



MASSACHUSETTS

| Blue MedicareRxSM (PDP)

Blue MedicareRxSM (PDP) 3 Tier Select 2027 Formulary (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 08/28/2026. For more recent information or other questions, please contact Blue MedicareRx at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. If you are unsure about which drugs may or may not be covered, please call Customer Care to verify drug coverage.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRxSM (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx.

This document includes a Drug List (formulary) for our plan which is current as of January 1, 2027. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Blue MedicareRx Formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but Blue MedicareRx may add or remove drugs on the formulary during the year, move them to different cost sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our Document Portal here: rxmedicareplans.memberdoc.com.

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

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

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

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

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

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

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

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

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

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

The enclosed formulary is current as of August 28, 2026. To get updated information about the drugs covered by Blue MedicareRx, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost sharing tier), we will notify you by mail. You may also access our formulary on our Document Portal (rxmedicareplans.memberdoc.com) to get information showing changes, additions, and/or deletions of medications contained in our formulary.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

Blue MedicareRx covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue MedicareRx requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan based on specific criteria before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for simvastatin 80 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

What if my drug is not on the formulary?

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

If you learn that Blue MedicareRx does not cover your drug, you have two options:

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

Compounds may or may not be covered by your plan benefit.

How do I request an exception to the Blue MedicareRx formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost sharing level, and you would not be able to ask us to provide the drug at a lower cost sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost sharing level if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Blue MedicareRx will only approve your request for an exception if the alternative drug is included on the plan's formulary, the lower cost sharing drug or the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need this exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you talk to your prescriber to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you change your level of care, such as a move from a hospital to a home setting, and you need a drug that is not on our formulary or if your ability to get your drugs is limited but you are past the first 90 days of membership in our plan, we will cover up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

For more information

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

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

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

Blue MedicareRx formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx. If you have trouble finding your drug on the list, turn to the Index that begins at the back of this document.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- B/D Covered under Medicare B or D. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- QL Quantity Limit. For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for simvastatin 80 mg tablets.
- PA Prior Authorization. Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- ST Step Therapy. In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- NM Not Available at Mail Order. Drugs with this abbreviation are not typically available at CVS Caremark Mail Service Pharmacy. Maintenance medications (drugs you take on a regular basis for a chronic or long-term condition) without this abbreviation are typically available at CVS Caremark Mail Service Pharmacy. Actual availability may vary.

In the drug listing, the Tier column identifies which tier each drug is on. The amount you will pay at the pharmacy, also known as copayment or coinsurance, is determined by the drug tier.

Drug Name	Drug Tier	Requirements/ Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1	
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	Tier 2	
<i>probenecid</i> TABS 500mg	Tier 2	
MISCELLANEOUS		
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	Tier 2	QL PA
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%	Tier 3	B/D
<i>lidocaine hcl (local anesth.)</i> (generic of XYLOCAINE) SOLN .5%, 1%, 2%	Tier 3	B/D
NSAIDS		
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 2	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	Tier 2	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	Tier 1	QL
<i>diclofenac sodium</i> TB24 100mg QL (60 tabs / 30 days)	Tier 2	QL
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 1	
<i>flurbiprofen</i> TABS 100mg	Tier 2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 1	
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1	
<i>nabumetone</i> TABS 500mg, 750mg	Tier 1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulindac</i> TABS 150mg, 200mg	Tier 1	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	Tier 3	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>morphine sulfate</i> TBCR 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
<i>acetaminophen w/ codeine tab</i> 300-15 mg QL (400 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-30 mg QL (360 tabs / 30 days)	Tier 1	QL
<i>acetaminophen w/ codeine tab</i> 300-60 mg QL (180 tabs / 30 days)	Tier 1	QL
<i>endocet tab</i> 2.5-325mg QL (360 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>endocet tab 7.5-325mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>endocet tab 10-325mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	Tier 3	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	Tier 2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	Tier 2	QL
<i>hydromorphone hcl</i> (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	Tier 3	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	Tier 2	QL
<i>morphine sulfate</i> SOLN 100mg/5ml QL (180 mL / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>morphine sulfate</i> TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	Tier 3	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 20mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone hcl</i> (generic of ROXICODONE) TABS 15mg, 30mg QL (180 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/acetaminophen tab 5-325 mg</i> (generic of PERCOCET) QL (360 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET) QL (240 tabs / 30 days)	Tier 2	QL
<i>oxycodone w/acetaminophen tab 10-325 mg</i> (generic of PERCOCET) QL (180 tabs / 30 days)	Tier 2	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	Tier 1	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	Tier 3	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	Tier 3	
ARIKAYCE SUSP 590mg/8.4ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>atovaquone</i> (generic of MEPRON) SUSP 750mg/5ml QL (300 mL / 30 days)	Tier 3	QL PA
<i>aztreonam</i> SOLR 1gm, 2gm	Tier 3	
BLUJEPA TABS 750mg	Tier 2	
CAYSTON SOLR 75mg	Tier 2	NM PA
<i>clindamycin hcl</i> (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	Tier 1	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	Tier 3	
<i>colistimethate sodium</i> (generic of COLY-MYCIN M) SOLR 150mg	Tier 3	
<i>dapsone</i> TABS 25mg, 100mg	Tier 2	
DAPTOMYCIN SOLR 350mg	Tier 3	
<i>daptomycin</i> (generic of DAPTOMYCIN) SOLR 350mg	Tier 3	
<i>daptomycin</i> SOLR 500mg	Tier 3	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 1	QL
<i>ertapenem sodium</i> SOLR 1gm	Tier 2	
<i>fosfomycin tromethamine</i> PACK 3gm	Tier 3	
<i>gentamicin in saline inj</i> 0.8 mg/ml	Tier 3	
<i>gentamicin in saline inj</i> 2 mg/ml	Tier 3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	Tier 3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	Tier 3	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg (generic of PRIMAXIN IV)	Tier 3	
<i>ivermectin</i> (generic of STROMECTOL) TABS 3mg QL (20 tabs / 90 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin</i> TABS 6mg QL (10 tabs / 90 days)	Tier 2	QL PA
<i>linezolid</i> (generic of ZYVOX) SOLN 600mg/300ml	Tier 3	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 3	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL
LINEZOLID INJ 2MG/ML	Tier 3	
<i>meropenem</i> SOLR 1gm, 500mg	Tier 3	
<i>meropenem</i> (generic of MEROPENEM) SOLR 2gm	Tier 3	
<i>methenamine hippurate</i> TABS 1gm	Tier 2	
<i>metronidazole</i> (generic of METRONIDAZOLE) SOLN 500mg/100ml	Tier 3	
<i>metronidazole</i> TABS 250mg, 500mg	Tier 1	
<i>neomycin sulfate</i> TABS 500mg	Tier 1	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	Tier 3	QL
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	Tier 2	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	Tier 2	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	Tier 3	B/D
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	Tier 3	
<i>praziquantel</i> TABS 600mg	Tier 3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL PA
<i>streptomycin sulfate</i> SOLR 1gm	Tier 3	
<i>sulfadiazine</i> TABS 500mg	Tier 3	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Tier 1	
<i>tinidazole TABS 250mg, 500mg</i>	Tier 2	
TOBI PODHALER CAPS 28mg	Tier 2	NM PA
<i>tobramycin (generic of KITABIS PAK) NEBU 300mg/5ml</i>	Tier 1	NM PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	Tier 3	
<i>trimethoprim TABS 100mg</i>	Tier 2	
<i>vancomycin hcl (generic of VANCOCIN) CAPS 125mg QL (80 caps / 180 days)</i>	Tier 3	QL
<i>vancomycin hcl (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)</i>	Tier 3	QL
<i>vancomycin hcl (generic of VANCOMYCIN HYDROCHLORIDE) SOLR 1.25gm, 750mg</i>	Tier 3	
<i>vancomycin hcl SOLR 1gm, 1.5gm, 5gm, 10gm, 500mg</i>	Tier 3	
VANCOMYCIN INJ 1 GM	Tier 3	
VANCOMYCIN INJ 500MG	Tier 3	
VANCOMYCIN INJ 750MG	Tier 3	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	Tier 2	QL
ANTIFUNGALS		
<i>amphotericin b SOLR 50mg</i>	Tier 3	B/D
<i>amphotericin b liposome (generic of AMBISOME) SUSR 50mg</i>	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>caspofungin acetate (generic of CASPOFUNGIN ACETATE) SOLR 50mg, 70mg</i>	Tier 3	
CRESEMBA CAPS 74.5mg, 186mg	Tier 2	PA
<i>fluconazole SUSR 10mg/ml</i>	Tier 2	
<i>fluconazole (generic of DIFLUCAN) SUSR 40mg/ml</i>	Tier 2	
<i>fluconazole TABS 50mg, 100mg, 150mg, 200mg</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 3	
<i>flucytosine (generic of ANCOBON) CAPS 250mg, 500mg</i>	Tier 1	PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	Tier 3	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	Tier 3	
<i>itraconazole (generic of SPORANOX) CAPS 100mg QL (120 caps / 30 days)</i>	Tier 3	QL
<i>ketokonazole TABS 200mg</i>	Tier 2	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	Tier 3	
<i>nystatin TABS 500000unit</i>	Tier 2	
<i>posaconazole TBEC 100mg QL (93 tabs / 30 days)</i>	Tier 3	QL PA
<i>terbinafine hcl TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year</i>	Tier 1	QL PA
<i>voriconazole (generic of VFEND IV) SOLR 200mg</i>	Tier 3	PA
<i>voriconazole (generic of VFEND) SUSR 40mg/ml QL (600 mL / 28 days)</i>	Tier 1	QL PA
<i>voriconazole TABS 50mg QL (480 tabs / 30 days)</i>	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	Tier 3	QL
ANTIMALARIALS		
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg (generic of MALARONE)	Tier 3	
<i>atovaquone-proguanil hcl</i> tab 250-100 mg (generic of MALARONE)	Tier 3	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 3	
COARTEM TAB 20-120MG	Tier 3	
<i>mefloquine hcl</i> TABS 250mg	Tier 1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	Tier 2	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	Tier 2	
<i>quinine sulfate</i> CAPS 324mg	Tier 3	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> (generic of ZIAGEN) SOLN 20mg/ml	Tier 3	NM
<i>abacavir sulfate</i> TABS 300mg	Tier 3	NM
APTIVUS CAPS 250mg	Tier 2	NM
<i>atazanavir sulfate</i> CAPS 150mg	Tier 3	NM
<i>atazanavir sulfate</i> (generic of REYATAZ) CAPS 200mg, 300mg	Tier 3	NM
<i>darunavir</i> (generic of PREZISTA) TABS 600mg QL (60 tabs / 30 days)	Tier 3	QL NM
<i>darunavir</i> (generic of PREZISTA) TABS 800mg QL (30 tabs / 30 days)	Tier 3	QL NM
EDURANT TABS 25mg	Tier 2	NM
EDURANT PED TBSO 2.5mg	Tier 2	NM
<i>efavirenz</i> TABS 600mg	Tier 3	NM
<i>emtricitabine</i> (generic of EMTRIVA) CAPS 200mg	Tier 3	NM
EMTRIVA SOLN 10mg/ml	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits
<i>etravirine</i> (generic of INTELENCE) TABS 100mg, 200mg	Tier 3	NM
<i>fosamprenavir calcium</i> TABS 700mg	Tier 3	NM
INTELENCE TABS 25mg	Tier 3	NM
ISENTRESS CHEW 25mg	Tier 3	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 2	NM
ISENTRESS HD TABS 600mg	Tier 2	NM
<i>lamivudine</i> (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	Tier 2	NM
<i>maraviroc</i> (generic of SELZENTRY) TABS 150mg, 300mg	Tier 2	NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	Tier 3	NM
<i>nevirapine</i> TABS 200mg	Tier 1	NM
NORVIR PACK 100mg	Tier 3	NM
PIFELTRO TABS 100mg	Tier 2	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 2	QL NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 3	QL NM
REYATAZ PACK 50mg	Tier 2	NM
<i>rilpivirine hcl</i> (generic of EDURANT) TABS 25mg	Tier 3	NM
<i>ritonavir</i> (generic of NORVIR) TABS 100mg	Tier 2	NM
RUKOBIA TB12 600mg	Tier 2	NM
SELZENTRY SOLN 20mg/ml	Tier 2	NM
SUNLENCA TABS 300mg; TBPK 300mg	Tier 2	NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	Tier 3	NM
TIVICAY TABS 50mg	Tier 2	NM
TIVICAY PD TBSO 5mg	Tier 2	NM

Drug Name	Drug Tier	Requirements/ Limits
VIRACEPT TABS 250mg, 625mg	Tier 3	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 2	NM
zidovudine (generic of RETROVIR) CAPS 100mg	Tier 3	NM
zidovudine (generic of RETROVIR) SYRP 50mg/5ml	Tier 2	NM
zidovudine TABS 300mg	Tier 2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	Tier 3	NM
BIKTARVY TAB 30-120-15 MG	Tier 2	NM
BIKTARVY TAB 50-200-25 MG	Tier 2	NM
CIMDUO TAB 300-300	Tier 2	NM
DELSTRIGO TAB	Tier 2	NM
DESCOVY TAB 120-15MG	Tier 2	NM
DESCOVY TAB 200/25MG	Tier 2	NM
DOVATO TAB 50-300MG	Tier 2	NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 3	NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (generic of SYMFI)	Tier 3	NM
emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg (generic of COMPLERA)	Tier 1	NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)	Tier 3	NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)	Tier 3	NM
EVOTAZ TAB 300-150	Tier 2	NM
GENVOYA TAB	Tier 2	NM
IDVYNOS TAB 100-0.25	Tier 2	NM
JULUCA TAB 50-25MG	Tier 2	NM
KALETRA SOL	Tier 3	NM
lamivudine-zidovudine tab 150-300 mg	Tier 3	NM
lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)	Tier 3	NM
lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)	Tier 3	NM
ODEFSEY TAB	Tier 2	NM
PREZCOBIX TAB 675/150	Tier 2	NM
PREZCOBIX TAB 800-150	Tier 2	NM
STRIBILD TAB	Tier 2	NM
SYMTUZA TAB	Tier 2	NM
TRIUMEQ PD TAB	Tier 3	NM
TRIUMEQ TAB	Tier 2	NM
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	Tier 1	
ethambutol hcl TABS 100mg, 400mg	Tier 2	
isoniazid TABS 100mg, 300mg	Tier 1	
PRETOMANID TABS 200mg	Tier 3	
PRIFTIN TABS 150mg	Tier 3	
pyrazinamide TABS 500mg	Tier 3	
rifabutin CAPS 150mg	Tier 3	
rifampin CAPS 150mg, 300mg	Tier 2	
rifampin (generic of RIFADIN) SOLR 600mg	Tier 3	
SIRTURO TABS 20mg, 100mg	Tier 2	NM PA
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 1	
acyclovir sodium SOLN 50mg/ml	Tier 3	B/D
adefovir dipivoxil TABS 10mg	Tier 3	NM

Drug Name	Drug Tier	Requirements/ Limits
BARACLUDE SOLN .05mg/ml	Tier 2	NM ST
entecavir (generic of BARACLUDE) TABS .5mg, 1mg	Tier 3	NM
ganciclovir sodium SOLR 500mg	Tier 3	B/D
lamivudine (hbv) TABS 100mg	Tier 2	NM
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	Tier 2	QL NM PA
MAVYRET PAK 50-20MG	Tier 2	NM PA
MAVYRET TAB 100-40MG	Tier 2	NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	Tier 2	QL
oseltamivir phosphate CAPS 45mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) CAPS 75mg QL (84 caps / year)	Tier 2	QL
oseltamivir phosphate (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	Tier 2	QL
PAXLOVID PAK QL (22 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	Tier 1	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	Tier 1	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Tier 2	NM PA
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	Tier 2	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	Tier 2	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	Tier 2	NM
rimantadine hydrochloride TABS 100mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
valacyclovir hcl (generic of VALTREX) TABS 1gm, 500mg	Tier 2	
valganciclovir hcl (generic of VALCYTE) SOLR 50mg/ml	Tier 1	
valganciclovir hcl TABS 450mg	Tier 2	
VOSEVI TAB	Tier 2	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	Tier 2	
cefadroxil CAPS 500mg	Tier 1	
CEFAZOLIN SOLR 2gm, 3gm	Tier 3	
CEFAZOLIN INJ 1GM/50ML	Tier 3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3	
CEFAZOLIN SOLN 2GM/100ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 3	
cefdinir CAPS 300mg	Tier 1	
cefdinir SUSR 125mg/5ml, 250mg/5ml	Tier 2	
cefepime hcl SOLR 1gm, 2gm	Tier 3	
cefixime CAPS 400mg	Tier 3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	Tier 3	
cefpodoxime proxetil TABS 100mg, 200mg	Tier 2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	
ceftaroline fosamil (generic of TEFLARO) SOLR 400mg, 600mg	Tier 1	
ceftazidime SOLR 1gm, 2gm, 6gm	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3	
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 3	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg	Tier 3	
<i>azithromycin</i> SUSR 100mg/5ml	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) SUSR 200mg/5ml	Tier 2	
<i>azithromycin</i> (generic of ZITHROMAX) TABS 250mg, 500mg	Tier 1	
<i>azithromycin</i> TABS 600mg	Tier 1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 2	
DIFICID SUSR 40mg/ml	Tier 2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	Tier 3	
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	Tier 3	
<i>erythromycin ethylsuccinate</i> (generic of E.E.S. GRANULES) SUSR 200mg/5ml	Tier 3	
<i>erythromycin ethylsuccinate</i> (generic of ERYPED 400) SUSR 400mg/5ml	Tier 3	
<i>erythromycin lactobionate</i> SOLR 500mg	Tier 3	
<i>fidaxomicin</i> (generic of DIFICID) TABS 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 3	
<i>ciprofloxacin hcl</i> (generic of CIPRO) TABS 250mg, 500mg	Tier 1	
<i>ciprofloxacin hcl</i> TABS 750mg	Tier 1	
<i>levofloxacin</i> SOLN 25mg/ml	Tier 3	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Tier 3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Tier 3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Tier 3	
<i>moxifloxacin hcl</i> TABS 400mg	Tier 2	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 3	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 1	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	Tier 2	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	Tier 3	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	Tier 2	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)	Tier 2	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	Tier 3	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	Tier 1	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	Tier 1	
<i>ampicillin</i> CAPS 500mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Tier 3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Tier 3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Tier 3	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 3	
<i>BICILLIN L-A</i> SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 3	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	Tier 2	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	Tier 3	
<i>nafcillin sodium</i> SOLR 10gm	Tier 1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>penicillin g sodium</i> SOLR 5000000unit	Tier 3	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	Tier 3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	Tier 3	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	Tier 1	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml	Tier 3	
<i>doxycycline (monohydrate)</i> TABS 50mg, 75mg, 100mg	Tier 2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 1	
<i>doxycycline hyclate</i> SOLR 100mg	Tier 3	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	Tier 2	
<i>tetracycline hcl</i> CAPS 250mg, 500mg	Tier 3	
<i>tigecycline</i> (generic of TYGACIL) SOLR 50mg	Tier 3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>cyclophosphamide</i> CAPS 25mg, 50mg	Tier 2	B/D
CYCLOPHOSPHAMIDE TABS 50mg	Tier 3	B/D
LEUKERAN TABS 2mg	Tier 2	PA
<i>lomustine</i> (generic of GLEOSTINE) CAPS 10mg, 40mg	Tier 3	NM
<i>lomustine</i> (generic of GLEOSTINE) CAPS 100mg	Tier 1	NM
ANTIMETABOLITES		
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 2	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 2	QL NM PA
<i>mercaptopurine</i> (generic of PURIXAN) SUSP 2000mg/100ml	Tier 1	NM
<i>mercaptopurine</i> TABS 50mg	Tier 2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 2	QL NM PA
TABLOID TABS 40mg	Tier 2	PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>abiraterone acetate</i> (generic of ZYTIGA) TABS 500mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>abirtega</i> (generic of ZYTIGA) TABS 250mg QL (120 tabs / 30 days)	Tier 3	QL NM PA
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 2	QL NM PA
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>anastrozole</i> (generic of ARIMIDEX) TABS 1mg	Tier 1	
<i>bicalutamide</i> (generic of CASODEX) TABS 50mg	Tier 1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 3	NM PA
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
EULEXIN CAPS 125mg	Tier 1	
<i>exemestane</i> (generic of AROMASIN) TABS 25mg	Tier 3	
FIRMAGON SOLR 80mg	Tier 3	NM PA
FIRMAGON SOLR 120mg/vial	Tier 2	NM PA
INLURIYO TABS 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
<i>letrozole</i> (generic of FEMARA) TABS 2.5mg	Tier 1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	Tier 3	NM PA
LIFYORLI CAP 125MG DS QL (18 caps / 28 days)	Tier 2	QL NM PA
LIFYORLI CAP 150MG DS QL (27 caps / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
LUPRON DEPOT (1-MONTH) KIT 3.75mg	Tier 2	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	Tier 2	NM PA
LYSODREN TABS 500mg	Tier 2	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	Tier 2	
<i>nilutamide</i> TABS 150mg	Tier 1	
NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ORGOVYX TABS 120mg	Tier 2	NM PA
ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
SOLTAMOX SOLN 10mg/5ml	Tier 2	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	Tier 1	
<i>toremifene citrate</i> (generic of FARESTON) TABS 60mg	Tier 3	PA
VEPPANU TABS 100mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
VEPPANU TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
YONSA TABS 125mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IMMUNOMODULATORS		
<i>lenalidomide</i> (generic of REVLIMID) CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 1	QL NM PA
<i>lenalidomide</i> (generic of REVLIMID) CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>pomalidomide</i> (generic of POMALYST) CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 1	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 2	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 2	QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
<i>bexarotene</i> (generic of TARGRETIN) CAPS 75mg QL (300 caps / 30 days)	Tier 1	QL NM PA
<i>hydroxyurea</i> (generic of HYDREA) CAPS 500mg	Tier 1	
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	Tier 2	
MATULANE CAPS 50mg	Tier 2	NM
<i>mesna</i> (generic of MESNEX) TABS 400mg	Tier 3	
MODEYSO CAPS 125mg QL (20 caps / 28 days)	Tier 2	QL NM PA
<i>tretinoin</i> (chemotherapy) CAPS 10mg	Tier 1	
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 2	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 2	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	Tier 2	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
BOSULIF CAPS 50mg QL (30 caps / 30 days)	Tier 2	QL NM PA
BOSULIF CAPS 100mg QL (300 caps / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
BOSULIF TABS 500mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>bosutinib</i> (generic of BOSULIF) TABS 100mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
<i>bosutinib</i> (generic of BOSULIF) TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	Tier 2	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BRUKINSA TABS 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 2	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 2	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 2	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 20mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>dasatinib</i> (generic of SPRYCEL) TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ENSACOVE CAPS 25mg QL (270 caps / 30 days)	Tier 2	QL NM PA
ENSACOVE CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 2	QL NM PA
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>everolimus</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 2mg, 5mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>everolimus</i> (generic of AFINITOR DISPERZ) TBSO 3mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 2	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 2	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
<i>gefitinib</i> (generic of IRESSA) TABS 250mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 2	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 2	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 2	QL NM PA
HERNEXEOS TABS 60mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
HYRNUO TABS 10mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
IBRANCE CAPS 125mg QL (21 caps / 28 days)	Tier 2	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
IBTROZI CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 2	QL NM PA
IMBRUVICA CAPS 140mg QL (90 caps / 30 days)	Tier 2	QL NM PA
IMBRUVICA SUSP 70mg/ml QL (216 mL / 30 days)	Tier 2	QL NM PA
IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 2	QL NM PA
INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	Tier 2	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	Tier 2	QL NM PA
KOMZIFTI CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	Tier 2	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	Tier 2	QL NM PA
KOSELUGO CPSP 5mg QL (600 caps / 30 days)	Tier 2	QL NM PA
KOSELUGO CPSP 7.5mg QL (360 caps / 30 days)	Tier 2	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
<i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	Tier 2	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 2	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	Tier 2	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 50mg QL (120 caps / 30 days)	Tier 1	QL NM PA
<i>nilotinib hcl</i> (generic of TASIGNA) CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 1	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 2	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 2	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 2	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>pazopanib hcl</i> (generic of VOTRIENT) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>pazopanib hcl</i> TABS 400mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	Tier 2	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
RETEVMO TABS 80mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
RETEVMO TABS 120mg, 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 2	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL NM PA
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	Tier 2	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 2	QL NM PA
SCSEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
<i>sorafenib tosylate</i> (generic of NEXAVAR) TABS 200mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
<i>sunitinib malate</i> (generic of SUTENT) CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 1	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 2	QL NM PA
TAFINLAR TBSO 10mg QL (840 tabs / 28 days)	Tier 2	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 2	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 2	QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i>torpenz</i> (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg QL (64 tabs / 28 days)	Tier 2	QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 2	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 2	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 2	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 2	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 2	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 2	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg QL (120 caps / 30 days)	Tier 2	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 2	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg QL (4 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 2	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 2	QL NM PA
yulithira (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 2	QL NM PA
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL) QL (30 caps / 30 days)	Tier 1	QL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	Tier 1	QL
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	Tier 2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of LOTENSIN HCT)	Tier 2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (generic of LOTENSIN HCT)	Tier 2	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (generic of VASERETIC)	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 2	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (generic of ZESTORETIC)	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (generic of ZESTORETIC)	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (generic of ZESTORETIC)	Tier 1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg</i>	Tier 1	
<i>benazepril hcl</i> (generic of LOTENSIN) TABS 10mg, 20mg, 40mg	Tier 1	
<i>enalapril maleate</i> (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg	Tier 1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	Tier 1	
<i>lisinopril</i> (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	Tier 2	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	Tier 2	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	Tier 1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	Tier 1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	Tier 1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	Tier 2	
KERENDIA TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>spironolactone</i> (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	Tier 1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	Tier 1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	Tier 2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS					
<i>amlodipine besylate-valsartan tab 5-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (generic of BENICAR HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> (generic of EXFORGE) QL (30 tabs / 30 days)	Tier 2	QL	<i>sacubitril-valsartan tab 24-26 mg</i> (generic of ENTRESTO) QL (180 tabs / 30 days)	Tier 2	QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	Tier 2	QL	<i>sacubitril-valsartan tab 49-51 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 2	QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	Tier 2	QL	<i>sacubitril-valsartan tab 97-103 mg</i> (generic of ENTRESTO) QL (60 tabs / 30 days)	Tier 2	QL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> (generic of AVALIDE) QL (60 tabs / 30 days)	Tier 1	QL	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> (generic of AVALIDE) QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (generic of HYZAAR) QL (30 tabs / 30 days)	Tier 1	QL			

