

2026

 elderplan®
長老計劃

帶領您到優質綜合醫療。SM



2026 年處方藥一覽表 (承保藥物清單)

Elderplan 長老計劃/白卡受益人計劃 (HMO-POS D-SNP)

Elderplan 長老計劃/加長期護理計劃 (HMO-POS D-SNP)

Elderplan 長老計劃/優勢計劃-針對療養院居民 (HMO-POS I-SNP)

請仔細閱讀：本文件包含有關本計劃承保藥物的資訊。

自 04/01/2026 起，我們並未對此處方藥一覽表作出任何變更。如需最新資訊或有其他問題，請聯絡 Elderplan (長老計劃) 會員服務部，電話：1-800-353-3765，TTY 使用者可致電 711，服務時間為早上 8 點至晚上 8 點，每週 7 天，或瀏覽 www.elderplan.org。

HPMS 核准之處方藥一覽表檔案提交 ID：00026083

Elderplan (長老計劃) 白卡受益人計劃 (HMO-POS D-SNP)
Elderplan (長老計劃) 加強長期護理 (HMO-POS D-SNP)
Elderplan (長老計劃) 優勢計劃-針對療養院居民 (HMO-POS I-SNP)

2026 年處方藥一覽表

(承保藥物清單或「藥物清單」)

請閱讀：本文件包含
有關本計劃承保藥物的資訊

HPMS 核准之處方藥一覽表檔案提交 ID：00026083

自 04/01/2026 起，我們並未對此處方藥一覽表作出任何變更。如需瞭解更多最新資訊或有其他疑問，請致電 1-800-353-3765 (TTY 使用者請撥打 711) 聯絡會員服務部，服務時間為每週 7 天，上午 8 點至晚上 8 點，或瀏覽 www.elderplan.org。

關於您須為疫苗支付的費用的重要資訊 – 我們的計劃免費承保大部分 D 部分疫苗，即使您尚未支付您的自付額。請致電會員服務部瞭解更多資訊。

關於您須為胰島素支付的費用的重要資訊 – 無論承保的費用分攤等級如何，即使您尚未支付您的自付額，您每個月被我們計劃承保的胰島素產品每份供藥的費用不會超過 \$35。

現有會員注意事項：本處方藥一覽表自去年已變更。請閱讀本文件，確保本處方藥一覽表仍然包含您使用的藥物。

當本藥物清單 (處方藥一覽表) 提及「我們」或「我們的」時，指的是 Elderplan, Inc.。當提及「計劃」或「我們的計劃」時，指的是 **Elderplan 長老計劃白卡受益人計劃 (HMO-POS D-SNP)**、**Elderplan (長老計劃) 優勢計劃-針對療養院居民 (HMO-POS I-SNP)** 和 **Elderplan (長老計劃) 加強長期護理 (HMO-POS D-SNP)**。

本文件包含我們計劃的藥物清單 (處方藥一覽表)，截至 04/01/2026 為最新。如需更新的藥物清單 (處方藥一覽表)，請聯絡我們。我們的聯絡資訊以及最後更新藥物清單 (處方藥一覽表) 的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享用處方藥福利。自 2026 年 1 月 1 日起和在該年內，福利、處方藥一覽表、藥房網絡和/或共付額/共同保險可能會不時有所調整。

什麼是 Elderplan (長老計劃) 處方藥一覽表？

在本文件中，我們使用術語「藥物清單」和「處方藥一覽表」來表示相同的意思。處方藥一覽表是我們計劃透過諮詢健康護理提供者團隊所選出的承保藥物清單，是高品質治療計劃中不可或缺的處方藥療法。只要藥物具有醫療必需性，且於我們計劃的網絡內藥房配藥，並遵守其他計劃規則，我們的計劃通常會承保列於處方藥一覽表中的藥物。如需更多有關如何配取您的處方藥的資訊，請查看您的承保範圍說明書。

處方藥一覽表是否會變更？

大多數藥物承保範圍的變更發生在 1 月 1 日，但我們可能會在全年期間增添或移除處方藥一覽表上的藥物，將藥物調整到不同的費用分攤等級，或增設新的限制。在作出這類變更時，我們必須遵守 Medicare 聯邦醫療保險的規則。處方藥一覽表的更新每月都會發佈於我們的網站：www.elderplan.org。

今年可能會影響到您的變更：在下列情況中，您將受到年內承保範圍變更的影響：

- **立即取代某些新版本的原廠藥和原始生物製品。**如果我們用某種新版本的藥物來取代該藥物，我們可能會立即將其從處方藥一覽表中刪除。當我們將新版本的藥物添加到我們的處方藥一覽表中時，我們可能決定將原廠藥或原始生物製品保留在我們的處方藥一覽表中，或添加新的限制。

只有當我們添加原廠藥的新副廠藥版本，或添加已經在處方藥一覽表中的原始生物產品的某些新的生物仿製藥版本時，我們才能立即做出這些變更（例如，添加可互換的生物仿製藥，無需新處方即可由藥房替代原始生物產品）。

如果您目前正在服用原廠藥或原始生物製品，我們在立即做出變更之前可能不會提前告知您，但我們稍後會向您提供有關我們所做的具體變更的資訊。

如果我們進行此類更改，您或您的處方醫生可以要求我們進行例外處理並繼續為您承保正在變更的藥物。如需瞭解更多資訊，請參閱下面標題為「我該如何申請 Elderplan (長老計劃) 處方藥一覽表的例外處理？」的部分。

其中一些藥物類型對您來說可能是新的。欲瞭解更多資訊，請參閱下面標題為「什麼是原始生物製品以及它們與生物仿製藥有何關係？」的部分。

- **藥物退出市場。**如果某種藥物被製造商撤回銷售，或者美國食品及藥物管理局 (FDA) 出於安全或有效性原因決定撤回該藥物，我們可能會立即將該藥物從我們的處方藥一覽表中刪除，並隨後向服用該藥物的會員發出通知。
- **其他變更。**我們可能會做出其他影響正在服用藥物的會員的變更。例如，在添加副廠藥時，我們可能會從處方藥一覽表中刪除原廠藥；或在添加生物仿製藥時可能會刪除原有的生物製品。我們也可能對原廠藥或原始生物製品施加新的限制。我們也可能會根據新的臨床指南作出變更。若我們自處方藥一覽表中移除了藥物，對某個藥物新增了事先授權、數量上限和/或階段治療限制，則我們必須在該變更生效前至少 30 天通知受影響的會員。或者，當會員要求續配藥物時，他們可能會收到 30 天的藥物供應和變更通知。

如果我們做出這類其他變更，您或您的處方醫生可以要求我們為您進行例外處理，並繼續承保您一直服用的藥物。我們向您傳送的通知將詳細介紹如何申請例外處理，您也可以後文的「我該

如何申請 Elderplan（長老計劃）處方藥一覽表的例外處理？」章節中查看更多資訊。

變更不會影響您當前正在使用的藥物。一般而言，若您在服用年初受到承保的 2026 年處方藥一覽表上的藥物，我們不會在 2026 年承保年度中終止或減少此藥物的承保，除上述情況外。換言之，在承保年度的剩餘時間內，此藥物將以相同的分攤費用向使用此藥物的會員提供，且不設新的限制。對於不會影響您的變更，今年內您不會收到有關直接通知。然而，自明年 1 月 1 日起，這些變更會影響到您，因此請務必檢查新福利年度的處方藥一覽表，瞭解藥物是否有任何變更。

隨附的處方藥一覽表更新於 04/01/2026。如需有關我們的計劃承保藥物的更新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。

如果我們的計劃進行年中非長期維持性處方藥一覽表變更，處方藥一覽表將在我們的網站上更新，其中包含變更。請瀏覽我們的網站或致電會員服務部，以取得更新的印刷處方藥一覽表或更多有關非長期維持性藥物變更的資訊。聯絡資訊在封面和封底頁均有提供。

如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

病症

處方藥一覽表從第 1 頁開始。本處方藥一覽表中的藥物按照所治療的病症類型分類。例如，用來治療心臟病的藥物列在「心血管」類別。若您瞭解藥物的用途，在從第 1 頁開始的清單中尋找類別名稱。然後，在此類別名稱下查找所需的藥物。

按字母順序排列的清單

若您不確定應查找哪一個類別，則應在開始於第 85 頁的索引中查找所需的藥物。索引按字母排列本文件包含的所有藥物。原廠藥和副廠藥均列在該索引中。查找索引，找到您的藥物。藥物旁邊註有頁碼，您可在相應頁碼查找承保範圍資訊。轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

什麼是副廠藥？

我們的計劃既承保原廠藥，也承保副廠藥。副廠藥是一種由美國食品及藥物管理局 (FDA) 核准，具有與原廠藥相同活性成分的藥物。一般來說，副廠藥的效果與原廠藥一樣好，而且通常比原廠藥便宜。許多原廠藥皆有副廠藥可供替代。副廠藥通常可以在藥房替代原廠藥，而無需新處方，具體取決於州法律。

什麼是原始生物製品以及它們與生物仿製藥有何關係？

在處方藥一覽表上，當我們提到藥物時，可能是指藥品或生物製品。生物製品是比典型藥物更複雜的藥物。由於生物製品比典型藥物更複雜，因此它們沒有副廠版本，而是具有稱為生物仿製藥的替代藥物。一般來說，生物仿製藥的作用與原始生物製品一樣好，而且費用可能更低。某些原始生物製品有生物仿製藥替代品。一些生物仿製藥是可互換的生物仿製藥，具體取決於州法律，可以在藥房替代原始生物製品，而無需新處方，就像副廠藥可以替代原廠藥一樣。

- 有關藥物類型的討論，請參閱承保範圍說明書第 5 章第 3.1 節，「藥物清單」說明何種 D 部分藥物有承保。」

對於我享受的承保範圍是否有任何限制？

部分承保藥物在承保上可能存在額外要求或限制。這些要求和限制可能包括：

- **事先授權：**我們的計劃要求您 [或您的處方醫生] 為特定藥物取得事先授權。這表示您將需要在配藥前取得我們計劃的批准。若您未取得批准，我們的計劃可能不會承保該藥物。
- **供藥量限制：**我們的計劃限制了某些藥物的承保數量。例如：我們的計劃對於 Januvia 50mg 的每份處方提供 30 片藥片。這可以另外附加在標準的一個月或三個月藥量上。
- **階段療法：**在一些情況下，我們的計劃要求您首先根據病症嘗試特定藥物治療，此後我們才會為該病症承保另一種藥物。例如，若藥物 A 和藥物 B 皆可治療您的病症，則我們的計劃可能不會承保藥物 B，除非您先嘗試使用藥物 A。如果藥物 A 對您無效，則我們的計劃將會承保藥物 B。

您可以透過第 1 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物適用之限制的資訊。我們已在線上刊載文件，解釋我們事先授權和階段療法的限制。您也可以要求我們寄一份給您。我們的聯絡資訊，以及我們更新處方藥一覽表的最新日期，都將顯示在文件的封面及封底。

您可以向我們的計劃申請對這些限制進行例外處理，或向我們索取一份列有可治療您的病症的其他類似藥物的清單。有關如何申請例外處理的資訊，請參閱第 III 頁的「我該如何申請 Elderplan (長老計劃) 處方藥一覽表的例外處理？」一節。

若我的藥物不在處方藥一覽表上，該怎麼辦？

若您的藥物不在此處方藥一覽表 (承保藥物清單) 上，那麼您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。要瞭解更多資訊，請聯絡我們。我們的聯絡資訊，以及我們更新處方藥一覽表的最新日期，都將顯示在文件的封面及封底。

如果您得知計劃不承保您的藥物，您有兩個選擇：

- 您可以向會員服務部索取一份我們計劃承保的類似藥物清單。在收到清單後，請向您的醫師出示清單，並要求醫師開具我們計劃承保的類似藥物。
- 您可以要求我們的計劃作出例外處理並承保您的藥物。有關如何申請例外處理的資訊，請見下方。

我該如何申請 Elderplan (長老計劃) 處方藥一覽表的例外處理？

您可以要求我們的計劃在承保規則以外進行例外處理。您可以申請多種例外處理。

- 您可以要求我們承保不在我們的處方藥一覽表上的藥物。如獲批准，此藥物將按預定費用分攤等級獲得承保，且您不得要求我們以更低的費用分攤等級提供此藥物。
- 您可以要求我們豁免承保限制，包括事先授權、階段療法或藥物數量限制。例如，對於某些藥物，我們的計劃限制了我們承保的藥物數量。如果您的藥物有藥量限制，您可以要求我們豁免限制，承保更多的藥量。

一般來說，只有當計劃處方藥一覽表中包含的替代藥物或應用限制對您不那麼有效和/或會給您帶來不良影響時，我們的計劃才會核准您的例外處理請求。

您或您的處方醫生應聯絡我們請求處方藥一覽表例外處理，包括承保範圍限制的例外處理。**當您要求作出例外處理時，您的處方醫生需要解釋您需要例外處理的醫學原因。**通常，我們在收到處方醫生的支援聲明後，必須在 72 小時內做出決定。如果您認為並且我們同意，等待長達 72 小時的決定可能會嚴重損害您的健康，您可以要求加急（快速）決定。如果我們同意，或者您的處方醫生要求快速做出決定，我們必須在收到您的處方醫生的支援聲明後 24 小時內向您做出決定。

如果我的藥物不在處方藥一覽表中或受到限制，我該怎麼辦？

作為本計劃的新會員或老會員，您使用的藥物可能未列在我們的處方藥一覽表上。或者，您可能正在服用我們處方藥一覽表中的藥物，但有承保限制，例如事先授權。您應該與您的處方醫生討論請求承保決定以表明您符合核准標準、改用我們承保的替代藥物或請求處方藥一覽表例外處理以便我們承保您服用的藥物。當您和您的醫生為您確定正確的行動方案時，在某些情況下，我們可能會在您成為我們計劃會員的前 90 天內承保您的藥物。

對於您的每種不在我們的處方藥一覽表中或有承保限制的藥物，我們將承保 30 天的臨時供應量。如果您的處方上的供藥時間不足此數，我們將允許重複配藥，以提供最多 30 天的藥量。如果承保未被核准，在提供頭 30 天藥量之後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

