ZING HEALTH OF MICHIGAN, INC.

H4624-001 Zing Select Care IL (HMO)
H4624-003 Zing Select Care IN (HMO)
H4624-006 Zing Select Care MI (HMO)
H4624-022 Zing Elite Select MI (HMO)
H4624-026 Zing Elite Select IL-IN (HMO)
H4624-037 Zing Elite Select OH (HMO)
H4624-038 Zing Select Care OH (HMO)
H4624-043 Zing Elite Select TN-MS (HMO)
H4624-044 Zing Select Care TN-MS (HMO)
H4624-045 Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP)
H4624-047 Zing Elite Essentials Diabetes & Heart MI (HMO C-SNP)
H4624-048 Zing Elite Essentials Diabetes & Heart OH (HMO C-SNP)
H4624-049 Zing Elite Essentials Diabetes & Heart TN-MS (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: 00027178, 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, 2027, 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 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 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 23. 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 23 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 83.

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):

H4624-001 Zing Select Care IL (HMO)

H4624-006 Zing Select Care MI (HMO)

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
$450^ H4624-001	Retail 30-day supply	$0	$0	22%	25%	28%
	Select Insulins*	$0	N/A	$35 or 22%	$35 or 25%	$35 or 25%
$500^ H4624-006	Retail 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$105 or 22%	$105 or 25%	
	Mail Order 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$70 or 22%	$70 or 25%	

^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):

H4624-022 Zing Elite Select MI (HMO)

H4624-026 Zing Elite Select IL-IN (HMO)

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
$350^	Retail 30-day supply	$0	$0	22%	25%	29%
	Select Insulins*	$0	N/A	$35 or 22%	$35 or 25%	$35 or 25%
	Retail 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$105 or 22%	$105 or 25%	
	Mail Order 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$70 or 22%	$70 or 25%	

^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):

H4624-003 Zing Select Care IN (HMO)

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
$450^	Retail 30-day supply	$0	$10	22%	25%	28%
	Select Insulins*	$0	N/A	$35 or 22%	$35 or 25%	$35 or 25%
	Retail 100-day supply	$0	$30	22%	25%	Not available
	Select Insulins	$0	N/A	$105 or 22%	$105 or 25%	
	Mail Order 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$70 or 22%	$70 or 25%	

^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):

H4624-037 Zing Elite Select OH (HMO)
H4624-043 Zing Elite Select TN-MS (HMO)

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
$350^	Retail 30-day supply	$0	$8	22%	25%	29%
	Select Insulins*	$0	N/A	$35 or 22%	$35 or 25%	$35 or 25%
	Retail 100-day supply	$0	$24	22%	25%	Not available
	Select Insulins	$0	N/A	$105 or 22%	$105 or 25%	
	Mail Order 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$70 or 22%	$70 or 25%	

^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):

H4624-038 Zing Select Care OH (HMO)

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
$450^	Retail 30-day supply	$0	$8	22%	25%	28%
	Select Insulins*	$0	N/A	$35 or 22%	$35 or 25%	$35 or 25%
	Retail 100-day supply	$0	$24	22%	25%	Not available
	Select Insulins	$0	N/A	$105 or 22%	$105 or 25%	
	Mail Order 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$70 or 22%	$70 or 25%	

^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):

H4624-045 Zing Elite Essentials Diabetes & Heart IL-IN (HMO C-SNP)

H4624-047 Zing Elite Essentials Diabetes & Heart MI (HMO C-SNP)

H4624-048 Zing Elite Essentials Diabetes & Heart OH (HMO C-SNP)

H4624-049 Zing Elite Essentials 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
$700^	Retail 30-day supply	25%	25%	25%	25%	25%
	Select Insulins*	$35 or 25%	N/A	$35 or 25%	$35 or 25%	$35 or 25%
	Retail 100-day supply	25%	25%	25%	25%	Not available
	Select Insulins	$105 or 25%	N/A	$105 or 25%	$105 or 25%	
	Mail Order 100-day supply	25%	25%	25%	25%	Not available
	Select Insulins	$105 or 25%	N/A	$105 or 25%	$105 or 25%	

^The deductible does not apply to insulins or vaccinations; cost shares may be lower with LIS

***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):

H4624-044 Zing Select Care TN-MS (HMO)

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
$500^	Retail 30-day supply	$0	$6	22%	25%	28%
	Select Insulins*	$0	N/A	$35 or 22%	$35 or 25%	$35 or 25%
	Retail 100-day supply	$0	$18	22%	25%	Not available
	Select Insulins	$0	N/A	$105 or 22%	$105 or 25%	
	Mail Order 100-day supply	$0	$0	22%	25%	Not available
	Select Insulins	$0	N/A	$70 or 22%	$70 or 25%	

^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 XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	3	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
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	2	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	2	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	2	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
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

Drug Name	Drug Tier	Requirements/Limits
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)
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)

Drug Name	Drug Tier	Requirements/Limits
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	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
chateal eq	2	

Drug Name	Drug Tier	Requirements/Limits
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	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
GENITOURINARY AGENTS		
Genitourinary Agents, Other		
sildenafil citrate TABS 25mg, 50mg, 100mg	2	ED, QL (6 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
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
OTEZLA XR TB24 75mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
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
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
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
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	
potassium chloride microencapsulated crystals er TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	

Drug Name	Drug Tier	Requirements/Limits
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	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	

Drug Name	Drug Tier	Requirements/Limits
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	
brinzolamide SUSP 1%	2	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	

Drug Name	Drug Tier	Requirements/Limits
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)
BREZTRI AERO AER 18MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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	

Drug Name	Drug Tier	Requirements/Limits
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)
fluocinonide emulsified base CREA .05%	2	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	2	

Drug Name	Drug Tier	Requirements/Limits
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	
imiquimod CREA 5%	2	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	

Drug Name	Drug Tier	Requirements/Limits
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 27
abacavir sulfate-lamivudine tab 600-300 mg 29
abigale 77
abigale lo 77
ABILIFY ASIMTUFII 58
ABILIFY MAINTENA 58
abiraterone acetate 34
abirtega 34
ABRYSVO 91
acamprosate calcium 69
acarbose 69
accutane 100
acebutolol hcl 51
acetaminophen w/ codeine soln 120-12 mg/5ml 24
acetaminophen w/ codeine tab 300-15 mg 24
acetaminophen w/ codeine tab 300-30 mg 24
acetaminophen w/ codeine tab 300-60 mg 24
acetazolamide 52
acetic acid 84
acetic acid (otic) 96
acetylcysteine 98
acitretin 101
ACTHIB INJ 91
ACTIMMUNE 90
acyclovir 30
acyclovir sodium 30
ADACEL INJ 91
ADALIMUMAB-BWWD 86
adefovir dipivoxil 30
ADEMPAS 53
ADMELOG 71
ADMELOG SOLOSTAR 71
ADVAIR HFA AER 115/21 100
ADVAIR HFA AER 230/21 100
ADVAIR HFA AER 45/21 100
afirmelle 73
AIMOVIG 66
AIRSUPRA AER 90-80MCG 100
AKEEGA TAB 100/500 35
AKEEGA TAB 50/500MG 35
ala-cort 102
albendazole 25
albuterol sulfate 97, 98
alclometasone dipropionate 102
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 71
ALDURAZYME 78
ALECENSA 37
alendronate sodium 72
alfuzosin hcl 84
aliskiren fumarate 52
allopurinol 23
alosetron hcl 83
alprazolam 54
altavera 73
ALUNBRIG 37
ALUNBRIG PAK 37
ALVAIZ 85, 86
ALVESCO 100
alyacen 1/35 73
alyacen 7/7/7 73
ALYGLO 89
alyq 53
amantadine hcl 57
ambrisentan 54
amikacin sulfate 25
amiloride & hydrochlorothiazide tab 5-50 mg 52
amiloride hcl 52
aminosyn ii soln 15% 94
AMINOSYN INJ 10% 94
AMINOSYN-PF INJ 10% 94
amiodarone hcl 49
amitriptyline hcl 55
amlodipine besylate 51
amlodipine besylate-atorvastatin calcium tab 10-10 mg 53
amlodipine besylate-atorvastatin calcium tab 10-20 mg 53
amlodipine besylate-atorvastatin calcium tab 10-40 mg 53
amlodipine besylate-atorvastatin calcium tab 10-80 mg 53