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT) QL (30 tabs / 30 days)	Tier 2	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	Tier 2	QL
<i>candesartan cilexetil</i> (generic of ATACAND) TABS 32mg QL (30 tabs / 30 days)	Tier 2	QL
<i>irbesartan</i> TABS 75mg QL (30 tabs / 30 days)	Tier 1	QL
<i>irbesartan</i> (generic of AVAPRO) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 25mg, 50mg QL (60 tabs / 30 days)	Tier 1	QL
<i>losartan potassium</i> (generic of COZAAR) TABS 100mg QL (30 tabs / 30 days)	Tier 1	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olmesartan medoxomil</i> (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>telmisartan</i> TABS 20mg, 80mg QL (30 tabs / 30 days)	Tier 2	QL
<i>telmisartan</i> (generic of MICARDIS) TABS 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>valsartan</i> (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>valsartan</i> (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	Tier 1	QL
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	Tier 3	
<i>amiodarone hcl</i> TABS 200mg	Tier 1	
<i>disopyramide phosphate</i> (generic of NORPACE) CAPS 100mg, 150mg	Tier 3	
<i>dofetilide</i> (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg	Tier 3	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	Tier 2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	Tier 3	QL
<i>pacerone</i> TABS 100mg	Tier 3	
<i>pacerone</i> TABS 200mg	Tier 1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	Tier 3	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	Tier 2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	Tier 3	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	Tier 1	
<i>sotalol hcl</i> TABS 240mg	Tier 1	
<i>sotalol hcl (afib/af)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	Tier 2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 160mg	Tier 2	
<i>fenofibrate</i> (generic of TRICOR) TABS 145mg	Tier 2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	Tier 2	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	Tier 1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>rosuvastatin calcium</i> (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 2	QL
<i>simvastatin</i> TABS 5mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL
<i>simvastatin</i> (generic of ZOCOR) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	Tier 3	
<i>cholestyramine light</i> PACK 4gm	Tier 3	
<i>cholestyramine light</i> (generic of QUESTRAN LIGHT) POWD 4gm/dose	Tier 3	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	Tier 3	
<i>colestipol hcl</i> (generic of COLESTID) TABS 1gm	Tier 3	
<i>ezetimibe</i> (generic of ZETIA) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	Tier 2	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	Tier 2	QL
<i>niacin</i> (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>omega-3-acid ethyl esters cap 1 gm</i> (generic of LOVAZA)	Tier 2	
REDEMPLO SOSY 25mg/0.5ml QL (1 syringe / 90 days)	Tier 2	QL NM PA
REPATHA SOSY 140mg/ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
REPATHA SURECLICK SOAJ 140mg/ml QL (6 pens / 28 days)	Tier 2	QL NM PA
VASCEPA CAPS .5gm, 1gm	Tier 2	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> 50-25 mg	Tier 1	
<i>atenolol & chlorthalidone tab</i> 100-25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 5-6.25 mg	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab</i> 10-6.25 mg	Tier 1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 2	
<i>atenolol</i> (generic of TENORMIN) TABS 25mg, 50mg, 100mg	Tier 1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 1	
<i>carvedilol</i> (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 2	
<i>metoprolol succinate</i> (generic of TOPROL XL) TB24 25mg, 50mg, 100mg, 200mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 3		<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
<i>metoprolol tartrate</i> TABS 25mg	Tier 1		<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 1	
<i>metoprolol tartrate</i> (generic of LOPRESSOR) TABS 50mg, 100mg	Tier 1		<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg	Tier 2	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 2.5mg, 5mg, 10mg	Tier 2	QL	<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 2	
QL (30 tabs / 30 days)			<i>nimodipine</i> CAPS 30mg	Tier 3	
<i>nebivolol hcl</i> (generic of BYSTOLIC) TABS 20mg	Tier 2	QL	<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 1	
QL (60 tabs / 30 days)			<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 3	
<i>pindolol</i> TABS 5mg, 10mg	Tier 2		<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	Tier 1	
<i>propranolol hcl</i> (generic of INDERAL LA) CP24 60mg, 80mg, 120mg, 160mg	Tier 2		DIURETICS		
<i>propranolol hcl</i> SOLN 20mg/5ml, 40mg/5ml	Tier 2		<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 2	
<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 1		<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	Tier 1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	Tier 2		<i>amiloride hcl</i> TABS 5mg	Tier 1	
CALCIUM CHANNEL BLOCKERS			<i>bumetanide</i> SOLN .25mg/ml	Tier 3	
<i>amlodipine besylate</i> (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	Tier 1		<i>bumetanide</i> TABS 1mg, 2mg	Tier 2	
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	Tier 1		<i>bumetanide</i> (generic of BUMEX) TABS .5mg	Tier 2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	Tier 1		<i>chlorthalidone</i> TABS 25mg, 50mg	Tier 1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3		<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	Tier 1	
<i>diltiazem hcl</i> CP24 120mg, 180mg, 240mg; TABS 90mg	Tier 1		<i>furosemide</i> (generic of LASIX) TABS 20mg, 40mg, 80mg	Tier 1	
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	Tier 1		<i>furosemide inj</i> SOLN 10mg/ml	Tier 3	
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	Tier 1		<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>indapamide</i> TABS 1.25mg, 2.5mg	Tier 1	
<i>methazolamide</i> TABS 25mg, 50mg	Tier 3	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> (generic of TEKTURN) TABS 150mg, 300mg QL (30 tabs / 30 days)	Tier 3	QL
<i>clonidine</i> (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	Tier 2	
<i>clonidine</i> (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	Tier 2	
<i>clonidine</i> (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	Tier 2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1	
<i>digoxin</i> SOLN .05mg/ml	Tier 3	
<i>digoxin</i> (generic of LANOXIN) SOLN .25mg/ml	Tier 3	
<i>digoxin</i> (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 1	QL
<i>droxidopa</i> (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	Tier 3	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>droxidopa</i> (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 1	QL NM PA
<i>epinephrine</i> (generic of ADRENALIN) SOLN 1mg/ml	Tier 3	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 65 years and older	Tier 2	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 3	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 1	
<i>ivabradine hcl</i> (generic of CORLANOR) TABS 5mg, 7.5mg QL (60 tabs / 30 days)	Tier 3	QL
<i>metyrosine</i> CAPS 250mg	Tier 1	NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	Tier 2	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 1	
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 2	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL PA
VYNDAMAX CAPS 61mg QL (30 caps / 30 days)	Tier 2	QL NM PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 1	
<i>nitro-bid</i> OINT 2%	Tier 2	
<i>nitroglycerin</i> OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 2	
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	Tier 1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>alyq</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg QL (60 tabs / 30 days)	Tier 1	QL NM PA
<i>bosentan</i> (generic of TRACLEER) TBSO 32mg QL (120 tabs / 30 days)	Tier 1	QL NM PA
<i>macitentan</i> (generic of OPSUMIT) TABS 10mg QL (30 tabs / 30 days)	Tier 1	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	Tier 2	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	Tier 2	QL NM PA
UPTRAVI PACK TAB 200/800 QL (200 tabs / 28 days)	Tier 2	QL NM PA
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	Tier 2	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	Tier 2	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	Tier 2	QL NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	Tier 1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 2	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
<i>lorazepam</i> (generic of ATIVAN) SOLN 4mg/ml, 20mg/10ml	Tier 1	
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	Tier 1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	Tier 2	QL
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 10mg	Tier 1	
<i>donepezil hydrochloride</i> TBDP 5mg QL (30 tabs / 30 days)	Tier 1	QL
<i>donepezil hydrochloride</i> TBDP 10mg	Tier 1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>galantamine hydrobromide</i> SOLN 4mg/ml QL (200 mL / 30 days)	Tier 3	QL
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	Tier 2	QL
LEQEMBI IQLIK SOAJ 360mg/1.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml PA applies if 29 years and younger	Tier 3	PA
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 2	PA
<i>memantine hcl-donepezil hcl</i> cap er 24hr 14-10 mg (generic of NAMZARIC)	Tier 3	
<i>memantine hcl-donepezil hcl</i> cap er 24hr 21-10 mg (generic of NAMZARIC)	Tier 3	
<i>memantine hcl-donepezil hcl</i> cap er 24hr 28-10 mg (generic of NAMZARIC)	Tier 3	
NAMZARIC CAP 7-10MG	Tier 3	
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 2	QL
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg PA applies if 65 years and older	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 3	QL
AUVELITY TAB TITRATIO QL (2 packs / year)	Tier 2	QL
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 1	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 300mg QL (30 tabs / 30 days)	Tier 1	QL
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 2	
<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	Tier 1	
<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	Tier 3	PA
<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg PA applies if 65 years and older	Tier 3	PA
<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg PA applies if 65 years and older	Tier 3	PA
<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml PA applies if 65 years and older	Tier 2	PA
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>duloxetine hcl</i> CPEP 20mg QL (120 caps / 30 days)	Tier 2	QL
<i>duloxetine hcl</i> CPEP 30mg QL (90 caps / 30 days)	Tier 2	QL
<i>duloxetine hcl</i> CPEP 60mg QL (60 caps / 30 days)	Tier 2	QL
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	Tier 2	QL PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	Tier 3	
<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	Tier 1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg QL (30 tabs / 30 days)	Tier 2	QL PA
EXXUA TITRATION PACK TB24 18.2mg QL (2 packs / year)	Tier 2	QL PA
FETZIMA CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 3	QL PA
FETZIMA CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 3	QL PA
FETZIMA CAP TITRATIO QL (2 packs / year)	Tier 3	QL PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	Tier 1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	Tier 2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg PA applies if 65 years and older	Tier 1	PA
MARPLAN TABS 10mg QL (180 tabs / 30 days)	Tier 3	QL
<i>mirtazapine</i> TABS 7.5mg, 45mg	Tier 1	
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	Tier 2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	Tier 3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	Tier 1	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 3	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg PA applies if 65 years and older	Tier 1	PA
<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	Tier 2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	Tier 3	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 3	QL PA
<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml	Tier 2	
<i>sertraline hcl</i> (generic of ZOLOFT) TABS 25mg, 50mg, 100mg	Tier 1	
<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	Tier 3	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	Tier 1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL PA
venlafaxine hcl (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	Tier 1	
venlafaxine hcl TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 2	
vilazodone hcl (generic of VIIBRYD) TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	Tier 3	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 2	QL NM PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	Tier 2	QL NM PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	Tier 2	QL
amantadine hcl SOLN 50mg/5ml	Tier 2	
benztropine mesylate SOLN 1mg/ml	Tier 3	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 65 years and older	Tier 1	PA
bromocriptine mesylate TABS 2.5mg	Tier 3	
carb/levo orally disintegrating tab 10-100mg	Tier 2	
carb/levo orally disintegrating tab 25-100mg	Tier 2	
carb/levo orally disintegrating tab 25-250mg	Tier 2	
carbidopa & levodopa tab 10-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-100 mg (generic of SINEMET)	Tier 1	
carbidopa & levodopa tab 25-250 mg	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
carbidopa & levodopa tab er 25-100 mg	Tier 2	
carbidopa & levodopa tab er 50-200 mg	Tier 2	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 3	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 3	
entacapone TABS 200mg	Tier 3	
INBRIJA CAPS 42mg QL (300 caps / 30 days)	Tier 2	QL NM PA
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	Tier 1	
rasagiline mesylate (generic of AZILECT) TABS .5mg, 1mg QL (30 tabs / 30 days)	Tier 3	QL
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	Tier 1	
selegiline hcl CAPS 5mg; TABS 5mg	Tier 2	
trihexyphenidyl hcl SOLN .4mg/ml	Tier 2	
trihexyphenidyl hcl TABS 2mg, 5mg	Tier 1	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	Tier 3	QL
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 vial / 28 days)	Tier 3	QL
aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	Tier 3	QL
aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL
aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	Tier 3	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	Tier 3	QL
ARISTADA INITIO PRSY 675mg/2.4ml	Tier 3	
asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 3	QL
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
BYSANTI TAB PACK A QL (2 packs / year)	Tier 3	QL PA
BYSANTI TAB PACK B QL (2 packs / year)	Tier 3	QL PA
BYSANTI TAB PACK C QL (2 packs / year)	Tier 3	QL PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	Tier 3	QL
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
clozapine (generic of CLOZARIL) TABS 25mg	Tier 2	
clozapine TABS 50mg	Tier 2	
clozapine (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	Tier 2	QL
clozapine TABS 200mg QL (120 tabs / 30 days)	Tier 2	QL
clozapine TBDP 12.5mg, 25mg	Tier 3	PA
clozapine TBDP 100mg QL (270 tabs / 30 days)	Tier 3	QL PA
clozapine TBDP 150mg QL (180 tabs / 30 days)	Tier 3	QL PA
clozapine TBDP 200mg QL (120 tabs / 30 days)	Tier 3	QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	Tier 3	QL
COBENFY CAP 100-20MG QL (60 caps / 30 days)	Tier 3	QL
COBENFY CAP 125-30MG QL (60 caps / 30 days)	Tier 3	QL
COBENFY STRT CAP PACK QL (2 packs / year)	Tier 3	QL
ERZOFRI SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	Tier 3	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	Tier 3	QL PA
FANAPT PAK PACK A QL (2 packs / year)	Tier 3	QL PA
FANAPT PAK PACK B QL (2 packs / year)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
FANAPT PAK PACK C QL (2 packs / year)	Tier 3	QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	Tier 3	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 3	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	Tier 3	
<i>haloperidol lactate</i> CONC 2mg/ml	Tier 2	
<i>haloperidol lactate</i> SOLN 5mg/ml	Tier 3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 syringe / 180 days)	Tier 3	QL
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	Tier 3	QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	Tier 3	QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 2	
<i>lurasidone hcl</i> (generic of LATUDA) TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	Tier 3	QL
<i>lurasidone hcl</i> (generic of LATUDA) TABS 80mg QL (60 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 3	QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 3	QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	Tier 3	
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 3	QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 3	QL NM PA
<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	Tier 3	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL ST
<i>olanzapine</i> (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	Tier 3	QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 3	QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 3	QL PA
<i>paliperidone</i> TB24 1.5mg QL (30 tabs / 30 days)	Tier 3	QL
<i>paliperidone</i> (generic of INVEGA) TB24 3mg, 9mg QL (30 tabs / 30 days)	Tier 3	QL
<i>paliperidone</i> (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	Tier 3	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 2	
<i>pimozide</i> TABS 1mg, 2mg	Tier 3	
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 25mg QL (180 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> TABS 150mg QL (90 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL) TABS 300mg, 400mg QL (60 tabs / 30 days)	Tier 2	QL
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>quetiapine fumarate</i> (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 3	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 3	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>risperidone</i> (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	Tier 2	QL
<i>risperidone</i> (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	Tier 1	
<i>risperidone</i> TABS .25mg	Tier 1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 3	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 3	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	Tier 3	QL ST
<i>risperidone microspheres</i> (generic of RISPERDAL CONSTA) SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 3	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 3	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	Tier 2	QL
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 2	QL
<i>ziprasidone hcl</i> (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 3	QL
<i>ziprasidone mesylate</i> (generic of GEODON) SOLR 20mg QL (6 vials / 3 days)	Tier 3	QL
ZYPREXA RELPREVV SUSR 210mg, 300mg QL (2 vials / 28 days)	Tier 3	QL NM PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	Tier 3	QL NM PA
ANTISEIZURE AGENTS		
<i>brivaracetam</i> (generic of BRIVIACT) SOLN 10mg/ml QL (600 mL / 30 days)	Tier 3	QL PA
<i>brivaracetam</i> (generic of BRIVIACT) TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>carbamazepine</i> CHEW 100mg	Tier 2	
<i>carbamazepine</i> CHEW 200mg	Tier 3	
<i>carbamazepine</i> (generic of CARBATROL) CP12 100mg, 200mg, 300mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>carbamazepine</i> (generic of TEGRETOL) SUSP 100mg/5ml	Tier 3	
<i>carbamazepine</i> (generic of TEGRETOL) TABS 200mg	Tier 2	
<i>carbamazepine</i> (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	Tier 3	
<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>clonazepam</i> (generic of KLONOPIN) TABS 2mg QL (300 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> (generic of KLONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 1	QL
<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 3	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	Tier 3	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	Tier 3	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 1	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 3	
<i>diazepam inj</i> SOLN 5mg/ml	Tier 3	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA
DILANTIN CAPS 30mg	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	Tier 3	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	Tier 2	
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	Tier 1	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	Tier 3	QL NM PA
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 3	QL
<i>eslicarbazepine acetate</i> (generic of APTIOM) TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 3	QL
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ethosuximide</i> (generic of ZARONTIN) SOLN 250mg/5ml	Tier 3		<i>lacosamide oral</i> (generic of VIMPAT) SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 3	QL
<i>felbamate</i> SUSP 600mg/5ml	Tier 3		<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	Tier 2	
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	Tier 3		<i>lamotrigine</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	Tier 3	QL NM PA	<i>levetiracetam</i> (generic of KEPPRA) SOLN 100mg/ml	Tier 2	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 1	QL	<i>levetiracetam</i> (generic of KEPPRA) SOLN 500mg/5ml	Tier 3	
<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL	<i>levetiracetam</i> (generic of KEPPRA) TABS 250mg, 500mg, 750mg, 1000mg	Tier 1	
<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 2	QL	<i>levetiracetam</i> TB3D 250mg QL (360 tabs / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	Tier 1	QL	<i>levetiracetam</i> TB3D 500mg QL (180 tabs / 30 days)	Tier 3	QL
<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	Tier 1	QL	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) SOLN 200mg/20ml	Tier 3		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) TABS 50mg QL (120 tabs / 30 days)	Tier 3	QL	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM/SODIUM CHLO)	Tier 3	
<i>lacosamide</i> (generic of VIMPAT) TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL	<i>methsuximide</i> (generic of CELONTIN) CAPS 300mg	Tier 3	
			NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units / 30 days)	Tier 3	QL
			<i>oxcarbazepine</i> (generic of TRILEPTAL) SUSP 300mg/5ml	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>oxcarbazepine</i> (generic of TRILEPTAL) TABS 150mg, 300mg, 600mg	Tier 2	
<i>perampanel</i> (generic of FYCOMPA) SUSP .5mg/ml QL (680 mL / 28 days)	Tier 3	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 2mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>perampanel</i> (generic of FYCOMPA) TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 65 years and older	Tier 3	PA
<i>phenytekt</i> CAPS 200mg, 300mg	Tier 2	
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	Tier 2	
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	Tier 2	
<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	Tier 2	
<i>phenytoin sodium extended</i> CAPS 200mg, 300mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 2	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	Tier 2	QL
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 2	QL
<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	Tier 1	
<i>primidone</i> TABS 125mg	Tier 1	
<i>relgaabi</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	Tier 1	QL
<i>relgaabi</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	Tier 1	QL
<i>roweeptra</i> (generic of KEPPRA) TABS 500mg	Tier 1	
<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 3	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	Tier 3	QL PA
<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	Tier 3	QL PA
SUBVENITE SUSP 10mg/ml	Tier 2	ST

Drug Name	Drug Tier	Requirements/ Limits
<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	Tier 1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 3	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	Tier 3	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	Tier 2	
<i>topiramate</i> CPSP 50mg	Tier 3	
<i>topiramate</i> (generic of EPRONTIA) SOLN 25mg/ml QL (480 mL / 30 days)	Tier 3	QL PA
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	Tier 1	
<i>valproate sodium</i> SOLN 100mg/ml	Tier 3	
<i>valproate sodium</i> SOLN 250mg/5ml	Tier 2	
<i>valproic acid</i> CAPS 250mg	Tier 1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs / 30 days)	Tier 3	QL
<i>vigabatrin</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>vigabatrin</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>vigadrone</i> (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	Tier 1	QL NM PA
<i>vigadrone</i> (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	Tier 1	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 2	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 3	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 3	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 3	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA
<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	Tier 2	
<i>zonisamide</i> CAPS 50mg	Tier 2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 3	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er</i> 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (generic of ADDERALL XR) QL (30 caps / 30 days)	Tier 3	QL PA
<i>amphetamine-dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	Tier 2	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	Tier 2	QL PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	Tier 3	QL
<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	Tier 3	QL
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	Tier 3	QL
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 2	QL PA
<i>dexmethylphenidate hcl</i> (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>guanfacine hcl (adhd)</i> (generic of INTUNIV) TB24 3mg QL (60 tabs / 30 days) PA applies if 65 years and older	Tier 2	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 3	QL PA
<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 2	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	Tier 2	QL PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>doxepin hcl</i> (sleep) (generic of SILENOR) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 2	QL
<i>ramelteon</i> (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	Tier 2	QL
<i>tasimelteon</i> (generic of HETLIOZ) CAPS 20mg QL (30 caps / 30 days)	Tier 1	QL NM PA
<i>temazepam</i> (generic of RESTORIL) CAPS 7.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>temazepam</i> (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	Tier 3	QL PA
<i>zolpidem tartrate</i> (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	Tier 1	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	Tier 3	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	Tier 2	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	Tier 2	QL NM PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg QL (40 tabs / 28 days)	Tier 2	QL PA
NURTEC TBDP 75mg QL (16 tabs / 30 days)	Tier 2	QL PA
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>rizatriptan benzoate</i> TABS 5mg QL (18 tabs / 30 days)	Tier 1	QL
<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	Tier 1	QL
<i>rizatriptan benzoate</i> TBDP 5mg QL (18 tabs / 30 days)	Tier 2	QL
<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	Tier 2	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	Tier 3	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	Tier 3	QL
<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 syringes / 30 days)	Tier 3	QL
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml QL (12 vials / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	Tier 1	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	Tier 2	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TB24 24mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	Tier 2	QL NM PA
<i>lithium</i> SOLN 8meq/5ml	Tier 3	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	Tier 1	
<i>lithium carbonate</i> (generic of LITHOBID) TBCR 300mg	Tier 1	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	Tier 3	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	Tier 2	
<i>riluzole</i> TABS 50mg	Tier 3	
<i>tetrabenazine</i> (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	Tier 3	QL NM PA
<i>tetrabenazine</i> (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	Tier 1	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	Tier 2	QL NM PA
BETASERON KIT .3mg QL (14 kits / 28 days)	Tier 2	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 2	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 2	QL NM PA
<i>dalfampridine</i> (generic of AMPYRA) TB12 10mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
<i> fingolimod hcl</i> (generic of GILENYA) CAPS .5mg QL (30 caps / 30 days)	Tier 1	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatiramer acetate</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	Tier 1	QL NM PA
<i>glatopa</i> (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	Tier 1	QL NM PA
OCREVUS SOLN 300mg/10ml	Tier 2	NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	Tier 2	QL
<i>baclofen</i> TABS 10mg, 20mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days) PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	QL PA
<i>tizanidine hcl</i> TABS 2mg	Tier 1	
<i>tizanidine hcl</i> (generic of ZANAFLEX) TABS 4mg	Tier 1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> (generic of NUVIGIL) TABS 50mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>armodafinil</i> (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>modafinil</i> (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	Tier 2	QL PA
<i>sodium oxybate</i> (generic of XYREM) SOLN 500mg/ml QL (540 mL / 30 days)	Tier 1	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBECT 333mg	Tier 3	
<i>buprenorphine hcl</i> SUBL 2mg QL (180 tabs / 30 days)	Tier 2	QL
<i>buprenorphine hcl</i> SUBL 8mg QL (120 tabs / 30 days)	Tier 2	QL
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (180 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv) (generic of SUBOXONE) QL (120 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	Tier 3	QL
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv) QL (180 tabs / 30 days)	Tier 1	QL
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv) QL (120 tabs / 30 days)	Tier 1	QL
<i>bupropion hcl</i> (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 1	QL
<i>disulfiram</i> TABS 250mg, 500mg	Tier 2	
<i>KLOXXADO</i> LIQD 8mg/0.1ml	Tier 2	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 1	
<i>naltrexone hcl</i> TABS 50mg	Tier 2	
<i>NICOTROL NS</i> SOLN 10mg/ml	Tier 3	
<i>varenicline tartrate</i> (generic of CHANTIX) TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 3	QL
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 3	QL
<i>VIVITROL</i> SUSR 380mg	Tier 2	NM
ENDOCRINE AND METABOLIC ANDROGENS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 3	QL PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	Tier 2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	Tier 2	PA
<i>testosterone pump</i> (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	Tier 3	QL PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	Tier 2	
<i>dapagliflozin</i> (generic of FARXIGA) TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i> (generic of XIGDUO XR) QL (60 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i> (generic of XIGDUO XR) QL (60 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i> (generic of XIGDUO XR) QL (30 tabs / 30 days)	Tier 1	QL
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> (generic of XIGDUO XR) QL (30 tabs / 30 days)	Tier 1	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 2	QL
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 2.5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> (generic of GLUCOTROL XL) TB24 5mg QL (90 tabs / 30 days)	Tier 1	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	Tier 1	QL
<i>glipizide-metformin hcl tab 2.5-250 mg</i> QL (240 tabs / 30 days)	Tier 2	QL
<i>glipizide-metformin hcl tab 2.5-500 mg</i> QL (120 tabs / 30 days)	Tier 2	QL
<i>glipizide-metformin hcl tab 5-500 mg</i> QL (120 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 2	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-500MG QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	Tier 2	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	Tier 2	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
JENTADUETO TAB XR 2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 2	QL
OZEMPIC TABS 1.5mg, 4mg, 9mg QL (30 tabs / 30 days)	Tier 2	QL PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 2	QL PA
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 1	QL

Drug Name	Drug Tier	Requirements/ Limits
repaglinide TABS 2mg QL (240 tabs / 30 days)	Tier 1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 1	QL
sitagliptin phosphate (generic of JANUVIA) TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL
sitagliptin phosphate-metformin hcl tab 50-500mg (generic of JANUMET) QL (60 tabs / 30 days)	Tier 2	QL
sitagliptin phosphate-metformin hcl tab 50-1000mg (generic of JANUMET) QL (60 tabs / 30 days)	Tier 2	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	Tier 2	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	Tier 2	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	Tier 2	QL PA
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	Tier 2	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	Tier 2	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	Tier 2	PA
CEQUR EXT WR MIS INSERTER QL (2 inserters / year)	Tier 3	QL PA

