

BCN AdvantageSM HMO-POS

2024 BCN Advantage Comprehensive Formulary for Groups

(List of Covered Drugs)

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

This formulary was updated on **May 1, 2024**. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit www.bcbsm.com/medicare.



When visiting your doctor(s), please bring your personal drug list and this 2024 BCN Advantage Drug List with you.

- **Important message about what you pay for vaccines** – Our plan covers most Part D vaccines at no cost to you. Call Customer Service for more information.
- **Important message about what you pay for insulin** – You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Updated: 05/01/2024
Formulary 24340, Version 15

www.bcbsm.com/medicare



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Medicare Advantage Plans

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

When this drug list (formulary) refers to "we," "us," or "our," it means Blue Care Network. When it refers to "plan" or "our plan," it means **BCN Advantage**.

This document includes a list of the drugs (formulary) for our plan which is current as of **May 1, 2024**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the BCN Advantage Formulary?

A formulary is a list of covered drugs selected by **BCN Advantage** 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. **BCN Advantage** will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a **BCN Advantage** network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*. For a complete listing of all prescription drugs covered by **BCN Advantage**, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

New generic drugs

- We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the **BCN Advantage** Formulary?”

Drugs removed from the market

- If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes

- We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, 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, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the **BCN Advantage** Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **May 1, 2024**. To get updated information about the drugs covered by **BCN Advantage**, please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS approved, mid-year non-maintenance formulary changes, you will be notified.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. 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?

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

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:** **BCN Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from **BCN Advantage** before you fill your prescriptions. If you don't get approval, **BCN Advantage** may not cover the drug.
- **Quantity Limits:** For certain drugs, **BCN Advantage** limits the amount of the drug that **BCN Advantage** will cover. For example, **BCN Advantage** provides 31 tablets per prescription for *pioglitazone*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, **BCN Advantage** 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, **BCN Advantage** may not cover Drug B unless you try Drug A first. If Drug A does not work for you, **BCN Advantage** 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 **BCN Advantage** 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 BCN Advantage Formulary?" on page v for information about how to request an exception.

How much will I pay for BCN Advantage covered drugs?

The amount you pay depends on the drug coverage your group has selected, the drug that has been prescribed for you and where you have your prescription filled.

A drug rider, which is a part of your contract with Blue Care Network, describes the deductible, copayment or coinsurance you pay when you fill a prescription. A copayment is a set dollar amount. Coinsurance is a percentage of the cost of the drug that the member pays.

The term “tier” as used below refers to categories in our drug formulary, not to the copayment and coinsurance amounts described in your group’s prescription drug rider. The examples below show how the tier categories of our drug formulary relate to your group’s prescription drug rider.

Example of a Two-Tier Pharmacy Benefit	
BCN Formulary Tier (as defined in Prescription Drug Rider)	2024 BCN Advantage Formulary Tier
Tier 1: Formulary Preferred Copay	Tier 1: Preferred Generic
	Tier 2: Generic
Tier 2: Formulary Options Copay	Tier 3: Preferred Brand
	Tier 4: Non-Preferred Drug
	Tier 5: Specialty Tier

Example of a Three-Tier Pharmacy Benefit	
BCN Formulary Tier (as defined in Prescription Drug Rider)	2024 BCN Advantage Formulary Tier
Tier 1: Formulary Preferred Copay	Tier 1: Preferred Generic
	Tier 2: Generic
Tier 2: Formulary Options Copay	Tier 3: Preferred Brand
Tier 3: Non-Formulary Copay	Tier 4: Non-Preferred Drug
	Tier 5: Specialty Tier

Example of a Five-Tier Pharmacy Benefit	
BCN Formulary Tier (as defined in Prescription Drug Rider)	2024 BCN Advantage Formulary Tier
Tier 1: Formulary Preferred Copay	Tier 1: Preferred Generic
	Tier 2: Generic
Tier 2: Formulary Options Copay	Tier 3: Preferred Brand
Tier 3: Non-Formulary	Tier 4: Non-Preferred Drug
Tier 4: Specialty Formulary Tier 5: Specialty Non-Formulary	Tier 5: Specialty Tier

Description of our Formulary Drug Tiers

Drug Tiers*	Includes
Tier 1: Preferred Generic	These are generic drugs in the lowest cost-sharing tier
Tier 2: Generic	These are still generic drugs but not the lowest cost-sharing tier
Tier 3: Preferred Brand	This tier contains mostly brand-name drugs and also includes some high-cost generics
Tier 4: Non-Preferred Drug	These are brand-name and generic drugs not in a preferred tier
Tier 5: Specialty Tier	This contains high-cost generic and brand-name drugs

*Most pharmacies will fill a 90-day supply of medications available on Tier 1 through Tier 4. Check with your pharmacist. Medications on Tier 5 are available for a maximum of 31 days' supply per fill.

Group Enhanced Drug List (Excluded Part D Drugs): These drugs may be covered under your group's **BCN Advantage** drug benefit and are not normally covered in a Medicare Prescription Drug Plan. These enhanced drugs are represented as "EX" in your formulary. Your copayment for these drugs is based on the employer's drug benefit and the drug's tier. The amount you pay when you fill a prescription for an enhanced drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. Only the generic dosage form for drugs on the Enhanced Drug List are covered, unless indicated. Formulary exceptions for the brand-name products are not allowed. For more information on the Enhanced Drugs List, please review your group drug rider.

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 Service and ask if your drug is covered.

If you learn that **BCN Advantage** does not cover your drug, you have two options:

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

How do I request an exception to the BCN Advantage Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you request a formulary, tier or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision.

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 108 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 108 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 108 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 move into (or out of) a long-term care facility, a skilled nursing facility, or if you are discharged from a hospital, you will continue to have access to your medications during the transition. If needed, limits on early prescription refills will be waived to assure that your medications are available through a new pharmacy provider when you are moving to or from a long-term care facility. Contact Customer Service if you require assistance in your transition. For more detailed information about our Transition Policy, refer to Chapter 3, Section 5.2 of your *Evidence of Coverage* or visit our website at www.bcbsm.com/medicare/help/understanding-plans/pharmacy-prescription-drugs/transition.html.

Within three business days of your filling a temporary transition supply, we will send you a letter notifying you that this was a temporary supply and explaining your options.

For more information

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

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

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

BCN Advantage Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by **BCN Advantage**. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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

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

All drugs on our Formulary are available for mail order if mail-order service is covered through your employer group: Our plan's mail-order service requires you to order at least a 31-day supply of the drug and no more than a 90-day supply. Tier 5: Specialty Tier drugs are limited to a 31-day supply via mail order.

List of Abbreviations

B/D: This drug may be covered under Medicare Part B or D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EX: This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

PA: Prior Authorization. **BCN Advantage** requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, **BCN Advantage** limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, **BCN Advantage** requires you to first try a certain drug 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.

BRAND-NAME DRUGS ARE CAPITALIZED.

Generic drugs are *lower-case italics*.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule 200mg, 400mg</i>	2	QL(180 EA per 90 days)
<i>celecoxib capsule 100mg</i>	2	QL(270 EA per 90 days)
<i>celecoxib capsule 50mg</i>	2	QL(540 EA per 90 days)
DICLOFENAC EPOLAMINE	3	PA
<i>diclofenac potassium tablet 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 31 days)
<i>diflunisal tablet 500mg</i>	2	
<i>ec-naproxen tablet delayed release 500mg</i>	2	
<i>etodolac er</i>	2	
<i>etodolac capsule, tablet</i>	2	
<i>fenoprofen calcium capsule 400mg</i>	2	
<i>fenoprofen calcium tablet</i>	2	
FLECTOR	3	PA
<i>flurbiprofen tablet 100mg</i>	2	
<i>ibu</i>	1	
<i>ibuprofen suspension</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
KETOPROFEN ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	2	QL(90 EA per 90 days)
KETOPROFEN CAPSULE 25MG, 50MG	2	
MECLOFENAMATE SODIUM CAPSULE	4	
<i>mefenamic acid capsule</i>	4	
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen sodium tablet 275mg, 550mg</i>	2	
<i>naproxen suspension, tablet delayed release</i>	2	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	2	
<i>oxaprozin tablet</i>	2	
<i>piroxicam capsule</i>	1	
<i>salsalate tablet</i>	2	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(12 EA per 84 days)
<i>fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(45 EA per 90 days)
INFUMORPH 500	4	
LEVORPHANOL TARTRATE TABLET 3MG	2	
<i>levorphanol tartrate tablet 2mg</i>	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
METHADONE HCL ORAL SOLUTION	2	
<i>methadone hcl injection, tablet</i>	2	
<i>mitigo injection 25mg/ml</i>	4	
MORPHINE SULFATE ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 10MG, 20MG, 30MG, 50MG, 60MG, 80MG	4	QL(180 EA per 90 days)
<i>morphine sulfate er tablet extended release 100mg, 15mg, 30mg, 60mg</i>	4	QL(270 EA per 90 days)
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL(90 EA per 90 days)
OXYMORPHONE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 12 HOUR 10MG, 15MG, 20MG, 30MG, 5MG, 7.5MG	4	QL(180 EA per 90 days)
OXYMORPHONE HYDROCHLORIDEER	4	QL(180 EA per 90 days)
TRAMADOL HCL ER TABLET EXTENDED RELEASE 24 HOUR	2	QL(90 EA per 90 days)
<i>tramadol hydrochloride er</i>	2	QL(90 EA per 90 days)
Opioid Analgesics, Short-acting		
ACETAMINOPHEN/CODEINE SOLUTION	2	QL(5167 ML per 31 days)
<i>acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg</i>	2	QL(1080 EA per 90 days)
<i>acetaminophen/codeine tablet 300mg; 60mg</i>	2	QL(540 EA per 90 days)
<i>butorphanol tartrate solution</i>	2	QL(15 ML per 90 days)
CODEINE SULFATE TABLET	2	QL(540 EA per 90 days)
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA
FENTANYL CITRATE TABLET	5	PA
FENTORA TABLET 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	PA
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	2	QL(5735 ML per 31 days)
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 5mg</i>	2	QL(1080 EA per 90 days)
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
HYDROCODONE/IBUPROFEN TABLET 10MG; 200MG, 5MG; 200MG	2	QL(450 EA per 90 days)
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	QL(450 EA per 90 days)
<i>hydromorphone hcl liquid, tablet</i>	2	
HYDROMORPHONE HCL INJECTION 4MG/ML	2	
<i>hydromorphone hcl injection 1mg/ml</i>	2	
<i>hydromorphone hcl injection 10mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
HYDROMORPHONE HYDROCHLORIDE INJECTION 2MG/ML	4	
<i>hydromorphone hydrochloride injection 2mg/ml</i>	2	
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	
LAZANDA SOLUTION 100MCG/ACT, 400MCG/ACT	5	PA
<i>morphine sulfate tablet</i>	2	
MORPHINE SULFATE SOLUTION 10MG/5ML, 20MG/5ML	2	
<i>morphine sulfate solution 20mg/ml</i>	2	
NUCYNTA	4	
<i>oxycodone hydrochloride capsule, tablet</i>	2	
<i>oxycodone hydrochloride concentrate, solution</i>	4	
OXYCODONE/ACETAMINOPHEN TABLET 300MG; 10MG, 300MG; 5MG	2	
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(1080 EA per 90 days)
<i>oxymorphone hydrochloride</i>	4	
SUBSYS	5	PA
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(1080 EA per 90 days)
<i>tramadol hydrochloride tablet 50mg</i>	2	QL(720 EA per 90 days)
Anesthetics		
<i>Local Anesthetics</i>		
<i>lidocaine/prilocaine cream</i>	4	PA
<i>lidocaine patch 5%</i>	3	QL(270 EA per 90 days); PA
NESACAINE INJECTION 10MG/ML	4	
POLOCAINE INJECTION 2%	4	
Anti-Addiction/Substance Abuse Treatment Agents		
<i>Alcohol Deterrents/Anti-craving</i>		
<i>acamprosate calcium dr</i>	2	
DISULFIRAM TABLET 500MG	2	
<i>disulfiram tablet 250mg</i>	2	
<i>naltrexone hcl tablet</i>	1	
<i>Opioid Dependence</i>		
<i>buprenorphine hcl/naloxone hcl</i>	1	
<i>buprenorphine hcl tablet sublingual</i>	1	
<i>buprenorphine hydrochloride/naloxone hydrochloride film</i>	1	
LUCEMYRA	5	
<i>Opioid Reversal Agents</i>		
KLOXXADO	3	
<i>naloxone hcl injection 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liquid</i>	3	
NALOXONE HYDROCHLORIDE INJECTION 0.4MG/ML	2	
<i>naloxone hydrochloride injection 0.4mg/ml, 4mg/10ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
OPVEE	3	QL(12 EA per 90 days)
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	1	
NICOTROL INHALER	4	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	
<i>varenicline tartrate</i>	3	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 500mg/2ml</i>	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJECTION 1.6MG/ML; 0.9%, 1MG/ML; 0.9%, 2MG/ML; 0.9%	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate injection 40mg/ml</i>	4	
<i>gentamicin sulfate ointment 0.1%</i>	2	
ISOTONIC GENTAMICIN INJECTION 0.8MG/ML; 0.9%	4	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
TOBRAMYCIN SULFATE INJECTION 10MG/ML, 40MG/ML	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 1.2gm, 80mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection 1gm</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate cream 2%</i>	2	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate swab 1%</i>	2	
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	
<i>daptomycin injection 500mg</i>	5	
FIRVANQ SOLUTION RECONSTITUTED 50MG/ML	4	
<i>fosfomycin tromethamine</i>	4	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1680 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
LINEZOLID INJECTION 600MG/300ML; 0.9%	5	
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole capsule 375mg</i>	2	
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin suspension 25mg/5ml</i>	2	
<i>polymyxin b sulfate injection</i>	4	
SIVEXTRO TABLET	5	
<i>tinidazole</i>	2	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE INJECTION 5%; 1GM/200ML	4	
<i>vancomycin hydrochloride capsule</i>	3	
<i>vancomycin hydrochloride oral solution reconstituted</i>	4	
<i>vancomycin hydrochloride injection 1gm, 500mg, 5gm, 750mg</i>	4	
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
Beta-lactam, Cephalosporins		
CEFACLOR ER TABLET EXTENDED RELEASE 12 HOUR 500MG	2	
CEFACLOR CAPSULE	2	
CEFACLOR SUSPENSION RECONSTITUTED 125MG/5ML, 250MG/5ML, 375MG/5ML	2	
CEFADROXIL TABLET	2	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
CEFAZOLIN SODIUM/DEXTROSE INJECTION 1GM; 4%	4	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%, 1GM	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	
<i>cefdinir</i>	2	
<i>cefepime hydrochloride injection 2gm</i>	4	
CEFEPIME/DEXTROSE	4	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	4	
<i>cefepime injection 1gm, 2gm</i>	4	
<i>cefixime</i>	2	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	4	
CEFTRIAXONE SODIUM INJECTION 100GM	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	
<i>ceftriaxone sodium injection 1gm, 2gm</i>	4	
CEFTRIAXONE/DEXTROSE	4	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 750mg</i>	4	
CEPHALEXIN TABLET	1	
<i>cephalexin capsule 250mg, 500mg</i>	1	
<i>cephalexin suspension reconstituted</i>	1	
TAZICEF INJECTION 1GM	4	
<i>tazicef injection 1gm, 2gm</i>	4	
TEFLARO	4	
Beta-lactam, Penicillins		
AMOXICILLIN/CLAVULANATE POTASSIUM ER	2	
AMOXICILLIN/CLAVULANATE POTASSIUM TABLET CHEWABLE	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted, tablet</i>	2	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
AMOXICILLIN TABLET CHEWABLE 125MG, 250MG	1	
AMPICILLIN SODIUM INJECTION 2GM	2	
AMPICILLIN SODIUM INJECTION 125MG, 1GM	4	
<i>ampicillin sodium injection 250mg, 500mg</i>	2	
<i>ampicillin sodium injection 1gm</i>	4	
AMPICILLIN-SULBACTAM INJECTION 1GM; 0.5GM, 2GM; 1GM	4	
<i>ampicillin-sulbactam injection 10gm; 5gm, 1gm; 0.5gm</i>	4	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	4	
<i>ampicillin capsule 500mg</i>	1	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 2gm</i>	2	
<i>nafcillin sodium injection 10gm, 1gm</i>	4	
NAFCILLIN INJECTION 5%; 2GM/100ML	2	
NAFCILLIN INJECTION 5%; 1GM/50ML	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 0; 20000UNIT/ML	4	
<i>penicillin g potassium injection 20000000unit, 5000000unit</i>	4	
PENICILLIN G PROCAINE	4	
PENICILLIN G SODIUM	4	
PENICILLIN V POTASSIUM SOLUTION RECONSTITUTED	1	
<i>penicillin v potassium tablet</i>	1	
PFIZERPEN INJECTION 5000000UNIT	4	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 12gm; 1.5gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
IMIPENEM/CILASTATIN INJECTION 250MG; 250MG	4	
<i>imipenem/cilastatin injection 500mg; 500mg</i>	4	
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE	3	
Macrolides		
AZITHROMYCIN PACKET	2	
<i>azithromycin suspension reconstituted, tablet</i>	2	
<i>azithromycin injection 500mg</i>	4	
<i>clarithromycin er</i>	2	
CLARITHROMYCIN SUSPENSION RECONSTITUTED	2	
<i>clarithromycin tablet</i>	2	
DIFICID SUSPENSION RECONSTITUTED	5	QL(136 ML per 10 days)
DIFICID TABLET	5	QL(20 EA per 10 days)
E.E.S. 400 TABLET	2	
<i>ery-tab tablet delayed release 250mg, 333mg</i>	4	
ERYTHROCIN STEARATE TABLET 250MG	2	
<i>erythromycin base tablet</i>	2	
<i>erythromycin dr tablet delayed release 250mg, 333mg</i>	2	
ERYTHROMYCIN ETHYLSUCCINATE TABLET	2	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	2	
ERYTHROMYCIN CAPSULE DELAYED RELEASE PARTICLES 250MG	2	
<i>erythromycin tablet 250mg, 500mg</i>	2	
Quinolones		
BAXDELA	5	

