNT	4	
CREON CAP 36000UNT	4	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	2	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
sucralfate TABS 1gm	2	
TALICIA CAP	3	
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TABS 550mg	3	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
esomeprazole magnesium CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	2	
pantoprazole sodium TBEC 20mg, 40mg	1	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	2	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	2	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
tadalafil TABS 5mg	2	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	2	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	2	
FILSPARI TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
FILSPARI TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	2	
TARPEYO CPDR 4mg	5	NDS, QL (120 caps / 30 days), PA
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	2	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	2	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	2	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	2	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
trospium chloride TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	2	
metronidazole vaginal GEL .75%	2	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	2	

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
YESINTEK SOLN 130mg/26ml	3	PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	5	NDS, QL (2 pens / 28 days), PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	5	NDS, QL (2 syringes / 28 days), PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, PA
GAMASTAN INJ	4	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
OCTAGAM SOLN 1gm/20ml	4	PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, PA
ARCALYST SOLR 220mg	5	NDS, PA
VYVGART SOLN 400mg/20ml	5	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
azathioprine TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), PA
cyclosporine CAPS 25mg, 100mg	2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
ENVARSUS XR TB24 .75mg, 1mg, 4mg	4	B/D
everolimus (immunosuppressant) TABS 1mg	5	NDS, B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	2	B/D
gengraf CAPS 25mg, 100mg	2	B/D
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	2	B/D
mycophenolate sodium TBEC 180mg, 360mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	B/D
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	2	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D

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

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	4	
D5W/NACL INJ 0.45%	4	
D10W/NACL INJ 0.2%	4	
D10W/NACL INJ 0.45%	4	
dextrose 2.5% w/ sodium chloride 0.45%	4	
dextrose 5% in lactated ringers	4	
dextrose 5% w/ sodium chloride 0.3%	4	
dextrose 5% w/ sodium chloride 0.9%	4	
dextrose 5% w/ sodium chloride 0.45%	4	
dextrose 5% w/ sodium chloride 0.225%	4	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	4	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	4	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	4	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	4	

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

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crystals er TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	4	
dextrose SOLN 50%	4	B/D
DEXTROSE 10% SOLN 10%	4	
DEXTROSE 70% SOLN 70%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	2	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	2	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	2	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	2	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	2	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	2	
XDEMVY SOLN .25%	5	NDS, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
diclofenac sodium (ophth) SOLN .1%	2	
fluorometholone (ophth) SUSP .1%	2	
flurbiprofen sodium SOLN .03%	2	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	1	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	2	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	2	

Drug Name	Drug Tier	Requirements/Limits
brinzolamide SUSP 1%	2	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	2	
timolol maleate (ophth) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NDS, PA
CYSTARAN SOLN .44%	5	NDS, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	2	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	2	
fluocinolone acetonide (otic) OIL .01%	2	
hydrocortisone w/ acetic acid otic soln 1-2%	2	
neomycin-polymyxin-hc otic soln 1%	2	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	2	
ofloxacin (otic) SOLN .3%	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	3	QL (1 inhaler / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	2	
levalbuterol tartrate AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	2	
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg	2	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	2	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	2	B/D
cromolyn sodium NEBU 20mg/2ml	2	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	5	NDS, QL (56 tabs / 28 days), PA
nintedanib esylate CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
NUCALA SOAJ 100mg/ml	5	NDS, QL (3 pens / 28 days), PA
NUCALA SOLR 100mg	5	NDS, QL (3 vials / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
NUCALA SOSY 40mg/0.4ml	5	NDS, QL (1 syringe / 28 days), PA
NUCALA SOSY 100mg/ml	5	NDS, QL (3 syringes / 28 days), PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), PA
pirfenidone CAPS 267mg	5	NDS, QL (270 caps / 30 days), PA
pirfenidone TABS 267mg	5	NDS, QL (270 tabs / 30 days), PA
pirfenidone TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, PA
roflumilast TABS 250mcg	2	QL (56 tabs / year)
roflumilast TABS 500mcg	2	QL (30 tabs / 30 days)
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	2	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
breyna	2	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	2	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	2	QL (3 inhalers / 30 days)
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	2	QL (60 blisters / 30 days)
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	2	QL (60 blisters / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	2	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	2	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	2	QL (60 inhalations / 30 days)
wixela inhub	2	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	2	PA
benzoyl peroxide-erythromycin gel 5-3%	2	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	2	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	2	QL (45 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	2	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
ery PADS 2%	2	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	2	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	2	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	2	PA
neuac	2	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	2	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	2	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	2	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
mupirocin OINT 2%	1	QL (30 gm / 30 days)
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	2	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	2	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	2	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	2	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	2	QL (45 gm / 30 days)
econazole nitrate CREA 1%	2	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	2	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	2	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	2	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	2	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
nystop POWD 100000unit/gm	2	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	2	
calcipotriene CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	2	QL (120 mL / 30 days), PA
calcitrene OINT .005%	2	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
PELLIX SOLN .005%	2	QL (120 mL / 30 days), PA
tazarotene CREA .05%, .1%	2	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	2	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	2	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	2	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	2	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	2	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	2	QL (120 gm / 30 days)
clodan SHAM .05%	2	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	2	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	2	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	2	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	2	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
fluocinonide SOLN .05%	2	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinonide emulsified base CREA .05%	2	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	2	
halobetasol propionate CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%, 2.5%	1	
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	2	QL (60 gm / 30 days)
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%	2	
triamcinolone acetonide (topical) OINT .025%, .1%, .5%	1	
triderm CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	2	QL (60 mL / 30 days), PA
lidocaine OINT 5%	2	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	2	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	2	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	2	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	2	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	2	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
bexarotene (topical) GEL 1%	5	NDS, QL (60 gm / 30 days), PA
diclofenac sodium (topical) SOLN 1.5%	2	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	2	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	2	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
imiquimod CREA 5%	2	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	2	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	2	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
pimecrolimus CREA 1%	2	QL (100 gm / 30 days), PA
podofilox SOLN .5%	2	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	2	
proctocort CREA 1%	2	
proctosol hc CREA 2.5%	2	
proctozone-hc CREA 2.5%	2	
tacrolimus (topical) OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	2	QL (59 mL / 30 days)
permethrin CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	2	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	2	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	2	
triamcinolone acetonide (mouth) PSTE .1%	2	

Index

A

abacavir sulfate 28
abacavir sulfate-lamivudine tab 600-300 mg 30
abigale 78
abigale lo 78
ABILIFY ASIMTUFII 59
ABILIFY MAINTENA 59
abiraterone acetate 35
abirtega 35
ABRYSVO 92
acamprosate calcium 70
acarbose 70
accutane 101
acebutolol hcl 52
acetaminophen w/ codeine soln 120-12 mg/5ml 25
acetaminophen w/ codeine tab 300-15 mg 25
acetaminophen w/ codeine tab 300-30 mg 25
acetaminophen w/ codeine tab 300-60 mg 25
acetazolamide 53
acetic acid 85
acetic acid (otic) 97
acetylcysteine 99
acitretin 103
ACTHIB INJ 92
ACTIMMUNE 91
acyclovir 31
acyclovir sodium 31
ADACEL INJ 92
ADALIMUMAB-BWWD 87
adefovir dipivoxil 31
ADEMPAS 54
ADMELOG 72
ADMELOG SOLOSTAR 72
ADVAIR HFA AER 115/21 101
ADVAIR HFA AER 230/21 101
ADVAIR HFA AER 45/21 101
afirmelle 74
AIMOVIG 67
AIRSUPRA AER 90-80MCG 101
AKEEGA TAB 100/500 36
AKEEGA TAB 50/500MG 36
ala-cort 103
albendazole 26
albuterol sulfate 99
alclometasone dipropionate 103
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 72
ALDURAZYME 79
ALECENSA 38
alendronate sodium 73
alfuzosin hcl 85
aliskiren fumarate 53
allopurinol 24
alosetron hcl 84
alprazolam 55
altavera 74
ALUNBRIG 38
ALUNBRIG PAK 38
ALVAIZ 87
ALVESCO 101
alyacen 1/35 74
alyacen 7/7/7 74
ALYGLO 90
alyq 54
amantadine hcl 58
ambrisentan 55
amikacin sulfate 26
amiloride & hydrochlorothiazide tab 5-50 mg 53
amiloride hcl 53
aminosyn ii soln 15% 95
AMINOSYN INJ 10% 95
AMINOSYN-PF INJ 10% 95
amiodarone hcl 50
amitriptyline hcl 56
amlodipine besylate 52
amlodipine besylate-atorvastatin calcium tab 10-10 mg 54
amlodipine besylate-atorvastatin calcium tab 10-20 mg 54
amlodipine besylate-atorvastatin calcium tab 10-40 mg 54
amlodipine besylate-atorvastatin calcium tab 10-80 mg 54