若您是長期護理機構的住戶，且需要不在我們處方藥一覽表上的藥物，或您獲得藥物的能力受到限制，但您成為我們計劃會員已超過頭 90 天，則在您尋求處方藥一覽表例外處理時，我們將會對該藥物承保 31 天份量的緊急藥量。

計劃中護理水平發生變更的現有會員

若您從門診（居所）、醫院或其他長期護理 (LTC) 機構轉至一家長期護理 (LTC) 機構，我們將為不在我們處方藥一覽表上或有承保限制或使用上限的各種藥物承保 31 天的過渡期臨時供藥（除非您的處方寫明更少天數）。

若您從長期護理 (LTC) 機構或醫院出院，並返回門診環境（居所），我們將在您出院後為不在我們處方藥一覽表上或有承保限制或使用上限的各種藥物承保 30 天的臨時供藥（除非您的處方寫明更少天數）。

請注意，我們的過渡期政策僅適用於「D 部分藥物」和在網絡內藥房配取的藥物。

查詢詳細資訊

如需更多有關我們計劃處方藥承保的詳細資訊，請查閱您的承保範圍說明書以及其他計劃材料。

如果您對我們的計劃有疑問，請聯絡我們。我們的聯絡資訊，以及我們更新處方藥一覽表的最新日期，都將顯示在文件的封面及封底。

若您對 Medicare 聯邦醫療保險處方藥承保範圍有任何疑問，請致電 Medicare 聯邦醫療保險，電話：1-800-MEDICARE (1-800-633-4227)，服務時間為每天 24 小時，每週 7 天。TTY 使用者應致電 1-877-486-2048。或瀏覽 <http://www.medicare.gov>。

我們計劃的處方藥一覽表

第 1 頁開始列載的處方藥一覽表提供了有關我們計劃承保的藥物的承保範圍資訊。如果您未能在清單內找到您需要的藥物，請閱覽始於第 85 頁的索引。

表格的第一欄列出了藥物名稱。原廠藥為大寫（如 LANOXIN），副廠藥為小寫斜體（如 *digoxin*）。

您可以從要求/限制一欄看出我們的計劃是否對您的藥物承保設有特別要求。

B/D – B 與 D 事先授權：某些藥物在不同情況下可能受 Medicare 聯邦醫療保險 B 部分或 D 部分承保。如需裁決，需要提交說明藥物的使用及使用情境的資訊。

PA – 事先授權：某些藥物需要您或您的醫生獲得我們計劃的事先授權。這表示您將需要在配取處方藥前取得我們計劃的批准。若您未取得批准，我們的計劃可能不會承保該藥物。

QL – 數量限制：我們的計劃限制了某些藥物的承保數量。例如：我們的計劃對於 Januvia 的每份處方提供 30 片藥片。數量限制以供藥天數的分配數量表示。

ST – 階段療法：我們的計劃要求您首先根據病症嘗試特定藥物治療，此後我們才會為該病症承保另一種藥物。例如，若藥物 A 和藥物 B 皆可治療您的病症，則我們的計劃可能不會承保藥物 B，除非您先嘗試使用藥物 A。如果藥物 A 對您無效，則我們的計劃將會承保藥物 B。

NM – 這類藥物不可透過郵購服務購買。

NDS – 非延長天數供藥。某些特殊藥物每次配藥最多提供 30 天份量的供藥。

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

English: Elderplan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a non-English language or require interpretation assistance, language assistance services and appropriate auxiliary aids are available to you free of charge. If you need these services or have questions about our plan, call 1-800-353-3765 (TTY: 711).

Spanish: Elderplan, Inc. cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. ATENCIÓN: Si usted habla en un idioma que no es inglés o requiere asistencia de interpretación, tiene a su disposición servicios de asistencia lingüística y las ayudas auxiliares adecuadas de forma gratuita. Si necesita estos servicios o tiene preguntas sobre nuestro plan, llame al 1-800-353-3765 (TTY: 711).

Chinese: Elderplan, Inc. 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障情況或性別而歧視任何人。請注意：如果您說英語以外的語言或需要口譯協助，我們將免費為您提供語言協助服務和適當的輔助工具。如果您需要這些服務或對我們的計劃有疑問，請致電 1-800-353-3765 (TTY: 711)。

Albanian: Elderplan, Inc. u përmbahet ligjeve të zbatueshme federale për të drejtat civile, ndaj nuk ju diskriminon në bazë të racës, ngjyrës, origjinës kombëtare, moshës, aftësive të kufizuara ose seksit. VËMENDJE: Nëse flisni një gjuhë tjetër që nuk është anglisht ose nëse keni nevojë për shërbime përkthimi, për ju ofrohen falas shërbime të ndihmës gjuhësore dhe mjete ndihmëse të përshtatshme. Nëse keni nevojë për këto shërbime ose nëse keni pyetje rreth planit tonë, telefononi 1-800-353-3765 (TTY: 711).

Arabic

لقوانين الحقوق المدنية الفيدرالية المعمول بها ولا تميّز على أساس العرق أو اللون أو الأصل Elderplan Inc. تمتثل القومي أو العمر أو الإعاقة أو الجنس. تنبيه: إذا كنت تتحدث لغة غير الإنجليزية أو تحتاج إلى مساعدة في الترجمة الفورية، فإن خدمات المساعدة اللغوية والمساعدات المعينة المناسبة متاحة لك مجانًا. إذا كنت بحاجة إلى هذه الخدمات أو كانت لديك أسئلة حول خطتنا، فاتصل بالرقم 1-800-353-3765 (TTY: 711).

Bengali: Elderplan, Inc. প্রযোজ্য ফেডারেল নাগরিক অধিকার আইন মেনে চলে এবং জাতি, বর্ণ, জাতীগত উৎপত্তি, বয়স, অক্ষমতা বা লিঙ্গের ভিত্তিতে বৈষম্য করে না। লক্ষ্য করুন: যদি আপনি ইংরেজি ছাড়া অন্য কোনো ভাষায় কথা বলেন বা দোভাষী সহায়তার প্রয়োজন হয়, আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং প্রয়োজনীয় সহায়ক উপকরণ উপলব্ধ আছে। আপনার যদি এই পরিষেবাগুলির প্রয়োজন হয় বা আমাদের পরিকল্পনা সম্পর্কে প্রশ্ন থাকে তবে 1-800-353-3765 (TTY: 711) নম্বরে ফোন করুন।

French: Elderplan, Inc. se conforme aux lois fédérales applicables en matière de droits civils et ne fait aucune discrimination fondée sur la race, la couleur, l'origine nationale, l'âge, le handicap ou le sexe. ATTENTION : Si vous parlez une langue autre que l'anglais ou si vous avez besoin d'une assistance d'interprétation, des services d'assistance linguistique et des aides auxiliares appropriées sont à votre disposition gratuitement. Si vous avez besoin de ces services ou si vous avez des questions sur notre régime d'assurance maladie, appelez le 1-800-353-3765 (TTY : 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

German: Elderplan, Inc. hält alle geltenden Bundesbürgerrechtsgesetze ein und diskriminiert nicht aufgrund von Ethnie, Hautfarbe, nationaler Herkunft, Alter, Behinderung oder Geschlecht. HINWEIS: Wenn Sie eine andere als die englische Sprache sprechen oder einen Dolmetscher benötigen, stehen Ihnen Sprachassistentendienste und geeignete Hilfsmittel kostenlos zur Verfügung. Falls Sie solche Dienste benötigen oder Fragen zu unserem Plan haben, rufen Sie uns bitte unter der Nummer +1-800-353-3765 (TTY: 711) an.

Greek: Η Elderplan, Inc. συμμορφώνεται με τους ισχύοντες ομοσπονδιακούς νόμους περί πολιτικών δικαιωμάτων και δεν κάνει διακρίσεις με βάση τη φυλή, το χρώμα, την εθνική καταγωγή, την ηλικία, την αναπηρία ή το φύλο. ΠΡΟΣΟΧΗ: Αν μιλάτε άλλη γλώσσα εκτός από τα αγγλικά ή χρειάζεστε τη βοήθεια διερμηνείας, παρέχονται δωρεάν υπηρεσίες γλωσσικής υποστήριξης και κατάλληλα βοηθητικά μέσα. Εάν χρειάζεστε αυτές τις υπηρεσίες ή έχετε ερωτήσεις σχετικά με το πρόγραμμά μας, καλέστε στο 1-800-353-3765 (TTY: 711).

Haitian Creole: Elderplan, Inc. konfòme l avèk lwa Federal sou dwa sivil ki aplikab yo epi li pa fè diskriminasyon sou baz ras, koulè, orijin nasyonal, laj, andikap oswa sèks. ATANSYON: Si ou pale yon lang ki pa Angle oswa ou bezwen asistans entèprèt, sèvis asistans lang ak èd oksilyè ki apwopriye yo disponib pou ou gratis. Si ou bezwen sèvis sa yo oswa ou gen kesyon sou plan nou an, rele 1-800-353-3765 (TTY: 711).

Hindi: Elderplan, Inc. लागू संघीय नागरिक अधिकार कानूनों का अनुपालन करता है और नस्ल, रंग, राष्ट्रीय मूल, उम्र, विकलांगता या लिंग के आधार पर भेदभाव नहीं करता है। ध्यान दें: यदि आप एक गैर-अंग्रेज़ी भाषा बोलते हैं या आपको भाषांतरण सहायता की आवश्यकता है, तो भाषा सहायता सेवाएँ और उपयुक्त सहायक उपकरण आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको इन सेवाओं की आवश्यकता है या हमारी योजना के बारे में प्रश्न हैं, तो 1-800-353-3765 (TTY: 711) पर कॉल करें।

Italian: Elderplan, Inc. è conforme a tutte le leggi federali vigenti in materia di diritti civili e non pone in essere discriminazioni sulla base di razza, colore, origine nazionale, età, disabilità o sesso. ATTENZIONE: Se parla una lingua diversa dall'inglese o ha bisogno dell'assistenza di un interprete, può usufruire gratuitamente di servizi di assistenza linguistica e di appositi supporti ausiliari. Se necessita di questi servizi o ha domande sul nostro piano, chiami il numero 1-800-353-3765 (TTY: 711).

Japanese: Elderplan, Inc. は適用される連邦公民権法を遵守し、人種、肌の色、出身国、年齢、障害、性別に基づいて差別しません。注意：英語以外の言語を話す場合や通訳のサポートが必要な場合は、言語サポートサービスと適切な補助器具を無料でご利用いただけます。これらのサービスが必要な場合、または当社のプランについてご質問がある場合は、1-800-353-3765 (TTY: 711) までお電話ください。

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

Korean: Elderplan, Inc.는 해당 연방 민권법을 준수하며 인종, 피부색, 출신 국가, 연령, 장애 또는 성별을 근거로 차별하지 않습니다. 주의: 영어 이외의 언어를 구사하거나 통역 지원이 필요한 경우 언어 지원 서비스 및 적절한 보조 장치를 무료로 이용할 수 있습니다. 이러한 서비스가 필요하거나 플랜에 대해 질문이 있는 경우 1-800-353-3765 (TTY: 711) 로 전화하십시오.

Polish: Elderplan, Inc. przestrzega obowiązujących federalnych przepisów dotyczących praw obywatelskich i nie dyskryminuje ze względu na rasę, kolor skóry, pochodzenie narodowe, wiek, niepełnosprawność ani płeć. UWAGA: Jeśli mówisz w języku innym niż angielski lub potrzebujesz pomocy tłumacza, możesz bezpłatnie skorzystać z usług pomocy językowej i odpowiednich narzędzi pomocniczych. Jeśli potrzebujesz tych usług lub masz pytania dotyczące naszego planu, zadzwoń pod numer 1-800-353-3765 (TTY: 711).

Portuguese: A Elderplan, Inc. cumpre as leis federais de direitos civis aplicáveis e não discrimina com base em raça, cor, nacionalidade, idade, deficiência ou sexo. ATENÇÃO: Se fala uma língua diferente do inglês ou necessita de assistência de interpretação, estão disponíveis gratuitamente serviços de assistência linguística e recursos auxiliares apropriados. Se precisar destes serviços ou tiver dúvidas sobre o nosso plano, ligue para 1-800-353-3765 (TTY: 711).

Punjabi: Elderplan, Inc. ਲਾਗੂ ਸੰਘੀ ਨਾਗਰਿਕ ਅਧਿਕਾਰ ਕਾਨੂੰਨਾਂ ਦੀ ਪਾਲਣਾ ਕਰਦਾ ਹੈ ਅਤੇ ਨਸਲ, ਰੰਗ, ਰਾਸ਼ਟਰੀ ਮੂਲ, ਉਮਰ, ਅਪਾਹਜਤਾ, ਜਾਂ ਲਿੰਗ ਦੇ ਆਧਾਰ 'ਤੇ ਵਿਤਕਰਾ ਨਹੀਂ ਕਰਦਾ ਹੈ। ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਕੋਈ ਅੰਗਰੇਜ਼ੀ ਤੋਂ ਬਿਨਾਂ ਕੋਈ ਹੋਰ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ ਜਾਂ ਵਿਆਖਿਆ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੁੰਦੀ ਹੈ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਜੇ ਤੁਹਾਨੂੰ ਇਹਨਾਂ ਸੇਵਾਵਾਂ ਦੀ ਲੋੜ ਹੈ ਜਾਂ ਸਾਡੀ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕੋਈ ਸਵਾਲ ਹਨ, ਤਾਂ 1-800-353-3765 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Russian: Компания Elderplan, Inc. соблюдает применимое федеральное законодательство в области гражданских прав и не допускает дискриминации по признакам расы, цвета кожи, национальной принадлежности, возраста, инвалидности или пола. ВНИМАНИЕ: Если вы не говорите на английском языке или вам нужна помощь переводчика, вам будут бесплатно предоставлены услуги языковой помощи и соответствующие вспомогательные средства. Если вам нужны такие услуги или у вас есть вопросы о нашем плане, позвоните по номеру 1-800-353-3765 (TTY: 711).