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Drug Name	Drug Tier	Requirements/Limits
CIPROFLOXACIN HCL TABLET 100MG	2	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	2	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM HYDROCHLORIDE	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	
OFLOXACIN TABLET 300MG	2	
<i>ofloxacin tablet 400mg</i>	2	
Sulfonamides		
<i>sulfacetamide sodium lotion 10%</i>	2	
SULFADIAZINE TABLET	2	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim suspension, tablet</i>	1	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 75mg</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate tablet 100mg, 150mg, 75mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 150mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet</i>	2	
<i>doxycycline suspension reconstituted</i>	2	
<i>minocycline hcl capsule 75mg</i>	2	
<i>minocycline hcl tablet</i>	2	
<i>minocycline hydrochloride er tablet extended release 24 hour 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride er tablet extended release 24 hour 115mg, 65mg</i>	2	QL(90 EA per 90 days)
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	2	
<i>mondoxyne nl capsule 100mg</i>	2	
<i>tetracycline hydrochloride capsule</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT SOLUTION	4	QL(620 ML per 31 days); PA
BRIVIACT TABLET 10MG	4	QL(62 EA per 31 days); PA
BRIVIACT TABLET 100MG, 25MG, 50MG, 75MG	5	QL(62 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX	5	PA
EPRONTIA	4	PA
<i>felbamate</i>	4	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	4	PA
FYCOMPA TABLET 10MG, 12MG, 2MG, 4MG, 8MG	4	PA
FYCOMPA TABLET 6MG	5	PA
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tablet chewable, tablet</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	
<i>roweepra tablet 500mg</i>	2	
SPRITAM	4	PA
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate capsule sprinkle, tablet</i>	2	
<i>valproic acid</i>	2	
XCOPRI TABLET THERAPY PACK 0	4	QL(168 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	4	QL(84 EA per 84 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(28 EA per 28 days); PA
XCOPRI TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA
XCOPRI TABLET 100MG, 50MG	5	QL(31 EA per 31 days); PA
XCOPRI TABLET 150MG, 200MG	5	QL(62 EA per 31 days); PA
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	2	
<i>methsuximide</i>	3	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam suspension</i>	4	QL(1440 ML per 90 days)
<i>clobazam tablet 10mg</i>	3	QL(180 EA per 90 days)
<i>clobazam tablet 20mg</i>	3	QL(62 EA per 31 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tablet</i>	2	
DIACOMIT	5	PA
DIAZEPAM RECTAL GEL GEL 2.5MG	4	
<i>diazepam rectal gel gel 10mg, 20mg</i>	4	
<i>divalproex sodium dr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin solution</i>	2	QL(6480 ML per 90 days)
<i>gabapentin capsule</i>	2	QL(810 EA per 90 days)
<i>gabapentin tablet 800mg</i>	2	QL(360 EA per 90 days)
<i>gabapentin tablet 600mg</i>	2	QL(540 EA per 90 days)
<i>phenobarbital sodium injection 130mg/ml, 65mg/ml</i>	2	
<i>phenobarbital elixir 20mg/5ml</i>	2	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>pregabalin capsule 225mg, 300mg</i>	4	QL(180 EA per 90 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 50mg</i>	4	QL(270 EA per 90 days)
<i>pregabalin capsule 25mg, 75mg</i>	4	QL(360 EA per 90 days)
<i>pregabalin solution</i>	4	QL(2700 ML per 90 days)
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
<i>vigabatrin</i>	5	
<i>vigadrone tablet</i>	5	
ZTALMY	5	QL(1116 ML per 31 days); PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er</i>	2	
<i>carbamazepine tablet chewable, suspension, tablet</i>	2	
DILANTIN CAPSULE 30MG	3	
<i>epitol</i>	2	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	2	
<i>lacosamide solution</i>	4	QL(3600 ML per 90 days)
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL(180 EA per 90 days)
<i>lacosamide tablet 50mg</i>	4	QL(360 EA per 90 days)
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL(124 EA per 31 days); PA
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	5	QL(62 EA per 31 days); PA
<i>oxcarbazepine</i>	2	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG	4	ST
<i>phenytek</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	QL(2700 ML per 90 days); PA
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
ERGOLOID MESYLATES TABLET	2	
NAMZARIC	3	
<i>Cholinesterase Inhibitors</i>		
ADLARITY	4	QL(12 EA per 84 days); PA
<i>donepezil hcl tablet disintegrating</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 10mg</i>	2	QL(90 EA per 90 days)
<i>donepezil hcl tablet 23mg</i>	4	QL(90 EA per 90 days)
<i>donepezil hydrochloride tablet 5mg</i>	2	QL(90 EA per 90 days)
<i>galantamine hydrobromide er</i>	2	QL(90 EA per 90 days)
GALANTAMINE HYDROBROMIDE SOLUTION	2	
<i>galantamine hydrobromide tablet</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	QL(90 EA per 90 days)
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	3	QL(147 EA per 84 days); PA
<i>memantine hydrochloride er</i>	4	QL(90 EA per 90 days); PA
<i>memantine hydrochloride solution</i>	2	QL(1080 ML per 90 days); PA
<i>memantine hydrochloride tablet</i>	2	QL(180 EA per 90 days); PA
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(62 EA per 31 days); ST
<i>bupropion hcl tablet 100mg</i>	1	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	
<i>bupropion hydrochloride tablet 75mg</i>	1	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tablet</i>	2	
<i>olanzapine/fluoxetine</i>	4	
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
<i>Monoamine Oxidase Inhibitors</i>		
EMSAM PATCH 24 HOUR 12MG/24HR	4	

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Drug Name	Drug Tier	Requirements/Limits
EMSAM PATCH 24 HOUR 6MG/24HR, 9MG/24HR	5	
MARPLAN	4	
PHENELZINE SULFATE	2	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide solution, tablet</i>	1	
DESVENLAFAXINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG, 50MG	4	ST
<i>desvenlafaxine er tablet extended release 24 hour 100mg, 25mg, 50mg</i>	3	
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl capsule delayed release particles 40mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 60mg</i>	2	QL(180 EA per 90 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 30mg</i>	2	QL(270 EA per 90 days)
<i>escitalopram oxalate solution, tablet</i>	2	
FETZIMA	4	ST
FETZIMA TITRATION PACK	4	ST
FLUOXETINE DR	2	
<i>fluoxetine hydrochloride capsule, solution</i>	2	
FLUOXETINE HYDROCHLORIDE TABLET 10MG, 20MG	2	
<i>fluoxetine hydrochloride tablet 10mg, 20mg, 60mg</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>fluvoxamine maleate er</i>	2	
NEFAZODONE HYDROCHLORIDE	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	
<i>sertraline hcl concentrate</i>	2	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride</i>	1	
TRINTELLIX	4	ST
VENLAFAXINE BESYLATE ER	4	QL(180 EA per 90 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	ST
<i>vilazodone hydrochloride</i>	4	

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Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	2	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	2	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	2	
<i>imipramine hydrochloride tablet 10mg</i>	2	
<i>imipramine pamoate</i>	2	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	3	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate capsule</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
DIMENHYDRINATE INJECTION	2	
<i>meclizine hcl 12.5mg, 25mg tablet</i>	2	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	2	
<i>promethazine hcl injection</i>	2	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	2	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	2	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
PROMETHEGAN SUPPOSITORY 50MG	2	
<i>promethegan suppository 12.5mg, 25mg</i>	2	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	4	B/D
<i>dronabinol</i>	4	B/D
EMEND SUSPENSION RECONSTITUTED	4	B/D
<i>granisetron hcl injection 4mg/4ml</i>	2	
<i>granisetron hydrochloride tablet</i>	2	B/D
<i>ondansetron hcl solution</i>	4	B/D
ONDANSETRON HCL TABLET 24MG	2	B/D
<i>ondansetron hydrochloride tablet</i>	2	B/D
<i>ondansetron odt</i>	2	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	4	
Antifungals		
<i>Antifungals</i>		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	4	B/D
AMPHOTERICIN B INJECTION	4	B/D
<i>caspofungin acetate</i>	4	
<i>clotrimazole cream, solution, troche</i>	2	
<i>econazole nitrate cream</i>	3	
ERAXIS	4	
<i>fluconazole in sodium chloride</i>	2	
FLUCONAZOLE/SODIUM CHLORIDE	2	
<i>fluconazole suspension reconstituted, tablet</i>	2	
<i>flucytosine capsule</i>	2	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	2	
<i>itraconazole solution</i>	3	
<i>itraconazole capsule</i>	4	
<i>ketoconazole cream, foam, shampoo, tablet</i>	2	
<i>ketodan</i>	2	
<i>klayesta</i>	2	QL(180 GM per 90 days)
MICONAZOLE 3 SUPPOSITORY	2	
NAFTIFINE HCL	2	
<i>naftifine hydrochloride cream</i>	2	
NOXAFIL SUSPENSION	5	
<i>nyamyc</i>	2	QL(180 GM per 90 days)
<i>nystatin cream, ointment, suspension, tablet</i>	2	
<i>nystatin powder</i>	2	QL(180 GM per 90 days)
<i>nystop</i>	2	QL(180 GM per 90 days)
<i>posaconazole dr</i>	5	QL(93 EA per 31 days)
<i>posaconazole suspension</i>	5	
<i>terbinafine hcl tablet</i>	2	
<i>terbinafine hydrochloride tablet</i>	2	
<i>terconazole</i>	2	
VIVJOA	4	QL(18 EA per 84 days); PA
<i>voriconazole tablet</i>	3	
<i>voriconazole suspension reconstituted</i>	5	
<i>voriconazole injection</i>	5	PA
Antigout Agents		
<i>Antigout Agents</i>		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	QL(360 EA per 90 days)
<i>febuxostat</i>	3	QL(90 EA per 90 days); ST

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Drug Name	Drug Tier	Requirements/Limits
KRYSTEXXA	5	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
<i>Ergot Alkaloids</i>		
<i>dihydroergotamine mesylate solution</i>	2	QL(24 ML per 90 days)
MIGERGOT	2	
<i>Prophylactic</i>		
AIMOVIG INJECTION 140MG/ML	3	QL(3 ML per 84 days); PA
AIMOVIG INJECTION 70MG/ML	3	QL(6 ML per 84 days); PA
EMGALITY INJECTION 120MG/ML	3	QL(4 ML per 84 days); PA
EMGALITY INJECTION 100MG/ML	3	QL(9 ML per 84 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	
UBRELVY	5	QL(16 EA per 30 days); PA
<i>Serotonin (5-HT) Receptor Agonist</i>		
<i>almotriptan tablet 12.5mg</i>	4	QL(24 EA per 90 days)
<i>almotriptan tablet 6.25mg</i>	4	QL(48 EA per 90 days)
<i>eletriptan hydrobromide tablet 40mg</i>	3	QL(18 EA per 90 days)
<i>eletriptan hydrobromide tablet 20mg</i>	3	QL(36 EA per 90 days)
<i>frovatriptan succinate</i>	4	QL(36 EA per 90 days)
<i>naratriptan hcl tablet 2.5mg</i>	2	QL(24 EA per 90 days)
<i>naratriptan hcl tablet 1mg</i>	2	QL(60 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate odt tablet disintegrating 10mg</i>	2	QL(81 EA per 90 days)
<i>rizatriptan benzoate tablet 5mg</i>	2	QL(162 EA per 90 days)
<i>rizatriptan benzoate tablet 10mg</i>	2	QL(81 EA per 90 days)
SUMATRIPTAN SUCCINATE REFILL	4	
<i>sumatriptan succinate tablet</i>	2	
<i>sumatriptan succinate injection</i>	4	
<i>sumatriptan solution</i>	4	QL(36 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan odt tablet disintegrating 5mg</i>	2	QL(54 EA per 90 days)
<i>zolmitriptan tablet 2.5mg</i>	2	QL(108 EA per 90 days)
<i>zolmitriptan tablet 5mg</i>	2	QL(54 EA per 90 days)
Antimyasthenic Agents		
<i>Parasympathomimetics</i>		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide solution</i>	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
<i>Antimycobacterials, Other</i>		
<i>dapsone tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PRETOMANID	4	
<i>rifabutin</i>	4	
Antituberculars		
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrup</i>	2	
ISONIAZID TABLET 100MG	2	
<i>isoniazid tablet 300mg</i>	2	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	2	
<i>rifampin capsule</i>	2	
<i>rifampin injection</i>	4	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	2	
GLEOSTINE CAPSULE 10MG, 40MG	4	
GLEOSTINE CAPSULE 100MG	5	
LEUKERAN	4	
MATULANE	5	
<i>oxaliplatin injection 50mg/10ml, 50mg</i>	5	
VALCHLOR	5	
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate tablet 250mg</i>	3	QL(124 EA per 31 days); PA
<i>abiraterone acetate tablet 500mg</i>	5	QL(62 EA per 31 days); PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI CAPSULE	5	QL(124 EA per 31 days); PA
XTANDI TABLET 40MG	5	QL(124 EA per 31 days); PA
XTANDI TABLET 80MG	5	QL(62 EA per 31 days); PA
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	QL(21 EA per 28 days); PA
<i>lenalidomide</i>	5	QL(31 EA per 31 days); PA
POMALYST	5	QL(31 EA per 31 days); PA
QINLOCK	5	QL(90 EA per 30 days); PA
REVLIMID	5	QL(31 EA per 31 days); PA
TABRECTA	5	QL(112 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	3	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	4	
Antimetabolites		
DROXIA	4	
<i>fluorouracil injection 2.5gm/50ml</i>	2	B/D
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 200MG/2ML, 2GM/20ML	3	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/26.3ML, 2GM/52.6ML	5	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	2	
PURIXAN	5	
TABLOID	4	PA
Antineoplastics, Other		
ADRIAMYCIN INJECTION 10MG	4	
AKEEGA	5	QL(62 EA per 31 days); PA
BESREMI	5	QL(2 ML per 28 days); PA
<i>bleomycin sulfate injection 15unit</i>	2	
DOCETAXEL INJECTION 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
<i>docetaxel injection 20mg/ml</i>	5	
DOXORUBICIN HYDROCHLORIDE INJECTION 10MG	4	
GAVRETO	5	QL(124 EA per 31 days); PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
IDHIFA	5	PA
INREBIC	5	PA
IWILFIN	5	QL(248 EA per 31 days); PA
IXEMPRA KIT	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	QL(180 EA per 30 days); PA
<i>leucovorin calcium tablet</i>	2	
<i>leucovorin calcium injection 200mg, 500mg, 50mg</i>	2	
LONSURF	5	PA
LUMAKRAS TABLET 320MG	5	PA
LUMAKRAS TABLET 120MG	5	QL(240 EA per 30 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(112 EA per 28 days); PA
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(140 EA per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
LYTGOBI TABLET THERAPY PACK 4MG	5	QL(84 EA per 28 days); PA
NINLARO	5	PA
OGSIVEO	5	QL(186 EA per 31 days); PA
ONUREG	5	QL(14 EA per 28 days); PA
PEMAZYRE	5	PA
RETEVMO CAPSULE 80MG	5	QL(124 EA per 31 days); PA
RETEVMO CAPSULE 40MG	5	QL(186 EA per 31 days); PA
RYLAZE	5	PA
SCEMBLIX TABLET 40MG	5	QL(310 EA per 31 days); PA
SCEMBLIX TABLET 20MG	5	QL(62 EA per 31 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TICE BCG	3	
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL(21 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL(42 EA per 28 days); PA
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL(63 EA per 28 days); PA
TUKYSA TABLET 150MG	5	QL(120 EA per 30 days); PA
TUKYSA TABLET 50MG	5	QL(300 EA per 30 days); PA
<i>valrubicin</i>	3	
<i>vincasar pfs</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
<i>Antineoplastics</i>		
ORSERDU TABLET 345MG	5	QL(31 EA per 31 days); PA
ORSERDU TABLET 86MG	5	QL(93 EA per 31 days); PA
<i>Aromatase Inhibitors, 3rd Generation</i>		
<i>anastrozole tablet</i>	2	
<i>exemestane</i>	2	
<i>letrozole</i>	2	
<i>Enzyme Inhibitors</i>		
<i>irinotecan hydrochloride injection 40mg/2ml</i>	2	
<i>Molecular Target Inhibitors</i>		
ALECENSA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA
BALVERSA	5	PA
BOSULIF TABLET	5	PA
BOSULIF CAPSULE 100MG	5	QL(150 EA per 25 days); PA
BOSULIF CAPSULE 50MG	5	QL(300 EA per 25 days); PA
BRAFTOVI CAPSULE 75MG	5	PA

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BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA	5	
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
EXKIVITY	5	QL(124 EA per 31 days); PA
FARYDAK	5	PA
FRUZAQLA CAPSULE 5MG	5	QL(21 EA per 28 days); PA
FRUZAQLA CAPSULE 1MG	5	QL(84 EA per 28 days); PA
<i>gefitinib</i>	5	
GILOTRIF	5	QL(31 EA per 31 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL(21 EA per 28 days); PA
ICLUSIG	5	PA
<i>imatinib mesylate tablet 100mg</i>	3	QL(186 EA per 31 days); PA
<i>imatinib mesylate tablet 400mg</i>	4	QL(62 EA per 31 days); PA
IMBRUVICA SUSPENSION	5	QL(248 ML per 31 days); PA
IMBRUVICA TABLET	5	QL(31 EA per 31 days); PA
IMBRUVICA CAPSULE 140MG	5	QL(124 EA per 31 days); PA
IMBRUVICA CAPSULE 70MG	5	QL(31 EA per 31 days); PA
INLYTA	5	PA
INQOVI	5	QL(5 EA per 28 days); PA
JAKAFI	5	QL(62 EA per 31 days); PA
JAYPIRCA TABLET 50MG	5	QL(31 EA per 31 days); PA
JAYPIRCA TABLET 100MG	5	QL(62 EA per 31 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA

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LORBRENA	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA
ODOMZO	5	PA
OJJAARA TABLET 150MG, 200MG	5	QL(31 EA per 31 days); PA
OJJAARA TABLET 100MG	5	QL(62 EA per 31 days); PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	QL(60 EA per 30 days); PA
ROZLYTREK CAPSULE	5	PA
ROZLYTREK PACKET	5	QL(372 EA per 31 days); PA
RUBRACA	5	PA
RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISO	5	PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	QL(62 EA per 31 days); PA
TIBSOVO	5	PA
TRUQAP	5	QL(64 EA per 28 days); PA
TURALIO	5	PA
VANFLYTA	5	QL(62 EA per 31 days); PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG, 50MG	3	PA
VENCLEXTA TABLET 100MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VONJO	5	QL(124 EA per 31 days); PA
VOTRIENT	5	PA
WELIREG	5	QL(93 EA per 31 days); PA
XALKORI CAPSULE	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 20MG, 50MG	5	QL(62 EA per 31 days); PA
XALKORI CAPSULE SPRINKLE 150MG	5	QL(93 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA	5	PA
ZEJULA	5	PA
ZELBORAF	5	QL(248 EA per 31 days); PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
Monoclonal Antibody/Antibody-Drug Conjugate		
DANYELZA	5	PA
ENHERTU	5	PA
HERCEPTIN HYLECTA	5	
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
PADCEV	5	PA
POLIVY	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TIVDAK	5	PA
TRODELVY	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	3	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
MESNEX TABLET	3	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	2	
Antiprotozoals		
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	2	
BENZNIDAZOLE	4	
<i>chloroquine phosphate tablet</i>	2	
COARTEM	3	
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	3	
<i>pentamidine isethionate injection</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D
PRIMAQUINE PHOSPHATE TABLET	3	
<i>pyrimethamine tablet</i>	5	