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

Drug Name	Drug Tier	Requirements/ Limits
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 2	
NOVOLOG SOLN 100unit/ml brand RELION not covered	Tier 2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml brand RELION not covered	Tier 2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 2	
NOVOLOG PENFILL SOCT 100unit/ml	Tier 2	
OMNIPOD5 LIB KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD5 LIB MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 3	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 3	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 3	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 3	QL PA
SOLQUA INJ 100/33 QL (5 pens / 25 days)	Tier 2	QL
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
TOUJEO SOLOSTAR SOPN 300unit/ml	Tier 2	
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 2	QL
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg	Tier 1	
<i>alendronate sodium</i> (generic of FOSAMAX) TABS 70mg	Tier 1	
BILDYOS SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	Tier 2	B/D
<i>ibandronate sodium</i> TABS 150mg	Tier 2	B/D
OSPOMYV SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 3	QL NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D
TYMLOS SOPN 3120mcg/1.56ml QL (1 pen / 30 days)	Tier 2	QL NM PA
WYOST SOLN 120mg/1.7ml	Tier 2	NM PA
XTRENBO SOLN 120mg/1.7ml	Tier 3	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml	Tier 3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	Tier 3	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	Tier 2	
<i>deferasirox</i> (generic of JADENU) TABS 90mg	Tier 2	NM PA
<i>deferasirox</i> (generic of JADENU) TABS 180mg, 360mg	Tier 3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	Tier 3	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>kionex</i> SUSP 15gm/60ml	Tier 3	
LOKELMA PACK 5gm, 10gm	Tier 2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	Tier 1	NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	Tier 3	
<i>sodium polystyrene sulfonate powder</i>	Tier 2	
sps SUSP 15gm/60ml	Tier 3	
sps rectal SUSP 15gm/60ml	Tier 3	
<i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	Tier 1	NM PA
CONTRACEPTIVES		
<i>afirmelle</i>	Tier 1	
<i>altavera</i>	Tier 1	
<i>alyacen 1/35</i>	Tier 1	
<i>alyacen 7/7/7</i>	Tier 1	
<i>apri</i>	Tier 1	
<i>aranelle</i>	Tier 1	
<i>aubra eq</i>	Tier 1	
<i>aurovela 1/20</i>	Tier 1	
<i>aurovela fe 1.5/30</i>	Tier 1	
<i>aurovela fe 1/20</i>	Tier 1	
<i>aviane</i>	Tier 1	
<i>ayuna</i>	Tier 1	
<i>azurette</i>	Tier 1	
<i>balziva</i>	Tier 1	
<i>blisovi fe 1.5/30</i>	Tier 1	
<i>blisovi fe 1/20</i>	Tier 1	
<i>briellyn</i>	Tier 1	
<i>camila</i> TABS .35mg	Tier 1	
<i>chateal eq</i>	Tier 1	
<i>cryselle</i>	Tier 1	
<i>cyred eq</i>	Tier 1	
<i>dasetta 1/35</i>	Tier 1	
<i>dasetta 7/7/7</i>	Tier 1	
<i>deblitane</i> TABS .35mg	Tier 1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (generic of YAZ)	Tier 1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (generic of YASMIN 28)	Tier 1	
<i>elinest</i>	Tier 1	
<i>eluryng</i> (generic of NUVARING)	Tier 2	
<i>emzahh</i> TABS .35mg	Tier 1	
<i>enilloring</i> (generic of NUVARING)	Tier 2	
<i>enskyce</i>	Tier 1	
<i>errin</i> TABS .35mg	Tier 1	
<i>estarylla</i>	Tier 1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> (generic of NUVARING)	Tier 2	
<i>falmina</i>	Tier 1	
<i>feirza 1.5/30</i>	Tier 1	
<i>feirza 1/20</i>	Tier 1	
<i>hailey 1.5/30</i>	Tier 1	
<i>hailey fe 1/20</i>	Tier 1	
<i>heather</i> TABS .35mg	Tier 1	
<i>iclevia</i>	Tier 1	
<i>incassia</i> TABS .35mg	Tier 1	
<i>introvale</i>	Tier 1	
<i>isibloom</i>	Tier 1	
<i>jasmiel</i> (generic of YAZ)	Tier 1	
<i>jencycla</i> TABS .35mg	Tier 1	
<i>jolessa</i>	Tier 1	
<i>juleber</i>	Tier 1	
<i>junel 1.5/30</i>	Tier 1	
<i>junel 1/20</i>	Tier 1	
<i>junel fe 1.5/30</i>	Tier 1	
<i>junel fe 1/20</i>	Tier 1	
<i>kariva</i>	Tier 1	
<i>kelnor 1/35</i>	Tier 1	
<i>kurvelo</i>	Tier 1	
<i>larin 1.5/30</i>	Tier 1	
<i>larin 1/20</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>larin fe 1.5/30</i>	Tier 1	
<i>larin fe 1/20</i>	Tier 1	
<i>lessina</i>	Tier 1	
<i>levonest</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 1	
LILETTA IUD 20.1mcg/day	Tier 2	NM
<i>loestrin 1.5/30-21</i>	Tier 1	
<i>loestrin 1/20-21</i>	Tier 1	
<i>loestrin fe 1.5/30</i>	Tier 1	
<i>loestrin fe 1/20</i>	Tier 1	
<i>loryna</i> (generic of YAZ)	Tier 1	
<i>luizza 1.5/30</i>	Tier 1	
<i>luizza 1/20</i>	Tier 1	
<i>lutra</i>	Tier 1	
<i>lyleq</i> TABS .35mg	Tier 1	
<i>lyza</i> TABS .35mg	Tier 1	
<i>marlissa</i>	Tier 1	
<i>medroxyprogesterone acetate (contraceptive)</i> (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	Tier 2	
<i>meleya</i> TABS .35mg	Tier 1	
<i>microgestin 1.5/30</i>	Tier 1	
<i>microgestin 1/20</i>	Tier 1	
<i>microgestin fe 1.5/30</i>	Tier 1	
<i>microgestin fe 1/20</i>	Tier 1	
<i>mili</i>	Tier 1	
<i>mono-lynyah</i>	Tier 1	
<i>necon 0.5/35-28</i>	Tier 1	
NEXPLANON IMPL 68mg	Tier 2	NM
<i>nikki</i> (generic of YAZ)	Tier 1	
<i>nora-be</i> TABS .35mg	Tier 1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 2	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>tri-vylibra</i>	Tier 1	
<i>tri-vylibra lo</i>	Tier 1	
<i>turqoz</i>	Tier 1	
<i>valtya 1/35</i>	Tier 1	
<i>valtya 1/50</i>	Tier 1	
<i>velivet</i>	Tier 1	
<i>vestura</i> (generic of YAZ)	Tier 1	
<i>vienva</i>	Tier 1	
<i>viorele</i>	Tier 1	
<i>vyfemla</i>	Tier 1	
<i>vylibra</i>	Tier 1	
<i>wera</i>	Tier 1	
<i>xarah fe</i>	Tier 1	
<i>xulane</i>	Tier 2	
<i>zafemy</i>	Tier 2	
<i>zovia 1/35</i>	Tier 1	
<i>zumandimine</i> (generic of YASMIN 28)	Tier 1	
ESTROGENS		
<i>abigale</i> (generic of ACTIVEVILLA)	Tier 1	
<i>abigale lo</i>	Tier 1	
<i>dotti</i> (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>estradiol</i> (generic of VIVELLE-DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>estradiol</i> (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Tier 1	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	Tier 1	
<i>estradiol & norethindrone</i> <i>acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone</i> <i>acetate tab 1-0.5 mg</i> (generic of ACTIVEVILLA)	Tier 1	
<i>estradiol vaginal</i> (generic of ESTRACE) CREA .1mg/gm	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>estradiol vaginal</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
<i>estradiol valerate</i> (generic of DELESTROGEN) OIL 10mg/ml, 20mg/ml	Tier 3	
<i>estradiol valerate</i> OIL 40mg/ml	Tier 3	
<i>fyavolv tab 0.5mg-2.5mcg</i>	Tier 1	
<i>fyavolv tab 1mg-5mcg</i>	Tier 1	
<i>jinteli</i>	Tier 1	
<i>lyllana</i> (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 1	
<i>mimvey</i> (generic of ACTIVELLA)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>yuvafem</i> (generic of VAGIFEM) TABS 10mcg	Tier 3	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml	Tier 2	
<i>dexamethasone</i> TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	Tier 1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	Tier 3	
<i>fludrocortisone acetate</i> TABS .1mg	Tier 1	
<i>hydrocortisone</i> (generic of CORTEF) TABS 5mg, 10mg, 20mg	Tier 2	
<i>hydrocortisone sod succinate</i> (generic of SOLU-CORTEF) SOLR 100mg	Tier 3	
<i>methylprednisolone</i> (generic of MEDROL) TABS 4mg, 8mg, 16mg	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>methylprednisolone</i> TABS 32mg	Tier 1	B/D
<i>methylprednisolone</i> (generic of MEDROL DOSEPAK) TBPK 4mg	Tier 1	
<i>methylprednisolone acetate</i> (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	Tier 3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg	Tier 3	B/D
<i>methylprednisolone sod succ</i> (generic of SOLU-MEDROL) SOLR 500mg, 1000mg	Tier 3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	Tier 3	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	Tier 1	B/D
<i>prednisone</i> SOLN 5mg/5ml	Tier 3	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	Tier 1	
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	Tier 3	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> (generic of PROGLYCEM) SUSP 50mg/ml	Tier 3	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Tier 2	
GVOKE KIT SOLN 1mg/0.2ml	Tier 2	
GVOKE PFS SOSY 1mg/0.2ml	Tier 2	
MISCELLANEOUS		
<i>betaine powder for oral solution</i> (generic of CYSTADANE)	Tier 1	NM

Drug Name	Drug Tier	Requirements/ Limits
<i>cabergoline</i> TABS .5mg	Tier 2	
<i>carglumic acid</i> (generic of CARBAGLU) TBSO 200mg	Tier 1	NM PA
CERDELGA CAPS 84mg	Tier 2	NM PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg, 60mg QL (60 tabs / 30 days)	Tier 3	B/D QL NM
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 90mg QL (120 tabs / 30 days)	Tier 3	B/D QL NM
CYSTAGON CAPS 50mg, 150mg	Tier 3	NM PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	Tier 3	
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	Tier 2	
<i>desmopressin acetate spray</i> SOLN .01%	Tier 3	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	Tier 3	
GENOTROPIN CART 5mg, 12mg	Tier 2	NM PA
GENOTROPIN MINISQUICK PRSY .2mg	Tier 2	NM PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 2	NM PA
INCRELEX SOLN 40mg/4ml	Tier 2	NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	Tier 2	QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	Tier 2	QL NM PA
<i>javygtor</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 1	NM PA

Drug Name	Drug Tier	Requirements/ Limits
<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	Tier 3	B/D
<i>mifepristone</i> (hyperglycemia) (generic of KORLYM) TABS 300mg	Tier 1	NM PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg, 20mg	Tier 1	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>octreotide acetate</i> SOLN 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 3	NM PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	Tier 1	NM PA
<i>octreotide acetate</i> SOLN 1000mcg/ml; SOSY 500mcg/ml	Tier 1	NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	Tier 2	
REVCIVI SOLN 2.4mg/1.5ml	Tier 2	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	Tier 1	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 2	NM PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp	Tier 1	NM PA
<i>sodium phenylbutyrate</i> (generic of BUPHENYL) TABS 500mg	Tier 1	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	Tier 2	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 2	NM PA
SYNAREL SOLN 2mg/ml	Tier 2	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tolvaptan</i> (generic of JYNARQUE) TABS 15mg, 30mg (generic of JYNARQUE)	Tier 1	NM PA
<i>tolvaptan</i> (generic of JYNARQUE) TBPK 15mg	Tier 1	NM PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i> (generic of JYNARQUE)	Tier 1	NM PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i> (generic of JYNARQUE)	Tier 1	NM PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i> (generic of JYNARQUE)	Tier 1	NM PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i> (generic of JYNARQUE)	Tier 1	NM PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml QL (4 pens / 28 days)	Tier 2	QL PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL PA
<i>zelvysia</i> (generic of KUVAN) PACK 100mg, 500mg	Tier 1	NM PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg QL (360 caps / 30 days)	Tier 1	B/D QL
<i>sevelamer carbonate</i> (generic of RENVELA) TABS 800mg QL (540 tabs / 30 days)	Tier 3	B/D QL
PROGESTINS		
<i>gallifrey</i> TABS 5mg	Tier 2	
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	Tier 1	
<i>megestrol acetate</i> SUSP 40mg/ml	Tier 2	
<i>norethindrone acetate</i> TABS 5mg	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	Tier 2	
THYROID AGENTS		
<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 1	
<i>liomny</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	Tier 2	
<i>methimazole</i> TABS 5mg, 10mg	Tier 1	
<i>propylthiouracil</i> TABS 50mg	Tier 2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	Tier 3	B/D
<i>paricalcitol</i> CAPS 4mcg	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg	Tier 3	B/D
<i>aprepitant</i> (generic of EMEND BIPACK) CAPS 80mg	Tier 3	B/D
<i>aprepitant</i> CAPS 125mg	Tier 1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	B/D
<i>compro</i> SUPP 25mg	Tier 3	
<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg QL (60 caps / 30 days)	Tier 3	B/D QL
<i>dronabinol</i> CAPS 5mg, 10mg QL (60 caps / 30 days)	Tier 3	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 1	PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml	Tier 2	
<i>metoclopramide hcl</i> SOLN 5mg/ml	Tier 3	
<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	Tier 1	
<i>ondansetron</i> TBDP 4mg, 8mg	Tier 1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	Tier 2	
<i>ondansetron hcl</i> SOSY 4mg/2ml	Tier 3	
<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 1	B/D
<i>prochlorperazine</i> SUPP 25mg	Tier 3	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 3	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>promethazine hcl</i> (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA applies if 65 years and older after a 30 day supply in a calendar year		PA
<i>promethazine hcl</i> TABS 12.5mg, 25mg, 50mg PA applies if 65 years and older after a 30 day supply in a calendar year	Tier 2	PA
<i>scopolamine</i> (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days)	Tier 3	QL
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg PA applies if 65 years and older	Tier 2	PA
<i>dicyclomine hcl</i> SOLN 10mg/5ml PA applies if 65 years and older	Tier 3	PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	Tier 2	QL
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3	
<i>famotidine</i> (generic of PEPCID) TABS 20mg, 40mg	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 3	
<i>nizatidine</i> CAPS 150mg, 300mg	Tier 3	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	Tier 3	
<i>budesonide</i> CPEP 3mg QL (90 caps / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>budesonide</i> (generic of UCERIS) TB24 9mg QL (30 tabs / 30 days)	Tier 3	QL PA
<i>hydrocortisone</i> (intrarectal) (generic of CORTENEMA) ENEM 100mg/60ml	Tier 3	
<i>mesalamine</i> (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	Tier 3	QL
<i>mesalamine</i> CPDR 400mg QL (180 caps / 30 days)	Tier 3	QL
<i>mesalamine</i> ENEM 4gm QL (1680 mL / 28 days)	Tier 3	QL
<i>mesalamine</i> (generic of CANASA) SUPP 1000mg QL (30 suppositories / 30 days)	Tier 3	QL
<i>mesalamine</i> (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	Tier 3	QL
<i>mesalamine w/ cleanser</i> (generic of ROWASA) KIT 4gm QL (28 bottles / 28 days)	Tier 3	QL
<i>sulfasalazine</i> (generic of AZULFIDINE) TABS 500mg	Tier 1	
<i>sulfasalazine</i> (generic of AZULFIDINE EN-TABS) TBEC 500mg	Tier 2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	Tier 2	
<i>enulose</i> SOLN 10gm/15ml	Tier 2	
<i>gavilyte-c</i>	Tier 1	
<i>gavilyte-g</i> (generic of GOLYTELY)	Tier 1	
<i>gavilyte-n/flavor pack</i>	Tier 1	
<i>generlac</i> SOLN 10gm/15ml	Tier 2	
<i>lactulose</i> SOLN 10gm/15ml	Tier 2	
<i>lactulose</i> (encephalopathy) SOLN 10gm/15ml	Tier 2	

Drug Name	Drug Tier	Requirements/ Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm (generic of GOLYTELY)	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	Tier 1	
PLENVU SOL	Tier 3	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml (generic of SUPREP BOWEL PREP KIT)	Tier 2	
MISCELLANEOUS		
<i>alosetron hcl</i> (generic of LOTRONEX) TABS .5mg, 1mg QL (60 tabs / 30 days)	Tier 3	QL PA
<i>bismuth subcit-metronidazole-tetracycline cap</i> 140-125-125 mg (generic of PYLERA)	Tier 3	
CREON CAP 3000UNIT	Tier 2	
CREON CAP 6000UNIT	Tier 2	
CREON CAP 12000UNIT	Tier 2	
CREON CAP 24000UNIT	Tier 2	
CREON CAP 36000UNIT	Tier 2	
<i>cromolyn sodium</i> (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	Tier 3	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	Tier 3	
GATTEX KIT 5mg	Tier 2	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 2	QL
<i>loperamide hcl</i> CAPS 2mg	Tier 1	
<i>lubiprostone</i> (generic of AMITIZA) CAPS 8mcg, 24mcg QL (60 caps / 30 days)	Tier 2	QL
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	Tier 2	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	Tier 1	
TALICIA CAP	Tier 2	
<i>ursodiol</i> CAPS 300mg	Tier 3	
<i>ursodiol</i> TABS 250mg	Tier 2	
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	Tier 2	
VOQUEZNA PAK DUAL PAK	Tier 2	QL PA
QL (2 kits / year)		
VOQUEZNA PAK TRIP PK	Tier 2	QL PA
QL (2 kits / year)		
VOWST CAP	Tier 2	QL NM PA
QL (12 caps / 30 days)		
XERMELO TABS 250mg	Tier 2	QL NM PA
QL (84 tabs / 28 days)		
XIFAXAN TABS 550mg	Tier 2	PA
ZENPEP CAP 3000UNIT	Tier 3	
ZENPEP CAP 5000UNIT	Tier 3	
ZENPEP CAP 10000UNT	Tier 3	
ZENPEP CAP 15000UNT	Tier 3	
ZENPEP CAP 20000UNT	Tier 3	
ZENPEP CAP 25000UNT	Tier 3	
ZENPEP CAP 40000UNT	Tier 3	
ZENPEP CAP 60000UNT	Tier 3	
PROTON PUMP INHIBITORS		
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 1	
<i>pantoprazole sodium</i> (generic of PANTOPRAZOLE SODIUM) SOLR 40mg	Tier 3	
<i>pantoprazole sodium</i> (generic of PROTONIX) TBEC 20mg, 40mg	Tier 1	
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> (generic of UROXATRAL) TB24 10mg	Tier 1	QL
QL (30 tabs / 30 days)		
<i>dutasteride</i> (generic of AVODART) CAPS .5mg	Tier 2	QL
QL (30 caps / 30 days)		
<i>finasteride</i> (generic of PROSCAR) TABS 5mg	Tier 1	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>tadalafil</i> (generic of CIALIS) TABS 5mg	Tier 2	QL PA
QL (30 tabs / 30 days)		
<i>tamsulosin hcl</i> CAPS .4mg	Tier 1	QL
QL (60 caps / 30 days)		
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	Tier 3	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	Tier 2	
FILSPARI TABS 200mg	Tier 2	QL NM PA
QL (30 tabs / 30 days)		
FILSPARI TABS 400mg	Tier 2	QL NM PA
QL (60 tabs / 30 days)		
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 15) TBCR 15meq	Tier 2	
<i>potassium citrate</i> (alkalinizer) TBCR 540mg	Tier 2	
<i>potassium citrate</i> (alkalinizer) (generic of UROCIT-K 10) TBCR 1080mg	Tier 2	
TARPEYO CPDR 4mg	Tier 2	QL NM PA
QL (120 caps / 30 days)		
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	Tier 2	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> SOLN 5mg/5ml	Tier 2	QL
QL (600 mL / 30 days)		
<i>oxybutynin chloride</i> TABS 5mg	Tier 2	QL
QL (120 tabs / 30 days)		
<i>oxybutynin chloride</i> TB24 5mg	Tier 2	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> TB24 10mg, 15mg	Tier 2	QL
QL (60 tabs / 30 days)		
<i>solifenacin succinate</i> (generic of VESICARE) TABS 5mg, 10mg	Tier 3	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Tier	Requirements/ Limits
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 3	QL
<i>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 3	QL
<i>tropium chloride</i> TABS 20mg QL (60 tabs / 30 days)	Tier 2	QL
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i> vaginal (generic of CLEOCIN) CREA 2%	Tier 2	
<i>metronidazole vaginal</i> GEL .75%	Tier 2	
<i>terconazole vaginal</i> CREA .4%, .8%	Tier 2	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate</i> <i>mesylate</i> (generic of PRADAXA) CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 3	QL
<i>dabigatran etexilate</i> <i>mesylate</i> (generic of PRADAXA) CAPS 110mg QL (120 caps / 30 days)	Tier 3	QL
ELIQUIS CPSP .15mg QL (56 caps / 21 days)	Tier 2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 2	QL
ELIQUIS TBSO .5mg QL (588 tabs / 29 days)	Tier 2	QL
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg QL (591 tabs / 29 days)	Tier 2	QL
ELIQUIS (2MG PACK) 4 X TBSO .5mg QL (592 tabs / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
ELIQUIS STARTER PACK TBP 5mg QL (74 tabs / 30 days)	Tier 2	QL
<i>enoxaparin sodium</i> (generic of LOVENOX) SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 2.5mg/0.5ml	Tier 3	
<i>fondaparinux sodium</i> (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 1	
HEP SOD/NACL INJ 25000UNT	Tier 3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
<i>rivaroxaban</i> (generic of XARELTO) SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL
<i>rivaroxaban</i> (generic of XARELTO) TABS 2.5mg QL (60 tabs / 30 days)	Tier 2	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1	
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 2	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 2	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
LEUKINE SOLR 250mcg	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
PROCRT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 2	NM PA
PROCRT SOLN 20000unit/ml, 40000unit/ml	Tier 2	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 2	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 2	QL NM PA
anagrelide hcl CAPS 1mg	Tier 3	
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	Tier 3	
BERINERT KIT 500unit QL (24 kits / 30 days)	Tier 2	QL NM PA
cilostazol TABS 50mg, 100mg	Tier 1	
DOPTELET TABS 20mg	Tier 2	NM PA
DOPTELET SPRINKLE CPSP 10mg	Tier 2	NM PA
DROXIA CAPS 200mg, 300mg, 400mg	Tier 3	
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 2	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 2	QL NM PA
icatibant acetate (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
l-glutamine (sickle cell) (generic of ENDARI) PACK 5gm	Tier 1	NM PA
pentoxifylline TBCR 400mg	Tier 1	
sajazir (generic of FIRAZYR) SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 1	QL NM PA
SIKLOS TABS 100mg	Tier 3	
SIKLOS TABS 1000mg	Tier 2	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	Tier 3	
tranexamic acid TABS 650mg	Tier 2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	Tier 1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 65 years and older	Tier 3	PA
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	Tier 2	
ticagrelor (generic of BRILINTA) TABS 60mg, 90mg	Tier 3	
IMMUNOLOGIC AGENTS AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml QL (6 pens / 28 days)	Tier 2	QL NM PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 days)	Tier 2	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	Tier 2	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	Tier 2	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
ENTYVIO PEN SOAJ 108mg/0.68ml QL (2 pens / 28 days)	Tier 2	QL NM PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	Tier 2	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	Tier 2	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	Tier 2	QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	Tier 2	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	Tier 2	QL NM PA
OTEZLA TAB 10/20 QL (2 packs / year)	Tier 2	QL NM PA
OTEZLA TAB 10/20/30 QL (2 packs / year)	Tier 2	QL NM PA
OTEZLA XR TB24 75mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
OTEZLA/XR TAB 28 DAY QL (2 packs / year)	Tier 2	QL NM PA
PYZCHIVA SOAJ 45mg/0.5ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOAJ 90mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 2	NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 2	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 2	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
SKYRIZI SOLN 600mg/10ml	Tier 2	NM PA	TREMFYA PEN SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml QL (6 syringes / 365 days)	Tier 2	QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 2	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 2	QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 2	NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
STELARA SOLN 130mg/26ml	Tier 2	NM PA	USTEKINUMAB SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	USTEKINUMAB SOLN 130mg/26ml	Tier 2	NM PA
<i>tofacitinib citrate</i> (generic of XELJANZ) SOLN 1mg/ml QL (480 mL / 24 days)	Tier 1	QL NM PA	USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
<i>tofacitinib citrate</i> (generic of XELJANZ) TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 1	QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>tofacitinib citrate</i> (generic of XELJANZ XR) TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 1	QL NM PA	YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 2	QL NM PA
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA	YESINTEK SOLN 130mg/26ml	Tier 2	NM PA
TREMFYA SOLN 200mg/20ml	Tier 2	NM PA	YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TREMFYA SOPN 100mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA	YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA	ZYMFENTRA 2-PEN AJKT 120mg/ml QL (2 pens / 28 days)	Tier 2	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	Tier 2	QL NM PA	ZYMFENTRA 2-SYRINGE PSKT 120mg/ml QL (2 syringes / 28 days)	Tier 2	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 2	QL NM PA	DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
			<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) TABS 200mg	Tier 1	
			JYLAMVO SOLN 2mg/ml	Tier 3	B/D

Drug Name	Drug Tier	Requirements/ Limits
<i>leflunomide</i> (generic of ARAVA) TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 1	QL
<i>methotrexate sodium</i> TABS 2.5mg	Tier 1	
XATMEP SOLN 2.5mg/ml	Tier 3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	Tier 2	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMASTAN INJ	Tier 3	B/D NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
GAMMAGARD LIQUID ERCT SOLN 5gm/50ml, 10gm/100ml	Tier 2	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 2	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 2	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 2	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA
OCTAGAM SOLN 1gm/20ml	Tier 3	NM PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 2	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 2	NM PA