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 53
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 53
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 53
amlodipine besylate-atorvastatin calcium tab 5-10 mg 53
amlodipine besylate-atorvastatin calcium tab 5-20 mg 53
amlodipine besylate-atorvastatin calcium tab 5-40 mg 53
amlodipine besylate-atorvastatin calcium tab 5-80 mg 53
amlodipine besylate-benazepril hcl cap 10-20 mg 46
amlodipine besylate-benazepril hcl cap 10-40 mg 47
amlodipine besylate-benazepril hcl cap 2.5-10 mg 46
amlodipine besylate-benazepril hcl cap 5-10 mg 46
amlodipine besylate-benazepril hcl cap 5-20 mg 46
amlodipine besylate-benazepril hcl cap 5-40 mg 46
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 48
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 48
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 48
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 48
amlodipine besylate-valsartan tab 10-160 mg 48
amlodipine besylate-valsartan tab 10-320 mg 48
amlodipine besylate-valsartan tab 5-160 mg 48
amlodipine besylate-valsartan tab 5-320 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 48
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 48
amnesteem 102
amoxapine 56
amoxicillin 33
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 33
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 33
amoxicillin & k clavulanate for susp 400-57 mg/5ml 33
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 33
amoxicillin & k clavulanate tab 250-125 mg 33
amoxicillin & k clavulanate tab 500-125 mg 33
amoxicillin & k clavulanate tab 875-125 mg 33
amphetamine-dextroamphetamine cap er 24hr 10 mg 66
amphetamine-dextroamphetamine cap er 24hr 15 mg 66
amphetamine-dextroamphetamine cap er 24hr 20 mg 66
amphetamine-dextroamphetamine cap er 24hr 25 mg 66
amphetamine-dextroamphetamine cap er 24hr 30 mg 66
amphetamine-dextroamphetamine cap er 24hr 5 mg 66
amphetamine-dextroamphetamine tab 10 mg 66
amphetamine-dextroamphetamine tab 12.5 mg 66
amphetamine-dextroamphetamine tab 15 mg 66

amphetamine-dextroamphetamine tab 20 mg 66
amphetamine-dextroamphetamine tab 30 mg 66
amphetamine-dextroamphetamine tab 5 mg 66
amphetamine-dextroamphetamine tab 7.5 mg 66
amphotericin b 28
amphotericin b liposome 28
ampicillin 33
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 33
ampicillin & sulbactam sodium for inj 3 (2-1) gm 33
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 33
ampicillin sodium 33
anagrelide hcl 87
anastrozole 36
ANORO ELLIPT AER 62.5-25 97
aprepitant 82
aprepitant capsule therapy pack 80 & 125 mg 82
apri 74
APTIVUS 29
aranelle 74
ARCALYST 91
AREXVY 92
ARIKAYCE 26
aripiprazole 59
ARISTADA 59
ARISTADA INITIO 59
armodafinil 69
ARNUITY ELLIPTA 101
asenapine maleate 59
aspirin-dipyridamole cap er 12hr 25-200 mg 87
ASTAGRAF XL 91
atazanavir sulfate 29
atenolol 52
atenolol & chlorthalidone tab 100-25 mg 51
atenolol & chlorthalidone tab 50-25 mg 51
atomoxetine hcl 67
atorvastatin calcium 50
atovaquone 26
atovaquone-proguanil hcl tab 250-100 mg 28
atovaquone-proguanil hcl tab 62.5-25 mg 28
ATROPINE SULFATE 97
atropine sulfate (ophthalmic) 97
ATROVENT HFA 98
aubra eq 74
AUGTYRO 38
aurovela 1/20 74
aurovela fe 1.5/30 74
aurovela fe 1/20 74
AUSTEDO 68
AUSTEDO XR 68
AUSTEDO XR TAB TITR KIT 68
AUVELITY TAB 45-105MG 56
AUVELITY TAB TITRATIO 56
aviane 74
AVMAPKI PAK FAKZYNJA 38
ayuna 74
AYVAKIT 38
azacitidine 35
azathioprine 91
azelastine hcl 98
azelastine hcl (ophth) 96
azithromycin 32
aztreonam 26
azurette 74

B

bacitracin-polymyxin b ophth oint 96
bacitracin-polymyxin-neomycin-hc ophth oint 1% 95
baclofen 69
BAFIERTAM 69
balsalazide disodium 83
BALVERSA 38
balziva 74
BARACLUDE 31
BCG VACCINE 92
BEIZRAY 37
benazepril & hydrochlorothiazide tab 10-12.5 mg 47
benazepril & hydrochlorothiazide tab 20-12.5 mg 47
benazepril & hydrochlorothiazide tab 20-25 mg 47

benazepril & hydrochlorothiazide tab 5-6.25mg 47
benazepril hcl 47
BENDAMUSTINE HYDROCHLORID 34
BENDEKA 34
BENLYSTA 91
benzoyl peroxide-erythromycin gel 5-3% 102
benztropine mesylate 58
BERINERT 87
besifloxacin hcl 96
BESREMI 37
betaine powder for oral solution 79
betamethasone dipropionate (topical) 103
betamethasone dipropionate augmented 103
betamethasone valerate 103
BETASERON 69
betaxolol hcl (ophth) 96
bethanechol chloride 85
BEVESPI AER 9-4.8MCG 97
bexarotene 37
bexarotene (topical) 104
BEXSERO 92
bicalutamide 36
BICILLIN L-A 33
BIKTARVY TAB 30-120-15 MG 30
BIKTARVY TAB 50-200-25 MG 30
BILDYOS 73
BIMZELX 87
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 84
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 51
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 51
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 51
bisoprolol fumarate 52
BIVIGAM 90
blisovi fe 1.5/30 75
blisovi fe 1/20 75
BLUJEPA 26
BOOSTRIX INJ 92
bortezomib 38
BORTEZOMIB 38
bosentan 55
BOSULIF 38, 39
bosutinib 39
BRAFTOVI 39
BREO ELLIPTA INH 100-25 101
BREO ELLIPTA INH 200-25 101
BREO ELLIPTA INH 50-25MCG 101
breyna 101
BREZTRI AERO AER 18MCG 98
BREZTRI AERO AER 9MCG 97
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 98
briellyn 75
brimonidine tartrate 96
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 96
brinzolamide 97
brivaracetam 62
bromocriptine mesylate 58
BRUKINSA 39
budesonide 83
budesonide (inhalation) 101
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 101
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 101
bumetanide 53
buprenorphine hcl 70
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 70
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 70
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 70
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 70
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 70
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 70
bupropion hcl 56
bupropion hcl (smoking deterrent) 70
buspirone hcl 55
butorphanol tartrate 25
BYSANTI 59
BYSANTI TAB PACK A 59
BYSANTI TAB PACK B 59