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<i>quinine sulfate capsule 324mg</i>	2	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
TRIHEXYPHENIDYL HCL SOLUTION	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>amantadine hcl capsule, solution, tablet</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>entacapone</i>	4	
Dopamine Agonists		
<i>apomorphine hydrochloride injection</i>	5	
<i>bromocriptine mesylate capsule, tablet</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>pramipexole dihydrochloride er</i>	4	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	2	
CARBIDOPA/LEVODOPA ODT	2	
<i>carbidopa tablet</i>	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
CHLORPROMAZINE HYDROCHLORIDE CONCENTRATE	4	
<i>chlorpromazine hydrochloride tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
FLUPHENAZINE HCL CONCENTRATE	2	
FLUPHENAZINE HCL INJECTION	4	
<i>fluphenazine hcl tablet 1mg</i>	2	
FLUPHENAZINE HYDROCHLORIDE ELIXIR	2	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	
<i>haloperidol decanoate injection</i>	4	
<i>haloperidol lactate</i>	2	
<i>haloperidol concentrate, tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>loxapine</i>	2	
MOLINDONE HYDROCHLORIDE	2	
<i>perphenazine tablet</i>	2	
PIMOZIDE	2	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hcl tablet 10mg, 2mg, 5mg</i>	2	
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	5	ST
ABILIFY MAINTENA	5	ST
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	4	
ARISTADA	5	ST
ARISTADA INITIO	5	ST
<i>asenapine maleate sl</i>	3	
CAPLYTA	5	ST
FANAPT	5	ST
FANAPT TITRATION PACK	4	ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	ST
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST
INVEGA TRINZA	5	ST
<i>lurasidone hydrochloride</i>	3	
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine</i>	2	
<i>olanzapine odt</i>	2	
<i>paliperidone er tablet extended release 24 hour 6mg</i>	2	QL(180 EA per 90 days)
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	2	QL(90 EA per 90 days)
PERSERIS	5	ST
<i>quetiapine fumarate</i>	2	
<i>quetiapine fumarate er</i>	2	
REXULTI	5	PA
RISPERDAL CONSTA INJECTION 12.5MG	4	ST
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	ST
<i>risperidone</i>	2	
<i>risperidone er injection 12.5mg</i>	4	ST
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	ST
RISPERIDONE ODT TABLET DISINTEGRATING 0.25MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone odt tablet disintegrating 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	
RYKINDO	5	QL(2 EA per 28 days); ST
SECUADO	5	QL(31 EA per 31 days); ST
UZEDY	5	ST
VRAYLAR CAPSULE THERAPY PACK	4	ST
VRAYLAR CAPSULE	5	ST
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV INJECTION 210MG	4	ST
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	ST
Treatment-Resistant		
CLOZAPINE ODT TABLET DISINTEGRATING 12.5MG	2	
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	2	
<i>clozapine odt tablet disintegrating 150mg, 200mg</i>	4	
<i>clozapine tablet 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
DANTRIUM IV	4	
<i>dantrolene sodium capsule, injection</i>	2	
LIORESAL INTRATHECAL INJECTION 10MG/20ML	4	
LIORESAL INTRATHECAL INJECTION 0.05MG/ML	4	B/D
<i>revonto</i>	2	
SOHONOS CAPSULE 1.5MG, 1MG	5	QL(124 EA per 31 days); PA
SOHONOS CAPSULE 10MG	5	QL(62 EA per 31 days); PA
SOHONOS CAPSULE 2.5MG, 5MG	5	QL(93 EA per 31 days); PA
<i>tizanidine hcl capsule 4mg</i>	2	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	5	PA
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	3	
<i>entecavir</i>	3	
<i>lamivudine tablet 100mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI TABLET	5	PA
HARVONI PACKET 33.75MG; 150MG	5	QL(31 EA per 31 days); PA
HARVONI PACKET 45MG; 200MG	5	QL(62 EA per 31 days); PA
LEDIPASVIR/SOFOSBUVIR	5	PA
RIBAVIRIN CAPSULE	2	
RIBAVIRIN TABLET 200MG	2	
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI TABLET	5	PA
SOVALDI PACKET 150MG	5	QL(31 EA per 31 days); PA
SOVALDI PACKET 200MG	5	QL(62 EA per 31 days); PA
VOSEVI	5	PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE	5	
BIKTARVY	5	
CABENUVA	5	
DOVATO	5	
GENVOYA	5	QL(31 EA per 31 days)
ISENTRESS HD	5	
ISENTRESS PACKET	3	
ISENTRESS TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	QL(372 EA per 31 days)
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	
DELSTRIGO	5	
EDURANT	5	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
EFAVIRENZ CAPSULE	4	
<i>efavirenz tablet</i>	4	
<i>etravirine tablet 100mg</i>	3	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	3	
NEVIRAPINE ER TABLET EXTENDED RELEASE 24 HOUR 100MG	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine er tablet extended release 24 hour 400mg</i>	2	
NEVIRAPINE SUSPENSION	4	
<i>nevirapine tablet</i>	2	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	3	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	
EMTRIVA SOLUTION	3	
<i>lamivudine/zidovudine</i>	2	
<i>lamivudine solution 10mg/ml</i>	2	
<i>lamivudine tablet 150mg, 300mg</i>	2	
ODEFSEY	5	
STAVUDINE CAPSULE	2	
<i>tenofovir disoproxil fumarate</i>	3	
TRIUMEQ	5	
TRIUMEQ PD	5	
TRIZIVIR	5	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	3	
<i>zidovudine</i>	2	
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	QL(62 EA per 31 days)
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA TABLET THERAPY PACK	5	QL(5 EA per 31 days)
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPSULE	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir tablet</i>	3	
<i>lopinavir/ritonavir solution</i>	4	
NORVIR PACKET, SOLUTION	3	
PREZCOBIX	5	
PREZISTA SUSPENSION	4	
PREZISTA TABLET 150MG, 75MG	3	
REYATAZ PACKET	5	
<i>ritonavir</i>	2	
SYMTUZA	5	
VIRACEPT	5	
Anti-influenza Agents		
<i>oseltamivir phosphate capsule 30mg</i>	2	QL(168 EA per 180 days)
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL(84 EA per 180 days)
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL(1050 ML per 180 days)
RELENZA DISKHALER	3	QL(180 EA per 90 days)
RIMANTADINE HYDROCHLORIDE	2	
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	2	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	2	
<i>valacyclovir hydrochloride</i>	2	
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	2	
<i>bupirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>meprobamate</i>	4	
Benzodiazepines		
<i>alprazolam</i>	2	
<i>alprazolam er</i>	2	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam odt</i>	2	
<i>chlordiazepoxide hcl capsule 10mg, 5mg</i>	4	
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	4	
<i>clorazepate dipotassium tablet</i>	2	
<i>diazepam intensol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam concentrate, oral solution, tablet</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam tablet</i>	2	
<i>lorazepam injection 2mg/ml, 4mg/ml</i>	2	
<i>midazolam hcl syrup</i>	2	
<i>oxazepam</i>	4	
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	1	
<i>lithium carbonate er</i>	1	
LITHIUM CARBONATE CAPSULE 600MG	1	
<i>lithium carbonate capsule 150mg, 300mg</i>	1	
<i>lithium carbonate tablet</i>	1	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	3	QL(10.2 ML per 84 days); PA
BYETTA INJECTION 5MCG/0.02ML	3	QL(3.6 ML per 84 days); PA
BYETTA INJECTION 10MCG/0.04ML	3	QL(7.2 ML per 84 days); PA
CYCLOSET	4	QL(540 EA per 90 days)
FARXIGA	3	QL(90 EA per 90 days)
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tablet 10mg, 5mg</i>	1	
<i>glipizide tablet 2.5mg</i>	2	QL(90 EA per 90 days)
GLYBURIDE MICRONIZED	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	QL(90 EA per 90 days)
JANUMET	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL(180 EA per 90 days)
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL(90 EA per 90 days)
JANUVIA	3	QL(90 EA per 90 days)
JARDIANCE	3	QL(90 EA per 90 days)
JENTADUETO	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL(180 EA per 90 days)
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL(90 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er</i>	1	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	1	
MIGLITOL	2	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	1	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl-glimepiride</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hcl/metformin hcl</i>	1	QL(270 EA per 90 days)
<i>pioglitazone hcl tablet 45mg</i>	1	QL(90 EA per 90 days)
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL(90 EA per 90 days)
<i>repaglinide</i>	1	
RYBELSUS TABLET 7MG	3	QL(180 EA per 90 days); PA
RYBELSUS TABLET 3MG	3	QL(420 EA per 90 days); PA
RYBELSUS TABLET 14MG	3	QL(90 EA per 90 days); PA
SOLIQUA 100/33	3	QL(60 ML per 90 days)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL(90 EA per 90 days)
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL(180 EA per 90 days)
SYNJARDY TABLET 5MG; 500MG	3	QL(360 EA per 90 days)
TRADJENTA	3	QL(90 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL(180 EA per 90 days)
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL(90 EA per 90 days)
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL(180 EA per 90 days)
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL(90 EA per 90 days)
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	

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Drug Name	Drug Tier	Requirements/Limits
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
KORLYM	5	PA
<i>mifepristone</i>	5	PA
<i>Insulins</i>		
APIDRA	3	ST
APIDRA SOLOSTAR	3	ST
HUMALOG	3	ST
HUMALOG JUNIOR KWIKPEN	3	ST
HUMALOG KWIKPEN	3	ST
HUMALOG MIX 50/50	3	ST
HUMALOG MIX 50/50 KWIKPEN	3	ST
HUMALOG MIX 75/25	3	ST
HUMALOG MIX 75/25 KWIKPEN	3	ST
HUMULIN 70/30	3	ST
HUMULIN 70/30 KWIKPEN	3	ST
HUMULIN N	3	ST
HUMULIN N KWIKPEN	3	ST
HUMULIN R	3	ST
HUMULIN R U-500 (CONCENTRATED)	5	
HUMULIN R U-500 KWIKPEN	5	
INSULIN LISPRO	3	ST
INSULIN LISPRO JUNIOR KWIKPEN	3	ST
INSULIN LISPRO KWIKPEN	3	ST
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN	3	ST
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLIN 70/30	2	
NOVOLIN 70/30 FLEXPEN	2	
NOVOLIN 70/30 FLEXPEN RELION	2	
NOVOLIN 70/30 RELION	2	
NOVOLIN N	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN N FLEXPEN RELION	2	
NOVOLIN N RELION	2	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R	2	
NOVOLIN R FLEXPEN	2	
NOVOLIN R FLEXPEN RELION	2	
NOVOLIN R RELION	2	
NOVOLOG	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ARGATROBAN INJECTION 250MG/2.5ML	4	
CEPROTIN	4	
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	
ELIQUIS STARTER PACK	3	
ELIQUIS TABLET 2.5MG	3	QL(180 EA per 90 days)
ELIQUIS TABLET 5MG	3	QL(194 EA per 90 days)
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 95000UNIT/3.8ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML	5	
<i>heparin sodium/sodium chloride 0.9% premix injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% injection 1000unit/500ml; 0.9%, 2000unit/l; 0.9%</i>	2	
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	
XARELTO SUSPENSION RECONSTITUTED	3	QL(2700 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
XARELTO TABLET 15MG, 2.5MG	3	QL(180 EA per 90 days)
XARELTO TABLET 10MG, 20MG	3	QL(90 EA per 90 days)
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML, 100MCG/ML, 10MCG/0.4ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 25MCG/0.42ML, 25MCG/ML, 300MCG/0.6ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/0.3ML, 60MCG/ML	4	PA
EPOGEN INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
GRANIX	5	
NEULASTA	5	QL(1.2 ML per 28 days)
NEULASTA ONPRO KIT	5	QL(1.2 ML per 28 days)
NEUPOGEN	5	
NIVESTYM	5	
OXBRYTA	5	PA
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA TABLET	5	PA
PROMACTA PACKET 25MG	5	PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	2	QL(90 EA per 63 days)
Platelet Modifying Agents		
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	QL(12 EA per 84 days)
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	4	

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<i>doxazosin mesylate tablet</i>	1	
<i>prazosin hydrochloride capsule</i>	1	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	1	
EDARBI	4	
<i>irbesartan</i>	1	
<i>losartan potassium tablet</i>	1	
<i>olmesartan medoxomil tablet</i>	1	
<i>telmisartan</i>	1	
VALSARTAN SOLUTION	4	
<i>valsartan tablet</i>	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride tablet 20mg</i>	1	
<i>captopril tablet</i>	1	
<i>enalapril maleate tablet</i>	1	
<i>enalaprilat</i>	2	
<i>fosinopril sodium</i>	1	
<i>lisinopril tablet</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE TABLET 2MG, 8MG	1	
<i>perindopril erbumine tablet 4mg</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet</i>	2	
DIGOXIN SOLUTION	2	
<i>digoxin tablet 250mcg, 62.5mcg</i>	2	
<i>digoxin tablet 125mcg</i>	2	QL(90 EA per 90 days)
<i>digox tablet 250mcg</i>	2	
<i>digox tablet 125mcg</i>	2	QL(90 EA per 90 days)
<i>disopyramide phosphate capsule</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>ibutilide fumarate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	QL(180 EA per 90 days)
NORPACE CR CAPSULE EXTENDED RELEASE 12 HOUR 100MG	4	
<i>pacerone tablet 100mg, 200mg, 400mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
QUINIDINE SULFATE TABLET	2	
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	4	QL(90 EA per 90 days)
<i>labetalol hydrochloride tablet</i>	1	
<i>metoprolol succinate er tablet extended release 24 hour 100mg, 200mg</i>	1	QL(180 EA per 90 days)
<i>metoprolol succinate er tablet extended release 24 hour 25mg, 50mg</i>	1	QL(270 EA per 90 days)
<i>metoprolol tartrate injection 5mg/5ml</i>	2	
<i>metoprolol tartrate tablet 100mg, 25mg, 37.5mg, 50mg</i>	1	
<i>nadolol tablet 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hydrochloride tablet 20mg</i>	3	QL(180 EA per 90 days)
<i>nebivolol hydrochloride tablet 10mg</i>	3	QL(360 EA per 90 days)
<i>nebivolol hydrochloride tablet 2.5mg, 5mg</i>	3	QL(90 EA per 90 days)
<i>pindolol tablet</i>	1	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	1	
PROPRANOLOL HCL SOLUTION 40MG/5ML	1	
<i>propranolol hcl solution 20mg/5ml</i>	1	
<i>propranolol hcl tablet 40mg</i>	1	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	1	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	1	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
CLEVIPREX INJECTION 50MG/100ML	4	
<i>felodipine er</i>	1	QL(90 EA per 90 days)
<i>isradipine</i>	1	
<i>nicardipine hcl capsule</i>	1	
<i>nifedipine er</i>	1	QL(180 EA per 90 days)
<i>nimodipine capsule</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 20MG, 30MG	4	QL(180 EA per 90 days)
NISOLDIPINE ER TABLET EXTENDED RELEASE 24 HOUR 25.5MG, 40MG	4	QL(90 EA per 90 days)
<i>nisoldipine er tablet extended release 24 hour 17mg, 34mg, 8.5mg</i>	4	QL(90 EA per 90 days)
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er capsule extended release 12 hour, tablet extended release 24 hour</i>	1	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	2	
<i>diltiazem hydrochloride er tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hydrochloride tablet 120mg</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
VERAPAMIL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	1	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	1	
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	1	
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
VERAPAMIL HYDROCHLORIDE ER CAPSULE EXTENDED RELEASE 24 HOUR 200MG	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	1	
<i>verapamil hydrochloride injection</i>	4	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide tablet 250mg</i>	2	
<i>aliskiren</i>	3	
AMILORIDE/HYDROCHLOROTHIAZIDE	1	
<i>amlodipine besylate/atorvastatin calcium</i>	2	

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<i>amlodipine besylate/benazepril hydrochloride</i>	2	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
CAMZYOS	5	QL(31 EA per 31 days); PA
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
CAPTOPRIL/HYDROCHLOROTHIAZIDE	2	
CORLANOR SOLUTION	4	QL(1350 ML per 90 days)
CORLANOR TABLET	4	QL(180 EA per 90 days)
<i>dobutamine hcl injection 250mg/20ml</i>	2	
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	2	
ENTRESTO	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>irbesartan/hydrochlorothiazide</i>	2	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
KERENDIA	4	QL(90 EA per 90 days); PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	2	
<i>ranolazine er</i>	4	
<i>spironolactone/hydrochlorothiazide</i>	1	
TEKTURNA HCT TABLET 300MG; 12.5MG, 300MG; 25MG	3	
TELMISARTAN/AMLODIPINE	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
TRANDOLAPRIL/VERAPAMIL HCL ER	2	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	2	
VECAMYL	5	PA
VYNDAMAX	5	PA
Diuretics, Loop		
<i>bumetanide tablet</i>	1	
<i>bumetanide injection</i>	2	

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<i>ethacrynic acid tablet</i>	4	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	4	
FUROSEMIDE ORAL SOLUTION 40MG/5ML	1	
<i>furosemide oral solution 10mg/ml</i>	1	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	1	
<i>spironolactone tablet</i>	1	
<i>triamterene capsule</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone tablet 25mg, 50mg</i>	1	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate capsule 130mg, 43mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr capsule delayed release 45mg</i>	1	QL(270 EA per 90 days)
<i>fenofibric acid dr capsule delayed release 135mg</i>	1	QL(90 EA per 90 days)
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
EZALLOR SPRINKLE	4	QL(90 EA per 90 days)
<i>fluvastatin sodium er</i>	1	QL(90 EA per 90 days)
<i>fluvastatin capsule 40mg</i>	1	QL(180 EA per 90 days)
<i>fluvastatin capsule 20mg</i>	1	QL(360 EA per 90 days)
LIVALO TABLET 2MG	4	QL(180 EA per 90 days)
LIVALO TABLET 1MG	4	QL(360 EA per 90 days)
LIVALO TABLET 4MG	4	QL(90 EA per 90 days)
<i>lovastatin tablet</i>	1	
<i>pitavastatin calcium tablet 2mg</i>	1	QL(180 EA per 90 days)
<i>pitavastatin calcium tablet 1mg</i>	1	QL(360 EA per 90 days)
<i>pitavastatin calcium tablet 4mg</i>	1	QL(90 EA per 90 days)
<i>pravastatin sodium tablet 40mg</i>	1	QL(180 EA per 90 days)
<i>pravastatin sodium tablet 10mg, 20mg</i>	1	QL(360 EA per 90 days)
<i>pravastatin sodium tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>rosuvastatin calcium tablet 20mg</i>	1	QL(180 EA per 90 days)
<i>rosuvastatin calcium tablet 10mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>rosuvastatin calcium tablet 40mg</i>	1	QL(90 EA per 90 days)
<i>simvastatin tablet 40mg</i>	1	QL(180 EA per 90 days)