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 52
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 52
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 52
amlodipine besylate-atorvastatin calcium tab 5-10 mg 52
amlodipine besylate-atorvastatin calcium tab 5-20 mg 52
amlodipine besylate-atorvastatin calcium tab 5-40 mg 52
amlodipine besylate-atorvastatin calcium tab 5-80 mg 52
amlodipine besylate-benazepril hcl cap 10-20 mg 45
amlodipine besylate-benazepril hcl cap 10-40 mg 46
amlodipine besylate-benazepril hcl cap 2.5-10 mg 45
amlodipine besylate-benazepril hcl cap 5-10 mg 45
amlodipine besylate-benazepril hcl cap 5-20 mg 45
amlodipine besylate-benazepril hcl cap 5-40 mg 45
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 47
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 47
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 47
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 47
amlodipine besylate-valsartan tab 10-160 mg 47
amlodipine besylate-valsartan tab 10-320 mg 47
amlodipine besylate-valsartan tab 5-160 mg 47
amlodipine besylate-valsartan tab 5-320 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 47
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 47
amnesteem 100
amoxapine 55
amoxicillin 32
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 32
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 32
amoxicillin & k clavulanate for susp 400-57 mg/5ml 32
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 32
amoxicillin & k clavulanate tab 250-125 mg 32
amoxicillin & k clavulanate tab 500-125 mg 32
amoxicillin & k clavulanate tab 875-125 mg 32
amphetamine-dextroamphetamine cap er 24hr 10 mg 65
amphetamine-dextroamphetamine cap er 24hr 15 mg 65
amphetamine-dextroamphetamine cap er 24hr 20 mg 65
amphetamine-dextroamphetamine cap er 24hr 25 mg 65
amphetamine-dextroamphetamine cap er 24hr 30 mg 65
amphetamine-dextroamphetamine cap er 24hr 5 mg 65
amphetamine-dextroamphetamine tab 10 mg 65
amphetamine-dextroamphetamine tab 12.5 mg 65
amphetamine-dextroamphetamine tab 15 mg 65

amphetamine-dextroamphetamine tab 20 mg 65
amphetamine-dextroamphetamine tab 30 mg 65
amphetamine-dextroamphetamine tab 5 mg 65
amphetamine-dextroamphetamine tab 7.5 mg 65
amphotericin b 27
amphotericin b liposome 27
ampicillin 32
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 32
ampicillin & sulbactam sodium for inj 3 (2-1) gm 32
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 32
ampicillin sodium 32
anagrelide hcl 86
anastrozole 35
ANORO ELLIPT AER 62.5-25 96
aprepitant 81
aprepitant capsule therapy pack 80 & 125 mg 81
apri 73
APTIVUS 28
aranelle 73
ARCALYST 90
AREXVY 91
ARIKAYCE 25
aripiprazole 58
ARISTADA 58
ARISTADA INITIO 58
armodafinil 68
ARNUITY ELLIPTA 100
asenapine maleate 58
aspirin-dipyridamole cap er 12hr 25-200 mg 86
ASTAGRAF XL 90
atazanavir sulfate 28
atenolol 51
atenolol & chlorthalidone tab 100-25 mg 50
atenolol & chlorthalidone tab 50-25 mg 50
atomoxetine hcl 66
atorvastatin calcium 49
atovaquone 25
atovaquone-proguanil hcl tab 250-100 mg 27
atovaquone-proguanil hcl tab 62.5-25 mg 27
ATROPINE SULFATE 96
atropine sulfate (ophthalmic) 96
ATROVENT HFA 97
aubra eq 73
AUGTYRO 37
aurovela 1/20 73
aurovela fe 1.5/30 73
aurovela fe 1/20 73
AUSTEDO 67
AUSTEDO XR 67
AUSTEDO XR TAB TITR KIT 67
AUVELITY TAB 45-105MG 55
AUVELITY TAB TITRATIO 55
aviane 73
AVMAPKI PAK FAKZYNJA 37
ayuna 73
AYVAKIT 37
azacitidine 34
azathioprine 90
azelastine hcl 97
azelastine hcl (ophth) 95
azithromycin 31
aztreonam 25
azurette 73

B

bacitracin-polymyxin b ophth oint 95
bacitracin-polymyxin-neomycin-hc ophth oint 1% 94
baclofen 68
BAFIERTAM 68
balsalazide disodium 82
BALVERSA 37
balziva 73
BARACLUDE 30
BCG VACCINE 91
BEIZRAY 36
benazepril & hydrochlorothiazide tab 10-12.5 mg 46
benazepril & hydrochlorothiazide tab 20-12.5 mg 46
benazepril & hydrochlorothiazide tab 20-25 mg 46

benazepril & hydrochlorothiazide tab 5-6.25mg 46
benazepril hcl 46
BENDAMUSTINE HYDROCHLORID 33
BENDEKA 33
BENLYSTA 90
benzoyl peroxide-erythromycin gel 5-3% 100
benztropine mesylate 57
BERINERT 86
besifloxacin hcl 95
BESREMI 36
betaine powder for oral solution 78
betamethasone dipropionate (topical) 102
betamethasone dipropionate augmented 102
betamethasone valerate 102
BETASERON 68
betaxolol hcl (ophth) 95
bethanechol chloride 84
BEVESPI AER 9-4.8MCG 96
bexarotene 36
bexarotene (topical) 103
BEXSERO 91
bicalutamide 35
BICILLIN L-A 32
BIKTARVY TAB 30-120-15 MG 29
BIKTARVY TAB 50-200-25 MG 29
BILDYOS 72
BIMZELX 86
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 83
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 50
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 50
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 50
bisoprolol fumarate 51
BIVIGAM 89
blisovi fe 1.5/30 73
blisovi fe 1/20 73
BLUJEPA 25
BOOSTRIX INJ 91
bortezomib 37
BORTEZOMIB 37
bosentan 54
BOSULIF 37, 38
bosutinib 38
BRAFTOVI 38
BREO ELLIPTA INH 100-25 100
BREO ELLIPTA INH 200-25 100
BREO ELLIPTA INH 50-25MCG 100
breyna 100
BREZTRI AERO AER 18MCG 96
BREZTRI AERO AER 9MCG 96
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 96
briellyn 73
brimonidine tartrate 95
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 95
brinzolamide 95
brivaracetam 61
bromocriptine mesylate 57
BRUKINSA 38
budesonide 82
budesonide (inhalation) 100
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 100
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 100
bumetanide 52
buprenorphine hcl 69
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 69
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 69
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 69
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 69
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 69
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 69
bupropion hcl 55
bupropion hcl (smoking deterrent) 69
buspirone hcl 54
butorphanol tartrate 24
BYSANTI 58
BYSANTI TAB PACK A 58
BYSANTI TAB PACK B 58

BYSANTI TAB PACK C 58
C
cabergoline 78
CABOMETYX 38
calcipotriene 102
calcitonin (salmon) spray 72
calcitrene 102
calcitriol 81
calcitriol (oral) 81
calcium acetate (phosphate binder) 80
CALQUENCE 38
camila 73
candesartan cilexetil 49
CAPLYTA 58
CAPRELSA 38
captopril 46
captopril & hydrochlorothiazide tab 25-15 mg 46
captopril & hydrochlorothiazide tab 25-25 mg 46
captopril & hydrochlorothiazide tab 50-15 mg 46
captopril & hydrochlorothiazide tab 50-25 mg 46
carb/levo orally disintegrating tab 10-100mg 57
carb/levo orally disintegrating tab 25-100mg 57
carb/levo orally disintegrating tab 25-250mg 57
carbamazepine 61
carbidopa & levodopa tab 10-100 mg 57
carbidopa & levodopa tab 25-100 mg 57
carbidopa & levodopa tab 25-250 mg 57
carbidopa & levodopa tab er 25-100 mg 57
carbidopa & levodopa tab er 50-200 mg 57
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 57
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 57
carbidopa-levodopa-entacapone tabs 25-100-200 mg 57
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 57
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 57
carbidopa-levodopa-entacapone tabs 50-200-200 mg 57
carboplatin 33
carglumic acid 78
carteolol hcl (ophth) 95
cartia xt 51
carvedilol 51
caspofungin acetate 27
CAYSTON 25
cefaclor 30
cefadroxil 30, 31
CEFAZOLIN 31
CEFAZOLIN INJ 1GM/50ML 31
cefazolin sodium 31
CEFAZOLIN SOLN 2GM/100ML-4% 31
CEFAZOLIN/DEX SOL 1GM/50ML-4% 31
CEFAZOLIN/DEX SOL 2GM/50ML-3% 31
CEFAZOLIN/DEX SOL 3GM/150ML-4% 31
CEFAZOLIN/DEX SOL 3GM/50ML-2% 31
cefdinir 31
cefepime hcl 31
cefixime 31
cefotetan disodium 31
cefoxitin sodium 31
cefpodoxime proxetil 31
cefprozil 31
ceftaroline fosamil 31
ceftazidime 31
ceftriaxone sodium 31
cefuroxime axetil 31
cefuroxime sodium 31
celecoxib 23
cephalexin 31
CEQUR EXT WR MIS INSERTER 71
CEQUR SIMPL KIT 1U EXTND 71
CEQUR SIMPL KIT 2U EXTND 71
CEQUR SIMPL KIT PATCH 2U (4-DAY) 71
CEQUR SIMPL MIS INSERTER 71
CERDELGA 78
CEREZYME 78
cetirizine hcl 97
chateal eq 73
CHEMET 73

