

GEISINGER HEALTH PLAN

2024

Geisinger 4th Tier



Geisinger

List of covered drugs

General Formulary Information

This formulary is applicable to the 4 Tier Prescription Medication Benefit plans offered by Geisinger Health Plan, Geisinger Choice PPO and Geisinger Health Options.

We encourage you to contact our Pharmacy Customer Service Team if you have any questions about this information or the type of benefit in which you are enrolled. Also, please refer to your benefit documents, as formulary exclusions may differ based on the specific benefit.

This formulary represents the 4 Tier Prescription Medication benefit. This formulary was designed to be a useful tool if you have prescription medication coverage. It lists the medications covered by your plan. Medications are listed in this formulary by medication category; individual medications can be looked up by using the index at the back.

Please note that you can also view the formulary online at www.geisinger.org/health-plan.

Pharmacy Customer Service Team Contact Information

Telephone: (800) 988-4861 or (570)-271-5673; TDD/TTY 711

Fax: 570-300-2122

Mailing address:

Geisinger Health Plan

Pharmacy Department

Internal Mail Code 24-10

100 North Academy Avenue

Danville, PA 17822

4 Tier Benefit

The 4 Tier benefit assigns each prescription medication to one of four different tiers, each representing a set copay amount. The copay amount will depend on your prescription medication rider. Additional medications, other than those included in this formulary, may be covered under the 4 Tier benefit. The definitions of the copay levels are listed below:

- Tier 1 - Includes most generic medications and has the lowest copayment. Prior authorization is usually not necessary for medications in this tier.
- Tier 2 - Includes certain formulary brand name medications with no generic equivalent and select generic medications. Prior authorization may be necessary for medications in this tier.
- Tier 3 - Includes certain formulary brand name medications and brand name medications with a generic equivalent (unless higher cost-sharing applies). Non-formulary brand name medications, if approved, will apply tier 3 cost sharing. Prior authorization may be necessary for medications in this tier.
- Tier 4 - Includes high-cost medications, often used to treat rare conditions, and may require special handling or training for use. A maximum of a 34-day supply may be dispensed for medications in this tier unless a shorter duration is specified in the formulary or in your specific benefit documents.

The Plan maintains sole discretion of assigning medications to tiers and moving medications from one tier to another. Several factors are considered when assigning medications to tiers. These factors include but are not limited to:

- Availability of a generic equivalent
- Absolute cost of a medication
- Cost of the medication relative to other medications in the same therapeutic class
- Availability of over-the-counter alternatives
- Clinical and economic factors

Please note: A medication may change in tier status without notice due to immediate generic availability or changes in medication availability in the marketplace.

Specialty Vendor Medication Program

Certain medications require the use of a contracted specialty pharmacy vendor for purchase. Please contact the Pharmacy Service Team for additional information on the program and a complete list of the medications included. Note that a maximum of a 34-day supply may be dispensed for specialty vendor medications unless a shorter duration is specified in the formulary or in your specific benefit documents. Medications included in the Specialty Vendor Medication Program are designated in the formulary with SP in the Requirements/Limits column.

A few things you should remember when using this formulary and your prescription benefit:

- All prescriptions must be filled at a participating pharmacy.
- You will pay the applicable copay, coinsurance, or deductible when you receive the prescription.
- Except for those medications classified as being narrow therapeutic index, a brand name medication with a generic equivalent requires prior authorization. If approved, it will be covered at the tier 3 copay.
- Some medications on the formulary require prior authorization or step therapy which your provider may request through our Pharmacy Customer Service Team.
- If you require medications not listed on this formulary, your provider may request an exception through our Pharmacy Customer Service Team. Those items listed as specific exclusions are not available through the exceptions process. Non-formulary medications will be available at the tier 3 copay level, if approved.
- Some medications and diabetic supplies may be restricted to a specific manufacturer, vendor or supplier and may be subject to quantity limits.
- Quantity limits may apply to certain medications.
- Brand and generic Triptan medications for migraines have a quantity limit of 16 units per 28 days across all products and dosage forms (sumatriptan, rizatriptan, naratriptan, almotriptan, frovatriptan, eletriptan, zolmitriptan, and sumatriptan/naproxen).
- Insulin syringes and lancets are covered at Tier 2.
- Non-prescription (over-the-counter) medications are not covered unless required by health care reform legislation.
- Note that if certain conditions are met, some medications may be covered with no copay/coinsurance due to health care reform legislation. Please contact the Pharmacy Customer Service Team for more information.