BYSANTI TAB PACK C 59
C
cabergoline 79
CABOMETYX 39
calcipotriene 103
calcitonin (salmon) spray 74
calcitrene 103
calcitriol 82
calcitriol (oral) 82
calcium acetate (phosphate binder) .. 81
CALQUENCE 39
camila 75
candesartan cilexetil 50
CAPLYTA 59
CAPRELSA 39
captopril 47
captopril & hydrochlorothiazide tab 25-15 mg 47
captopril & hydrochlorothiazide tab 25-25 mg 47
captopril & hydrochlorothiazide tab 50-15 mg 47
captopril & hydrochlorothiazide tab 50-25 mg 47
carb/levo orally disintegrating tab 10-100mg 58
carb/levo orally disintegrating tab 25-100mg 58
carb/levo orally disintegrating tab 25-250mg 58
carbamazepine 62
carbidopa & levodopa tab 10-100 mg 58
carbidopa & levodopa tab 25-100 mg 58
carbidopa & levodopa tab 25-250 mg 58
carbidopa & levodopa tab er 25-100 mg 58
carbidopa & levodopa tab er 50-200 mg 58
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 58
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 58
carbidopa-levodopa-entacapone tabs 25-100-200 mg 58
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 58
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 58
carbidopa-levodopa-entacapone tabs 50-200-200 mg 58
carboplatin 34
carglumic acid 79
carteolol hcl (ophth) 97
cartia xt 52
carvedilol 52
caspofungin acetate 28
CAYSTON 26
cefaclor 31
cefadroxil 31, 32
CEFAZOLIN 32
CEFAZOLIN INJ 1GM/50ML 32
cefazolin sodium 32
CEFAZOLIN SOLN 2GM/100ML-4% ... 32
CEFAZOLIN/DEX SOL 1GM/50ML-4% 32
CEFAZOLIN/DEX SOL 2GM/50ML-3% 32
CEFAZOLIN/DEX SOL 3GM/150ML-4% 32
CEFAZOLIN/DEX SOL 3GM/50ML-2% 32
cefdinir 32
cefepime hcl 32
cefixime 32
cefotetan disodium 32
cefoxitin sodium 32
cefpodoxime proxetil 32
cefprozil 32
ceftaroline fosamil 32
ceftazidime 32
ceftriaxone sodium 32
cefuroxime axetil 32
cefuroxime sodium 32
celecoxib 24
cephalexin 32
CEQUR EXT WR MIS INSERTER 72
CEQUR SIMPL KIT 1U EXTND 72
CEQUR SIMPL KIT 2U EXTND 72
CEQUR SIMPL KIT PATCH 2U (4-DAY) 72
CEQUR SIMPL MIS INSERTER 72
CERDELGA 79
CEREZYME 79
cetirizine hcl 98
chateal eq 75
CHEMET 74

chlorhexidine gluconate (mouth-throat) 105
chloroquine phosphate 28
chlorpromazine hcl 59
chlorthalidone 53
cholestyramine 51
cholestyramine light 51
ciclopirox 102
ciclopirox olamine 102
cilostazol 87
CILOXAN 96
CIMDUO TAB 300-300 30
cinacalcet hcl 79
ciprofloxacin 200 mg/100ml in d5w ..33
ciprofloxacin 400 mg/200ml in d5w ..33
ciprofloxacin hcl 33
ciprofloxacin hcl (ophth) 96
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 97
cisplatin 34
citalopram hydrobromide 56
claravis 102
clarithromycin 32
clindamycin hcl 26
clindamycin palmitate hydrochloride .26
clindamycin phosphate 26
clindamycin phosphate (topical) 102
clindamycin phosphate in d5w iv soln 300 mg/50ml 26
clindamycin phosphate in d5w iv soln 600 mg/50ml 26
clindamycin phosphate in d5w iv soln 900 mg/50ml 26
clindamycin phosphate vaginal 85
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 102
CLINDMYC/NAC INJ 300/50ML 26
CLINDMYC/NAC INJ 600/50ML 26
CLINDMYC/NAC INJ 900/50ML 26
CLINIMIX INJ 4.25/D10 95
CLINIMIX INJ 4.25/D5W 95
CLINIMIX INJ 5%/D15W 95
CLINIMIX INJ 5%/D20W 95
CLINIMIX INJ 6/5 95
CLINIMIX INJ 8/10 95
CLINIMIX INJ 8/14 95
clinisol sf 15% 95
CLINOLIPID EMU 20% 95
clobazam 62
clobetasol propionate 103
clobetasol propionate e 103
clodan 103
clomipramine hcl 56
clonazepam 62
clonidine 54
clonidine hcl 54
clopidogrel bisulfate 87
clorazepate dipotassium 62
clotrimazole 105
clotrimazole (topical) 102
clotrimazole w/ betamethasone cream 1-0.05% 102
clozapine 59, 60
COARTEM TAB 20-120MG 28
COBENFY CAP 100-20MG 60
COBENFY CAP 125-30MG 60
COBENFY CAP 50-20MG 60
COBENFY STRT CAP PACK 60
colchicine 24
colchicine w/ probenecid tab 0.5-500 mg 24
colesevelam hcl 51
colestipol hcl 51
colistimethate sodium 26
COMBIGAN SOL 0.2/0.5% 97
COMBIVENT AER 20-100 98
COMETRIQ (60MG DOSE) 39
COMETRIQ KIT 100MG 39
COMETRIQ KIT 140MG 39
compro 82
constulose 83
COPAXONE 69
COPIKTRA 39
COTELLIC 39
CREON CAP 12000UNT 84
CREON CAP 24000UNT 84
CREON CAP 3000UNIT 84
CREON CAP 36000UNT 84
CREON CAP 6000UNIT 84
CRESEMBA 28
cromolyn sodium 99
cromolyn sodium (mastocytosis) 84
cromolyn sodium (ophth) 96
cryselle 75

cyclobenzaprine hcl 69
cyclophosphamide 34, 35
CYCLOPHOSPHAMIDE 35
CYCLOPHOSPHAMIDE MONOHYDR 35
cycloserine 30
cyclosporine 91
cyclosporine modified (for microemulsion) 91
cyproheptadine hcl 98
cyred eq 75
CYSTADROPS 97
CYSTAGON 79
CYSTARAN 97
cytarabine 35

D

D10W/NACL INJ 0.2% 93
D10W/NACL INJ 0.45% 93
D2.5W/NACL INJ 0.45% 93
D5W/NACL INJ 0.2% 93
D5W/NACL INJ 0.45% 93
dabigatran etexilate mesylate 86
dalfampridine 69
danazol 70
dantrolene sodium 69
DANZITEN 39
dapagliflozin 70
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg 71
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 71
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 71
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 70
dapsone 26
DAPTACEL INJ 92
daptomycin 26
DAPTOMYCIN 26
darunavir 29
dasatinib 39
dasetta 1/35 75
dasetta 7/7/7 75
DAURISMO 39
DAYVIGO 67
deblitane 75
deferasirox 74
DELSTRIGO TAB 30
DEPO-SUBQ PROVERA 104 75
depo-testosterone 70
DESCOVY TAB 120-15MG 30
DESCOVY TAB 200/25MG 30
desipramine hcl 56
desmopressin acetate 80
desmopressin acetate spray 80
desmopressin acetate spray refrigerated 80
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 75
desvenlafaxine succinate 56
dexamethasone 78
DEXAMETHASONE INTENSOL 79
dexamethasone sodium phosphate 79
dexamethasone sodium phosphate (ophth) 96
dexmethylphenidate hcl 67
dextrose 95
DEXTROSE 10% 95
dextrose 2.5% w/ sodium chloride 0.45% 93
dextrose 5% in lactated ringers 93
dextrose 5% w/ sodium chloride 0.225% 93
dextrose 5% w/ sodium chloride 0.3% 93
dextrose 5% w/ sodium chloride 0.45% 93
dextrose 5% w/ sodium chloride 0.9% 93
DEXTROSE 70% 95
DIACOMIT 62, 63
diazepam 63
diazepam (anticonvulsant) 63
diazepam inj 63
diazepam intensol 63
diazoxide 79
diclofenac potassium 24
diclofenac sodium 24
diclofenac sodium (ophth) 96
diclofenac sodium (topical) 104
dicloxacillin sodium 33
dicyclomine hcl 83
DIFICID 32
diflunisal 24
digoxin 54

dihydroergotamine mesylate 67
DILANTIN 63
diltiazem hcl 52
diltiazem hcl coated beads 52
diltiazem hcl extended release beads 52
dilt-xr 52
diphenhydramine hcl 98
diphenoxylate w/ atropine tab 2.5-0.025 mg 84
dipyridamole 87
disopyramide phosphate 50
disulfiram 70
divalproex sodium 63
docetaxel 38
DOCETAXEL 38
DOCIVYX 38
dofetilide 50
donepezil hydrochloride 55, 56
DOPTELET 87
DOPTELET SPRINKLE 87
dorzolamide hcl 97
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 97
dotti 78
DOVATO TAB 50-300MG 30
doxazosin mesylate 48
doxepin hcl 56
doxepin hcl (sleep) 67
doxorubicin hcl 37
doxorubicin hcl liposomal 37
doxy 100 34
doxycycline (monohydrate) 34
doxycycline hyclate 34
DRIZALMA SPRINKLE 56
dronabinol 82
drospirenone-ethinyl estradiol tab 3-0.02 mg 75
drospirenone-ethinyl estradiol tab 3-0.03 mg 75
DROXIA 87
droxidopa 54
duloxetine hcl 57
DUPIXENT 88
dutasteride 85
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 85

