MVP Health Care®
2027 Medicare Part D Formulary
(List of Covered Drugs)
For Medicare Advantage plan coverage through a former employer.

Please Read: This document contains information about the drugs we cover in this plan. This Formulary was updated on October 1, 2026. For more recent information or questions, please contact the MVP Medicare Customer Care Center.

Additional Resources to Help: Please contact the MVP Medicare Customer Care Center at **1-800-665-7924** for additional information.
TTY users should call 711. Hours are seven days a week, 8 am-8 pm Eastern Time.
April 1-September 30, call Monday-Friday, 8 am-8 pm.

Visit **mvphealthcare.com/partdformulary** for the most up-to-date Formulary listing.

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MVP® HEALTH CARE

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 MVP Health Care (MVP). When it refers to "plan" or "our plan," it means Preferred Gold (HMO-POS),USA Care (PPO) or RxCare (PDP).

This document includes a list of the drugs (Formulary) for our plan which is current as of October 1, 2026. For an updated comprehensive 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 co-payments/co-insurance may change on January 1, 2028, and from time to time during the year.

What is the MVP Health Care Medicare Part D Abridged Formulary?

A Formulary is a list of covered drugs selected by MVP Health Care 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. MVP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at an MVP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (Drug List) Change?

Most changes in drug coverage happen on January 1, but MVP 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: **mvphealthcare.com/partdformulary**.

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 MVP Medicare Part D 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. Or we may add a generic drug that is not new to market to replace a brand name drug currently on the Formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. 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 and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled, "How Do I Request an Exception to the MVP Medicare Part D 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 October 1, 2026. To get updated information about the drugs covered by MVP Health Care, please contact us. Our contact information appears on the front and back cover pages.

In the event of a change or changes to the Formulary during the year, the changes also will be posted at **mvphealthcare.com**. The updated version of the comprehensive Formulary will be posted on the MVP website on a monthly basis as needed. To view the list of changes, visit **mvphealthcare.com/partdformulary**.

Or you may request an errata sheet (a copy of the 2027 Formulary changes) by calling the MVP Medicare Customer Care Center at the phone numbers on the back of your Member ID card.

How Do I Use the Formulary?

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

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

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index.

1. Look in the Index and find your drug.
2. Next to your drug, you will see the page number where you can find coverage information.
3. 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?

MVP 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. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered." **RxCare PDP members**: see Chapter 3, 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
MVP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval, MVP may not cover the drug.

Quantity Limits
For certain drugs, MVP limits the amount of the drug that MVP will cover. For example, MVP provides 30 tablets per 30 days per prescription for FARXIGA. This may be in addition to a standard one-month or three-month supply.

Step Therapy
In some cases, MVP 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B. You can find out if your drug has any additional requirements or limits by looking in the Formulary that begins on

page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization restriction 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 MVP 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 MVP Medicare Part D Formulary?" on the next page 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 the MVP Medicare Customer Care Center and ask if your drug is covered.

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

1. You can ask the MVP Medicare Customer Care Center for a list of similar drugs that are covered by MVP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by MVP.
2. You can ask MVP to make an exception and cover your drug. See next section for information about how to request an exception.

How Do I Request an Exception to the MVP Medicare Part D Formulary?

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

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a Formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. **Note:** You may not ask us to cover a Tier 5 (Specialty Tier) Formulary 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, MVP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

What Do I Do Before I Can Talk to My Doctor About Changing My Drugs or Requesting an Exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our Formulary. Or you may be taking a drug that is on our Formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if it is appropriate for you to switch to an alternative 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, unless your coverage decision request has been approved.

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 up to a cumulative 31-day supply of that drug while you pursue a Formulary exception.

Members who are changing levels of care may be eligible for a transition supply of medication outside of their initial 90-day enrollment transition period. Level of care changes may include: entering or leaving a long-term care facility, discharge from hospital to home, and ending a skilled nursing facility stay and reverting to Part D Formulary coverage under your plan.

For More Information

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

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

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

The MVP Health Care Medicare Part D Formulary

The Formulary that begins on page 1 provides coverage information about most of the drugs covered by MVP Health Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 85.

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

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

Abbreviations and Definitions of Formulary Terms

You may find one or more of the following abbreviations in the Formulary under the Requirements/Limits column next to a drug name.

Not Available at Mail Order (NM)
Certain drugs are not allowed through the mail order pharmacy program. These prescriptions can only be filled at a retail pharmacy.

Prior Authorization (PA)
For safety reasons and/or cost savings, MVP Health Care requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from MVP before you fill your prescriptions. If you don't get approval first, MVP may not cover the drug.

Quantity Limits (QL)
For safety reasons and/or cost savings, for certain drugs MVP Health Care limits the amount of the drug that we will cover. For example, MVP provides one tablet per day for FARXIGA. This limit may be applied to a standard one-month or three-month supply.

Step Therapy (ST)
For safety reasons and/or cost savings, in some cases MVP Health Care 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, MVP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, MVP will then cover Drug B.

Dispensing Limits (DL)
For safety reasons and/or cost savings, certain drugs are limited to a one-month supply through a retail pharmacy and are not available through the mail order program.

Limited Access (LA)
Some drugs are available only through a designated Specialty Pharmacy because of manufacturer limited distribution.

Part B versus Part D drug coverage (B/D)
Some drugs could be covered under the Part B (medical) or Part D (prescription drug) benefit, depending on certain criteria. This means that you or your doctor will need to submit a request to MVP so we can determine, based on Medicare guidelines, if your drug will be covered as Part B or Part D. Your cost sharing will be based on this determination.

Enhanced Drug (ED)
Certain enhanced plans offered through employer groups include additional prescription drug coverage for some Medicare-excluded drugs. Refer to your plan documents to see if you have one of these plans. Please note, these prescription drugs are not normally covered in a Medicare Prescription Drug Plan.

The amount you pay when you fill a prescription for these drugs does not count toward 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.

Tier Descriptions

Tier 1–Preferred Generic Drugs–$0 cost
Tier 1 includes select generic drugs used to treat chronic conditions such as diabetes, high blood pressure, high cholesterol, and osteoporosis/bone health.

Tier 2–Generic Drugs
Tier 2 includes most other generic drugs on our Formulary. Generic drugs have the same active ingredients, strength, and effectiveness as the brand name versions, but generally at a much lower cost.

Tier 3–Preferred Brand Name Drugs
Tier 3 includes preferred brand drugs that have the lowest cost sharing for brand name drugs. Certain generic drugs may appear in Tier 3 due to potential safety concerns or the high cost of the drug.

Tier 4–Non-Preferred Brand Drugs
Tier 4 includes all other non-preferred brand-name and generic drugs on our Formulary. Part D drugs excluded from our Formulary must go through an exception process in order for MVP to cover them. If they are approved, they will be covered in Tier 4.

Tier 5–Specialty Drugs
Tier 5 includes high cost specialty generic and brand name drugs that cost $950 or more for a one-month supply. Most drugs in Tier 5 are restricted to a one-month supply at retail, and are excluded from the mail order program and tier exception process.

For more detailed information about your MVP Health Care prescription drug coverage, please review your Evidence of Coverage and other plan materials. Refer to your prescription drug benefit Rider for information about drug tier costs.

Plan-covered insulin drugs have a $35 maximum co-pay regardless of tier, and are not subject to the deductible.

ANALGESICS 1

ANTI-INFECTIVES 3

ANTINEOPLASTIC AGENTS 11

CARDIOVASCULAR 23

CENTRAL NERVOUS SYSTEM 33

ENDOCRINE AND METABOLIC 48

GASTROINTESTINAL 60

GENITOURINARY 63

HEMATOLOGIC 65

IMMUNOLOGIC AGENTS 66

NUTRITIONAL/SUPPLEMENTS 72

OPHTHALMIC 74

OTIC 76

RESPIRATORY 76

TOPICAL 80

Index 85

MVP_27_5T_CORE_GS eff 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
colchicine TABS .6mg	3	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	3	
febuxostat TABS 40mg, 80mg	4	
probenecid TABS 500mg	3	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%	4	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	
diclofenac sodium TB24 100mg	3	QL (60 tabs / 30 days)
diclofenac sodium TBEC 25mg, 50mg, 75mg	2	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	4	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	4	
diflunisal TABS 500mg	3	
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
flurbiprofen TABS 100mg	3	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml	3	
ibuprofen TABS 400mg, 600mg, 800mg	1	
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	2	
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	2	QL (120 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	3	
oxaprozin TABS 600mg	4	
piroxicam CAPS 10mg, 20mg	3	
sulindac TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	4	QL (4 patches / 28 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	4	QL (10 patches / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	4	QL (30 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
methadone hydrochloride i CONC 10mg/ml	3	QL (90 mL / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	3	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	
butorphanol tartrate SOLN 10mg/ml	4	QL (10 mL / 30 days)
endocet tab 2.5-325mg	3	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	3	QL (240 tabs / 30 days)
endocet tab 10-325mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	3	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	3	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	3	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	4	QL (600 mL / 30 days)
hydromorphone hcl TABS 2mg, 4mg, 8mg	3	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	3	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	3	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone hcl CONC 100mg/5ml	4	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	4	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	3	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	3	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone w/ acetaminophen tab 7.5-325 mg	3	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	3	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)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

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

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)
ANTIFUNGALS		
amphotericin b SOLR 50mg	4	B/D
amphotericin b liposome SUSR 50mg	5	B/D
caspofungin acetate SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	PA
fluconazole SUSR 10mg/ml, 40mg/ml	3	
fluconazole TABS 50mg, 100mg, 150mg, 200mg	2	
fluconazole in nacl 0.9% inj 200 mg/100ml	4	
fluconazole in nacl 0.9% inj 400 mg/200ml	4	
flucytosine CAPS 250mg, 500mg	5	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	4	
griseofulvin ultramicrosize TABS 125mg, 250mg	4	
itraconazole CAPS 100mg	4	QL (120 caps / 30 days)
ketoconazole TABS 200mg	3	
micafungin sodium SOLR 50mg, 100mg	4	
nystatin TABS 500000unit	3	
posaconazole SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	4	QL (93 tabs / 30 days), PA
terbinafine hcl TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
voriconazole SOLR 200mg	4	PA
voriconazole SUSR 40mg/ml	5	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	4	QL (480 tabs / 30 days)
voriconazole TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	4	
atovaquone-proguanil hcl tab 250-100 mg	4	
chloroquine phosphate TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
mefloquine hcl TABS 250mg	2	
primaquine phosphate TABS 26.3mg	3	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
quinine sulfate CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	4	NM
APTIVUS CAPS 250mg	5	NM
atazanavir sulfate CAPS 150mg, 200mg, 300mg	4	NM
darunavir TABS 600mg	4	QL (60 tabs / 30 days), NM
darunavir TABS 800mg	4	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
EDURANT PED TBSO 2.5mg	5	NM
efavirenz TABS 600mg	4	NM
emtricitabine CAPS 200mg	4	NM
EMTRIVA SOLN 10mg/ml	4	NM
etravirine TABS 100mg, 200mg	4	NM
fosamprenavir calcium TABS 700mg	4	NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
maraviroc TABS 150mg, 300mg	3	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	4	NM
nevirapine TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	4	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
rilpivirine hcl TABS 25mg	4	NM
ritonavir TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml	5	NM
SUNLENCA TABS 300mg; TBPK 300mg	5	NM
tenofovir disoproxil fumarate TABS 300mg	4	NM
TIVICAY TABS 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM

Drug Name	Drug Tier	Requirements/Limits
TROGARZO SOLN 200mg/1.33ml	5	NM
VIRACEPT TABS 250mg, 625mg	4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
zidovudine CAPS 100mg	4	NM
zidovudine SYRP 50mg/5ml; TABS 300mg	3	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	4	NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	NM
DESCOVY TAB 200/25MG	5	NM
DOVATO TAB 50-300MG	5	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	4	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	4	NM
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	4	NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	4	NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
IDVYNSO TAB 100-0.25	5	NM
JULUCA TAB 50-25MG	5	NM
KALETRA SOL	4	NM
lamivudine-zidovudine tab 150-300 mg	4	NM
lopinavir-ritonavir tab 100-25 mg	4	NM
lopinavir-ritonavir tab 200-50 mg	4	NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 675/150	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	4	NM

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

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	3	
cefadroxil CAPS 500mg	2	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	4	
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	2	
cefdinir SUSR 125mg/5ml, 250mg/5ml	3	
cefepime hcl SOLR 1gm, 2gm	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
cefotetan disodium SOLR 1gm, 2gm	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	4	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml	4	
cefpodoxime proxetil TABS 100mg, 200mg	3	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
ceftaroline fosamil SOLR 400mg, 600mg	5	
ceftazidime SOLR 1gm, 2gm, 6gm	4	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	4	
cephalexin CAPS 250mg, 500mg	1	
cephalexin SUSR 125mg/5ml, 250mg/5ml	3	
tazicef SOLR 1gm, 2gm, 6gm	4	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg	4	
azithromycin SUSR 100mg/5ml, 200mg/5ml	3	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
clarithromycin TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	
e.e.s. 400 TABS 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml	4	
erythromycin lactobionate SOLR 500mg	4	
fidaxomicin TABS 200mg	5	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
ciprofloxacin 200 mg/100ml in d5w	4	
ciprofloxacin 400 mg/200ml in d5w	4	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	2	
levofloxacin SOLN 25mg/ml	4	
levofloxacin TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	4	
levofloxacin in d5w iv soln 500 mg/100ml	4	
levofloxacin in d5w iv soln 750 mg/150ml	4	
moxifloxacin hcl TABS 400mg	3	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	4	
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	3	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	4	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	3	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	3	
amoxicillin & k clavulanate tab 250-125 mg	4	
amoxicillin & k clavulanate tab 500-125 mg	2	
amoxicillin & k clavulanate tab 875-125 mg	2	
ampicillin CAPS 500mg	2	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	4	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	4	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	4	
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
dicloxacillin sodium CAPS 250mg, 500mg	3	
nafcillin sodium SOLR 1gm, 2gm	4	
nafcillin sodium SOLR 10gm	5	
oxacillin sodium SOLR 1gm, 2gm, 10gm	4	
penicillin g potassium SOLR 5000000unit, 20000000unit	4	
penicillin g sodium SOLR 5000000unit	4	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml	2	
penicillin v potassium TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	4	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	4	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	4	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	4	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	4	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	4	
TETRACYCLINES		
doxy 100 SOLR 100mg	4	
doxycycline (monohydrate) CAPS 50mg, 100mg	2	
doxycycline (monohydrate) SUSR 25mg/5ml	4	
doxycycline (monohydrate) TABS 50mg, 75mg, 100mg	3	
doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	2	
doxycycline hyclate SOLR 100mg	4	
minocycline hcl CAPS 50mg, 75mg, 100mg	3	
NUZYRA SOLR 100mg	5	NM
NUZYRA TABS 150mg	5	QL (30 tabs / 14 days), NM
tetracycline hcl CAPS 250mg, 500mg	4	
tigecycline SOLR 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NM