chlorhexidine gluconate (mouth-throat) 104
chloroquine phosphate 27
chlorpromazine hcl 58
chlorthalidone 52
cholestyramine 50
cholestyramine light 50
ciclopirox 101
ciclopirox olamine 101
cilostazol 86
CILOXAN 95
CIMDUO TAB 300-300 29
cinacalcet hcl 78
ciprofloxacin 200 mg/100ml in d5w ..32
ciprofloxacin 400 mg/200ml in d5w ..32
ciprofloxacin hcl 32
ciprofloxacin hcl (ophth) 95
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 96
cisplatin 33
citalopram hydrobromide 55
claravis 100
clarithromycin 31
clindamycin hcl 25
clindamycin palmitate hydrochloride .25
clindamycin phosphate 25
clindamycin phosphate (topical) 101
clindamycin phosphate in d5w iv soln 300 mg/50ml 25
clindamycin phosphate in d5w iv soln 600 mg/50ml 25
clindamycin phosphate in d5w iv soln 900 mg/50ml 25
clindamycin phosphate vaginal 84
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 100
CLINDMYC/NAC INJ 300/50ML 25
CLINDMYC/NAC INJ 600/50ML 25
CLINDMYC/NAC INJ 900/50ML 25
CLINIMIX INJ 4.25/D10 94
CLINIMIX INJ 4.25/D5W 94
CLINIMIX INJ 5%/D15W 94
CLINIMIX INJ 5%/D20W 94
CLINIMIX INJ 6/5 94
CLINIMIX INJ 8/10 94
CLINIMIX INJ 8/14 94
clinisol sf 15% 94
CLINOLIPID EMU 20% 94
clobazam 61
clobetasol propionate 102
clobetasol propionate e 102
clodan 102
clomipramine hcl 55
clonazepam 61
clonidine 53
clonidine hcl 53
clopidogrel bisulfate 86
clorazepate dipotassium 61
clotrimazole 104
clotrimazole (topical) 101
clotrimazole w/ betamethasone cream 1-0.05% 101
clozapine 58, 59
COARTEM TAB 20-120MG 27
COBENFY CAP 100-20MG 59
COBENFY CAP 125-30MG 59
COBENFY CAP 50-20MG 59
COBENFY STRT CAP PACK 59
colchicine 23
colchicine w/ probenecid tab 0.5-500 mg 23
colesevelam hcl 50
colestipol hcl 50
colistimethate sodium 25
COMBIGAN SOL 0.2/0.5% 95
COMBIVENT AER 20-100 97
COMETRIQ (60MG DOSE) 38
COMETRIQ KIT 100MG 38
COMETRIQ KIT 140MG 38
compro 81
constulose 82
COPAXONE 68
COPIKTRA 38
COTELLIC 38
CREON CAP 12000UNT 83
CREON CAP 24000UNT 83
CREON CAP 3000UNIT 83
CREON CAP 36000UNT 83
CREON CAP 6000UNIT 83
CRESEMBA 27
cromolyn sodium 98
cromolyn sodium (mastocytosis) 83
cromolyn sodium (ophth) 95
cryselle 74

cyclobenzaprine hcl 68
cyclophosphamide 33, 34
CYCLOPHOSPHAMIDE 34
CYCLOPHOSPHAMIDE MONOHYDR 34
cycloserine 29
cyclosporine 90
cyclosporine modified (for microemulsion) 90
cyproheptadine hcl 97
cyred eq 74
CYSTADROPS 96
CYSTAGON 78
CYSTARAN 96
cytarabine 34

D

D10W/NACL INJ 0.2% 92
D10W/NACL INJ 0.45% 92
D2.5W/NACL INJ 0.45% 92
D5W/NACL INJ 0.2% 92
D5W/NACL INJ 0.45% 92
dabigatran etexilate mesylate 85
dalfampridine 68
danazol 69
dantrolene sodium 68
DANZITEN 38
dapagliflozin 69
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg 70
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 70
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 70
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 69
dapsone 25
DAPTACEL INJ 91
daptomycin 25
DAPTOMYCIN 25
darunavir 28
dasatinib 38
dasetta 1/35 74
dasetta 7/7/7 74
DAURISMO 38
DAYVIGO 66
deblitane 74
deferasirox 73
DELSTRIGO TAB 29
DEPO-SUBQ PROVERA 104 74
depo-testosterone 69
DESCOVY TAB 120-15MG 29
DESCOVY TAB 200/25MG 29
desipramine hcl 55
desmopressin acetate 78
desmopressin acetate spray 78
desmopressin acetate spray refrigerated 78
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 74
desvenlafaxine succinate 55
dexamethasone 77
DEXAMETHASONE INTENSOL 77
dexamethasone sodium phosphate 77
dexamethasone sodium phosphate (ophth) 95
dexmethylphenidate hcl 66
dextrose 94
DEXTROSE 10% 94
dextrose 2.5% w/ sodium chloride 0.45% 92
dextrose 5% in lactated ringers 92
dextrose 5% w/ sodium chloride 0.225% 92
dextrose 5% w/ sodium chloride 0.3% 92
dextrose 5% w/ sodium chloride 0.45% 92
dextrose 5% w/ sodium chloride 0.9% 92
DEXTROSE 70% 94
DIACOMIT 61, 62
diazepam 62
diazepam (anticonvulsant) 62
diazepam inj 62
diazepam intensol 62
diazoxide 78
diclofenac potassium 23
diclofenac sodium 23
diclofenac sodium (ophth) 95
diclofenac sodium (topical) 103
dicloxacillin sodium 32
dicyclomine hcl 81, 82
DIFICID 31
diflunisal 23
digoxin 53

dihydroergotamine mesylate 66
DILANTIN 62
diltiazem hcl 51
diltiazem hcl coated beads 51
diltiazem hcl extended release beads 51
dilt-xr 51
diphenhydramine hcl 97
diphenoxylate w/ atropine tab 2.5-0.025 mg 83
dipyridamole 86
disopyramide phosphate 49
disulfiram 69
divalproex sodium 62
docetaxel 37
DOCETAXEL 37
DOCIVYX 37
dofetilide 49
donepezil hydrochloride 54, 55
DOPTELET 86
DOPTELET SPRINKLE 86
dorzolamide hcl 96
dorzolamide hcl-timolol maleate ophth soln 2-0.5% 96
dotti 77
DOVATO TAB 50-300MG 29
doxazosin mesylate 47
doxepin hcl 55
doxepin hcl (sleep) 66
doxorubicin hcl 36
doxorubicin hcl liposomal 36
doxy 100 33
doxycycline (monohydrate) 33
doxycycline hyclate 33
DRIZALMA SPRINKLE 55
dronabinol 81
drospirenone-ethinyl estradiol tab 3-0.02 mg 74
drospirenone-ethinyl estradiol tab 3-0.03 mg 74
DROXIA 86
droxidopa 53
duloxetine hcl 56
DUPIXENT 86, 87
dutasteride 84
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 84