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
45 CFR 92.11

Tagalog: Sumusunod ang Elderplan, Inc. sa naaangkop na mga batas sa Pederal na mga karapatang sibil at hindi nandiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan, o kasarian. ATENSYON: Kung nagsasalita ka ng wikang hindi Ingles o nangangailangan ng tulong sa interpretasyon, ang mga serbisyo ng tulong sa wika at naaangkop na mga pantulong na tulong ay magagamit mo nang walang bayad. Kung kailangan mo ang mga serbisyo ng ito o may mga tanong tungkol sa aming plano, tawagan ang 1-800-353-3765 (TTY: 711).

Urdu

Elderplan/HomeFirst قابل اطلاق وفاقی شہری حقوق کے قوانین کی تعمیل کرتا ہے اور نسل، رنگ، قومیت، عمر، معذوری، یا جنس کی بنیاد پر امتیازی سلوک نہیں کرتا۔ توجہ: اگر آپ غیر انگریزی زبان بولتے ہیں یا تشریح میں مدد کی ضرورت ہے تو، زبان کی مدد کی خدمات اور مناسب معاون امداد آپ کے لئے مفت دستیاب ہیں۔ اگر آپ کو ان خدمات کی ضرورت ہے یا ہمارے منصوبے کے بارے میں سوالات ہیں تو، 1-800-353-3765 (TTY: 711) پر کال کریں۔

Vietnamese: Elderplan, Inc. tuân thủ luật dân quyền Liên bang hiện hành và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, tình trạng khuyết tật hoặc giới tính. CHÚ Ý: Nếu quý vị nói ngôn ngữ không phải tiếng Anh hoặc cần được hỗ trợ thông dịch thì chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ và các phương tiện phụ trợ phù hợp miễn phí cho quý vị. Nếu quý vị cần những dịch vụ này hoặc có thắc mắc về chương trình của chúng tôi, hãy gọi số 1-800-353-3765 (TTY: 711).

Yiddish

Elderplan, Inc. פאָלגט די אָנווענדלעכע פעדעראלע ציווילע רעכט געזעצן און דיסקרימינירט נישט אויף דער באַזע פון ראַסע, קאָליר, נאַציאָנאַלער אָפּשטאַם, עלטער, דיסאַביליטי, אָדער געשלעכט. ופּמערקזאַמקייט: אויב איר רעדט אַ נישט-ענגלישע שפּראַך אָדער דאַרפֿט הילף מיט איבערזעצונג, זענען שפּראַך הילף באַדינונגען און פּאַסיק הילפּסמיטלען בנימצא פֿאַר אײַך אָן קײן אָפּצאָל. אויב איר דאַרפֿט די סערוויסעס אדער האָט פֿראַגעס וועגן אונדזער פּלאַן, רופֿט אָן 1-800-353-3765 (TTY: 711)

ELDERPLAN_CY26_1T_SNP eff 04/01/2026

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid</i> TABS 500mg	1	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
CRESEMBA CAPS 74.5mg, 186mg	1	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
EDURANT PED TBSO 2.5mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TABS 300mg; TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 50mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
KALETRA SOL	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 675/150	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	1	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	1	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<i>fidaxomicin</i> TABS 200mg	1	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, B/D, NM
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	1	NM
<i>lomustine</i> CAPS 100mg	1	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	1	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	1	NDS, B/D, NM

ANTIMETABOLITES

<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	1	NDS, NM
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
TABLOID TABS 40mg	1	NDS, PA

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
INLURIYO TABS 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	1	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MATULANE CAPS 50mg	1	NDS, NM
<i>mesna</i> TABS 400mg	1	NDS
MODEYSO CAPS 125mg	1	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel inj 100mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	1	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
BRUKINSA TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA

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

Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	1	NDS, QL (1 vial / 21 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	1	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	1	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	1	NDS, QL (360 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	1	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
XPROVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sacubitril-valsartan tab 24-26 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	1	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	

Drug Name	Drug Tier	Requirements/Limits
REPATHA SOSY 140mg/ml	1	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	QL (6 autoinjectors / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>FUROSCIX</i> CTKT 80mg/10ml	1	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75- 50 mg	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	1	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA
UPTRAVI TABS 200mcg	1	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	1	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	1	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	1	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	1	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	1	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	1	NDS, QL (224 caps / 28 days), NM, PA

CENTRAL NERVOUS SYSTEM

ANTIANSXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTIDEMENTIA

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

Drug Name	Drug Tier	Requirements/Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	1	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	1	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	1	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	1	QL (2 packs / year), PA
FANAPT PAK PACK B	1	QL (2 packs / year), PA
FANAPT PAK PACK C	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam</i> TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	1	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>perampanel</i> SUSP .5mg/ml	1	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	1	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	1	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>topiramate</i> SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>ramelteon TABS 8mg</i>	1	QL (30 tabs / 30 days)
<i>tasimelteon CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	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	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	1	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	1	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	1	
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	1	
<i>naltrexone hcl TABS 50mg</i>	1	
<i>NICOTROL NS SOLN 10mg/ml</i>	1	
<i>varenicline tartrate TABS .5mg, 1mg</i>	1	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year)
<i>VIVITROL SUSR 380mg</i>	1	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	1	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	1	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	1	PA
<i>testosterone pump GEL 1.62%</i>	1	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	1	
<i>dapagliflozin propanediol TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>FARXIGA TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> 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	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	1	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	1	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	1	
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	
NOVOLOG RELION SOLN 100unit/ml	1	B/D
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
OSPOMYV SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	1	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	1	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA

CONTRACEPTIVES

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>galbriela</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe 1/20</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla TABS .35mg</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM
<i>loestrin 1.5/30-21</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luizza 1.5/30</i>	1	
<i>luizza 1/20</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>meleya TABS .35mg</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>NEXPLANON IMPL 68mg</i>	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>orquidea TABS .35mg</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>rosyrah</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/35</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
REVCOVI SOLN 2.4mg/1.5ml	1	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	1	NDS, NM, PA; (generic of JYNARQUE)

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan</i> TBPK 15mg	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	1	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	1	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	1	NDS, NM, PA

PROGESTINS

<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

THYROID AGENTS

<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/ flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alose tron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	1	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
VOQUEZNA PAK DUAL PAK	1	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	1	QL (2 kits / year), PA
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>tadalafil TABS 5mg</i>	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl CAPS .4mg</i>	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid SOLN .25%</i>	1	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	1	
<i>potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg</i>	1	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate TB24 4mg, 8mg</i>	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride SOLN 5mg/5ml</i>	1	QL (600 mL / 30 days)
<i>oxybutynin chloride TABS 5mg</i>	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride TB24 5mg</i>	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride TB24 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
<i>solifenacin succinate TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate CP24 2mg, 4mg</i>	1	QL (30 caps / 30 days)
<i>tolterodine tartrate TABS 1mg, 2mg</i>	1	QL (60 tabs / 30 days)
<i>tropium chloride TABS 20mg</i>	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal CREA 2%</i>	1	
<i>metronidazole vaginal GEL .75%</i>	1	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate CAPS 75mg, 150mg</i>	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate CAPS 110mg</i>	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	1	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	1	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	1	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	1	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NAACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	1	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	1	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 60mg, 90mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	1	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	1	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	1	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	1	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLIXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOPN 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	1	NDS, NM, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	1	NM, PA
YESINTEK SOSY 45mg/0.5ml	1	QL (1 syringe / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg	1	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	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	
DENGVAXIA SUS	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

Drug Name	Drug Tier	Requirements/Limits
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	
PEDVAX HIB 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)
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 SOLN 25mcg/0.5ml; 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/NAACL INJ 0.45%	1	
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Drug Name	Drug Tier	Requirements/Limits
D5W/NACL INJ 0.2%	1	
D5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
D10W/NACL INJ 0.45%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
KCL/D5W/NACL INJ 0.15/0.2	1	
LACTATED RIN INJ	1	
<i>lactated ringer's solution</i>	1	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	

Drug Name	Drug Tier	Requirements/Limits
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	1	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	

IV NUTRITION

<i>aminosyn ii soln 15%</i>	1	B/D
AMINOSYN INJ 10%	1	B/D
AMINOSYN-PF INJ 10%	1	B/D
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%	1	B/D
DEXTROSE 10% SOLN 10%	1	

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 70% SOLN 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (ophth)</i> SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMVI SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	1	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA RESPIMAT AERS 1.25mcg/act	1	QL (1 inhaler / 30 days)
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breynd</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	1	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	1	PA
neuac	1	QL (45 gm / 30 days)
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	1	QL (60 gm / 30 days)
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mupirocin OINT 2%	1	QL (220 gm / 30 days)
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclopirox SHAM 1%	1	QL (120 mL / 30 days)
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
econazole nitrate CREA 1%	1	QL (85 gm / 30 days)
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
selenium sulfide LOTN 2.5%	1	
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	PA
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	1	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>doxepin hcl (antipruritic)</i> CREA 5%	1	QL (45 gm / 30 days), PA
EUCRISA OINT 2%	1	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
<i>abigale</i>	57
<i>abigale lo</i>	57
ABILIFY ASIMTUFII	36
ABILIFY MAINTENA	36
<i>abiraterone acetate</i>	13
<i>abirtega</i>	13
ABRYSVO	70
<i>acamprosate calcium</i>	47
<i>acarbose</i>	48
<i>accutane</i>	80
<i>acebutolol hcl</i>	29
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	30
<i>acetic acid</i>	64
<i>acetic acid (otic)</i>	76
<i>acetylcysteine</i>	78
<i>acitretin</i>	81
ACTHIB INJ	70
ACTIMMUNE	69
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ.....	70
ADALIMUMAB-BWWD	66
<i>adefovir dipivoxil</i>	8
ADEMPAS.....	31
ADMELOG	50
ADMELOG SOLOSTAR	50
ADVAIR HFA AER 115/21	80
ADVAIR HFA AER 230/21	80
ADVAIR HFA AER 45/21	79
<i>afirmelle</i>	52
AIMOVIG	45
AIRSUPRA AER 90-80MCG.....	80
AKEEGA TAB 100/500.....	13
AKEEGA TAB 50/500MG	13
<i>ala-cort</i>	82
<i>albendazole</i>	3
<i>albuterol sulfate</i>	77
<i>alclometasone dipropionate</i>	82
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	50
ALDURAZYME	58
ALECENSA	15
<i>alendronate sodium</i>	51
<i>alfuzosin hcl</i>	63
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	1
<i>alose tron hcl</i>	62
<i>alprazolam</i>	32
<i>altavera</i>	52
ALUNBRIG.....	15
ALUNBRIG PAK	15
ALVAIZ	65
ALVESCO	79
<i>alyacen 1/35</i>	52
<i>alyacen 7/7/7</i>	52
ALYFTREK TAB 10-50-125	78
ALYFTREK TAB 4-20-50.....	78
ALYGLO	69
<i>alyq</i>	31
<i>amantadine hcl</i>	35
<i>ambrisentan</i>	32
<i>amethyst</i>	52
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	30
<i>amiloride hcl</i>	30
<i>aminosyn ii soln 15%</i>	73
AMINOSYN INJ 10%	73
AMINOSYN-PF INJ 10%.....	73
<i>amiodarone hcl</i>	27
<i>amitriptyline hcl</i>	33
<i>amlodipine besylate</i>	29
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	24

<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	24
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	24
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	26
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	26
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	25
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	25
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	26
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	26
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	26
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	26
<i>amnestem</i>	80
<i>amoxapine</i>	33
<i>amoxicillin</i>	10
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	10
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	10
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	10
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	10
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	43
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	43
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	43
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	43
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	43

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	43
<i>amphetamine-dextroamphetamine tab 10 mg</i>	44
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	44
<i>amphetamine-dextroamphetamine tab 15 mg</i>	44
<i>amphetamine-dextroamphetamine tab 20 mg</i>	44
<i>amphetamine-dextroamphetamine tab 30 mg</i>	44
<i>amphetamine-dextroamphetamine tab 5 mg</i>	43
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	43
<i>amphotericin b</i>	5
<i>amphotericin b liposome</i>	5
<i>ampicillin</i>	11
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11
<i>ampicillin sodium</i>	11
<i>anagrelide hcl</i>	65
<i>anastrozole</i>	13
<i>ANORO ELLIPT AER 62.5-25</i>	76
<i>aprepitant</i>	61
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	61
<i>apri</i>	52
<i>APTIOM</i>	39
<i>APTIVUS</i>	6
<i>ARALAST NP</i>	78
<i>aranelle</i>	52
<i>ARCALYST</i>	69
<i>AREXVY</i>	70
<i>ARIKAYCE</i>	3
<i>aripiprazole</i>	36
<i>ARISTADA</i>	36
<i>ARISTADA INITIO</i>	36

<i>armodafinil</i>	47	<i>bacitracin-polymyxin-neomycin-hc</i>	
ARNUIITY ELLIPTA.....	79	<i>ophth oint 1%</i>	74
<i>asenapine maleate</i>	36	<i>baclofen</i>	47
<i>ashlyna</i>	52	BAFIERTAM	46
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>balsalazide disodium</i>	62
200 mg	66	BALVERSA.....	16
ASTAGRAF XL.....	69	<i>balziva</i>	53
<i>atazanavir sulfate</i>	6	BARACLUDGE	8
<i>atenolol</i>	29	BCG VACCINE.....	70
<i>atenolol & chlorthalidone tab 100-25</i>		<i>benazepril & hydrochlorothiazide tab</i>	
mg	29	10-12.5 mg	24
<i>atenolol & chlorthalidone tab 50-25 mg</i>		<i>benazepril & hydrochlorothiazide tab</i>	
.....	29	20-12.5 mg	24
<i>atomoxetine hcl</i>	44	<i>benazepril & hydrochlorothiazide tab</i>	
<i>atorvastatin calcium</i>	28	20-25 mg.....	24
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>atovaquone-proguanil hcl tab 250-100</i>		6.25mg.....	24
mg.....	5	<i>benazepril hcl</i>	25
<i>atovaquone-proguanil hcl tab 62.5-25</i>		BENDAMUSTINE HYDROCHLORID.....	12
mg.....	5	BENDEKA.....	12
ATROPINE SULFATE.....	75	BENLYSTA.....	70
<i>atropine sulfate (ophthalmic)</i>	75	<i>benzoyl peroxide-erythromycin gel 5-</i>	
ATROVENT HFA.....	76	3%.....	80
<i>abra eq</i>	52	<i>benztropine mesylate</i>	35
AUGTYRO.....	15	BERINERT	65
<i>aurovela 1/20</i>	52	<i>besifloxacin hcl</i>	74
<i>aurovela 24 fe</i>	52	BESIVANCE	74
<i>aurovela fe 1/20</i>	52	BESREMI	14
<i>aurovela fe 1.5/30</i>	52	<i>betaine powder for oral solution</i>	58
AUSTEDO.....	46	<i>betamethasone dipropionate (topical)</i>	
AUSTEDO XR.....	46	.....	82
AUSTEDO XR TAB TITR KIT	46	<i>betamethasone dipropionate</i>	
AUVELITY TAB 45-105MG.....	33	<i>augmented</i>	82
<i>aviane</i>	52	<i>betamethasone valerate</i>	82
AVMAPKI PAK FAKZYNJA.....	15	BETASERON	46
<i>ayuna</i>	53	<i>betaxolol hcl</i>	29
AYVAKIT	15	<i>betaxolol hcl (ophth)</i>	75
<i>azacitidine</i>	12	<i>bethanechol chloride</i>	64
<i>azathioprine</i>	70	BEVESPI AER 9-4.8MCG	76
<i>azelastine hcl</i>	77	<i>bexarotene</i>	14
<i>azelastine hcl (ophth)</i>	75	<i>bexarotene (topical)</i>	83
<i>azithromycin</i>	10	BEXSERO	70
<i>aztreonam</i>	3	<i>bicalutamide</i>	13
<i>azurette</i>	53	BICILLIN L-A	11
B		BIKTARVY TAB 30-120-15 MG	7
<i>bacitracin (ophthalmic)</i>	74	BIKTARVY TAB 50-200-25 MG	7
<i>bacitracin-polymyxin b ophth oint</i>	74	BILDYOS.....	51