- Many compounded prescriptions require prior authorization review, which your provider may request through our Pharmacy Customer Service Team. If an exception is approved, you will be charged at the Tier 1 copay level if the primary ingredient is generic or the Tier 3 copay level if the primary ingredient is brand. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.
- Medications listed on Tier 0 are covered at \$0 copay.
- All prescriptions for a total morphine equivalent dose (MED) of 50 or greater will require prior authorization. Short acting opioid prescriptions will require prior authorization for opioid naïve members if more than a 10-day supply is required for an adult or more than a 5-day supply for a member under 18 years of age.

Using this formulary

- Medications are listed by therapeutic class within the table of contents. An alphabetical index of all medications can be found at the back of the formulary.
- The medication Tier is listed in the Drug Tier Column.
- Medication names with AL in the Requirements/Limits column have age limits.
- Medication names with QL in the Requirements/Limits column have quantity limits
- Medication names followed by PA in the Requirements/Limits column require prior authorization.
- Medication names followed by PA NSO in the Requirements/Limits column require prior authorization for new starts only.
- Medication names followed by ST in the Requirements/Limits column have step therapy requirements.
- Medication names followed by SP in the Requirements/Limits column must be obtained from a network specialty vendor.
- This formulary is accurate as of May 1, 2024 and is subject to change. Any additions or deletions to the formulary throughout the year may be found in the following publications: “Member Update” for members and “Healthcare Provider Update” for providers. The most up-to-date source for formulary information is the online formulary search available at www.geisinger.org/health-plan.
- **Restrictions in medication availability may result from use of a formulary.**

Certain prescription medications listed in this formulary may not be covered for everyone. Your prescription medication benefits are dependent upon the coverage selected by you or your employer. Please be aware that if you choose to obtain a non-formulary medication, you may be required to pay the full price of that medication. For information about your specific prescription medication benefits, please contact the Pharmacy Customer Service Team.

Quantity Limits

- Quantity limits are listed in the Requirements/Limits Column
- Note that non-formulary medications in the same class/category as formulary drugs with quantity limits will have the same quantity limits applied.
- If not listed above, the maximum day supply for specialty vendor medications is 34 days or as otherwise defined in the prescription medication benefit documents.

Step Therapy

For details regarding step therapy requirements please contact the Pharmacy Customer Service Team at (800) 988-4861 or (570) 271-5673.

What is a medication formulary?

A medication formulary is a continually updated list of prescription medications. It represents the medications currently covered based upon the clinical judgment of the Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians. (The formulary is continually updated due to the high number of medications currently on the market, as well as the continuous introduction of new medications.) This committee thoroughly reviews medical literature to first determine which medications are likely to produce the best results for patients. Then, if two or more medications produce the same clinical results, elements like cost and ease of use are considered. A well-developed formulary enhances quality of patient care by encouraging physicians to prescribe medications that are safe, effective, and likely to achieve the best possible outcome for the patient. When you use a formulary medication, it is considered a “covered” medication and you pay your particular co-pay or coinsurance for that medication.

The Plan recognizes that, in some situations, you may not respond well to a given formulary medication or may have an allergy or other condition that warrants the use of a non-formulary medication. An exception process exists for these special instances. Your physician may initiate a request for a formulary exception by contacting our Pharmacy Service Team. Your request will be reviewed, including review of pertinent medical records, treatment and laboratory data. If an exception is approved under the 4 Tier benefit, you will be charged at the tier 3 copay level. If your request is denied, the medication will be excluded from coverage under your prescription medication benefits.

Formulary exclusions

There are certain medications that your plan will not cover under any circumstance. These are called exclusions.

Some examples of excluded medications include those that are:

- Available over-the-counter
- Used for experimental, investigational, or unproven therapies
- Used for weight loss and weight management
- Used for cosmetic purposes
- Used for sexual dysfunction

Other exclusions may apply and are subject to change so you should contact the Pharmacy Customer Service Team when you are unsure whether a medication is covered.

Health Care Reform

The Affordable Care Act (ACA) was signed into law on March 23, 2010. Under the ACA, the government created “provisions,” or laws, that health insurers must adapt to, which change health benefits for consumers. These changes include the expansion of preventive services, including vaccinations, prescription drugs, and more. In accordance with the ACA requirements, and subject to any applicable limitations of your pharmacy plan, the following preventive medications will be covered with no cost-sharing under the prescription drug benefit:

- Aspirin Products - Low dose (81 mg) aspirin products
 - As preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.
- Contraceptives - For females
- Bowel Preparations for Colonoscopy - Brands with no generic and generic products
 - In preparation of a screening colonoscopy for members 45-75 years of age.
- Breast Cancer Prevention - Generic anastrozole, exemestane, letrozole, raloxifene and tamoxifen
 - For women who are at increased risk of breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as anastrozole, exemestane, letrozole, raloxifene or tamoxifen.
- Folic Acid Supplements - Generic folic acid 0.4 mg and 0.8 mg tablets
 - All women who are planning or capable of pregnancy.
- Fluoride Supplements - Fluoride drops and chewable tablets
 - Oral fluoride supplementation starting at 6 months for children whose water supply is fluoride sufficient up to age 16 years for the prevention of dental caries.
- HIV Pre-Exposure Prophylaxis - Apretude 600 mg/3 mL injection, Descovy 200-25 mg tablet, emtricitabine/tenofovir 200-300 mg tablet, and Vocabria 30 mg tablet
- Smoking Cessation Products - Brands with no generic and generic products
 - Two, 90-day treatment courses per benefit year.
- Statin Preventive Medication - generic products
 - For adults aged 40 to 75 years who have 1 or more cardiovascular risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year risk of a cardiovascular event of 10% or greater.
- Vaccinations - Preventive vaccines are covered for \$0 cost sharing based on appropriate age and Food and Drug Administration (FDA) approved uses.

Depending on your specific benefits and in which state you reside, oral chemotherapy agents may have no cost sharing.

Please note: For details about how these medications may be covered under your specific plan please contact the Pharmacy Customer Service Team. A prescription is required to process any claim for preventive care medications or products under the pharmacy plan, including over-the-counter medications.

Formulary development

When deciding whether or not a medication should be included in the formulary, the Health Plan's Pharmacy and Therapeutics Committee carefully considers each medication for coverage or non-coverage in order to ensure safety and effectiveness in the medications being prescribed. This information is then shared with participating providers for review and feedback. Based upon the gathered information and provider feedback, the Pharmacy and Therapeutics Committee will determine a medication's inclusion or exclusion in the formulary. For the specific criteria used to determine a medication's inclusion or exclusion in this formulary, please contact the Pharmacy Customer Service Team.

What are generics?

When a company develops a new medication, it receives a patent that protects the medication company's right to be the only manufacturer of that medication for a certain period of time. This means that no generic can be manufactured during that time. After that patent expires, other companies can then make the same medication and sell it in its generic form. The generic form of a medication has the same active ingredients, the same strength, and the same dosage as the brand name medication. The inactive ingredients (which provide texture, shape and color) may be different, which is why a generic typically looks different than its brand name counterpart. Generic medications are usually less expensive than brand name medications, but are just as safe and effective. This is because generic manufacturers have lower advertising costs and greater competition from other generic manufacturers. Additionally, the U.S. Food and Drug Administration regulates all pharmaceuticals, including generics, to assure quality, strength, purity and potency.

Your prescription plan is based on coverage of generic medications. Whenever possible, you should use a cost-effective generic medication.

Notes for providers

Formulary review process: Medications selected for inclusion in the formulary are chosen in consideration of effectiveness, safety and overall value. Evaluation for formulary inclusion is based on formalized selection criteria to determine the most optimal benefit to members. These criteria include but are not limited to:

- Medication name/dosage form
- Medication class/pharmacology
- FDA-approved indications
- Adverse reactions
- Clinical evidence of safety and efficacy
- Recommendations of national agencies and organizations
- Therapeutic equivalence
- Cost analysis

The criteria are reviewed by the Health Plan Pharmacy and Therapeutics Committee, which is comprised of pharmacists and participating physicians in active clinical practice from various specialties. The medication is then reviewed and evaluated by clinicians in particular specialties for additional feedback. The feedback is discussed by the Pharmacy and Therapeutics Committee prior to finalizing a decision on formulary status. To be included, the medication must offer a distinct advantage over existing formulary medications in the same therapeutic class. Specifically, the medication must demonstrate such attributes as:

- A distinct or unique therapeutic feature
- Greater efficacy, proven in clinical trials, over other medications in the same therapeutic category
- An improved dosing schedule, safety profile or cost-effectiveness over existing formulary medications
- If there are comparable therapeutic agents, additional analysis may be considered. These factors include:
 - Member satisfaction
 - Cost analysis
 - Contract terms and conditions
 - Market share analysis
 - Patent life assessment
 - Utilization management
 - Consumer advertising
 - Per member per month costs

Generic substitution policy: The Health Plan prescription benefits are generically based. Generic substitution will occur for those medications included in the “Approved Medication Products with Therapeutic Equivalence Evaluations,” also known as “The Orange Book,” published by the U.S. Department of Health and Human Services. Generic medications, which have an equivalent rating by these standards, are generally provided under the member’s prescription medication benefit. The Health Plan may also elect to include only one brand-name medication in the formulary even if the medication is marketed by more than one company, or if the brand name medication does not significantly differ from the generic medication.