E

e.e.s. 400 31
EBGLYSS 87
econazole nitrate 101
EDURANT 28
EDURANT PED 28
efavirenz 28
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 29
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 29
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 29
ELIGARD 35
elinest 74
ELIQUIS 85
ELIQUIS (1.5MG PACK) 3 X 85
ELIQUIS (2MG PACK) 4 X 85
ELIQUIS STARTER PACK 85
eluryng 74
EMGALITY 66, 67
EMSAM 56
emtricitabine 28
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 29
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 29
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 29
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 29
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 29
EMTRIVA 28
EMVERM 25
emzahh 74
enalapril maleate 46
enalapril maleate & hydrochlorothiazide tab 10-25 mg 46
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 46
ENBREL 87
ENBREL MINI 87
ENBREL SURECLICK 87
endocet tab 10-325mg 24
endocet tab 2.5-325mg 24
endocet tab 7.5-325mg 24

ENGERIX-B 91
enilloring 74
enoxaparin sodium 85
ENSACOVE 38
enskyce 74
ENSTILAR AER 102
entacapone 57
entecavir 30
ENTRESTO CAP 15-16MG 47
ENTRESTO CAP 6-6MG 47
ENTRESTO TAB 24-26MG 47
ENTRESTO TAB 49-51MG 47
ENTRESTO TAB 97-103MG 47
ENTYVIO PEN 87
enulose 82
ENVARSUS XR 90
EPIDIOLEX 62
epinephrine 53
epinephrine (anaphylaxis) 98
eplerenone 47
ergotamine w/ caffeine tab 1-100 mg 67
ERIVEDGE 39
ERLEADA 35
erlotinib hcl 39
errin 74
ertapenem sodium 25
ery 101
ERYTHROCIN LACTOBIONATE 31
erythromycin (acne aid) 101
erythromycin (ophth) 95
erythromycin base 31
erythromycin ethylsuccinate 31
erythromycin lactobionate 32
ERZOFRI 59
escitalopram oxalate 56
eslicarbazepine acetate 62
esomeprazole magnesium 83
estarylla 74
estradiol 77
estradiol & norethindrone acetate tab 0.5-0.1 mg 77
estradiol & norethindrone acetate tab 1-0.5 mg 77
estradiol vaginal 77
estradiol valerate 77
ethambutol hcl 29
ethosuximide 62
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 74
etodolac 23
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 74
etoposide 37
etravirine 28
EUCRISA 103
EULEXIN 35
everolimus 39
everolimus (immunosuppressant) 90
EVOTAZ TAB 300-150 29
exemestane 35
EXXUA 56
EXXUA TITRATION PACK 56
EYSUVIS 96
ezetimibe 50
ezetimibe-simvastatin tab 10-10 mg 50
ezetimibe-simvastatin tab 10-20 mg 50
ezetimibe-simvastatin tab 10-40 mg 50
ezetimibe-simvastatin tab 10-80 mg 50

F

FABRAZYME 78
falmina 74
famciclovir 30
famotidine 82
famotidine in nacl 0.9% iv soln 20 mg/50ml 82
FANAPT 59
FANAPT PAK PACK A 59
FANAPT PAK PACK B 59
FANAPT PAK PACK C 59
FARXIGA 70
FASENRA 98
FASENRA PEN 98
feirza 1.5/30 74
feirza 1/20 74
felbamate 62
felodipine 51
fenofibrate 49
fenofibrate micronized 49
fentanyl 23
FETZIMA 56
FETZIMA CAP TITRATIO 56
FIASP 71
FIASP FLEXTOUCH 71

FIASP PENFILL 71
FIASP PUMPCART 71
fidaxomicin 32
FILSPARI 84
finasteride 84
fingolimod hcl 68
FINTEPLA 62
FIRMAGON 35
FLEBOGAMMA DIF 89
flecainide acetate 49
fluconazole 27
fluconazole in nacl 0.9% inj 200 mg/100ml 27
fluconazole in nacl 0.9% inj 400 mg/200ml 27
flucytosine 27
fludrocortisone acetate 78
flunisolide (nasal) 99
fluocinolone acetonide 102
fluocinolone acetonide (otic) 96
fluocinonide 102
fluocinonide emulsified base 102
fluorometholone (ophth) 95
fluorouracil 34
fluorouracil (topical) 103
fluoxetine hcl 56
fluphenazine decanoate 59
fluphenazine hcl 59
flurbiprofen 23
flurbiprofen sodium 95
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act 100
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act 100
fluticasone propionate 102
fluticasone propionate (nasal) 99
fluticasone-salmeterol aer powder ba 100-50 mcg/act 100
fluticasone-salmeterol aer powder ba 250-50 mcg/act 100
fluticasone-salmeterol aer powder ba 500-50 mcg/act 100
fluvoxamine maleate 54
fondaparinux sodium 85
fosamprenavir calcium 28
fosfomycin tromethamine 25
fosinopril sodium 46
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 46
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 46
FOTIVDA 39
FRINDOVYX 34
FRUZAQLA 39
FULPHILA 85
fulvestrant 35
furosemide 52
furosemide inj 52
fyavolv tab 0.5mg-2.5mcg 77
fyavolv tab 1mg-5mcg 77

G

gabapentin 62
galantamine hydrobromide 55
gallifrey 80
GAMASTAN INJ 89
GAMMAGARD LIQUID 89
GAMMAGARD LIQUID ERC 89
GAMMAGARD S/D IGA LESS TH 89
GAMMAKED 90
GAMMAPLEX 90
GAMUNEX-C 90
ganciclovir sodium 30
GARDASIL 9 91
gatifloxacin (ophth) 95
GATTEX 83
GAUZE PADS 2 71
gavilyte-c 82
gavilyte-g 82
gavilyte-n/flavor pack 82
GAVRETO 39
gefitinib 39
gemcitabine hcl 34
gemfibrozil 49
GEMTESA 84
generlac 82
gengraf 90
GENOTROPIN 79
GENOTROPIN MINIQUICK 79
gentamicin in saline inj 0.8 mg/ml 25
gentamicin in saline inj 1 mg/ml 25
gentamicin in saline inj 1.2 mg/ml 25
gentamicin in saline inj 1.6 mg/ml 25
gentamicin in saline inj 2 mg/ml 25
gentamicin sulfate 25

gentamicin sulfate (ophth) 95
gentamicin sulfate (topical) 101
GENVOYA TAB 29
GILOTRIF 39
glatiramer acetate 68
glatopa 68
glimepiride 70
glipizide 70
glipizide-metformin hcl tab 2.5-250 mg 70
glipizide-metformin hcl tab 2.5-500 mg 70
glipizide-metformin hcl tab 5-500 mg 70
glycopyrrolate 82
glydo 103
GLYXAMBI TAB 10-5 MG 70
GLYXAMBI TAB 25-5 MG 70
GOMEKLI 39
granisetron hcl 81
griseofulvin microsize 27
griseofulvin ultramicrosize 27
guanfacine hcl 53
guanfacine hcl (adhd) 66
GVOKE HYPOPEN 1-PACK 78
GVOKE HYPOPEN 2-PACK 78
GVOKE KIT 78
GVOKE PFS 78

H

HADLIMA 87
HADLIMA PUSHTOUCH 87
HAEGARDA 86
hailey 1.5/30 74
hailey fe 1/20 74
halobetasol propionate 103
haloperidol 59
haloperidol decanoate 59
haloperidol lactate 59
HAVRIX 91
heather 74
HEP SOD/NACL INJ 25000UNT 85
heparin sodium (porcine) 85
HEPLISAV-B 91
HERCEP HYLEC SOL 60-10000 39
HERCEPTIN 39
HERCESSI 39
HERNEXEOS 39
HERZUMA 39
HIBERIX 91
HUMIRA 87
HUMIRA PEN 87
HUMIRA PEN KIT PS/UV 87
HUMIRA PEN-CD/UC/HS START 87
HUMULIN R U-500 KWIKPEN 71
hydralazine hcl 53
hydrochlorothiazide 52
hydrocodone bitartrate 23
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 24
hydrocodone-acetaminophen tab 10-325 mg 24
hydrocodone-acetaminophen tab 5-325 mg 24
hydrocodone-acetaminophen tab 7.5-325 mg 24
hydrocodone-ibuprofen tab 7.5-200 mg 24
hydrocortisone 78
hydrocortisone (intrarectal) 82
hydrocortisone (rectal) 103
hydrocortisone (topical) 103
hydrocortisone sod succinate 78
hydrocortisone valerate 103
hydrocortisone w/ acetic acid otic soln 1-2% 96
hydromorphone hcl 24
hydroxychloroquine sulfate 89
hydroxyurea 36
hydroxyzine hcl 97
hydroxyzine pamoate 97
HYRNUO 39