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<i>simvastatin tablet 10mg, 20mg, 5mg</i>	1	QL(360 EA per 90 days)
<i>simvastatin tablet 80mg</i>	1	QL(90 EA per 90 days)
<i>Dyslipidemics, Other</i>		
<i>cholestyramine light packet</i>	2	
<i>cholestyramine light powder</i>	4	
<i>cholestyramine packet</i>	2	
<i>cholestyramine powder</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl packet, tablet</i>	2	
<i>colestipol hcl granules</i>	3	
<i>colestipol hydrochloride</i>	2	
<i>ezetimibe</i>	2	QL(90 EA per 90 days)
<i>ezetimibe/simvastatin</i>	2	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(90 EA per 90 days); PA
NEXLIZET	4	QL(90 EA per 90 days); PA
<i>niacin er</i>	2	
NIACIN TABLET 500MG	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	3	PA
<i>prevalite packet</i>	2	
<i>prevalite powder</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>Vasodilators, Direct-acting Arterial/Venous</i>		
<i>isosorbide dinitrate tablet</i>	1	
ISOSORBIDE MONONITRATE	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	2	
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABLET 10MG	4	QL(30 EA per 30 days); PA
VERQUVO TABLET 2.5MG, 5MG	4	QL(60 EA per 30 days); PA
<i>Vasodilators, Direct-acting Arterial</i>		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
<i>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</i>		
ADDERALL TABLET 7.5MG; 7.5MG; 7.5MG; 7.5MG	4	QL(180 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
ADDERALL TABLET 5MG; 5MG; 5MG; 5MG	4	QL(270 EA per 90 days)
ADDERALL TABLET 1.25MG; 1.25MG; 1.25MG; 1.25MG, 1.875MG; 1.875MG; 1.875MG; 1.875MG, 2.5MG; 2.5MG; 2.5MG; 2.5MG, 3.125MG; 3.125MG; 3.125MG; 3.125MG, 3.75MG; 3.75MG; 3.75MG; 3.75MG	4	QL(360 EA per 90 days)
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	2	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	2	QL(180 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 5mg; 5mg; 5mg; 5mg</i>	2	QL(270 EA per 90 days)
<i>amphetamine/dextroamphetamine tablet 1.25mg; 1.25mg; 1.25mg; 1.25mg, 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg, 5mg</i>	2	QL(270 EA per 90 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate solution</i>	2	
<i>dextroamphetamine sulfate tablet 30mg</i>	2	QL(180 EA per 90 days)
<i>dextroamphetamine sulfate tablet 20mg</i>	2	QL(270 EA per 90 days)
<i>dextroamphetamine sulfate tablet 15mg</i>	2	QL(360 EA per 90 days)
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
<i>zenzedi tablet 10mg, 5mg</i>	2	QL(540 EA per 90 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 18mg, 40mg, 60mg</i>	4	QL(180 EA per 90 days)
<i>atomoxetine capsule 100mg, 80mg</i>	4	QL(90 EA per 90 days)
<i>clonidine hydrochloride er</i>	2	QL(360 EA per 90 days)
<i>guanfacine er tablet extended release 24 hour 2mg</i>	2	
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 3mg, 4mg</i>	2	
<i>methylphenidate hydrochloride cd capsule extended release 20mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	QL(90 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour 30mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 24 hour 10mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er capsule extended release 40mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE 24 HOUR 18MG	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	2	QL(180 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 10mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride er tablet extended release 20mg</i>	2	QL(450 EA per 90 days)
<i>methylphenidate hydrochloride solution</i>	2	
<i>methylphenidate hydrochloride tablet</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride tablet chewable 2.5mg, 5mg</i>	2	QL(270 EA per 90 days)
<i>methylphenidate hydrochloride tablet chewable 10mg</i>	2	QL(540 EA per 90 days)
Central Nervous System, Other		
<i>benzphetamine hcl tablet 50mg</i>	4	EX
<i>caffeine citrate injection</i>	2	
<i>caffeine citrate oral solution 60mg/3ml</i>	2	
DAYBUE	5	QL(3720 ML per 31 days); PA
<i>diethylpropion hcl</i>	2	EX
DIETHYLPROPION HCL ER	2	EX
NUEDEXTA	4	QL(180 EA per 90 days); PA
<i>phendimetrazine tartrate</i>	2	EX
PHENDIMETRAZINE TARTRATE ER	2	EX
<i>phentermine hcl tablet 37.5mg</i>	2	EX
<i>phentermine hydrochloride capsule</i>	2	EX
RADICAVA ORS	5	QL(70 ML per 28 days); PA
RADICAVA ORS STARTER KIT	5	QL(70 ML per 28 days); PA
<i>riluzole</i>	2	
<i>tetrabenazine tablet 25mg</i>	4	QL(124 EA per 31 days); PA
<i>tetrabenazine tablet 12.5mg</i>	4	QL(248 EA per 31 days); PA
VEOZAH	4	QL(90 EA per 90 days); PA
Fibromyalgia Agents		
SAVELLA	3	QL(180 EA per 90 days)
SAVELLA TITRATION PACK	3	QL(165 EA per 84 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON	5	QL(14 EA per 28 days); PA
COPAXONE INJECTION 40MG/ML	5	QL(12 ML per 28 days); PA
<i>dalfampridine er</i>	3	QL(62 EA per 31 days)
<i>dimethyl fumarate</i>	3	QL(62 EA per 31 days); PA
<i>dimethyl fumarate starterpack</i>	5	QL(62 EA per 31 days); PA
EXTAVIA	5	QL(15 EA per 30 days); PA
<i>fingolimod hydrochloride</i>	5	QL(31 EA per 31 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
<i>glatopa injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatopa injection 20mg/ml</i>	5	QL(31 ML per 31 days); PA
PLEGRIDY	5	QL(1 ML per 28 days); PA
PLEGRIDY STARTER PACK	5	QL(1 ML per 28 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(4.2 ML per 28 days); PA
REBIF TITRATION PACK	5	QL(4.2 ML per 28 days); PA
<i>teriflunomide tablet 14mg</i>	4	QL(31 EA per 31 days); PA
<i>teriflunomide tablet 7mg</i>	4	QL(62 EA per 31 days); PA
VUMERITY	5	QL(124 EA per 31 days); ST
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate solution</i>	2	
<i>clinpro 5000</i>	4	
<i>denta 5000 plus</i>	4	
<i>dentagel</i>	4	
<i>doxycycline hyclate tablet 20mg</i>	2	
<i>fluoridex daily defense paste</i>	4	
<i>fluoridex enhanced whitening</i>	4	
<i>fluorimax 5000</i>	4	
<i>just right 5000 paste</i>	4	
KEPIVANCE INJECTION 6.25MG	4	
KEPIVANCE INJECTION 5.16MG	5	
<i>kourzeq</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard</i>	2	
<i>pilocarpine hydrochloride</i>	2	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	3	
<i>sf</i>	2	
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride 5000 ppm dry mouth</i>	2	
<i>sodium fluoride 5000 ppm enamel protect</i>	2	

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<i>sodium fluoride 5000 ppm sensitive</i>	2	
<i>sodium fluoride gel 1.1%</i>	2	
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
<i>accutane</i>	2	
<i>acitretin</i>	4	
<i>adapalene cream, gel</i>	2	
<i>amnestem</i>	2	
<i>avita cream</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	2	
<i>clindamycin phosphate/benzoyl peroxide gel 5%; 1.2%</i>	2	
<i>clindamycin/benzoyl peroxide</i>	2	
<i>erythromycin/benzoyl peroxide</i>	2	
<i>isotretinoin capsule</i>	2	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>myorisan</i>	2	
<i>neuac</i>	2	
<i>tazarotene cream, gel</i>	4	
TAZORAC CREAM 0.05%	4	
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	
<i>zenatane</i>	2	
<i>Dermatitis and Pruitus Agents</i>		
<i>ala-cort cream 2.5%</i>	2	
<i>alclometasone dipropionate</i>	2	
AMCINONIDE	4	
<i>ammonium lactate cream, lotion</i>	2	
APEXICON E	4	
BETAMETHASONE DIPROPIONATE AUGMENTED GEL	2	
<i>betamethasone dipropionate augmented cream, lotion, ointment</i>	2	
<i>betamethasone dipropionate cream, lotion, ointment</i>	2	
<i>betamethasone valerate cream, lotion, ointment</i>	2	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate ointment, solution</i>	3	
<i>clobetasol propionate cream</i>	3	QL(180 GM per 90 days)
<i>clobetasol propionate foam, liquid, shampoo</i>	4	
<i>clobetasol propionate gel</i>	4	QL(180 GM per 90 days)

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<i>clodan</i>	4	
<i>desonide cream, lotion, ointment</i>	3	
<i>desoximetasone cream, gel, ointment</i>	4	
<i>diflorasone diacetate ointment</i>	4	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
FLUOCINOLONE ACETONIDE CREAM 0.01%	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide ointment 0.025%</i>	2	
<i>fluocinolone acetonide solution 0.01%</i>	2	
<i>fluocinonide emulsified base</i>	4	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide cream 0.1%</i>	3	
<i>fluocinonide gel, ointment, solution</i>	3	
FLURANDRENOLIDE CREAM	4	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream, ointment</i>	2	
HYDROCORTISONE BUTYRATE (LIPID)	2	
<i>hydrocortisone butyrate (lipophilic)</i>	2	
HYDROCORTISONE BUTYRATE CREAM, SOLUTION	2	
<i>hydrocortisone butyrate ointment</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 1%, 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>pimecrolimus</i>	3	
PREDNICARBATE OINTMENT	2	
<i>selenium sulfide</i>	2	
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>tovet</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
<i>tritocin</i>	2	
Dermatological Agents, Other		
<i>calcipotriene/betamethasone dipropionate ointment</i>	4	
<i>calcipotriene solution</i>	2	QL(180 ML per 90 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene cream, ointment</i>	2	QL(360 GM per 90 days); PA
CALCITRIOL OINTMENT 3MCG/GM	4	
<i>clotrimazole/betamethasone dipropionate</i>	2	
DUOBRII	4	
FILSUVEZ	5	QL(725.4 GM per 31 days); PA
FLUOROURACIL CREAM 0.5%	3	
<i>fluorouracil cream 5%</i>	2	QL(120 GM per 90 days)
FLUOROURACIL EXTERNAL SOLUTION 2%	2	
<i>fluorouracil external solution 5%</i>	2	
HYDROCORTISONE ACETATE/PRAMOXINE CREAM 1%; 1%	4	
<i>imiquimod cream 5%</i>	2	
METHOXSALEN CAPSULE	4	
<i>nystatin/triamcinolone</i>	2	
OTEZLA TABLET 30MG	5	QL(62 EA per 31 days); PA
PODOFILOX SOLUTION	2	
SANTYL	3	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<i>Pediculicides/Scabicides</i>		
CROTAN	4	
<i>malathion</i>	4	
<i>permethrin cream</i>	2	
<i>Topical Anti-infectives</i>		
<i>acyclovir cream 5%</i>	3	
<i>acyclovir ointment 5%</i>	2	
<i>ciclodan solution</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel, shampoo, suspension</i>	2	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate external solution 1%</i>	2	
ERY	2	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin solution 2%</i>	2	
<i>mafenide acetate</i>	2	
<i>mupirocin</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
<i>dextrose 10%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
<i>dextrose 5%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.33%	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose 50%</i>	2	
<i>dextrose 70%</i>	2	
<i>dextrose/sodium chloride</i>	4	
<i>fluoride tablet chewable 1mg</i>	2	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	
ISOLYTE-S INJECTION 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	4	
<i>kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%</i>	4	
KCL 0.3%/D5W/NACL 0.9% INJECTION 5%; 40MEQ/L; 0.9%	4	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML	4	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 4gm/50ml, 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
NORMOSOL -R	4	
NORMOSOL-R	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
<i>plenamine</i>	4	B/D
<i>potassium chloride er</i>	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS INJECTION 3MEQ/L; 149MEQ/L; 5%; 28MEQ/L; 24MEQ/L; 130MEQ/L	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/dextrose/sodium chloride injection 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride/dextrose injection 5%; 20meq/l</i>	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	4	
<i>potassium chloride packet, oral solution</i>	1	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 20MEQ/50ML, 40MEQ/100ML	4	
<i>potassium citrate er</i>	2	
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
PROSOL	4	B/D
<i>sodium bicarbonate injection 8.4%</i>	4	
<i>sodium chloride 0.45% injection</i>	4	
<i>sodium chloride injection 0.9%, 3%, 5%</i>	4	
<i>sodium fluoride tablet chewable 1mg</i>	2	
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
<i>Electrolyte/Mineral/Metal Modifiers</i>		
CHEMET	3	
<i>deferasirox tablet</i>	3	
<i>deferasirox tablet soluble 125mg</i>	4	
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLUTION	5	
JYNARQUE	5	PA
<i>penicillamine tablet</i>	4	
<i>sodium polystyrene sulfonate</i>	2	
<i>tolvaptan</i>	5	PA
TRIENTINE HYDROCHLORIDE CAPSULE 500MG	5	
<i>trientine hydrochloride capsule 250mg</i>	5	

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XPHOZAH	5	QL(62 EA per 31 days); PA
Phosphate Binders		
AURYXIA	4	PA
<i>calcium acetate capsule</i>	1	
<i>calcium acetate tablet 667mg</i>	1	
FOSRENOL PACKET	4	
<i>lanthanum carbonate</i>	4	
PHOSLYRA	4	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hydrochloride</i>	3	
Potassium Binders		
LOKELMA PACKET 5GM	4	QL(270 EA per 90 days)
LOKELMA PACKET 10GM	4	QL(94 EA per 90 days)
SPS	2	
VELTASSA PACKET 8.4GM	4	QL(270 EA per 90 days)
VELTASSA PACKET 16.8GM, 25.2GM	4	QL(90 EA per 90 days)
Vitamins		
AQUASOL A PARENTERAL	4	EX
DRISDOL CAPSULE	4	EX
<i>folic acid tablet 1mg</i>	2	EX
POTABA CAPSULE	4	EX
PRENATAL TABLET 120MG; 0; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	2	
<i>vitamin d capsule 50000unit</i>	2	EX
WESTAB PLUS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution</i>	2	
LINZESS	3	QL(90 EA per 90 days)
<i>lubiprostone</i>	4	QL(180 EA per 90 days)
MOVANTIK	4	PA
RELISTOR TABLET	5	QL(93 EA per 31 days); PA
RELISTOR INJECTION 8MG/0.4ML	5	QL(11.2 ML per 28 days); PA
RELISTOR INJECTION 12MG/0.6ML	5	QL(16.8 ML per 28 days); PA
TRULANCE	3	QL(90 EA per 90 days)
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	4	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	2	
DIPHENOXYLATE/ATROPINE LIQUID	2	

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<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>chlordiazepoxide hydrochloride/clidinium bromide</i>	2	
<i>dicyclomine hcl solution</i>	2	
<i>dicyclomine hydrochloride capsule, injection, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
GLYCOPYRROLATE TABLET 1.5MG	2	
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	
<i>methscopolamine bromide tablet</i>	2	
Gastrointestinal Agents, Other		
GATTEX	5	PA
GAVILYTE-C	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN THERAPY PACK	4	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	2	
METOCLOPRAMIDE ODT	2	
MYALEPT	5	PA
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
<i>ursodiol capsule 300mg</i>	2	
<i>ursodiol tablet</i>	2	
XIFAXAN TABLET 550MG	5	QL(93 EA per 31 days)
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	1	
<i>famotidine tablet 20mg, 40mg</i>	1	
NIZATIDINE	2	
Protectants		
<i>misoprostol</i>	2	
<i>sucrafate tablet</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium capsule delayed release</i>	3	
<i>esomeprazole sodium injection 40mg</i>	2	
<i>lansoprazole capsule delayed release</i>	2	
<i>omeprazole dr capsule delayed release 10mg</i>	1	

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<i>omeprazole capsule delayed release 20mg, 40mg</i>	1	
<i>pantoprazole sodium tablet delayed release</i>	1	
<i>rabeprazole sodium</i>	4	QL(180 EA per 90 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</i>		
<i>betaine anhydrous</i>	5	
CERDELGA	5	
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 12000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	2	
CYSTAGON	4	
ENDARI	5	QL(180 EA per 30 days); PA
<i>miglustat</i>	5	
<i>nitisinone</i>	5	
OPFOLDA	4	QL(24 EA per 90 days); PA
ORFADIN SUSPENSION	5	
PALYNZIQ	5	PA
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT	4	
PROCYSBI CAPSULE DELAYED RELEASE	5	
PROLASTIN-C	5	PA
PYRUKYND	5	QL(56 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 0	5	QL(14 EA per 28 days); PA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	5	QL(7 EA per 28 days); PA
RAVICTI	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	
<i>sodium phenylbutyrate powder, tablet</i>	5	
SUCRAID	5	
TEGSEDI	5	PA
VIJOICE TABLET THERAPY PACK 125MG, 50MG	5	QL(28 EA per 28 days); PA
VIJOICE TABLET THERAPY PACK 0	5	QL(56 EA per 28 days); PA

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VYNDAQEL	5	PA
<i>yargesa</i>	5	
ZEMAIRA	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin hydrobromide er</i>	4	
<i>fesoterodine fumarate er</i>	3	
<i>flavoxate hcl</i>	1	
GELNIQUE GEL 10%	3	QL(31 GM per 31 days)
GEMTESA	4	QL(90 EA per 90 days)
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL(90 EA per 90 days)
<i>oxybutynin chloride er</i>	2	QL(180 EA per 90 days)
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
OXYTROL	3	QL(24 EA per 90 days)
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	QL(90 EA per 90 days)
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	QL(90 EA per 90 days)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	QL(90 EA per 90 days)
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	4	
<i>dutasteride capsule</i>	2	QL(90 EA per 90 days)
<i>finasteride tablet</i>	2	
<i>silodosin capsule 4mg</i>	3	QL(180 EA per 90 days)
<i>silodosin capsule 8mg</i>	3	QL(90 EA per 90 days)
<i>tamsulosin hydrochloride</i>	1	QL(180 EA per 90 days)

Genitourinary Agents, Other

<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tablet</i>	2	
CAVERJECT INJECTION 20MCG, 40MCG	3	QL(6 EA per 30 days); EX
EDEX INJECTION 10MCG, 20MCG, 40MCG	4	QL(6 EA per 30 days); EX
ELMIRON	3	
MUSE PELLETT 1000MCG, 250MCG, 500MCG	3	QL(6 EA per 30 days); EX

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<i>sildenafil citrate tablet 100mg, 25mg, 50mg</i>	4	QL(6 EA per 30 days); EX
<i>tadalafil tablet 10mg, 20mg</i>	3	QL(6 EA per 30 days); EX
<i>varденаfil hydrochloride</i>	4	QL(6 EA per 30 days); EX
<i>varденаfil hydrochloride odt</i>	4	QL(6 EA per 30 days); EX
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
DEPO-MEDROL	4	
DEXAMETHASONE INTENSOL	2	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION 4MG/ML	2	
<i>dexamethasone sodium phosphate injection 10mg/ml, 4mg/ml</i>	2	
DEXAMETHASONE SOLUTION	1	
<i>dexamethasone elixir</i>	1	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
<i>fludrocortisone acetate tablet</i>	1	
HEMADY	3	PA
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	
MEDROL TABLET 2MG	4	
<i>methylprednisolone acetate injection 40mg/ml, 80mg/ml</i>	4	
<i>methylprednisolone dose pack tablet therapy pack</i>	1	
<i>methylprednisolone sodium succinate</i>	4	
<i>methylprednisolone sodiumsuccinate injection 40mg</i>	4	
<i>methylprednisolone tablet</i>	1	
PREDNISOLONE SODIUM PHOSPHATE ODT TABLET DISINTEGRATING 15MG, 30MG	2	
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
PREDNISON INTENSOL	2	
PREDNISON SOLUTION	2	
<i>prednison tablet therapy pack</i>	2	
<i>prednison tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	2	
SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG	4	
<i>triamcinolone acetonide injection 40mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	2	
<i>desmopressin acetate injection</i>	4	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
EGRIFTA SV	5	
HUMATROPE INJECTION 12MG, 24MG, 6MG	5	PA
INCRELEX	5	PA