BIMZELX.....	66	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>4-1 mg (base equiv)</i>	48
<i>10-6.25 mg</i>	29	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>8-2 mg (base equiv)</i>	48
<i>2.5-6.25 mg</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		<i>2-0.5 mg (base equiv)</i>	48
<i>6.25 mg</i>	29	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
<i>bisoprolol fumarate</i>	29	<i>8-2 mg (base equiv)</i>	48
BIVIGAM.....	69	<i>bupropion hcl</i>	33
<i>blisovi 24 fe</i>	53	<i>bupropion hcl (smoking deterrent) ...</i>	48
<i>blisovi fe 1/20</i>	53	<i>buspirone hcl.....</i>	32
<i>blisovi fe 1.5/30.....</i>	53	<i>butorphanol tartrate.....</i>	2
BLUJEPa	3	C	
BONSITY.....	51	<i>cabergoline</i>	58
BOOSTRIX INJ	70	CABOMETYX	16
<i>bortezomib.....</i>	16	<i>calcipotriene.....</i>	81
BORTEZOMIB	16	<i>calcitonin (salmon) spray</i>	51
<i>bosentan</i>	32	<i>calcitrene.....</i>	82
BOSULIF.....	16	<i>calcitriol.....</i>	60
BRAFTOVI	16	<i>calcitriol (oral)</i>	60
BREO ELLIPTA INH 100-25	80	CALQUENCE	16
BREO ELLIPTA INH 200-25	80	<i>camila</i>	53
BREO ELLIPTA INH 50-25MCG	80	<i>camrese</i>	53
<i>breyna.....</i>	80	<i>camrese lo</i>	53
BREZTRI AERO AER SPHERE	76	<i>candesartan cilexetil.....</i>	27
BREZTRI AERO AER SPHERE		<i>candesartan cilexetil-</i>	
(INSTITUTIONAL PACK)	76	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>briellyn</i>	53	<i>.....</i>	26
<i>brimonidine tartrate</i>	75	<i>candesartan cilexetil-</i>	
<i>brinzolamide</i>	75	<i>hydrochlorothiazide tab 32-12.5 mg</i>	
BRIVIACT.....	39	<i>.....</i>	26
<i>bromocriptine mesylate</i>	35	<i>candesartan cilexetil-</i>	
BRUKINSA	16	<i>hydrochlorothiazide tab 32-25 mg .</i>	26
<i>budesonide</i>	62	CAPLYTA.....	36
<i>budesonide (inhalation)</i>	79	CAPRELSA.....	16
<i>budesonide-formoterol fumarate dihyd</i>		<i>captopril</i>	25
<i>aerosol 160-4.5 mcg/act</i>	80	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>budesonide-formoterol fumarate dihyd</i>		<i>15 mg.....</i>	24
<i>aerosol 80-4.5 mcg/act</i>	80	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>bumetanide.....</i>	30	<i>25 mg.....</i>	24
<i>buprenorphine.....</i>	1	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>buprenorphine hcl</i>	47	<i>15 mg.....</i>	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>12-3 mg (base equiv)</i>	48	<i>25 mg.....</i>	24
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carb/levo orally disintegrating tab 10-</i>	
<i>2-0.5 mg (base equiv)</i>	48	<i>100mg.....</i>	35

<i>carb/levo orally disintegrating tab 25-100mg</i>	35	<i>cefpodoxime proxetil</i>	9
<i>carb/levo orally disintegrating tab 25-250mg</i>	35	<i>cefprozil</i>	9
<i>carbamazepine</i>	39	<i>ceftaroline fosamil</i>	9
<i>carbidopa & levodopa tab 10-100 mg</i> 35		<i>ceftazidime</i>	9
<i>carbidopa & levodopa tab 25-100 mg</i> 35		<i>ceftriaxone sodium</i>	9
<i>carbidopa & levodopa tab 25-250 mg</i> 35		<i>cefuroxime axetil</i>	9
<i>carbidopa & levodopa tab er 25-100 mg</i>	35	<i>cefuroxime sodium</i>	9
<i>carbidopa & levodopa tab er 50-200 mg</i>	35	<i>celecoxib</i>	1
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	35	<i>cephalexin</i>	9
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	35	CEQUR SIMPL KIT PATCH 2U (3-DAY)	50
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	35	CEQUR SIMPL KIT PATCH 2U (4-DAY)	50
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	35	CEQUR SIMPL MIS INSERTER	50
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	35	CERDELGA	58
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	35	CEREZYME	58
<i>carboplatin</i>	12	<i>cetirizine hcl</i>	77
<i>carglumic acid</i>	58	<i>cevimeline hcl</i>	84
<i>carisoprodol</i>	47	<i>chateal eq</i>	53
<i>carteolol hcl (ophth)</i>	75	CHEMET.....	52
<i>cartia xt</i>	30	<i>chlorhexidine gluconate (mouth-throat)</i>	84
<i>carvedilol</i>	29	<i>chloroquine phosphate</i>	5
<i>caspofungin acetate</i>	5	<i>chlorpromazine hcl</i>	36
CAYSTON.....	3	<i>chlorthalidone</i>	30
<i>cefaclor</i>	9	<i>cholestyramine</i>	28
<i>cefadroxil</i>	9	<i>cholestyramine light</i>	28
CEFAZOLIN	9	<i>ciclopirox</i>	81
CEFAZOLIN/DEX SOL 1GM/50ML-4%..	9	<i>ciclopirox olamine</i>	81
CEFAZOLIN/DEX SOL 2GM/50ML-3%..	9	<i>cilostazol</i>	65
CEFAZOLIN/DEX SOL 3GM/150ML-4%	9	CILOXAN.....	74
CEFAZOLIN/DEX SOL 3GM/50ML-2%..	9	CIMDUO TAB 300-300	7
CEFAZOLIN INJ 1GM/50ML.....	9	<i>cinacalcet hcl</i>	58
<i>cefazolin sodium</i>	9	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
CEFAZOLIN SOLN 2GM/100ML-4%	9	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>cefdinir</i>	9	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	76
<i>cefepime hcl</i>	9	<i>ciprofloxacin hcl</i>	10
<i>cefixime</i>	9	<i>ciprofloxacin hcl (ophth)</i>	74
<i>cefotetan disodium</i>	9	<i>cisplatin</i>	12
<i>cefoxitin sodium</i>	9	<i>citalopram hydrobromide</i>	33
		<i>claravis</i>	80
		<i>clarithromycin</i>	10
		<i>clindamycin hcl</i>	3
		<i>clindamycin palmitate hydrochloride</i> ...	3
		<i>clindamycin phosphate</i>	3
		<i>clindamycin phosphate (topical)</i>	80

<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	3	COMBIGAN SOL 0.2/0.5%	75
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	3	COMBIVENT AER 20-100	76
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	3	COMETRIQ (60MG DOSE)	16
<i>clindamycin phosphate vaginal</i>	64	COMETRIQ KIT 100MG	16
<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%	80	COMETRIQ KIT 140MG	16
CLINDMYC/NAC INJ 300/50ML	3	<i>compro</i>	61
CLINDMYC/NAC INJ 600/50ML	3	<i>constulose</i>	62
CLINDMYC/NAC INJ 900/50ML	3	COPAXONE	46
CLINIMIX INJ 4.25/D10	73	COPIKTRA	16
CLINIMIX INJ 4.25/D5W	73	CORLANOR	31
CLINIMIX INJ 5%/D15W	73	COTELLIC	16
CLINIMIX INJ 5%/D20W	73	CREON CAP 12000UNT	62
CLINIMIX INJ 6/5	73	CREON CAP 24000UNT	62
CLINIMIX INJ 8/10	73	CREON CAP 3000UNIT	62
CLINIMIX INJ 8/14	73	CREON CAP 36000UNT	62
<i>clinisol sf 15%</i>	73	CREON CAP 6000UNIT	62
CLINOLIPID EMU 20%	73	CRESEMBA	5
<i>clobazam</i>	39	<i>cromolyn sodium</i>	78
<i>clobetasol propionate</i>	82	<i>cromolyn sodium (mastocytosis)</i>	62
<i>clobetasol propionate e</i>	82	<i>cromolyn sodium (ophth)</i>	75
<i>clodan</i>	82	<i>cryselle</i>	53
<i>clomipramine hcl</i>	33	<i>cyclobenzaprine hcl</i>	47
<i>clonazepam</i>	39	<i>cyclophosphamide</i>	12
<i>clonidine</i>	31	CYCLOPHOSPHAMIDE	12
<i>clonidine hcl</i>	31	CYCLOPHOSPHAMIDE MONOHYDR	12
<i>clopidogrel bisulfate</i>	66	<i>cycloserine</i>	8
<i>clorazepate dipotassium</i>	39	<i>cyclosporine</i>	70
<i>clotrimazole</i>	84	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	70
<i>clotrimazole (topical)</i>	81	<i>cyproheptadine hcl</i>	77
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	81	<i>cyred eq</i>	53
<i>clozapine</i>	36	CYSTADROPS	76
COARTEM TAB 20-120MG	5	CYSTAGON	58
COBENFY CAP 100-20MG	36	CYSTARAN	76
COBENFY CAP 125-30MG	36	<i>cytarabine</i>	12
COBENFY CAP 50-20MG	36	D	
COBENFY STRT CAP PACK	36	D10W/NACL INJ 0.2%	72
<i>colchicine</i>	1	D10W/NACL INJ 0.45%	72
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	1	D2.5W/NACL INJ 0.45%	71
<i>colesevelam hcl</i>	28	D5W/NACL INJ 0.2%	72
<i>colestipol hcl</i>	28	D5W/NACL INJ 0.45%	72
<i>colistimethate sodium</i>	3	<i>dabigatran etexilate mesylate</i>	64
		<i>dalfampridine</i>	46
		<i>danazol</i>	48
		<i>dantrolene sodium</i>	47
		DANZITEN	16
		<i>dapagliflozin propanediol</i>	48

<i>dapsone</i>	3	DIACOMIT	39, 40
DAPTACEL INJ	70	<i>diazepam</i>	40
<i>daptomycin</i>	3	<i>diazepam (anticonvulsant)</i>	40
DAPTOMYCIN	3	<i>diazepam inj</i>	40
<i>darunavir</i>	6	<i>diazepam intensol</i>	40
<i>dasatinib</i>	16	<i>diazoxide</i>	58
<i>dasetta 1/35</i>	53	<i>diclofenac potassium</i>	1
<i>dasetta 7/7/7</i>	53	<i>diclofenac sodium</i>	1
DAURISMO.....	17	<i>diclofenac sodium (ophth)</i>	75
<i>daysee</i>	53	<i>diclofenac sodium (topical)</i>	83
DAYVIGO	44	<i>dicloxacillin sodium</i>	11
<i>deblitane</i>	53	<i>dicyclomine hcl</i>	61
<i>deferasirox</i>	52	DIFICID	10
DELSTRIGO TAB	7	<i>diflunisal</i>	1
DENGVAXIA SUS.....	70	<i>difluprednate</i>	75
DEPO-SUBQ PROVERA 104	53	<i>digoxin</i>	31
<i>depo-testosterone</i>	48	<i>dihydroergotamine mesylate</i>	45
DESCOVY TAB 120-15MG.....	7	DILANTIN	40
DESCOVY TAB 200/25MG.....	7	<i>diltiazem hcl</i>	30
<i>desipramine hcl</i>	33	<i>diltiazem hcl coated beads</i>	30
<i>desmopressin acetate</i>	58	<i>diltiazem hcl extended release beads</i> 30	
<i>desmopressin acetate spray</i>	58	<i>dilt-xr</i>	30
<i>desmopressin acetate spray</i> <i>refrigerated</i>	59	<i>diphenhydramine hcl</i>	77
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	53	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	63
<i>desvenlafaxine succinate</i>	33	<i>dipyridamole</i>	66
<i>dexamethasone</i>	57	<i>disopyramide phosphate</i>	27
DEXAMETHASONE INTENSOL.....	58	<i>disulfiram</i>	48
<i>dexamethasone sodium phosphate</i> ...	58	<i>divalproex sodium</i>	40
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	75	<i>docetaxel</i>	15
<i>dexmethylphenidate hcl</i>	44	DOCETAXEL	15
<i>dextrose</i>	73	DOCIVYX	15
DEXTROSE 10%.....	73	<i>dofetilide</i>	27
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	72	<i>dolishale</i>	53
<i>dextrose 5% in lactated ringers</i>	72	<i>donepezil hydrochloride</i>	32, 33
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	72	DOPTELET	65
<i>dextrose 5% w/ sodium chloride 0.3%</i>	72	DOPTELET SPRINKLE	65
<i>dextrose 5% w/ sodium chloride 0.45%</i>	72	<i>dorzolamide hcl</i>	75
<i>dextrose 5% w/ sodium chloride 0.9%</i>	72	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	75
DEXTROSE 70%.....	74	<i>dotti</i>	57
		DOVATO TAB 50-300MG	7
		<i>doxazosin mesylate</i>	25
		<i>doxepin hcl</i>	33
		<i>doxepin hcl (antipruritic)</i>	83
		<i>doxepin hcl (sleep)</i>	44
		<i>doxorubicin hcl</i>	14