I

ibandronate sodium 72
IBRANCE 39
IBTROZI 39
ibu 23
ibuprofen 23
icatibant acetate 86
iclevia 74
ICLUSIG 39
IDHIFA 40
IDVYNSO TAB 100-0.25 29
imatinib mesylate 40
IMBRUVICA 40

imipenem-cilastatin intravenous for soln 250 mg 25
imipenem-cilastatin intravenous for soln 500 mg 25
imipramine hcl 56
imiquimod 103
IMKELDI 40
IMOVAX RABIES (H.D.C.V.) 91
INBRIJA 58
incassia 74
INCRELEX 79
INCRUSE ELLIPTA 97
indapamide 52
INFANRIX INJ 91
INFLIXIMAB 87
INLURIYO 35
INLYTA 40
INQOVI TAB 35-100MG 34
INREBIC 40
INSULIN PEN NEEDLES: EMBECTA-BD 71
INSULIN SAFETY NEEDLES: EMBECTA-BD 71
INSULIN SYRINGES: EMBECTA-BD ... 71
INTELENCE 28
INTRALIPID 94
introvale 74
INVEGA HAFYERA 59
INVEGA SUSTENNA 59
INVEGA TRINZA 59
IPOL INJ INACTIVE 91
ipratropium bromide 97
ipratropium bromide (nasal) 97
ipratropium bromide hfa 97
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 97
irbesartan 49
irbesartan-hydrochlorothiazide tab 150-12.5 mg 48
irbesartan-hydrochlorothiazide tab 300-12.5 mg 48
irinotecan hcl 36
ISENTRESS 28
ISENTRESS HD 28
isibloom 74
ISOLYTE-P INJ /D5W 92
ISOLYTE-S INJ PH 7.4 92
isoniazid 30
isosorbide dinitrate 53
isosorbide mononitrate 53
isotretinoin 101
ISTURISA 79
ITOVEBI 40
itraconazole 27
ivabradine hcl 53
ivermectin 26
IWILFIN 36
IXIARO INJ 91

J

JAKAFI 40
jantoven 85
JANUMET XR TAB 100-1000 70
JANUMET XR TAB 50-1000 70
JANUMET XR TAB 50-500MG 70
JARDIANCE 70
jasmiel 74
javygtor 79
JAYPIRCA 40
jencycla 74
JENTADUETO TAB 2.5-1000 70
JENTADUETO TAB 2.5-500 70
JENTADUETO TAB 2.5-850 70
JENTADUETO TAB XR 2.5-1000MG ... 70
JENTADUETO TAB XR 5-1000MG 70
jinteli 77
jolessa 74
JOURNAVX 23
juleber 74
JULUCA TAB 50-25MG 29
junel 1.5/30 74
junel 1/20 74
junel fe 1.5/30 74
junel fe 1/20 74
JYLAMVO 89
JYNNEOS 91

K

KADCYLA 40
KALETRA SOL 29
KALYDECO 98
KANJINTI 40
kariva 74
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 92

kcl 20 meq/l (0.149%) in nacl 0.45% inj 92
kcl 20 meq/l (0.149%) in nacl 0.9% inj 92
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 92
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 92
kcl 20 meq/l (0.15%) in nacl 0.45% inj 92
kcl 20 meq/l (0.15%) in nacl 0.9% inj 92
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 92
kcl 40 meq/l (0.298%) in nacl 0.9% inj 93
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 93
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 93
kcl 40 meq/l (0.3%) in nacl 0.9% inj 93
KCL/D5W/NACL INJ 0.15/0.2 93
KCL/D5W/NACL INJ 0.3/0.9% 93
kelnor 1/35 74
KERENDIA 47
KESIMPTA 68
ketoconazole 27
ketoconazole (topical) 101
ketorolac tromethamine (ophth) 95
KEYTRUDA 40
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 40
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 40
KINERET 87
KINRIX INJ 91
kionex 73
KISQALI 200 DOSE 40
KISQALI 400 DOSE 40
KISQALI 600 DOSE 40
klayesta 101
klor-con 93
klor-con 10 93
klor-con 8 93
klor-con m10 93
klor-con m15 93
klor-con m20 93
KLOXXADO 69
KOMZIFTI 40
KOSELUGO 41
kourzeq 104
KRAZATI 41
kurvelo 74

L

labetalol hcl 51
lacosamide 62, 63
lacosamide oral 63
lactated ringer's solution 93
lactic acid (ammonium lactate) 103
lactulose 82
lactulose (encephalopathy) 82
lamivudine 28
lamivudine (hbv) 30
lamivudine-zidovudine tab 150-300 mg 29
lamotrigine 63
lanreotide acetate 79
lansoprazole 83
LANTUS 72
LANTUS SOLOSTAR 72
lapatinib ditosylate 41
larin 1.5/30 75
larin 1/20 75
larin fe 1.5/30 75
larin fe 1/20 75
latanoprost 96
LAZCLUZE 41
leflunomide 89
lenalidomide 36
LENVIMA 10 MG DAILY DOSE 41
LENVIMA 12MG DAILY DOSE 41
LENVIMA 20 MG DAILY DOSE 41
LENVIMA 4 MG DAILY DOSE 41
LENVIMA 8 MG DAILY DOSE 41
LENVIMA CAP 14 MG 41
LENVIMA CAP 18 MG 41
LENVIMA CAP 24 MG 41
LEQEMBI IQLIK 55
lessina 75
letrozole 35
leucovorin calcium 36
LEUKERAN 34
LEUKINE 85
leuprolide acetate 35

levalbuterol tartrate 98
levetiracetam 63
levetiracetam in sodium chloride iv soln 1000 mg/100ml 63
levetiracetam in sodium chloride iv soln 1500 mg/100ml 63
levetiracetam in sodium chloride iv soln 500 mg/100ml 63
levobunolol hcl 96
levocarnitine (metabolic modifiers) ... 79
levocetirizine dihydrochloride 97
levofloxacin 32
levofloxacin in d5w iv soln 250 mg/50ml 32
levofloxacin in d5w iv soln 500 mg/100ml 32
levofloxacin in d5w iv soln 750 mg/150ml 32
levonest 75
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 75
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 75
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 75
levothyroxine sodium 80
levoxyl 80
l-glutamine (sickle cell) 86
lidocaine 103
lidocaine hcl 103
lidocaine hcl (local anesth.) 23
lidocaine hcl (mouth-throat) 104
lidocaine-prilocaine cream 2.5-2.5% 103
lidocan 103
LIFYORLI CAP 125MG DS 35
LIFYORLI CAP 150MG DS 35
LILETTA 75
linezolid 26
LINEZOLID INJ 2MG/ML 26
LINZESS 83
liomny 80
liothyronine sodium 80
lisinopril 46
lisinopril & hydrochlorothiazide tab 10-12.5 mg 46
lisinopril & hydrochlorothiazide tab 20-12.5 mg 46
lisinopril & hydrochlorothiazide tab 20-25 mg 46
lithium 67
lithium carbonate 67
LIVTENCITY 30
loestrin 1.5/30-21 75
loestrin 1/20-21 75
loestrin fe 1.5/30 75
loestrin fe 1/20 75
LOKELMA 73
lomustine 34
LONSURF TAB 15-6.14 34
LONSURF TAB 20-8.19 34
loperamide hcl 83
lopinavir-ritonavir tab 100-25 mg 29
lopinavir-ritonavir tab 200-50 mg 29
lorazepam 54
lorazepam intensol 54
LORBRENA 41
loryna 75
losartan potassium 49
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 48
losartan potassium & hydrochlorothiazide tab 100-25 mg 48
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 48
LOTEMAX 95
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 94
lovastatin 49
loxapine succinate 59
lubiprostone 83
luizza 1.5/30 75
luizza 1/20 75
LUMAKRAS 41
LUMIGAN 96
LUMIZYME 79
LUPRON DEPOT (1-MONTH) 35
LUPRON DEPOT (3-MONTH) 35
LUPRON DEPOT-PED (1-MONTH 79
LUPRON DEPOT-PED (3-MONTH 79
LUPRON DEPOT-PED (6-MONTH 79

lurasidone hcl 59
lutera 75
LYBALVI TAB 10-10MG 60
LYBALVI TAB 15-10MG 60
LYBALVI TAB 20-10MG 60
LYBALVI TAB 5-10MG 59
lyleq 75
lyllana 77
LYNPARZA 41
LYSODREN 35
LYTGOBI (12 MG DAILY DOSE) 41
LYTGOBI (16 MG DAILY DOSE) 42
LYTGOBI (20 MG DAILY DOSE) 42
lyza 75