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NORDITROPIN FLEXPRO	5	PA
NUTROPIN AQ NUSPIN 10	5	PA
NUTROPIN AQ NUSPIN 20	5	PA
NUTROPIN AQ NUSPIN 5	5	PA
OMNITROPE INJECTION 10MG/1.5ML, 5MG/1.5ML	4	PA
OMNITROPE INJECTION 5.8MG	5	PA
SEROSTIM	5	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol capsule</i>	2	
METHITEST	4	
<i>methyltestosterone capsule</i>	2	
TESTOPEL	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	3	
TESTOSTERONE ENANTHATE INJECTION	3	
<i>testosterone pump gel 1.62%</i>	3	QL(450 GM per 90 days); PA
<i>testosterone pump gel 1%</i>	4	PA
<i>testosterone gel 20.25mg/1.25gm</i>	3	QL(225 GM per 90 days); PA
<i>testosterone gel 40.5mg/2.5gm</i>	3	QL(450 GM per 90 days); PA
<i>testosterone gel 10mg/act</i>	4	PA
<i>testosterone gel 25mg/2.5gm</i>	4	QL(900 GM per 90 days); PA
<i>testosterone solution</i>	4	PA
Estrogens		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	QL(91 EA per 91 days)
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL(91 EA per 91 days)
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	

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<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL(91 EA per 91 days)
<i>camrese lo</i>	2	QL(91 EA per 91 days)
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	
<i>cyclafem 1/35</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>daysee</i>	2	QL(91 EA per 91 days)
<i>delyla</i>	2	
DEPO-ESTRADIOL INJECTION 5MG/ML	3	
<i>desogestrel/ethinyl estradiol</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enilloring</i>	4	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate injection 10mg/ml, 20mg/ml</i>	3	
<i>estradiol/norethindrone acetate</i>	2	
<i>estradiol cream, oral tablet, vaginal tablet</i>	2	
<i>estradiol gel</i>	4	
ESTRING	3	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol tablet 50mcg; 1mg</i>	2	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	2	
<i>fayosim</i>	2	
FEMRING	3	QL(1 EA per 90 days)
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	4	
IMVEXXY MAINTENANCE PACK	3	PA
IMVEXXY STARTER PACK	3	PA
<i>isibloom</i>	2	
<i>jaiiess</i>	2	QL(91 EA per 91 days)

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<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	2	
<i>levonorgestrel/ethinyl estradiol tablet 0; 0</i>	2	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	QL(91 EA per 91 days)
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
MENEST TABLET 1.25MG, 2.5MG	4	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	2	
<i>nikki</i>	2	
<i>norelgestromin/ethinyl estradiol</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet</i>	2	
<i>norgestimate/ethinyl estradiol</i>	2	
<i>nortrel 1/35</i>	2	
<i>nylia 1/35</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
PREFEST	4	
PREMARIN CREAM	3	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	QL(91 EA per 91 days)
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
VELIVET	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>xulane</i>	2	
<i>yuvafem</i>	2	
<i>zafemy</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	3	PA
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>errin</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate tablet</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	
<i>megestrol acetate tablet</i>	2	
<i>megestrol acetate suspension</i>	4	
<i>nora-be</i>	2	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	2	
<i>norlyda</i>	2	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
CLOMID	2	PA
CLOMIPHENE CITRATE TABLET	2	PA
DUAVEE	3	
<i>raloxifene hydrochloride</i>	1	QL(90 EA per 90 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	
<i>levoxyl tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tablet</i>	1	
NP THYROID 120	2	
NP THYROID 15	2	
NP THYROID 30	2	
NP THYROID 60	2	
NP THYROID 90	2	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	2	
<i>unithroid</i>	1	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
LYSODREN	3	
RECORLEV	5	QL(248 EA per 31 days); PA
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
FIRMAGON INJECTION 80MG	4	
FIRMAGON INJECTION 120MG/VIAL	5	
<i>leuprolide acetate injection 1mg/0.2ml</i>	2	
<i>leuprolide acetate injection 22.5mg</i>	4	
LUPRON DEPOT (1-MONTH)	5	
LUPRON DEPOT (3-MONTH)	5	
LUPRON DEPOT (4-MONTH)	5	
LUPRON DEPOT (6-MONTH)	5	
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 7.5MG	5	
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG	5	
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	
ORGOVYX	5	QL(30 EA per 28 days); PA
SIGNIFOR	5	
SOMATULINE DEPOT	5	
SOMAVERT	5	PA
SYNAREL	3	
TRELSTAR MIXJECT	4	
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		

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Drug Name	Drug Tier	Requirements/Limits
Angioedema Agents		
BERINERT	5	PA
CINRYZE	5	
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
Immunoglobulins		
BIVIGAM INJECTION 10%, 5GM/50ML	5	B/D
FLEBOGAMMA DIF INJECTION 10GM/100ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML	5	B/D
GAMMAPLEX INJECTION 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HYPERHEP B	3	
NABI-HB INJECTION 312UNIT/ML	3	
OCTAGAM	5	B/D
PRIVIGEN	5	B/D
SYNAGIS INJECTION 100MG/ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	3	
Immunological Agents, Other		
ACTEMRA ACTPEN	5	QL(3.6 ML per 28 days); PA
ACTEMRA INJECTION 162MG/0.9ML	5	QL(3.6 ML per 28 days); PA
ARCALYST	5	PA
BENLYSTA	5	
COSENTYX SENSOREADY PEN	5	QL(8 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(8 ML per 28 days); PA
COSENTYX INJECTION 75MG/0.5ML	5	QL(4 ML per 28 days); PA
COSENTYX INJECTION 150MG/ML	5	QL(8 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
JOENJA	5	QL(60 EA per 30 days); PA
KEVZARA	5	QL(2.28 ML per 28 days); PA
KINERET	5	QL(18.8 ML per 28 days); PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 30MG, 45MG	5	QL(31 EA per 31 days); PA
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG	5	QL(93 EA per 31 days); PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML, 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
SKYRIZI INJECTION 600MG/10ML	5	QL(20 ML per 28 days); PA
SOLIRIS	5	
STELARA INJECTION 45MG/0.5ML	5	QL(1 ML per 28 days); PA
STELARA INJECTION 90MG/ML	5	QL(2 ML per 28 days); PA
TALTZ	5	QL(3 ML per 28 days); PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(720 ML per 30 days); PA
XELJANZ TABLET 5MG	5	QL(60 EA per 30 days); PA
XELJANZ TABLET 10MG	5	QL(62 EA per 31 days); PA
XOLAIR	5	PA
ZILBRYSQ INJECTION 16.6MG/0.416ML	5	QL(12.48 ML per 30 days); PA
ZILBRYSQ INJECTION 23MG/0.574ML	5	QL(17.22 ML per 30 days); PA
ZILBRYSQ INJECTION 32.4MG/0.81ML	5	QL(24.3 ML per 30 days); PA
Immunostimulants		
ACTIMMUNE	5	
INTRON A INJECTION 10000000UNIT, 18000000UNIT, 50000000UNIT	5	
PEGASYS INJECTION 180MCG/0.5ML	5	QL(4 ML per 28 days)
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet</i>	2	B/D
CIMZIA	5	QL(6 EA per 28 days); PA
CIMZIA STARTER KIT	5	QL(6 EA per 28 days); PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine capsule</i>	2	B/D
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	QL(16 EA per 28 days); PA
ENBREL INJECTION 25MG/0.5ML	5	QL(16 ML per 28 days); PA
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUSUS XR	4	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(2 EA per 28 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(3 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HYFTOR	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	QL(90 EA per 90 days)
<i>methotrexate sodium tablet</i>	1	
METHOTREXATE SODIUM INJECTION 250MG/10ML	3	
<i>methotrexate sodium injection 50mg/2ml</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml</i>	3	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	2	B/D
OTREXUP INJECTION 10MG/0.4ML, 12.5MG/0.4ML, 15MG/0.4ML, 17.5MG/0.4ML, 20MG/0.4ML, 22.5MG/0.4ML, 25MG/0.4ML	4	
PROGRAF PACKET	3	B/D
RASUVO INJECTION 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
REZUROCK	5	QL(31 EA per 31 days); PA
SANDIMMUNE SOLUTION	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJECTION 50MG/0.5ML	5	QL(0.5 ML per 28 days); PA
SIMPONI INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	2	B/D
TREXALL	3	
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJECTION 50MG	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	

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Drug Name	Drug Tier	Requirements/Limits
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

<i>balsalazide disodium</i>	2	
<i>mesalamine dr capsule delayed release</i>	3	
MESALAMINE DR TABLET DELAYED RELEASE 800MG	3	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er</i>	4	
<i>mesalamine suppository</i>	3	
<i>mesalamine kit</i>	4	
<i>mesalamine enema</i>	4	QL(5400 ML per 90 days)
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	
<i>sulfasalazine tablet, tablet delayed release</i>	1	

Glucocorticoids

<i>budesonide er</i>	4	
<i>budesonide capsule delayed release particles 3mg</i>	3	
<i>hydrocortisone cream 1%, 2.5%</i>	2	
<i>hydrocortisone enema 100mg/60ml</i>	2	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

Metabolic Bone Disease Agents

Metabolic Bone Disease Agents

<i>alendronate sodium solution</i>	2	
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL(12 EA per 84 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tablet 10mg</i>	1	QL(90 EA per 90 days)
<i>calcitonin-salmon solution</i>	2	
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol solution 1mcg/ml</i>	2	
<i>cinacalcet hydrochloride tablet 30mg</i>	3	
<i>cinacalcet hydrochloride tablet 60mg, 90mg</i>	4	
<i>doxercalciferol capsule 2.5mcg</i>	4	
<i>doxercalciferol injection</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	QL(3 ML per 28 days); PA
FOSAMAX PLUS D	4	QL(12 EA per 84 days)
<i>ibandronate sodium tablet</i>	2	QL(3 EA per 84 days)
NATPARA	5	PA
<i>paricalcitol capsule</i>	2	
PROLIA	4	PA
<i>risedronate sodium tablet 30mg, 5mg</i>	2	
<i>risedronate sodium tablet 35mg</i>	2	QL(12 EA per 90 days)
<i>risedronate sodium tablet 150mg</i>	2	QL(3 EA per 90 days)
TERIPARATIDE INJECTION 620MCG/2.48ML	5	QL(2.48 ML per 30 days); PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJECTION 4MG/100ML	1	

Miscellaneous Therapeutic Agents

Miscellaneous Therapeutic Agents

<i>acetylcysteine injection 200mg/ml</i>	2	
ALCOHOL PREP PADS	1	
AUGTYRO	5	QL(248 EA per 31 days); PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	1	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	1	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	1	
CEQR SIMPLICITY 2U	3	
CEQR SIMPLICITY INSERTER	3	
CURITY GAUZE PADS 2"X2" 12 PLY	2	
DOJOLVI	5	PA
<i>easy comfort insulin syringe/0.3ml/31g x 1/2"</i>	1	
FILSPARI	5	QL(31 EA per 31 days); PA
<i>fomepizole injection 1.5gm/1.5ml</i>	2	
INPEN 100/BLUE/LILLY/HUMALOG	1	
INPEN 100/BLUE/NOVOLOG/FIASP	1	

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Drug Name	Drug Tier	Requirements/Limits
INPEN 100/GREY/LILLY/HUMALOG	1	
INPEN 100/GREY/NOVOLOG/FIASP	1	
INPEN 100/PINK/LILLY/HUMALOG	1	
INPEN 100/PINK/NOVOLOG/FIASP	1	
INTRALIPID INJECTION 20GM/100ML, 30GM/100ML	4	B/D
LAGEVRIO	3	QL(40 EA per 180 days)
<i>levocarnitine solution, tablet</i>	2	
NOVOPEN ECHO	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
PAXLOVID	3	QL(30 EA per 180 days); \$0 Copay
PROTOPAM CHLORIDE INJECTION	4	
RIVFLOZA INJECTION 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS	5	QL(93 EA per 31 days); PA
<i>sodium chloride 0.9%</i>	2	
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	1	
COMBIGAN	3	
CYSTARAN	5	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
LACRISERT	3	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN	2	

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Drug Name	Drug Tier	Requirements/Limits
NEOMYCIN/POLYMYXIN/HYDROCORTISONE OPTHALMIC SUSPENSION 1%; 3.5MG/ML; 10000UNIT/ML	2	
OXERVATE	5	PA
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
RESTASIS	3	QL(180 EA per 90 days)
RESTASIS MULTIDOSE	3	QL(180 ML per 90 days)
ROCKLATAN	3	
SIMBRINZA	4	
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	2	
TOBRADEX ST	3	
TOBRADEX OINTMENT	3	
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	4	
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
CROMOLYN SODIUM SOLUTION 4%	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	
<i>olopatadine hydrochloride solution 0.2%</i>	2	
Ophthalmic Anti-Infectives		
AZASITE	4	
BACITRACIN	1	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	2	
GENTAK OINTMENT	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
LEVOFLOXACIN OPTHALMIC SOLUTION 0.5%, 1.5%	2	
MOXIFLOXACIN HYDROCHLORIDE SOLUTION 0.5%	2	
<i>moxifloxacin hydrochloride solution 0.5%</i>	2	
NATACYN	3	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
SULFACETAMIDE SODIUM OINTMENT 10%	2	
<i>sulfacetamide sodium solution 10%</i>	2	
<i>tobramycin solution 0.3%</i>	1	
TRIFLURIDINE	2	
XDEMVI	5	QL(10 ML per 31 days); PA
ZIRGAN	3	
Ophthalmic Anti-inflammatories		

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Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 0.1%	2	
<i>diclofenac sodium solution 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>fluorometholone</i>	2	
FLURBIPROFEN SODIUM	2	
FML FORTE	4	
ILEVRO	4	
<i>ketorolac tromethamine</i>	2	
<i>loteprednol etabonate suspension 0.5%</i>	4	
NEVANAC	4	
OZURDEX	4	
PRED MILD	3	
PREDNISOLONE ACETATE	2	
PREDNISOLONE SODIUM PHOSPHATE OPTHALMIC SOLUTION 1%	2	
<i>Ophthalmic Beta-Adrenergic Blocking Agents</i>		
BETAXOLOL HCL SOLUTION 0.5%	2	
BETOPTIC-S	4	
CARTEOLOL HCL	2	
LEVOBUNOLOL HCL SOLUTION 0.5%	2	
<i>timolol maleate ophthalmic gel forming</i>	1	
<i>timolol maleate solution 0.25%, 0.5%</i>	1	
<i>Ophthalmic Intraocular Pressure Lowering Agents, Other</i>		
<i>acetazolamide er</i>	2	
<i>acetazolamide tablet 125mg</i>	2	
ALPHAGAN P SOLUTION 0.1%	3	
APRACLONIDINE	1	
<i>brimonidine tartrate solution 0.15%, 0.2%</i>	1	
<i>brimonidine tartrate solution 0.1%</i>	3	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
IOPIDINE SOLUTION 1%	4	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	2	
RHOPRESSA	3	
<i>Ophthalmic Prostaglandin and Prostanoid Analogs</i>		
<i>bimatoprost</i>	4	
<i>latanoprost solution</i>	2	
LUMIGAN	3	
<i>travoprost</i>	3	
ZIOPTAN	3	

Otic Agents

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Otic Agents		
<i>acetic acid</i>	2	
CETRAXAL	3	
CIPRO HC	3	
CIPROFLOXACIN	2	
<i>ciprofloxacin/dexamethasone</i>	3	
<i>flac</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone solution 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>ofloxacin otic solution 0.3%</i>	2	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	3	QL(37 GM per 90 days)
ARNUITY ELLIPTA	3	
ASMANEX HFA AEROSOL 100MCG/ACT, 200MCG/ACT	3	QL(39 GM per 90 days)
ASMANEX TWISTHALER 120 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 14 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 30 METERED DOSES	3	QL(3 EA per 90 days)
ASMANEX TWISTHALER 60 METERED DOSES	3	QL(3 EA per 90 days)
BECONASE AQ SUSPENSION	3	
BREZTRI AEROSPHERE	3	
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D
FLOVENT DISKUS	3	QL(360 EA per 90 days)
FLOVENT HFA	3	QL(72 GM per 90 days)
<i>flunisolide solution 0.025%</i>	2	
FLUTICASONE PROPIONATE DISKUS	3	QL(360 EA per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL(64 GM per 90 days)
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL(72 GM per 90 days)
<i>fluticasone propionate suspension 50mcg/act</i>	2	
<i>mometasone furoate suspension 50mcg/act</i>	2	
OMNARIS	4	ST
PULMICORT FLEXHALER	3	
QVAR REDHALER	3	QL(64 GM per 90 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	
<i>azelastine hydrochloride</i>	2	

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<i>cetirizine hydrochloride solution 5mg/5ml</i>	2	
<i>cyproheptadine hcl syrup</i>	2	
<i>cyproheptadine hydrochloride tablet</i>	2	
<i>desloratadine</i>	2	QL(90 EA per 90 days)
DESLORATADINE ODT	2	QL(90 EA per 90 days)
<i>diphenhydramine hcl injection 50mg/ml</i>	2	
<i>hydroxyzine hcl tablet 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup</i>	2	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate capsule 25mg, 50mg</i>	2	
<i>levocetirizine dihydrochloride solution</i>	2	
<i>levocetirizine dihydrochloride tablet</i>	2	QL(90 EA per 90 days)
<i>olopatadine hcl nasal solution 0.6%</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet chewable, packet, tablet</i>	2	QL(90 EA per 90 days)
<i>zafirlukast</i>	2	QL(180 EA per 90 days)
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
DUAKLIR PRESSAIR	5	QL(1 EA per 31 days)
INCRUSE ELLIPTA	3	
<i>ipratropium bromide nasal solution</i>	1	
<i>ipratropium bromide inhalation solution</i>	1	B/D
SPIRIVA HANDIHALER	3	QL(90 EA per 90 days)
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
<i>tiotropium bromide</i>	3	QL(90 EA per 90 days)
Bronchodilators, Sympathomimetic		
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108MCG/ACT	3	QL(216 GM per 90 days); 18 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(102 GM per 90 days); 8.5 GM INHALER
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	3	QL(81 GM per 90 days); 6.7 GM INHALER
<i>albuterol sulfate syrup, tablet</i>	1	
<i>albuterol sulfate nebulization solution</i>	1	B/D
<i>arformoterol tartrate</i>	3	B/D
EPINEPHRINE INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	
<i>epinephrine injection 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	B/D
<i>levalbuterol hcl nebulization solution</i>	2	B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	2	B/D
LEVALBUTEROL TARTRATE HFA	3	QL(90 GM per 90 days)
<i>levalbuterol nebulization solution</i>	2	B/D