Drug Name	Drug Tier	Requirements/ Limits
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	Tier 2	NM PA
ARCALYST SOLR 220mg	Tier 2	NM PA
VYVGART SOLN 400mg/20ml	Tier 2	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	Tier 2	B/D NM
ASTAGRAF XL CP24 .5mg, 1mg	Tier 3	B/D NM
<i>azathioprine</i> (generic of IMURAN) TABS 50mg	Tier 2	B/D
BENLYSTA SOAJ 200mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
BENLYSTA SOLR 120mg, 400mg	Tier 2	NM PA
BENLYSTA SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
<i>cyclosporine</i> (generic of SANDIMMUNE) CAPS 25mg, 100mg	Tier 3	B/D NM
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 3	B/D NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 50mg	Tier 3	B/D NM
ENVARSUS XR TB24 .75mg, 1mg, 4mg	Tier 3	B/D NM
<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS 1mg	Tier 1	B/D NM
<i>everolimus</i> (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg	Tier 3	B/D NM
<i>gengraf</i> (generic of NEORAL) CAPS 25mg, 100mg	Tier 3	B/D NM
<i>mycophenolate mofetil</i> (generic of CELLCEPT) CAPS 250mg; TABS 500mg	Tier 2	B/D NM

Drug Name	Drug Tier	Requirements/ Limits
<i>mycophenolate mofetil</i> (generic of CELLCEPT) SUSR 200mg/ml	Tier 3	B/D NM
<i>mycophenolate sodium</i> (generic of MYFORTIC) TBEC 180mg, 360mg	Tier 3	B/D NM
PROGRAF PACK .2mg, 1mg	Tier 3	B/D NM
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 2	QL NM PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	B/D NM
<i>tacrolimus</i> (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	Tier 3	B/D NM
<i>tacrolimus</i> (generic of ASTAGRAF XL) CP24 .5mg, 1mg, 5mg	Tier 3	B/D NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	Tier 1	PA
ACTHIB INJ	Tier 1	
ADACEL INJ	Tier 1	
AREXVY SUSR 120mcg/0.5ml	Tier 1	PA
BCG VACCINE SOLR 50mg	Tier 1	
BEXSERO SUSY .5ml	Tier 1	
BOOSTRIX INJ	Tier 1	
DAPTACEL INJ	Tier 1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	Tier 1	
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D
HIBERIX SOLR 10mcg	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D
INFANRIX INJ	Tier 1	
IPOL INJ INACTIVE	Tier 1	
IXIARO INJ	Tier 1	
JYNNEOS SUSP .5ml	Tier 1	B/D
KINRIX INJ	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
M-M-R II INJ	Tier 1	
MENQUADFI SOLN .5ml	Tier 1	
MENVEO INJ	Tier 1	
MENVEO SOL	Tier 1	
MRESVIA SUSY 50mcg/0.5ml	Tier 1	PA
PEDIARIX INJ 0.5ML	Tier 1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	Tier 1	
PENBRAYA INJ	Tier 1	
PENMENVY INJ	Tier 1	
PENTACEL INJ	Tier 1	
PRIORIX INJ	Tier 1	
PROQUAD INJ	Tier 1	
QUADRACEL INJ 0.5ML	Tier 1	
RABAVERT INJ	Tier 1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
ROTARIX SUS	Tier 1	
ROTATEQ SOL	Tier 1	
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
SHINGRIX SUSY 50mcg/0.5ml QL (2 syringes per lifetime)	Tier 1	QL
TENIVAC INJ 5-2LF	Tier 1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
TRUMENBA SUSY .5ml	Tier 1	
TWINRIX INJ	Tier 1	
TYPHIM VI SOSY 25mcg/0.5ml	Tier 1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	Tier 1	
VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
VAXCHORA SUS	Tier 1	
VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
VIVOTIF CAP EC	Tier 1	
YF-VAX INJ	Tier 1	
NUTRITIONAL/SUPPLEMENTS ELECTROLYTES/MINERALS, INJECTABLE		
D2.5W/NACL INJ 0.45%	Tier 3	
D5W/NACL INJ 0.2%	Tier 3	
D5W/NACL INJ 0.45%	Tier 3	
D10W/NACL INJ 0.2%	Tier 3	
D10W/NACL INJ 0.45%	Tier 3	
<i>dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/SODIUM CHLO)</i>	Tier 3	
<i>dextrose 5% in lactated ringers</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.3% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.9% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.45% (generic of DEXTROSE 5%/SODIUM CHLORI)</i>	Tier 3	
<i>dextrose 5% w/ sodium chloride 0.225% (generic of DEXTROSE/SODIUM CHLORIDE)</i>	Tier 3	
ISOLYTE-P INJ /D5W	Tier 3	
ISOLYTE-S INJ PH 7.4	Tier 3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.075%/D5W/NACL 0.45%)</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.15%/D5W/NACL 0.9%)</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.15%/D5W/NACL 0.45%)</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	Tier 3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	Tier 3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj (generic of POTASSIUM CHLORIDE/DEXTRO)</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj (generic of KCL 0.3%/D5W/NACL 0.9%)</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj (generic of KCL 0.3%/D5W/NACL 0.45%)</i>	Tier 3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj (generic of POTASSIUM CHLORIDE/SODIUM)</i>	Tier 3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	Tier 3	
KCL/D5W/NACL INJ 0.3/0.9%	Tier 3	
KCL/D5W/NACL INJ 0.15/0.2	Tier 3	
<i>lactated ringer's solution (generic of LACTATED RINGERS)</i>	Tier 3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	Tier 3	
<i>magnesium sulfate (generic of MAGNESIUM SULFATE) SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml, 50%</i>	Tier 3	
<i>magnesium sulfate SOLN 3gm/100ml, 4gm/50ml</i>	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> (generic of MAGNESIUM SULFATE IN D5W)	Tier 3	
<i>multiple electrolytes ph 5.5</i> (generic of PLASMA-LYTE A)	Tier 3	
POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 3	
<i>potassium chloride</i> SOLN 2meq/ml	Tier 3	
<i>potassium chloride</i> (generic of POTASSIUM CHLORIDE) SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3	
<i>potassium chloride 20 meq/l</i> (0.15%) in dextrose 5% inj (generic of POTASSIUM CHLORIDE/DEXTRO)	Tier 3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 3	
TPN ELECTROL INJ	Tier 3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	Tier 3	
<i>klor-con 8</i> (generic of KLOR-CON 8) TBCR 8meq	Tier 1	
<i>klor-con 10</i> TBCR 10meq	Tier 1	
<i>klor-con m10</i> TBCR 10meq	Tier 1	
<i>klor-con m15</i> TBCR 15meq	Tier 1	
<i>klor-con m20</i> TBCR 20meq	Tier 1	
M-NATAL PLUS TAB	Tier 2	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 10meq, 20meq	Tier 1	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	Tier 3	
<i>potassium chloride</i> (generic of KLOR-CON 8) TBCR 8meq	Tier 1	

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

Drug Name	Drug Tier	Requirements/ Limits
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3% (generic of ZYLET)</i>	Tier 3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1%	Tier 2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 2	
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>besifloxacin hcl SUSP .6%</i>	Tier 3	
CILOXAN OINT .3%	Tier 2	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	Tier 1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	Tier 1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	Tier 1	
<i>moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%</i>	Tier 2	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	Tier 3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 2	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 2	
<i>ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	Tier 2	
<i>tobramycin (ophth) SOLN .3%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>trifluridine SOLN 1%</i>	Tier 3	
XDEMY SOLN .25%	Tier 2	NM PA
ZIRGAN GEL .15%	Tier 3	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	Tier 2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	Tier 1	
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) SUSP .1%</i>	Tier 2	
<i>flurbiprofen sodium SOLN .03%</i>	Tier 2	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	Tier 2	
<i>ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%</i>	Tier 1	
LOTEMAX OINT .5%	Tier 2	
<i>prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%</i>	Tier 2	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	Tier 1	
<i>cromolyn sodium (ophth) SOLN 4%</i>	Tier 1	
ZERVIAE SOLN .24%	Tier 3	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	Tier 2	
<i>brimonidine tartrate SOLN .2%</i>	Tier 1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% (generic of COMBIGAN)</i>	Tier 2	
<i>carteolol hcl (ophth) SOLN 1%</i>	Tier 1	
COMBIGAN SOL 0.2/0.5%	Tier 2	
<i>dorzolamide hcl SOLN 2%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5% (generic of COSOPT)</i>	Tier 1	
<i>latanoprost (generic of XALATAN) SOLN .005%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levobunolol hcl</i> SOLN .5%	Tier 1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 2	
RHOPRESSA SOLN .02%	Tier 3	
ROCKLATAN DRO	Tier 3	
SIMBRINZA SUS 1-0.2%	Tier 3	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1	
VYZULTA SOLN .024%	Tier 3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	Tier 2	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 2	
CYSTADROPS SOLN .37%	Tier 2	NM PA
CYSTARAN SOLN .44%	Tier 2	NM PA
EYSUVIS SUSP .25%	Tier 3	
MIEBO SOLN 1.338gm/ml	Tier 2	
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	Tier 2	
RESTASIS EMUL .05%	Tier 2	
RESTASIS MULTIDOSE EMUL .05%	Tier 2	
XIIDRA SOLN 5%	Tier 2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 3	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	Tier 2	
<i>hydrocortisone w/ acetic acid otic soln</i> 1-2%	Tier 3	
<i>neomycin-polymyxin-hc otic soln</i> 1%	Tier 2	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	Tier 2	
<i>ofloxacin (otic)</i> SOLN .3%	Tier 3	

Drug Name	Drug Tier	Requirements/ Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AER 62.5-25	Tier 2	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	Tier 2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER 9MCG	Tier 2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER 18MCG	Tier 2	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 2	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	Tier 3	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	Tier 2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 2	QL
QL (60 blisters / 30 days)		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 2	QL
QL (60 blisters / 30 days)		
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	Tier 3	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 2	QL
QL (30 blisters / 30 days)		
<i>ipratropium bromide</i> SOLN .02%	Tier 1	B/D

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	Tier 2		<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL
<i>ipratropium bromide hfa</i> (generic of ATROVENT HFA) AERS 17mcg/act	Tier 3	QL	QL (2 inhalers / 30 days)		
QL (2 inhalers / 30 days)			(generic of Proventil HFA)		
SPIRIVA RESPIMAT AERS 1.25mcg/act	Tier 3	QL	<i>albuterol sulfate</i> (generic of VENTOLIN HFA) AERS 108mcg/act	Tier 1	QL
QL (1 inhaler / 30 days)			QL (2 inhalers / 30 days)		
ANTI-HISTAMINES			(generic of Ventolin HFA)		
<i>azelastine hcl</i> SOLN .1%	Tier 2		<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D
<i>cetirizine hcl</i> SOLN 5mg/5ml	Tier 1	QL	<i>albuterol sulfate</i> NEBU .083%	Tier 1	B/D
QL (300 mL / 30 days)			<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	Tier 3	
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	Tier 2	PA	<i>levalbuterol tartrate</i> AERO 45mcg/act	Tier 2	QL ST
PA applies if 65 years and older after a 30 day supply in a calendar year			QL (2 inhalers / 30 days)		
<i>diphenhydramine hcl</i> SOLN 50mg/ml	Tier 3		SEREVENT DISKUS AEPB 50mcg/dose	Tier 2	QL
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	Tier 3	PA	QL (60 inhalations / 30 days)		
PA applies if 65 years and older			<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	Tier 3	
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 2	PA	LEUKOTRIENE MODULATORS		
PA applies if 65 years and older after a 30 day supply in a calendar year			<i>montelukast sodium</i> (generic of SINGULAIR) CHEW 4mg, 5mg; TABS 10mg	Tier 1	
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	Tier 2	PA	<i>montelukast sodium</i> (generic of SINGULAIR) PACK 4mg	Tier 3	
PA applies if 65 years and older after a 30 day supply in a calendar year			<i>zafirlukast</i> TABS 10mg, 20mg	Tier 2	
<i>levocetirizine dihydrochloride</i> TABS 5mg	Tier 1	QL	MISCELLANEOUS		
QL (30 tabs / 30 days)			<i>acetylcysteine</i> SOLN 10%, 20%	Tier 3	B/D
BETA AGONISTS			<i>cromolyn sodium</i> NEBU 20mg/2ml	Tier 2	B/D
<i>albuterol sulfate</i> AERS 108mcg/act	Tier 1	QL	<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml	Tier 2	
QL (2 inhalers / 30 days)			(generic of EpiPen)		
(generic of Proair HFA)					

Drug Name	Drug Tier	Requirements/ Limits
<i>epinephrine (anaphylaxis)</i> (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)	Tier 2	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 2	
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 2	QL NM PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 2	QL NM PA
KALYDECO TABS 150mg QL (56 tabs / 28 days)	Tier 2	QL NM PA
<i>nintedanib esylate</i> (generic of OFEV) CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 1	QL NM PA
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	Tier 2	QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	Tier 2	QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	Tier 2	QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	Tier 2	QL NM PA
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 2	QL NM PA
ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 2	QL NM PA
ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 2	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	Tier 1	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 267mg QL (270 tabs / 30 days)	Tier 1	QL NM PA
<i>pirfenidone</i> TABS 534mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
<i>pirfenidone</i> (generic of ESBRIET) TABS 801mg QL (90 tabs / 30 days)	Tier 1	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	Tier 2	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	Tier 2	NM PA
<i>roflumilast</i> (generic of DALIRESP) TABS 250mcg QL (56 tabs / year)	Tier 3	QL
<i>roflumilast</i> (generic of DALIRESP) TABS 500mcg QL (30 tabs / 30 days)	Tier 3	QL
<i>theophylline</i> TB12 100mg, 200mg, 300mg, 450mg	Tier 3	
<i>theophylline</i> TB24 400mg, 600mg	Tier 2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 2	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	Tier 2	QL NM PA

Drug Name	Drug Tier	Requirements/ Limits
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 2	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 2	QL NM PA
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 2	QL NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 2	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 1	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 3	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act QL (2 inhalers / 30 days)	Tier 3	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	Tier 2	QL
<i>budesonide (inhalation)</i> (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml	Tier 3	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 2	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 2	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	Tier 2	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	Tier 2	QL
<i>breyana</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> (generic of SYMBICORT) QL (3 inhalers / 30 days)	Tier 2	QL
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i> QL (60 blisters / 30 days)	Tier 1	QL
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i> QL (60 blisters / 30 days)	Tier 1	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
<i>wixela inhub</i> (generic of ADVAIR DISKUS) QL (60 inhalations / 30 days)	Tier 2	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical)</i> (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)	Tier 2	QL
<i>clindamycin phosphate (topical)</i> SOLN 1% QL (60 mL / 30 days)	Tier 2	QL
<i>erythromycin (acne aid)</i> SOLN 2% QL (60 mL / 30 days)	Tier 2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA
<i>neuac</i> QL (45 gm / 30 days)	Tier 2	QL
<i>sulfacetamide sodium (acne)</i> (generic of KLARON) LOTN 10% QL (118 mL / 30 days)	Tier 3	QL
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 3	QL PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/ Limits
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 2	QL
<i>mupirocin</i> OINT 2% QL (30 gm / 30 days)	Tier 1	QL
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	Tier 1	
<i>ssd</i> (generic of SILVADENE) CREA 1%	Tier 1	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	Tier 2	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	Tier 2	QL
<i>clotrimazole (topical)</i> 1% QL (45 gm / 30 days)	Tier 1	QL
<i>clotrimazole (topical)</i> 1% QL (60 mL / 30 days)	Tier 2	QL
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> QL (45 gm / 30 days)	Tier 2	QL
<i>ketoconazole (topical)</i> CREA 2% QL (60 gm / 30 days)	Tier 2	QL
<i>ketoconazole (topical)</i> SHAM 2% QL (120 mL / 30 days)	Tier 1	QL
<i>klayesta</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nyamyc</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 2	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 1	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 3	
<i>calcipotriene</i> CREA .005% QL (120 gm / 30 days)	Tier 3	QL PA
<i>calcipotriene</i> (generic of PELLIX) SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
ENSTILAR AER QL (120 gm / 30 days)	Tier 3	QL PA
PELLIX SOLN .005% QL (120 mL / 30 days)	Tier 2	QL PA
<i>tazarotene</i> (generic of TAZORAC) CREA .05%, .1% QL (60 gm / 30 days)	Tier 2	QL PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	Tier 1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> (topical) CREA .05% QL (120 gm / 30 days)	Tier 2	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	Tier 1	QL
<i>betamethasone dipropionate</i> (topical) OINT .05% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> augmented CREA .05% QL (120 gm / 30 days)	Tier 1	QL
<i>betamethasone dipropionate</i> augmented GEL .05% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> augmented (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 1	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 2	QL
<i>clobetasol propionate</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
<i>clobetasol propionate</i> SOLN .05% QL (100 mL / 30 days)	Tier 3	QL
<i>clobetasol propionate e</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>clodan</i> SHAM .05% QL (236 mL / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS BODY) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> (generic of DERMA- SMOOTHE/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	Tier 3	QL
<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 3	QL
<i>fluocinonide</i> (generic of VANOS) CREA .1% QL (120 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL
<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 3	QL
<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 2	
<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 3	QL
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 1	
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 1	QL
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 2	QL
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 1	QL
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 1	
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 1	QL
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 3	QL PA
<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>lidocaine hcl</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 1	B/D QL
<i>lidocan</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
<i>tridacaine iii</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	Tier 3	QL PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> (generic of TARGRETIN) GEL 1% QL (60 gm / 30 days)	Tier 1	QL NM PA
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 2	QL
<i>EUCRISA</i> OINT 2% QL (120 gm / 30 days)	Tier 3	QL PA
<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 3	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 2	QL
<i>hydrocortisone (rectal)</i> CREA 1%	Tier 2	
<i>hydrocortisone (rectal)</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 2	QL
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 2	QL
<i>nitroglycerin (intra-anal)</i> (generic of RECTIV) OINT .4% QL (30 gm / 30 days)	Tier 3	QL
<i>PANRETIN</i> GEL .1% QL (60 gm / 30 days)	Tier 2	QL PA
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	Tier 3	QL PA

Drug Name	Drug Tier	Requirements/ Limits
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 2	QL
<i>procto-med hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>proctocort</i> CREA 1%	Tier 2	
<i>proctosol hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>proctozone-hc</i> (generic of ANUSOL-HC) CREA 2.5%	Tier 2	
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 3	QL PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	Tier 2	QL NM PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 3	QL
<i>permethrin</i> (generic of PERMETHRIN) CREA 5% QL (60 gm / 30 days)	Tier 2	QL
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	Tier 3	QL PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	Tier 2	QL
<i>kourzeq</i> PSTE .1%	Tier 2	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	Tier 1	
<i>nystatin (mouth-throat)</i> (generic of NYSTATIN) SUSP 100000unit/ml	Tier 2	
<i>periogard</i> (generic of PERIDEX) SOLN .12%	Tier 1	
<i>pilocarpine hcl (oral)</i> (generic of SALAGEN) TABS 5mg, 7.5mg	Tier 2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	Tier 2	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order
B/D - Covered under Medicare B or D

Index

A		
<i>abacavir sulfate</i>	5	
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i>	6	
<i>abigale</i>	43	
<i>abigale lo</i>	43	
ABILIFY see <i>aripiprazole</i>	27	
ABILIFY ASIMTUFII	26	
ABILIFY MAINTENA	27	
<i>abiraterone acetate</i>	10	
<i>abirtega</i>	10	
ABRYSVO	55	
<i>acamprosate calcium</i>	37	
<i>acarbose</i>	38	
<i>accutane</i>	63	
<i>acebutolol hcl</i>	20	
<i>acetaminophen w/ codeine</i> <i>soln 120-12 mg/5ml</i>	1	
<i>acetaminophen w/ codeine</i> <i>tab 300-15 mg</i>	1	
<i>acetaminophen w/ codeine</i> <i>tab 300-30 mg</i>	1	
<i>acetaminophen w/ codeine</i> <i>tab 300-60 mg</i>	1	
<i>acetazolamide</i>	21	
<i>acetic acid</i>	49	
<i>acetic acid (otic)</i>	59	
<i>acetylcysteine</i>	60	
<i>acitretin</i>	64	
ACTHIB INJ	55	
ACTIMMUNE	54	
ACTIVELLA see <i>abigale</i>	43	
see <i>estradiol &</i> <i>norethindrone acetate</i> <i>tab 1-0.5 mg</i>	43	
see <i>mimvey</i>	44	
ACTOS see <i>pioglitazone hcl</i>	39	
ACULAR see <i>ketorolac</i> <i>tromethamine (ophth)</i>	58	
<i>acyclovir</i>	6	
<i>acyclovir sodium</i>	6	
ADACEL INJ	55	
ADALIMUMAB-BWWD ...	51	
ADCIRCA see <i>alyq</i>	23	
see <i>tadalafil (pulmonary</i> <i>hypertension)</i>	23	
ADDERALL see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 10 mg</i>	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 12.5 mg</i>	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 15 mg</i>	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 20 mg</i>	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 30 mg</i>	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 5 mg</i>	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>tab 7.5 mg</i>	34	
ADDERALL XR see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 10 mg</i> ...	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 15 mg</i> ...	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 20 mg</i> ...	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 25 mg</i> ...	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 30 mg</i> ...	34	
see <i>amphetamine-</i> <i>dextroamphetamine</i> <i>cap er 24hr 5 mg</i>	33	
<i>adefovir dipivoxil</i>	6	
ADEMPAS	22	
ADMELOG	39	
ADMELOG SOLOSTAR .	39	
ADRENALIN see <i>epinephrine</i>	22	
ADVAIR DISKUS see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 100-50 mcg/act</i> ...	62	
see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 250-50 mcg/act</i> ...	62	
see <i>fluticasone-</i> <i>salmeterol aer powder</i> <i>ba 500-50 mcg/act</i> ...	63	
see <i>wixela inhub</i>	63	
ADVAIR HFA AER 115/21	62	
ADVAIR HFA AER 230/21	62	
ADVAIR HFA AER 45/21 .	62	
AFINITOR see <i>everolimus</i>	12	
see <i>torpenz</i>	15	
see <i>yulithira</i>	16	
AFINITOR DISPERZ see <i>everolimus</i>	12	
<i>afirmelle</i>	41	
AGRYLIN see <i>anagrelide hcl</i>	51	
AIMOVIG	35	
AIRSUPRA AER 90- 80MCG	62	
AKEEGA TAB 100/500 ...	10	
AKEEGA TAB 50/500MG	10	
<i>ala-cort</i>	64	
<i>albendazole</i>	2	
<i>albuterol sulfate</i>	60	
ALCAINE see <i>proparacaine hcl</i> ...	59	
<i>alclometasone dipropionate</i>	64	
ALCOHOL SWABS: EMBECTA- BD/MHC/RUGBY	39	
ALDACTONE		

see <i>spironolactone</i>	17	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
ALECENSA	11	<i>benazepril hcl cap 5-10</i>	<i>dextroamphetamine cap</i>
<i>alendronate sodium</i>	41	<i>mg</i>	<i>er 24hr 25 mg</i>
<i>alfuzosin hcl</i>	49	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
<i>aliskiren fumarate</i>	22	<i>benazepril hcl cap 5-20</i>	<i>dextroamphetamine cap</i>
<i>allopurinol</i>	1	<i>mg</i>	<i>er 24hr 30 mg</i>
<i>alosetron hcl</i>	48	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
<i>alprazolam</i>	23	<i>benazepril hcl cap 5-40</i>	<i>dextroamphetamine cap</i>
<i>altavera</i>	41	<i>mg</i>	<i>er 24hr 5 mg</i>
ALUNBRIG	11	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
ALUNBRIG PAK	11	<i>valsartan tab 10-160 mg</i>	<i>dextroamphetamine tab</i>
ALVAIZ	51	.....	<i>10 mg</i>
ALVESCO.....	62	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
<i>alyacen 1/35</i>	41	<i>valsartan tab 10-320 mg</i>	<i>dextroamphetamine tab</i>
<i>alyacen 7/7/7</i>	41	.....	<i>12.5 mg</i>
ALYGLO	54	<i>amlodipine besylate-</i>	<i>amphetamine-</i>
<i>alyq</i>	23	<i>valsartan tab 5-160 mg</i>	<i>dextroamphetamine tab</i>
<i>amantadine hcl</i>	26	<i>amlodipine besylate-</i>	<i>15 mg</i>
AMBIEN		<i>valsartan tab 5-320 mg</i>	<i>amphetamine-</i>
see <i>zolpidem tartrate</i> ...	35	<i>amnestem</i>	<i>dextroamphetamine tab</i>
AMBISOME		<i>amoxapine</i>	<i>20 mg</i>
see <i>amphotericin b</i>		<i>amoxicillin</i>	<i>amphetamine-</i>
<i>liposome</i>	4	<i>amoxicillin & k clavulanate</i>	<i>dextroamphetamine tab</i>
<i>ambrisentan</i>	23	<i>for susp 200-28.5 mg/5ml</i>	<i>30 mg</i>
<i>amikacin sulfate</i>	2	.....	<i>amphetamine-</i>
<i>amiloride &</i>		<i>amoxicillin & k clavulanate</i>	<i>dextroamphetamine tab 5</i>
<i>hydrochlorothiazide tab</i>		<i>for susp 250-62.5 mg/5ml</i>	<i>mg</i>
<i>5-50 mg</i>	21	.....	<i>amphetamine-</i>
<i>amiloride hcl</i>	21	<i>amoxicillin & k clavulanate</i>	<i>dextroamphetamine tab</i>
<i>aminosyn ii soln 15%</i>	57	<i>for susp 400-57 mg/5ml</i>	<i>7.5 mg</i>
AMINOSYN INJ 10%.....	57	<i>amoxicillin & k clavulanate</i>	<i>amphotericin b</i>
AMINOSYN-PF INJ 10%.....	57	<i>for susp 600-42.9 mg/5ml</i>	<i>amphotericin b liposome</i> ...
<i>amiodarone hcl</i>	19	.....	<i>ampicillin</i>
AMITIZA		<i>amoxicillin & k clavulanate</i>	<i>ampicillin & sulbactam</i>
see <i>lubiprostone</i>	48	<i>tab 250-125 mg</i>	<i>sodium for inj 1.5 (1-0.5)</i>
<i>amitriptyline hcl</i>	24	<i>amoxicillin & k clavulanate</i>	<i>gm</i>
<i>amlodipine besylate</i>	21	<i>tab 500-125 mg</i>	<i>ampicillin & sulbactam</i>
<i>amlodipine besylate-</i>		<i>amoxicillin & k clavulanate</i>	<i>sodium for inj 3 (2-1) gm</i>
<i>benazepril hcl cap 10-20</i>		<i>tab 875-125 mg</i> .....	.....
<i>mg</i>	17	<i>amphetamine-</i>	<i>ampicillin & sulbactam</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine cap</i>	<i>sodium for iv soln 15 (10-</i>
<i>benazepril hcl cap 10-40</i>		<i>er 24hr 10 mg</i>	<i>5) gm</i>
<i>mg</i>	17	<i>amphetamine-</i>	<i>ampicillin sodium</i>
<i>amlodipine besylate-</i>		<i>dextroamphetamine cap</i>	AMPYRA
<i>benazepril hcl cap 2.5-10</i>		<i>er 24hr 15 mg</i>	see <i>dalfampridine</i>
<i>mg</i>	16	<i>amphetamine-</i>	ANAFRANIL
		<i>dextroamphetamine cap</i>	see <i>clomipramine hcl</i> ..
		<i>er 24hr 20 mg</i>	<i>anagrelide hcl</i>
			51