M

macitentan 54
magnesium sulfate 93
MAGNESIUM SULFATE 93
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 93
malathion 104
maraviroc 28
marlissa 75
MARPLAN 56
MATULANE 36
MAVYRET PAK 50-20MG 30
MAVYRET TAB 100-40MG 30
meclizine hcl 81
medroxyprogesterone acetate 80
medroxyprogesterone acetate (contraceptive) 75
mefloquine hcl 27
megestrol acetate 35, 80
megestrol acetate (appetite) 80
MEKINIST 42
MEKTOVI 42
meleya 75
meloxicam 23
memantine hcl 55
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 55
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 55
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 55
MENQUADFI 91
MENVEO INJ 91
MENVEO SOL 91
mercaptopurine 34
meropenem 26
mesalamine 82
mesalamine w/ cleanser 82
mesna 36
metformin hcl 70
methadone hcl 23
methadone hydrochloride i 24
methazolamide 52
methenamine hippurate 26
methimazole 80
methotrexate sodium 34, 89
methsuximide 63
methylphenidate hcl 66
methylprednisolone 78
methylprednisolone acetate 78
methylprednisolone sod succ 78
metoclopramide hcl 81
metolazone 52
metoprolol & hydrochlorothiazide tab 100-25 mg 50
metoprolol & hydrochlorothiazide tab 100-50 mg 50
metoprolol & hydrochlorothiazide tab 50-25 mg 50
metoprolol succinate 51
metoprolol tartrate 51
metronidazole 26
metronidazole (topical) 104
metronidazole vaginal 84
metyrosine 53
micafungin sodium 27
microgestin 1.5/30 75
microgestin 1/20 75
microgestin fe 1.5/30 75
microgestin fe 1/20 75
midodrine hcl 53
MIEBO 96
mifepristone (hyperglycemia) 79
mili 75
mimvey 77
minocycline hcl 33
minoxidil 53
mirtazapine 56
misoprostol 83
M-M-R II INJ 91

M-NATAL PLUS TAB 93
modafinil 68
MODEYSO 36
moexipril hcl 46
molindone hcl 60
mometasone furoate 103
MONJUVI 42
mono-linyah 75
montelukast sodium 98
morphine sulfate 24
MOUNJARO 70
MOVANTIK 83
moxifloxacin hcl 32
moxifloxacin hcl (ophth) 95
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 32
MRESVIA 91
MULTAQ 49
multiple electrolytes ph 5.5 93
mupirocin 101
mycophenolate mofetil 90
mycophenolate sodium 90

N

nabumetone 23
nadolol 51
nafcillin sodium 32
NAGLAZYME 79
naloxone hcl 69
naltrexone hcl 69
NAMZARIC CAP 7-10MG 55
naproxen 23
naproxen sodium 23
naratriptan hcl 67
NATACYN 95
nateglinide 70
NAYZILAM 63
nebivolol hcl 51
necon 0.5/35-28 75
nefazodone hcl 56
neomycin sulfate 26
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 95
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..95
neomycin-polymyxin-dexamethasone ophth oint 0.1% 94
neomycin-polymyxin-dexamethasone ophth susp 0.1% 94
neomycin-polymyxin-hc ophth susp . 94
neomycin-polymyxin-hc otic soln 1% 96
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 96
NERLYNX 42
neuac 101
nevirapine 28
NEXLETOL 50
NEXLIZET TAB 180/10MG 50
NEXPLANON 75
niacin (antihyperlipidemic) 50
NICOTROL NS 69
nifedipine 51
nikki 75
nilotinib hcl 42
nilutamide 35
nimodipine 51
NINLARO 42
nintedanib esylate 98
nitazoxanide 26
nitisinone 79
nitro-bid 53
nitrofurantoin macrocrystal 26
nitrofurantoin monohyd macro 26
nitroglycerin 53
nitroglycerin (intra-anal) 104
nizatidine 82
nora-be 75
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 75
norethindrone (contraceptive) 75
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 75
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 75
norethindrone acetate 80
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 77
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 77
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 76
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 76

norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 76
norlyroc 76
nortrel 0.5/35 (28) 76
nortrel 1/35 (21) 76
nortrel 1/35 (28) 76
nortrel 7/7/7 76
nortriptyline hcl 56
NORVIR 28
NOVOLIN INJ 70/30 72
NOVOLIN INJ 70/30 FP 72
NOVOLIN N 72
NOVOLIN N FLEXPEN 72
NOVOLIN R 72
NOVOLIN R FLEXPEN 72
NOVOLOG 72
NOVOLOG FLEXPEN 72
NOVOLOG MIX INJ 70/30 72
NOVOLOG MIX INJ FLEXPEN 72
NOVOLOG PENFILL 72
NUBEQA 35
NUCALA 98
NUEDEXTA CAP 20-10MG 67
NULOJIX 90
NUPLAZID 60
NURTEC 67
NUTRILIPID 94
NUZYRA 33
nyamyc 101
nylia 1/35 76
nylia 7/7/7 76
nystatin 27
nystatin (mouth-throat) 104
nystatin (topical) 101
nystop 101

O

OCTAGAM 90
octreotide acetate 79
ODEFSEY TAB 29
ODOMZO 42
OFEV 98
ofloxacin (ophth) 95
ofloxacin (otic) 96
OGIVRI 42
OGSIVEO 42
OJEMDA 42
OJJAARA 42
olanzapine 60
olmesartan medoxomil 49
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 48
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 48
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg . 48
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 48
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 48
omega-3-acid ethyl esters cap 1 gm . 50
omeprazole 83
OMNIPOD 5 DX KIT INT G7G6 72
OMNIPOD 5 DX MIS POD G7G6 72
OMNIPOD DASH KIT INTRO 72
OMNIPOD DASH MIS PODS 72
OMNIPOD5 LIB KIT INTRO 72
OMNIPOD5 LIB MIS PODS 72
ondansetron 81
ondansetron hcl 81
ONTRUZANT 42
ONUREG 34
OPIPZA 60
ORGOVYX 35
ORKAMBI GRA 100-125 99
ORKAMBI GRA 150-188 99
ORKAMBI GRA 75-94MG 99
ORKAMBI TAB 100-125 99
ORKAMBI TAB 200-125 99
orquidea 76
ORSERDU 35
oseltamivir phosphate 30

OSPOMYV 72
OTEZLA 87
OTEZLA TAB 10/20 87
OTEZLA TAB 10/20/30 87
OTEZLA XR 87
OTEZLA/XR TAB 28 DAY 88
oxacillin sodium 32
oxaliplatin 34
oxcarbazepine 63
oxybutynin chloride 84
oxycodone hcl 24
oxycodone w/ acetaminophen tab 10-325 mg 24
oxycodone w/ acetaminophen tab 2.5-325 mg 24
oxycodone w/ acetaminophen tab 5-325 mg 24
oxycodone w/ acetaminophen tab 7.5-325 mg 24
OZEMPIC 70
OZEMPIC (0.25 OR 0.5MG/DOSE) 70
OZEMPIC (1MG/DOSE) 70
OZEMPIC (2MG/DOSE) 70