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PROAIR HFA	3	QL(102 GM per 90 days)
PROAIR RESPICLICK	3	QL(12 EA per 90 days)
PROVENTIL HFA	3	QL(81 GM per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	
SYMJEPI	3	
<i>terbutaline sulfate tablet</i>	2	
VENTOLIN HFA	3	QL(216 GM per 90 days)
XOPENEX HFA	4	QL(90 GM per 90 days)
Cystic Fibrosis Agents		
CAYSTON	5	QL(84 ML per 28 days); PA
KALYDECO	5	PA
ORKAMBI	5	PA
PULMOZYME	5	B/D
TOBI PODHALER	5	
<i>tobramycin nebulization solution 300mg/4ml</i>	3	B/D
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast</i>	4	
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg</i>	2	
Pulmonary Antihypertensives		
ADEMPAS	5	PA
<i>alyq (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
<i>ambrisentan</i>	5	PA
<i>bosentan</i>	5	PA
OPSUMIT	5	QL(31 EA per 31 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	PA
ORENITRAM TITRATION KIT MONTH 2	5	PA
ORENITRAM TITRATION KIT MONTH 3	5	PA
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	4	PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate (pulmonary arterial hypertension) oral tablet 20mg</i>	2	QL(270 EA per 90 days); PA
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20mg</i>	4	QL(62 EA per 31 days); PA
TRACLEER TABLET SOLUBLE	5	PA
TYVASO	5	B/D
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	5	QL(112 EA per 28 days); PA

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TYVASO DPI MAINTENANCE KIT POWDER 0	5	QL(224 EA per 28 days); PA; 32 MCG - 48 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(392 EA per 365 days); PA; 16 MCG - 32 MCG
TYVASO DPI TITRATION KIT POWDER 0	5	QL(504 EA per 365 days); PA; 16 MCG - 32 MCG - 48 MCG
TYVASO REFILL	5	B/D
TYVASO STARTER	5	B/D
UPTRAVI TITRATION PACK	5	PA
UPTRAVI TABLET	5	PA
VENTAVIS	5	B/D
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA
<i>pirfenidone capsule</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 267mg</i>	5	QL(279 EA per 31 days); PA
<i>pirfenidone tablet 801mg</i>	5	QL(93 EA per 31 days); PA
<i>Respiratory Tract Agents, Other</i>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D
ADVAIR HFA	3	QL(36 GM per 90 days)
ANORO ELLIPTA	3	QL(180 EA per 90 days)
<i>benzonatate</i>	2	EX
BEVESPI AEROSPHERE	3	QL(32.1 GM per 90 days)
BREO ELLIPTA	3	QL(180 EA per 90 days)
<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	2	EX
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	4	
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(39 GM per 90 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(52.8 GM per 90 days); PA
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(180 EA per 90 days)
HYDROCODONE POLISTIREX/CHLORPHENIRAMINE POLISTIREX	2	EX
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D
NUCALA	5	PA
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
TRELEGY ELLIPTA	3	
<i>wixela inhub</i>	2	QL(180 EA per 90 days)
Skeletal Muscle Relaxants		

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Drug Name	Drug Tier	Requirements/Limits
<i>Skeletal Muscle Relaxants</i>		
<i>chlorzoxazone tablet 250mg</i>	2	
<i>cyclobenzaprine hydrochloride tablet</i>	2	
<i>methocarbamol tablet 500mg, 750mg</i>	2	
Sleep Disorder Agents		
<i>Sleep Promoting Agents</i>		
<i>estazolam</i>	4	
FLURAZEPAM HCL	4	
FLURAZEPAM HYDROCHLORIDE	4	
<i>ramelteon</i>	3	QL(90 EA per 90 days)
<i>tasimelteon</i>	5	QL(31 EA per 31 days); PA
<i>temazepam</i>	2	
<i>triazolam</i>	2	
<i>zaleplon</i>	2	QL(90 EA per 90 days)
<i>zolpidem tartrate er</i>	2	QL(90 EA per 90 days)
ZOLPIDEM TARTRATE TABLET SUBLINGUAL	2	QL(90 EA per 90 days)
<i>zolpidem tartrate tablet</i>	2	QL(90 EA per 90 days)
<i>Wakefulness Promoting Agents</i>		
<i>armodafinil</i>	3	QL(90 EA per 90 days); PA
<i>modafinil tablet</i>	3	QL(180 EA per 90 days); PA
SODIUM OXYBATE	5	PA
XYREM	5	PA

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<i>acetazolamide</i>	35	<i>alprazolam odt</i>	27
<i>acetazolamide</i>	66	<i>altavera</i>	52
<i>acetazolamide er</i>	66	ALUNBRIG	18
<i>acetic acid</i>	67	ALVESCO	67
<i>acetic acid 0.25%</i>	50	<i>alyacen 1/35</i>	52
<i>acetylcysteine</i>	63	<i>alyq (pulmonary arterial hypertension) oral</i>	69
<i>acetylcysteine</i>	70	<i>tablet 20mg</i>	
<i>acitretin</i>	42	<i>amabelz</i>	52
ACTEMRA	58	<i>amantadine hcl</i>	22
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<i>acyclovir</i>	27	<i>amikacin sulfate</i>	4
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AMPICILLIN SODIUM	6	<i>atomoxetine hydrochloride</i>	39
<i>ampicillin/sulbactam</i>	6	<i>atorvastatin calcium</i>	37
AMPICILLIN-SULBACTAM	6	<i>atovaquone</i>	21
<i>anagrelide hydrochloride</i>	32	<i>atovaquone/proguanil hcl</i>	21
<i>anastrozole</i>	18	<i>atropine sulfate</i>	64
ANORO ELLIPTA	70	ATROVENT HFA	68
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APIDRA SOLOSTAR	30	<i>aurovela 1.5/30</i>	52
<i>apomorphine hydrochloride</i>	22	<i>aurovela 1/20</i>	52
APRACLONIDINE	66	<i>aurovela 24 fe</i>	52
<i>aprepitant</i>	13	<i>aurovela fe 1.5/30</i>	52
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DOSES		BCG VACCINE	61
<i>aspirin/dipyridamole er</i>	32	BD INSULIN SYRINGE	63
ASTAGRAF XL	59	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atazanavir</i>	27	B-D INSULIN SYRINGE ULTRAFINE	63
<i>atazanavir sulfate</i>	27	II/0.3ML/31G X 5/16"	

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BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	63	BRAFTOVI	18
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	63	BREO ELLIPTA	70
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	63	BREZTRI AEROSPHERE	67
BECONASE AQ	67	<i>briellyn</i>	53
<i>benazepril hcl</i>	33	BRILINTA	32
<i>benazepril hydrochloride</i>	33	<i>brimonidine tartrate</i>	66
<i>benazepril hydrochloride/hydrochlorothiazide</i>	36	<i>brinzolamide</i>	66
BENLYSTA	58	BRIVIACT	8
BENZNIDAZOLE	21	<i>bromocriptine mesylate</i>	22
<i>benzonatate</i>	70	<i>bromphen/pseudoephedrine hcl/dextromethorphan hbr</i>	70
<i>benzphetamine hcl</i>	40	BRONCHITOL	70
<i>benztropine mesylate</i>	22	BRUKINSA	19
BERINERT	58	<i>budesonide</i>	62
BESIVANCE	65	<i>budesonide er</i>	62
BESREMI	17	<i>bumetanide</i>	36
<i>betaine anhydrous</i>	49	<i>buprenorphine</i>	1
<i>betamethasone dipropionate</i>	42	<i>buprenorphine hcl</i>	3
BETAMETHASONE DIPROPIONATE AUGMENTED	42	<i>buprenorphine hcl/naloxone hcl</i>	3
<i>betamethasone valerate</i>	42	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	3
BETASERON	40	<i>bupropion hcl</i>	11
<i>betaxolol hcl</i>	34	<i>bupropion hydrochloride</i>	11
BETAXOLOL HCL	66	<i>bupropion hydrochloride er (sr)</i>	4
<i>bethanechol chloride</i>	50	<i>bupropion hydrochloride er (sr)</i>	11
BETOPTIC-S	66	<i>bupropion hydrochloride er (xl)</i>	11
BEVESPI AEROSPHERE	70	<i>bupirone hcl</i>	27
<i>bexarotene</i>	21	<i>bupirone hydrochloride</i>	27
BEXSERO	61	<i>butorphanol tartrate</i>	2
<i>bicalutamide</i>	16	BYDUREON BCISE	28
BICILLIN C-R	6	BYETTA	28
BICILLIN L-A	6	CABENUVA	25
BIKTARVY	25	<i>cabergoline</i>	57
<i>bimatoprost</i>	66	CABLIVI	32
<i>bisoprolol fumarate</i>	34	CABOMETYX	19
<i>bisoprolol fumarate/hydrochlorothiazide</i>	36	<i>caffeine citrate</i>	40
BIVIGAM	58	<i>calcipotriene</i>	43
<i>bleomycin sulfate</i>	17	<i>calcipotriene/betamethasone dipropionate</i>	43
<i>blisovi 24 fe</i>	52	<i>calcitonin-salmon</i>	63
<i>blisovi fe 1.5/30</i>	53	CALCITRIOL	44
<i>blisovi fe 1/20</i>	53	<i>calcitriol</i>	63
BOOSTRIX	61	<i>calcium acetate</i>	47
<i>bosentan</i>	69	CALQUENCE	19
BOSULIF	18	<i>camila</i>	56
		<i>camrese</i>	53
		<i>camrese lo</i>	53

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CAMZYOS	36	CEPHALEXIN	6
<i>candesartan cilexetil</i>	33	CEPROTIN	31
<i>candesartan cilexetil/hydrochlorothiazide</i>	36	CEQUR SIMPLICITY 2U	63
CAPLYTA	23	CEQUR SIMPLICITY INSERTER	63
CAPRELSA	19	CERDELGA	49
<i>captopril</i>	33	<i>cetirizine hydrochloride</i>	68
CAPTOPRIL/HYDROCHLOROTHIAZID	36	CETRAXAL	67
E		<i>cevimeline hydrochloride</i>	41
<i>carbamazepine</i>	10	<i>chateal</i>	53
<i>carbamazepine er</i>	10	<i>chateal eq</i>	53
<i>carbidopa</i>	22	CHEMET	46
<i>carbidopa/levodopa</i>	22	<i>chlordiazepoxide hcl</i>	27
<i>carbidopa/levodopa er</i>	22	<i>chlordiazepoxide hydrochloride</i>	27
CARBIDOPA/LEVODOPA ODT	22	<i>chlordiazepoxide hydrochloride/clidinium</i>	48
<i>carbidopa/levodopa/entacapone</i>	22	<i>bromide</i>	
CARDURA XL	32	<i>chlorhexidine gluconate</i>	41
CARDURA XL	50	<i>chloroquine phosphate</i>	21
<i>carglumic acid</i>	44	<i>chlorpromazine hcl</i>	22
CARTEOLOL HCL	66	CHLORPROMAZINE	22
<i>cartia xt</i>	35	HYDROCHLORIDE	
<i>carvedilol</i>	34	<i>chlorthalidone</i>	37
<i>carvedilol phosphate er</i>	34	<i>chlorzoxazone</i>	71
<i>casprofungin acetate</i>	14	CHOLBAM	49
CAVERJECT	50	<i>cholestyramine</i>	38
CAYSTON	69	<i>cholestyramine light</i>	38
CEFACLOR	5	<i>ciclodan</i>	44
CEFACLOR ER	5	<i>ciclopirox</i>	44
CEFADROXIL	5	<i>ciclopirox nail lacquer</i>	44
CEFAZOLIN SODIUM	5	<i>ciclopirox olamine</i>	44
CEFAZOLIN SODIUM/DEXTROSE	5	<i>cilostazol</i>	32
<i>cefdinir</i>	5	CIMDUO	26
CEFEPIME	5	CIMZIA	59
<i>cefepime hydrochloride</i>	5	CIMZIA STARTER KIT	59
CEFEPIME/DEXTROSE	5	<i>cinacalcet hydrochloride</i>	63
<i>cefixime</i>	5	CINRYZE	58
CEFOXITIN SODIUM	5	CIPRO HC	67
<i>cefpodoxime proxetil</i>	5	CIPROFLOXACIN	67
<i>cefprozil</i>	5	CIPROFLOXACIN HCL	8
<i>ceftazidime</i>	6	<i>ciprofloxacin hydrochloride</i>	8
CEFTAZIDIME/DEXTROSE	6	<i>ciprofloxacin hydrochloride</i>	65
CEFTRIAXONE IN ISO-OSMOTIC	6	<i>ciprofloxacin i.v.-in d5w</i>	8
DEXTROSE		<i>ciprofloxacin/dexamethasone</i>	67
CEFTRIAXONE SODIUM	6	<i>citalopram hydrobromide</i>	12
CEFTRIAXONE/DEXTROSE	6	<i>claravis</i>	42
<i>cefuroxime axetil</i>	6	CLARITHROMYCIN	7
<i>cefuroxime sodium</i>	6	<i>clarithromycin er</i>	7
<i>celecoxib</i>	1	CLEVIPREX	34

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<i>clindacin etz pledgets</i>	4	COSENTYX SENSOREADY PEN	58
<i>clindamycin hcl</i>	4	COSENTYX UNOREADY	58
<i>clindamycin hydrochloride</i>	4	COTELLIC	19
<i>clindamycin palmitate hydrochloride</i>	4	CREON	49
<i>clindamycin phosphate</i>	4	CRINONE	56
<i>clindamycin phosphate</i>	44	<i>cromolyn sodium</i>	49
<i>clindamycin phosphate/benzoyl peroxide</i>	42	CROMOLYN SODIUM	65
<i>clindamycin phosphate/dextrose</i>	4	<i>cromolyn sodium</i>	69
<i>clindamycin/benzoyl peroxide</i>	42	CROTAN	44
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cryselle-28</i>	53
<i>clinpro 5000</i>	41	CURITY GAUZE PADS 2"X2" 12 PLY	63
<i>clobazam</i>	9	<i>cyclafem 1/35</i>	53
<i>clobetasol propionate</i>	42	<i>cyclobenzaprine hydrochloride</i>	71
<i>clobetasol propionate e</i>	42	<i>cyclophosphamide</i>	16
<i>clobetasol propionate emollient</i>	42	CYCLOSET	28
<i>clodan</i>	43	<i>cyclosporine</i>	59
CLOMID	56	<i>cyclosporine modified</i>	59
CLOMIPHENE CITRATE	56	<i>cyproheptadine hcl</i>	68
<i>clomipramine hydrochloride</i>	13	<i>cyproheptadine hydrochloride</i>	68
<i>clonazepam</i>	9	<i>cyred eq</i>	53
<i>clonazepam odt</i>	9	CYSTAGON	49
<i>clonidine</i>	32	CYSTARAN	64
<i>clonidine hydrochloride</i>	32	<i>dabigatran etexilate</i>	31
<i>clonidine hydrochloride er</i>	39	<i>dalfampridine er</i>	40
<i>clopidogrel</i>	32	<i>danazol</i>	52
<i>clorazepate dipotassium</i>	27	DANTRIUM IV	24
<i>clotrimazole</i>	14	<i>dantrolene sodium</i>	24
<i>clotrimazole/betamethasone dipropionate</i>	44	DANYELZA	21
<i>clozapine</i>	24	<i>dapsone</i>	15
CLOZAPINE ODT	24	DAPTACEL	61
COARTEM	21	<i>daptomycin</i>	4
CODEINE SULFATE	2	<i>darifenacin hydrobromide er</i>	50
<i>colchicine</i>	14	<i>darunavir</i>	27
<i>colesevelam hydrochloride</i>	38	<i>dasetta 1/35</i>	53
<i>colestipol hcl</i>	38	DAURISMO	19
<i>colestipol hydrochloride</i>	38	DAYBUE	40
<i>colistimethate sodium</i>	4	<i>daysee</i>	53
COMBIGAN	64	<i>deblitane</i>	56
COMBIVENT RESPIMAT	70	<i>deferasirox</i>	46
COMETRIQ	19	<i>deferiprone</i>	46
COMPLERA	25	DELSTRIGO	25
<i>compro</i>	13	<i>delyla</i>	53
<i>constulose</i>	47	<i>demeclocycline hcl</i>	8
COPAXONE	40	DENGVAXIA	61
COPIKTRA	19	<i>denta 5000 plus</i>	41
CORLANOR	36	<i>dentagel</i>	41
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DEPO-MEDROL	51	<i>diclofenac sodium/misoprostol</i>	1
DEPO-SUBQ PROVERA 104	56	<i>dicloxacillin sodium</i>	6
DESCOVY	26	<i>dicyclomine hcl</i>	48
<i>desipramine hydrochloride</i>	13	<i>dicyclomine hydrochloride</i>	48
<i>desloratadine</i>	68	<i>diethylpropion hcl</i>	40
DESLORATADINE ODT	68	DIETHYLPROPION HCL ER	40
<i>desmopressin acetate</i>	51	DIFICID	7
<i>desogestrel/ethinyl estradiol</i>	53	<i>diflorasone diacetate</i>	43
<i>desonide</i>	43	<i>diflunisal</i>	1
<i>desoximetasone</i>	43	<i>difluprednate</i>	66
DESVENLAFAXINE ER	12	<i>digox</i>	33
DEXAMETHASONE	51	DIGOXIN	33
DEXAMETHASONE INTENSOL	51	<i>dihydroergotamine mesylate</i>	15
DEXAMETHASONE SODIUM	51	DILANTIN	10
PHOSPHATE		<i>diltiazem hcl</i>	35
DEXAMETHASONE SODIUM	66	<i>diltiazem hcl cd</i>	35
PHOSPHATE		<i>diltiazem hcl er</i>	35
<i>dextroamphetamine sulfate</i>	39	<i>diltiazem hydrochloride</i>	35
<i>dextroamphetamine sulfate er</i>	39	<i>diltiazem hydrochloride er</i>	35
DEXTROSE 5% /ELECTROLYTE #48	44	<i>dilt-xr</i>	35
VIAFLEX		DIMENHYDRINATE	13
<i>dextrose 10%</i>	44	<i>dimethyl fumarate</i>	40
DEXTROSE 10%/SODIUM CHLORIDE	45	<i>dimethyl fumarate starterpack</i>	40
0.45%		<i>diphenhydramine hcl</i>	68
DEXTROSE 2.5%/SODIUM CHLORIDE	45	<i>diphenoxylate hydrochloride/atropine</i>	47
0.45%		<i>sulfate</i>	
<i>dextrose 5%</i>	45	DIPHENOXYLATE/ATROPINE	47
<i>dextrose 5%/sodium chloride 0.2%</i>	45	DIPHThERIA/TETANUS TOXOIDS	61
<i>dextrose 5%/sodium chloride 0.3%</i>	45	ADSORBED PEDIATRIC	
DEXTROSE 5%/SODIUM CHLORIDE	45	<i>disopyramide phosphate</i>	33
0.33%		DISULFIRAM	3
<i>dextrose 5%/sodium chloride 0.45%</i>	45	<i>divalproex sodium</i>	10
<i>dextrose 5%/sodium chloride 0.9%</i>	45	<i>divalproex sodium dr</i>	9
<i>dextrose 50%</i>	45	<i>divalproex sodium er</i>	10
<i>dextrose 70%</i>	45	<i>dobutamine hcl</i>	36
<i>dextrose/sodium chloride</i>	45	DOCETAXEL	17
DIACOMIT	9	<i>dofetilide</i>	33
<i>diazepam</i>	28	DOJOLVI	63
<i>diazepam intensol</i>	27	<i>donepezil hcl</i>	11
DIAZEPAM RECTAL GEL	9	<i>donepezil hydrochloride</i>	11
<i>diazoxide</i>	29	DOPTELET	32
DICLOFENAC EPOLAMINE	1	<i>dorzolamide hcl/timolol maleate</i>	64
<i>diclofenac potassium</i>	1	<i>dorzolamide hydrochloride</i>	66
<i>diclofenac sodium</i>	1	<i>dorzolamide hydrochloride/timolol maleate</i>	64
<i>diclofenac sodium</i>	66	<i>pf</i>	
<i>diclofenac sodium dr</i>	1	DOVATO	25
<i>diclofenac sodium er</i>	1	<i>doxazosin mesylate</i>	33