<i>anastrozole</i> 10	<i>see tacrolimus</i> 55	<i>see irbesartan-</i>
ANCOBON	ATACAND	<i>hydrochlorothiazide tab</i>
<i>see flucytosine</i> 4	<i>see candesartan cilexetil</i>	<i>300-12.5 mg</i> 18
ANDROGEL PUMP	19	AVAPRO
<i>see testosterone pump</i> 38	<i>atazanavir sulfate</i> 5	<i>see irbesartan</i> 19
ANORO ELLIPT AER 62.5-	<i>atenolol</i> 20	<i>aviane</i> 41
25 59	<i>atenolol & chlorthalidone</i>	AVMAPKI PAK FAKZYNJA
ANUSOL-HC	<i>tab 100-25 mg</i> 20	11
<i>see hydrocortisone</i>	<i>atenolol & chlorthalidone</i>	AVODART
<i>(rectal)</i> 65	<i>tab 50-25 mg</i> 20	<i>see dutasteride</i> 49
<i>see procto-med hc</i> 66	ATIVAN	<i>ayuna</i> 41
<i>see proctosol hc</i> 66	<i>see lorazepam</i> 23	AYVAKIT 11
<i>see proctozone-hc</i> 66	<i>atomoxetine hcl</i> 34	<i>azathioprine</i> 54
<i>aprepitant</i> 47	<i>atorvastatin calcium</i> 20	<i>azelastine hcl</i> 60
<i>aprepitant capsule therapy</i>	<i>atovaquone</i> 3	<i>azelastine hcl (ophth)</i> 58
<i>pack 80 & 125 mg</i> 47	<i>atovaquone-proguanil hcl</i>	AZILECT
<i>apri</i> 41	<i>tab 250-100 mg</i> 5	<i>see rasagiline mesylate</i>
APRISO	<i>atovaquone-proguanil hcl</i>	26
<i>see mesalamine</i> 48	<i>tab 62.5-25 mg</i> 5	<i>azithromycin</i> 8
APTIOM	ATROPINE SULFATE 59	<i>aztreonam</i> 3
<i>see eslicarbazepine</i>	<i>atropine sulfate</i>	AZULFIDINE
<i>acetate</i> 30	<i>(ophthalmic)</i> 59	<i>see sulfasalazine</i> 48
APTIVUS 5	ATROVENT HFA 59	AZULFIDINE EN-TABS
<i>aranella</i> 41	<i>see ipratropium bromide</i>	<i>see sulfasalazine</i> 48
ARAVA	<i>hfa</i> 60	<i>azurette</i> 41
<i>see leflunomide</i> 54	<i>aubra eq</i> 41	B
ARCALYST 54	AUGMENTIN ES-600	<i>bacitracin-polymyxin b</i>
AREXVY 55	<i>see amoxicillin & k</i>	<i>ophth oint</i> 58
ARICEPT	<i>clavulanate for susp</i>	<i>bacitracin-polymyxin-</i>
<i>see donepezil</i>	<i>600-42.9 mg/5ml</i> 8	<i>neomycin-hc ophth oint</i>
<i>hydrochloride</i> 23	AUGTYRO 11	<i>1%</i> 57
ARIKAYCE 2	<i>aurovela 1/20</i> 41	<i>baclofen</i> 36
ARIMIDEX	<i>aurovela fe 1.5/30</i> 41	BACTRIM
<i>see anastrozole</i> 10	<i>aurovela fe 1/20</i> 41	<i>see sulfamethoxazole-</i>
<i>aripiprazole</i> 27	AUSTEDO 36	<i>trimethoprim tab 400-</i>
ARISTADA 27	AUSTEDO XR 36	<i>80 mg</i> 4
ARISTADA INITIO 27	AUSTEDO XR TAB TITR	BACTRIM DS
ARIXTRA	KIT 36	<i>see sulfamethoxazole-</i>
<i>see fondaparinux sodium</i>	AUVELITY TAB 45-105MG	<i>trimethoprim tab 800-</i>
.....50	24	<i>160 mg</i> 4
<i>armodafinil</i> 37	AUVELITY TAB TITRATIO	BAFIERTAM 36
ARNUIITY ELLIPTA 62	24	<i>balsalazide disodium</i> 47
AROMASIN	AVALIDE	BALVERSA 11
<i>see exemestane</i> 10	<i>see irbesartan-</i>	<i>balziva</i> 41
<i>asenapine maleate</i> 27	<i>hydrochlorothiazide tab</i>	BANZEL
<i>aspirin-dipyridamole cap er</i>	<i>150-12.5 mg</i> 18	<i>see rufinamide</i> 32
<i>12hr 25-200 mg</i> 51		BARACLUDE 7
ASTAGRAF XL 54		<i>see entecavir</i> 7

BCG VACCINE.....55	<i>betaxolol hcl (ophth)</i> 58	BREZTRI AERO AER
<i>benazepril &</i>	<i>bethanechol chloride</i> 49	9MCG.....59
<i>hydrochlorothiazide tab</i>	BEVESPI AER 9-4.8MCG	BREZTRI AERO AER
10-12.5 mg.....17	59	SPHERE
<i>benazepril &</i>	<i>bexarotene</i> 11	(INSTITUTIONAL PACK)
<i>hydrochlorothiazide tab</i>	<i>bexarotene (topical)</i> 65	59
20-12.5 mg.....17	BEXSERO 55	<i>briellyn</i> 41
<i>benazepril &</i>	<i>bicalutamide</i> 10	BRILINTA
<i>hydrochlorothiazide tab</i>	BICILLIN L-A.....9	see <i>ticagrelor</i> 51
20-25 mg.....17	BIKTARVY TAB 30-120-15	<i>brimonidine tartrate</i> 58
<i>benazepril &</i>	MG 6	<i>brimonidine tartrate-timolol</i>
<i>hydrochlorothiazide tab</i>	BIKTARVY TAB 50-200-25	<i>maleate ophth soln 0.2-</i>
5-6.25mg.....17	MG 6	0.5%.....58
<i>benazepril hcl</i> 17	BILDYOS 41	<i>brivaracetam</i> 29
BENICAR	BIMZELX 51	BRIVIACT
see <i>olmesartan</i>	<i>bismuth subcit-</i>	see <i>brivaracetam</i> 29
<i>medoxomil</i> 19	<i>metronidazole-</i>	<i>bromocriptine mesylate</i> ...26
BENICAR HCT	<i>tetracycline cap 140-125-</i>	BRUKINSA 11
see <i>olmesartan</i>	125 mg 48	<i>budesonide</i> 47, 48
<i>medoxomil-</i>	<i>bisoprolol &</i>	<i>budesonide (inhalation)</i> ..62
<i>hydrochlorothiazide tab</i>	<i>hydrochlorothiazide tab</i>	<i>budesonide-formoterol</i>
20-12.5 mg 18	10-6.25 mg 20	<i>fumarate dihyd aerosol</i>
see <i>olmesartan</i>	<i>bisoprolol &</i>	160-4.5 mcg/act 62
<i>medoxomil-</i>	<i>hydrochlorothiazide tab</i>	<i>budesonide-formoterol</i>
<i>hydrochlorothiazide tab</i>	2.5-6.25 mg 20	<i>fumarate dihyd aerosol</i>
40-12.5 mg 18	<i>bisoprolol &</i>	80-4.5 mcg/act 62
see <i>olmesartan</i>	<i>hydrochlorothiazide tab</i>	<i>bumetanide</i> 21
<i>medoxomil-</i>	5-6.25 mg 20	BUMEX
<i>hydrochlorothiazide tab</i>	<i>bisoprolol fumarate</i> 20	see <i>bumetanide</i> 21
40-25 mg 18	BIVIGAM.....54	BUPHENYL
BENLYSTA.....54	<i>blisovi fe 1.5/30</i> 41	see <i>sodium</i>
<i>benztropine mesylate</i> 26	<i>blisovi fe 1/20</i> 41	<i>phenylbutyrate</i> 45
BERINERT 51	BLUJEPa.....3	<i>buprenorphine hcl</i> 37
<i>besifloxacin hcl</i> 58	BOOSTRIX INJ.....55	<i>buprenorphine hcl-</i>
BESREMI 11	<i>bosentan</i> 23	<i>naloxone hcl sl film 12-3</i>
<i>betaine powder for oral</i>	BOSULIF 11	<i>mg (base equiv)</i> 37
<i>solution</i> 44	see <i>bosutinib</i> 11	<i>buprenorphine hcl-</i>
<i>betamethasone</i>	<i>bosutinib</i> 11	<i>naloxone hcl sl film 2-0.5</i>
<i>dipropionate (topical)</i> ...64	BRAFTOVI.....11	<i>mg (base equiv)</i> 37
<i>betamethasone</i>	BREO ELLIPTA INH 100-	<i>buprenorphine hcl-</i>
<i>dipropionate augmented</i>	25 62	<i>naloxone hcl sl film 4-1</i>
.....64	BREO ELLIPTA INH 200-	<i>mg (base equiv)</i> 37
<i>betamethasone valerate</i> .64	25 62	<i>buprenorphine hcl-</i>
BETAPACE	BREO ELLIPTA INH 50-	<i>naloxone hcl sl film 8-2</i>
see <i>sotalol hcl</i> 19	25MCG.....62	<i>mg (base equiv)</i> 37
BETAPACE AF	<i>breyna</i> 62	<i>buprenorphine hcl-</i>
see <i>sotalol hcl (afib/af)</i> 19	BREZTRI AERO AER	<i>naloxone hcl sl tab 2-0.5</i>
BETASERON 36	18MCG.....59	<i>mg (base equiv)</i> 37

<i>buprenorphine hcl-</i>	<i>carbidopa & levodopa tab</i>	<i>see caspofungin acetate</i>
<i>naloxone hcl sl tab 8-2</i>	<i>25-100 mg.....26</i>	<i>.....4</i>
<i>mg (base equiv) 37</i>	<i>carbidopa & levodopa tab</i>	CATAPRES-TTS-1
<i>bupropion hcl 24</i>	<i>25-250 mg.....26</i>	<i>see clonidine 22</i>
<i>bupropion hcl (smoking</i>	<i>carbidopa & levodopa tab</i>	CATAPRES-TTS-2
<i>deterrent) 37</i>	<i>er 25-100 mg.....26</i>	<i>see clonidine 22</i>
<i>buspirone hcl 23</i>	<i>carbidopa & levodopa tab</i>	CATAPRES-TTS-3
BYSANTI 27	<i>er 50-200 mg.....26</i>	<i>see clonidine 22</i>
BYSANTI TAB PACK A ..27	<i>carbidopa-levodopa-</i>	CAYSTON 3
BYSANTI TAB PACK B ..27	<i>entacapone tabs 12.5-</i>	<i>cefaclor 7</i>
BYSANTI TAB PACK C ..27	<i>50-200 mg.....26</i>	<i>cefadroxil 7</i>
BYSTOLIC	<i>carbidopa-levodopa-</i>	CEFAZOLIN.....7
<i>see nebivolol hcl.....21</i>	<i>entacapone tabs 18.75-</i>	CEFAZOLIN INJ
C	<i>75-200 mg.....26</i>	<i>1GM/50ML 7</i>
<i>cabergoline 45</i>	<i>carbidopa-levodopa-</i>	<i>cefazolin sodium 7</i>
CABOMETYX 11	<i>entacapone tabs 25-100-</i>	CEFAZOLIN SOLN
<i>calcipotriene 64</i>	<i>200 mg 26</i>	<i>2GM/100ML-4% 7</i>
<i>calcitonin (salmon) spray</i>	<i>carbidopa-levodopa-</i>	CEFAZOLIN/DEX SOL
<i>calcitriol.....46</i>	<i>entacapone tabs 31.25-</i>	<i>1GM/50ML-4% 7</i>
<i>calcitriol (oral) 46</i>	<i>125-200 mg 26</i>	CEFAZOLIN/DEX SOL
<i>calcium acetate (phosphate</i>	<i>carbidopa-levodopa-</i>	<i>2GM/50ML-3% 7</i>
<i>binder) 46</i>	<i>entacapone tabs 37.5-</i>	CEFAZOLIN/DEX SOL
CALQUENCE 12	<i>150-200 mg 26</i>	<i>3GM/150ML-4% 7</i>
<i>camila 41</i>	<i>carbidopa-levodopa-</i>	CEFAZOLIN/DEX SOL
CANASA	<i>entacapone tabs 50-200-</i>	<i>3GM/50ML-2% 7</i>
<i>see mesalamine 48</i>	<i>200 mg 26</i>	<i>cefdinir 7</i>
<i>candesartan cilexetil 19</i>	CARDIZEM	<i>cefepime hcl.....7</i>
CAPLYTA 27	<i>see diltiazem hcl.....21</i>	<i>cefixime 7</i>
CAPRELSA 12	CARDIZEM CD	<i>cefoxitin sodium 7</i>
CARAFATE	<i>see cartia xt.....21</i>	<i>cefpodoxime proxetil.....7</i>
<i>see sucralfate.....49</i>	<i>see diltiazem hcl coated</i>	<i>cefprozil 7</i>
<i>carb/levo orally</i>	<i>beads.....21</i>	<i>ceftaroline fosamil.....7</i>
<i>disintegrating tab 10-</i>	CARDURA	<i>ceftazidime.....7</i>
<i>100mg.....26</i>	<i>see doxazosin mesylate</i>	<i>ceftriaxone sodium.....8</i>
<i>carb/levo orally</i>	<i>.....17</i>	<i>cefuroxime axetil.....8</i>
<i>disintegrating tab 25-</i>	<i>carglumic acid.....45</i>	<i>cefuroxime sodium.....8</i>
<i>100mg.....26</i>	CARNITOR	CELEBREX
<i>carb/levo orally</i>	<i>see levocarnitine</i>	<i>see celecoxib 1</i>
<i>disintegrating tab 25-</i>	<i>(metabolic modifiers)</i>	<i>celecoxib.....1</i>
<i>250mg.....26</i>	<i>.....45</i>	CELEXA
CARBAGLU	<i>carteolol hcl (ophth) 58</i>	<i>see citalopram</i>
<i>see carglumic acid 45</i>	<i>cartia xt 21</i>	<i>hydrobromide.....24</i>
<i>carbamazepine 29, 30</i>	<i>carvedilol 20</i>	CELLCEPT
CARBATROL	CASODEX	<i>see mycophenolate</i>
<i>see carbamazepine.....29</i>	<i>see bicalutamide 10</i>	<i>mofetil 54, 55</i>
<i>carbidopa & levodopa tab</i>	<i>caspofungin acetate.....4</i>	CELONTIN
<i>10-100 mg.....26</i>	CASPOFUNGIN ACETATE	<i>see methsuximide 31</i>
		<i>cephalexin.....8</i>

CEQUR EXT WR MIS INSERTER.....39	CLEOCIN PHOSPHATE see <i>clindamycin</i> phosphate.....3	COBENFY CAP 125-30MG 27
CEQUR SIMPL KIT 1U EXTND.....40	CLEOCIN-T see <i>clindamycin</i> phosphate (topical) ..63	COBENFY CAP 50-20MG 27
CEQUR SIMPL KIT 2U EXTND.....40	CLIMARA see <i>estradiol</i> 43	COBENFY STRT CAP PACK.....27
CEQUR SIMPL KIT PATCH 2U (4-DAY) 40	<i>clindamycin hcl</i> 3	<i>colchicine</i> 1
CEQUR SIMPL MIS INSERTER.....40	<i>clindamycin phosphate</i> 3	<i>colchicine w/ probenecid</i> tab 0.5-500 mg 1
CERDELGA.....45	<i>clindamycin phosphate</i> (topical) 63	COLESTID see <i>colestipol hcl</i> 20
<i>cetirizine hcl</i> 60	<i>clindamycin phosphate</i> vaginal.....50	<i>colestipol hcl</i> 20
CHANTIX see <i>varenicline tartrate</i> 37	<i>clindamycin phosph-</i> <i>benzoyl peroxide (refrig)</i> gel 1.2 (1)-5%.....63	<i>colistimethate sodium</i> 3
<i>chateal eq</i> 41	CLINIMIX INJ 4.25/D10 ..57	COLY-MYCIN M see <i>colistimethate</i> sodium.....3
CHEMET 41	CLINIMIX INJ 4.25/D5W .57	COMBIGAN see <i>brimonidine tartrate-</i> <i>timolol maleate ophth</i> soln 0.2-0.5%.....58
<i>chlorhexidine gluconate</i> (mouth-throat) 66	CLINIMIX INJ 5%/D15W .57	COMBIGAN SOL 0.2/0.5% 58
<i>chloroquine phosphate</i> 5	CLINIMIX INJ 5%/D20W .57	COMBIVENT AER 20-100 59
<i>chlorpromazine hcl</i> 27	CLINIMIX INJ 6/5.....57	COMETRIQ (60MG DOSE) 12
<i>chlorthalidone</i> 21	CLINIMIX INJ 8/10.....57	COMETRIQ KIT 100MG .12
<i>cholestyramine</i> 20	CLINIMIX INJ 8/14.....57	COMETRIQ KIT 140MG .12
<i>cholestyramine light</i> 20	<i>clinisol sf 15%</i> 57	COMPLERA see <i>emtricitabine-</i> <i>rilpivirine-tenofovir df</i> tab 200-25-300 mg 6
CIALIS see <i>tadalafil</i> 49	CLINOLIPID EMU 20%...57	<i>compro</i> 47
<i>ciclopirox olamine</i> 63	<i>clobazam</i> 30	<i>constulose</i> 48
<i>cilostazol</i> 51	<i>clobetasol propionate</i> 64	COPAXONE 36
CILOXAN.....58	<i>clobetasol propionate e</i> ...64	see <i>glatiramer acetate</i> .36
CIMDUO TAB 300-300 6	<i>clodan</i> 64	see <i>glatopa</i> 36
<i>cinacalcet hcl</i> 45	<i>clomipramine hcl</i> 24	COPIKTRA 12
CIPRO see <i>ciprofloxacin hcl</i> 8	<i>clonazepam</i> 30	COREG see <i>carvedilol</i> 20
<i>ciprofloxacin 200 mg/100ml</i> in d5w.....8	<i>clonidine</i> 22	CORLANOR see <i>ivabradine hcl</i> 22
<i>ciprofloxacin 400 mg/200ml</i> in d5w.....8	<i>clonidine hcl</i> 22	CORTEF see <i>hydrocortisone</i> 44
<i>ciprofloxacin hcl</i> 8	<i>clopidogrel bisulfate</i> 51	CORTENEMA see <i>hydrocortisone</i> (intrarectal) 48
<i>ciprofloxacin hcl (ophth)</i> ..58	<i>clorazepate dipotassium</i> .30	COSOPT
<i>ciprofloxacin-</i> <i>dexamethasone otic susp</i> 0.3-0.1%.....59	<i>clotrimazole</i> 66	
<i>citalopram hydrobromide</i> 24	<i>clotrimazole (topical)</i> 63	
<i>claravis</i> 63	<i>clotrimazole w/</i> <i>betamethasone cream 1-</i> 0.05%.....63	
<i>clarithromycin</i> 8	<i>clozapine</i> 27	
CLEOCIN see <i>clindamycin hcl</i> 3	CLOZARIL see <i>clozapine</i> 27	
see <i>clindamycin</i> phosphate vaginal ...50	COARTEM TAB 20-120MG 5	
	COBENFY CAP 100-20MG 27	

see <i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> 58	D5W/NACL INJ 0.2%.....56	see <i>divalproex sodium</i> 30
COTELLIC 12	D5W/NACL INJ 0.45%....56	DEPEN TITRATABS
COZAAR	<i>dabigatran etexilate mesylate</i> 50	see <i>penicillamine</i> 41
see <i>losartan potassium</i> 19	<i>dalfampridine</i> 36	DEPO-MEDROL
CREON CAP 12000UNT 48	DALIRESP	see <i>methylprednisolone acetate</i> 44
CREON CAP 24000UNT 48	see <i>roflumilast</i> 61	DEPO-PROVERA
CREON CAP 3000UNIT 48	<i>danazol</i> 37	CONTRACEPTIV
CREON CAP 36000UNT 48	DANZITEN.....12	see
CREON CAP 6000UNIT 48	<i>dapagliflozin</i> 38	<i>medroxyprogesterone acetate (contraceptive)</i> 42
CRESEMBA 4	<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> 38	DEPO-SUBQ PROVERA
CRESTOR	<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i> 38	104 41
see <i>rosuvastatin calcium</i> 20	<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i> 38	<i>depo-testosterone</i> 38
<i>cromolyn sodium</i> 60	<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i> 38	DERMA-SMOOTH/FS
<i>cromolyn sodium (mastocytosis)</i> 48	<i>dapsone</i> 3	BODY
<i>cromolyn sodium (ophth)</i> 58	DAPTACEL INJ 55	see <i>fluocinolone acetonide</i> 64
<i>cryselle</i> 41	<i>daptomycin</i> 3	DERMA-SMOOTH/FS
<i>cyclobenzaprine hcl</i> 37	DAPTOMYCIN.....3	SCALP
<i>cyclophosphamide</i> 9	see <i>daptomycin</i> 3	see <i>fluocinolone acetonide</i> 64
CYCLOPHOSPHAMIDE...9	DARAPRIM	DERMOTIC
<i>cycloserine</i> 6	see <i>pyrimethamine</i> 3	see <i>fluocinolone acetonide (otic)</i> 59
<i>cyclosporine</i> 54	<i>darunavir</i> 5	DESCOVY TAB 120-15MG
<i>cyclosporine modified (for microemulsion)</i> 54	<i>dasatinib</i> 12	6
CYKLOKAPRON	<i>dasetta 1/35</i> 41	DESCOVY TAB 200/25MG
see <i>tranexamic acid</i> 51	<i>dasetta 7/7/7</i> 41	6
<i>cyproheptadine hcl</i> 60	DAURISMO 12	<i>desipramine hcl</i> 24
<i>cyred eq</i> 41	DAYVIGO 35	<i>desmopressin acetate</i> 45
CYSTADANE	DDAVP	<i>desmopressin acetate spray</i> 45
see <i>betaine powder for oral solution</i> 44	see <i>desmopressin acetate</i> 45	<i>desmopressin acetate spray refrigerated</i> 45
CYSTADROPS.....59	<i>deblitane</i> 41	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> 41
CYSTAGON 45	<i>deferasirox</i> 41	<i>desvenlafaxine succinate</i> 24
CYSTARAN 59	DELESTROGEN	<i>dexamethasone</i> 44
CYTOMEL	see <i>estradiol valerate</i> ..44	<i>dexamethasone sodium phosphate</i> 44
see <i>liomny</i> 46	DELSTRIGO TAB.....6	<i>dexamethasone sodium phosphate (ophth)</i> 58
see <i>liothyronine sodium</i> 46	DEPAKOTE	<i>dexmethylphenidate hcl</i> ..34
CYTOTEC	see <i>divalproex sodium</i> 30	<i>dextrose</i> 57
see <i>misoprostol</i> 48	DEPAKOTE ER	DEXTROSE 10%.....57
D	see <i>divalproex sodium</i> 30	
D10W/NACL INJ 0.2%....56	DEPAKOTE SPRINKLES	
D10W/NACL INJ 0.45%..56		
D2.5W/NACL INJ 0.45%.56		

see dextrose	57	diclofenac sodium (topical)	65	see betamethasone	
dextrose 2.5% w/ sodium		.....	65	dipropionate	
chloride 0.45%	56	dicloxacillin sodium	9	augmented.....	64
DEXTROSE 2.5%/SODIUM		dicyclomine hcl	47	dipyridamole	51
CHLO		DIFICID.....	8	disopyramide phosphate..	19
see dextrose 2.5% w/		see fidaxomicin	8	disulfiram	37
sodium chloride 0.45%		DIFLUCAN		divalproex sodium.....	30
.....	56	see fluconazole	4	dofetilide	19
dextrose 5% in lactated		digoxin	22	donepezil hydrochloride ..	23
ringers	56	dihydroergotamine		DOPTELET	51
dextrose 5% w/ sodium		mesylate.....	35	DOPTELET SPRINKLE ..	51
chloride 0.225%	56	DILANTIN	30	dorzolamide hcl.....	58
dextrose 5% w/ sodium		see phenytoin sodium		dorzolamide hcl-timolol	
chloride 0.3%	56	extended.....	32	maleate ophth soln 2-	
dextrose 5% w/ sodium		DILANTIN INFATABS		0.5%.....	58
chloride 0.45%	56	see phenytoin.....	32	dotti.....	43
dextrose 5% w/ sodium		DILANTIN-125		DOVATO TAB 50-300MG..	6
chloride 0.9%	56	see phenytoin.....	32	doxazosin mesylate	17
DEXTROSE 5%/SODIUM		DILAUDID		doxepin hcl.....	24
CHLORI		see hydromorphone hcl..	2	doxepin hcl (sleep).....	35
see dextrose 5% w/		diltiazem hcl.....	21	doxy 100	9
sodium chloride 0.3%		diltiazem hcl coated beads		doxycycline (monohydrate)	
.....	56	.....	21	.....	9
see dextrose 5% w/		diltiazem hcl extended		doxycycline hyclate.....	9
sodium chloride 0.45%		release beads.....	21	DRIZALMA SPRINKLE ..	24
.....	56	dilt-xr.....	21	dronabinol	47
see dextrose 5% w/		DIOVAN		drospirenone-ethinyl	
sodium chloride 0.9%		see valsartan.....	19	estradiol tab 3-0.02 mg	42
.....	56	DIOVAN HCT		drospirenone-ethinyl	
DEXTROSE 50%		see valsartan-		estradiol tab 3-0.03 mg	42
see dextrose	57	hydrochlorothiazide tab		DROXIA.....	51
DEXTROSE 70%.....	57	160-12.5 mg	18	droxidopa	22
DEXTROSE/SODIUM		see valsartan-		duloxetine hcl.....	25
CHLORIDE		hydrochlorothiazide tab		DUPIXENT.....	51
see dextrose 5% w/		160-25 mg	18	dutasteride	49
sodium chloride		see valsartan-		E	
0.225%	56	hydrochlorothiazide tab		E.E.S. GRANULES	
DIACOMIT	30	320-12.5 mg	18	see erythromycin	
diazepam	30	see valsartan-		ethylsuccinate.....	8
diazepam (anticonvulsant)		hydrochlorothiazide tab		EBGLYSS.....	51, 52
.....	30	320-25 mg	19	EDURANT	5
diazepam inj	30	see valsartan-		see rilpivirine hcl.....	5
diazepam intensol.....	30	hydrochlorothiazide tab		EDURANT PED	5
diazoxide	44	80-12.5 mg	18	efavirenz	5
diclofenac potassium	1	diphenhydramine hcl.....	60	efavirenz-emtricitabine-	
diclofenac sodium	1	diphenoxylate w/ atropine		tenofovir df tab 600-200-	
diclofenac sodium (ophth)		tab 2.5-0.025 mg	48	300 mg	6
.....	58	DIPROLENE			