Drug Name	Drug Tier	Requirements/Limits
BENDEKA SOLN 100mg/4ml	5	NM
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	4	
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	4	
cyclophosphamide CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
cyclophosphamide SOLN 1gm/5ml	5	
cyclophosphamide SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	4	
CYCLOPHOSPHAMIDE SOLN 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	
CYCLOPHOSPHAMIDE TABS 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NM
LEUKERAN TABS 2mg	5	PA
lomustine CAPS 10mg, 40mg	4	NM
lomustine CAPS 100mg	5	NM
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	
oxaliplatin SOLR 50mg, 100mg	5	
VIVIMUSTA SOLN 100mg/4ml	5	NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	5	NM
cytarabine SOLN 20mg/ml	4	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	4	B/D
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	5	NM
mercaptopurine TABS 50mg	3	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
toremifene citrate TABS 60mg	4	PA
VEPPANU TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
VEPPANU TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, PA
lenalidomide CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, PA
ZENBEXUS CAPS .75mg, 1mg	5	QL (21 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, PA
BESREMI PEN SOPN 500mcg/0.5ml	5	QL (2 pens / 28 days), NM, PA
bexarotene CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	4	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, PA
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NM

Drug Name	Drug Tier	Requirements/Limits
mesna TABS 400mg	4	
MODEYSO CAPS 125mg	5	QL (20 caps / 28 days), NM, PA
tretinoin (chemotherapy) CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
BEIZRAY CONC 20mg/ml	4	NM
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	4	NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	4	
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	
paclitaxel protein-bound particles for iv susp 100 mg	5	NM
vincristine sulfate SOLN 1mg/ml	4	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	4	
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
bortezomib SOLR 3.5mg	4	NM, PA
BOSULIF CAPS 50mg	5	QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 500mg	5	QL (30 tabs / 30 days), NM, PA
bosutinib TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
bosutinib TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, PA
CAVHANZA TBDP 60mg, 80mg	5	QL (112 tabs / 28 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	QL (112 tabs / 28 days), NM, PA
dasatinib TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, PA
erlotinib hcl TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
erlotinib hcl TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg, 5mg	5	QL (60 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
gefitinib TABS 250mg	5	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NM, PA
HERCEPTIN SOLR 150mg	5	NM, PA
HERCESSI SOLR 150mg, 420mg	5	NM, PA
HERNEXEOS TABS 60mg	5	QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
HYRNUO TABS 10mg	5	QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 125mg	5	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
IBTROZI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
imatinib mesylate TABS 100mg	3	QL (90 tabs / 30 days), NM, PA
imatinib mesylate TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	QL (90 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 30 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, PA
JIDEYTRO TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
JIDEYTRO TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NM
KANJINTI SOLR 150mg, 420mg	5	NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	QL (1 vial / 42 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, PA
lapatinib ditosylate TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NM, PA
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, PA
nilotinib hcl CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
nilotinib hcl CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NM, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, PA
pazopanib hcl TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
pazopanib hcl TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	5	QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
sorafenib tosylate TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
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	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-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	

Drug Name	Drug Tier	Requirements/Limits
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
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	3	
KERENDIA TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	2	
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)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 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	3	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	3	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	3	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 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)

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
azilsartan medoxomil TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
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	4	
amiodarone hcl TABS 200mg	1	
disopyramide phosphate CAPS 100mg, 150mg	4	
dofetilide CAPS 125mcg, 250mcg, 500mcg	4	NM
flecainide acetate TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
pacerone TABS 100mg	4	
pacerone TABS 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg	4	
propafenone hcl TABS 150mg, 225mg, 300mg	3	
quinidine sulfate TABS 200mg, 300mg	4	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	2	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	2	
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	2	
fenofibrate micronized CAPS 67mg, 134mg, 200mg	2	
gemfibrozil TABS 600mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
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)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	4	
cholestyramine light PACK 4gm; POWD 4gm/dose	4	
colesevelam hcl PACK 3.75gm; TABS 625mg	4	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	4	
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	3	QL (60 tabs / 30 days)
omega-3-acid ethyl esters cap 1 gm	3	
REDEMPLO SOSY 25mg/0.5ml	5	QL (1 syringe / 90 days), NM, PA
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 pens / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	3	
metoprolol & hydrochlorothiazide tab 100-25 mg	3	
metoprolol & hydrochlorothiazide tab 100-50 mg	3	
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	4	
metoprolol tartrate TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	3	
nebivolol hcl TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	3	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	3	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	3	
propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
timolol maleate TABS 5mg, 10mg, 20mg	3	
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; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	4	
diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg	2	
diltiazem hcl TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	

Drug Name	Drug Tier	Requirements/Limits
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	
isradipine CAPS 2.5mg, 5mg	4	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
nicardipine hcl CAPS 20mg, 30mg	4	
nifedipine TB24 30mg, 60mg, 90mg	3	
nimodipine CAPS 30mg	4	
nisoldipine TB24 8.5mg, 17mg	4	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg	3	
verapamil hcl SOLN 2.5mg/ml	4	
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	3	
amiloride & hydrochlorothiazide tab 5-50 mg	2	
amiloride hcl TABS 5mg	2	
bumetanide SOLN .25mg/ml	4	
bumetanide TABS .5mg, 1mg, 2mg	2	
chlorthalidone TABS 25mg, 50mg	1	
furosemide SOLN 10mg/ml, 40mg/5ml	2	
furosemide TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	4	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
methazolamide TABS 25mg, 50mg	4	
metolazone TABS 2.5mg, 5mg, 10mg	2	
spironolactone & hydrochlorothiazide tab 25-25 mg	2	
torsemide TABS 5mg, 10mg, 20mg, 100mg	2	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
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	
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	3	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
digoxin SOLN .05mg/ml, .25mg/ml	4	
digoxin TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
droxidopa CAPS 200mg, 300mg	5	QL (180 caps / 30 days), NM, PA
epinephrine SOLN 1mg/ml	4	
guanfacine hcl TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml	4	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	3	
ivabradine hcl TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
metyrosine CAPS 250mg	5	NM, PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	3	
minoxidil TABS 2.5mg, 10mg	2	
ranolazine TB12 500mg, 1000mg	3	

Drug Name	Drug Tier	Requirements/Limits
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	QL (30 caps / 30 days), NM, PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	2	
isosorbide mononitrate TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	3	
nitroglycerin OINT 2%	3	
nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	
nitroglycerin SOLN .4mg/spray	4	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, PA
alyq TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
ambrisentan TABS 5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
bosentan TABS 62.5mg, 125mg	5	QL (60 tabs / 30 days), NM, PA
bosentan TBSO 32mg	5	QL (120 tabs / 30 days), NM, PA
macitentan TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
tadalafil (pulmonary hypertension) TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, PA
UPTRAVI TABS 100mcg, 150mcg	5	QL (280 tabs / 28 days), NM, PA
UPTRAVI TABS 200mcg	5	QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	QL (200 tabs / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	QL (2 vials / 21 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	QL (224 caps / 28 days), NM, 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	3	
lorazepam CONC 2mg/ml	3	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	3	QL (150 mL / 30 days)
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg	1	
donepezil hydrochloride TBDP 5mg	2	QL (30 tabs / 30 days)
donepezil hydrochloride TBDP 10mg	2	
galantamine hydrobromide CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	4	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
LEQEMBI IQLIK SOAJ 250mg/1.25ml	5	QL (8 pens / 28 days), NM, PA
LEQEMBI IQLIK SOAJ 360mg/1.8ml	5	QL (4 pens / 28 days), NM, PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
memantine hcl TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	4	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	4	
NAMZARIC CAP 7-10MG	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
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	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	3	
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	3	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
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	QL (30 patches / 30 days), PA
escitalopram oxalate SOLN 5mg/5ml	4	
escitalopram oxalate TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	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	3	
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, 15mg, 30mg, 45mg	2	
mirtazapine TBDP 15mg, 30mg, 45mg	3	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	

Drug Name	Drug Tier	Requirements/Limits
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
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	3	
protriptyline hcl TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
sertraline hcl CONC 20mg/ml	3	
sertraline hcl TABS 25mg, 50mg, 100mg	1	
tranylcypromine sulfate TABS 10mg	4	
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
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	2	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
vilazodone hcl TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	3	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml	3	
amantadine hcl TABS 100mg	4	
benztropine mesylate SOLN 1mg/ml	4	
benztropine mesylate TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	4	
carb/levo orally disintegrating tab 10-100mg	3	

Drug Name	Drug Tier	Requirements/Limits
carb/levo orally disintegrating tab 25-100mg	3	
carb/levo orally disintegrating tab 25-250mg	3	
carbidopa TABS 25mg	4	
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	3	
carbidopa & levodopa tab er 50-200 mg	3	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
entacapone TABS 200mg	4	
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	4	
rasagiline mesylate TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg	4	
selegiline hcl CAPS 5mg; TABS 5mg	3	
trihexyphenidyl hcl SOLN .4mg/ml	3	
trihexyphenidyl hcl TABS 2mg, 5mg	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 vial / 28 days)
aripiprazole SOLN 1mg/ml	4	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
aripiprazole TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
asenapine maleate SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	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	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
clozapine TABS 25mg, 50mg	3	
clozapine TABS 100mg	3	QL (270 tabs / 30 days)
clozapine TABS 200mg	3	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	4	PA
clozapine TBDP 100mg	4	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	4	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	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	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	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	4	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	

Drug Name	Drug Tier	Requirements/Limits
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	4	
haloperidol lactate CONC 2mg/ml	3	
haloperidol lactate SOLN 5mg/ml	4	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	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	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	3	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, PA
olanzapine SOLR 10mg	4	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	4	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
paliperidone TB24 6mg	4	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	3	
pimozide TABS 1mg, 2mg	4	
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)

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
risperidone SOLN 1mg/ml	3	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
risperidone TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	4	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	4	QL (2 vials / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	5	QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	3	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	4	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	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	4	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	4	QL (6 vials / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
brivaracetam SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	

Drug Name	Drug Tier	Requirements/Limits
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days)
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days)
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, PA
diazepam SOLN 5mg/5ml	4	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	4	
diazepam inj SOLN 5mg/ml	4	
diazepam intensol CONC 5mg/ml	4	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	4	
divalproex sodium TB24 250mg, 500mg	3	
divalproex sodium TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, PA
eslicarbazepine acetate TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg	3	

Drug Name	Drug Tier	Requirements/Limits
ethosuximide SOLN 250mg/5ml	4	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, PA
gabapentin CAPS 100mg, 300mg, 400mg; TABS 600mg, 800mg	2	
gabapentin SOLN 250mg/5ml, 300mg/6ml	3	
lacosamide SOLN 200mg/20ml	4	
lacosamide TABS 50mg	4	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	4	QL (1200 mL / 30 days)
lamotrigine CHEW 5mg, 25mg	3	
lamotrigine TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
levetiracetam SOLN 100mg/ml; TB24 500mg, 750mg	3	
levetiracetam SOLN 500mg/5ml	4	
levetiracetam TABS 250mg, 500mg, 750mg, 1000mg	2	
levetiracetam TB3D 250mg	4	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	4	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	4	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	4	
methsuximide CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
oxcarbazepine SUSP 300mg/5ml	4	
oxcarbazepine TABS 150mg, 300mg, 600mg	2	
perampanel SUSP .5mg/ml	5	QL (680 mL / 28 days), PA
perampanel TABS 2mg	4	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
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	3	
phenytoin CHEW 50mg; SUSP 125mg/5ml	3	
phenytoin sodium SOLN 50mg/ml	4	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	3	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
pregabalin CAPS 200mg	3	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
pregabalin SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	2	
relgaabi CAPS 300mg, 400mg	2	
roweepra TABS 500mg	2	
rufinamide SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	4	QL (240 tabs / 30 days), PA
SUBVENITE SUSP 10mg/ml	5	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	5	QL (60 films / 30 days), PA
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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	QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
vigadrone PACK 500mg	5	QL (180 packets / 30 days), NM, PA
vigadrone TABS 500mg	5	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine-dextroamphetamine cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	4	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 12.5 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	3	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	3	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	3	QL (60 tabs / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	4	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
dexmethylphenidate hcl TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	3	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
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
methylphenidate hcl TABS 20mg	3	QL (90 tabs / 30 days), PA
methylphenidate hcl TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
ramelteon TABS 8mg	3	QL (30 tabs / 30 days)
tasimelteon CAPS 20mg	5	QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
temazepam CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	4	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), NM
dihydroergotamine mesylate SOLN 4mg/ml	4	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM
ergotamine w/ caffeine tab 1-100 mg	3	QL (40 tabs / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days)
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days)
rizatriptan benzoate TABS 5mg, 10mg	2	QL (18 tabs / 30 days)
rizatriptan benzoate TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	4	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	4	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml	4	QL (12 syringes / 30 days)
sumatriptan succinate SOLN 6mg/0.5ml	4	QL (12 vials / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	4	QL (60 caps / 30 days), PA
lithium SOLN 8meq/5ml	4	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
lithium carbonate TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	QL (60 caps / 30 days), PA
pyridostigmine bromide TABS 60mg	3	
riluzole TABS 50mg	4	
tetrabenazine TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
tetrabenazine TABS 25mg	5	QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
dalfampridine TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
fingolimod hcl CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
glatiramer acetate SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatiramer acetate SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
glatopa SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
glatopa SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen TABS 5mg	2	QL (90 tabs / 30 days)
baclofen TABS 10mg, 20mg	2	