E

e.e.s. 400 32
EBGLYSS 88
econazole nitrate 102
EDURANT 29
EDURANT PED 29
efavirenz 29
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 30
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 30
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 30
ELIGARD 36
elinest 75
ELIQUIS 86
ELIQUIS (1.5MG PACK) 3 X 86
ELIQUIS (2MG PACK) 4 X 86
ELIQUIS STARTER PACK 86
eluryng 75
EMGALITY 67, 68
EMSAM 57
emtricitabine 29
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 30
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 30
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 30
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 30
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 30
EMTRIVA 29
EMVERM 26
emzahh 75
enalapril maleate 47
enalapril maleate & hydrochlorothiazide tab 10-25 mg 47
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 47
ENBREL 88
ENBREL MINI 88
ENBREL SURECLICK 88
endocet tab 10-325mg 25
endocet tab 2.5-325mg 25
endocet tab 7.5-325mg 25

ENGERIX-B 92
enilloring 75
enoxaparin sodium 86
ENSACOVE 39
enskyce 75
ENSTILAR AER 103
entacapone 58
entecavir 31
ENTRESTO CAP 15-16MG 48
ENTRESTO CAP 6-6MG 48
ENTRESTO TAB 24-26MG 48
ENTRESTO TAB 49-51MG 48
ENTRESTO TAB 97-103MG 48
ENTYVIO PEN 88
enulose 83
ENVARSUS XR 91
EPIDIOLEX 63
epinephrine 54
epinephrine (anaphylaxis) 99
eplerenone 48
ergotamine w/ caffeine tab 1-100 mg 68
ERIVEDGE 40
ERLEADA 36
erlotinib hcl 40
errin 75
ertapenem sodium 26
ery 102
ERYTHROCIN LACTOBIONATE 32
erythromycin (acne aid) 102
erythromycin (ophth) 96
erythromycin base 32
erythromycin ethylsuccinate 32
erythromycin lactobionate 33
ERZOFRI 60
escitalopram oxalate 57
eslicarbazepine acetate 63
esomeprazole magnesium 85
estarylla 75
estradiol 78
estradiol & norethindrone acetate tab 0.5-0.1 mg 78
estradiol & norethindrone acetate tab 1-0.5 mg 78
estradiol vaginal 78
estradiol valerate 78
ethambutol hcl 30
ethosuximide 63
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 75
etodolac 24
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 75
etoposide 38
etravirine 29
EUCRISA 104
EULEXIN 36
everolimus 40
everolimus (immunosuppressant) 91
EVOTAZ TAB 300-150 30
exemestane 36
EXXUA 57
EXXUA TITRATION PACK 57
EYSUVIS 97
ezetimibe 51
ezetimibe-simvastatin tab 10-10 mg 51
ezetimibe-simvastatin tab 10-20 mg 51
ezetimibe-simvastatin tab 10-40 mg 51
ezetimibe-simvastatin tab 10-80 mg 51

F

FABRAZYME 80
falmina 75
famciclovir 31
famotidine 83
famotidine in nacl 0.9% iv soln 20 mg/50ml 83
FANAPT 60
FANAPT PAK PACK A 60
FANAPT PAK PACK B 60
FANAPT PAK PACK C 60
FARXIGA 71
FASENRA 99
FASENRA PEN 99
feirza 1.5/30 75
feirza 1/20 75
felbamate 63
felodipine 52
fenofibrate 50
fenofibrate micronized 50
fentanyl 24
FETZIMA 57
FETZIMA CAP TITRATIO 57
FIASP 72
FIASP FLEXTOUCH 72

FIASP PENFILL 72
FIASP PUMPCART 72
fidaxomicin 33
FILSPARI 85
finasteride 85
fingolimod hcl 69
FINTEPLA 63
FIRMAGON 36
FLEBOGAMMA DIF 90
flecainide acetate 50
fluconazole 28
fluconazole in nacl 0.9% inj 200 mg/100ml 28
fluconazole in nacl 0.9% inj 400 mg/200ml 28
flucytosine 28
fludrocortisone acetate 79
flunisolide (nasal) 101
fluocinolone acetonide 103
fluocinolone acetonide (otic) 97
fluocinonide 103
fluocinonide emulsified base 104
fluorometholone (ophth) 96
fluorouracil 35
fluorouracil (topical) 104
fluoxetine hcl 57
fluphenazine decanoate 60
fluphenazine hcl 60
flurbiprofen 24
flurbiprofen sodium 96
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act 101
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act 101
fluticasone propionate 104
fluticasone propionate (nasal) 101
fluticasone-salmeterol aer powder ba 100-50 mcg/act 101
fluticasone-salmeterol aer powder ba 250-50 mcg/act 101
fluticasone-salmeterol aer powder ba 500-50 mcg/act 101
fluvoxamine maleate 55
fondaparinux sodium 86
fosamprenavir calcium 29
fosfomycin tromethamine 26
fosinopril sodium 47
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 47
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 47
FOTIVDA 40
FRINDOVYX 35
FRUZAQLA 40
FULPHILA 86
fulvestrant 36
furosemide 53
furosemide inj 53
fyavolv tab 0.5mg-2.5mcg 78
fyavolv tab 1mg-5mcg 78

G

gabapentin 63
galantamine hydrobromide 56
gallifrey 81
GAMASTAN INJ 90
GAMMAGARD LIQUID 90
GAMMAGARD LIQUID ERC 90
GAMMAGARD S/D IGA LESS TH 91
GAMMAKED 91
GAMMAPLEX 91
GAMUNEX-C 91
ganciclovir sodium 31
GARDASIL 9 92
gatifloxacin (ophth) 96
GATTEX 84
GAUZE PADS 2 72
gavilyte-c 83
gavilyte-g 83
gavilyte-n/flavor pack 83
GAVRETO 40
gefitinib 40
gemcitabine hcl 35
gemfibrozil 50
GEMTESA 85
generlac 83
gengraf 91
GENOTROPIN 80
GENOTROPIN MINIQUICK 80
gentamicin in saline inj 0.8 mg/ml 26
gentamicin in saline inj 1 mg/ml 26
gentamicin in saline inj 1.2 mg/ml 26
gentamicin in saline inj 1.6 mg/ml 26
gentamicin in saline inj 2 mg/ml 26
gentamicin sulfate 26

gentamicin sulfate (ophth) 96
gentamicin sulfate (topical) 102
GENVOYA TAB 30
GILOTRIF 40
glatiramer acetate 69
glatopa 69
glimepiride 71
glipizide 71
glipizide-metformin hcl tab 2.5-250 mg 71
glipizide-metformin hcl tab 2.5-500 mg 71
glipizide-metformin hcl tab 5-500 mg 71
glycopyrrolate 83
glydo 104
GLYXAMBI TAB 10-5 MG 71
GLYXAMBI TAB 25-5 MG 71
GOMEKLI 40
granisetron hcl 82
griseofulvin microsize 28
griseofulvin ultramicrosize 28
guanfacine hcl 54
guanfacine hcl (adhd) 67
GVOKE HYPOPEN 1-PACK 79
GVOKE HYPOPEN 2-PACK 79
GVOKE KIT 79
GVOKE PFS 79

H

HADLIMA 88
HADLIMA PUSHTOUCH 88
HAEGARDA 87
hailey 1.5/30 75
hailey fe 1/20 75
halobetasol propionate 104
haloperidol 60
haloperidol decanoate 60
haloperidol lactate 60
HAVRIX 92
heather 75
HEP SOD/NACL INJ 25000UNT 86
heparin sodium (porcine) 86
HEPLISAV-B 92
HERCEP HYLEC SOL 60-10000 40
HERCEPTIN 40
HERCESSI 40
HERNEXEOS 40
HERZUMA 40
HIBERIX 92
HUMIRA 88
HUMIRA PEN 88
HUMIRA PEN KIT PS/UV 88
HUMIRA PEN-CD/UC/HS START 88
HUMULIN R U-500 KWIKPEN 73
hydralazine hcl 54
hydrochlorothiazide 53
hydrocodone bitartrate 24
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 25
hydrocodone-acetaminophen tab 10-325 mg 25
hydrocodone-acetaminophen tab 5-325 mg 25
hydrocodone-acetaminophen tab 7.5-325 mg 25
hydrocodone-ibuprofen tab 7.5-200 mg 25
hydrocortisone 79
hydrocortisone (intrarectal) 83
hydrocortisone (rectal) 104
hydrocortisone (topical) 104
hydrocortisone sod succinate 79
hydrocortisone valerate 104
hydrocortisone w/ acetic acid otic soln 1-2% 97
hydromorphone hcl 25
hydroxychloroquine sulfate 90
hydroxyurea 37
hydroxyzine hcl 98
hydroxyzine pamoate 98
HYRNUO 40