<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> 6	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> 17	<i>ergotamine w/ caffeine tab 1-100 mg</i> 35
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> 6	ENBREL.....52	ERIVEDGE.....12
EFFEXOR XR	ENBREL MINI.....52	ERLEADA.....10
see <i>venlafaxine hcl</i> 26	ENBREL SURECLICK.....52	<i>erlotinib hcl</i> 12
EFFIENT	ENDARI	<i>errin</i> 42
see <i>prasugrel hcl</i> 51	see <i>L-glutamine (sickle cell)</i> 51	<i>ertapenem sodium</i> 3
ELIGARD.....10	<i>endocet tab 10-325mg</i> 2	ERYPED 400
<i>elinest</i> 42	<i>endocet tab 2.5-325mg</i> 1	see <i>erythromycin ethylsuccinate</i> 8
ELIQUIS.....50	<i>endocet tab 7.5-325mg</i> 2	ERYTHROCIN
ELIQUIS (1.5MG PACK) 3 X.....50	ENGERIX-B.....55	LACTOBIONATE.....8
ELIQUIS (2MG PACK) 4 X.....50	<i>enilloring</i> 42	<i>erythromycin (acne aid)</i> ..63
ELIQUIS STARTER PACK.....50	<i>enoxaparin sodium</i> 50	<i>erythromycin (ophth)</i> 58
<i>eluryng</i> 42	ENSACOVE.....12	<i>erythromycin base</i> 8
EMEND BIPACK	<i>enskyce</i> 42	<i>erythromycin ethylsuccinate</i> 8
see <i>aprepitant</i> 47	ENSTILAR AER.....64	<i>erythromycin lactobionate</i> ..8
EMGALITY.....35	<i>entacapone</i> 26	ERZOFRI.....27
EMSAM.....25	<i>entecavir</i> 7	ESBRIET
<i>emtricitabine</i> 5	ENTRESTO	see <i>pirfenidone</i> 61
<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i> 6	see <i>sacubitril-valsartan tab 24-26 mg</i> 18	<i>escitalopram oxalate</i> 25
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> 6	see <i>sacubitril-valsartan tab 49-51 mg</i> 18	<i>eslicarbazepine acetate</i> ..30
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> 6	see <i>sacubitril-valsartan tab 97-103 mg</i> 18	<i>estarylla</i> 42
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> 6	ENTRESTO CAP 15-16MG.....18	ESTRACE
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> 6	ENTRESTO CAP 6-6MG.....18	see <i>estradiol vaginal</i> ...43
EMTRIVA.....5	ENTYVIO PEN.....52	<i>estradiol</i> 43
see <i>emtricitabine</i> 5	<i>enulose</i> 48	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> 43
EMVERM.....3	ENVARUS XR.....54	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> ...43
<i>emzahn</i> 42	EPIDIOLEX.....30	<i>estradiol vaginal</i> 43, 44
<i>enalapril maleate</i> 17	<i>epinephrine</i> 22	<i>estradiol valerate</i> 44
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> 17	<i>epinephrine (anaphylaxis)</i> 60, 61	<i>ethambutol hcl</i> 6
	EPIPEN 2-PAK	<i>ethosuximide</i> 30, 31
	see <i>epinephrine (anaphylaxis)</i> 60	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> 42
	EPIPEN-JR 2-PAK	etonogestrel-ethinyl
	see <i>epinephrine (anaphylaxis)</i> 61	<i>estradiol va ring 0.12-0.015 mg/24hr</i> 42
	EPIVIR	etravirine.....5
	see <i>lamivudine</i> 5	EUCRISA.....65
	<i>eplerenone</i> 17	EULEXIN.....10
	EPRONTIA	<i>everolimus</i> 12
	see <i>topiramate</i> 33	<i>everolimus (immunosuppressant)</i> .54
		EVISTA

see <i>raloxifene hcl</i> 45	<i>fenofibrate</i> 19	<i>fluticasone propionate</i> 65
EVOTAZ TAB 300-150 6	<i>fenofibrate micronized</i> 19	<i>fluticasone propionate</i>
EXELON	<i>fentanyl</i> 1	(nasal) 62
see <i>rivastigmine</i> 24	FETZIMA 25	<i>fluticasone-salmeterol aer</i>
<i>exemestane</i> 10	FETZIMA CAP TITRATIO	<i>powder ba 100-50</i>
EXFORGE	25	<i>mcg/act</i> 62
see <i>amlodipine besylate-</i>	FIASP 40	<i>fluticasone-salmeterol aer</i>
<i>valsartan tab 10-160</i>	FIASP FLEXTOUCH.....40	<i>powder ba 250-50</i>
<i>mg</i> 18	FIASP PENFILL.....40	<i>mcg/act</i> 62
see <i>amlodipine besylate-</i>	FIASP PUMPCART 40	<i>fluticasone-salmeterol aer</i>
<i>valsartan tab 10-320</i>	<i>fidaxomicin</i> 8	<i>powder ba 500-50</i>
<i>mg</i> 18	FILSPARI.....49	<i>mcg/act</i> 63
see <i>amlodipine besylate-</i>	<i>finasteride</i> 49	<i>fluvoxamine maleate</i> 23
<i>valsartan tab 5-160 mg</i>	<i>finolimid hcl</i> 36	FML LIQUIFILM
.....18	FINTEPLA 31	see <i>fluorometholone</i>
see <i>amlodipine besylate-</i>	FIRAZYR	(ophth) 58
<i>valsartan tab 5-320 mg</i>	see <i>icatibant acetate</i> ...51	FOCALIN
.....18	see <i>sajazir</i> 51	see <i>dexmethylphenidate</i>
EXJADE	FIRMAGON 10	<i>hcl</i> 34
see <i>deferiasirox</i> 41	FLEBOGAMMA DIF.....54	<i>fondaparinux sodium</i> 50
EXXUA 25	<i>flecainide acetate</i> 19	FOSAMAX
EXXUA TITRATION PACK	<i>fluconazole</i> 4	see <i>alendronate sodium</i>
.....25	<i>fluconazole in nacl 0.9% inj</i>	41
EYSUVIS 59	<i>200 mg/100ml</i> 4	<i>fosamprenavir calcium</i> 5
<i>ezetimibe</i> 20	<i>fluconazole in nacl 0.9% inj</i>	<i>fosfomycin tromethamine</i> ..3
F	<i>400 mg/200ml</i> 4	<i>fosinopril sodium</i> 17
<i>falmina</i> 42	<i>flucytosine</i> 4	<i>fosinopril sodium &</i>
<i>famotidine</i> 47	<i>fludrocortisone acetate</i> ...44	<i>hydrochlorothiazide tab</i>
<i>famotidine in nacl 0.9% iv</i>	<i>flunisolide (nasal)</i> 62	<i>10-12.5 mg</i> 17
<i>soln 20 mg/50ml</i> 47	<i>fluocinolone acetonide</i> ...64	<i>fosinopril sodium &</i>
FANAPT 27	<i>fluocinolone acetonide</i>	<i>hydrochlorothiazide tab</i>
FANAPT PAK PACK A ...27	(otic) 59	<i>20-12.5 mg</i> 17
FANAPT PAK PACK B ...27	<i>fluocinonide</i> 64, 65	FOTIVDA 12
FANAPT PAK PACK C ...28	<i>fluocinonide emulsified</i>	FRUZAQLA.....12
FARESTON	<i>base</i> 65	FULPHILA.....50
see <i>toremifene citrate</i> ..10	<i>fluorometholone (ophth)</i> ..58	<i>furosemide</i> 21
FARXIGA.....38	<i>fluorouracil (topical)</i> 65	<i>furosemide inj</i> 21
see <i>dapagliflozin</i> 38	<i>fluoxetine hcl</i> 25	<i>fyavolv tab 0.5mg-2.5mcg</i>
FASENRA.....61	<i>fluphenazine decanoate</i> ..28	44
FASENRA PEN 61	<i>fluphenazine hcl</i> 28	<i>fyavolv tab 1mg-5mcg</i> 44
<i>feirza 1.5/30</i> 42	<i>flurbiprofen</i> 1	FYCOMPA
<i>feirza 1/20</i> 42	<i>flurbiprofen sodium</i> 58	see <i>perampanel</i> 32
<i>felbamate</i> 31	<i>fluticasone furoate-</i>	G
FELBATOL	<i>vilanterol aero powd ba</i>	<i>gabapentin</i> 31
see <i>felbamate</i> 31	<i>100-25 mcg/act</i> 62	<i>galantamine hydrobromide</i>
<i>felodipine</i> 21	<i>fluticasone furoate-</i>	23, 24
FEMARA	<i>vilanterol aero powd ba</i>	<i>gallifrey</i> 46
see <i>letrozole</i> 10	<i>200-25 mcg/act</i> 62	GAMASTAN INJ 54

GAMMAGARD LIQUID...54	GLEOSTINE	heparin sodium (porcine) 50
GAMMAGARD LIQUID	see lomustine 9	HEPLISAV-B.....55
ERC 54	glimepiride 38	HERNEXEOS 12
GAMMAGARD S/D IGA	glipizide.....38	HETLIOZ
LESS TH 54	glipizide-metformin hcl tab	see tasimelteon 35
GAMMAKED.....54	2.5-250 mg.....38	HIBERIX 55
GAMMAPLEX.....54	glipizide-metformin hcl tab	HUMIRA.....52
GAMUNEX-C.....54	2.5-500 mg.....38	HUMIRA PEN 52
ganciclovir sodium 7	glipizide-metformin hcl tab	HUMIRA PEN KIT PS/UV
GARDASIL 9 55	5-500 mg.....38	52
GASTROCROM	GLUCOTROL XL	HUMIRA PEN-CD/UC/HS
see cromolyn sodium	see glipizide 38	START 52
(mastocytosis) 48	glycopyrrolate 47	HUMULIN R U-500
GATTEX 48	glydo 65	KWIKPEN.....40
GAUZE PADS 2.....40	GLYXAMBI TAB 10-5 MG	hydralazine hcl.....22
gavilyte-c 48	38	HYDREA
gavilyte-g 48	GLYXAMBI TAB 25-5 MG	see hydroxyurea.....11
gavilyte-n/flavor pack 48	38	hydrochlorothiazide.....21
GAVRETO 12	GOLYTELY	hydrocodone bitartrate 1
gefitinib 12	see gavilyte-g 48	hydrocodone-
gemfibrozil 19	see peg 3350-kcl-na	acetaminophen soln 7.5-
GEMTESA 49	bicarb-nacl-na sulfate	325 mg/15ml 2
generlac.....48	for soln 236 gm.....48	hydrocodone-
gengraf 54	GOMEKLI 12	acetaminophen tab 10-
GENOTROPIN.....45	griseofulvin microsize 4	325 mg.....2
GENOTROPIN MINIQUICK	griseofulvin ultramicrosize 4	hydrocodone-
.....45	guanfacine hcl.....22	acetaminophen tab 5-325
gentamicin in saline inj 0.8	guanfacine hcl (adhd) 34	mg.....2
mg/ml 3	GVOKE HYPOPEN 1-	hydrocodone-
gentamicin in saline inj 2	PACK 44	acetaminophen tab 7.5-
mg/ml 3	GVOKE HYPOPEN 2-	325 mg.....2
gentamicin sulfate.....3	PACK 44	hydrocodone-ibuprofen tab
gentamicin sulfate (ophth)	GVOKE KIT 44	7.5-200 mg.....2
.....58	GVOKE PFS.....44	hydrocortisone 44
gentamicin sulfate (topical)	H	hydrocortisone (intrarectal)
.....63	HADLIMA.....52	48
GENVOYA TAB 6	HADLIMA PUSHTOUCH 52	hydrocortisone (rectal) 65
GEODON	HAEGARDA.....51	hydrocortisone (topical) ..65
see ziprasidone hcl 29	hailey 1.5/30 42	hydrocortisone sod
see ziprasidone mesylate	hailey fe 1/20 42	succinate 44
.....29	halobetasol propionate ..65	hydrocortisone valerate ..65
GILENYA	haloperidol 28	hydrocortisone w/ acetic
see fingolimod hcl 36	haloperidol decanoate 28	acid otic soln 1-2% 59
GILOTTRIF 12	haloperidol lactate.....28	hydromorphone hcl 2
glatiramer acetate 36	HAVRIX 55	hydroxychloroquine sulfate
glatopa 36	heather 42	53
GLEEVEC	HEP SOD/NACL INJ	hydroxyurea 11
see imatinib mesylate..13	25000UNT.....50	hydroxyzine hcl.....60

<i>hydroxyzine pamoate</i> 60	INCRUSE ELLIPTA 59	ISOLYTE-S INJ PH 7.4...56
HYRNUO 12	<i>indapamide</i> 22	<i>isoniazid</i> 6
HYZAAR	INDERAL LA	<i>isosorbide dinitrate</i> 22
see <i>losartan potassium &</i>	see <i>propranolol hcl</i> 21	<i>isosorbide mononitrate</i> ...22
<i>hydrochlorothiazide tab</i>	INFANRIX INJ.....55	<i>isotretinoin</i> 63
100-12.5 mg 18	INLURIYO.....10	ISTURISA 45
see <i>losartan potassium &</i>	INLYTA 13	ITOVEBI 13
<i>hydrochlorothiazide tab</i>	INQOVI TAB 35-100MG ...9	<i>itraconazole</i> 4
100-25 mg 18	INREBIC 13	<i>ivabradine hcl</i> 22
see <i>losartan potassium &</i>	INSULIN PEN NEEDLES:	<i>ivermectin</i> 3
<i>hydrochlorothiazide tab</i>	EMBECTA-BD.....40	IWILFIN 11
50-12.5 mg 18	INSULIN SAFETY	IXIARO INJ 55
I	NEEDLES: EMBECTA-	J
<i>ibandronate sodium</i> 41	BD 40	JADENU
IBRANCE.....12	INSULIN SYRINGES:	see <i>deferasirox</i> 41
IBTROZI 13	EMBECTA-BD.....40	JAKAFI 13
<i>ibu</i> 1	INTELENCE.....5	<i>jantoven</i> 50
<i>ibuprofen</i> 1	see <i>etravirine</i> 5	JANUMET
<i>icatibant acetate</i> 51	INTRALIPID 57	see <i>sitagliptin phosphate-</i>
<i>iclevia</i> 42	<i>introvale</i> 42	<i>metformin hcl tab 50-</i>
ICLUSIG 13	INTUNIV	1000 mg.....39
IDHIFA.....13	see <i>guanfacine hcl</i>	see <i>sitagliptin phosphate-</i>
IDVYNZO TAB 100-0.25 ..6	(<i>adhd</i>) 34	<i>metformin hcl tab 50-</i>
<i>imatinib mesylate</i> 13	INVEGA	500 mg.....39
IMBRUVICA.....13	see <i>paliperidone</i> 28	JANUMET XR TAB 100-
<i>imipenem-cilastatin</i>	INVEGA HAFYERA 28	1000 38
<i>intravenous for soln 250</i>	INVEGA SUSTENNA.....28	JANUMET XR TAB 50-
mg 3	INVEGA TRINZA 28	1000 38
<i>imipenem-cilastatin</i>	IPOL INJ INACTIVE.....55	JANUMET XR TAB 50-
<i>intravenous for soln 500</i>	<i>ipratropium bromide</i> 59	500MG 38
mg 3	<i>ipratropium bromide (nasal)</i>	JANUVIA
<i>imipramine hcl</i> 25	60	see <i>sitagliptin phosphate</i>
<i>imiquimod</i> 65	<i>ipratropium bromide hfa</i> ..60	39
IMITREX	<i>ipratropium-albuterol nebu</i>	JARDIANCE 38
see <i>sumatriptan</i>	<i>soln 0.5-2.5(3) mg/3ml</i> 59	<i>jasmiel</i> 42
<i>succinate</i> 36	<i>irbesartan</i> 19	<i>javygtor</i> 45
IMITREX STATDOSE	<i>irbesartan-</i>	JAYPIRCA 13
SYSTEM	<i>hydrochlorothiazide tab</i>	<i>jencycla</i> 42
see <i>sumatriptan</i>	150-12.5 mg 18	JENTADUETO TAB 2.5-
<i>succinate</i> 35	<i>irbesartan-</i>	1000 38
IMKELDI 13	<i>hydrochlorothiazide tab</i>	JENTADUETO TAB 2.5-
IMOVAX RABIES	300-12.5 mg 18	500 38
(H.D.C.V.) 55	IRESSA	JENTADUETO TAB 2.5-
IMURAN	see <i>gefitinib</i> 12	850 38
see <i>azathioprine</i> 54	ISENTRESS 5	JENTADUETO TAB XR
INBRIJA.....26	ISENTRESS HD 5	2.5-1000MG 39
<i>incassia</i> 42	<i>isibloom</i> 42	JENTADUETO TAB XR 5-
INCRELEX.....45	ISOLYTE-P INJ /D5W.....56	1000MG 39

<i>jinteli</i>	44	see <i>kcl 40 meq/l (0.3%)</i>		<i>ketoconazole (topical)</i>	63
<i>jolessa</i>	42	in dextrose 5% & nacl		<i>ketorolac tromethamine</i>	
JOURNAVX	1	0.45% inj	56	(ophth)	58
<i>juleber</i>	42	KCL 0.3%/D5W/NACL		KINERET	52
JULUCA TAB 50-25MG	6	0.9%		KINRIX INJ	55
<i>junel 1.5/30</i>	42	see <i>kcl 40 meq/l (0.3%)</i>		<i>kionex</i>	41
<i>junel 1/20</i>	42	in dextrose 5% & nacl		KISQALI 200 DOSE	13
<i>junel fe 1.5/30</i>	42	0.9% inj	56	KISQALI 400 DOSE	13
<i>junel fe 1/20</i>	42	<i>kcl 10 meq/l (0.075%)</i> in		KISQALI 600 DOSE	13
JYLAMVO	53	dextrose 5% & nacl		KITABIS PAK	
JYNARQUE		0.45% inj	56	see <i>tobramycin</i>	4
see <i>tolvaptan</i>	46	<i>kcl 20 meq/l (0.149%)</i> in		KLARON	
see <i>tolvaptan tab therapy</i>		nacl 0.45% inj	56	see <i>sulfacetamide</i>	
pack 30 & 15 mg	46	<i>kcl 20 meq/l (0.149%)</i> in		sodium (acne)	63
see <i>tolvaptan tab therapy</i>		nacl 0.9% inj	56	<i>klayesta</i>	63
pack 45 & 15 mg	46	<i>kcl 20 meq/l (0.15%)</i> in		KLONOPIN	
see <i>tolvaptan tab therapy</i>		dextrose 5% & nacl		see <i>clonazepam</i>	30
pack 60 & 30 mg	46	0.45% inj	56	<i>klor-con</i>	57
see <i>tolvaptan tab therapy</i>		<i>kcl 20 meq/l (0.15%)</i> in		<i>klor-con 10</i>	57
pack 90 & 30 mg	46	dextrose 5% & nacl 0.9%		<i>klor-con 8</i>	57
JYNNEOS	55	inj	56	KLOR-CON 8	
K		<i>kcl 20 meq/l (0.15%)</i> in nacl		see <i>klor-con 8</i>	57
KALETRA		0.45% inj	56	see <i>potassium chloride</i>	57
see <i>lopinavir-ritonavir tab</i>		<i>kcl 20 meq/l (0.15%)</i> in nacl		<i>klor-con m10</i>	57
100-25 mg	6	0.9% inj	56	<i>klor-con m15</i>	57
see <i>lopinavir-ritonavir tab</i>		<i>kcl 30 meq/l (0.224%)</i> in		<i>klor-con m20</i>	57
200-50 mg	6	dextrose 5% & nacl		KLOXXADO	37
KALETRA SOL	6	0.45% inj	56	KOMZIFTI	13
KALYDECO	61	<i>kcl 40 meq/l (0.298%)</i> in		KORLYM	
<i>kariva</i>	42	nacl 0.9% inj	56	see <i>mifepristone</i>	
KCL 0.075%/D5W/NACL		<i>kcl 40 meq/l (0.3%)</i> in		(hyperglycemia)	45
0.45%		dextrose 5% & nacl		KOSELUGO	13
see <i>kcl 10 meq/l</i>		0.45% inj	56	<i>kourzeq</i>	66
(0.075%) in dextrose		<i>kcl 40 meq/l (0.3%)</i> in		KRAZATI	13
5% & nacl 0.45% inj	56	dextrose 5% & nacl 0.9%		<i>kurvelo</i>	42
KCL 0.15%/D5W/NACL		inj	56	KUVAN	
0.45%		<i>kcl 40 meq/l (0.3%)</i> in nacl		see <i>javygtor</i>	45
see <i>kcl 20 meq/l (0.15%)</i>		0.9% inj	56	see <i>sapropterin</i>	
in dextrose 5% & nacl		KCL/D5W/NACL INJ		dihydrochloride	45
0.45% inj	56	0.15/0.2	56	see <i>zelvysia</i>	46
KCL 0.15%/D5W/NACL		KCL/D5W/NACL INJ		L	
0.9%		0.3/0.9%	56	<i>labetalol hcl</i>	20
see <i>kcl 20 meq/l (0.15%)</i>		<i>kelnor 1/35</i>	42	<i>lacosamide</i>	31
in dextrose 5% & nacl		KEPPRA		<i>lacosamide oral</i>	31
0.9% inj	56	see <i>levetiracetam</i>	31	LACTATED RINGERS	
KCL 0.3%/D5W/NACL		see <i>roweepra</i>	32	see <i>lactated ringer's</i>	
0.45%		KERENDIA	17	solution	56
		<i>ketoconazole</i>	4	<i>lactated ringer's solution</i>	56

<i>lactic acid (ammonium lactate)</i>	65	<i>lessina</i>	42	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	42
<i>lactulose</i>	48	LETAIRIS		<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	42
<i>lactulose (encephalopathy)</i>	48	see <i>ambrisentan</i>	23	<i>levothyroxine sodium</i>	46
LAMICTAL		<i>letrozole</i>	10	<i>levoxyl</i>	46
see <i>lamotrigine</i>	31	<i>leucovorin calcium</i>	11	LEXAPRO	
see <i>subvenite</i>	33	LEUKERAN	9	see <i>escitalopram oxalate</i>	25
LAMICTAL CHEWABLE DISPERS		LEUKINE	50	<i>l-glutamine (sickle cell)</i> ...	51
see <i>lamotrigine</i>	31	<i>leuprolide acetate</i>	10	LIALDA	
<i>lamivudine</i>	5	<i>levabuterol tartrate</i>	60	see <i>mesalamine</i>	48
<i>lamivudine (hbv)</i>	7	<i>levetiracetam</i>	31	<i>lidocaine</i>	65
<i>lamivudine-zidovudine tab 150-300 mg</i>	6	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	31	<i>lidocaine hcl</i>	65
<i>lamotrigine</i>	31	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	31	<i>lidocaine hcl (local anesth.)</i>	1
LANOXIN		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	31	<i>lidocaine hcl (mouth-throat)</i>	66
see <i>digoxin</i>	22	LEVETIRACETAM/SODIUM CHLO		<i>lidocaine-prilocaine cream 2.5-2.5%</i>	65
<i>lanreotide acetate</i>	45	see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	31	<i>lidocan</i>	65
LANTUS	40	see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	31	LIDODERM	
LANTUS SOLOSTAR	40	see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	31	see <i>lidocaine</i>	65
<i>lapatinib ditosylate</i>	13	see <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	31	see <i>lidocan</i>	65
<i>larin 1.5/30</i>	42	see <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	31	see <i>tridacaine iii</i>	65
<i>larin 1/20</i>	42	see <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	31	LIFYORLI CAP 125MG DS	
<i>larin fe 1.5/30</i>	42	<i>levobunolol hcl</i>	59	.....	10
<i>larin fe 1/20</i>	42	<i>levocarnitine (metabolic modifiers)</i>	45	LIFYORLI CAP 150MG DS	
LASIX		<i>levocetirizine dihydrochloride</i>	60	.....	10
see <i>furosemide</i>	21	<i>levofloxacin</i>	8	LILETTA	42
<i>latanoprost</i>	58	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	8	<i>linezolid</i>	3
LATUDA		<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	8	LINEZOLID INJ 2MG/ML ..	3
see <i>lurasidone hcl</i>	28	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	8	LINZESS	48
LAZCLUZE	13	<i>levonest</i>	42	<i>liomny</i>	46
<i>leflunomide</i>	54	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	42	<i>liothyronine sodium</i>	46
<i>lenalidomide</i>	10			LIPITOR	
LENVIMA 10 MG DAILY DOSE	13			see <i>atorvastatin calcium</i>	20
LENVIMA 12MG DAILY DOSE	13			<i>lisinopril</i>	17
LENVIMA 20 MG DAILY DOSE	14			<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	17
LENVIMA 4 MG DAILY DOSE	13			<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	17
LENVIMA 8 MG DAILY DOSE	13				
LENVIMA CAP 14 MG	14				
LENVIMA CAP 18 MG	14				
LENVIMA CAP 24 MG	14				
LEQEMBI IQLIK	24				