Drug Name	Drug Tier	Requirements/Limits
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	4	
tizanidine hcl TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	4	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
modafinil TABS 100mg	3	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	3	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	4	
buprenorphine hcl SUBL 2mg	3	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	3	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	4	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	4	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	4	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	4	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	3	
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	3	
NICOTROL NS SOLN 10mg/ml	4	
varenicline tartrate TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	4	QL (2 packs / year)

Drug Name	Drug Tier	Requirements/Limits
VIVITROL SUSR 380mg	5	NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump GEL 20.25mg/act	4	QL (150 gm / 30 days), PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-500 mg	1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	1	QL (60 tabs / 30 days)
dapagliflozin-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
dapagliflozin-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)
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)

Drug Name	Drug Tier	Requirements/Limits
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
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	1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	QL (30 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	

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	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"	3	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
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 SOLN 70mg/75ml	4	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
calcitonin (salmon) spray SOLN 200unit/act	3	B/D
ibandronate sodium SOLN 3mg/3ml	4	B/D, QL (1 syringe / 90 days)
ibandronate sodium TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	4	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
risedronate sodium TABS 5mg, 35mg, 150mg	3	
risedronate sodium TABS 30mg	4	
risedronate sodium TBEC 35mg	4	ST
TYMLOS SOPN 3120mcg/1.56ml	5	QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	5	NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
zoledronic acid CONC 4mg/5ml	4	NM
zoledronic acid SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	

Drug Name	Drug Tier	Requirements/Limits
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
blisovi fe 1/20	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	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	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	3	
emzahh TABS .35mg	2	
enilloring	3	
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	3	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
finzala	2	
galbriela	2	
hailey 1.5/30	2	
hailey 24 fe	2	
hailey fe 1/20	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jaimiess	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	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	

Drug Name	Drug Tier	Requirements/Limits
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	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	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	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	3	
meleya TABS .35mg	2	
mibelas 24 fe	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	NM
nikki	2	
nora-be TABS .35mg	2	

Drug Name	Drug Tier	Requirements/Limits
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
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	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
rosyrah	2	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
syeda	2	
tarina 24 fe	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	

Drug Name	Drug Tier	Requirements/Limits
tri-mili	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
turqoz	2	
tydemy	2	
valtya 1/35	2	
valtya 1/50	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
xarah fe	2	
xelria fe	2	
xulane	3	
zafemy	3	
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	3	
estradiol vaginal TABS 10mcg	4	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	
GLUCOCORTICOIDS		
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml	3	
dexamethasone 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	4	
fludrocortisone acetate TABS .1mg	2	
hydrocortisone TABS 5mg, 10mg, 20mg	3	
hydrocortisone sod succinate SOLR 100mg	4	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	2	B/D
methylprednisolone TBPK 4mg	2	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	4	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	4	B/D
prednisolone SOLN 15mg/5ml	2	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml	4	B/D
prednisolone sodium phosphate SOLN 15mg/5ml	2	B/D
prednisone SOLN 5mg/5ml	4	B/D
prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
diazoxide SUSP 50mg/ml	4	
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	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NM, PA
betaine powder for oral solution	5	NM
cabergoline TABS .5mg	3	
carglumic acid TBSO 200mg	5	NM, PA
CERDELGA CAPS 84mg	5	NM, PA
CEREZYME SOLR 400unit	5	NM, PA
cinacalcet hcl TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
cinacalcet hcl TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
desmopressin acetate SOLN 4mcg/ml	4	
desmopressin acetate TABS .1mg, .2mg	3	
desmopressin acetate spray SOLN .01%	4	
desmopressin acetate spray refrigerated SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NM, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, PA
ISTURISA TABS 1mg	5	QL (240 tabs / 30 days), NM, PA
ISTURISA TABS 5mg	5	QL (360 tabs / 30 days), NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM, PA
lanreotide acetate SOLN 120mg/0.5ml	5	NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM
mifepristone (hyperglycemia) TABS 300mg	5	NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
raloxifene hcl TABS 60mg	3	
REVCOVI SOLN 2.4mg/1.5ml	5	NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	QL (30 tabs / 30 days), NM, PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, PA
SYNAREL SOLN 2mg/ml	5	PA
tolvaptan TABS 15mg, 30mg	5	NM, PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	5	NM, PA
tolvaptan tab therapy pack 30 & 15 mg	5	NM, PA
tolvaptan tab therapy pack 45 & 15 mg	5	NM, PA
tolvaptan tab therapy pack 60 & 30 mg	5	NM, PA
tolvaptan tab therapy pack 90 & 30 mg	5	NM, 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	NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	2	B/D, QL (360 caps / 30 days)
sevelamer carbonate TABS 800mg	4	B/D, QL (540 tabs / 30 days)
PROGESTINS		
gallifrey TABS 5mg	3	
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	3	
progesterone CAPS 100mg, 200mg	3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	3	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	3	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	3	
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	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	2	B/D
calcitriol (oral) SOLN 1mcg/ml	4	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg	4	B/D
aprepitant CAPS 125mg	5	B/D
aprepitant capsule therapy pack 80 & 125 mg	4	B/D
compro SUPP 25mg	4	
dronabinol CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml	4	
granisetron hcl TABS 1mg	4	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	3	
metoclopramide hcl SOLN 5mg/ml	4	
metoclopramide hcl TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml	3	
ondansetron hcl SOLN 4mg/5ml	4	B/D
ondansetron hcl SOSY 4mg/2ml	4	
ondansetron hcl TABS 4mg, 8mg	2	B/D
prochlorperazine SUPP 25mg	4	
prochlorperazine edisylate SOLN 10mg/2ml	4	
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	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
glycopyrrolate TABS 1mg	3	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	4	
famotidine TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	4	
nizatidine CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium CAPS 750mg	4	
budesonide CPEP 3mg	4	QL (90 caps / 30 days)
budesonide TB24 9mg	4	QL (30 tabs / 30 days), PA
hydrocortisone (intrarectal) ENEM 100mg/60ml	4	
mesalamine CP24 .375gm	4	QL (120 caps / 30 days)
mesalamine CPDR 400mg	4	QL (180 caps / 30 days)
mesalamine ENEM 4gm	4	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	4	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	4	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
mesalamine w/ cleanser KIT 4gm	4	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg	2	
sulfasalazine TBEC 500mg	3	
LAXATIVES		
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	2	
gavilyte-g	2	
gavilyte-n/flavor pack	2	
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	2	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	2	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	4	
GATTEX KIT 5mg	5	NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
loperamide hcl CAPS 2mg	2	
lubiprostone CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
misoprostol TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
sucralfate TABS 1gm	2	
TALICIA CAP	3	
ursodiol CAPS 300mg	4	
ursodiol TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA

Drug Name	Drug Tier	Requirements/Limits
VOWST CAP	5	QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, 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	3	QL (30 caps / 30 days), ST
lansoprazole CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium SOLR 40mg	4	
pantoprazole sodium TBEC 20mg, 40mg	1	
rabeprazole sodium TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl TB24 10mg	2	QL (30 tabs / 30 days)
dutasteride CAPS .5mg	2	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	4	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
silodosin CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
tadalafil TABS 5mg	3	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
IMPOTENCE AGENTS		
avanafil TABS 50mg, 100mg, 200mg	2	ED, QL (4 tabs / 30 days)
CAVERJECT SOLR 20mcg, 40mcg	4	ED, QL (6 vials / 30 days)
CAVERJECT IMPULSE CTKT 10mcg	4	ED, QL (6 each / 30 days)
CAVERJECT IMPULSE CTKT 20mcg	4	ED, QL (6 kits / 30 days)
CIALIS TABS 10mg, 20mg	4	ED, QL (4 tabs / 30 days)
EDEX (6 CARTRIDGE) CTKT 10mcg	4	ED, QL (6 each / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDEX (6 CARTRIDGE) CTKT 20mcg, 40mcg	4	ED, QL (6 kits / 30 days)
sildenafil citrate TABS 25mg, 50mg, 100mg	2	ED, QL (4 tabs / 30 days)
STENDRA TABS 50mg, 100mg, 200mg	4	ED, QL (4 tabs / 30 days)
tadalafil TABS 10mg, 20mg	2	ED, QL (4 tabs / 30 days)
vardenafil hcl TABS 2.5mg, 5mg, 10mg, 20mg; TBDP 10mg	2	ED, QL (4 tabs / 30 days)
VIAGRA TABS 25mg, 50mg, 100mg	4	ED, QL (4 tabs / 30 days)
VYBRIQUE FILM 25mg, 50mg, 75mg, 100mg	4	ED, QL (4 films / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	4	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	3	
FILSPARI TABS 200mg	5	QL (30 tabs / 30 days), NM, PA
FILSPARI TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	3	
TARPEYO CPDR 4mg	5	QL (120 caps / 30 days), NM, PA
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
fesoterodine fumarate TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
mirabegron SRER 8mg/ml	3	QL (300 mL / 28 days)
mirabegron TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	3	QL (600 mL / 30 days)
oxybutynin chloride TABS 5mg	3	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	3	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
solifenacin succinate TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	4	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
trospium chloride CP24 60mg	4	QL (30 caps / 30 days)
trospium chloride TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal CREA 2%	3	
metronidazole vaginal GEL .75%	3	
terconazole vaginal CREA .4%, .8%	2	
terconazole vaginal SUPP 80mg	3	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate mesylate CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	4	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	4	
fondaparinux sodium SOLN 2.5mg/0.5ml	4	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	4	
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
rivaroxaban SUSR 1mg/ml	4	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	3	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	QL (2 syringes / 28 days), NM, PA
LEUKINE SOLR 250mcg	5	NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
anagrelide hcl CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	QL (24 kits / 30 days), NM, PA
cilostazol TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, PA
icatibant acetate SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
l-glutamine (sickle cell) PACK 5gm	5	NM, PA
pentoxifylline TBCR 400mg	2	
sajazir SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg	5	QL (180 caps / 30 days), NM, PA
tranexamic acid SOLN 1000mg/10ml	4	
tranexamic acid TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	4	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	4	PA; PA applies if 65 years and older
prasugrel hcl TABS 5mg, 10mg	3	
ticagrelor TABS 60mg, 90mg	4	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	QL (6 pens / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	5	QL (20 pens / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
EBGLYSS SOSY 250mg/2ml	5	QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
ENTYVIO PEN SOAJ 108mg/0.68ml	5	QL (2 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, PA
KINERET SOSY 100mg/0.67ml	5	QL (28 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	5	QL (2 packs / year), NM, PA
OTEZLA TAB 10/20/30	5	QL (2 packs / year), NM, PA
OTEZLA XR TB24 75mg	5	QL (30 tabs / 30 days), NM, PA
OTEZLA/XR TAB 28 DAY	5	QL (2 packs / year), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
TYENNE SOAJ 162mg/0.9ml	5	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM, PA
TYENNE SOSY 162mg/0.9ml	5	QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	5	QL (2 pens / 28 days), NM, PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	5	QL (2 syringes / 28 days), NM, 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	NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NM, PA
GAMASTAN INJ	4	NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml	4	NM, PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, PA
ARCALYST SOLR 220mg	5	NM, PA
VYVGART SOLN 400mg/20ml	5	NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, PA
BENLYSTA SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	4	B/D, NM
everolimus (immunosuppressant) TABS 1mg	5	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	4	B/D, NM
gengraf CAPS 25mg, 100mg	4	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	4	B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	4	B/D, NM
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
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)

Drug Name	Drug Tier	Requirements/Limits
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	
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	

Drug Name	Drug Tier	Requirements/Limits
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	4	
klor-con 8 TBCR 8meq	2	
klor-con 10 TBCR 10meq	2	
klor-con m10 TBCR 10meq	2	
klor-con m15 TBCR 15meq	2	
klor-con m20 TBCR 20meq	2	
M-NATAL PLUS TAB	3	
potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
potassium chloride PACK 20meq; SOLN 10%, 20%	4	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
IV NUTRITION		
aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D

Drug Name	Drug Tier	Requirements/Limits
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	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%	3	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	2	
neomycin-polymyxin-hc ophth susp	4	
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%	3	
ANTI-INFECTIVES		
bacitracin-polymyxin b ophth oint	2	
besifloxacin hcl SUSP .6%	4	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	2	
erythromycin (ophth) OINT 5mg/gm	2	
gatifloxacin (ophth) SOLN .5%	3	
gentamicin sulfate (ophth) SOLN .3%	2	