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<i>doxepin hydrochloride</i>	13	<i>emoquette</i>	53
<i>doxercalciferol</i>	63	EMSAM	11
DOXORUBICIN HYDROCHLORIDE	17	<i>emtricitabine</i>	26
<i>doxy 100</i>	8	<i>emtricitabine/tenofovir disoproxil</i>	26
<i>doxycycline</i>	8	<i>emtricitabine/tenofovir disoproxil fumarate</i>	26
<i>doxycycline hyclate</i>	8	EMTRIVA	26
<i>doxycycline hyclate</i>	41	<i>enalapril maleate</i>	33
<i>doxycycline hyclate dr</i>	8	<i>enalapril maleate/hydrochlorothiazide</i>	36
<i>doxycycline monohydrate</i>	8	<i>enalaprilat</i>	33
DRISDOL	47	ENBREL	59
DRIZALMA SPRINKLE	12	ENBREL MINI	59
<i>dronabinol</i>	13	ENBREL SURECLICK	59
<i>drospirenone/ethinyl estradiol</i>	53	ENDARI	49
DROXIA	17	<i>endocet</i>	2
<i>droxidopa</i>	32	ENGERIX-B	61
DUAKLIR PRESSAIR	68	ENHERTU	21
DUAVEE	56	<i>enilloring</i>	53
DULERA	70	<i>enoxaparin sodium</i>	31
<i>duloxetine hcl</i>	12	<i>enskyce</i>	53
<i>duloxetine hydrochloride</i>	12	<i>entacapone</i>	22
DUOBRII	44	<i>entecavir</i>	24
DUPIXENT	58	ENTRESTO	36
<i>dutasteride</i>	50	<i>enulose</i>	47
E.E.S. 400	7	ENVARUSUS XR	59
<i>easy comfort insulin syringe/0.3ml/31g x</i>	63	EPCLUSA	25
<i>1/2"</i>		EPIDIOLEX	9
<i>ec-naproxen</i>	1	<i>epinastine hcl</i>	65
<i>econazole nitrate</i>	14	EPINEPHRINE	68
EDARBI	33	<i>epitol</i>	10
EDARBYCLOR	36	<i>eplerenone</i>	37
EDEX	50	EPOGEN	32
EDURANT	25	EPRONTIA	9
EFAVIRENZ	25	ERAXIS	14
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	25	ERGOLOID MESYLATES	11
<i>fumarate</i>		ERIVEDGE	19
<i>efavirenz/lamivudine/tenofovir disoproxil</i>	25	ERLEADA	16
<i>fumarate</i>		<i>erlotinib hydrochloride</i>	19
EGRIFTA SV	51	<i>errin</i>	56
<i>eletriptan hydrobromide</i>	15	<i>ertapenem</i>	7
<i>elinest</i>	53	<i>ertapenem sodium</i>	7
ELIQUIS	31	ERY	44
ELIQUIS STARTER PACK	31	<i>ery-tab</i>	7
ELMIRON	50	ERYTHROCIN STEARATE	7
<i>eluryng</i>	53	ERYTHROMYCIN	7
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<i>erythromycin dr</i>	7	<i>fenofibric acid dr</i>	37
ERYTHROMYCIN ETHYLSUCCINATE	7	<i>fenoprofen calcium</i>	1
<i>erythromycin/benzoyl peroxide</i>	42	<i>fentanyl</i>	1
<i>escitalopram oxalate</i>	12	FENTANYL CITRATE	2
<i>esomeprazole magnesium</i>	48	<i>fentanyl citrate oral transmucosal</i>	2
<i>esomeprazole sodium</i>	48	FENTORA	2
<i>estarylla</i>	53	FERRIPROX	46
<i>estazolam</i>	71	FERRIPROX TWICE-A-DAY	46
<i>estradiol</i>	53	<i>fesoterodine fumarate er</i>	50
<i>estradiol valerate</i>	53	FETZIMA	12
<i>estradiol/norethindrone acetate</i>	53	FETZIMA TITRATION PACK	12
ESTRING	53	FILSPARI	63
<i>ethacrynic acid</i>	37	FILSUVEZ	44
<i>ethambutol hydrochloride</i>	16	<i>finasteride</i>	50
<i>ethosuximide</i>	9	<i>fingolimod hydrochloride</i>	40
<i>ethynodiol diacetate/ethinyl estradiol</i>	53	FINTEPLA	9
<i>etodolac</i>	1	FIRMAGON	57
<i>etodolac er</i>	1	FIRVANQ	4
<i>etonogestrel/ethinyl estradiol</i>	53	<i>flac</i>	67
<i>etravirine</i>	25	<i>flavoxate hcl</i>	50
<i>euthyrox</i>	56	FLEBOGAMMA DIF	58
<i>everolimus</i>	19	<i>flecainide acetate</i>	33
<i>everolimus</i>	59	FLECTOR	1
EVOTAZ	27	FLOVENT DISKUS	67
<i>exemestane</i>	18	FLOVENT HFA	67
EXKIVITY	19	<i>fluconazole</i>	14
EXTAVIA	40	<i>fluconazole in sodium chloride</i>	14
EZALLOR SPRINKLE	37	FLUCONAZOLE/SODIUM CHLORIDE	14
<i>ezetimibe</i>	38	<i>flucytosine</i>	14
<i>ezetimibe/simvastatin</i>	38	<i>fludrocortisone acetate</i>	51
<i>falmina</i>	53	<i>flunisolide</i>	67
<i>famciclovir</i>	27	FLUOCINOLONE ACETONIDE	43
<i>famotidine</i>	48	<i>fluocinolone acetonide</i>	67
FANAPT	23	<i>fluocinolone acetonide body</i>	43
FANAPT TITRATION PACK	23	<i>fluocinolone acetonide scalp</i>	43
FARXIGA	28	<i>fluocinolone acetonide topical</i>	43
FARYDAK	19	<i>fluocinonide</i>	43
FASENRA	70	<i>fluocinonide emulsified base</i>	43
FASENRA PEN	70	<i>fluoride</i>	45
<i>fayosim</i>	53	<i>fluoridex daily defense</i>	41
<i>febuxostat</i>	14	<i>fluoridex enhanced whitening</i>	41
<i>felbamate</i>	9	<i>fluorimax 5000</i>	41
<i>felodipine er</i>	34	<i>fluorometholone</i>	66
FEMRING	53	<i>fluorouracil</i>	17
<i>femynor</i>	53	FLUOROURACIL	44
<i>fenofibrate</i>	37	FLUOXETINE DR	12

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<i>fluphenazine decanoate</i>	22	GAMMAPLEX	58
FLUPHENAZINE HCL	22	GAMUNEX-C	58
FLUPHENAZINE HYDROCHLORIDE	22	GARDASIL 9	61
FLURANDRENOLIDE	43	<i>gatifloxacin</i>	65
FLURAZEPAM HCL	71	GATTEX	48
FLURAZEPAM HYDROCHLORIDE	71	GAVILYTE-C	48
<i>flurbiprofen</i>	1	<i>gavilyte-g</i>	48
FLURBIPROFEN SODIUM	66	<i>gavilyte-n/flavor pack</i>	48
<i>flutamide</i>	16	GAVRETO	17
<i>fluticasone propionate</i>	43	<i>gefitinib</i>	19
<i>fluticasone propionate</i>	67	GELNIQUE	50
FLUTICASONE PROPIONATE DISKUS	67	GEMCITABINE HYDROCHLORIDE	17
FLUTICASONE PROPIONATE HFA	67	<i>gemfibrozil</i>	37
<i>fluticasone propionate/salmeterol</i>	70	GEMTESA	50
<i>fluticasone propionate/salmeterol diskus</i>	70	<i>generlac</i>	47
<i>fluvastatin</i>	37	<i>gengraf</i>	59
<i>fluvastatin sodium er</i>	37	GENTAK	65
<i>fluvoxamine maleate</i>	12	<i>gentamicin sulfate</i>	4
<i>fluvoxamine maleate er</i>	12	<i>gentamicin sulfate</i>	65
FML FORTE	66	GENTAMICIN SULFATE/0.9% SODIUM	4
<i>folic acid</i>	47	CHLORIDE	
<i>fomepizole</i>	63	GENVOYA	25
<i>fondaparinux sodium</i>	31	GILOTRIF	19
<i>formoterol fumarate</i>	68	<i>glatiramer acetate</i>	41
FORTEO	63	<i>glatopa</i>	41
FOSAMAX PLUS D	63	GLEOSTINE	16
<i>fosamprenavir calcium</i>	27	<i>glimepiride</i>	28
<i>fosfomycin tromethamine</i>	4	<i>glipizide</i>	28
<i>fosinopril sodium</i>	33	<i>glipizide er</i>	28
<i>fosinopril sodium/hydrochlorothiazide</i>	36	<i>glipizide/metformin hydrochloride</i>	28
<i>fosphenytoin sodium</i>	10	GLUCAGEN HYPOKIT	29
FOSRENOL	47	GLUCAGON EMERGENCY KIT	29
FOTIVDA	16	GLUCAGON EMERGENCY KIT FOR	30
FRAGMIN	31	LOW BLOOD SUGAR	
<i>frovatriptan succinate</i>	15	<i>glyburide</i>	28
FRUZAQLA	19	GLYBURIDE MICRONIZED	28
<i>furosemide</i>	37	<i>glyburide/metformin hydrochloride</i>	28
FUZEON	26	<i>glycopyrrolate</i>	48
<i>fyavolv</i>	53	GLYXAMBI	28
FYCOMPA	9	<i>granisetron hcl</i>	13
<i>gabapentin</i>	10	<i>granisetron hydrochloride</i>	13
GALANTAMINE HYDROBROMIDE	11	GRANIX	32
<i>galantamine hydrobromide er</i>	11	<i>griseofulvin microsize</i>	14
GAMMAGARD LIQUID	58	<i>griseofulvin ultramicronsize</i>	14
GAMMAGARD S/D IGA LESS THAN	58	<i>guanfacine er</i>	39
1MCG/ML		<i>guanfacine hydrochloride</i>	39

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GVOKE HYPOPEN 2-PACK	30	<i>hydralazine hcl</i>	38
GVOKE KIT	30	<i>hydralazine hydrochloride</i>	38
GVOKE PFS	30	<i>hydrochlorothiazide</i>	37
HAEGARDA	58	<i>hydrocodone bitartrate/acetaminophen</i>	2
<i>hailey 1.5/30</i>	53	HYDROCODONE	70
<i>hailey 24 fe</i>	53	POLISTIREX/CHLORPHENIRAMINE	
<i>hailey fe 1.5/30</i>	53	POLISTIREX	
<i>hailey fe 1/20</i>	53	<i>hydrocodone/acetaminophen</i>	2
<i>halobetasol propionate</i>	43	HYDROCODONE/IBUPROFEN	2
<i>haloette</i>	53	<i>hydrocortisone</i>	43
<i>haloperidol</i>	22	<i>hydrocortisone</i>	51
<i>haloperidol decanoate</i>	22	<i>hydrocortisone</i>	62
<i>haloperidol lactate</i>	22	HYDROCORTISONE	44
HARVONI	25	ACETATE/PRAMOXINE	
HAVRIX	61	HYDROCORTISONE BUTYRATE	43
<i>heather</i>	56	HYDROCORTISONE BUTYRATE	43
HEMADY	51	(LIPID)	
<i>heparin sodium</i>	31	<i>hydrocortisone butyrate (lipophilic)</i>	43
<i>heparin sodium/sodium chloride 0.9%</i>	31	<i>hydrocortisone valerate</i>	43
<i>heparin sodium/sodium chloride 0.9%</i>	31	<i>hydrocortisone/acetic acid</i>	67
<i>premix</i>		<i>hydromorphone hcl</i>	2
HEPLISAV-B	61	HYDROMORPHONE	3
HERCEPTIN HYLECTA	21	HYDROCHLORIDE	
HIBERIX	61	<i>hydroxychloroquine sulfate</i>	21
HUMALOG	30	<i>hydroxyurea</i>	17
HUMALOG JUNIOR KWIKPEN	30	<i>hydroxyzine hcl</i>	68
HUMALOG KWIKPEN	30	<i>hydroxyzine hydrochloride</i>	68
HUMALOG MIX 50/50	30	<i>hydroxyzine pamoate</i>	68
HUMALOG MIX 50/50 KWIKPEN	30	HYFTOR	60
HUMALOG MIX 75/25	30	HYPERHEP B	58
HUMALOG MIX 75/25 KWIKPEN	30	<i>ibandronate sodium</i>	63
HUMATROPE	51	IBRANCE	17
HUMIRA	60	IBRANCE	19
HUMIRA PEDIATRIC CROHNS	60	<i>ibu</i>	1
DISEASE STARTER PACK		<i>ibuprofen</i>	1
HUMIRA PEN	60	<i>ibutilide fumarate</i>	33
HUMIRA PEN-CD/UC/HS STARTER	60	<i>icatibant acetate</i>	58
HUMIRA PEN-PEDIATRIC UC	60	ICLUSIG	19
STARTER PACK		<i>icosapent ethyl</i>	38
HUMIRA PEN-PS/UV STARTER	60	IDHIFA	17
HUMULIN 70/30	30	ILARIS	58
HUMULIN 70/30 KWIKPEN	30	ILEVRO	66
HUMULIN N	30	<i>imatinib mesylate</i>	19
HUMULIN N KWIKPEN	30	IMBRUVICA	19
HUMULIN R	30	IMIPENEM/CILASTATIN	7
HUMULIN R U-500 (CONCENTRATED)	30	<i>imipramine hcl</i>	13

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<i>imipramine pamoate</i>	13	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	36
<i>imiquimod</i>	44	ISOSORBIDE MONONITRATE	38
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IMVEXXY STARTER PACK	53	<i>isotretinoin</i>	42
<i>incassia</i>	56	<i>isradipine</i>	34
INCRELEX	51	<i>itraconazole</i>	14
INCRUSE ELLIPTA	68	<i>ivermectin</i>	21
<i>indapamide</i>	37	IWILFIN	17
INFANRIX	61	IXCHIQ	61
INFUMORPH 500	1	IXEMPRA KIT	17
INLYTA	19	IXIARO	61
INPEN 100/BLUE/LILLY/HUMALOG	63	<i>jaimiess</i>	53
INPEN 100/BLUE/NOVOLOG/FIASP	63	JAKAFI	19
INPEN 100/GREY/LILLY/HUMALOG	64	<i>jantoven</i>	31
INPEN 100/GREY/NOVOLOG/FIASP	64	JANUMET	28
INPEN 100/PINK/LILLY/HUMALOG	64	JANUMET XR	28
INPEN 100/PINK/NOVOLOG/FIASP	64	JANUVIA	28
INQOVI	19	JARDIANCE	28
INREBIC	17	<i>jasmiel</i>	54
INSULIN LISPRO	30	JAYPIRCA	19
INSULIN LISPRO JUNIOR KWIKPEN	30	<i>jencycla</i>	56
INSULIN LISPRO KWIKPEN	30	JENTADUETO	28
INSULIN LISPRO	30	JENTADUETO XR	28
PROTAMINE/INSULIN LISPRO KWIKPEN		<i>jinteli</i>	54
INTELENCE	25	JOENJA	58
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INVEGA SUSTENNA	23	<i>junel 1/20</i>	54
INVEGA TRINZA	23	<i>junel fe 1.5/30</i>	54
IOPIDINE	66	<i>junel fe 1/20</i>	54
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<i>ipratropium bromide</i>	68	<i>just right 5000</i>	41
<i>ipratropium bromide/albuterol sulfate</i>	70	JYLAMVO	60
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<i>irbesartan/hydrochlorothiazide</i>	36	JYNNEOS	61
<i>irinotecan hydrochloride</i>	18	<i>kalliga</i>	54
ISENTRESS	25	KALYDECO	69
ISENTRESS HD	25	<i>kariva</i>	54
<i>isibloom</i>	53	<i>kcl 0.075%/d5w/nacl 0.45%</i>	45
ISOLYTE-P/DEXTROSE 5%	45	<i>kcl 0.15%/d5w/nacl 0.2%</i>	45
ISOLYTE-S	45	<i>kcl 0.15%/d5w/nacl 0.45%</i>	45
ISOLYTE-S PH 7.4	45	<i>kcl 0.15%/d5w/nacl 0.9%</i>	45
<i>isoniazid</i>	16	<i>kcl 0.3%/d5w/nacl 0.45%</i>	45