<i>lisinopril &</i>	<i>see benazepril &</i>	LYSODREN.....10
<i>hydrochlorothiazide tab</i>	<i>hydrochlorothiazide tab</i>	LYTGOBI (12 MG DAILY
20-25 mg.....17	10-12.5 mg.....17	DOSE).....14
<i>lithium</i> 36	<i>see benazepril &</i>	LYTGOBI (16 MG DAILY
<i>lithium carbonate</i> 36	<i>hydrochlorothiazide tab</i>	DOSE).....14
LITHOBID	20-12.5 mg.....17	LYTGOBI (20 MG DAILY
<i>see lithium carbonate</i> ..36	<i>see benazepril &</i>	DOSE).....14
LIVTENCITY.....7	<i>hydrochlorothiazide tab</i>	<i>lyza</i> 42
<i>loestrin 1.5/30-21</i> 42	20-25 mg.....17	M
<i>loestrin 1/20-21</i> 42	<i>loteprednol etabonate-</i>	<i>macitentan</i> 23
<i>loestrin fe 1.5/30</i> 42	<i>tobramycin ophth susp</i>	MACROBID
<i>loestrin fe 1/20</i> 42	0.5-0.3%.....58	<i>see nitrofurantoin</i>
LOKELMA.....41	LOTREL	<i>monohyd macro</i> 3
LOMOTIL	<i>see amlodipine besylate-</i>	<i>magnesium sulfate</i> 56
<i>see diphenoxylate w/</i>	<i>benazepril hcl cap 10-</i>	MAGNESIUM SULFATE 56
<i>atropine tab 2.5-0.025</i>	20 mg.....17	<i>see magnesium sulfate</i>
<i>mg</i> 48	<i>see amlodipine besylate-</i>	56
<i>lomustine</i> 9	<i>benazepril hcl cap 5-10</i>	MAGNESIUM SULFATE IN
LONSURF TAB 15-6.14...9	<i>mg</i> 16	D5W
LONSURF TAB 20-8.19...9	LOTRONEX	<i>see magnesium sulfate in</i>
<i>loperamide hcl</i> 48	<i>see alosetron hcl</i> 48	<i>dextrose 5% iv soln 1</i>
LOPID	<i>lovastatin</i> 20	<i>gm/100ml</i> 57
<i>see gemfibrozil</i> 19	LOVAZA	<i>magnesium sulfate in</i>
<i>lopinavir-ritonavir tab 100-</i>	<i>see omega-3-acid ethyl</i>	<i>dextrose 5% iv soln 1</i>
<i>25 mg</i> 6	<i>esters cap 1 gm</i> 20	<i>gm/100ml</i> 57
<i>lopinavir-ritonavir tab 200-</i>	LOVENOX	MALARONE
<i>50 mg</i> 6	<i>see enoxaparin sodium</i>	<i>see atovaquone-</i>
LOPRESSOR	50	<i>proguanil hcl tab 250-</i>
<i>see metoprolol tartrate</i> 21	<i>loxapine succinate</i> 28	<i>100 mg</i> 5
<i>lorazepam</i> 23	<i>lubiprostone</i> 48	<i>see atovaquone-</i>
<i>lorazepam intensol</i> 23	<i>luizza 1.5/30</i> 42	<i>proguanil hcl tab 62.5-</i>
LORBRENA.....14	<i>luizza 1/20</i> 42	<i>25 mg</i> 5
<i>loryna</i> 42	LUMAKRAS.....14	<i>malathion</i> 66
<i>losartan potassium</i> 19	LUPRON DEPOT (1-	<i>maraviroc</i> 5
<i>losartan potassium &</i>	MONTH).....10	MARINOL
<i>hydrochlorothiazide tab</i>	LUPRON DEPOT (3-	<i>see dronabinol</i> 47
100-12.5 mg.....18	MONTH).....10	<i>marlissa</i> 42
<i>losartan potassium &</i>	<i>lurasidone hcl</i> 28	MARPLAN.....25
<i>hydrochlorothiazide tab</i>	<i>lutra</i> 42	MATULANE.....11
100-25 mg.....18	LYBALVI TAB 10-10MG .28	MAVYRET PAK 50-20MG 7
<i>losartan potassium &</i>	LYBALVI TAB 15-10MG .28	MAVYRET TAB 100-40MG
<i>hydrochlorothiazide tab</i>	LYBALVI TAB 20-10MG .28	7
50-12.5 mg.....18	LYBALVI TAB 5-10MG...28	MAXALT
LOTEMAX.....58	<i>lyleq</i> 42	<i>see rizatriptan benzoate</i>
LOTENSIN	<i>lyllana</i> 44	35
<i>see benazepril hcl</i> 17	LYNPARZA.....14	MAXALT-MLT
LOTENSIN HCT	LYRICA	<i>see rizatriptan benzoate</i>
	<i>see pregabalin</i> 32	35

MAXITROL		MESTINON
see <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> 58		see <i>pyridostigmine bromide</i> 36
see <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> 58		<i>metformin hcl</i> 39
<i>meclizine hcl</i> 47		<i>methadone hcl</i> 1
MEDROL		<i>methazolamide</i> 22
see <i>methylprednisolone</i> 44		<i>methenamine hippurate</i> ...3
MEDROL DOSEPAK		<i>methimazole</i> 46
see <i>methylprednisolone</i> 44		<i>methotrexate sodium</i> ..9, 54
<i>medroxyprogesterone acetate</i> 46		<i>methsuximide</i> 31
<i>medroxyprogesterone acetate (contraceptive)</i> 42		METHYLIN
<i>mefloquine hcl</i> 5		see <i>methylphenidate hcl</i> 34
<i>megestrol acetate</i> 10, 46		<i>methylphenidate hcl</i> ..34, 35
MEKINIST 14		<i>methylprednisolone</i> 44
MEKTOVI 14		<i>methylprednisolone acetate</i> 44
<i>meleya</i> 42		<i>methylprednisolone sod succ</i> 44
<i>meloxicam</i> 1		<i>metoclopramide hcl</i> 47
<i>memantine hcl</i> 24		<i>metolazone</i> 22
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> 24		<i>metoprolol succinate</i> 20
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> 24		<i>metoprolol tartrate</i> 21
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> 24		<i>metronidazole</i> 3
MENQUADFI 55		METRONIDAZOLE
MENVEO INJ 55		see <i>metronidazole</i> 3
MENVEO SOL 55		<i>metronidazole (topical)</i> ..65
MEPRON		<i>metronidazole vaginal</i> 50
see <i>atovaquone</i> 3		<i>metyrosine</i> 22
<i>mercaptopurine</i> 9		<i>micalfungin sodium</i> 4
<i>meropenem</i> 3		MICARDIS
MEROPENEM		see <i>telmisartan</i> 19
see <i>meropenem</i> 3		<i>microgestin 1.5/30</i> 42
<i>mesalamine</i> 48		<i>microgestin 1/20</i> 42
<i>mesalamine w/ cleanser</i> 48		<i>microgestin fe 1.5/30</i> 42
<i>mesna</i> 11		<i>microgestin fe 1/20</i> 42
MESNEX		<i>midodrine hcl</i> 22
see <i>mesna</i> 11		MIEBO 59
		<i>mifepristone (hyperglycemia)</i> 45
		<i>mili</i> 42
		<i>mimvey</i> 44
		MINIVELLE
		see <i>lyllana</i> 44
		<i>minocycline hcl</i> 9
		<i>minoxidil</i> 22
		<i>mirtazapine</i> 25
		<i>misoprostol</i> 48
		M-M-R II INJ 55
		M-NATAL PLUS TAB 57
		<i>modafinil</i> 37
		MODEYSO 11
		<i>moexipril hcl</i> 17
		<i>molindone hcl</i> 28
		<i>mometasone furoate</i> 65
		<i>mono-lynyah</i> 42
		<i>montelukast sodium</i> 60
		<i>morphine sulfate</i> 1, 2
		MOUNJARO 39
		MOVANTIK 48
		<i>moxifloxacin hcl</i> 8
		<i>moxifloxacin hcl (ophth)</i> ..58
		<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> 8
		MRESVIA 55
		MS CONTIN
		see <i>morphine sulfate</i> 1
		MULTAQ 19
		<i>multiple electrolytes ph 5.5</i> 57
		<i>mupirocin</i> 63
		<i>mycophenolate mofetil</i> ...54, 55
		<i>mycophenolate sodium</i> ...55
		MYFORTIC
		see <i>mycophenolate sodium</i> 55
		MYSOLINE
		see <i>primidone</i> 32
		N
		<i>nabumetone</i> 1
		<i>nafticillin sodium</i> 9
		<i>naloxone hcl</i> 37
		<i>naltrexone hcl</i> 37
		NAMZARIC
		see <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> 24
		see <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> 24
		see <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> 24

NAMZARIC CAP 7-10MG	NEXLIZET TAB 180/10MG	<i>norgestimate-eth estrad tab</i>
.....24	20	0.18-25/0.215-25/0.25-25
<i>naproxen</i> 1	NEXPLANON.....42	<i>mg-mcg</i> 43
NARDIL	<i>niacin (antihyperlipidemic)</i>	<i>norgestimate-eth estrad tab</i>
see <i>phenelzine sulfate</i> 25	20	0.18-35/0.215-35/0.25-35
NATACYN 58	NICOTROL NS 37	<i>mg-mcg</i> 43
<i>nateglinide</i> 39	<i>nifedipine</i> 21	<i>norlyroc</i> 43
NAYZILAM.....31	<i>nikki</i> 42	NORPACE
<i>nebivolol hcl</i> 21	<i>nilotinib hcl</i> 14	see <i>disopyramide</i>
NEBUPENT	<i>nilutamide</i> 10	<i>phosphate</i> 19
see <i>pentamidine</i>	<i>nimodipine</i> 21	NORPRAMIN
<i>isethionate inh</i> 3	NINLARO.....14	see <i>desipramine hcl</i> 24
<i>necon 0.5/35-28</i> 42	<i>nintedanib esylate</i> 61	NORTHERA
<i>nefazodone hcl</i> 25	<i>nitazoxanide</i> 3	see <i>droxidopa</i> 22
<i>neomycin sulfate</i> 3	<i>nitisinone</i> 45	<i>nortrel 0.5/35 (28)</i> 43
<i>neomycin-bacitrac zn-</i>	<i>nitro-bid</i> 22	<i>nortrel 1/35 (21)</i> 43
<i>polymyx 5(3.5)mg-</i>	<i>nitrofurantoin macrocrystal</i> 3	<i>nortrel 1/35 (28)</i> 43
<i>400unt-10000unt op oin</i>	<i>nitrofurantoin monohyd</i>	<i>nortrel 7/7/7</i> 43
.....58	<i>macro</i> 3	<i>nortriptyline hcl</i> 25
<i>neomycin-polymy-gramicid</i>	<i>nitroglycerin</i> 22	NORVASC
<i>op sol 1.75-10000-</i>	<i>nitroglycerin (intra-anal)</i> ..65	see <i>amlodipine besylate</i>
<i>0.025mg-unt-mg/ml</i> 58	NITROSTAT	21
<i>neomycin-polymyxin-</i>	see <i>nitroglycerin</i> 22	NORVIR.....5
<i>dexamethasone ophth</i>	<i>nizatidine</i> 47	see <i>ritonavir</i> 5
<i>oint 0.1%</i> 58	<i>nora-be</i> 42	NOVOLIN INJ 70/30 40
<i>neomycin-polymyxin-</i>	<i>norelgestromin-ethinyl</i>	NOVOLIN INJ 70/30 FP..40
<i>dexamethasone ophth</i>	<i>estradiol td ptwk 150-35</i>	NOVOLIN N 40
<i>susp 0.1%</i> 58	<i>mcg/24hr</i> 42	NOVOLIN N FLEXPEN...40
<i>neomycin-polymyxin-hc otic</i>	<i>norethindrone</i>	NOVOLIN R 40
<i>soln 1%</i> 59	(<i>contraceptive</i>) 43	NOVOLIN R FLEXPEN...40
<i>neomycin-polymyxin-hc otic</i>	<i>norethindrone ace & ethinyl</i>	NOVOLOG.....40
<i>susp 3.5 mg/ml-10000</i>	<i>estradiol tab 1 mg-20</i>	NOVOLOG FLEXPEN 40
<i>unit/ml-1%</i> 59	<i>mcg</i> 43	NOVOLOG MIX INJ 70/30
NEORAL	<i>norethindrone ace & ethinyl</i>	40
see <i>cyclosporine</i>	<i>estradiol tab 1.5 mg-30</i>	NOVOLOG MIX INJ
<i>modified (for</i>	<i>mcg</i> 43	FLEXPEN.....40
<i>microemulsion)</i> 54	<i>norethindrone acetate</i> 46	NOVOLOG PENFILL 40
see <i>gengraf</i> 54	<i>norethindrone acetate-</i>	NUBEQA.....10
NERLYNX.....14	<i>ethinyl estradiol tab 0.5</i>	NUCALA 61
<i>neuac</i> 63	<i>mg-2.5 mcg</i> 44	NUDEXTA CAP 20-10MG
NEURONTIN	<i>norethindrone acetate-</i>	36
see <i>gabapentin</i> 31	<i>ethinyl estradiol tab 1</i>	NUPLAZID 28
see <i>relgaabi</i> 32	<i>mg-5 mcg</i> 44	NURTEC.....35
<i>nevirapine</i> 5	<i>norgestimate & ethinyl</i>	NUTRILIPID.....57
NEXAVAR	<i>estradiol tab 0.25 mg-35</i>	NUVARING
see <i>sorafenib tosylate</i> .15	<i>mcg</i> 43	see <i>eluryng</i> 42
NEXLETOL.....20		see <i>enilloring</i> 42

see *etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr* 42

NUVIGIL
see *armodafinil* 37

nyamyc 63

nylia 1/35 43

nylia 7/7/7 43

nystatin 4

NYSTATIN
see *nystatin (mouth-throat)* 66

nystatin (mouth-throat) 66

nystatin (topical) 63

nystop 64

O

OCREVUS 36

OCTAGAM 54

octreotide acetate 45

OCUFLOX
see *ofloxacin (ophth)* 58

ODEFSEY TAB 6

ODOMZO 14

OFEV 61
see *nintedanib esylate* 61

ofloxacin (ophth) 58

ofloxacin (otic) 59

OGSIVEO 14

OJEMDA 14

OJJAARA 14

olanzapine 28

olmesartan medoxomil 19

olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 18

olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 18

olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg 18

omega-3-acid ethyl esters cap 1 gm 20

omeprazole 49

OMNIPOD 5 DX KIT INT
G7G6 40

OMNIPOD 5 DX MIS POD
G7G6 40

OMNIPOD DASH KIT
INTRO 40

OMNIPOD DASH MIS
PODS 40

OMNIPOD5 LIB KIT INTRO
.....40

OMNIPOD5 LIB MIS PODS
.....40

ondansetron 47

ondansetron hcl 47

ONFI
see *clobazam* 30

ONUREG 10

OPIPZA 28

OPSUMIT
see *macitentan* 23

ORFADIN
see *nitisinone* 45

ORGOVYX 10

ORKAMBI GRA 100-125 61

ORKAMBI GRA 150-188 61

ORKAMBI GRA 75-94MG
.....61

ORKAMBI TAB 100-125 61

ORKAMBI TAB 200-125 61

orquidea 43

ORSERDU 10

oseltamivir phosphate 7

OSPOMYV 41

OTEZLA 52

OTEZLA TAB 10/20 52

OTEZLA TAB 10/20/30 52

OTEZLA XR 52

OTEZLA/XR TAB 28 DAY
.....52

oxcarbazepine 31, 32

oxybutynin chloride 49

oxycodone hcl 2

oxycodone w/acetaminophen tab 10-325 mg 2

oxycodone w/acetaminophen tab 2.5-325 mg 2

oxycodone w/acetaminophen tab 5-325 mg 2

oxycodone w/acetaminophen tab 7.5-325 mg 2

OZEMPIC 39

OZEMPIC (0.25 OR 0.5MG/DOSE) 39

OZEMPIC (1MG/DOSE) .39

OZEMPIC (2MG/DOSE) .39

P

pacerone 19

paliperidone 28

PAMELOR
see *nortriptyline hcl* 25

pamidronate disodium 41

PAMIDRONATE
DISODIUM 41

PANRETIN 65

pantoprazole sodium 49

PANTOPRAZOLE SODIUM
see *pantoprazole sodium* 49

paricalcitol 46

PARNATE
see *tranylcypromine sulfate* 25

paroxetine hcl 25

PAXIL
see *paroxetine hcl* 25

PAXLOVID PAK 7

PAXLOVID TAB 150-100..7

PAXLOVID TAB 300-100..7

pazopanib hcl 14

PEDIARIX INJ 0.5ML 55

PEDVAXHIB 55

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 48

peg 3350-kcl-sod bicarb-nacl for soln 420 gm 48

PEGASYS 7

PELLIX 64
see *calcipotriene* 64

PEMAZYRE 14

PENBRAYA INJ 55

penicillamine 41

penicillin g potassium 9

penicillin g sodium 9

penicillin v potassium 9

PENMENVY INJ	55	<i>phenytoin sodium extended</i>		<i>pomalidomide</i>	11
PENTACEL INJ	55	.....	32	POMALYST	11
PENTAM 300		<i>philith</i>	43	<i>see pomalidomide</i>	11
<i>see pentamidine</i>		PIFELTRO	5	<i>portia-28</i>	43
<i>isethionate inj.</i>	3	<i>pilocarpine hcl</i>	59	<i>posaconazole</i>	4
<i>pentamidine isethionate inh</i>		<i>pilocarpine hcl (oral)</i>	66	POT CHL 20MEQ/L IN	
.....	3	<i>pimecrolimus</i>	65	NACL 0.45% INJ	57
<i>pentamidine isethionate inj</i>		<i>pimozide</i>	28	POT CHL 20MEQ/L IN	
.....	3	<i>pimtree</i>	43	NACL 0.9% INJ	57
<i>pentoxifylline</i>	51	<i>pindolol</i>	21	POT CHL 40MEQ/L IN	
PEPCID		<i>pioglitazone hcl</i>	39	NACL 0.9% INJ	57
<i>see famotidine</i>	47	<i>piperacillin sod-tazobactam</i>		<i>potassium chloride</i>	57
<i>perampanel</i>	32	<i>na for inj 3.375 gm (3-</i>		POTASSIUM CHLORIDE	
PERCOCET		0.375 gm)	9	<i>see potassium chloride</i>	57
<i>see endocet tab 10-</i>		<i>piperacillin sod-tazobactam</i>		<i>potassium chloride 20</i>	
325mg	2	<i>sod for inj 13.5 gm (12-</i>		<i>meq/l (0.15%) in</i>	
<i>see endocet tab 7.5-</i>		1.5 gm)	9	<i>dextrose 5% inj.</i>	57
325mg	2	<i>piperacillin sod-tazobactam</i>		<i>potassium chloride</i>	
<i>see oxycodone w/</i>		<i>sod for inj 2.25 gm (2-</i>		<i>microencapsulated</i>	
<i>acetaminophen tab 10-</i>		0.25 gm)	9	<i>crystals er</i>	57
325 mg	2	<i>piperacillin sod-tazobactam</i>		POTASSIUM	
<i>see oxycodone w/</i>		<i>sod for inj 4.5 gm (4-0.5</i>		CHLORIDE/DEXTRO	
<i>acetaminophen tab 5-</i>		gm)	9	<i>see kcl 30 meq/l</i>	
325 mg	2	<i>piperacillin sod-tazobactam</i>		<i>(0.224%) in dextrose</i>	
<i>see oxycodone w/</i>		<i>sod for inj 40.5 gm (36-</i>		5% & nacl 0.45% inj.	56
<i>acetaminophen tab</i>		4.5 gm)	9	<i>see potassium chloride</i>	
7.5-325 mg	2	PIQRAY 200MG DAILY		20 meq/l (0.15%) in	
PERIDEX		DOSE	14	<i>dextrose 5% inj.</i>	57
<i>see chlorhexidine</i>		PIQRAY 250MG TAB		POTASSIUM	
<i>gluconate (mouth-</i>		DOSE	14	CHLORIDE/SODIUM	
<i>throat)</i>	66	PIQRAY 300MG DAILY		<i>see kcl 20 meq/l (0.15%)</i>	
<i>see periogard</i>	66	DOSE	14	<i>in nacl 0.45% inj</i>	56
<i>perindopril erbumine</i>	17	<i>pirfenidone</i>	61	<i>see kcl 20 meq/l (0.15%)</i>	
<i>periogard</i>	66	PLAQUENIL		<i>in nacl 0.9% inj</i>	56
<i>permethrin</i>	66	<i>see hydroxychloroquine</i>		<i>see kcl 40 meq/l (0.3%)</i>	
PERMETHRIN		<i>sulfate</i>	53	<i>in nacl 0.9% inj</i>	56
<i>see permethrin</i>	66	PLASMA-LYTE A		<i>potassium citrate</i>	
<i>perphenazine</i>	28	<i>see multiple electrolytes</i>		<i>(alkalinizer)</i>	49
<i>pfizerpen</i>	9	<i>ph 5.5</i>	57	PRADAXA	
<i>phenelzine sulfate</i>	25	PLAVIX		<i>see dabigatran etexilate</i>	
PHENERGAN		<i>see clopidogrel bisulfate</i>		<i>mesylate</i>	50
<i>see promethazine hcl</i> ..	47	.....	51	<i>pramipexole</i>	
<i>phenobarbital</i>	32	<i>plenamine</i>	57	<i>dihydrochloride</i>	26
<i>phenobarbital sodium</i>	32	PLENVU SOL	48	<i>prasugrel hcl</i>	51
<i>phenytek</i>	32	<i>podofilox</i>	66	<i>pravastatin sodium</i>	20
<i>phenytoin</i>	32	<i>polymyxin b-trimethoprim</i>		<i>praziquantel</i>	3
<i>phenytoin sodium</i>	32	<i>ophth soln 10000 unit/ml-</i>		<i>prazosin hcl</i>	17
		0.1%	58	PRED FORTE	

see <i>prednisolone acetate</i>	<i>proctosol hc</i> 66	see <i>cholestyramine</i> 20
(<i>ophth</i>) 58	<i>proctozone-hc</i> 66	QUESTRAN LIGHT
<i>prednisolone</i> 44	<i>progesterone</i> 46	see <i>cholestyramine light</i>
<i>prednisolone acetate</i>	PROGLYCEM	20
(<i>ophth</i>) 58	see <i>diazoxide</i> 44	<i>quetiapine fumarate</i> ..28, 29
<i>prednisolone sodium</i>	PROGRAF 55	<i>quinapril hcl</i> 17
<i>phosphate</i> 44	see <i>tacrolimus</i> 55	<i>quinidine sulfate</i> 19
<i>prednisone</i> 44	PROLASTIN-C 61	<i>quinine sulfate</i> 5
<i>pregabalin</i> 32	<i>promethazine hcl</i> 47	QULIPTA 35
PREMASOL SOL 10% ...57	PROMETRIUM	R
PRENATAL TAB 27-1MG	see <i>progesterone</i> 46	RABAVERT INJ 55
.....57	<i>propafenone hcl</i> 19	RALDESY 25
PRENATAL TAB PLUS ..57	<i>proparacaine hcl</i> 59	<i>raloxifene hcl</i> 45
PRETOMANID 6	<i>propranolol hcl</i> 21	<i>ramelteon</i> 35
PREVYMIS 7	<i>propylthiouracil</i> 46	<i>ramipril</i> 17
PREZCOBIX TAB 675/150	PROQUAD INJ 55	<i>ranolazine</i> 22
.....6	PROSCAR	<i>rasagiline mesylate</i> 26
PREZCOBIX TAB 800-150	see <i>finasteride</i> 49	RECLAST
.....6	PROSOL INJ 20% 57	see <i>zoledronic acid</i> 41
PREZISTA 5	PROTONIX	<i>reclipsen</i> 43
see <i>darunavir</i> 5	see <i>pantoprazole sodium</i>	RECOMBIVAX HB 55
PRIFTIN 6	49	RECTIV
<i>primaquine phosphate</i> 5	<i>protriptyline hcl</i> 25	see <i>nitroglycerin (intra-</i>
PRIMAQUINE	PROVERA	<i>anal</i>) 65
PHOSPHATE 5	see	REDEMPLO 20
see <i>primaquine</i>	<i>medroxyprogesterone</i>	REGLAN
<i>phosphate</i> 5	<i>acetate</i> 46	see <i>metoclopramide hcl</i>
PRIMAXIN IV	PROVIGIL	47
see <i>imipenem-cilastatin</i>	see <i>modafinil</i> 37	RELENZA DISKHALER ...7
<i>intravenous for soln</i>	PULMICORT	<i>relgaabi</i> 32
<i>500 mg</i> 3	see <i>budesonide</i>	REMERON
<i>primidone</i> 32	(<i>inhalation</i>) 62	see <i>mirtazapine</i> 25
PRIORIX INJ 55	PULMOZYME 61	REMERON SOLTAB
PRISTIQ	PURIXAN	see <i>mirtazapine</i> 25
see <i>desvenlafaxine</i>	see <i>mercaptopurine</i> 9	REVELA
<i>succinate</i> 24	PYLERA	see <i>sevelamer carbonate</i>
PRIVIGEN 54	see <i>bismuth subcit-</i>	46
<i>probenecid</i> 1	<i>metronidazole-</i>	<i>repaglinide</i> 39
PROCARDIA XL	<i>tetracycline cap 140-</i>	REPATHA 20
see <i>nifedipine</i> 21	<i>125-125 mg</i> 48	REPATHA SURECLICK .20
<i>prochlorperazine</i> 47	<i>pyrazinamide</i> 6	RESTASIS 59
<i>prochlorperazine edisylate</i>	<i>pyridostigmine bromide</i> ...36	RESTASIS MULTIDOSE 59
.....47	<i>pyrimethamine</i> 3	RESTORIL
<i>prochlorperazine maleate</i>	PYZCHIVA 52	see <i>temazepam</i> 35
.....47	Q	RETEVMO 14, 15
PROCRIT 51	QINLOCK 14	RETIN-A
<i>proctocort</i> 66	QUADRACEL INJ 0.5ML 55	see <i>tretinoin</i> 63
<i>procto-med hc</i> 66	QUESTRAN	RETROVIR