P

pacerone 49
paclitaxel 37
paclitaxel protein-bound particles for iv susp 100 mg 37
paliperidone 60
pamidronate disodium 73
PAMIDRONATE DISODIUM 73
PANRETIN 104
pantoprazole sodium 83, 84
PANZYGA 90
paricalcitol 81
paroxetine hcl 56
PAXLOVID PAK 30
PAXLOVID TAB 150-100 30
PAXLOVID TAB 300-100 30
pazopanib hcl 42
PEDIARIX INJ 0.5ML 91
PEDVAXHIB 91
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 82
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 82
PEGASYS 30
PELLIX 102
PEMAZYRE 42
pemetrexed disodium 34
PENBRAYA INJ 91
penicillamine 73
penicillin g potassium 33
penicillin g sodium 33
penicillin v potassium 33
PENMENVY INJ 91
PENTACEL INJ 91
pentamidine isethionate inh 26
pentamidine isethionate inj 26
pentoxifylline 86
perampanel 63
perindopril erbumine 46
periogard 104
permethrin 104
perphenazine 60
pfizerpen 33
phenelzine sulfate 56
phenobarbital 63
phenobarbital sodium 63
phenytek 63
phenytoin 63
phenytoin sodium 63
phenytoin sodium extended 63
PHESGO SOL 42
philith 76
PIFELTRO 28
pilocarpine hcl 96
pilocarpine hcl (oral) 104
pimecrolimus 104
pimozide 60
pimtrea 76
pindolol 51
pioglitazone hcl 71
pioglitazone hcl-metformin hcl tab 15-500 mg 71
pioglitazone hcl-metformin hcl tab 15-850 mg 71
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 33
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 33
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 33

piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 33
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 33
PIQRAY 200MG DAILY DOSE 42
PIQRAY 250MG TAB DOSE 42
PIQRAY 300MG DAILY DOSE 42
pirfenidone 99
piroxicam 23
plenamine 94
PLENVU SOL 82
podofilox 104
polymyxin b sulfate 26
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 95
pomalidomide 36
POMALYST 36
portia-28 76
posaconazole 27
POT CHL 20MEQ/L IN NACL 0.45% INJ 93
POT CHL 20MEQ/L IN NACL 0.9% INJ 93
POT CHL 40MEQ/L IN NACL 0.9% INJ 93
potassium chloride 93
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 93
potassium chloride microencapsulated crystals er 93
potassium citrate (alkalinizer) 84
pramipexole dihydrochloride 58
prasugrel hcl 86
pravastatin sodium 49
praziquantel 26
prazosin hcl 47
prednisolone 78
prednisolone acetate (ophth) 95
PREDNISOLONE SODIUM PHOSP 95
prednisolone sodium phosphate 78
prednisone 78
PREDNISONE INTENSOL 78
pregabalin 63, 64
PREMASOL SOL 10% 94
PRENATAL TAB 27-1MG 93
PRENATAL TAB PLUS 94
PRETOMANID 30
PREVYMIS 30
PREZCOBIX TAB 675/150 29
PREZCOBIX TAB 800-150 29
PREZISTA 28
PRIFTIN 30
primaquine phosphate 27
PRIMAQUINE PHOSPHATE 27
primidone 64
PRIORIX INJ 91
PRIVIGEN 90
probenecid 23
prochlorperazine 81
prochlorperazine edisylate 81
prochlorperazine maleate 81
PROCRIT 85
proctocort 104
procto-med hc 104
proctosol hc 104
proctozone-hc 104
progesterone 80
PROGRAF 90
PROLASTIN-C 99
PROLIA 73
promethazine hcl 81
propafenone hcl 49
proparacaine hcl 96
propranolol hcl 51
propylthiouracil 80
PROQUAD INJ 91
PROSOL INJ 20% 94
protriptyline hcl 56
PULMOZYME 99
pyrazinamide 30
pyridostigmine bromide 67
pyrimethamine 26
PYZCHIVA 88

Q

QINLOCK 43
QUADRACEL INJ 0.5ML 91
quetiapine fumarate 60
quinapril hcl 47
quinidine sulfate 49
quinine sulfate 27
QULIPTA 67

R

RABAVERT INJ 91
RALDESY 56

raloxifene hcl 79
ramelteon 66
ramipril 47
ranolazine 53
rasagiline mesylate 58
reclipsen 76
RECOMBIVAX HB 91
REDEMPLO 50
RELENZA DISKHALER 30
relgaabi 64
RENFLEXIS 88
repaglinide 71
REPATHA 50
REPATHA SURECLICK 50
RESTASIS 96
RESTASIS MULTIDOSE 96
RETEVMO 43
REVCOVI 79
REVUFORJ 43
REXULTI 60
REYATAZ 28
REZDIFFRA 79
REZLIDHIA 43
REZUROCK 91
RHOPRESSA 96
ribavirin (hepatitis c) 30
rifabutin 30
rifampin 30
rilpivirine hcl 28
riluzole 67
rimantadine hydrochloride 30
RINVOQ 88
RINVOQ LQ 88
risperidone 60, 61
risperidone microspheres 61
ritonavir 28
rivaroxaban 85
rivastigmine 55
rivastigmine tartrate 55
rizatriptan benzoate 67
ROCKLATAN DRO 96
roflumilast 99
ROMVIMZA 43
ropinirole hydrochloride 58
rosuvastatin calcium 50
ROTARIX SUS 92
ROTATEQ SOL 92
roweepra 64
ROZLYTREK 43
RUBRACA 43
rufinamide 64
RUKOBIA 28
RYDAPT 43

S

sacubitril-valsartan tab 24-26 mg 48
sacubitril-valsartan tab 49-51 mg 48
sacubitril-valsartan tab 97-103 mg 48
sajazir 86
SANTYL 104
sapropterin dihydrochloride 79
SCEMBLIX 43
scopolamine 81
SECUADO 61
selegiline hcl 58
selenium sulfide 101
SELZENTRY 28
SEREVENT DISKUS 98
sertraline hcl 56
setlakin 76
sevelamer carbonate 80
sharobel 76
SHINGRIX 92
SIGNIFOR 79
SIKLOS 86
sildenafil citrate 84
sildenafil citrate (pulmonary hypertension) 54
silver sulfadiazine 101
SIMBRINZA SUS 1-0.2% 96
simliya 76
simvastatin 50
sirolimus 91
SIRTURO 30
sitagliptin phosphate 71
sitagliptin phosphate-metformin hcl tab 50-1000 mg 71
sitagliptin phosphate-metformin hcl tab 50-500 mg 71
SKYRIZI 88
SKYRIZI PEN 88
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 82
sodium chloride 93
sodium chloride (gu irrigant) 104

sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 94
sodium oxybate 68
sodium phenylbutyrate 79
sodium polystyrene sulfonate 73
sodium polystyrene sulfonate powder 73
solifenacin succinate 84
SOLIQUA INJ 100/33 72
SOLTAMOX 35
SOLU-CORTEF 78
SOMATULINE DEPOT 79
SOMAVERT 79
sorafenib tosylate 43
sotalol hcl 49
sotalol hcl (afib/afl) 49
SPIRIVA RESPIMAT 97
spironolactone 47
spironolactone & hydrochlorothiazide tab 25-25 mg 52
sprintec 28 76
sps 73
sps rectal 73
ssd 101
STELARA 88
STIVARGA 43
streptomycin sulfate 26
STRIBILD TAB 29
subvenite 64
SUBVENITE 64
sucralfate 83
sulfacetamide sodium (acne) 101
sulfacetamide sodium (ophth) 95
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 94
sulfadiazine 26
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 26
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 26
sulfamethoxazole-trimethoprim tab 400-80 mg 26
sulfamethoxazole-trimethoprim tab 800-160 mg 26
SULFAMYLON 101
sulfasalazine 82
sulindac 23
sumatriptan 67
sumatriptan succinate 67
sunitinib malate 43
SUNLENCA 28
syeda 76
SYMPAZAN 64
SYMTUZA TAB 29
SYNAREL 79
SYNTHROID 80