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl (ophth) SOLN .5%	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NM
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
timolol maleate (ophth) SOLG .25%, .5%	3	
timolol maleate (ophth) SOLN .25%, .5%	1	
travoprost SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NM, PA
CYSTARAN SOLN .44%	5	NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
proparacaine hcl SOLN .5%	3	
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%	4	
fluocinolone acetonide (otic) OIL .01%	3	
hydrocortisone w/ acetic acid otic soln 1-2%	4	
neomycin-polymyxin-hc otic soln 1%	3	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	3	
ofloxacin (otic) SOLN .3%	4	
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)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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%	3	
ipratropium bromide hfa AERS 17mcg/act	4	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	2	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
desloratadine TABS 5mg	3	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	4	
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	4	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	2	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	4	
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	4	
arformoterol tartrate NEBU 15mcg/2ml	4	B/D
formoterol fumarate NEBU 20mcg/2ml	4	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
levalbuterol tartrate AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
terbutaline sulfate TABS 2.5mg, 5mg	4	
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	4	B/D
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	QL (56 tabs / 28 days), NM, PA
nintedanib esylate CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
NUCALA SOAJ 100mg/ml	5	QL (3 pens / 28 days), NM, PA
NUCALA SOLR 100mg	5	QL (3 vials / 28 days), NM, PA
NUCALA SOSY 40mg/0.4ml	5	QL (1 syringe / 28 days), NM, PA
NUCALA SOSY 100mg/ml	5	QL (3 syringes / 28 days), NM, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	QL (56 packets / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI GRA 100-125	5	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
pirfenidone TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
roflumilast TABS 250mcg	4	QL (56 tabs / year)
roflumilast TABS 500mcg	4	QL (30 tabs / 30 days)
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	QL (8 syringes / 28 days), NM, PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
mometasone furoate (nasal) SUSP 50mcg/act	4	QL (2 bottles / 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	4	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	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	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	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	3	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	3	QL (60 inhalations / 30 days)
wixela inhub	3	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	3	QL (45 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) GEL 1%	4	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
ery PADS 2%	3	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	3	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	3	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	4	PA
neuac	3	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	4	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	4	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
mupirocin OINT 2%	2	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 GEL .77%	3	QL (100 gm / 30 days)
ciclopirox SHAM 1%	3	QL (120 mL / 30 days)
ciclopirox SOLN 8%	2	QL (6.6 mL / 30 days)
ciclopirox olamine CREA .77%	3	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	3	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	2	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	3	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	3	QL (45 gm / 30 days)
econazole nitrate CREA 1%	3	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	3	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	2	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	3	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	2	
nystatin (topical) POWD 100000unit/gm	3	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	3	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	4	

Drug Name	Drug Tier	Requirements/Limits
calcipotriene CREA .005%; OINT .005%	4	
calcipotriene SOLN .005%	3	
calcitrene OINT .005%	4	
ENSTILAR AER	5	QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	5	
PELLIX SOLN .005%	3	
tazarotene CREA .05%, .1%	3	QL (60 gm / 30 days)
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	4	
betamethasone dipropionate (topical) CREA .05%	3	
betamethasone dipropionate (topical) LOTN .05%	2	
betamethasone dipropionate (topical) OINT .05%	4	
betamethasone dipropionate augmented CREA .05%	2	
betamethasone dipropionate augmented GEL .05%; LOTN .05%; OINT .05%	4	
betamethasone valerate CREA .1%; OINT .1%	2	
betamethasone valerate LOTN .1%	3	
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	4	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	4	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (120 gm / 30 days)
clodan SHAM .05%	4	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	4	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	4	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	4	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	4	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 1%, 2.5%	2	
hydrocortisone valerate CREA .2%	3	
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	
triamcinolone acetonide (topical) CREA .025%, .1%, .5%; OINT .025%, .1%, .5%	2	
triamcinolone acetonide (topical) LOTN .025%, .1%	3	
triderm CREA .5%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
glydo PRSY 2%	4	QL (60 mL / 30 days), PA
lidocaine OINT 5%	4	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	4	QL (3 patches / 1 day), PA
lidocaine hcl PRSY 2%	4	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	4	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	4	QL (3 patches / 1 day), PA
tridacaine iii PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
azelaic acid GEL 15%	4	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	5	QL (60 gm / 30 days), NM, PA
diclofenac sodium (topical) SOLN 1.5%	3	QL (300 mL / 28 days)
EUCRISA OINT 2%	4	QL (120 gm / 30 days), PA
fluorouracil (topical) CREA 5%	4	QL (40 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	3	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	3	
imiquimod CREA 5%	3	QL (24 packets / 30 days)
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	2	
metronidazole (topical) CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
metronidazole (topical) LOTN .75%	4	QL (59 mL / 30 days)
nitroglycerin (intra-anal) OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
pimecrolimus CREA 1%	4	QL (100 gm / 30 days), PA
podofilox SOLN .5%	3	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	3	
proctocort CREA 1%	3	
proctosol hc CREA 2.5%	3	
proctozone-hc CREA 2.5%	3	
tacrolimus (topical) OINT .03%, .1%	4	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion LOTN .5%	4	QL (59 mL / 30 days)
permethrin CREA 5%	3	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		
cevimeline hcl CAPS 30mg	4	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	3	QL (150 lozenges / 30 days)
kourzeq PSTE .1%	3	
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	3	
triamcinolone acetonide (mouth) PSTE .1%	3	

Index

A

abacavir sulfate 6
abacavir sulfate-lamivudine tab 600-300 mg 7
abigale 56
abigale lo 56
ABILIFY ASIMTUFII 36
ABILIFY MAINTENA 36
abiraterone acetate 13
abirtega 13
ABRYSVO 71
acamprosate calcium 47
acarbose 48
accutane 80
acebutolol hcl 29
acetaminophen w/ codeine soln 120-12 mg/5ml 2
acetaminophen w/ codeine tab 300-15 mg 2
acetaminophen w/ codeine tab 300-30 mg 2
acetaminophen w/ codeine tab 300-60 mg 2
acetazolamide 30
acetic acid 64
acetic acid (otic) 76
acetylcysteine 78
acitretin 81
ACTHIB INJ 71
ACTIMMUNE 70
acyclovir 8
acyclovir sodium 8
ADACEL INJ 71
ADALIMUMAB-BWWD 66
adefovir dipivoxil 8
ADEMPAS 32
ADMELOG 49
ADMELOG SOLOSTAR 49
ADVAIR HFA AER 115/21 80
ADVAIR HFA AER 230/21 80
ADVAIR HFA AER 45/21 80
afirmelle 52
AIMOVIG 45
AIRSUPRA AER 90-80MCG 80
AKEEGA TAB 100/500 13
AKEEGA TAB 50/500MG 13
ala-cort 82
albendazole 3
albuterol sulfate 77, 78
alclometasone dipropionate 82
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 50
ALDURAZYME 58
ALECENSA 15
alendronate sodium 51
alfuzosin hcl 63
aliskiren fumarate 31
allopurinol 1
alosetron hcl 62
alprazolam 33
altavera 52
ALUNBRIG 15
ALUNBRIG PAK 15
ALVAIZ 65
ALVESCO 80
alyacen 1/35 52
alyacen 7/7/7 52
ALYGLO 69
alyq 32
amantadine hcl 35
ambrisentan 32
amethyst 52
amikacin sulfate 3
amiloride & hydrochlorothiazide tab 5-50 mg 30
amiloride hcl 30
aminosyn ii soln 15% 73
AMINOSYN INJ 10% 73
AMINOSYN-PF INJ 10% 74
amiodarone hcl 27
amitriptyline hcl 33
amlodipine besylate 29
amlodipine besylate-atorvastatin calcium tab 10-10 mg 31
amlodipine besylate-atorvastatin calcium tab 10-20 mg 31
amlodipine besylate-atorvastatin calcium tab 10-40 mg 31
amlodipine besylate-atorvastatin calcium tab 10-80 mg 31
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 31

amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 31
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 31
amlodipine besylate-atorvastatin calcium tab 5-10 mg 31
amlodipine besylate-atorvastatin calcium tab 5-20 mg 31
amlodipine besylate-atorvastatin calcium tab 5-40 mg 31
amlodipine besylate-atorvastatin calcium tab 5-80 mg 31
amlodipine besylate-benazepril hcl cap 10-20 mg 24
amlodipine besylate-benazepril hcl cap 10-40 mg 24
amlodipine besylate-benazepril hcl cap 2.5-10 mg 23
amlodipine besylate-benazepril hcl cap 5-10 mg 23
amlodipine besylate-benazepril hcl cap 5-20 mg 23
amlodipine besylate-benazepril hcl cap 5-40 mg 23
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 25
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 25
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 25
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 25
amlodipine besylate-valsartan tab 10-160 mg 25
amlodipine besylate-valsartan tab 10-320 mg 25
amlodipine besylate-valsartan tab 5-160 mg 25
amlodipine besylate-valsartan tab 5-320 mg 25
amnesteem 80
amoxapine 34
amoxicillin 10
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 10
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 10
amoxicillin & k clavulanate for susp 400-57 mg/5ml 10
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 10
amoxicillin & k clavulanate tab 250-125 mg 10
amoxicillin & k clavulanate tab 500-125 mg 10
amoxicillin & k clavulanate tab 875-125 mg 10
amphetamine-dextroamphetamine cap er 24hr 10 mg 43
amphetamine-dextroamphetamine cap er 24hr 15 mg 43
amphetamine-dextroamphetamine cap er 24hr 20 mg 43
amphetamine-dextroamphetamine cap er 24hr 25 mg 43
amphetamine-dextroamphetamine cap er 24hr 30 mg 43
amphetamine-dextroamphetamine cap er 24hr 5 mg 43
amphetamine-dextroamphetamine tab 10 mg 43
amphetamine-dextroamphetamine tab 12.5 mg 44
amphetamine-dextroamphetamine tab 15 mg 44
amphetamine-dextroamphetamine tab 20 mg 44
amphetamine-dextroamphetamine tab 30 mg 44
amphetamine-dextroamphetamine tab 5 mg 43
amphetamine-dextroamphetamine tab 7.5 mg 43
amphotericin b 5
amphotericin b liposome 5
ampicillin 10
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 10
ampicillin & sulbactam sodium for inj 3 (2-1) gm 10
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 10
ampicillin sodium 10
anagrelide hcl 66

anastrozole.....13
ANORO ELLIPT AER 62.5-25 76
aprepitant 60
aprepitant capsule therapy pack 80 & 125 mg 60
apri 52
APTIVUS 6
aranelle.....52
ARCALYST 70
AREXVY.....71
arformoterol tartrate.....78
ARIKAYCE 3
aripiprazole 36, 37
ARISTADA 37
ARISTADA INITIO.....37
armodafinil 47
ARNUITY ELLIPTA.....80
asenapine maleate 37
ashlyna 52
aspirin-dipyridamole cap er 12hr 25-200 mg 66
ASTAGRAF XL 70
atazanavir sulfate..... 6
atenolol.....29
atenolol & chlorthalidone tab 100-25 mg 28
atenolol & chlorthalidone tab 50-25 mg 28
atomoxetine hcl 44
atorvastatin calcium 28
atovaquone 3
atovaquone-proguanil hcl tab 250-100 mg 5
atovaquone-proguanil hcl tab 62.5-25 mg 5
ATROPINE SULFATE.....76
atropine sulfate (ophthalmic) 76
ATROVENT HFA.....77
aubra eq 52
AUGTYRO 15
aurovela 1/20 52
aurovela 24 fe 52
aurovela fe 1.5/30.....52
aurovela fe 1/20 52
AUSTEDO 45
AUSTEDO XR 45, 46
AUSTEDO XR TAB TITR KIT 46
AUVELITY TAB 45-105MG.....34
AUVELITY TAB TITRATIO.....34
avanafil.....63
aviane 52
AVMAPKI PAK FAKZYNJA 15
ayuna 52
AYVAKIT 15
azacitidine.....12
azathioprine 70
azelaic acid.....83
azelastine hcl.....77
azelastine hcl (ophth) 75
azilsartan medoxomil.....27
azithromycin..... 9
aztreonam..... 3
azurette 52

B

bacitracin-polymyxin b ophth oint 74
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....74
baclofen.....46
BAFIERTAM 46
balsalazide disodium.....61
BALVERSA.....15
balziva.....52
BARACLUDE 8
BCG VACCINE.....71
BEIZRAY 15
benazepril & hydrochlorothiazide tab 10-12.5 mg 24
benazepril & hydrochlorothiazide tab 20-12.5 mg 24
benazepril & hydrochlorothiazide tab 20-25 mg 24
benazepril & hydrochlorothiazide tab 5-6.25mg 24
benazepril hcl 24
BENDAMUSTINE HYDROCHLORID.....11
BENDEKA 12
BENLYSTA 70
benzoyl peroxide-erythromycin gel 5-3% 80
benztropine mesylate 35
BERINERT 66
besifloxacin hcl 74
BESREMI.....14
BESREMI PEN 14

betaine powder for oral solution 58
betamethasone dipropionate (topical) 82
betamethasone dipropionate augmented 82
betamethasone valerate 82
BETASERON.....46
betaxolol hcl (ophth) 75
bethanechol chloride 64
BEVESPI AER 9-4.8MCG 76
bexarotene 14
bexarotene (topical) 83
BEXSERO 71
bicalutamide 13
BICILLIN L-A 11
BIKTARVY TAB 30-120-15 MG..... 7
BIKTARVY TAB 50-200-25 MG..... 7
BILDYOS 51
BIMZELX 66
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg ..62
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 29
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 29
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 29
bisoprolol fumarate 29
BIVIGAM 69
blisovi 24 fe 52
blisovi fe 1.5/30 52
blisovi fe 1/20 52
BLUJEPA..... 3
BOOSTRIX INJ 71
bortezomib 16
BORTEZOMIB.....16
bosentan 32
BOSULIF 16
bosutinib 16
BRAFTOVI 16
BREO ELLIPTA INH 100-25 80
BREO ELLIPTA INH 200-25 80
BREO ELLIPTA INH 50-25MCG.....80
breyna 80
BREZTRI AERO AER 18MCG 76
BREZTRI AERO AER 9MCG.....76
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) 76
briellyn 52
brimonidine tartrate 75
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 75
brinzolamide 75
brivaracetam 39
bromocriptine mesylate 35
BRUKINSA.....16
budesonide 61
budesonide (inhalation) 80
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 80
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act 80
bumetanide 30
buprenorphine 1
buprenorphine hcl 47
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 47
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 47
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) 47
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) 47
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 47
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 47
bupropion hcl.....34
bupropion hcl (smoking deterrent) ...47
buspirone hcl 33
butorphanol tartrate 2
BYSANTI 37
BYSANTI TAB PACK A 37
BYSANTI TAB PACK B 37
BYSANTI TAB PACK C 37