I

ibandronate sodium 74
IBRANCE 40
IBTROZI 40
ibu 24
ibuprofen 24
icatibant acetate 87
iclevia 75
ICLUSIG 40
IDHIFA 41
IDVYNSO TAB 100-0.25 30
imatinib mesylate 41
IMBRUVICA 41

imipenem-cilastatin intravenous for soln 250 mg 26
imipenem-cilastatin intravenous for soln 500 mg 26
imipramine hcl 57
imiquimod 105
IMKELDI 41
IMOVAX RABIES (H.D.C.V.) 92
INBRIJA 59
incassia 75
INCRELEX 80
INCRUSE ELLIPTA 98
indapamide 53
INFANRIX INJ 92
INFLIXIMAB 88
INLURIYO 36
INLYTA 41
INQOVI TAB 35-100MG 35
INREBIC 41
INSULIN PEN NEEDLES: EMBECTA-BD 73
INSULIN SAFETY NEEDLES: EMBECTA-BD 73
INSULIN SYRINGES: EMBECTA-BD ... 73
INTELENCE 29
INTRALIPID 95
introvale 75
INVEGA HAFYERA 60
INVEGA SUSTENNA 60
INVEGA TRINZA 60
IPOL INJ INACTIVE 92
ipratropium bromide 98
ipratropium bromide (nasal) 98
ipratropium bromide hfa 98
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 98
irbesartan 50
irbesartan-hydrochlorothiazide tab 150-12.5 mg 49
irbesartan-hydrochlorothiazide tab 300-12.5 mg 49
irinotecan hcl 37
ISENTRESS 29
ISENTRESS HD 29
isibloom 75
ISOLYTE-P INJ /D5W 93
ISOLYTE-S INJ PH 7.4 93
isoniazid 31
isosorbide dinitrate 54
isosorbide mononitrate 54
isotretinoin 102
ISTURISA 80
ITOVEBI 41
itraconazole 28
ivabradine hcl 54
ivermectin 27
IWILFIN 37
IXIARO INJ 92

J

JAKAFI 41
jantoven 86
JANUMET TAB 50-1000 71
JANUMET TAB 50-500MG 71
JANUMET XR TAB 100-1000 71
JANUMET XR TAB 50-1000 71
JANUMET XR TAB 50-500MG 71
JANUVIA 71
JARDIANCE 71
jasmiel 75
javygtor 80
JAYPIRCA 41
jencycla 75
JENTADUETO TAB 2.5-1000 71
JENTADUETO TAB 2.5-500 71
JENTADUETO TAB 2.5-850 71
JENTADUETO TAB XR 2.5-1000MG ... 71
JENTADUETO TAB XR 5-1000MG 71
jinteli 78
jolessa 75
JOURNAVX 24
juleber 75
JULUCA TAB 50-25MG 30
junel 1.5/30 75
junel 1/20 75
junel fe 1.5/30 76
junel fe 1/20 76
JYLAMVO 90
JYNNEOS 92

K

KADCYLA 41
KALETRA SOL 30
KALYDECO 99
KANJINTI 41
kariva 76

kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 93
kcl 20 meq/l (0.149%) in nacl 0.45% inj 94
kcl 20 meq/l (0.149%) in nacl 0.9% inj 93
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 93
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 93
kcl 20 meq/l (0.15%) in nacl 0.45% inj 93
kcl 20 meq/l (0.15%) in nacl 0.9% inj 93
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 94
kcl 40 meq/l (0.298%) in nacl 0.9% inj 94
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 94
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 94
kcl 40 meq/l (0.3%) in nacl 0.9% inj 94
KCL/D5W/NACL INJ 0.15/0.2 94
KCL/D5W/NACL INJ 0.3/0.9% 94
kelnor 1/35 76
KERENDIA 48
KESIMPTA 69
ketoconazole 28
ketoconazole (topical) 102
ketorolac tromethamine (ophth) 96
KEYTRUDA 41
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 41
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 41
KINERET 88
KINRIX INJ 92
kionex 74
KISQALI 200 DOSE 41
KISQALI 400 DOSE 41
KISQALI 600 DOSE 41
klayesta 102
klor-con 94
klor-con 10 94
klor-con 8 94
klor-con m10 94
klor-con m15 94
klor-con m20 94
KLOXXADO 70
KOMZIFTI 41
KOSELUGO 42
kourzeq 105
KRAZATI 42
kurvelo 76

L

labetalol hcl 52
lacosamide 63, 64
lacosamide oral 64
lactated ringer's solution 94
lactic acid (ammonium lactate) 105
lactulose 83
lactulose (encephalopathy) 84
lamivudine 29
lamivudine (hbv) 31
lamivudine-zidovudine tab 150-300 mg 30
lamotrigine 64
lanreotide acetate 80
lansoprazole 85
LANTUS 73
LANTUS SOLOSTAR 73
lapatinib ditosylate 42
larin 1.5/30 76
larin 1/20 76
larin fe 1.5/30 76
larin fe 1/20 76
latanoprost 97
LAZCLUZE 42
leflunomide 90
lenalidomide 37
LENVIMA 10 MG DAILY DOSE 42
LENVIMA 12MG DAILY DOSE 42
LENVIMA 20 MG DAILY DOSE 42
LENVIMA 4 MG DAILY DOSE 42
LENVIMA 8 MG DAILY DOSE 42
LENVIMA CAP 14 MG 42
LENVIMA CAP 18 MG 42
LENVIMA CAP 24 MG 42
LEQEMBI IQLIK 56
lessina 76
letrozole 36
leucovorin calcium 37
LEUKERAN 35

LEUKINE....86
leuprolide acetate....36
levalbuterol tartrate....99
levetiracetam....64
levetiracetam in sodium chloride iv soln 1000 mg/100ml....64
levetiracetam in sodium chloride iv soln 1500 mg/100ml....64
levetiracetam in sodium chloride iv soln 500 mg/100ml....64
levobunolol hcl....97
levocarnitine (metabolic modifiers)...80
levocetirizine dihydrochloride....98
levofloxacin....33
levofloxacin in d5w iv soln 250 mg/50ml....33
levofloxacin in d5w iv soln 500 mg/100ml....33
levofloxacin in d5w iv soln 750 mg/150ml....33
levonest....76
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg....76
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg....76
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....76
levothyroxine sodium....81
levoxyl....81
l-glutamine (sickle cell)....87
lidocaine....104
lidocaine hcl....104
lidocaine hcl (local anesth.)....24
lidocaine hcl (mouth-throat)....105
lidocaine-prilocaine cream 2.5-2.5%....104
lidocan....104
LIFYORLI CAP 125MG DS....36
LIFYORLI CAP 150MG DS....36
LILETTA....76
linezolid....27
LINEZOLID INJ 2MG/ML....27
LINZESS....84
liomny....81
liothyronine sodium....81
lisinopril....47
lisinopril & hydrochlorothiazide tab 10-12.5 mg....47
lisinopril & hydrochlorothiazide tab 20-12.5 mg....47
lisinopril & hydrochlorothiazide tab 20-25 mg....47
lithium....68
lithium carbonate....68
LIVTENCITY....31
loestrin 1.5/30-21....76
loestrin 1/20-21....76
loestrin fe 1.5/30....76
loestrin fe 1/20....76
LOKELMA....74
lomustine....35
LONSURF TAB 15-6.14....35
LONSURF TAB 20-8.19....35
loperamide hcl....84
lopinavir-ritonavir tab 100-25 mg....30
lopinavir-ritonavir tab 200-50 mg....30
lorazepam....55
lorazepam intensol....55
LORBRENA....42
loryna....76
losartan potassium....50
losartan potassium & hydrochlorothiazide tab 100-12.5 mg....49
*losartan potassium & hydrochlorothiazide tab 100-25 mg*49
losartan potassium & hydrochlorothiazide tab 50-12.5 mg....49
LOTEMAX....96
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%....95
lovastatin....50
loxapine succinate....60
lubiprostone....84
luizza 1.5/30....76
luizza 1/20....76
LUMAKRAS....42
LUMIGAN....97
LUMIZYME....80
LUPRON DEPOT (1-MONTH)....36
LUPRON DEPOT (3-MONTH)....36
LUPRON DEPOT-PED (1-MONTH....80