T

TABLOID 34
TABRECTA 43
tacrolimus 91
tacrolimus (topical) 104
tadalafil 84
tadalafil (pulmonary hypertension) 54
TAFINLAR 43
TAGRISSO 44
TALICIA CAP 83
TALZENNA 44
tamoxifen citrate 35
tamsulosin hcl 84
tarina fe 1/20 eq 76
TARPEYO 84
tasimelteon 66
TAVNEOS 86
tazarotene 102
tazicef 31
TECENTRIQ 44
TECENTRIQ INJ HYBREZA 44
telmisartan 49
telmisartan-hydrochlorothiazide tab 40-12.5 mg 48
telmisartan-hydrochlorothiazide tab 80-12.5 mg 48
telmisartan-hydrochlorothiazide tab 80-25 mg 48
temazepam 66
TENIVAC INJ 5-2LF 92
tenofovir disoproxil fumarate 28
TEPMETKO 44
terazosin hcl 47
terbinafine hcl 27
terbutaline sulfate 98
terconazole vaginal 84
testosterone 69
testosterone cypionate 69

testosterone enanthate 69
testosterone pump 69
tetrabenazine 67
tetracycline hcl 33
THALOMID 36
theophylline 99
thioridazine hcl 61
thiothixene 61
tiadylt er 51
tiagabine hcl 64
TIBSOVO 44
ticagrelor 86
TICOVAC 92
tigecycline 33
tilia fe 76
timolol maleate 51
timolol maleate (ophth) 96
tinidazole 26
TIVICAY 28
TIVICAY PD 28
tizanidine hcl 68
TOBI PODHALER 26
TOBRADEX OIN 0.3-0.1% 94
tobramycin 26
tobramycin (ophth) 95
tobramycin sulfate 26
tobramycin-dexamethasone ophth susp 0.3-0.1% 94
tofacitinib citrate 88
tolterodine tartrate 84
tolvaptan 79, 80
tolvaptan tab therapy pack 30 & 15 mg 80
tolvaptan tab therapy pack 45 & 15 mg 80
tolvaptan tab therapy pack 60 & 30 mg 80
tolvaptan tab therapy pack 90 & 30 mg 80
topiramate 64
toremifene citrate 35
torpenz 44
torsemide 52
TOUJEO MAX SOLOSTAR 72
TOUJEO SOLOSTAR 72
TPN ELECTROL INJ 93
TRADJENTA 71
tramadol hcl 24
tramadol-acetaminophen tab 37.5-325 mg 24
trandolapril 47
tranexamic acid 86
tranylcypromine sulfate 56
TRAVASOL INJ 10% 94
TRAZIMERA 44
trazodone hcl 56
TRELEGY AER ELLIPTA 100-62.5-25 MCG 97
TRELEGY AER ELLIPTA 200-62.5-25 MCG 97
TREMFYA 88
TREMFYA INDUCTION PACK FO 88
TREMFYA PEN 89
treprostinil 54
tretinoin 101
tretinoin (chemotherapy) 36
triamcinolone acetonide (mouth) 104
triamcinolone acetonide (topical) 103
triamterene & hydrochlorothiazide cap 37.5-25 mg 52
triamterene & hydrochlorothiazide tab 37.5-25 mg 52
triamterene & hydrochlorothiazide tab 75-50 mg 52
tridacaine iii 103
triderm 103
trientine hcl 73
tri-estarylla 76
trifluoperazine hcl 61
trifluridine 95
trihexyphenidyl hcl 58
TRIJARDY XR TAB ER 24HR 10-5-1000MG 71
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 71
TRIJARDY XR TAB ER 24HR 25-5-1000MG 71
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 71
TRIKAFTA PAK 59.5MG 99
TRIKAFTA PAK 75MG 99
TRIKAFTA TAB 100-50-75MG & 150MG 99

TRIKAFTA TAB 50-25-37.5MG & 75MG 99
tri-legest fe 76
tri-linyah 76
tri-lo-estarylla 76
tri-lo-marzia 76
tri-lo-mili 76
tri-lo-sprintec 76
trimethoprim 26
tri-mili 76
trimipramine maleate 56, 57
TRINTELLIX 57
tri-sprintec 76
TRIUMEQ PD TAB 29
TRIUMEQ TAB 29
tri-vylibra 76
tri-vylibra lo 76
TROGARZO 28
TROPHAMINE INJ 10% 94
trospium chloride 84
TRULICITY 71
TRUMENBA 92
TRUQAP 44
TRUXIMA 44
TUKYSA 44
TURALIO 44
turqoz 76
twice-daily clindamycin phosphate (topical) 101
TWINRIX INJ 92
TYENNE 89
TYMLOS 73
TYPHIM VI 92

U

UBRELVY 67
unithroid 80
UPTRAVI 54
UPTRAVI PACK TAB 200/800 54
ursodiol 83
USTEKINUMAB 89

V

valacyclovir hcl 30
VALCHLOR 104
valganciclovir hcl 30
valproate sodium 64
valproic acid 64
valsartan 49
valsartan-hydrochlorothiazide tab 160-12.5 mg 48
valsartan-hydrochlorothiazide tab 160-25 mg 48
valsartan-hydrochlorothiazide tab 320-12.5 mg 48
valsartan-hydrochlorothiazide tab 320-25 mg 48
valsartan-hydrochlorothiazide tab 80-12.5 mg 48
VALTOCO 10 MG DOSE 64
VALTOCO 15 MG DOSE 64
VALTOCO 20 MG DOSE 64
VALTOCO 5 MG DOSE 64
valtya 1/35 76
valtya 1/50 76
vancomycin hcl 26
VANCOMYCIN INJ 1 GM 26
VANCOMYCIN INJ 500MG 27
VANCOMYCIN INJ 750MG 27
VANFLYTA 44
VAQTA 92
varenicline tartrate 69
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 69
VARIVAX 92
VASCEPA 50
VAXCHORA SUS 92
velivet 76
VELSIPITY 89
VENCLEXTA 44
VENCLEXTA TAB START PK 44
venlafaxine hcl 57
VEPPANU 35
verapamil hcl 51, 52
VERQUVO 53
VERSACLOZ 61
VERZENIO 44
vestura 76
vienva 76
vigabatrin 64
vigadrone 64
VIGAFYDE 65
vilazodone hcl 57
VIMKUNYA 92
vincristine sulfate 37
vinorelbine tartrate 37

viorele 76
VIRACEPT 28
VIREAD 28
VITRAKVI 44
VIVIMUSTA 34
VIVITROL 69
VIVOTIF CAP EC 92
VONJO 44
VOQUEZNA PAK DUAL PAK 83
VOQUEZNA PAK TRIP PK 83
VORANIGO 44, 45
voriconazole 27
VOSEVI TAB 30
VOWST CAP 83
VRAYLAR 61
vyfemla 76
vylibra 76
VYNDAMAX 53
VYVGART 90
VYZULTA 96
W
warfarin sodium 85
water for irrigation, sterile irrigation soln 104
WEGOVY 80
WELIREG 36
wera 77
WESTAB PLUS TAB 27-1MG 94
WINREVAIR 54
WINREVAIR INJ 45MG 54
WINREVAIR INJ 60MG 54
wixela inhub 100
WYOST 73
X
XALKORI 45
xarah fe 77
XARELTO 85
XARELTO STAR TAB 15/20MG 85
XATMEP 89
XCOPRI 65
XCOPRI PAK 100-150 65
XCOPRI PAK 12.5-25 65
XCOPRI PAK 150-200MG (MAINTENANCE) 65
XCOPRI PAK 150-200MG (TITRATION) 65
XCOPRI PAK 50-100MG 65
XDEMVY 95
XERMELO 83
XHANCE 99
XIFAXAN 27, 83
XIIDRA 96
XOLAIR 99
XOSPATA 45
XPOVIO PAK (100 MG ONCE WEEKLY) 45
XPOVIO PAK (40 MG ONCE WEEKLY) 45
XPOVIO PAK (40 MG TWICE WEEKLY) 45
XPOVIO PAK (60 MG ONCE WEEKLY) 45
XPOVIO PAK (60 MG TWICE WEEKLY) 45
XPOVIO PAK (80 MG ONCE WEEKLY) 45
XPOVIO PAK (80 MG TWICE WEEKLY) 45
XTANDI 35, 36
XTRENBO 73
xulane 77
XULTOPHY INJ 100/3.6 72
Y
YESINTEK 89
YF-VAX INJ 92
YONSA 36
yulithira 45
YUTREPIA 54
yuvafem 77
Z
zafemy 77
zafirlukast 98
ZARXIO 85
ZEJULA 45
ZELBORAF 45
zelvysia 80
zenatane 101
ZENPEP CAP 10000UNT 83
ZENPEP CAP 15000UNT 83
ZENPEP CAP 20000UNT 83
ZENPEP CAP 25000UNT 83
ZENPEP CAP 3000UNIT 83
ZENPEP CAP 40000UNT 83
ZENPEP CAP 5000UNIT 83
ZENPEP CAP 60000UNT 83
ZERVIATE 95
zidovudine 28

ziprasidone hcl 61
ziprasidone mesylate 61
ZIRABEV 45
ZIRGAN 95
zoledronic acid 73
ZOLINZA 45
zolpidem tartrate 66
ZONISADE 65
zonisamide 65
zovia 1/35 77
ZTALMY 65
zumandimine 77
ZURZUVAE 57
ZYKADIA 45
ZYMFENTRA 2-PEN 89
ZYMFENTRA 2-SYRINGE 89
ZYPREXA RELPREVV 61