C

cabergoline 58
CABOMETYX 16
calcipotriene 82
calcitonin (salmon) spray 51
calcitrene 82
calcitriol 60
calcitriol (oral) 60

calcium acetate (phosphate binder) ..59
CALQUENCE 16
camila 52
camrese 52
camrese lo 52
candesartan cilexetil 27
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 25
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 25
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg .25
CAPLYTA 37
CAPRELSA 16
captopril 24
captopril & hydrochlorothiazide tab 25-15 mg 24
captopril & hydrochlorothiazide tab 25-25 mg 24
captopril & hydrochlorothiazide tab 50-15 mg 24
captopril & hydrochlorothiazide tab 50-25 mg 24
carb/levo orally disintegrating tab 10-100mg 35
carb/levo orally disintegrating tab 25-100mg 36
carb/levo orally disintegrating tab 25-250mg 36
carbamazepine 39
carbidopa 36
carbidopa & levodopa tab 10-100 mg 36
carbidopa & levodopa tab 25-100 mg 36
carbidopa & levodopa tab 25-250 mg 36
carbidopa & levodopa tab er 25-100 mg 36
carbidopa & levodopa tab er 50-200 mg 36
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 36
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 36
carbidopa-levodopa-entacapone tabs 25-100-200 mg 36
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 36
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 36
carbidopa-levodopa-entacapone tabs 50-200-200 mg 36
carboplatin 12
carglumic acid 58
carteolol hcl (ophth) 75
cartia xt 29
carvedilol 29
caspofungin acetate 5
CAVERJECT 63
CAVERJECT IMPULSE 63
CAVHANZA 16
CAYSTON 3
cefaclor 9
cefadroxil 9
CEFAZOLIN 9
CEFAZOLIN INJ 1GM/50ML 9
cefazolin sodium 9
CEFAZOLIN SOLN 2GM/100ML-4% 9
CEFAZOLIN/DEX SOL 1GM/50ML-4% . 9
CEFAZOLIN/DEX SOL 2GM/50ML-3% . 9
CEFAZOLIN/DEX SOL 3GM/150ML-4% 9
CEFAZOLIN/DEX SOL 3GM/50ML-2% . 9
cefdinir 9
cefepime hcl 9
cefixime 9
cefotetan disodium 9
cefoxitin sodium 9
cefpodoxime proxetil 9
cefprozil 9
ceftaroline fosamil 9
ceftazidime 9
ceftriaxone sodium 9
cefuroxime axetil 9
cefuroxime sodium 9
celecoxib 1
cephalexin 9
CEQUR EXT WR MIS INSERTER 50
CEQUR SIMPL KIT 1U EXTND 50
CEQUR SIMPL KIT 2U EXTND 50
CEQUR SIMPL KIT PATCH 2U (4-DAY) 50
CEQUR SIMPL MIS INSERTER 50
CERDELGA 58

CEREZYME.....58
cetirizine hcl 77
cevimeline hcl 84
chateal eq 52
CHEMET 51
chlorhexidine gluconate (mouth-throat) 84
chloroquine phosphate 5
chlorpromazine hcl 37
chlorthalidone 30
cholestyramine 28
cholestyramine light 28
choline fenofibrate 27
CIALIS 63
ciclopirox 81
ciclopirox olamine 81
cilostazol 66
CILOXAN 74
CIMDUO TAB 300-300 7
cinacalcet hcl 58
CIPRO 10
ciprofloxacin 200 mg/100ml in d5w ..10
ciprofloxacin 400 mg/200ml in d5w ..10
ciprofloxacin hcl 10
ciprofloxacin hcl (ophth) 74
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 76
cisplatin 12
citalopram hydrobromide 34
claravis 80
clarithromycin 9
clindamycin hcl 3
clindamycin palmitate hydrochloride .. 3
clindamycin phosphate 3
clindamycin phosphate (topical) 81
clindamycin phosphate in d5w iv soln 300 mg/50ml 3
clindamycin phosphate in d5w iv soln 600 mg/50ml 3
clindamycin phosphate in d5w iv soln 900 mg/50ml 3
clindamycin phosphate vaginal 64
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 80
CLINDMYC/NAC INJ 300/50ML 3
CLINDMYC/NAC INJ 600/50ML 3
CLINDMYC/NAC INJ 900/50ML 3
CLINIMIX INJ 4.25/D10 74
CLINIMIX INJ 4.25/D5W 74
CLINIMIX INJ 5%/D15W 74
CLINIMIX INJ 5%/D20W 74
CLINIMIX INJ 6/5 74
CLINIMIX INJ 8/10 74
CLINIMIX INJ 8/14 74
clinisol sf 15% 74
CLINOLIPID EMU 20% 74
clobazam 40
clobetasol propionate 82
clobetasol propionate e 82
clodan 82
clomipramine hcl 34
clonazepam 40
clonidine 31
clonidine hcl 31
clopidogrel bisulfate 66
clorazepate dipotassium 40
clotrimazole 84
clotrimazole (topical) 81
clotrimazole w/ betamethasone cream 1-0.05% 81
clozapine 37
COARTEM TAB 20-120MG..... 5
COBENFY CAP 100-20MG 37
COBENFY CAP 125-30MG 37
COBENFY CAP 50-20MG 37
COBENFY STRT CAP PACK 37
colchicine 1
colchicine w/ probenecid tab 0.5-500 mg 1
colesevelam hcl 28
colestipol hcl 28
colistimethate sodium 3
COMBIGAN SOL 0.2/0.5% 75
COMBIVENT AER 20-100 76
COMETRIQ (60MG DOSE) 16
COMETRIQ KIT 100MG 16
COMETRIQ KIT 140MG 16
compro 60
constulose 62
COPAXONE 46
COPIKTRA 16
COTELLIC 16
CREON CAP 12000UNT 62
CREON CAP 24000UNT 62

CREON CAP 3000UNIT 62
CREON CAP 36000UNT.....62
CREON CAP 6000UNIT 62
CRESEMBA 5
cromolyn sodium.....78
cromolyn sodium (mastocytosis) 62
cromolyn sodium (ophth) 75
cryselle 52
cyclobenzaprine hcl 47
cyclophosphamide 12
CYCLOPHOSPHAMIDE 12
CYCLOPHOSPHAMIDE MONOHYDR....12
cycloserine 8
cyclosporine 70
cyclosporine modified (for microemulsion) 70
cyproheptadine hcl 77
cyred eq.....52
CYSTADROPS.....76
CYSTAGON 58
CYSTARAN.....76
cytarabine 12
D
D10W/NACL INJ 0.2% 72
D10W/NACL INJ 0.45%.....72
D2.5W/NACL INJ 0.45%.....72
D5W/NACL INJ 0.2% 72
D5W/NACL INJ 0.45% 72
dabigatran etexilate mesylate 65
dalfampridine.....46
danazol.....48
dantrolene sodium.....47
DANZITEN.....16
dapagliflozin 48
dapagliflozin-metformin hcl tab er 24hr 10-1000 mg.....48
dapagliflozin-metformin hcl tab er 24hr 10-500 mg 48
dapagliflozin-metformin hcl tab er 24hr 5-1000 mg 48
dapagliflozin-metformin hcl tab er 24hr 5-500 mg 48
dapsone 3
DAPTACEL INJ.....71
daptomycin 3
DAPTOMYCIN..... 3
darifenacin hydrobromide.....64
darunavir 6
dasatinib.....16
dasetta 1/35.....52
dasetta 7/7/7 52
DAURISMO 16, 17
daysee.....52
DAYVIGO 44
deblitane.....52
deferasirox.....51
DELSTRIGO TAB..... 7
DEPO-SUBQ PROVERA 104.....52
depo-testosterone 48
DESCOVY TAB 120-15MG..... 7
DESCOVY TAB 200/25MG..... 7
desipramine hcl.....34
desloratadine.....77
desmopressin acetate 58
desmopressin acetate spray 58
desmopressin acetate spray refrigerated 58
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....52
desvenlafaxine succinate.....34
dexamethasone 57
DEXAMETHASONE INTENSOL.....57
dexamethasone sodium phosphate...57
dexamethasone sodium phosphate (ophth) 75
dexmethylphenidate hcl 44
dextromethorphan hbr-quinidine sulfate cap 20-10 mg.....46
dextrose 74
DEXTROSE 10%.....74
dextrose 2.5% w/ sodium chloride 0.45% 72
dextrose 5% in lactated ringers 72
dextrose 5% w/ sodium chloride 0.225%.....72
dextrose 5% w/ sodium chloride 0.3% 72
dextrose 5% w/ sodium chloride 0.45% 72
dextrose 5% w/ sodium chloride 0.9% 72
DEXTROSE 70%.....74
DIACOMIT 40
diazepam 40

diazepam (anticonvulsant) 40
diazepam inj.....40
diazepam intensol 40
diazoxide.....57
diclofenac potassium 1
diclofenac sodium..... 1
diclofenac sodium (ophth) 75
diclofenac sodium (topical) 83
diclofenac w/ misoprostol tab delayed release 50-0.2 mg 1
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 1
dicloxacillin sodium.....11
dicyclomine hcl 61
DIFICID 9
diflunisal 1
difluprednate 75
digoxin.....31
dihydroergotamine mesylate.....45
DILANTIN.....40
diltiazem hcl 29
diltiazem hcl coated beads.....30
diltiazem hcl extended release beads 30
dilt-xr 29
diphenhydramine hcl 77
diphenoxylate w/ atropine tab 2.5-0.025 mg 62
dipyridamole.....66
disopyramide phosphate 27
disulfiram.....47
divalproex sodium 40
docetaxel 15
DOCETAXEL.....15
DOCIVYX.....15
dofetilide.....27
dolishale 52
donepezil hydrochloride 33
DOPTELET 66
DOPTELET SPRINKLE 66
dorzolamide hcl.....75
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....75
dotti 56
DOVATO TAB 50-300MG..... 7
doxazosin mesylate 25
doxepin hcl.....34
doxepin hcl (sleep) 44
doxercalciferol 60
doxorubicin hcl 14
doxorubicin hcl liposomal 14
doxy 100.....11
doxycycline (monohydrate) 11
doxycycline hyclate 11
DRIZALMA SPRINKLE.....34
dronabinol.....60
drospirenone-ethinyl estradiol tab 3-0.02 mg 53
drospirenone-ethinyl estradiol tab 3-0.03 mg 53
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 52
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 53
DROXIA 66
droxidopa.....31
duloxetine hcl 34
DUPIXENT 66
dutasteride.....63
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 63

E

e.e.s. 400 9
EBGLYSS..... 66, 67
econazole nitrate.....81
EDARBYCLOR TAB 40-12.5 25
EDARBYCLOR TAB 40-25MG 25
EDEX (6 CARTRIDGE) 63, 64
EDURANT 6
EDURANT PED 6
efavirenz..... 6
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 7
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 7
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 7
ELIGARD 13
elinest 53
ELIQUIS.....65
ELIQUIS (1.5MG PACK) 3 X 65
ELIQUIS (2MG PACK) 4 X 65
ELIQUIS STARTER PACK.....65
eluryng 53
EMGALITY 45

EMSAM 34
emtricitabine 6
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 7
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 7
EMTRIVA 6
EMVERM..... 3
emzahh.....53
enalapril maleate 24
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....24
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....24
ENBREL.....67
ENBREL MINI 67
ENBREL SURECLICK.....67
endocet tab 10-325mg..... 2
endocet tab 2.5-325mg..... 2
endocet tab 7.5-325mg..... 2
ENGERIX-B.....71
enilloring 53
enoxaparin sodium 65
ENSACOVE 17
enskyce 53
ENSTILAR AER 82
entacapone.....36
entecavir..... 8
ENTRESTO CAP 15-16MG 25
ENTRESTO CAP 6-6MG.....25
ENTYVIO PEN.....67
enulose 62
ENVARSUS XR 70
EPIDIOLEX 40
epinephrine 31
epinephrine (anaphylaxis) 78
eplerenone 25
ergotamine w/ caffeine tab 1-100 mg 45
ERIVEDGE 17
ERLEADA.....13
erlotinib hcl 17
errin 53
ertapenem sodium 3
ery 81
ERYTHROCIN LACTOBIONATE 10
erythromycin (acne aid) 81
erythromycin (ophth) 74
erythromycin base.....10
erythromycin ethylsuccinate 10
erythromycin lactobionate 10
ERZOFRI 37
escitalopram oxalate.....34
eslicarbazepine acetate 40
esomeprazole magnesium 63
estarylla.....53
estradiol.....56
estradiol & norethindrone acetate tab 0.5-0.1 mg 56
estradiol & norethindrone acetate tab 1-0.5 mg.....56
estradiol vaginal.....56
estradiol valerate 56
ethambutol hcl..... 8
ethosuximide 40, 41
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 53
etodolac..... 1
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 53
etoposide 15
etravirine 6
EUCRISA.....83
EULEXIN 13
everolimus 17
everolimus (immunosuppressant) 70
EVOTAZ TAB 300-150..... 7
exemestane.....13
EXXUA 34
EXXUA TITRATION PACK 34
EYSUVIS 76
ezetimibe 28
ezetimibe-simvastatin tab 10-10 mg.28
ezetimibe-simvastatin tab 10-20 mg.28
ezetimibe-simvastatin tab 10-40 mg.28
ezetimibe-simvastatin tab 10-80 mg.28