<i>doxorubicin hcl liposomal</i>	14	<i>emtricitabine-rilpivirine-tenofovir df tab</i>	
<i>doxy 100</i>	11	200-25-300 mg	7
<i>doxycycline (monohydrate)</i>	11	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxycycline hyclate</i>	11	<i>fumarate tab 100-150 mg</i>	7
DRIZALMA SPRINKLE.....	33	<i>emtricitabine-tenofovir disoproxil</i>	
<i>dronabinol</i>	61	<i>fumarate tab 133-200 mg</i>	7
<i>drosiprenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>0.02 mg</i>	53	<i>fumarate tab 167-250 mg</i>	7
<i>drosiprenone-ethinyl estradiol tab 3-</i>		<i>emtricitabine-tenofovir disoproxil</i>	
<i>0.03 mg</i>	53	<i>fumarate tab 200-300 mg</i>	7
<i>drosiprenone-ethinyl estrad-</i>		EMTRIVA	6
<i>levomefolate tab 3-0.02-0.451 mg</i> 53		EMVERM.....	3
<i>drosiprenone-ethinyl estrad-</i>		<i>emzahn</i>	53
<i>levomefolate tab 3-0.03-0.451 mg</i> 53		<i>enalapril maleate</i>	25
DROXIA	65	<i>enalapril maleate & hydrochlorothiazide</i>	
<i>droxidopa</i>	31	<i>tab 10-25 mg</i>	25
DULERA AER 100-5MCG.....	80	<i>enalapril maleate & hydrochlorothiazide</i>	
DULERA AER 200-5MCG.....	80	<i>tab 5-12.5 mg</i>	24
DULERA AER 50-5MCG.....	80	ENBREL	66
<i>duloxetine hcl</i>	33	ENBREL MINI.....	66
DUPIXENT	66	ENBREL SURECLICK	66
<i>dutasteride</i>	63	<i>endocet tab 10-325mg</i>	2
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		<i>endocet tab 2.5-325mg</i>	2
<i>mg</i>	64	<i>endocet tab 5-325mg</i>	2
E		<i>endocet tab 7.5-325mg</i>	2
<i>e.e.s. 400</i>	10	ENGERIX-B	70
<i>econazole nitrate</i>	81	<i>enilloring</i>	53
EDURANT	6	<i>enoxaparin sodium</i>	65
EDURANT PED	6	ENSACOVE.....	17
<i>efavirenz</i>	6	<i>enskyce</i>	53
<i>efavirenz-emtricitabine-tenofovir df tab</i>		ENSTILAR AER.....	82
<i>600-200-300 mg</i>	7	<i>entacapone</i>	35
<i>efavirenz-lamivudine-tenofovir df tab</i>		<i>entecavir</i>	8
<i>400-300-300 mg</i>	7	ENTRESTO CAP 15-16MG	26
<i>efavirenz-lamivudine-tenofovir df tab</i>		ENTRESTO CAP 6-6MG.....	26
<i>600-300-300 mg</i>	7	<i>enulose</i>	62
ELIGARD.....	13	EPCLUSA PAK 150-37.5	8
<i>elinest</i>	53	EPCLUSA PAK 200-50MG	8
ELIQUIS	64	EPCLUSA TAB 200-50MG	8
ELIQUIS (1.5MG PACK) 3 X	64	EPCLUSA TAB 400-100	8
ELIQUIS (2MG PACK) 4 X	64	EPIDIOLEX	40
ELIQUIS STARTER PACK	64	<i>epinephrine (anaphylaxis)</i>	31, 78
<i>eluryng</i>	53	<i>eplerenone</i>	25
EMGALITY	45	<i>ergotamine w/ caffeine tab 1-100 mg</i>	
EMSAM	34	.....	45
<i>emtricitabine</i>	6	ERIVEDGE.....	17
		ERLEADA	13

<i>erlotinib hcl</i>	17
<i>errin</i>	53
<i>ertapenem sodium</i>	3
<i>ery</i>	81
ERYTHROCIN LACTOBIONATE	10
<i>erythromycin (acne aid)</i>	81
<i>erythromycin (ophth)</i>	74
<i>erythromycin base</i>	10
<i>erythromycin ethylsuccinate</i>	10
<i>erythromycin lactobionate</i>	10
ERZOFRI	36, 37
<i>escitalopram oxalate</i>	34
<i>eslicarbazepine acetate</i>	40
<i>esomeprazole magnesium</i>	63
<i>estarylla</i>	53
<i>estradiol</i>	57
<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	57
<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	57
<i>estradiol vaginal</i>	57
<i>estradiol valerate</i>	57
<i>eszopiclone</i>	44
<i>ethambutol hcl</i>	8
<i>ethosuximide</i>	40
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	53
<i>etodolac</i>	1
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	53
<i>etoposide</i>	15
<i>etravirine</i>	6
EUCRISA	83
EULEXIN	13
<i>everolimus</i>	17
<i>everolimus (immunosuppressant)</i>	70
EVOTAZ TAB 300-150	7
<i>exemestane</i>	13
EXXUA	34
EXXUA TITRATION PACK	34
EYSUVIS	76
<i>ezetimibe</i>	28
<i>ezetimibe-simvastatin tab 10-10 mg</i>	28
<i>ezetimibe-simvastatin tab 10-20 mg</i>	28
<i>ezetimibe-simvastatin tab 10-40 mg</i>	28
<i>ezetimibe-simvastatin tab 10-80 mg</i>	28

F	
FABRAZYME	59
<i>falmina</i>	53
<i>famciclovir</i>	8
<i>famotidine</i>	61
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	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
<i>feirza 1/20</i>	53
<i>feirza 1.5/30</i>	53
<i>felbamate</i>	40
<i>felodipine</i>	30
<i>fenofibrate</i>	28
<i>fenofibrate micronized</i>	28
<i>fentanyl</i>	1
<i>fesoterodine fumarate</i>	64
FETZIMA	34
FETZIMA CAP TITRATIO	34
FIASP	50
FIASP FLEXTOUCH	50
FIASP PENFILL	50
FIASP PUMPCART	50
<i>fidaxomicin</i>	10
<i>finasteride</i>	64
<i>ingolimod hcl</i>	46
FINTEPLA	40
<i>finzala</i>	53
FIRMAGON	13
<i>flac</i>	76
FLEBOGAMMA DIF	69
<i>flecainide acetate</i>	27
<i>fluconazole</i>	5
<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5
<i>flucytosine</i>	5
<i>fludrocortisone acetate</i>	58
<i>flunisolide (nasal)</i>	79
<i>fluocinolone acetonide</i>	82
<i>fluocinolone acetonide (otic)</i>	76

<i>fluocinonide</i>	82	<i>GAMMAKED</i>	69
<i>fluocinonide emulsified base</i>	82	<i>GAMMAPLEX</i>	69
<i>fluorometholone (ophth)</i>	75	<i>GAMUNEX-C</i>	69
<i>fluorouracil</i>	12	<i>ganciclovir sodium</i>	8
<i>fluorouracil (topical)</i>	83	<i>GARDASIL 9</i>	70
<i>fluoxetine hcl</i>	34	<i>gatifloxacin (ophth)</i>	74
<i>fluphenazine decanoate</i>	37	<i>GATTEX</i>	63
<i>fluphenazine hcl</i>	37	<i>GAUZE PADS 2</i>	50
<i>flurbiprofen</i>	1	<i>gavilyte-c</i>	62
<i>flurbiprofen sodium</i>	75	<i>gavilyte-g</i>	62
<i>fluticasone propionate</i>	82	<i>gavilyte-n/flower pack</i>	62
<i>fluticasone propionate (nasal)</i>	79	<i>GAVRETO</i>	17
<i>fluticasone-salmeterol aer powder ba</i>		<i>gefitinib</i>	17
<i>100-50 mcg/act</i>	80	<i>gemcitabine hcl</i>	12
<i>fluticasone-salmeterol aer powder ba</i>		<i>gemfibrozil</i>	28
<i>250-50 mcg/act</i>	80	<i>GEMTESA</i>	64
<i>fluticasone-salmeterol aer powder ba</i>		<i>generlac</i>	62
<i>500-50 mcg/act</i>	80	<i>gengraf</i>	70
<i>fluvoxamine maleate</i>	32	<i>GENOTROPIN</i>	59
<i>fondaparinux sodium</i>	65	<i>GENOTROPIN MINIQUICK</i>	59
<i>fosamprenavir calcium</i>	6	<i>gentamicin in saline inj 0.8 mg/ml</i>	3
<i>fosfomycin tromethamine</i>	3	<i>gentamicin in saline inj 1.2 mg/ml</i>	3
<i>fosinopril sodium</i>	25	<i>gentamicin in saline inj 1.6 mg/ml</i>	3
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>gentamicin in saline inj 1 mg/ml</i>	3
<i>tab 10-12.5 mg</i>	25	<i>gentamicin in saline inj 2 mg/ml</i>	3
<i>fosinopril sodium & hydrochlorothiazide</i>		<i>gentamicin sulfate</i>	3
<i>tab 20-12.5 mg</i>	25	<i>gentamicin sulfate (ophth)</i>	74
<i>FOTIVDA</i>	17	<i>gentamicin sulfate (topical)</i>	81
<i>FRINDOVYX</i>	12	<i>GENVOYA TAB</i>	7
<i>FRUZAQLA</i>	17	<i>GILOTRIF</i>	17
<i>FULPHILA</i>	65	<i>glatiramer acetate</i>	46
<i>fulvestrant</i>	13	<i>glatopa</i>	46, 47
<i>FUROSCIX</i>	30	<i>GLEOSTINE</i>	12
<i>furosemide</i>	30	<i>glimepiride</i>	48
<i>furosemide inj</i>	30	<i>glipizide</i>	48, 49
<i>fyavolv tab 0.5mg-2.5mcg</i>	57	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>fyavolv tab 1mg-5mcg</i>	57	.....	49
<i>FYCOMPA</i>	40	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
G		.....	49
<i>gabapentin</i>	40, 41	<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>galantamine hydrobromide</i>	33	<i>glycopyrrolate</i>	61
<i>galbriela</i>	54	<i>glydo</i>	83
<i>gallifrey</i>	60	<i>GLYXAMBI TAB 10-5 MG</i>	49
<i>GAMASTAN INJ</i>	69	<i>GLYXAMBI TAB 25-5 MG</i>	49
<i>GAMMAGARD LIQUID</i>	69	<i>GOMEKLI</i>	17
<i>GAMMAGARD LIQUID ERC</i>	69	<i>granisetron hcl</i>	61
<i>GAMMAGARD S/D IGA LESS TH</i>	69	<i>griseofulvin microsize</i>	5

<i>griseofulvin ultramicrosize</i>	5	<i>hydrocortisone (topical)</i>	82
<i>guanfacine hcl</i>	31	<i>hydrocortisone sod succinate</i>	58
<i>guanfacine hcl (adhd)</i>	44	<i>hydrocortisone valerate</i>	82
H		<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%.....	76
HADLIMA	67	<i>hydromorphone hcl</i>	2
HADLIMA PUSH TOUCH	67	<i>hydroxychloroquine sulfate</i>	69
HAEGARDA.....	65	<i>hydroxyurea</i>	14
<i>hailey 1.5/30</i>	54	<i>hydroxyzine hcl</i>	77
<i>hailey 24 fe</i>	54	<i>hydroxyzine pamoate</i>	77
<i>hailey fe 1/20</i>	54	HYRNUO	17
<i>halobetasol propionate</i>	82	I	
<i>haloperidol</i>	37	<i>ibandronate sodium</i>	51
<i>haloperidol decanoate</i>	37	IBRANCE.....	18
<i>haloperidol lactate</i>	37	IBTROZI	18
HAVRIX	70	<i>ibu</i>	1
<i>heather</i>	54	<i>ibuprofen</i>	1
<i>heparin sodium (porcine)</i>	65	<i>icatibant acetate</i>	66
HEPLISAV-B	70	<i>iclevia</i>	54
HEP SOD/NACL INJ 25000UNT	65	ICLUSIG	18
HERCEP HYLEC SOL 60-10000	17	IDHIFA	18
HERCEPTIN	17	<i>imatinib mesylate</i>	18
HERCESSI	17	IMBRUVICA	18
HERNEXEOS	17	<i>imipenem-cilastatin intravenous for</i> <i>soln 250 mg</i>	4
HERZUMA	17	<i>imipenem-cilastatin intravenous for</i> <i>soln 500 mg</i>	4
HIBERIX	70	<i>imipramine hcl</i>	34
HUMIRA.....	67	<i>imiquimod</i>	83
HUMIRA PEN	67	IMKELDI	18
HUMIRA PEN-CD/UC/HS START	67	IMOVAX RABIES (H.D.C.V.).....	70
HUMIRA PEN KIT PS/UV	67	IMPAVIDO.....	4
HUMULIN R U-500 (CONCENTR	50	INBRIJA	35
HUMULIN R U-500 KWIKPEN.....	50	<i>incassia</i>	54
<i>hydralazine hcl</i>	31	INCRELEX	59
<i>hydrochlorothiazide</i>	30	INCRUSE ELLIPTA	76
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	2	<i>indapamide</i>	30
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	2	INFANRIX INJ	71
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	2	INFLIXIMAB.....	67
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	2	INLURIYO	13
<i>hydrocodone bitartrate</i>	1	INLYTA	18
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	INQOVI TAB 35-100MG	13
<i>hydrocortisone</i>	58	INREBIC	18
<i>hydrocortisone (intrarectal)</i>	62	INSULIN PEN NEEDLES: EMBECTA-BD	50
<i>hydrocortisone (rectal)</i>	83	INSULIN SAFETY NEEDLES: EMBECTA- BD	50