LUPRON DEPOT-PED (3-MONTH 80
LUPRON DEPOT-PED (6-MONTH 80
lurasidone hcl 60
lutera 76
LYBALVI TAB 10-10MG 61
LYBALVI TAB 15-10MG 61
LYBALVI TAB 20-10MG 61
LYBALVI TAB 5-10MG 60
lyleq 76
lyllana 78
LYNPARZA 42
LYSODREN 36
LYTGOBI (12 MG DAILY DOSE) 42
LYTGOBI (16 MG DAILY DOSE) 43
LYTGOBI (20 MG DAILY DOSE) 43
lyza 76

M

macitentan 55
magnesium sulfate 94
MAGNESIUM SULFATE 94
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 94
malathion 105
maraviroc 29
marlissa 76
MARPLAN 57
MATULANE 37
MAVYRET PAK 50-20MG 31
MAVYRET TAB 100-40MG 31
meclizine hcl 82
medroxyprogesterone acetate 81
medroxyprogesterone acetate (contraceptive) 76
mefloquine hcl 28
megestrol acetate 36, 81
megestrol acetate (appetite) 81
MEKINIST 43
MEKTOVI 43
meleya 76
meloxicam 24
memantine hcl 56
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 56
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 56
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 56
MENQUADFI 92
MENVEO INJ 92
MENVEO SOL 92
mercaptopurine 35
meropenem 27
mesalamine 83
mesalamine w/ cleanser 83
mesna 37
metformin hcl 71
methadone hcl 24
methadone hydrochloride i 25
methazolamide 53
methenamine hippurate 27
methimazole 81
methotrexate sodium 35, 90
methsuximide 64
methylphenidate hcl 67
methylprednisolone 79
methylprednisolone acetate 79
methylprednisolone sod succ 79
metoclopramide hcl 82
metolazone 53
metoprolol & hydrochlorothiazide tab 100-25 mg 51
metoprolol & hydrochlorothiazide tab 100-50 mg 51
metoprolol & hydrochlorothiazide tab 50-25 mg 51
metoprolol succinate 52
metoprolol tartrate 52
metronidazole 27
metronidazole (topical) 105
metronidazole vaginal 85
metyrosine 54
micafungin sodium 28
microgestin 1.5/30 76
microgestin 1/20 76
microgestin fe 1.5/30 76
microgestin fe 1/20 76
midodrine hcl 54
MIEBO 97
mifepristone (hyperglycemia) 80
mili 76
mimvey 78
minocycline hcl 34
minoxidil 54
mirtazapine 57

misoprostol 84
M-M-R II INJ 92
M-NATAL PLUS TAB 94
modafinil 69
MODEYSO 37
moexipril hcl 47
molindone hcl 61
mometasone furoate 104
MONJUVI 43
mono-linyah 76
montelukast sodium 99
morphine sulfate 25
MOUNJARO 71
MOVANTIK 84
moxifloxacin hcl 33
moxifloxacin hcl (ophth) 96
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 33
MRESVIA 92
MULTAQ 50
multiple electrolytes ph 5.5 94
mupirocin 102
mycophenolate mofetil 91
mycophenolate sodium 91

N

nabumetone 24
nadolol 52
nafcillin sodium 33
NAGLAZYME 80
naloxone hcl 70
naltrexone hcl 70
NAMZARIC CAP 7-10MG 56
naproxen 24
naproxen sodium 24
naratriptan hcl 68
NATACYN 96
nateglinide 71
NAYZILAM 64
nebivolol hcl 52
necon 0.5/35-28 76
nefazodone hcl 57
neomycin sulfate 27
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 96
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..96
neomycin-polymyxin-dexamethasone ophth oint 0.1% 95
neomycin-polymyxin-dexamethasone ophth susp 0.1% 95
neomycin-polymyxin-hc ophth susp . 95
neomycin-polymyxin-hc otic soln 1% 97
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 97
NERLYNX 43
neuac 102
nevirapine 29
NEXLETOL 51
NEXLIZET TAB 180/10MG 51
NEXPLANON 76
niacin (antihyperlipidemic) 51
NICOTROL NS 70
nifedipine 52
nikki 76
nilotinib hcl 43
nilutamide 36
nimodipine 52
NINLARO 43
nintedanib esylate 99
nitazoxanide 27
nitisinone 80
nitro-bid 54
nitrofurantoin macrocrystal 27
nitrofurantoin monohyd macro 27
nitroglycerin 54
nitroglycerin (intra-anal) 105
nizatidine 83
nora-be 76
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 76
norethindrone (contraceptive) 77
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 77
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 77
norethindrone acetate 81
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 78
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 78
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 77

norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 77
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 77
norlyroc 77
nortrel 0.5/35 (28) 77
nortrel 1/35 (21) 77
nortrel 1/35 (28) 77
nortrel 7/7/7 77
nortriptyline hcl 57
NORVIR 29
NOVOLIN INJ 70/30 73
NOVOLIN INJ 70/30 FP 73
NOVOLIN N 73
NOVOLIN N FLEXPEN 73
NOVOLIN R 73
NOVOLIN R FLEXPEN 73
NOVOLOG 73
NOVOLOG FLEXPEN 73
NOVOLOG MIX INJ 70/30 73
NOVOLOG MIX INJ FLEXPEN 73
NOVOLOG PENFILL 73
NUBEQA 36
NUCALA 99, 100
NUEDEXTA CAP 20-10MG 68
NULOJIX 92
NUPLAZID 61
NURTEC 68
NUTRILIPID 95
NUZYRA 34
nyamyc 102
nylia 1/35 77
nylia 7/7/7 77
nystatin 28
nystatin (mouth-throat) 105
nystatin (topical) 102
nystop 103

O

OCTAGAM 91
octreotide acetate 80
ODEFSEY TAB 30
ODOMZO 43
OFEV 100
ofloxacin (ophth) 96
ofloxacin (otic) 97
OGIVRI 43
OGSIVEO 43
OJEMDA 43
OJJAARA 43
olanzapine 61
olmesartan medoxomil 50
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 49
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 49
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg . 49
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 49
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 49
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 49
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 49
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 49
omega-3-acid ethyl esters cap 1 gm . 51
omeprazole 85
OMNIPOD 5 DX KIT INT G7G6 73
OMNIPOD 5 DX MIS POD G7G6 73
OMNIPOD DASH KIT INTRO 73
OMNIPOD DASH MIS PODS 73
OMNIPOD5 LIB KIT INTRO 73
OMNIPOD5 LIB MIS PODS 73
ondansetron 82
ondansetron hcl 82
ONTRUZANT 43
ONUREG 35
OPIPZA 61
ORGOVYX 36
ORKAMBI GRA 100-125 100
ORKAMBI GRA 150-188 100
ORKAMBI GRA 75-94MG 100
ORKAMBI TAB 100-125 100
ORKAMBI TAB 200-125 100
orquidea 77

ORSERDU 36
oseltamivir phosphate 31
OSPOMYV 74
OTEZLA 88
OTEZLA TAB 10/20 88
OTEZLA TAB 10/20/30 88
OTEZLA XR 89
OTEZLA/XR TAB 28 DAY 89
oxacillin sodium 33
oxaliplatin 35
oxcarbazepine 64
oxybutynin chloride 85
oxycodone hcl 25
oxycodone w/ acetaminophen tab 10-325 mg 25
oxycodone w/ acetaminophen tab 2.5-325 mg 25
oxycodone w/ acetaminophen tab 5-325 mg 25
oxycodone w/ acetaminophen tab 7.5-325 mg 25
OZEMPIC 71
OZEMPIC (0.25 OR 0.5MG/DOSE) 72
OZEMPIC (1MG/DOSE) 72
OZEMPIC (2MG/DOSE) 72