F

FABRAZYME.....58

falmina 53
famciclovir 8
famotidine 61
famotidine in nacl 0.9% iv soln 20 mg/50ml 61
FANAPT 37
FANAPT PAK PACK A 37
FANAPT PAK PACK B 37
FANAPT PAK PACK C 37
FARXIGA 48
FASENRA 78
FASENRA PEN 78
febuxostat 1
feirza 1.5/30 53
feirza 1/20 53
felbamate 41
felodipine 30
fenofibrate 27
fenofibrate micronized 27
fentanyl 1
fesoterodine fumarate 64
FETZIMA 34
FETZIMA CAP TITRATIO 34
FIASP 50
FIASP FLEXTOUCH 50
FIASP PENFILL 50
FIASP PUMPCART 50
fidaxomicin 10
FILSPARI 64
finasteride 63
fingolimod hcl 46
FINTEPLA 41
finzala 53
FIRMAGON 13
FLEBOGAMMA DIF 69
flecainide acetate 27
fluconazole 5
fluconazole in nacl 0.9% inj 200 mg/100ml 5
fluconazole in nacl 0.9% inj 400 mg/200ml 5
flucytosine 5
fludrocortisone acetate 57
flunisolide (nasal) 79
fluocinolone acetonide 82
fluocinolone acetonide (otic) 76
fluocinonide 82
fluocinonide emulsified base 82
fluorometholone (ophth) 75
fluorouracil 12
fluorouracil (topical) 83
fluoxetine hcl 34
fluphenazine decanoate 37
fluphenazine hcl 37
flurbiprofen 1
flurbiprofen sodium 75
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act 80
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act 80
fluticasone propionate 82
fluticasone propionate (nasal) 79
fluticasone-salmeterol aer powder ba 100-50 mcg/act 80
fluticasone-salmeterol aer powder ba 250-50 mcg/act 80
fluticasone-salmeterol aer powder ba 500-50 mcg/act 80
fluvastatin sodium 28
fluvoxamine maleate 33
fondaparinux sodium 65
formoterol fumarate 78
fosamprenavir calcium 6
fosfomycin tromethamine 3
fosinopril sodium 24
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 24
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 24
FOTIVDA 17
FRINDOVYX 12
FRUZAQLA 17
FULPHILA 65
fulvestrant 13
furosemide 30
furosemide inj 30
fyavolv tab 0.5mg-2.5mcg 56
fyavolv tab 1mg-5mcg 56

G

gabapentin 41
galantamine hydrobromide 33
galbriela 53
gallifrey 59
GAMASTAN INJ 69

GAMMAGARD LIQUID.....69
GAMMAGARD LIQUID ERC.....69
GAMMAGARD S/D IGA LESS TH.....69
GAMMAKED.....69
GAMMAPLEX.....70
GAMUNEX-C.....70
ganciclovir sodium..... 8
GARDASIL 9.....71
gatifloxacin (ophth).....74
GATTEX.....62
GAUZE PADS 2.....50
gavilyte-c.....62
gavilyte-g.....62
gavilyte-n/flavor pack.....62
GAVRETO.....17
gefitinib.....17
gemcitabine hcl.....12
gemfibrozil.....27
GEMTESA.....64
generlac.....62
gengraf.....70
GENOTROPIN.....58
GENOTROPIN MINIQUICK.....58
gentamicin in saline inj 0.8 mg/ml..... 3
gentamicin in saline inj 1 mg/ml..... 3
gentamicin in saline inj 1.2 mg/ml..... 3
gentamicin in saline inj 1.6 mg/ml..... 3
gentamicin in saline inj 2 mg/ml..... 3
gentamicin sulfate..... 3
gentamicin sulfate (ophth).....74
gentamicin sulfate (topical).....81
GENVOYA TAB..... 7
GILOTRIF.....17
glatiramer acetate.....46
glatopa.....46
glimepiride.....48
glipizide.....48
glipizide-metformin hcl tab 2.5-250 mg.....48
glipizide-metformin hcl tab 2.5-500 mg.....48
*glipizide-metformin hcl tab 5-500 mg*48
glycopyrrolate.....61
glydo.....83
GLYXAMBI TAB 10-5 MG.....48
GLYXAMBI TAB 25-5 MG.....48
GOMEKLI.....17
granisetron hcl.....60
griseofulvin microsize..... 5
griseofulvin ultramicrosize..... 5
guanfacine hcl.....31
guanfacine hcl (adhd).....44
GVOKE HYPOPEN 1-PACK.....57
GVOKE HYPOPEN 2-PACK.....57
GVOKE KIT.....57
GVOKE PFS.....57

H

HADLIMA.....67
HADLIMA PUSHTOUCH.....67
HAEGARDA.....66
hailey 1.5/30.....53
hailey 24 fe.....53
hailey fe 1/20.....53
halobetasol propionate.....82
haloperidol.....37
haloperidol decanoate.....38
haloperidol lactate.....38
HAVRIX.....71
heather.....53
HEP SOD/NACL INJ 25000UNT.....65
heparin sodium (porcine).....65
HEPLISAV-B.....71
HERCEP HYLEC SOL 60-10000.....17
HERCEPTIN.....17
HERCESSI.....17
HERNEXEOS.....17
HERZUMA.....17
HIBERIX.....71
HUMIRA.....67
HUMIRA PEN.....67
HUMIRA PEN KIT PS/UV.....67
HUMIRA PEN-CD/UC/HS START.....67
HUMULIN R U-500 KWIKPEN.....50
hydralazine hcl.....31
hydrochlorothiazide.....30
hydrocodone bitartrate..... 2
hydrocodone-acetaminophen soln 7.5-325 mg/15ml..... 2
hydrocodone-acetaminophen tab 10-325 mg..... 2
hydrocodone-acetaminophen tab 5-325 mg..... 2
hydrocodone-acetaminophen tab 7.5-325 mg..... 2

hydrocodone-ibuprofen tab 7.5-200 mg 2
hydrocortisone 57
hydrocortisone (intrarectal) 61
hydrocortisone (rectal).....83
hydrocortisone (topical) 82, 83
hydrocortisone sod succinate 57
hydrocortisone valerate.....83
hydrocortisone w/ acetic acid otic soln 1-2% 76
hydromorphone hcl..... 2
hydroxychloroquine sulfate 69
hydroxyurea 14
hydroxyzine hcl.....77
hydroxyzine pamoate.....77
HYRNUO.....17
I
ibandronate sodium 51
IBRANCE.....17
IBTROZI.....18
ibu 1
ibuprofen 1
icatibant acetate 66
iclevia 53
ICLUSIG.....18
IDHIFA.....18
IDVYNSO TAB 100-0.25 7
imatinib mesylate.....18
IMBRUVICA 18
imipenem-cilastatin intravenous for soln 250 mg..... 4
imipenem-cilastatin intravenous for soln 500 mg..... 4
imipramine hcl 34
imiquimod 83
IMKELDI.....18
IMOVAX RABIES (H.D.C.V.) 71
INBRIJA 36
incassia.....53
INCRELEX.....58
INCRUSE ELLIPTA.....77
indapamide 30
INFANRIX INJ 71
INFLIXIMAB.....67
INLURIYO.....13
INLYTA.....18
INQOVI TAB 35-100MG.....12
INREBIC.....18
INSULIN PEN NEEDLES: EMBECTA-BD 50
INSULIN SAFETY NEEDLES: EMBECTA-BD.....50
INSULIN SYRINGES: EMBECTA-BD ...50
INTELENCE..... 6
INTRALIPID 74
introvale 53
INVEGA HAFYERA.....38
INVEGA SUSTENNA 38
INVEGA TRINZA.....38
IPOL INJ INACTIVE.....71
ipratropium bromide.....77
ipratropium bromide (nasal) 77
ipratropium bromide hfa 77
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml 76
irbesartan 27
irbesartan-hydrochlorothiazide tab 150-12.5 mg 26
irbesartan-hydrochlorothiazide tab 300-12.5 mg 26
irinotecan hcl.....14
ISENTRESS 6
ISENTRESS HD 6
isibloom 53
ISOLYTE-P INJ /D5W 72
ISOLYTE-S INJ PH 7.4.....72
isoniazid 8
isosorbide dinitrate.....32
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg 31
isosorbide mononitrate 32
isotretinoin 81
isradipine 30
ISTURISA.....58
ITOVEBI.....18
itraconazole..... 5
ivabradine hcl 31
ivermectin 4
IWILFIN 14
IXIARO INJ.....71
J
jaimiess 53
JAKAFI.....18
jantoven 65

JARDIANCE....48
jasmiel....53
javygtor....58
JAYPIRCA....18
jencycla....53
JENTADUETO TAB 2.5-1000....48
JENTADUETO TAB 2.5-500....48
JENTADUETO TAB 2.5-850....48
JENTADUETO TAB XR 2.5-1000MG ...48
JENTADUETO TAB XR 5-1000MG 48
JIDEYTRO....18
jinteli....56
jolessa....53
JOURNAVX 1
juleber....53
JULUCA TAB 50-25MG.... 7
junel 1.5/30 53
junel 1/20 53
junel fe 1.5/30....53
junel fe 1/20....53
junel fe 24....53
JYLAMVO....69
JYNNEOS....71

K

KADCYLA....18
kaitlib fe....53
KALETRA SOL 7
KALYDECO....78
KANJINTI 18
kariva 53
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj 72
kcl 20 meq/l (0.149%) in nacl 0.45% inj 72
kcl 20 meq/l (0.149%) in nacl 0.9% inj 72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj 72
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj 72
kcl 20 meq/l (0.15%) in nacl 0.45% inj 72
kcl 20 meq/l (0.15%) in nacl 0.9% inj 72
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj 72
kcl 40 meq/l (0.298%) in nacl 0.9% inj 73
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 72
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 72
kcl 40 meq/l (0.3%) in nacl 0.9% inj 73
KCL/D5W/NACL INJ 0.15/0.2 73
KCL/D5W/NACL INJ 0.3/0.9%....73
kelnor 1/35 53
KERENDIA....25
KESIMPTA 46
ketoconazole 5
ketoconazole (topical)....81
ketorolac tromethamine (ophth) 75
KEYTRUDA 18
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML 18
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML 18
KINERET 67
KINRIX INJ....71
kionex 51
KISQALI 200 DOSE 19
KISQALI 400 DOSE 19
KISQALI 600 DOSE 19
klayesta 81
klor-con 73
klor-con 10....73
klor-con 8 73
klor-con m10 73
klor-con m15 73
klor-con m20 73
KLOXXADO....47
KOMZIFTI....19
KOSELUGO....19
kourzeq 84
KRAZATI 19
kurvelo 53

L

labetalol hcl....29
lacosamide 41
lacosamide oral....41
lactated ringer's solution 73
lactic acid (ammonium lactate) 83
lactulose 62
lactulose (encephalopathy)....62

lamivudine 6
lamivudine (hbv) 8
lamivudine-zidovudine tab 150-300 mg 7
lamotrigine 41
lanreotide acetate 58
lansoprazole 63
LANTUS 50
LANTUS SOLOSTAR 50
lapatinib ditosylate 19
larin 1.5/30 53
larin 1/20 53
larin 24 fe 54
larin fe 1.5/30 54
larin fe 1/20 54
latanoprost 75
LAZCLUZE 19
leflunomide 69
lenalidomide 14
LENVIMA 10 MG DAILY DOSE.....19
LENVIMA 12MG DAILY DOSE.....19
LENVIMA 20 MG DAILY DOSE.....19
LENVIMA 4 MG DAILY DOSE 19
LENVIMA 8 MG DAILY DOSE 19
LENVIMA CAP 14 MG 19
LENVIMA CAP 18 MG 19
LENVIMA CAP 24 MG 19
LEQEMBI IQLIK 33
lessina 54
letrozole 13
leucovorin calcium 14
LEUKERAN 12
LEUKINE 65
leuprolide acetate 13
levalbuterol hcl 78
levalbuterol tartrate 78
levetiracetam 41
levetiracetam in sodium chloride iv soln 1000 mg/100ml 41
levetiracetam in sodium chloride iv soln 1500 mg/100ml 41
levetiracetam in sodium chloride iv soln 500 mg/100ml 41
levobunolol hcl 75
levocarnitine (metabolic modifiers) ...58
levocetirizine dihydrochloride 77
levofloxacin 10
levofloxacin in d5w iv soln 250 mg/50ml 10
levofloxacin in d5w iv soln 500 mg/100ml 10
levofloxacin in d5w iv soln 750 mg/150ml 10
levonest 54
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 54
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 54
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 54
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 54
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg 54
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 54
levothyroxine sodium 60
levoxyl 60
l-glutamine (sickle cell) 66
lidocaine 83
lidocaine hcl 83
lidocaine hcl (local anesth.) 1
lidocaine hcl (mouth-throat) 84
lidocaine-prilocaine cream 2.5-2.5% .83
lidocan 83
LIFYORLI CAP 125MG DS 13
LIFYORLI CAP 150MG DS 13
LILETTA 54
linezolid 4
LINEZOLID INJ 2MG/ML 4
LINZESS 62
liomny 60
liothyronine sodium 60
lisdexamfetamine dimesylate 44
lisinopril 25
lisinopril & hydrochlorothiazide tab 10-12.5 mg 24
lisinopril & hydrochlorothiazide tab 20-12.5 mg 24
lisinopril & hydrochlorothiazide tab 20-25 mg 24
lithium 46
lithium carbonate 46