INSULIN SYRINGES: EMBECTA-BD ...	50
INTELENCE	6
INTRALIPID	74
<i>introvale</i>	54
INVEGA HAFYERA.....	37
INVEGA SUSTENNA	37
INVEGA TRINZA.....	37
IPOL INJ INACTIVE.....	71
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	76
<i>ipratropium bromide</i>	76
<i>ipratropium bromide (nasal)</i>	76
<i>irbesartan</i>	27
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	26
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	26
<i>irinotecan hcl</i>	14
ISENTRESS	6
ISENTRESS HD	6
<i>isibloom</i>	54
ISOLYTE-P INJ /D5W	72
ISOLYTE-S INJ PH 7.4.....	72
<i>isoniazid</i>	8
<i>isosorbide dinitrate</i>	31
<i>isosorbide mononitrate</i>	31
<i>isotretinoin</i>	81
<i>isradipine</i>	30
ITOVEBI	18
<i>itraconazole</i>	5
<i>ivabradine hcl</i>	31
<i>ivermectin</i>	4
IWILFIN.....	14
IXIARO INJ.....	71
J	
<i>jaimiess</i>	54
JAKAFI	18
<i>jantoven</i>	65
JANUMET TAB 50-1000	49
JANUMET TAB 50-500MG	49
JANUMET XR TAB 100-1000.....	49
JANUMET XR TAB 50-1000	49
JANUMET XR TAB 50-500MG.....	49
JANUVIA	49
JARDIANCE	49
<i>jasmiel</i>	54
<i>javygtor</i>	59
JAYPIRCA.....	18
<i>jencycla</i>	54
JENTADUETO TAB 2.5-1000.....	49
JENTADUETO TAB 2.5-500	49
JENTADUETO TAB 2.5-850	49
JENTADUETO TAB XR 2.5-1000MG ...	49
JENTADUETO TAB XR 5-1000MG	49
<i>jinteli</i>	57
<i>jolessa</i>	54
<i>juleber</i>	54
JULUCA TAB 50-25MG	7
<i>junel 1/20</i>	54
<i>junel 1.5/30</i>	54
<i>junel fe 1/20</i>	54
<i>junel fe 1.5/30</i>	54
<i>junel fe 24</i>	54
JYLAMVO	69
JYNNEOS	71
K	
KADCYLA	18
<i>kaitlib fe</i>	54
KALETRA SOL.....	7
KALYDECO	78
KANJINTI	18
<i>kariva</i>	54
KCL/D5W/NACL INJ 0.15/0.2	72
KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	72
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	72
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	72
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	72
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	72

<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	72	<i>lamivudine-zidovudine tab 150-300 mg</i>	7
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	72	<i>lamotrigine</i>	41
<i>kelnor 1/35</i>	54	<i>lanreotide acetate</i>	59
KERENDIA.....	25	<i>lansoprazole</i>	63
KESIMPTA	47	LANTUS	50
<i>ketoconazole</i>	5	LANTUS SOLOSTAR	50
<i>ketoconazole (topical)</i>	81	<i>lapatinib ditosylate</i>	19
<i>ketorolac tromethamine (ophth)</i>	75	<i>larin 1/20</i>	54
KEYTRUDA	18	<i>larin 1.5/30</i>	54
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML.....	18	<i>larin 24 fe</i>	54
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....	19	<i>larin fe 1/20</i>	54
KINERET	67	<i>larin fe 1.5/30</i>	54
KINRIX INJ.....	71	<i>latanoprost</i>	75
<i>kionex</i>	52	LAZCLUZE.....	19
KISQALI 200 DOSE	19	<i>leflunomide</i>	69
KISQALI 400 DOSE	19	<i>lenalidomide</i>	14
KISQALI 400 PAK FEMARA.....	19	LENVIMA 10 MG DAILY DOSE	19
KISQALI 600 DOSE	19	LENVIMA 12MG DAILY DOSE	19
KISQALI 600 PAK FEMARA.....	19	LENVIMA 20 MG DAILY DOSE	19
<i>klayesta</i>	81	LENVIMA 4 MG DAILY DOSE	19
<i>klor-con</i>	73	LENVIMA 8 MG DAILY DOSE	19
<i>klor-con 10</i>	73	LENVIMA CAP 14 MG	19
KLOR-CON 10.....	73	LENVIMA CAP 18 MG	19
KLOR-CON 8.....	73	LENVIMA CAP 24 MG	19
<i>klor-con m10</i>	73	<i>lessina</i>	54
<i>klor-con m15</i>	73	<i>letrozole</i>	13
<i>klor-con m20</i>	73	<i>leucovorin calcium</i>	15
KLOXXADO.....	48	LEUKERAN	12
KOMZIFTI	19	<i>leuprolide acetate</i>	13
KOSELUGO.....	19	<i>levabuterol hcl</i>	77
<i>kourzeq</i>	84	<i>levabuterol tartrate</i>	77
KRAZATI.....	19	<i>levetiracetam</i>	41
<i>kurvelo</i>	54	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	41
L		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	41
<i>labetalol hcl</i>	29	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	41
<i>lacosamide</i>	41	<i>levobunolol hcl</i>	75
<i>lacosamide oral</i>	41	<i>levocarnitine (metabolic modifiers)</i> ...	59
<i>lactated ringer's solution</i>	72	<i>levocetirizine dihydrochloride</i>	77
LACTATED RIN INJ	72	<i>levofloxacin</i>	10
<i>lactic acid (ammonium lactate)</i>	83	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	10
<i>lactulose</i>	62	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	10
<i>lactulose (encephalopathy)</i>	62		
<i>lamivudine</i>	6		
<i>lamivudine (hbv)</i>	8		

<i>levofloxacin in d5w iv soln 750</i>	
<i>mg/150ml</i>	10
<i>levonest</i>	54
<i>levonor-eth est tab 0.15-</i>	
<i>0.02/0.025/0.03 mg &eth est 0.01</i>	
<i>mg</i>	54
<i>levonorgestrel & ethinyl estradiol (91-</i>	
<i>day) tab 0.15-0.03 mg</i>	54
<i>levonorgestrel & ethinyl estradiol tab</i>	
<i>0.1 mg-20 mcg</i>	54
<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>30/0.075-40/0.125-30mg-mcg</i>	54
<i>levonorgestrel-ethinyl estradiol</i>	
<i>(continuous) tab 90-20 mcg</i>	54
<i>levonorg-eth est tab 0.1-0.02mg(84) &</i>	
<i>eth est tab 0.01mg(7)</i>	54
<i>levora 0.15/30-28</i>	54
<i>levo-t</i>	60
<i>levothyroxine sodium</i>	60
<i>levoxyl</i>	60
<i>l-glutamine (sickle cell)</i>	66
<i>lidocaine</i>	83
<i>lidocaine hcl</i>	83
<i>lidocaine hcl (local anesth.)</i>	1
<i>lidocaine hcl (mouth-throat)</i>	84
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	83
<i>lidocan</i>	83
LILETTA	54
<i>linezolid</i>	4
LINEZOLID INJ 2MG/ML	4
LINZESS	63
<i>liomny</i>	60
<i>liothyronine sodium</i>	60
<i>lisinopril</i>	25
<i>lisinopril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	25
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	25
<i>lisinopril & hydrochlorothiazide tab 20-</i>	
<i>25 mg</i>	25
<i>lithium</i>	46
<i>lithium carbonate</i>	46
LIVTENCITY	8
<i>loestrin 1/20-21</i>	55
<i>loestrin 1.5/30-21</i>	54
<i>loestrin fe 1/20</i>	55
<i>loestrin fe 1.5/30</i>	55
<i>lojaimiess</i>	55
LOKELMA	52
<i>lomustine</i>	12
LONSURF TAB 15-6.14	13
LONSURF TAB 20-8.19	13
<i>loperamide hcl</i>	63
<i>lopinavir-ritonavir tab 100-25 mg</i>	7
<i>lopinavir-ritonavir tab 200-50 mg</i>	7
<i>lorazepam</i>	32
<i>lorazepam intensol</i>	32
LORBRENA	20
<i>loryna</i>	55
<i>losartan potassium</i>	27
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-12.5 mg</i>	
.....	26
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 100-25 mg</i>	
.....	26
<i>losartan potassium &</i>	
<i>hydrochlorothiazide tab 50-12.5 mg</i>	
.....	26
LOTEMAX	75
<i>loteprednol etabonate-tobramycin</i>	
<i>ophth susp 0.5-0.3%</i>	74
<i>lovastatin</i>	28
<i>low-ogestrel</i>	55
<i>loxapine succinate</i>	37
<i>luizza 1/20</i>	55
<i>luizza 1.5/30</i>	55
LUMAKRAS	20
LUMIGAN	75
LUMIZYME	59
LUPRON DEPOT (1-MONTH)	13
LUPRON DEPOT (3-MONTH)	13
LUPRON DEPOT-PED (1-MONTH	59
LUPRON DEPOT-PED (3-MONTH	59
LUPRON DEPOT-PED (6-MONTH	59
<i>lurasidone hcl</i>	37
<i>lutra</i>	55
LYBALVI TAB 10-10MG	37
LYBALVI TAB 15-10MG	37
LYBALVI TAB 20-10MG	37
LYBALVI TAB 5-10MG	37
<i>lyleq</i>	55
<i>lyllana</i>	57
LYNPARZA	20
LYSODREN	14

LYTGOBI (12 MG DAILY DOSE)	20	<i>methazolamide</i>	30
LYTGOBI (16 MG DAILY DOSE)	20	<i>methenamine hippurate</i>	4
LYTGOBI (20 MG DAILY DOSE)	20	<i>methimazole</i>	60
<i>lyza</i>	55	<i>methocarbamol</i>	47
M		<i>methotrexate sodium</i>	13, 69
<i>magnesium sulfate</i>	72	<i>methsuximide</i>	41
MAGNESIUM SULFATE	72	<i>methylphenidate hcl</i>	44
<i>magnesium sulfate in dextrose 5% iv</i>		<i>methylprednisolone</i>	58
<i>soln 1 gm/100ml</i>	72	<i>methylprednisolone acetate</i>	58
<i>malathion</i>	84	<i>methylprednisolone sod succ</i>	58
<i>maraviroc</i>	6	<i>metoclopramide hcl</i>	61
<i>marlissa</i>	55	<i>metolazone</i>	30
MARPLAN	34	<i>metoprolol & hydrochlorothiazide tab</i>	
MATULANE	15	100-25 mg	29
MAVYRET PAK 50-20MG	8	<i>metoprolol & hydrochlorothiazide tab</i>	
MAVYRET TAB 100-40MG	8	100-50 mg	29
<i>meclizine hcl</i>	61	<i>metoprolol & hydrochlorothiazide tab</i>	
<i>medroxyprogesterone acetate</i>	60	50-25 mg	29
<i>medroxyprogesterone acetate</i>		<i>metoprolol succinate</i>	29
<i>(contraceptive)</i>	55	<i>metoprolol tartrate</i>	29
<i>mefloquine hcl</i>	5	<i>metronidazole</i>	4
<i>megestrol acetate</i>	14, 60	<i>metronidazole (topical)</i>	83
<i>megestrol acetate (appetite)</i>	60	<i>metronidazole vaginal</i>	64
MEKINIST	20	<i>metyrosine</i>	31
MEKTOVI	20	<i>mibelas 24 fe</i>	55
<i>meleya</i>	55	<i>micafungin sodium</i>	5
<i>meloxicam</i>	1	<i>microgestin 1/20</i>	55
<i>memantine hcl</i>	33	<i>microgestin 1.5/30</i>	55
<i>memantine hcl-donepezil hcl cap er</i>		<i>microgestin fe 1/20</i>	55
24hr 14-10 mg	33	<i>microgestin fe 1.5/30</i>	55
<i>memantine hcl-donepezil hcl cap er</i>		<i>midodrine hcl</i>	31
24hr 21-10 mg	33	MIEBO	76
<i>memantine hcl-donepezil hcl cap er</i>		<i>mifepristone (hyperglycemia)</i>	59
24hr 28-10 mg	33	<i>mili</i>	55
<i>memantine hcl tab 28 x 5 mg & 21 x</i>		<i>mimvey</i>	57
10 mg titration pack	33	<i>minocycline hcl</i>	11
MENQUADFI	71	<i>minoxidil</i>	31
MENVEO INJ	71	<i>mirtazapine</i>	34
MENVEO SOL	71	<i>misoprostol</i>	63
<i>mercaptopurine</i>	13	M-M-R II INJ	71
<i>meropenem</i>	4	M-NATAL PLUS TAB	73
<i>mesalamine</i>	62	<i>modafinil</i>	47
<i>mesalamine w/ cleanser</i>	62	MODEYSO	15
<i>mesna</i>	15	<i>moexipril hcl</i>	25
<i>metformin hcl</i>	49	<i>molindone hcl</i>	37
<i>methadone hcl</i>	1, 2	<i>mometasone furoate</i>	83
<i>methadone hydrochloride i</i>	2	MONJUVI	20