P

pacerone 50
paclitaxel 38
paclitaxel protein-bound particles for iv susp 100 mg 38
paliperidone 61
pamidronate disodium 74
PAMIDRONATE DISODIUM 74
PANRETIN 105
pantoprazole sodium 85
PANZYGA 91
paricalcitol 82
paroxetine hcl 57
PAXLOVID PAK 31
PAXLOVID TAB 150-100 31
PAXLOVID TAB 300-100 31
pazopanib hcl 43
PEDIARIX INJ 0.5ML 92
PEDVAXHIB 92
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 84
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 84
PEGASYS 31
PELLIX 103
PEMAZYRE 43
pemetrexed disodium 35
PENBRAYA INJ 92
penicillamine 74
penicillin g potassium 34
penicillin g sodium 34
penicillin v potassium 34
PENMENVY INJ 92
PENTACEL INJ 92
pentamidine isethionate inh 27
pentamidine isethionate inj 27
pentoxifylline 87
perampanel 64
perindopril erbumine 47
periogard 105
permethrin 105
perphenazine 61
pfizerpen 34
phenelzine sulfate 57
phenobarbital 64
phenobarbital sodium 64
phenytek 64
phenytoin 64
phenytoin sodium 64
phenytoin sodium extended 64
PHESGO SOL 43
philith 77
PIFELTRO 29
pilocarpine hcl 97
pilocarpine hcl (oral) 105
pimecrolimus 105
pimozide 61
pimtrea 77
pindolol 52
pioglitazone hcl 72
pioglitazone hcl-metformin hcl tab 15-500 mg 72
pioglitazone hcl-metformin hcl tab 15-850 mg 72
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 34
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 34

piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 34
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 34
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 34
PIQRAY 200MG DAILY DOSE 43
PIQRAY 250MG TAB DOSE 43
PIQRAY 300MG DAILY DOSE 43
pirfenidone 100
piroxicam 24
plenamine 95
PLENVU SOL 84
podofilox 105
polymyxin b sulfate 27
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 96
pomalidomide 37
POMALYST 37
portia-28 77
posaconazole 28
POT CHL 20MEQ/L IN NACL 0.45% INJ 94
POT CHL 20MEQ/L IN NACL 0.9% INJ 94
POT CHL 40MEQ/L IN NACL 0.9% INJ 94
potassium chloride 94
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 94
potassium chloride microencapsulated crystals er 94, 95
potassium citrate (alkalinizer) 85
pramipexole dihydrochloride 59
prasugrel hcl 87
pravastatin sodium 50
praziquantel 27
prazosin hcl 48
prednisolone 79
prednisolone acetate (ophth) 96
PREDNISOLONE SODIUM PHOSP 96
prednisolone sodium phosphate 79
prednisone 79
PREDNISONE INTENSOL 79
pregabalin 64, 65
PREMASOL SOL 10% 95
PRENATAL TAB 27-1MG 95
PRENATAL TAB PLUS 95
PRETOMANID 31
PREVYMIS 31
PREZCOBIX TAB 675/150 30
PREZCOBIX TAB 800-150 30
PREZISTA 29
PRIFTIN 31
primaquine phosphate 28
PRIMAQUINE PHOSPHATE 28
primidone 65
PRIORIX INJ 92
PRIVIGEN 91
probenecid 24
prochlorperazine 82
prochlorperazine edisylate 82
prochlorperazine maleate 82
PROCRIT 86
proctocort 105
procto-med hc 105
proctosol hc 105
proctozone-hc 105
progesterone 81
PROGRAF 92
PROLASTIN-C 100
PROLIA 74
promethazine hcl 82, 83
propafenone hcl 50
proparacaine hcl 97
propranolol hcl 52
propylthiouracil 81
PROQUAD INJ 92
PROSOL INJ 20% 95
protriptyline hcl 57
PULMOZYME 100
pyrazinamide 31
pyridostigmine bromide 68
pyrimethamine 27
PYZCHIVA 89

Q

QINLOCK 44
QUADRACEL INJ 0.5ML 92
quetiapine fumarate 61
quinapril hcl 48
quinidine sulfate 50
quinine sulfate 28
QULIPTA 68

R
RABAVERT INJ 92
RALDESY 57
raloxifene hcl 80
ramelteon 67
ramipril 48
ranolazine 54
rasagiline mesylate 59
reclipsen 77
RECOMBIVAX HB 93
REDEMPLO 51
RELENZA DISKHALER 31
relgaabi 65
RENFLEXIS 89
repaglinide 72
REPATHA 51
REPATHA SURECLICK 51
RESTASIS 97
RESTASIS MULTIDOSE 97
RETEVMO 44
REVCOVI 80
REVUFORJ 44
REXULTI 61
REYATAZ 29
REZDIFFRA 80
REZLIDHIA 44
REZUROCK 92
RHOPRESSA 97
ribavirin (hepatitis c) 31
rifabutin 31
rifampin 31
rilpivirine hcl 29
riluzole 68
rimantadine hydrochloride 31
RINVOQ 89
RINVOQ LQ 89
risperidone 61, 62
risperidone microspheres 62
ritonavir 29
rivaroxaban 86
rivastigmine 56
rivastigmine tartrate 56
rizatriptan benzoate 68
ROCKLATAN DRO 97
roflumilast 100
ROMVIMZA 44
ropinirole hydrochloride 59
rosuvastatin calcium 51
ROTARIX SUS 93
ROTATEQ SOL 93
roweepra 65
ROZLYTREK 44
RUBRACA 44
rufinamide 65
RUKOBIA 29
RYDAPT 44
S
sacubitril-valsartan tab 24-26 mg 49
sacubitril-valsartan tab 49-51 mg 49
sacubitril-valsartan tab 97-103 mg 49
sajazir 87
SANTYL 105
sapropterin dihydrochloride 80
SCEMBLIX 44
scopolamine 83
SECUADO 62
selegiline hcl 59
selenium sulfide 103
SELZENTRY 29
SEREVENT DISKUS 99
sertraline hcl 57
setlakin 77
sevelamer carbonate 81
sharobel 77
SHINGRIX 93
SIGNIFOR 80
SIKLOS 87
sildenafil citrate 86
sildenafil citrate (pulmonary hypertension) 55
silver sulfadiazine 102
SIMBRINZA SUS 1-0.2% 97
simliya 77
simvastatin 51
sirolimus 92
SIRTURO 31
sitagliptin phosphate 72
sitagliptin phosphate-metformin hcl tab 50-1000 mg 72
sitagliptin phosphate-metformin hcl tab 50-500 mg 72
SKYRIZI 89
SKYRIZI PEN 89

sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 84
sodium chloride 94
sodium chloride (gu irrigant) 105
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 95
sodium oxybate 69
sodium phenylbutyrate 80
sodium polystyrene sulfonate 74
sodium polystyrene sulfonate powder 74
solifenacin succinate 85
SOLIQUA INJ 100/33 73
SOLTAMOX 36
SOLU-CORTEF 79
SOMATULINE DEPOT 81
SOMAVERT 81
sorafenib tosylate 44
sotalol hcl 50
sotalol hcl (afib/afl) 50
SPIRIVA RESPIMAT 98
spironolactone 48
spironolactone & hydrochlorothiazide tab 25-25 mg 53
sprintec 28 77
sps 74
sps rectal 74
ssd 102
STELARA 89
STIVARGA 44
streptomycin sulfate 27
STRIBILD TAB 30
subvenite 65
SUBVENITE 65
sucralfate 84
sulfacetamide sodium (acne) 102
sulfacetamide sodium (ophth) 96
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 95
sulfadiazine 27
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 27
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 27
sulfamethoxazole-trimethoprim tab 400-80 mg 27
sulfamethoxazole-trimethoprim tab 800-160 mg 27
SULFAMYLON 102
sulfasalazine 83
sulindac 24
sumatriptan 68
sumatriptan succinate 68
sunitinib malate 44
SUNLENCA 29
syeda 77
SYMPAZAN 65
SYMTUZA TAB 30
SYNAREL 81
SYNTHROID 82