LIVTENCITY 8
loestrin 1.5/30-21 54
loestrin 1/20-21 54
loestrin fe 1.5/30 54
loestrin fe 1/20 54
lojaimiess 54
LOKELMA 51
lomustine 12
LONSURF TAB 15-6.14 12
LONSURF TAB 20-8.19 12
loperamide hcl 62
lopinavir-ritonavir tab 100-25 mg 7
lopinavir-ritonavir tab 200-50 mg 7
lorazepam 33
lorazepam intensol 33
LORBRENA 19
loryna 54
losartan potassium 27
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 26
*losartan potassium & hydrochlorothiazide tab 100-25 mg*26
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 26
LOTEMAX 75
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 74
lovastatin 28
loxapine succinate 38
lubiprostone 62
luizza 1.5/30 54
luizza 1/20 54
LUMAKRAS 19, 20
LUMIGAN 75
LUMIZYME 58
LUPRON DEPOT (1-MONTH) 13
LUPRON DEPOT (3-MONTH) 13
LUPRON DEPOT-PED (1-MONTH 58
LUPRON DEPOT-PED (3-MONTH 58
LUPRON DEPOT-PED (6-MONTH 58
lurasidone hcl 38
lutera 54
LYBALVI TAB 10-10MG 38
LYBALVI TAB 15-10MG 38
LYBALVI TAB 20-10MG 38
LYBALVI TAB 5-10MG 38
lyleq 54
lyllana 56
LYNPARZA 20
LYSODREN 13
LYTGOBI (12 MG DAILY DOSE) 20
LYTGOBI (16 MG DAILY DOSE) 20
LYTGOBI (20 MG DAILY DOSE) 20
lyza 54

M

macitentan 32
magnesium sulfate 73
MAGNESIUM SULFATE 73
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 73
malathion 84
maraviroc 6
marlissa 54
MARPLAN 34
MATULANE 14
matzim la 30
MAVYRET PAK 50-20MG 8
MAVYRET TAB 100-40MG 8
meclizine hcl 60
medroxyprogesterone acetate 59
medroxyprogesterone acetate (contraceptive) 54
mefloquine hcl 5
megestrol acetate 13, 59
megestrol acetate (appetite) 59
MEKINIST 20
MEKTOVI 20
meleya 54
meloxicam 1
memantine hcl 33
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 33
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 33
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 33
MENQUADFI 71
MENVEO INJ 71
MENVEO SOL 71
mercaptopurine 12
meropenem 4
mesalamine 61

mesalamine w/ cleanser 62
mesna 15
metformin hcl 48, 49
methadone hcl 2
methadone hydrochloride i 2
methazolamide 30
methenamine hippurate 4
methimazole 60
methotrexate sodium 12, 69
methoxsalen rapid 82
methsuximide 41
methylphenidate hcl 44
methylprednisolone 57
methylprednisolone acetate 57
methylprednisolone sod succ 57
metoclopramide hcl 60
metolazone 30
metoprolol & hydrochlorothiazide tab 100-25 mg 29
metoprolol & hydrochlorothiazide tab 100-50 mg 29
metoprolol & hydrochlorothiazide tab 50-25 mg 29
metoprolol succinate 29
metoprolol tartrate 29
metronidazole 4
metronidazole (topical) 83
metronidazole vaginal 64
metyrosine 31
mibelas 24 fe 54
micafungin sodium 5
microgestin 1.5/30 54
microgestin 1/20 54
microgestin fe 1.5/30 54
microgestin fe 1/20 54
midodrine hcl 31
MIEBO 76
mifepristone (hyperglycemia) 58
mili 54
mimvey 57
minocycline hcl 11
minoxidil 31
mirabegron 64
mirtazapine 34
misoprostol 62
M-M-R II INJ 71
M-NATAL PLUS TAB 73
modafinil 47
MODEYSO 15
moexipril hcl 25
molindone hcl 38
mometasone furoate 83
mometasone furoate (nasal) 79
MONJUVI 20
mono-linyah 54
montelukast sodium 78
morphine sulfate 2
MOUNJARO 49
MOVANTIK 62
moxifloxacin hcl 10
moxifloxacin hcl (ophth) 75
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 10
MRESVIA 71
MULTAQ 27
multiple electrolytes ph 5.5 73
mupirocin 81
mycophenolate mofetil 70
mycophenolate sodium 70

N

nabumetone 1
nadolol 29
nafcillin sodium 11
NAGLAZYME 58
naloxone hcl 47
naltrexone hcl 47
NAMZARIC CAP 7-10MG 33
naproxen 1
naproxen sodium 1
naratriptan hcl 45
NATACYN 75
nateglinide 49
NAYZILAM 41
nebivolol hcl 29
necon 0.5/35-28 54
nefazodone hcl 34
neomycin sulfate 4
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 75
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml ..75
neomycin-polymyxin-dexamethasone ophth oint 0.1% 74

neomycin-polymyxin-dexamethasone ophth susp 0.1% 74
neomycin-polymyxin-hc ophth susp ..74
neomycin-polymyxin-hc otic soln 1% 76
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....76
NERLYNX.....20
neuac 81
nevirapine 6
NEXLETOL 28
NEXLIZET TAB 180/10MG.....28
NEXPLANON 54
niacin (antihyperlipidemic) 28
nicardipine hcl 30
NICOTROL NS 47
nifedipine 30
nikki 54
nilotinib hcl.....20
nilutamide 13
nimodipine 30
NINLARO.....20
nintedanib esylate 78
nisoldipine.....30
nitazoxanide 4
nitisinone 58
nitro-bid.....32
nitrofurantoin macrocrystal..... 4
nitrofurantoin monohyd macro 4
nitroglycerin 32
nitroglycerin (intra-anal) 83
nizatidine 61
nora-be.....54
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 55
norethindrone (contraceptive).....55
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....55
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....55
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 55
norethindrone acetate.....59
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....57
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 57
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 55
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 55
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 55
norlyroc 55
nortrel 0.5/35 (28).....55
nortrel 1/35 (21).....55
nortrel 1/35 (28).....55
nortrel 7/7/7 55
nortriptyline hcl 35
NORVIR 6
NOVOLIN INJ 70/30.....50
NOVOLIN INJ 70/30 FP 50
NOVOLIN N 50
NOVOLIN N FLEXPEN 50
NOVOLIN R 50
NOVOLIN R FLEXPEN 50
NOVOLOG 50
NOVOLOG FLEXPEN 50
NOVOLOG MIX INJ 70/30 50
NOVOLOG MIX INJ FLEXPEN 50
NOVOLOG PENFILL.....50
NUBEQA.....13
NUCALA 78
NUEDEXTA CAP 20-10MG 46
NULOJIX 70
NUPLAZID 38
NURTEC 45
NUTRILIPID 74
NUZYRA 11
nyamyc.....81
nylia 1/35 55
nylia 7/7/7 55
nystatin 5
nystatin (mouth-throat) 84
nystatin (topical).....81
nystop 81

O

OCTAGAM 70
octreotide acetate 58, 59
ODEFSEY TAB 7
ODOMZO.....20
OFEV 78
ofloxacin (ophth).....75
ofloxacin (otic).....76

OGIVRI 20
OGSIVEO 20
OJEMDA 20
OJJAARA 20
olanzapine 38
olmesartan medoxomil 27
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 26
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 26
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .26
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 26
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 26
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 26
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 26
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 26
olopatadine hcl (nasal) 77
omega-3-acid ethyl esters cap 1 gm .28
omeprazole 63
OMNIPOD 5 DX KIT INT G7G6.....51
OMNIPOD 5 DX MIS POD G7G6.....51
OMNIPOD DASH KIT INTRO 51
OMNIPOD DASH MIS PODS.....51
OMNIPOD5 LIB KIT INTRO.....50
OMNIPOD5 LIB MIS PODS 50
ondansetron 60
ondansetron hcl 61
ONTRUZANT 20
ONUREG 12
OPIPZA 38
ORGOVYX.....13
ORKAMBI GRA 100-125 79
ORKAMBI GRA 150-188 79
ORKAMBI GRA 75-94MG.....78
ORKAMBI TAB 100-125.....79
ORKAMBI TAB 200-125.....79
orquidea 55
ORSERDU.....13
oseltamivir phosphate..... 8
OSPOMYV.....51
OTEZLA.....67
OTEZLA TAB 10/20.....67
OTEZLA TAB 10/20/30 67
OTEZLA XR.....67
OTEZLA/XR TAB 28 DAY.....67
oxacillin sodium 11
oxaliplatin 12
oxaprozin 1
oxcarbazepine 41
oxybutynin chloride 64
oxycodone hcl..... 2
oxycodone w/ acetaminophen tab 10-325 mg 3
oxycodone w/ acetaminophen tab 2.5-325 mg 2
oxycodone w/ acetaminophen tab 5-325 mg 2
oxycodone w/ acetaminophen tab 7.5-325 mg 3
OZEMPIC.....49
OZEMPIC (0.25 OR 0.5MG/DOSE) 49
OZEMPIC (1MG/DOSE).....49
OZEMPIC (2MG/DOSE).....49

P

pacerone.....27
paclitaxel 15
paclitaxel protein-bound particles for iv susp 100 mg.....15
paliperidone 38
pamidronate disodium 51
PAMIDRONATE DISODIUM.....51
PANRETIN 83
pantoprazole sodium 63
PANZYGA 70
paricalcitol.....60
paroxetine hcl.....35
PAXLOVID PAK..... 8
PAXLOVID TAB 150-100..... 8
PAXLOVID TAB 300-100..... 8
pazopanib hcl 20
PEDIARIX INJ 0.5ML 71

PEDVAXHIB 71
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 62
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 62
PEGASYS..... 8
PELLIX 82
PEMAZYRE.....20
pemetrexed disodium 12
PENBRAYA INJ 71
penicillamine 52
penicillin g potassium 11
penicillin g sodium 11
penicillin v potassium 11
PENMENVY INJ 71
PENTACEL INJ 71
pentamidine isethionate inh 4
pentamidine isethionate inj 4
pentoxifylline 66
perampanel 41
perindopril erbumine 25
periogard 84
permethrin 84
perphenazine 38
pfizerpen 11
phenelzine sulfate 35
phenobarbital 41, 42
phenobarbital sodium 42
phenytek 42
phenytoin 42
phenytoin sodium 42
phenytoin sodium extended 42
PHESGO SOL 20
philith 55
PIFELTRO 6
pilocarpine hcl 76
pilocarpine hcl (oral) 84
pimecrolimus 84
pimozide 38
pimtrea 55
pindolol 29
pioglitazone hcl 49
pioglitazone hcl-metformin hcl tab 15-500 mg 49
pioglitazone hcl-metformin hcl tab 15-850 mg 49
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 11
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm) 11
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm) 11
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 11
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm) 11
PIQRAY 200MG DAILY DOSE.....20
PIQRAY 250MG TAB DOSE.....21
PIQRAY 300MG DAILY DOSE.....21
pirfenidone 79
piroxicam 1
pitavastatin calcium 28
plenamine 74
podofilox 84
polymyxin b sulfate 4
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 75
pomalidomide 14
POMALYST.....14
portia-28 55
posaconazole 5
POT CHL 20MEQ/L IN NACL 0.45% INJ 73
POT CHL 20MEQ/L IN NACL 0.9% INJ 73
POT CHL 40MEQ/L IN NACL 0.9% INJ 73
potassium chloride 73
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 73
potassium chloride microencapsulated crystals er 73
potassium citrate (alkalinizer) 64
pramipexole dihydrochloride 36
prasugrel hcl 66
pravastatin sodium 28
praziquantel 4
prazosin hcl 25
prednisolone 57
prednisolone acetate (ophth) 75
PREDNISOLONE SODIUM PHOSP.....75
prednisolone sodium phosphate 57
prednisone 57

PREDNISONE INTENSOL.....57
pregabalin 42
PREMASOL SOL 10% 74
PRENATAL TAB 27-1MG.....73
PRENATAL TAB PLUS.....73
PRETOMANID..... 8
PREVYMIS 8
PREZCOBIX TAB 675/150 7
PREZCOBIX TAB 800-150 7
PREZISTA..... 6
primaquine phosphate 5
PRIMAQUINE PHOSPHATE 6
primidone.....42
PRIORIX INJ 71
PRIVIGEN.....70
probenecid 1
prochlorperazine 61
prochlorperazine edisylate 61
prochlorperazine maleate 61
PROCRIT 65
proctocort 84
procto-med hc 84
proctosol hc.....84
proctozone-hc.....84
progesterone 59
PROGRAF 70
PROLASTIN-C 79
PROLIA 51
promethazine hcl.....61
propafenone hcl 27
proparacaine hcl.....76
propranolol hcl.....29
propylthiouracil 60
PROQUAD INJ 71
PROSOL INJ 20% 74
protriptyline hcl.....35
PULMOZYME 79
pyrazinamide 8
pyridostigmine bromide.....46
pyrimethamine..... 4
PYZCHIVA 67, 68

Q

QINLOCK.....21
QUADRACEL INJ 0.5ML 71
quetiapine fumarate 38, 39
quinapril hcl.....25
quinapril-hydrochlorothiazide tab 10-12.5 mg 24
quinapril-hydrochlorothiazide tab 20-12.5 mg 24
quinapril-hydrochlorothiazide tab 20-25 mg 24
quinidine sulfate 27
quinine sulfate 6
QULIPTA 45