<i>mono-lynyah</i>	55	<i>neuac</i>	81
<i>montelukast sodium</i>	78	<i>nevirapine</i>	6
<i>morphine sulfate</i>	2	NEXLETOL	28
MOUNJARO	49	NEXLIZET TAB 180/10MG	28
MOVANTIK	63	NEXPLANON	55
<i>moxifloxacin hcl</i>	10	<i>niacin (antihyperlipidemic)</i>	28
<i>moxifloxacin hcl (ophth)</i>	74	<i>nicardipine hcl</i>	30
<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	10	NICOTROL NS	48
MRESVIA	71	<i>nifedipine</i>	30
MULTAQ	27	<i>nikki</i>	55
<i>multiple electrolytes ph 5.5</i>	72	<i>nilotinib hcl</i>	20
<i>mupirocin</i>	81	<i>nilutamide</i>	14
<i>mycophenolate mofetil</i>	70	<i>nimodipine</i>	30
<i>mycophenolate sodium</i>	70	NINLARO	20
MYRBETRIQ	64	<i>nitazoxanide</i>	4
N		<i>nitisinone</i>	59
<i>nabumetone</i>	1	NITRO-BID	31
<i>nadolol</i>	29	<i>nitrofurantoin macrocrystal</i>	4
<i>nafcillin sodium</i>	11	<i>nitrofurantoin monohyd macro</i>	4
NAGLAZYME	59	<i>nitroglycerin</i>	31
<i>naloxone hcl</i>	48	<i>nitroglycerin (intra-anal)</i>	83
<i>naltrexone hcl</i>	48	<i>nizatidine</i>	61
NAMZARIC CAP 7-10MG	33	<i>nora-be</i>	55
<i>naproxen</i>	1	<i>norelgestromin-ethinyl estradiol td</i> <i>ptwk 150-35 mcg/24hr</i>	55
<i>naproxen sodium</i>	1	<i>norethindrone (contraceptive)</i>	55
<i>naratriptan hcl</i>	45	<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	55
NATACYN	74	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i>	55
<i>nateglinide</i>	49	<i>norethindrone ace & ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i>	55
NAYZILAM	41	<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i>	55
<i>nebivolol hcl</i>	29	<i>norethindrone acetate</i>	60
<i>necon 0.5/35-28</i>	55	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i>	57
<i>nefazodone hcl</i>	34	<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i>	57
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> 74		<i>norethindrone ac-ethinyl estrad-fe tab</i> <i>1-20/1-30/1-35 mg-mcg</i>	55
<i>neomycin-polymyx-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..74		<i>norgestimate & ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i>	55
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	74	<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	55
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	74	<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	56
<i>neomycin-polymyxin-hc ophth susp</i> ..74			
<i>neomycin-polymyxin-hc otic soln 1%</i> 76			
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	76		
<i>neomycin sulfate</i>	4		
NERLYNX	20		

<i>norlyroc</i>	56	<i>olmesartan-amlodipine-</i>	
<i>nortrel 0.5/35 (28)</i>	56	<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>nortrel 1/35 (21)</i>	56	<i>mg</i>	26
<i>nortrel 1/35 (28)</i>	56	<i>olmesartan-amlodipine-</i>	
<i>nortrel 7/7/7</i>	56	<i>hydrochlorothiazide tab 40-10-12.5</i>	
<i>nortriptyline hcl</i>	34	<i>mg</i>	26
NORVIR.....	6	<i>olmesartan-amlodipine-</i>	
NOVOLIN INJ 70/30	50	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
NOVOLIN INJ 70/30 FP	50	.....	26
NOVOLIN N	51	<i>olmesartan-amlodipine-</i>	
NOVOLIN N FLEXPEN	51	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NOVOLIN R	51	<i>mg</i>	26
NOVOLIN R FLEXPEN	51	<i>olmesartan-amlodipine-</i>	
NOVOLOG	51	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
NOVOLOG FLEXPEN	51	.....	26
NOVOLOG FLEXPEN RELION	51	<i>olmesartan medoxomil</i>	27
NOVOLOG MIX INJ 70/30	51	<i>olmesartan medoxomil-</i>	
NOVOLOG MIX INJ FLEXPEN	51	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
NOVOLOG PENFILL.....	51	.....	26
NOVOLOG RELION	51	<i>olmesartan medoxomil-</i>	
NUBEQA	14	<i>hydrochlorothiazide tab 40-12.5 mg</i>	
NUDEXTA CAP 20-10MG	46	.....	26
NULOJIX	70	<i>olmesartan medoxomil-</i>	
NUPLAZID	37	<i>hydrochlorothiazide tab 40-25 mg</i> .	26
NURTEC.....	45	<i>omega-3-acid ethyl esters cap 1 gm</i> .	28
NUTRILIPID.....	74	<i>omeprazole</i>	63
NUZYRA.....	12	<i>omeprazole-sodium bicarbonate powd</i>	
<i>nyamyc</i>	81	<i>pack for susp 20-1680 mg</i>	63
<i>nylia 1/35</i>	56	<i>omeprazole-sodium bicarbonate powd</i>	
<i>nylia 7/7/7</i>	56	<i>pack for susp 40-1680 mg</i>	63
<i>nystatin</i>	5	OMNIPOD 5 DX KIT INT G7G6	51
<i>nystatin (mouth-throat)</i>	84	OMNIPOD 5 DX MIS POD G7G6	51
<i>nystatin (topical)</i>	81	OMNIPOD 5 L2 KIT INTRO G6	51
<i>nystop</i>	81	OMNIPOD 5 L2 MIS PODS G6.....	51
●		OMNIPOD DASH KIT INTRO.....	51
OCTAGAM	69	OMNIPOD DASH MIS PODS	51
<i>octreotide acetate</i>	59	<i>ondansetron</i>	61
ODEFSEY TAB.....	7	<i>ondansetron hcl</i>	61
ODOMZO	20	ONTRUZANT	21
OFEV	78	ONUREG	13
<i>ofloxacin (ophth)</i>	74	OPIPZA	38
<i>ofloxacin (otic)</i>	76	OPSUMIT	32
OGIVRI.....	20	ORGOVYX	14
OGSIVEO	20	ORKAMBI GRA 100-125	78
OJEMDA.....	20	ORKAMBI GRA 150-188	78
OJJAARA	20	ORKAMBI GRA 75-94MG	78
<i>olanzapine</i>	37, 38	ORKAMBI TAB 100-125.....	78

ORKAMBI TAB 200-125.....	78	<i>penicillamine</i>	52
<i>orquidea</i>	56	<i>penicillin g potassium</i>	11
ORSERDU	14	<i>penicillin g sodium</i>	11
<i>oseltamivir phosphate</i>	8	<i>penicillin v potassium</i>	11
OSPOMYV	51	PENMENVY INJ.....	71
<i>oxacillin sodium</i>	11	PENTACEL INJ	71
<i>oxaliplatin</i>	12	<i>pentamidine isethionate inh</i>	4
<i>oxcarbazepine</i>	41	<i>pentamidine isethionate inj</i>	4
<i>oxybutynin chloride</i>	64	<i>pentoxifylline</i>	66
<i>oxycodone hcl</i>	2	<i>perampanel</i>	41
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	<i>perindopril erbumine</i>	25
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	<i>perlogard</i>	84
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	<i>permethrin</i>	84
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	<i>perphenazine</i>	38
OZEMPIC (0.25 OR 0.5MG/DOSE)	49	<i>pfizerpen</i>	11
OZEMPIC (1MG/DOSE)	49	<i>phenelzine sulfate</i>	34
OZEMPIC (2MG/DOSE)	49	<i>phenobarbital</i>	41
P		<i>phenobarbital sodium</i>	41
<i>pacerone</i>	28	<i>phenytek</i>	41
<i>paclitaxel</i>	15	<i>phenytoin</i>	41
<i>paclitaxel inj 100mg</i>	15	<i>phenytoin sodium</i>	41
<i>paliperidone</i>	38	<i>phenytoin sodium extended</i>	41
<i>pamidronate disodium</i>	52	PHESGO SOL.....	21
PAMIDRONATE DISODIUM.....	51	<i>philith</i>	56
PANRETIN	83	PIFELTRO	6
<i>pantoprazole sodium</i>	63	<i>pilocarpine hcl</i>	75
PANZYGA	69	<i>pilocarpine hcl (oral)</i>	84
<i>paricalcitol</i>	60	<i>pimecrolimus</i>	83
<i>paroxetine hcl</i>	34	<i>pimozide</i>	38
PAXLOVID PAK	8	<i>pimtrea</i>	56
PAXLOVID TAB 150-100	8	<i>pindolol</i>	29
PAXLOVID TAB 300-100	8	<i>pioglitazone hcl</i>	49
<i>pazopanib hcl</i>	21	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	49
PEDIARIX INJ 0.5ML.....	71	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	49
PEDVAX HIB.....	71	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	11
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	62	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	11
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	62	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	11
PEGASYS	8	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	11
PEMAZYRE	21	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	11
<i>pemetrexed disodium</i>	13	PIQRAY 200MG DAILY DOSE.....	21
PENBRAYA INJ	71		

PIQRAY 250MG TAB DOSE.....	21	PRIMAQUINE PHOSPHATE	6
PIQRAY 300MG DAILY DOSE.....	21	<i>primidone</i>	42
<i>pirfenidone</i>	78	PRIORIX INJ.....	71
<i>piroxicam</i>	1	PRIVIGEN	69
<i>plenamine</i>	74	<i>probenecid</i>	1
PLENVU SOL.....	62	<i>prochlorperazine</i>	61
<i>podofilox</i>	83	<i>prochlorperazine edisylate</i>	61
<i>polymyxin b sulfate</i>	4	<i>prochlorperazine maleate</i>	61
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	74	PROCRIT.....	65
POMALYST	14	<i>proctocort</i>	84
<i>portia-28</i>	56	<i>procto-med hc</i>	84
<i>posaconazole</i>	5	<i>proctosol hc</i>	84
<i>potassium chloride</i>	73	<i>proctozone-hc</i>	84
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	73	<i>progesterone</i>	60
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	73	PROGRAF.....	70
<i>potassium citrate (alkalinizer)</i>	64	PROLASTIN-C	78
POT CHL 20MEQ/L IN NAACL 0.45% INJ	72	PROLIA	52
POT CHL 20MEQ/L IN NAACL 0.9% INJ	72	<i>promethazine hcl</i>	61
POT CHL 40MEQ/L IN NAACL 0.9% INJ	73	<i>propafenone hcl</i>	28
<i>pramipexole dihydrochloride</i>	35	<i>proparacaine hcl</i>	76
<i>prasugrel hcl</i>	66	<i>propranolol hcl</i>	29
<i>pravastatin sodium</i>	28	<i>propylthiouracil</i>	60
<i>praziquantel</i>	4	PROQUAD INJ.....	71
<i>prazosin hcl</i>	25	PROSOL INJ 20%	74
<i>prednisolone</i>	58	<i>protriptyline hcl</i>	34
<i>prednisolone acetate (ophth)</i>	75	PULMOZYME.....	78
PREDNISOLONE SODIUM PHOSP.....	75	<i>pyrazinamide</i>	8
<i>prednisolone sodium phosphate</i>	58	<i>pyridostigmine bromide</i>	46
<i>prednisone</i>	58	<i>pyrimethamine</i>	4
PREDNISONE INTENSOL	58	PYZCHIVA	67
<i>pregabalin</i>	42	Q	
PREMASOL SOL 10%	74	QINLOCK	21
PRENATAL TAB 27-1MG	73	QUADRACEL INJ 0.5ML	71
PRENATAL TAB PLUS	73	<i>quetiapine fumarate</i>	38
<i>prevalite</i>	28	<i>quinapril hcl</i>	25
PREVYMIS.....	8	<i>quinidine sulfate</i>	28
PREZCOBIX TAB 675/150.....	7	<i>quinine sulfate</i>	6
PREZCOBIX TAB 800-150.....	7	QULIPTA.....	45
PREZISTA	6	R	
PRIFTIN.....	8	RABAVERT INJ.....	71
<i>primaquine phosphate</i>	6	<i>rabeprazole sodium</i>	63
		RALDESY	34
		<i>raloxifene hcl</i>	59
		<i>ramelteon</i>	44
		<i>ramipril</i>	25
		<i>ranolazine</i>	31
		<i>rasagiline mesylate</i>	35

<i>reclipsen</i>	56	<i>rufinamide</i>	42
RECOMBIVAX HB	71	RUKOBIA	6
RELENZA DISKHALER	8	RYBELSUS.....	50
RELISTOR	63	RYDAPT	21
REMICADE	67	S	
RENFLEXIS.....	67	<i>sacubitril-valsartan tab 24-26 mg</i>	27
<i>repaglinide</i>	49	<i>sacubitril-valsartan tab 49-51 mg</i>	27
REPATHA	29	<i>sacubitril-valsartan tab 97-103 mg</i> ...	27
REPATHA SURECLICK	29	<i>sajazir</i>	66
RESTASIS	76	SANTYL	84
RESTASIS MULTIDOSE.....	76	<i>sapropterin dihydrochloride</i>	59
RETEVMO.....	21	SCEMBLIX	21, 22
REVCOVI	59	<i>scopolamine</i>	61
REVUFORJ.....	21	SECUADO	38
REXULTI	38	<i>selegiline hcl</i>	35
REYATAZ	6	<i>selenium sulfide</i>	81
REZDIFFRA	59	SELZENTRY.....	6
REZLIDHIA.....	21	SEREVENT DISKUS.....	77
REZUROCK.....	70	<i>sertraline hcl</i>	34
RHOPRESSA	75	<i>setlakin</i>	56
<i>ribavirin (hepatitis c)</i>	9	<i>sharobel</i>	56
<i>rifabutin</i>	8	SHINGRIX.....	71
<i>rifampin</i>	8	SIGNIFOR	59
<i>riluzole</i>	46	SIKLOS.....	66
<i>rimantadine hydrochloride</i>	9	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	32
RINVOQ.....	67	<i>silver sulfadiazine</i>	81
RINVOQ LQ	67	SIMBRINZA SUS 1-0.2%.....	75
<i>risedronate sodium</i>	52	<i>simliya</i>	56
<i>risperidone</i>	38	<i>simpesse</i>	56
<i>risperidone microspheres</i>	38	<i>simvastatin</i>	28
<i>ritonavir</i>	6	<i>sirolimus</i>	70
<i>rivaroxaban</i>	65	SIRTURO	8
<i>rivastigmine</i>	33	SKYRIZI.....	67
<i>rivastigmine tartrate</i>	33	SKYRIZI PEN	68
<i>rivelsa</i>	56	<i>sodium chloride</i>	73
<i>rizatriptan benzoate</i>	45	<i>sodium chloride (gu irrigant)</i>	84
ROCKLATAN DRO	75	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	73
<i>roflumilast</i>	79	<i>sodium oxybate</i>	47
ROMVIMZA.....	21	<i>sodium phenylbutyrate</i>	59
<i>ropinirole hydrochloride</i>	35	<i>sodium polystyrene sulfonate</i>	52
<i>rosuvastatin calcium</i>	28	<i>sodium polystyrene sulfonate powder</i>	52
<i>rosyrah</i>	56	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	62
ROTARIX SUS.....	71	<i>solifenacin succinate</i>	64
ROTATEQ SOL	71		
<i>roweepira</i>	42		
ROZLYTREK.....	21		
RUBRACA.....	21		