T

TABLOID 35
TABRECTA 44
tacrolimus 92
tacrolimus (topical) 105
tadalafil 85
tadalafil (pulmonary hypertension) 55
TAFINLAR 44
TAGRISSO 45
TALICIA CAP 84
TALZENNA 45
tamoxifen citrate 36
tamsulosin hcl 85
tarina fe 1/20 eq 77
TARPEYO 85
tasimelteon 67
TAVNEOS 87
tazarotene 103
taziceF 32
TECENTRIQ 45
TECENTRIQ INJ HYBREZA 45
telmisartan 50
telmisartan-hydrochlorothiazide tab 40-12.5 mg 49
telmisartan-hydrochlorothiazide tab 80-12.5 mg 49
telmisartan-hydrochlorothiazide tab 80-25 mg 49
temazepam 67
TENIVAC INJ 5-2LF 93
tenofovir disoproxil fumarate 29
TEPMETKO 45
terazosin hcl 48

terbinafine hcl 28
terbutaline sulfate 99
terconazole vaginal 85
testosterone 70
testosterone cypionate 70
testosterone enanthate 70
testosterone pump 70
tetrabenazine 68
tetracycline hcl 34
THALOMID 37
theophylline 100
thioridazine hcl 62
thiothixene 62
tiadylt er 52
tiagabine hcl 65
TIBSOVO 45
ticagrelor 87
TICOVAC 93
tigecycline 34
tilia fe 77
timolol maleate 52
timolol maleate (ophth) 97
tinidazole 27
TIVICAY 29
TIVICAY PD 29
tizanidine hcl 69
TOBI PODHALER 27
TOBRADEX OIN 0.3-0.1% 96
tobramycin 27
tobramycin (ophth) 96
tobramycin sulfate 27
tobramycin-dexamethasone ophth susp 0.3-0.1% 96
tofacitinib citrate 89
tolterodine tartrate 85
tolvaptan 81
tolvaptan tab therapy pack 30 & 15 mg 81
tolvaptan tab therapy pack 45 & 15 mg 81
tolvaptan tab therapy pack 60 & 30 mg 81
tolvaptan tab therapy pack 90 & 30 mg 81
topiramate 65
toremifene citrate 36
torpenz 45
torsemide 53
TOUJEO MAX SOLOSTAR 73
TOUJEO SOLOSTAR 73
TPN ELECTROL INJ 94
TRADJENTA 72
tramadol hcl 25
tramadol-acetaminophen tab 37.5-325 mg 25
trandolapril 48
tranexamic acid 87
tranylcypromine sulfate 57
TRAVASOL INJ 10% 95
TRAZIMERA 45
trazodone hcl 57
TRELEGY AER ELLIPTA 100-62.5-25 MCG 98
TRELEGY AER ELLIPTA 200-62.5-25 MCG 98
TREMFYA 89
TREMFYA INDUCTION PACK FO 90
TREMFYA PEN 90
treprostinil 55
tretinoin 102
tretinoin (chemotherapy) 37
triamcinolone acetonide (mouth) 105
triamcinolone acetonide (topical) 104
triamterene & hydrochlorothiazide cap 37.5-25 mg 53
triamterene & hydrochlorothiazide tab 37.5-25 mg 53
triamterene & hydrochlorothiazide tab 75-50 mg 53
tridacaine iii 104
triderm 104
trientine hcl 74
tri-estarylla 77
trifluoperazine hcl 62
trifluridine 96
trihexyphenidyl hcl 59
TRIJARDY XR TAB ER 24HR 10-5-1000MG 72
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 72
TRIJARDY XR TAB ER 24HR 25-5-1000MG 72
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 72

TRIKAFTA PAK 59.5MG 100
TRIKAFTA PAK 75MG 100
TRIKAFTA TAB 100-50-75MG & 150MG 100
TRIKAFTA TAB 50-25-37.5MG & 75MG 100
tri-legest fe 77
tri-linyah 77
tri-lo-estarylla 77
tri-lo-marzia 77
tri-lo-mili 77
tri-lo-sprintec 77
trimethoprim 27
tri-mili 77
trimipramine maleate 57, 58
TRINTELLIX 58
tri-sprintec 77
TRIUMEQ PD TAB 30
TRIUMEQ TAB 30
tri-vylibra 77
tri-vylibra lo 77
TROGARZO 29
TROPHAMINE INJ 10% 95
trospium chloride 85
TRULICITY 72
TRUMENBA 93
TRUQAP 45
TRUXIMA 45
TUKYSA 45
TURALIO 45
turqoz 77
twice-daily clindamycin phosphate (topical) 102
TWINRIX INJ 93
TYENNE 90
TYMLOS 74
TYPHIM VI 93

U

UBRELVY 68
unithroid 82
UPTRAVI 55
UPTRAVI PACK TAB 200/800 55
ursodiol 84
USTEKINUMAB 90

V

valacyclovir hcl 31
VALCHLOR 105
valganciclovir hcl 31
valproate sodium 65
valproic acid 65
valsartan 50
valsartan-hydrochlorothiazide tab 160-12.5 mg 49
valsartan-hydrochlorothiazide tab 160-25 mg 49
valsartan-hydrochlorothiazide tab 320-12.5 mg 49
valsartan-hydrochlorothiazide tab 320-25 mg 49
valsartan-hydrochlorothiazide tab 80-12.5 mg 49
VALTOCO 10 MG DOSE 65
VALTOCO 15 MG DOSE 65
VALTOCO 20 MG DOSE 65
VALTOCO 5 MG DOSE 65
valtya 1/35 77
valtya 1/50 77
vancomycin hcl 27
VANCOMYCIN INJ 1 GM 27
VANCOMYCIN INJ 500MG 28
VANCOMYCIN INJ 750MG 28
VANFLYTA 45
VAQTA 93
varenicline tartrate 70
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 70
VARIVAX 93
VASCEPA 51
VAXCHORA SUS 93
velivet 78
VELSIPITY 90
VENCLEXTA 45
VENCLEXTA TAB START PK 45
venlafaxine hcl 58
VEPPANU 36
verapamil hcl 52, 53
VERQUVO 54
VERSACLOZ 62
VERZENIO 45
vestura 78
vienva 78
vigabatrin 65
vigadrone 65
VIGAFYDE 66

vilazodone hcl 58
VIMKUNYA 93
vincristine sulfate 38
vinorelbine tartrate 38
viorele 78
VIRACEPT 29
VIREAD 29
VITRAKVI 45
VIVIMUSTA 35
VIVITROL 70
VIVOTIF CAP EC 93
VONJO 45
VOQUEZNA PAK DUAL PAK 84
VOQUEZNA PAK TRIP PK 84
VORANIGO 45, 46
voriconazole 28
VOSEVI TAB 31
VOWST CAP 84
VRAYLAR 62
vyfemla 78
vylibra 78
VYNDAMAX 54
VYVGART 91
VYZULTA 97

W

warfarin sodium 86
water for irrigation, sterile irrigation soln 105
WEGOVY 81
WELIREG 37
wera 78
WESTAB PLUS TAB 27-1MG 95
WINREVAIR 55
WINREVAIR INJ 45MG 55
WINREVAIR INJ 60MG 55
wixela inhub 101
WYOST 74

X

XALKORI 46
xarah fe 78
XARELTO 86
XARELTO STAR TAB 15/20MG 86
XATMEP 90
XCOPRI 66
XCOPRI PAK 100-150 66
XCOPRI PAK 12.5-25 66
XCOPRI PAK 150-200MG (MAINTENANCE) 66
XCOPRI PAK 150-200MG (TITRATION) 66
XCOPRI PAK 50-100MG 66
XDEMVY 96
XERMELO 84
XHANCE 101
XIFAXAN 28, 84
XIIDRA 97
XOLAIR 100
XOSPATA 46
XPOVIO PAK (100 MG ONCE WEEKLY) 46
XPOVIO PAK (40 MG ONCE WEEKLY) 46
XPOVIO PAK (40 MG TWICE WEEKLY) 46
XPOVIO PAK (60 MG ONCE WEEKLY) 46
XPOVIO PAK (60 MG TWICE WEEKLY) 46
XPOVIO PAK (80 MG ONCE WEEKLY) 46
XPOVIO PAK (80 MG TWICE WEEKLY) 46
XTANDI 36, 37
XTRENBO 74
xulane 78
XULTOPHY INJ 100/3.6 73

Y

YESINTEK 90
YF-VAX INJ 93
YONSA 37
yulithira 46
YUTREPIA 55
yuvafem 78

Z

zafemy 78
zafirlukast 99
ZARXIO 86
ZEJULA 46
ZELBORAF 46
zelvysia 81
zenatane 102
ZENPEP CAP 10000UNT 84
ZENPEP CAP 15000UNT 84
ZENPEP CAP 20000UNT 84
ZENPEP CAP 25000UNT 84
ZENPEP CAP 3000UNIT 84

ZENPEP CAP 40000UNT 85
ZENPEP CAP 5000UNIT 84
ZENPEP CAP 60000UNT 85
ZERVIATE 96
zidovudine 29
ziprasidone hcl 62
ziprasidone mesylate 62
ZIRABEV 46
ZIRGAN 96
zoledronic acid 74
ZOLINZA 46
zolpidem tartrate 67
ZONISADE 66
zonisamide 66
zovia 1/35 78
ZTALMY 66
zumandimine 78
ZURZUVAE 58
ZYKADIA 46
ZYMFENTRA 2-PEN 90
ZYMFENTRA 2-SYRINGE 90
ZYPREXA RELPREVV 62