R

RABAVERT INJ 71
rabeprazole sodium 63
RALDESY.....35
raloxifene hcl.....59
ramelteon 44
ramipril.....25
ranolazine 31
rasagiline mesylate.....36
reclipsen 55
RECOMBIVAX HB.....71
REDEMPLO 28
RELENZA DISKHALER 8
relgaabi 42
RENFLEXIS.....68
repaglinide 49
REPATHA.....28
REPATHA SURECLICK 28
RESTASIS 76
RESTASIS MULTIDOSE.....76
RETEVMO 21
REVCOVI.....59
REVUFORJ.....21
REXULTI 39
REYATAZ..... 6
REZDIFFRA.....59
REZLIDHIA.....21
REZUROCK.....70
RHOPRESSA 76
ribavirin (hepatitis c) 8
rifabutin 8
rifampin 8
rifapentine..... 8
rilpivirine hcl..... 6
riluzole 46
rimantadine hydrochloride..... 8
RINVOQ 68
RINVOQ LQ 68

risedronate sodium 51
risperidone 39
risperidone microspheres 39
ritonavir 6
rivaroxaban 65
rivastigmine 33
rivastigmine tartrate 33
rivelsa 55
rizatriptan benzoate 45
ROCKLATAN DRO 76
roflumilast 79
ROMVIMZA 21
ropinirole hydrochloride 36
rosuvastatin calcium 28
rosyrah 55
ROTARIX SUS 71
ROTATEQ SOL 71
roweepra 42
ROZLYTREK 21
RUBRACA 21
rufinamide 42
RUKOBIA 6
RYDAPT 21

S

sacubitril-valsartan tab 24-26 mg 26
sacubitril-valsartan tab 49-51 mg 26
sacubitril-valsartan tab 97-103 mg 26
sajazir 66
SANTYL 84
sapropterin dihydrochloride 59
SCEMBLIX 21
scopolamine 61
SECUADO 39
selegiline hcl 36
selenium sulfide 81
SELZENTRY 6
SEREVENT DISKUS 78
sertraline hcl 35
setlakin 55
sevelamer carbonate 59
sharobel 55
SHINGRIX 71, 72
SIGNIFOR 59
SIKLOS 66
sildenafil citrate 64
sildenafil citrate (pulmonary hypertension) 32
silodosin 63
silver sulfadiazine 81
SIMBRINZA SUS 1-0.2% 76
simliya 55
simpesse 55
simvastatin 28
sirolimus 71
SIRTURO 8
sitagliptin phosphate 49
sitagliptin phosphate-metformin hcl tab 50-1000 mg 49
sitagliptin phosphate-metformin hcl tab 50-500 mg 49
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg 49
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg 49
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg 49
SKYRIZI 68
SKYRIZI PEN 68
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 62
sodium chloride 73
sodium chloride (gu irrigant) 84
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 73
sodium oxybate 47
sodium phenylbutyrate 59
sodium polystyrene sulfonate 52
sodium polystyrene sulfonate powder 52
solifenacin succinate 64
SOLIQUA INJ 100/33 51
SOLTAMOX 13
SOLU-CORTEF 57
SOMATULINE DEPOT 59
SOMAVERT 59
sorafenib tosylate 21
sotalol hcl 27
sotalol hcl (afib/afl) 27
SPIRIVA RESPIMAT 77
spironolactone 25
spironolactone & hydrochlorothiazide tab 25-25 mg 30
sprintec 28 55
sps 52

sps rectal 52
ssd 81
STELARA 68
STENDRA 64
STIVARGA 21
streptomycin sulfate 4
STRIBILD TAB..... 7
subvenite 42
SUBVENITE 42
sucralfate 62
sulfacetamide sodium (acne) 81
sulfacetamide sodium (ophth).....75
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 74
sulfadiazine 4
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml 4
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 4
sulfamethoxazole-trimethoprim tab 400-80 mg 4
sulfamethoxazole-trimethoprim tab 800-160 mg..... 4
SULFAMYLON 81
sulfasalazine 62
sulindac 1
sumatriptan 45
sumatriptan succinate 45
sunitinib malate 21
SUNLENCA 6
syeda 55
SYMPAZAN 42
SYMTUZA TAB..... 7
SYNAREL.....59
SYNTHROID.....60

T

TABLOID 13
TABRECTA.....21
tacrolimus 71
tacrolimus (topical) 84
tadalafil..... 63, 64
tadalafil (pulmonary hypertension) ...32
TAFINLAR..... 21, 22
TAGRISSO.....22
TALICIA CAP.....62
TALZENNA.....22
tamoxifen citrate 13
tamsulosin hcl 63
tarina 24 fe 55
tarina fe 1/20 eq 55
TARPEYO.....64
tasimelteon 44
TAVNEOS 66
tazarotene.....82
tazicef 9
TECENTRIQ 22
TECENTRIQ INJ HYBREZA.....22
telmisartan.....27
telmisartan-amlodipine tab 40-10 mg 26
telmisartan-amlodipine tab 40-5 mg .26
telmisartan-amlodipine tab 80-10 mg 26
telmisartan-amlodipine tab 80-5 mg .26
telmisartan-hydrochlorothiazide tab 40-12.5 mg 26
telmisartan-hydrochlorothiazide tab 80-12.5 mg 26
telmisartan-hydrochlorothiazide tab 80-25 mg 26
temazepam 45
TENIVAC INJ 5-2LF.....72
tenofovir disoproxil fumarate 6
TEPMETKO 22
terazosin hcl 25
terbinafine hcl..... 5
terbutaline sulfate 78
terconazole vaginal 64
testosterone 48
testosterone cypionate.....48
testosterone enanthate 48
testosterone pump 48
tetrabenazine 46
tetracycline hcl 11
THALOMID 14
theophylline 79
thioridazine hcl 39
thiothixene 39
tiadylt er 30
tiagabine hcl.....42
TIBSOVO.....22
ticagrelor 66
TICOVAC.....72
tigecycline.....11

tilia fe 55
timolol maleate 29
timolol maleate (ophth) 76
tinidazole 4
TIVICAY 6
TIVICAY PD 6
tizanidine hcl 47
TOBI PODHALER 4
TOBRADEX OIN 0.3-0.1% 74
tobramycin 4
tobramycin (ophth) 75
tobramycin sulfate 4
tobramycin-dexamethasone ophth susp 0.3-0.1% 74
tofacitinib citrate 68
tolterodine tartrate 64
tolvaptan 59
tolvaptan tab therapy pack 30 & 15 mg 59
tolvaptan tab therapy pack 45 & 15 mg 59
tolvaptan tab therapy pack 60 & 30 mg 59
tolvaptan tab therapy pack 90 & 30 mg 59
topiramate 42
toremifene citrate 14
torpenz 22
torsemide 30
TOUJEO MAX SOLOSTAR 51
TOUJEO SOLOSTAR 51
TPN ELECTROL INJ 73
TRADJENTA 49
tramadol hcl 3
tramadol-acetaminophen tab 37.5-325 mg 3
trandolapril 25
tranexamic acid 66
tranylcypromine sulfate 35
TRAVASOL INJ 10% 74
travoprost 76
TRAZIMERA 22
trazodone hcl 35
TRELEGY AER ELLIPTA 100-62.5-25 MCG 76
TRELEGY AER ELLIPTA 200-62.5-25 MCG 77
TREMFYA 68
TREMFYA INDUCTION PACK FO 68
TREMFYA PEN 68
treprostinil 32
tretinoin 81
tretinoin (chemotherapy) 15
triamcinolone acetonide (mouth) 84
triamcinolone acetonide (topical) 83
triamterene & hydrochlorothiazide cap 37.5-25 mg 30
triamterene & hydrochlorothiazide tab 37.5-25 mg 30
triamterene & hydrochlorothiazide tab 75-50 mg 30
tridacaine iii 83
triderm 83
trientine hcl 52
tri-estarylla 55
trifluoperazine hcl 39
trifluridine 75
trihexyphenidyl hcl 36
TRIJARDY XR TAB ER 24HR 10-5-1000MG 49
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 49
TRIJARDY XR TAB ER 24HR 25-5-1000MG 49
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 49
TRIKAFTA PAK 59.5MG 79
TRIKAFTA PAK 75MG 79
TRIKAFTA TAB 100-50-75MG & 150MG 79
TRIKAFTA TAB 50-25-37.5MG & 75MG 79
tri-legest fe 55
tri-linyah 55
tri-lo-estarylla 55
tri-lo-marzia 55
tri-lo-mili 55
tri-lo-sprintec 55
trimethoprim 4
tri-mili 56
trimipramine maleate 35
TRINTELLIX 35
tri-sprintec 56
TRIUMEQ PD TAB 7

TRIUMEQ TAB 8
tri-vylibra 56
tri-vylibra lo.....56
TROGARZO..... 7
TROPHAMINE INJ 10%.....74
trospium chloride 64
TRULICITY.....49
TRUMENBA.....72
TRUQAP 22
TRUXIMA.....22
TUKYSA 22
TURALIO 22
turqoz.....56
twice-daily clindamycin phosphate (topical) 81
TWINRIX INJ 72
tydemy 56
TYENNE.....69
TYMLOS 51
TYPHIM VI 72
U
UBRELVY.....45
unithroid 60
UPTRAVI 32
UPTRAVI PACK TAB 200/800.....32
ursodiol.....62
USTEKINUMAB.....69
V
valacyclovir hcl 8
VALCHLOR.....84
valganciclovir hcl..... 8
valproate sodium 42
valproic acid 42
valsartan.....27
valsartan-hydrochlorothiazide tab 160-12.5 mg 26
valsartan-hydrochlorothiazide tab 160-25 mg 26
valsartan-hydrochlorothiazide tab 320-12.5 mg 26
valsartan-hydrochlorothiazide tab 320-25 mg 27
valsartan-hydrochlorothiazide tab 80-12.5 mg 26
VALTOCO 10 MG DOSE 43
VALTOCO 15 MG DOSE 43
VALTOCO 20 MG DOSE 43
VALTOCO 5 MG DOSE 42
valtya 1/35.....56
valtya 1/50.....56
vancomycin hcl 4, 5
VANCOMYCIN INJ 1 GM..... 5
VANCOMYCIN INJ 500MG 5
VANCOMYCIN INJ 750MG 5
VANFLYTA 22
VAQTA 72
vardenafil hcl.....64
varenicline tartrate.....47
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....47
VARIVAX 72
VASCEPA.....28
VAXCHORA SUS 72
velivet 56
VELSIPITY 69
VENCLEXTA 22
VENCLEXTA TAB START PK.....22
venlafaxine hcl.....35
VEPPANU 14
verapamil hcl.....30
VERQUVO.....32
VERSACLOZ.....39
VERZENIO 22
vestura 56
VIAGRA.....64
vienva 56
vigabatrin.....43
vigadrone.....43
VIGAFYDE 43
vilazodone hcl.....35
VIMKUNYA 72
vincristine sulfate 15
vinorelbine tartrate.....15
viorele 56
VIRACEPT..... 7
VIREAD..... 7
VITRAKVI 22
VIVIMUSTA 12
VIVITROL.....48
VIVOTIF CAP EC.....72
VONJO 22
VOQUEZNA PAK DUAL PAK 62
VOQUEZNA PAK TRIP PK 62
VORANIGO 23

voriconazole 5
VOSEVI TAB 8
VOWST CAP.....63
VRAYLAR.....39
VYBRIQUE.....64
vyfemla.....56
vylibra 56
VYNDAMAX.....32
VYVGART 70
VYZULTA.....76
W
warfarin sodium 65
water for irrigation, sterile irrigation soln 84
WEGOVY 59
WELIREG.....15
wera 56
WESTAB PLUS TAB 27-1MG 73
WINREVAIR 32
WINREVAIR INJ 45MG.....32
WINREVAIR INJ 60MG.....32
wixela inhub 80
wymzya fe.....56
WYOST 51
X
XALKORI 23
xarah fe 56
XARELTO.....65
XARELTO STAR TAB 15/20MG 65
XATMEP 69
XCOPRI.....43
XCOPRI PAK 100-150 43
XCOPRI PAK 12.5-25 43
XCOPRI PAK 150-200MG (MAINTENANCE).....43
XCOPRI PAK 150-200MG (TITRATION) 43
XCOPRI PAK 50-100MG.....43
XDEMVY.....75
xelria fe 56
XERMELO 63
XHANCE.....79
XIFAXAN 5, 63
XIIDRA 76
XOLAIR.....79
XOSPATA 23
XPOVIO PAK (100 MG ONCE WEEKLY) 23
XPOVIO PAK (40 MG ONCE WEEKLY) 23
XPOVIO PAK (40 MG TWICE WEEKLY) 23
XPOVIO PAK (60 MG ONCE WEEKLY) 23
XPOVIO PAK (60 MG TWICE WEEKLY) 23
XPOVIO PAK (80 MG ONCE WEEKLY) 23
XPOVIO PAK (80 MG TWICE WEEKLY) 23
XTANDI.....14
XTRENBO 51
xulane 56
XULTOPHY INJ 100/3.6 51
Y
YESINTEK.....69
YF-VAX INJ.....72
YONSA.....14
yulithira 23
YUTREPIA.....33
yuvafem 57
Z
zafemy 56
zafirlukast 78
ZARXIO.....65
ZEJULA 23
ZELBORAF.....23
zelvysia 59
zenatane.....81
ZENBEXUS 14
ZENPEP CAP 10000UNT.....63
ZENPEP CAP 15000UNT.....63
ZENPEP CAP 20000UNT.....63
ZENPEP CAP 25000UNT.....63
ZENPEP CAP 3000UNIT 63
ZENPEP CAP 40000UNT.....63
ZENPEP CAP 5000UNIT 63
ZENPEP CAP 60000UNT.....63
ZERVIATE 75
zidovudine..... 7
ziprasidone hcl.....39
ziprasidone mesylate 39
ZIRABEV 23
ZIRGAN 75
zoledronic acid.....51
ZOLINZA.....23

zolpidem tartrate.....45
ZONISADE.....43
zonisamide.....43
zovia 1/35.....56
ZTALMY.....43
zumandimine.....56
ZURZUVAE.....35
ZYKADIA.....23
ZYMFENTRA 2-PEN.....69
ZYMFENTRA 2-SYRINGE.....69
ZYPITAMAG.....28
ZYPREXA RELPREVV.....39

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