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<i>kelnor 1/50</i>	54	LANTUS SOLOSTAR	30
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KETOPROFEN	1	<i>larin fe 1.5/30</i>	54
KETOPROFEN ER	1	<i>larin fe 1/20</i>	54
<i>ketorolac tromethamine</i>	66	<i>larissia</i>	54
KEVZARA	58	<i>latanoprost</i>	66
KINERET	58	LAZANDA	3
KINRIX	61	LEDIPASVIR/SOFOSBUVIR	25
KISQALI	19	<i>leena</i>	54
KISQALI FEMARA 200 DOSE	17	<i>leflunomide</i>	60
KISQALI FEMARA 400 DOSE	17	<i>lenalidomide</i>	16
KISQALI FEMARA 600 DOSE	17	LENVIMA 10 MG DAILY DOSE	19
<i>klayesta</i>	14	LENVIMA 12MG DAILY DOSE	19
<i>klor-con 10</i>	45	LENVIMA 14 MG DAILY DOSE	19
<i>klor-con 8</i>	45	LENVIMA 18 MG DAILY DOSE	19
<i>klor-con m10</i>	45	LENVIMA 20 MG DAILY DOSE	19
<i>klor-con m15</i>	45	LENVIMA 24 MG DAILY DOSE	19
<i>klor-con m20</i>	45	LENVIMA 4 MG DAILY DOSE	19
KLOXXADO	3	LENVIMA 8 MG DAILY DOSE	19
KORLYM	30	<i>lessina</i>	54
KOSELUGO	19	<i>letrozole</i>	18
<i>kourzeq</i>	41	<i>leucovorin calcium</i>	17
KRAZATI	17	LEUKERAN	16
KRYSTEXXA	15	<i>leuprolide acetate</i>	57
<i>kurvelo</i>	54	<i>levalbuterol</i>	68
<i>labetalol hydrochloride</i>	34	<i>levalbuterol hcl</i>	68
<i>lacosamide</i>	10	<i>levalbuterol hydrochloride</i>	68
LACRISERT	64	LEVALBUTEROL TARTRATE HFA	68
<i>lactulose</i>	47	LEVEMIR	30
LAGEVRIO	64	LEVEMIR FLEXPEN	30
<i>lamivudine</i>	24	LEVEMIR FLEXTOUCH	30
<i>lamivudine</i>	26	<i>levetiracetam</i>	9
<i>lamivudine/zidovudine</i>	26	<i>levetiracetam er</i>	9
<i>lamotrigine</i>	9	LEVOBUNOLOL HCL	66
<i>lamotrigine er</i>	9	<i>levocarnitine</i>	64
<i>lamotrigine odt</i>	9	<i>levocetirizine dihydrochloride</i>	68
<i>lamotrigine starter kit/blue</i>	9	<i>levofloxacin</i>	8
<i>lamotrigine starter kit/green</i>	9	LEVOFLOXACIN	65
<i>lamotrigine starter kit/orange</i>	9	<i>levofloxacin in d5w</i>	8
<i>lansoprazole</i>	48	<i>levonorgestrel and ethinyl estradiol</i>	54
LANSOPRAZOLE/AMOXICILLIN/CLAR	48	<i>levonorgestrel/ethinyl estradiol</i>	54
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<i>levoxyl</i>	57	<i>lyleq</i>	56
LEXIVA	27	LYNPARZA	20
LIBTAYO	21	LYSODREN	57
<i>lidocaine</i>	3	LYTGOBI	17
<i>lidocaine/prilocaine</i>	3	<i>lyza</i>	56
<i>lillow</i>	54	<i>mafenide acetate</i>	44
<i>linezolid</i>	4	MAGNESIUM SULFATE	45
LINZESS	47	<i>malathion</i>	44
LIORESAL INTRATHECAL	24	<i>maraviroc</i>	26
<i>liothyronine sodium</i>	57	MARGENZA	21
<i>lisinopril</i>	33	<i>marlissa</i>	54
<i>lisinopril/hydrochlorothiazide</i>	36	MARPLAN	12
<i>lithium</i>	28	MATULANE	16
LITHIUM CARBONATE	28	<i>matzim la</i>	35
<i>lithium carbonate er</i>	28	<i>meclizine hcl 12.5mg, 25mg</i>	13
LIVALO	37	MECLOFENAMATE SODIUM	1
LIVTENCITY	24	MEDROL	51
<i>lojaimiess</i>	54	<i>medroxyprogesterone acetate</i>	56
LOKELMA	47	<i>mefenamic acid</i>	1
LONSURF	17	<i>mefloquine hcl</i>	21
<i>loperamide hcl</i>	48	<i>megestrol acetate</i>	56
<i>lopinavir/ritonavir</i>	27	MEKINIST	20
<i>lorazepam</i>	28	MEKTOVI	20
<i>lorazepam intensol</i>	28	<i>meloxicam</i>	1
LORBRENA	20	<i>memantine hcl titration pak</i>	11
<i>loryna</i>	54	<i>memantine hydrochloride</i>	11
<i>losartan potassium</i>	33	<i>memantine hydrochloride er</i>	11
<i>losartan potassium/hydrochlorothiazide</i>	36	MENACTRA	61
<i>loteprednol etabonate</i>	66	MENEST	54
<i>lovastatin</i>	37	MENQUADFI	61
<i>low-ogestrel</i>	54	MENVEO	61
<i>loxapine</i>	23	<i>meprobamate</i>	27
<i>lo-zumandimine</i>	54	<i>mercaptopurine</i>	17
<i>lubiprostone</i>	47	<i>meropenem</i>	7
LUCEMYRA	3	MEROPENEM/SODIUM CHLORIDE	7
LUMAKRAS	17	<i>mesalamine</i>	62
LUMIGAN	66	<i>mesalamine dr</i>	62
LUMOXITI	21	<i>mesalamine er</i>	62
LUPRON DEPOT (1-MONTH)	57	MESNEX	21
LUPRON DEPOT (3-MONTH)	57	<i>metformin hydrochloride</i>	29
LUPRON DEPOT (4-MONTH)	57	<i>metformin hydrochloride er</i>	29
LUPRON DEPOT (6-MONTH)	57	METHADONE HCL	2
LUPRON DEPOT-PED (1-MONTH)	57	<i>methazolamide</i>	66
LUPRON DEPOT-PED (3-MONTH)	57	<i>methenamine hippurate</i>	5
<i>lurasidone hydrochloride</i>	23	<i>methimazole</i>	57

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<i>methocarbamol</i>	71	<i>mirtazapine odt</i>	11
<i>methotrexate</i>	60	<i>misoprostol</i>	48
<i>methotrexate sodium</i>	60	<i>mitigo</i>	2
METHOXSALEN	44	M-M-R II	61
<i>methscopolamine bromide</i>	48	<i>modafinil</i>	71
<i>methsuximide</i>	9	<i>moexipril hcl</i>	33
<i>methylphenidate hydrochloride</i>	40	MOLINDONE HYDROCHLORIDE	23
<i>methylphenidate hydrochloride cd</i>	39	<i>mometasone furoate</i>	43
<i>methylphenidate hydrochloride er</i>	39	<i>mometasone furoate</i>	67
<i>methylphenidate hydrochloride er (la)</i>	39	<i>mondoxyne nl</i>	8
<i>methylprednisolone</i>	51	MONJUVI	21
<i>methylprednisolone acetate</i>	51	<i>mono-lynyah</i>	54
<i>methylprednisolone dose pack</i>	51	<i>montelukast sodium</i>	68
<i>methylprednisolone sodium succinate</i>	51	<i>morphine sulfate</i>	3
<i>methylprednisolone sodiumsuccinate</i>	51	MORPHINE SULFATE ER	2
<i>methyltestosterone</i>	52	MOTPOLY XR	10
<i>metoclopramide hcl</i>	48	MOUNJARO	29
<i>metoclopramide hydrochloride</i>	48	MOVANTIK	47
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<i>metolazone</i>	37	HYDROCHLORIDE/SODIUM	
<i>metoprolol succinate er</i>	34	HYDROCHLORIDE	
<i>metoprolol tartrate</i>	34	<i>moxifloxacin hydrochloride</i>	8
<i>metoprolol/hydrochlorothiazide</i>	36	MOXIFLOXACIN HYDROCHLORIDE	65
<i>metronidazole</i>	5	MULTAQ	33
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<i>metronidazole vaginal</i>	5	<i>mupirocin</i>	44
<i>metyrosine</i>	36	MUSE	50
<i>mexiletine hcl</i>	33	MYALEPT	48
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<i>microgestin 1.5/30</i>	54	<i>mycophenolic acid dr</i>	60
<i>microgestin 1/20</i>	54	<i>myorisan</i>	42
<i>microgestin 24 fe</i>	54	MYRBETRIQ	50
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<i>microgestin fe 1/20</i>	54	<i>nabumetone</i>	1
<i>midazolam hcl</i>	28	<i>nadolol</i>	34
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<i>mifepristone</i>	30	<i>nafcillin sodium</i>	6
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<i>miglustat</i>	49	<i>naloxone hcl</i>	3
<i>mili</i>	54	<i>naloxone hydrochloride</i>	3
<i>mimvey</i>	54	<i>naltrexone hcl</i>	3
<i>minocycline hcl</i>	8	NAMZARIC	11
<i>minocycline hydrochloride</i>	8	<i>naproxen</i>	1
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NATPARA	63	<i>nitroglycerin</i>	38
NAYZILAM	9	<i>nitroglycerin</i>	48
<i>nebivolol hydrochloride</i>	34	<i>nitroglycerin transdermal</i>	38
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<i>neomycin/bacitracin/polymyxin</i>	64	<i>nora-be</i>	56
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	64	NORDITROPIN FLEXPEN	52
<i>neomycin/polymyxin/dexamethasone</i>	64	<i>norelgestromin/ethinyl estradiol</i>	54
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<i>neomycin/polymyxin/hc</i>	67	<i>norethindrone acetate</i>	56
NEOMYCIN/POLYMYXIN/HYDROCORTISONE	65	<i>norethindrone acetate/ethinyl estradiol</i>	55
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<i>neo-polycin hc</i>	64	<i>norlyda</i>	56
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<i>neuac</i>	42	NORPACE CR	33
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NEULASTA ONPRO KIT	32	<i>nortriptyline hcl</i>	13
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NEVANAC	66	NOVOLIN 70/30	30
NEVIRAPINE	26	NOVOLIN 70/30 FLEXPEN	30
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<i>niacin er</i>	38	NOVOLIN N FLEXPEN RELION	30
<i>nicardipine hcl</i>	34	NOVOLIN N RELION	30
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<i>nifedipine er</i>	34	NOVOLIN R FLEXPEN RELION	31
<i>nikki</i>	54	NOVOLOG	31
<i>nilutamide</i>	16	NOVOLOG FLEXPEN	31
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<i>nitazoxanide</i>	21	FLEXPEN	
<i>nitisinone</i>	49	NOVOLOG MIX 70/30 PREFILLED	31
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NURTEC	15	<i>ondansetron hydrochloride</i>	13
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<i>nylia 1/35</i>	55	OPVEE	4
<i>nymyo</i>	55	<i>oralone dental paste</i>	41
<i>nystatin</i>	14	ORENCIA	58
<i>nystatin/triamcinolone</i>	44	ORENCIA CLICKJECT	58
<i>nystop</i>	14	ORENITRAM	69
<i>ocella</i>	55	ORENITRAM TITRATION KIT MONTH	69
OCTAGAM	58	1	
<i>octreotide acetate</i>	57	ORENITRAM TITRATION KIT MONTH	69
ODEFSEY	26	2	
ODOMZO	20	ORENITRAM TITRATION KIT MONTH	69
OFEV	70	3	
OFLOXACIN	8	ORFADIN	49
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<i>ofloxacin</i>	67	ORKAMBI	69
OGSIVEO	18	ORSERDU	18
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<i>olanzapine</i>	23	<i>oseltamivir phosphate</i>	27
<i>olanzapine odt</i>	23	OTEZLA	44
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<i>olmesartan medoxomil</i>	33	OTREXUP	60
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<i>medoxomil/amlodipine/hydrochlorothiazide</i>		<i>oxaliplatin</i>	16
<i>olmesartan medoxomil/hydrochlorothiazide</i>	36	<i>oxaprozin</i>	1
<i>olopatadine hcl</i>	65	<i>oxazepam</i>	28
<i>olopatadine hcl</i>	68	OXBRYTA	32
<i>olopatadine hydrochloride</i>	65	<i>oxcarbazepine</i>	10
<i>omega-3-acid ethyl esters</i>	38	OXERVATE	65
<i>omeprazole</i>	49	OXTELLAR XR	10
<i>omeprazole dr</i>	48	<i>oxybutynin chloride</i>	50
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<i>oxymorphone hydrochloride</i>	3	PFIZERPEN	7
OXYMORPHONE HYDROCHLORIDE	2	<i>phendimetrazine tartrate</i>	40
ER		PHENDIMETRAZINE TARTRATE ER	40
OXYMORPHONE	2	PHENELZINE SULFATE	12
HYDROCHLORIDEER		<i>phenobarbital</i>	10
OXYTROL	50	<i>phenobarbital sodium</i>	10
OZEMPIC	29	<i>phentermine hcl</i>	40
OZURDEX	66	<i>phentermine hydrochloride</i>	40
<i>pacerone</i>	33	<i>phenytek</i>	10
PADCEV	21	<i>phenytoin</i>	11
<i>paliperidone er</i>	23	<i>phenytoin sodium extended</i>	11
<i>palonosetron hydrochloride</i>	14	<i>philith</i>	55
PALYNZIQ	49	PHOSLYRA	47
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PANRETIN	21	<i>pilocarpine hcl</i>	66
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<i>paricalcitol</i>	63	<i>pimecrolimus</i>	43
<i>paromomycin sulfate</i>	4	PIMOZIDE	23
<i>paroxetine</i>	12	<i>pimtrea</i>	55
<i>paroxetine hcl</i>	12	<i>pindolol</i>	34
<i>paroxetine hcl er</i>	12	<i>pioglitazone hcl</i>	29
<i>paroxetine hydrochloride</i>	12	<i>pioglitazone hcl/metformin hcl</i>	29
PAXLOVID	64	<i>pioglitazone hcl-glimepiride</i>	29
<i>pazopanib hydrochloride</i>	20	<i>pioglitazone hydrochloride</i>	29
PEDIARIX	61	<i>piperacillin sodium/tazobactam sodium</i>	7
PEDVAX HIB	61	PIQRAY 200MG DAILY DOSE	20
<i>peg-3350/electrolytes</i>	48	PIQRAY 250MG DAILY DOSE	20
<i>peg-3350/nacl/na bicarbonate/kcl</i>	48	PIQRAY 300MG DAILY DOSE	20
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PEMAZYRE	18	<i>pirmella 1/35</i>	55
PENBRAYA	61	<i>piroxicam</i>	1
<i>penicillamine</i>	46	<i>pitavastatin calcium</i>	37
<i>penicillin g potassium</i>	7	PLASMA-LYTE A	45
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	7	PLASMA-LYTE-148	45
PENICILLIN G PROCAINE	7	PLEGRIDY	41
PENICILLIN G SODIUM	7	PLEGRIDY STARTER PACK	41
PENICILLIN V POTASSIUM	7	<i>plenamine</i>	45
PENTACEL	61	PODOFILOX	44
<i>pentamidine isethionate</i>	21	POLIVY	21
PENTASA	62	POLOCAINE	3
<i>pentoxifylline er</i>	36	<i>polycin</i>	65
PERINDOPRIL ERBUMINE	33	<i>polymyxin b sulfate</i>	5
<i>periogard</i>	41	<i>polymyxin b sulfate/trimethoprim sulfate</i>	65
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<i>potassium chloride/dextrose</i>	46	PRIVIGEN	58
POTASSIUM	45	PROAIR HFA	69
CHLORIDE/DEXTROSE/LACTATED		PROAIR RESPICLICK	69
RINGERS		<i>probenecid</i>	15
<i>potassium chloride/dextrose/sodium</i>	46	<i>probenecid/colchicine</i>	15
<i>chloride</i>		<i>prochlorperazine</i>	13
<i>potassium chloride/sodium chloride</i>	46	<i>prochlorperazine maleate</i>	13
<i>potassium citrate er</i>	46	PROCRIT	32
PRALUENT	38	<i>procto-med hc</i>	62
<i>pramipexole dihydrochloride</i>	22	<i>procto-pak</i>	62
<i>pramipexole dihydrochloride er</i>	22	<i>proctosol hc</i>	62
<i>prasugrel</i>	32	<i>proctozone-hc</i>	62
<i>pravastatin sodium</i>	37	PROCYSBI	49
<i>praziquantel</i>	21	<i>progesterone</i>	56
<i>prazosin hydrochloride</i>	33	PROGRAF	60
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PREDNICARBATE	43	PROLIA	63
<i>prednisolone</i>	51	PROMACTA	32
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<i>prednisolone sodium phosphate</i>	51	<i>promethazine hydrochloride</i>	13
PREDNISOLONE SODIUM PHOSPHATE	66	<i>promethazine hydrochloride plain</i>	13
PREDNISOLONE SODIUM PHOSPHATE	51	PROMETHEGAN	13
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<i>quinapril hydrochloride</i>	33	RINVOQ	59
<i>quinapril/hydrochlorothiazide</i>	36	<i>risedronate sodium</i>	63
<i>quinidine gluconate cr</i>	34	RISPERDAL CONSTA	23
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<i>rabeprazole sodium</i>	49	<i>rivastigmine tartrate</i>	11
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<i>raloxifene hydrochloride</i>	56	RIVFLOZA	64
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<i>ramipril</i>	33	<i>rizatriptan benzoate odt</i>	15
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REVLIMID	16	<i>sapropterin dihydrochloride</i>	49
<i>revonto</i>	24	SARCLISA	21
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<i>sertraline hcl</i>	12	SOLU-MEDROL	51
<i>sertraline hydrochloride</i>	12	SOMATULINE DEPOT	57
<i>sevelamer carbonate</i>	47	SOMAVERT	57
<i>sevelamer hydrochloride</i>	47	<i>sorafenib</i>	20
<i>sf</i>	41	<i>sorafenib tosylate</i>	20
<i>sf 5000 plus</i>	41	<i>sorine</i>	34
<i>sharobel</i>	56	<i>sotalol hcl</i>	34
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<i>silver sulfadiazine</i>	44	<i>spironolactone/hydrochlorothiazide</i>	36
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<i>simliya</i>	55	SPRITAM	9
<i>simpepe</i>	55	SPRYCEL	20
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<i>sirolimus</i>	61	<i>ssd</i>	44
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<i>sodium chloride</i>	46	STRIVERDI RESPIMAT	69
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<i>sodium chloride 0.9%</i>	64	<i>subvenite</i>	9
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<i>sodium fluoride</i>	46	<i>subvenite starter kit/green</i>	9
<i>sodium fluoride 5000 plus</i>	41	<i>subvenite starter kit/orange</i>	9
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<i>sodium fluoride 5000 ppm sensitive</i>	42	SULFACETAMIDE SODIUM	65
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<i>sodium polystyrene sulfonate</i>	46	PHOSPHATE	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	48	SULFADIAZINE	8
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SUNLENCA	26	<i>terazosin hydrochloride</i>	33
<i>syeda</i>	55	<i>terbinafine hcl</i>	14
SYMJEPI	69	<i>terbinafine hydrochloride</i>	14
SYMLINPEN 120	29	<i>terbutaline sulfate</i>	69
SYMLINPEN 60	29	<i>terconazole</i>	14
SYMPAZAN	10	<i>teriflunomide</i>	41
SYMTUZA	27	TERIPARATIDE	63
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<i>tacrolimus</i>	61	<i>thioridazine hcl</i>	23
<i>tadalafil</i>	51	<i>thiothixene</i>	23
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<i>tamsulosin hydrochloride</i>	50	<i>timolol maleate</i>	15
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<i>tolvaptan</i>	46	<i>tri-lo-mili</i>	55
<i>topiramate</i>	9	<i>tri-lo-sprintec</i>	55
<i>toremifene citrate</i>	17	<i>trimethoprim</i>	5
<i>torseamide</i>	37	<i>tri-mili</i>	55
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TOUJEO SOLOSTAR	31	TRINTELLIX	12
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TRACLEER	69	<i>tri-previfem</i>	55
TRADJENTA	29	<i>tri-sprintec</i>	55
TRAMADOL HCL ER	2	<i>tritocin</i>	43
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<i>tramadol hydrochloride/acetaminophen</i>	3	<i>tri-vylibra</i>	55
<i>trandolapril</i>	33	<i>tri-vylibra lo</i>	55
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<i>tranlycypromine sulfate</i>	12	TROGARZO	26
TRAVASOL	46	<i>trospium chloride</i>	50
<i>travoprost</i>	66	<i>trospium chloride er</i>	50
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<i>tretinoin</i>	42	TUKYSA	18
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<i>triamcinolone acetonide</i>	43	TWINRIX	62
<i>triamcinolone acetonide</i>	51	TYBOST	26
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<i>valsartan/hydrochlorothiazide</i>	36	<i>vincasar pfs</i>	18
VALTOCO 10 MG DOSE	10	<i>vincristine sulfate</i>	18
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VANCOMYCIN	5	<i>vitamin d</i>	47
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This formulary was updated on **May 1, 2024**. For more recent information or other questions, please contact **BCN Advantage** Customer Service at 1-800-450-3680 or, for TTY users, 711, 8 a.m. to 8 p.m. Monday through Friday, with weekend hours October 1 through March 31, or visit www.bcbsm.com/medicare.

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