see <i>zidovudine</i>	6	ROWASA		see <i>quetiapine fumarate</i>	
REVATIO		see <i>mesalamine w/</i>		.....	28, 29
see <i>sildenafil citrate</i>		<i>cleanser</i>	48	SEROQUEL XR	
(<i>pulmonary</i>		<i>roweepra</i>	32	see <i>quetiapine fumarate</i>	
<i>hypertension</i>)	23	ROXICODONE		.....	29
REVC0VI	45	see <i>oxycodone hcl</i>	2	<i>sertraline hcl</i>	25
REVLIMID		ROZEREM		<i>setlakin</i>	43
see <i>lenalidomide</i>	10	see <i>ramelteon</i>	35	<i>sevelamer carbonate</i>	46
REVUFORJ	15	ROZLYTREK	15	<i>sharobel</i>	43
REXULTI	29	RUBRACA	15	SHINGRIX	55
REYATAZ	5	<i>rufinamide</i>	32	SIGNIFOR	45
see <i>atazanavir sulfate</i>	5	RUKOBIA	5	SIKLOS	51
REZDIFFRA	45	RYDAPT	15	<i>sildenafil citrate (pulmonary</i>	
REZLIDHIA	15	S		<i>hypertension</i>)	23
REZUROCK	55	SABRIL		SILENOR	
RHOPRESSA	59	see <i>vigabatrin</i>	33	see <i>doxepin hcl (sleep)</i>	
<i>ribavirin (hepatitis c)</i>	7	see <i>vigadrone</i>	33	.....	35
<i>rifabutin</i>	6	<i>sacubitril-valsartan tab 24-</i>		SILVADENE	
RIFADIN		<i>26 mg</i>	18	see <i>silver sulfadiazine</i>	63
see <i>rifampin</i>	6	<i>sacubitril-valsartan tab 49-</i>		see <i>ssd</i>	63
<i>rifampin</i>	6	<i>51 mg</i>	18	<i>silver sulfadiazine</i>	63
<i>rilpivirine hcl</i>	5	<i>sacubitril-valsartan tab 97-</i>		SIMBRINZA SUS 1-0.2%	59
<i>riluzole</i>	36	<i>103 mg</i>	18	<i>simliya</i>	43
<i>rimantadine hydrochloride</i>	7	<i>sajazir</i>	51	<i>simvastatin</i>	20
RINVOQ	52	SALAGEN		SINEMET	
RINVOQ LQ	52	see <i>pilocarpine hcl (oral)</i>		see <i>carbidopa &</i>	
RISPERDAL		.....	66	<i>levodopa tab 10-100</i>	
see <i>risperidone</i>	29	SANDIMMUNE		<i>mg</i>	26
RISPERDAL CONSTA		see <i>cyclosporine</i>	54	see <i>carbidopa &</i>	
see <i>risperidone</i>		SANDOSTATIN		<i>levodopa tab 25-100</i>	
<i>microspheres</i>	29	see <i>octreotide acetate</i>	45	<i>mg</i>	26
<i>risperidone</i>	29	SANTYL	66	SINGULAIR	
<i>risperidone microspheres</i>	29	SAPHRIS		see <i>montelukast sodium</i>	
RITALIN		see <i>asenapine maleate</i>		.....	60
see <i>methylphenidate hcl</i>		.....	27	<i>sirolimus</i>	55
.....	35	<i>sapropterin dihydrochloride</i>		SIRTURO	6
<i>ritonavir</i>	5	.....	45	<i>sitagliptin phosphate</i>	39
<i>rivaroxaban</i>	50	SCSEMBLIX	15	<i>sitagliptin phosphate-</i>	
<i>rivastigmine</i>	24	<i>scopolamine</i>	47	<i>metformin hcl tab 50-</i>	
<i>rivastigmine tartrate</i>	24	SECUADO	29	<i>1000 mg</i>	39
<i>rizatriptan benzoate</i>	35	<i>selegiline hcl</i>	26	<i>sitagliptin phosphate-</i>	
ROCKLATAN DRO	59	<i>selenium sulfide</i>	64	<i>metformin hcl tab 50-500</i>	
<i>roflumilast</i>	61	SELZENTRY	5	<i>mg</i>	39
ROMVIMZA	15	see <i>maraviroc</i>	5	SKYRIZI	52, 53
<i>ropinirole hydrochloride</i>	26	SENSIPAR		SKYRIZI PEN	53
<i>rosuvastatin calcium</i>	20	see <i>cinacalcet hcl</i>	45	<i>sod sulfate-pot sulf-mg sulf</i>	
ROTARIX SUS	55	SEREVENT DISKUS	60	<i>oral sol 17.5-3.13-1.6</i>	
ROTATEQ SOL	55	SEROQUEL		<i>gm/177ml</i>	48

sodium chloride.....57	see buprenorphine hcl-	see breyna 62
sodium chloride (gu	naloxone hcl sl film 2-	see budesonide-
irrigant) 66	0.5 mg (base equiv) .37	formoterol fumarate
sodium fluoride chew; tab;	see buprenorphine hcl-	dihyd aerosol 160-4.5
1.1 (0.5 f) mg/ml soln ..57	naloxone hcl sl film 4-1	mcg/act 62
sodium oxybate.....37	mg (base equiv) 37	see budesonide-
sodium phenylbutyrate....45	see buprenorphine hcl-	formoterol fumarate
sodium polystyrene	naloxone hcl sl film 8-2	dihyd aerosol 80-4.5
sulfonate 41	mg (base equiv) 37	mcg/act 62
sodium polystyrene	subvenite 33	SYMFI
sulfonate powder.....41	SUBVENITE 32	see efavirenz-
solifenacin succinate.....49	sucrafate 49	lamivudine-tenofovir df
SOLQUA INJ 100/33 40	sulfacetamide sodium	tab 600-300-300 mg ..6
SOLTAMOX.....10	(acne).....63	SYMPAZAN 33
SOLU-CORTEF 44	sulfacetamide sodium	SYMTUZA TAB.....6
see hydrocortisone sod	(ophth).....58	SYNALAR
succinate 44	sulfacetamide sodium-	see fluocinolone
SOLU-MEDROL	prednisolone ophth soln	acetonide 64
see methylprednisolone	10-0.23(0.25)% 58	SYNAREL 45
sod succ 44	sulfadiazine.....3	SYNTHROID.....46
SOMATULINE DEPOT ...45	sulfamethoxazole-	see levothyroxine sodium
SOMAVERT 45	trimethoprim iv soln 400-	46
sorafenib tosylate.....15	80 mg/5ml 3	see levoxyl 46
sotalol hcl.....19	sulfamethoxazole-	see unithroid.....46
sotalol hcl (afib/af).....19	trimethoprim susp 200-40	SYPRINE
SPIRIVA RESPIMAT 60	mg/5ml 4	see trientine hcl 41
spironolactone 17	sulfamethoxazole-	T
spironolactone &	trimethoprim tab 400-80	TABLOID 10
hydrochlorothiazide tab	mg 4	TABRECTA.....15
25-25 mg 22	sulfamethoxazole-	tacrolimus 55
SPORANOX	trimethoprim tab 800-160	tacrolimus (topical).....66
see itraconazole 4	mg 4	tadalafil 49
sprintec 28.....43	sulfasalazine 48	tadalafil (pulmonary
SPRYCEL	sulindac 1	hypertension) 23
see dasatinib 12	sumatriptan 35	TAFINLAR 15
sps 41	sumatriptan succinate....35,	TAGRISSO 15
sps rectal 41	36	TALICIA CAP.....49
ssd 63	sunitinib malate 15	TALZENNA.....15
STELARA 53	SUNLENCA 5	TAMIFLU
STIVARGA 15	SUPREP BOWEL PREP	see oseltamivir
streptomycin sulfate.....3	KIT	phosphate 7
STRIBILD TAB.....6	see sod sulfate-pot sulf-	tamoxifen citrate 10
STROMECTOL	mg sulf oral sol 17.5-	tamsulosin hcl.....49
see ivermectin 3	3.13-1.6 gm/177ml...48	TARGRETIN
SUBOXONE	SUTENT	see bexarotene 11
see buprenorphine hcl-	see sunitinib malate 15	see bexarotene (topical)
naloxone hcl sl film 12-	syeda 43	65
3 mg (base equiv) 37	SYMBICORT	tarina fe 1/20 eq.....43

TARPEYO	49	TICOVAC	55	<i>tramadol hcl</i>	2
TASIGNA		<i>tigecycline</i>	9	<i>trandolapril</i>	17
<i>see nilotinib hcl</i>	14	TIKOSYN		<i>tranexamic acid</i>	51
<i>tasimelteon</i>	35	<i>see dofetilide</i>	19	TRANSDERM SCOP	
TAVNEOS	51	<i>tilia fe</i>	43	<i>see scopolamine</i>	47
<i>tazarotene</i>	64	<i>timolol maleate</i>	21	<i>tranylcyproamine sulfate</i>	25
<i>tazicef</i>	8	<i>timolol maleate (ophth)</i>	59	TRAVASOL INJ 10%	57
TAZORAC		<i>tinidazole</i>	4	<i>trazodone hcl</i>	25
<i>see tazarotene</i>	64	TIVICAY	5	TRELEGY AER ELLIPTA	
TEFLARO		TIVICAY PD	5	100-62.5-25 MCG	59
<i>see ceftaroline fosamil</i>	7	<i>tizanidine hcl</i>	37	TRELEGY AER ELLIPTA	
TEGRETOL		TOBI PODHALER	4	200-62.5-25 MCG	59
<i>see carbamazepine</i>	30	TOBRADEX OIN 0.3-0.1%		TREMFYA	53
TEGRETOL-XR		.....	58	TREMFYA INDUCTION	
<i>see carbamazepine</i>	30	<i>tobramycin</i>	4	PACK FO	53
TEKTURN		<i>tobramycin (ophth)</i>	58	TREMFYA PEN	53
<i>see aliskiren fumarate</i>	22	<i>tobramycin sulfate</i>	4	<i>tretinoin</i>	63
<i>telmisartan</i>	19	<i>tobramycin-dexamethasone</i>		<i>tretinoin (chemotherapy)</i>	11
<i>temazepam</i>	35	<i>ophth susp 0.3-0.1%</i>	58	<i>triamcinolone acetonide</i>	
TENIVAC INJ 5-2LF	55	<i>tofacitinib citrate</i>	53	(mouth)	66
<i>tenofovir disoproxil</i>		<i>tolterodine tartrate</i>	50	<i>triamcinolone acetonide</i>	
<i>fumarate</i>	5	<i>tolvaptan</i>	46	(topical)	65
TENORMIN		<i>tolvaptan tab therapy pack</i>		<i>triamterene &</i>	
<i>see atenolol</i>	20	30 & 15 mg	46	<i>hydrochlorothiazide cap</i>	
TEPMETKO	15	<i>tolvaptan tab therapy pack</i>		37.5-25 mg	22
<i>terazosin hcl</i>	17	45 & 15 mg	46	<i>triamterene &</i>	
<i>terbinafine hcl</i>	4	<i>tolvaptan tab therapy pack</i>		<i>hydrochlorothiazide tab</i>	
<i>terbutaline sulfate</i>	60	60 & 30 mg	46	37.5-25 mg	22
<i>terconazole vaginal</i>	50	<i>tolvaptan tab therapy pack</i>		<i>triamterene &</i>	
<i>testosterone</i>	38	90 & 30 mg	46	<i>hydrochlorothiazide tab</i>	
<i>testosterone cypionate</i>	38	TOPAMAX		75-50 mg	22
<i>testosterone enanthate</i>	38	<i>see topiramate</i>	33	TRICOR	
<i>testosterone pump</i>	38	TOPAMAX SPRINKLE		<i>see fenofibrate</i>	19
<i>tetrabenazine</i>	36	<i>see topiramate</i>	33	<i>tridacaine iii</i>	65
<i>tetracycline hcl</i>	9	<i>topiramate</i>	33	<i>triderm</i>	65
THALOMID	11	TOPROL XL		<i>trientine hcl</i>	41
<i>theophylline</i>	61	<i>see metoprolol succinate</i>		<i>tri-estarylla</i>	43
<i>thioridazine hcl</i>	29	.....	20	<i>trifluoperazine hcl</i>	29
<i>thiothixene</i>	29	<i>toremifene citrate</i>	10	<i>trifluridine</i>	58
<i>tiadylt er</i>	21	<i>torpenz</i>	15	<i>trihexyphenidyl hcl</i>	26
<i>tiagabine hcl</i>	33	<i>torsemide</i>	22	TRIJARDY XR TAB ER	
TIAZAC		TOUJEO MAX SOLOSTAR		24HR 10-5-1000MG	39
<i>see diltiazem hcl</i>		.....	40	TRIJARDY XR TAB ER	
<i>extended release</i>		TOUJEO SOLOSTAR	41	24HR 12.5-2.5-1000MG	
<i>beads</i>	21	TPN ELECTROL INJ	57	.....	39
<i>see tiadylt er</i>	21	TRACLEER		TRIJARDY XR TAB ER	
TIBSOVO	15	<i>see bosentan</i>	23	24HR 25-5-1000MG	39
<i>ticagrelor</i>	51	TRADJENTA	39		

TRIARDY XR TAB ER 24HR 5-2.5-1000MG ...39	TURALIO 15	see <i>valganciclovir hcl</i> 7
TRIKAFTA PAK 59.5MG 61	<i>turqoz</i> 43	<i>valganciclovir hcl</i> 7
TRIKAFTA PAK 75MG ...61	TWINRIX INJ 55	VALIUM
TRIKAFTA TAB 100-50- 75MG & 150MG 61	TYENNE 53	see <i>diazepam</i> 30
TRIKAFTA TAB 50-25- 37.5MG & 75MG 61	TYGACIL see <i>tigecycline</i> 9	<i>valproate sodium</i> 33
<i>tri-legest fe</i> 43	TYKERB see <i>lapatinib ditosylate</i> 13	<i>valproic acid</i> 33
TRILEPTAL see <i>oxcarbazepine</i> 31, 32	TYMLOS 41	<i>valsartan</i> 19
<i>tri-lyyah</i> 43	TYPHIM VI.....55	<i>valsartan</i> - <i>hydrochlorothiazide tab</i> 160-12.5 mg 18
<i>tri-lo-estarylla</i> 43	U	<i>valsartan</i> - <i>hydrochlorothiazide tab</i> 160-25 mg 18
<i>tri-lo-marzia</i> 43	UBRELVY 36	<i>valsartan</i> - <i>hydrochlorothiazide tab</i> 320-12.5 mg 18
<i>tri-lo-mili</i> 43	UCERIS see <i>budesonide</i> 48	<i>valsartan</i> - <i>hydrochlorothiazide tab</i> 320-25 mg 19
<i>tri-lo-sprintec</i> 43	UNASYN see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>inj 1.5 (1-0.5) gm</i> 9	<i>valsartan</i> - <i>hydrochlorothiazide tab</i> 80-12.5 mg 18
<i>trimethoprim</i> 4	see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>inj 3 (2-1) gm</i> 9	VALTOCO 10 MG DOSE 33
<i>tri-mili</i> 43	UNASYN BULK PACK see <i>ampicillin &</i> <i>sulbactam sodium for</i> <i>iv soln 15 (10-5) gm</i> ...9	VALTOCO 15 MG DOSE 33
<i>trimipramine maleate</i> 25	<i>unithroid</i> 46	VALTOCO 20 MG DOSE 33
TRINTELLIX 26	UPTRAVI 23	VALTOCO 5 MG DOSE ..33
<i>tri-sprintec</i> 43	UPTRAVI PACK TAB 200/800 23	VALTRESX see <i>valacyclovir hcl</i> 7
TRIUMEQ PD TAB 6	UROCIT-K 10 see <i>potassium citrate</i> (alkalinizer) 49	<i>valtya 1/35</i> 43
TRIUMEQ TAB 6	UROCIT-K 15 see <i>potassium citrate</i> (alkalinizer) 49	<i>valtya 1/50</i> 43
<i>tri-vylibra</i> 43	UROXATRAL see <i>alfuzosin hcl</i> 49	VANCOCIN see <i>vancomycin hcl</i> 4
<i>tri-vylibra lo</i> 43	URSO FORTE see <i>ursodiol</i> 49	<i>vancomycin hcl</i> 4
TROPHAMINE INJ 10% .57	<i>ursodiol</i> 49	VANCOMYCIN HYDROCHLORIDE see <i>vancomycin hcl</i> 4
<i>trospium chloride</i> 50	USTEKINUMAB 53	VANCOMYCIN INJ 1 GM .4
TRULICITY 39	V	VANCOMYCIN INJ 500MG 4
TRUMENBA 55	VAGIFEM see <i>estradiol vaginal</i> ...44	VANCOMYCIN INJ 750MG 4
TRUQAP 15	see <i>yuvafem</i> 44	VANFLYTA 15
TRUVADA see <i>emtricitabine</i> - <i>tenofovir disoproxil</i> <i>fumarate tab 100-150</i> <i>mg</i> 6	<i>valacyclovir hcl</i> 7	VANOS see <i>fluocinonide</i> 64
see <i>emtricitabine</i> - <i>tenofovir disoproxil</i> <i>fumarate tab 133-200</i> <i>mg</i> 6	VALCHLOR 66	VAQTA 55
see <i>emtricitabine</i> - <i>tenofovir disoproxil</i> <i>fumarate tab 167-250</i> <i>mg</i> 6	VALCYTE	<i>varenicline tartrate</i> 37
see <i>emtricitabine</i> - <i>tenofovir disoproxil</i> <i>fumarate tab 200-300</i> <i>mg</i> 6		
TUKYSA 15		

<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> 37	VIRACEPT.....6	XALKORI.....16
VARIVAX.....55	VIREAD.....6	XANAX
VASCEPA.....20	<i>see tenofovir disoproxil fumarate</i> 5	<i>see alprazolam</i> 23
VASERETIC	VITRAKVI.....16	<i>xarah fe</i> 43
<i>see enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> 17	VIVELLE-DOT	XARELTO.....50
VASOTEC	<i>see dotted</i> 43	<i>see rivaroxaban</i> 50
<i>see enalapril maleate</i> ..17	<i>see estradiol</i> 43	XARELTO STAR TAB
VAXCHORA SUS.....55	VIVITROL.....37	15/20MG.....50
<i>velivet</i> 43	VIVOTIF CAP EC.....56	XATMEP.....54
VELSIPITY.....53	VONJO.....16	XCOPRI.....33
VENCLEXTA.....15, 16	VOQUEZNA PAK DUAL	XCOPRI PAK 100-150....33
VENCLEXTA TAB START	PAK.....49	XCOPRI PAK 12.5-25....33
PK.....16	VOQUEZNA PAK TRIP PK	XCOPRI PAK 150-200MG
<i>venlafaxine hcl</i> 26	49	(MAINTENANCE).....33
VENTOLIN HFA	VORANIGO.....16	XCOPRI PAK 150-200MG
<i>see albuterol sulfate</i> 60	<i>voriconazole</i> 4, 5	(TITRATION).....33
VEPPANU.....10	VOSEVI TAB.....7	XCOPRI PAK 50-100MG33
<i>verapamil hcl</i> 21	VOTRIENT	XDEMVY.....58
VERQUVO.....22	<i>see pazopanib hcl</i> 14	XELJANZ
VERSACLOZ.....29	VOWST CAP.....49	<i>see tofacitinib citrate</i> ...53
VERZENIO.....16	VRAYLAR.....29	XELJANZ XR
VESICARE	<i>vyfemla</i> 43	<i>see tofacitinib citrate</i> ...53
<i>see solifenacin succinate</i>	<i>vylibra</i> 43	XENAZINE
.....49	VYNDAMAX.....22	<i>see tetrabenazine</i> 36
<i>vestura</i> 43	VYVGART.....54	XERMELO.....49
VFEND	VYZULTA.....59	XHANCE.....62
<i>see voriconazole</i> 4	W	XIFAXAN.....4, 49
VFEND IV	<i>warfarin sodium</i> 50	XIGDUO XR
<i>see voriconazole</i> 4	<i>water for irrigation, sterile irrigation soln</i> 66	<i>see dapagliflozin free</i>
<i>vienva</i> 43	WEGOVY.....46	<i>base-metformin hcl tab</i>
<i>vigabatrin</i> 33	WELIREG.....11	<i>er 24hr 10-1000 mg</i> ..38
<i>vigadrone</i> 33	WELLBUTRIN SR	<i>see dapagliflozin free</i>
VIGAFYDE.....33	<i>see bupropion hcl</i> 24	<i>base-metformin hcl tab</i>
VIGAMOX	WELLBUTRIN XL	<i>er 24hr 10-500 mg</i> ...38
<i>see moxifloxacin hcl</i>	<i>see bupropion hcl</i> 24	<i>see dapagliflozin free</i>
(<i>ophth</i>).....58	<i>wera</i> 43	<i>base-metformin hcl tab</i>
VIIBRYD	WESTAB PLUS TAB 27-	<i>er 24hr 5-1000 mg</i> ...38
<i>see vilazodone hcl</i> 26	1MG.....57	<i>see dapagliflozin free</i>
<i>vilazodone hcl</i> 26	WINREVAIR.....23	<i>base-metformin hcl tab</i>
VIMKUNYA.....55	WINREVAIR INJ 45MG..23	<i>er 24hr 5-500 mg</i> 38
VIMPAT	WINREVAIR INJ 60MG..23	XIIDRA.....59
<i>see lacosamide</i> 31	<i>wixela inhub</i> 63	XOLAIR.....61, 62
<i>see lacosamide oral</i> 31	WYOST.....41	XOSPATA.....16
<i>vioarele</i> 43	X	XPOVIO PAK (100 MG
	XALATAN	ONCE WEEKLY).....16
	<i>see latanoprost</i> 58	XPOVIO PAK (40 MG
		ONCE WEEKLY).....16

XPOVIO PAK (40 MG TWICE WEEKLY)	16	<i>zafirlukast</i>	60	<i>ziprasidone mesylate</i>	29
XPOVIO PAK (60 MG ONCE WEEKLY).....	16	ZANAFLEX		ZIRGAN	58
XPOVIO PAK (60 MG TWICE WEEKLY)	16	<i>see tizanidine hcl</i>	37	ZITHROMAX	
XPOVIO PAK (80 MG ONCE WEEKLY).....	16	ZARONTIN		<i>see azithromycin</i>	8
XPOVIO PAK (80 MG TWICE WEEKLY)	16	<i>see ethosuximide</i> ..	30, 31	ZOCOR	
XTANDI	10	ZARXIO	51	<i>see simvastatin</i>	20
XTRENBO	41	ZEJULA	16	<i>zoledronic acid</i>	41
<i>xulane</i>	43	ZELBORAF	16	ZOLINZA.....	16
XULTOPHY INJ 100/3.6	41	<i>zelvysia</i>	46	ZOLOFT	
XYLOCAINE		ZEMPLAR		<i>see sertraline hcl</i>	25
<i>see lidocaine hcl (local</i>		<i>see paricalcitol</i>	46	<i>zolpidem tartrate</i>	35
<i>anesth.)</i>	1	<i>zenatane</i>	63	ZONEGRAN	
XYLOCAINE-MPF		ZENPEP CAP 10000UNT		<i>see zonisamide</i>	33
<i>see lidocaine hcl (local</i>		.....	49	ZONISADE	33
<i>anesth.)</i>	1	ZENPEP CAP 15000UNT		<i>zonisamide</i>	33
XYREM		.....	49	ZORTRESS	
<i>see sodium oxybate</i>	37	ZENPEP CAP 20000UNT		<i>see everolimus</i>	
Y		.....	49	<i>(immunosuppressant)</i>	
YASMIN 28		ZENPEP CAP 25000UNT		.....	54
<i>see drospirenone-ethinyl</i>		.....	49	<i>zovia 1/35</i>	43
<i>estradiol tab 3-0.03 mg</i>		ZENPEP CAP 3000UNIT	49	ZTALMY	33
.....	42	ZENPEP CAP 40000UNT		<i>zumandimine</i>	43
<i>see syeda</i>	43	.....	49	ZURZUVAE	26
<i>see zumandimine</i>	43	ZENPEP CAP 5000UNIT	49	ZYKADIA	16
YAZ		ZENPEP CAP 60000UNT		ZYLET	
<i>see drospirenone-ethinyl</i>		.....	49	<i>see loteprednol</i>	
<i>estradiol tab 3-0.02 mg</i>		ZERVIAE	58	<i>etabonate-tobramycin</i>	
.....	42	ZESTORETIC		<i>ophth susp 0.5-0.3%</i>	58
<i>see jasmie</i> l	42	<i>see lisinopril &</i>		ZYMFENTRA 2-PEN	53
<i>see loryna</i>	42	<i>hydrochlorothiazide tab</i>		ZYMFENTRA 2-SYRINGE	
<i>see nikki</i>	42	<i>10-12.5 mg</i>	17	.....	53
<i>see vestura</i>	43	<i>see lisinopril &</i>		ZYPREXA	
YESINTEK.....	53	<i>hydrochlorothiazide tab</i>		<i>see olanzapine</i>	28
YF-VAX INJ	56	<i>20-12.5 mg</i>	17	ZYPREXA RELPREVV ...	29
YONSA	10	<i>see lisinopril &</i>		ZYPREXA ZYDIS	
<i>yulithira</i>	16	<i>hydrochlorothiazide tab</i>		<i>see olanzapine</i>	28
YUTREPIA.....	23	<i>20-25 mg</i>	17	ZYTIGA	
<i>yuvaferm</i>	44	ZESTRIL		<i>see abiraterone acetate</i>	
Z		<i>see lisinopril</i>	17	.....	10
<i>zafemy</i>	43	ZETIA		<i>see abirtega</i>	10
		<i>see ezetimibe</i>	20	ZYVOX	
		ZIAGEN		<i>see linezolid</i>	3
		<i>see abacavir sulfate</i>	5		
		<i>zidovudine</i>	6		
		<i>ziprasidone hcl</i>	29		



MASSACHUSETTS

P.O. Box 30011, Pittsburgh, PA 15222-0330

This formulary was updated on 08/28/2026. For more recent information or other questions, please contact Blue MedicareRx, at 1-888-543-4917 or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit the Document Portal (rxmedicareplans.memberdoc.com).

You can get prescription drugs shipped to your home through our network mail order delivery program which is called CVS Caremark Mail Service Pharmacy.

You also have the option to enroll your prescriptions in an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. And, when your prescription is going to expire or is out of refills, we'll contact your doctor for a new one. We'll contact you by phone, text message or email (your choice) before we mail your medication. Enrollment in an automatic refill program may not transfer between plans. You may be required to re-enroll your prescriptions in the new plan's automatic refill program.

For new prescriptions, we'll let you know before we send the first fill of your medication. There may be times when Medicare requires us to get your approval before sending your prescription to you. On every order, you'll have time to make changes or cancel and you won't be charged until it ships. You can start or stop automatic refills at any time.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact us at 1-888-543-4917. TTY/TDD users should call 711.

Blue Cross and Blue Shield of Massachusetts, Inc., is an Independent Licensee of the Blue Cross and Blue Shield Association.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

® Registered Marks of the Blue Cross and Blue Shield Association. SM Service Mark of Anthem Blue Cross Blue Shield. © 2026 Blue Cross and Blue Shield of Massachusetts, Inc.

08/28/2026