SOLIQUA INJ 100/33	51	SYMDEKO TAB 100-150	79
SOLTAMOX.....	14	SYMDEKO TAB 50-75MG	79
SOLU-CORTEF	58	SYMPAZAN.....	42
SOMATULINE DEPOT	59	SYMTUZA TAB	8
SOMAVERT.....	59	SYNAREL	59
<i>sorafenib tosylate</i>	22	SYNTHROID	60
<i>sotalol hcl</i>	28	T	
<i>sotalol hcl (afib/afI)</i>	28	TABLOID.....	13
SOTYKTU	68	TABRECTA.....	22
SPIRIVA RESPIMAT	77	<i>tacrolimus</i>	70
<i>spironolactone</i>	25	<i>tacrolimus (topical)</i>	84
<i>spironolactone & hydrochlorothiazide</i>		<i>tadalafil</i>	64
<i>tab 25-25 mg</i>	30	<i>tadalafil (pulmonary hypertension)</i> ...	32
<i>sprintec 28</i>	56	TAFINLAR	22
SPRITAM.....	42	TAGRISSE	22
<i>sps</i>	52	TALZENNA	22
<i>sps rectal</i>	52	<i>tamoxifen citrate</i>	14
<i>sronyx</i>	56	<i>tamsulosin hcl</i>	64
<i>ssd</i>	81	<i>tarina 24 fe</i>	56
STELARA.....	68	<i>tarina fe 1/20 eq</i>	56
STIVARGA.....	22	<i>tasimelteon</i>	44
<i>streptomycin sulfate</i>	4	TAVNEOS.....	66
STRIBILD TAB	7	<i>tazarotene</i>	82
<i>subvenite</i>	42	<i>tazicef</i>	9
SUBVENITE	42	TAZVERIK	22
<i>sucralfate</i>	63	TECENTRIQ	22
<i>sulfacetamide sodium (acne)</i>	81	TECENTRIQ INJ HYBREZA.....	22
<i>sulfacetamide sodium (ophth)</i>	75	TEFLARO	9
<i>sulfacetamide sodium-prednisolone</i>		<i>telmisartan</i>	27
<i>ophth soln 10-0.23(0.25)%</i>	74	<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>sulfadiazine</i>	4	.....	27
<i>sulfamethoxazole-trimethoprim iv soln</i>		<i>telmisartan-amlodipine tab 40-5 mg</i> .	27
<i>400-80 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulfamethoxazole-trimethoprim susp</i>		.....	27
<i>200-40 mg/5ml</i>	4	<i>telmisartan-amlodipine tab 80-5 mg</i> .	27
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>400-80 mg</i>	4	<i>12.5 mg</i>	27
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>800-160 mg</i>	4	<i>12.5 mg</i>	27
SULFAMYLON	81	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>sulfasalazine</i>	62	<i>25 mg</i>	27
<i>sulindac</i>	1	<i>temazepam</i>	44, 45
<i>sumatriptan</i>	45	TENIVAC INJ 5-2LF.....	71
<i>sumatriptan succinate</i>	45	<i>tenofovir disoproxil fumarate</i>	6
<i>sunitinib malate</i>	22	TEPMETKO	22
SUNLENCA.....	6	<i>terazosin hcl</i>	25
<i>syeda</i>	56	<i>terbinafine hcl</i>	5

<i>terbutaline sulfate</i>	77	<i>torse mide</i>	30
<i>terconazole vaginal</i>	64	TOUJEO MAX SOLOSTAR	51
<i>teriparatide</i>	52	TOUJEO SOLOSTAR	51
TERIPARATIDE	52	TPN ELECTROL INJ	73
<i>testosterone</i>	48	TRADJENTA	50
<i>testosterone cypionate</i>	48	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>testosterone enanthate</i>	48	<i>mg</i>	3
<i>testosterone pump</i>	48	<i>tramadol hcl</i>	3
<i>tetrabenazine</i>	46	<i>trandolapril</i>	25
<i>tetracycline hcl</i>	12	<i>tranexamic acid</i>	66
THALOMID	14	<i>tranylcypro mine sulfate</i>	34
<i>theophylline</i>	79	TRAVASOL INJ 10%	74
<i>thioridazine hcl</i>	38	<i>travoprost</i>	75
<i>thiothixene</i>	38	TRAZIMERA	22
<i>tiadylt er</i>	30	<i>trazodone hcl</i>	34
<i>tiagabine hcl</i>	42	TRELEGY AER ELLIPTA 100-62.5-25	
TIBSOVO	22	MCG	76
<i>ticagrelor</i>	66	TRELEGY AER ELLIPTA 200-62.5-25	
TICOVAC	71	MCG	76
<i>tigecycline</i>	12	TREMFYA	68
<i>tilia fe</i>	56	TREMFYA INDUCTION PACK FO	68
<i>timolol maleate</i>	29	TREMFYA PEN	68
<i>timolol maleate (ophth)</i>	75	<i>treprostinil</i>	32
<i>tinidazole</i>	4	<i>tretinoin</i>	81
TIVICAY	6	<i>tretinoin (chemotherapy)</i>	15
TIVICAY PD	7	<i>triamcinolone acetonide (mouth)</i>	84
<i>tizanidine hcl</i>	47	<i>triamcinolone acetonide (topical)</i>	83
TOBI PODHALER	4	<i>triamterene & hydrochlorothiazide cap</i>	
TOBRADEX OIN 0.3-0.1%	74	37.5-25 mg	31
<i>tobramycin</i>	4	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin (ophth)</i>	75	37.5-25 mg	31
<i>tobramycin-dexamethasone ophth susp</i>		<i>triamterene & hydrochlorothiazide tab</i>	
0.3-0.1%	74	75-50 mg	31
<i>tobramycin sulfate</i>	4	<i>tridacaine ii</i>	83
<i>tolterodine tartrate</i>	64	<i>triderm</i>	83
<i>tolvaptan</i>	59, 60	<i>trientine hcl</i>	52
<i>tolvaptan tab therapy pack 30 & 15 mg</i>		<i>tri-estarylla</i>	56
.....	60	<i>trifluoperazine hcl</i>	39
<i>tolvaptan tab therapy pack 45 & 15 mg</i>		<i>trifluridine</i>	75
.....	60	<i>trihexyphenidyl hcl</i>	36
<i>tolvaptan tab therapy pack 60 & 30 mg</i>		TRIJARDY XR TAB ER 24HR 10-5-	
.....	60	1000MG	50
<i>tolvaptan tab therapy pack 90 & 30 mg</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
.....	60	1000MG	50
<i>topiramate</i>	42	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	14	1000MG	50
<i>torpenz</i>	22		

TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	50
TRIKAFTA PAK 59.5MG	79
TRIKAFTA PAK 75MG	79
TRIKAFTA TAB 100-50-75MG & 150MG	79
TRIKAFTA TAB 50-25-37.5MG & 75MG	79
<i>tri-legest fe</i>	56
<i>tri-lynyah</i>	56
<i>tri-lo-estarylla</i>	56
<i>tri-lo-marzia</i>	56
<i>tri-lo-mili</i>	56
<i>tri-lo-sprintec</i>	56
<i>trimethoprim</i>	5
<i>tri-mili</i>	56
<i>trimipramine maleate</i>	34
TRINTELLIX.....	34
<i>tri-sprintec</i>	56
TRIUMEQ PD TAB.....	8
TRIUMEQ TAB	8
<i>tri-vylibra</i>	56
<i>tri-vylibra lo</i>	56
TROGARZO	7
TROPHAMINE INJ 10%.....	74
<i>tropium chloride</i>	64
TRULICITY	50
TRUMENBA.....	71
TRUQAP	22
TRUXIMA	22
TUKYSA	22
TURALIO.....	22
<i>turqoz</i>	56
<i>twice-daily clindamycin phosphate (topical)</i>	81
TWINRIX INJ	71
TYBOST.....	7
<i>tydemy</i>	56
TYENNE	68
TYPHIM VI.....	71
U	
UBRELVY	45
<i>unithroid</i>	60
UPTRAVI	32
UPTRAVI PACK TAB 200/800	32
<i>ursodiol</i>	63
USTEKINUMAB.....	68

V	
<i>valacyclovir hcl</i>	9
VALCHLOR	84
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	42
<i>valproic acid</i>	42
<i>valsartan</i>	27
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	27
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	27
VALTOCO 10 MG DOSE	42
VALTOCO 15 MG DOSE	42
VALTOCO 20 MG DOSE	42
VALTOCO 5 MG DOSE.....	42
<i>valtya 1/35</i>	56
<i>valtya 1/50</i>	56
<i>vancomycin hcl</i>	5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG.....	5
VANCOMYCIN INJ 750MG.....	5
VANFLYTA	22
VAQTA.....	71
<i>varenicline tartrate</i>	48
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	48
VARIVAX.....	71
VASCEPA	29
VAXCHORA SUS.....	71
<i>velivet</i>	56
VELSIPITY.....	68
VENCLEXTA.....	23
VENCLEXTA TAB START PK.....	23
<i>venlafaxine hcl</i>	34
VENTOLIN HFA	77
VENTOLIN HFA (INSTITUTIONAL PACK)	78
<i>verapamil hcl</i>	30
VERQUOVO	31
VERSACLOZ	39
VERZENIO.....	23

<i>vestura</i>	56	XCOPRI	43
<i>vienva</i>	56	XCOPRI PAK 100-150	43
<i>vigabatrin</i>	43	XCOPRI PAK 12.5-25	43
<i>vigadrone</i>	43	XCOPRI PAK 150-200MG	
VIGAFYDE	43	(MAINTENANCE)	43
<i>vilazodone hcl</i>	34	XCOPRI PAK 150-200MG (TITRATION)	
VIMKUNYA	71	.....	43
<i>vincristine sulfate</i>	15	XCOPRI PAK 50-100MG	43
<i>vinorelbine tartrate</i>	15	XDEMVY	75
<i>viorele</i>	57	XELJANZ	68
VIRACEPT	7	XELJANZ XR	68
VIREAD	7	<i>xelria fe</i>	57
VITRAKVI	23	XERMELO	63
VIVIMUSTA	12	XHANCE.....	79
VIVITROL.....	48	XIFAXAN	63
VIVOTIF CAP EC.....	71	XIGDUO XR TAB 10-1000	50
VIZIMPRO	23	XIGDUO XR TAB 10-500MG	50
VONJO.....	23	XIGDUO XR TAB 2.5-1000	50
VOQUEZNA PAK DUAL PAK	63	XIGDUO XR TAB 5-1000MG	50
VOQUEZNA PAK TRIP PK	63	XIGDUO XR TAB 5-500MG	50
VORANIGO.....	23	XIIDRA	76
<i>voriconazole</i>	5	XOFLUZA	9
VOSEVI TAB.....	9	XOLAIR.....	79
VOWST CAP	63	XOSPATA	23
VRAYLAR	39	XPOVIO PAK (100 MG ONCE WEEKLY)	
<i>vyfemla</i>	57	.....	24
<i>vylibra</i>	57	XPOVIO PAK (40 MG ONCE WEEKLY) 23	
VYZULTA.....	75	XPOVIO PAK (40 MG TWICE WEEKLY)	
W		.....	23
<i>warfarin sodium</i>	65	XPOVIO PAK (60 MG ONCE WEEKLY) 23	
<i>water for irrigation, sterile irrigation</i>		XPOVIO PAK (60 MG TWICE WEEKLY)	
<i>soln</i>	84	.....	23
WELIREG	15	XPOVIO PAK (80 MG ONCE WEEKLY) 23	
<i>wera</i>	57	XPOVIO PAK (80 MG TWICE WEEKLY)	
WESTAB PLUS TAB 27-1MG	73	.....	23
WINREVAIR.....	32	XTANDI	14
WINREVAIR INJ 45MG	32	XTRENBO	52
WINREVAIR INJ 60MG	32	<i>xulane</i>	57
<i>wixela inhub</i>	80	XULTOPHY INJ 100/3.6	51
<i>wymzya fe</i>	57	Y	
WYOST	52	YESINTEK.....	68, 69
X		YF-VAX INJ.....	71
XALKORI.....	23	YONSA	14
<i>xarah fe</i>	57	YUTREPIA	32
XARELTO	65	<i>yuvafem</i>	57
XARELTO STAR TAB 15/20MG	65	Z	
XATMEP	69	<i>zafemy</i>	57

<i>zafirlukast</i>	78	<i>zidovudine</i>	7
<i>zaleplon</i>	45	<i>ziprasidone hcl</i>	39
ZARXIO	65	<i>ziprasidone mesylate</i>	39
ZEGALOGUE	58	ZIRABEV	24
ZEJULA.....	24	ZIRGAN	75
ZELBORAF.....	24	<i>zoledronic acid</i>	52
<i>zelvysia</i>	60	ZOLINZA.....	24
ZEMAIRA	79	<i>zolpidem tartrate</i>	45
<i>zenatane</i>	81	ZONISADE	43
ZENPEP CAP 10000UNT	63	<i>zonisamide</i>	43
ZENPEP CAP 15000UNT	63	<i>zovia 1/35</i>	57
ZENPEP CAP 20000UNT	63	ZTALMY	43
ZENPEP CAP 25000UNT	63	<i>zumandimine</i>	57
ZENPEP CAP 3000UNIT	63	ZURZUVAE	35
ZENPEP CAP 40000UNT	63	ZYDELIG.....	24
ZENPEP CAP 5000UNIT	63	ZYKADIA.....	24
ZENPEP CAP 60000UNT	63	ZYLET SUS 0.5-0.3%.....	74
ZERVIATE	75	ZYPREXA RELPREVV	39



Elderplan 長老計劃/白卡受益人計劃 (HMO-POS D-SNP)
Elderplan 長老計劃/加長期護理計劃 (HMO-POS D-SNP)
Elderplan 長老計劃/優勢計劃-針對療養院居民 (HMO-POS I-SNP)

自 04/01/2026 起，我們並未對此處方藥一覽表作出任何變更。如需最新資訊或有其他問題，請聯絡 Elderplan（長老計劃）會員服務部，電話：1-800-353-3765，TTY 使用者可致電 711，服務時間為早上 8 點至晚上 8 點，每週 7 天，或瀏覽 www.elderplan.org。