Prior authorization: To promote the most appropriate utilization, select medications may require prior authorization by the Health Plan to be eligible for coverage under the member's prescription benefit. The Pharmacy and Therapeutics Committee determines prior authorization criteria. In order for a member to receive coverage for a medication requiring prior authorization, the prescribing physician must obtain prior authorization by contacting the Health Plan Pharmacy Department. Submission of medical documentation is required. Prior authorization can be requested:

- Online at ghp.promptpa.com
- By faxing a completed prior authorization form to 570-300-2122
- By mailing a completed prior authorization form to:
 - Attention Pharmacy Department 24-10
100 North Academy Avenue
Danville, PA 17822
- Prior authorization for certain medications can be initiated via phone by calling 800-988-4861

Step Therapy: Some medications may require that other medications be tried prior to or concomitantly with the requested medication. The pharmacy claims system looks for a record of the required medications and if they are not found, medical documentation must be submitted showing use of these medications or rationale for skipping the step therapy medications.

Non-formulary medications: The formulary is designed to meet most therapeutic needs of the population served by the Health Plan. Occasionally, because of allergy, therapeutic failure, or a specific diagnostic-related need, formulary medications may not meet the special needs of an individual member. In these special instances, the prescribing physician may make requests to the Health Plan Pharmacy Department for non-formulary or restricted medications. The prescribing physician will receive written documentation and/or a verbal response from the Health Plan Pharmacy Department regarding the request.

Formulary addition requests: Requests for changes or additions, comments, and suggestions for the formulary are welcome and can be made by written request to the Health Plan Pharmacy Department.

Sources:

Academy of Managed Care Pharmacy (AMCP), "Formulary Management," "Formularies," www.amcp.org, November 2001.

Health Insurance Association of America (HIAA), "Guide to Managed Care: Choosing and Using a Health Plan." www.hiaa.org, November 2001.

National Consumers League (NCL), "Consumer Guide to Generic Medications," www.nclnet.org, November 2001.

"From the Pharmacist," www.cvs.com, November 2001.

Discrimination is against the law

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company (the "Health Plan") comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call the Health Plan at 800-447-4000 or TTY: 711.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with:

Civil Rights Grievance Coordinator
Geisinger Health Plan Appeals Department
100 North Academy Avenue, Danville, PA 17822-3220
Phone: 866-577-7733, TTY: 711
Fax: 570-271-7225
GHPCivilRights@thehealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F
HHH Building, Washington, DC 20201
Phone: 800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 800-447-4000 or TTY: 711.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY : 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-447-4000 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-447-4000 (телетайп: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-447-4000 (TTY: 711) 번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-447-4000 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-447-4000 (رقم هاتف الصم والبكم: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-447-4000 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-447-4000 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 800-447-4000 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-447-4000 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-447-4000 (TTY: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-447-4000 (TTY: 711)។

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-447-4000 (TTY: 711).

LEGEND

0 ACA Preventative

1 Generics

2 Preferred Brands

3 Non-Preferred Brands

4 Specialty

QL Quantity Limit

Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame. This could include a: per fill, daily, monthly, or yearly limitation.

PA Prior Authorization

Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.

PA-NSO Prior Authorization - New Starts Only

If this drug is new to you, you (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.

ST Step Therapy

In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

AL Age Limit

Our plan limits certain medications to members who meet minimum or maximum age requirements.

PN Note

This drug has unique restrictions.

SP Specialty Drug

Specialty Vendor Medication Program

PN Note

This drug has unique restrictions

LA Limited Access

Drugs that are only available at certain pharmacies

PN Note

This drug has unique restrictions

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Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS (CONTINUED)		
AMPHETAMINES		
<i>amphetamine-dextroamphet er</i>	1	
<i>amphetamine-dextroamphetamine</i>	1	
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	1	
<i>dextroamphetamine sulfate er</i>	1	
<i>lisdexamfetamine dimesylate (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 70 mg cap)</i>	1	PA, QL (1 ea per 1 day(s))
<i>methamphetamine hcl</i>	1	
VYVANSE (10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB)	3	PA, QL (1 ea per 1 days)
ANALEPTICS		
<i>caffeine citrate</i>	1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>atomoxetine hcl</i>	1	
<i>guanfacine hcl er</i>	1	
QELBREE 100 MG CAP ER 24H	3	PA, QL (1 ea per 1 days)
QELBREE 150 MG CAP ER 24H	3	PA, QL (2 ea per 1 days)
QELBREE 200 MG CAP ER 24H	3	PA, QL (3 ea per 1 days)
STIMULANTS - MISC.		
<i>armodafinil</i>	1	PA
<i>dexmethylphenidate hcl</i>	1	
<i>dexmethylphenidate hcl er</i>	1	PA
<i>methylphenidate</i>	1	PA
<i>methylphenidate hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 20 mg tab)</i>	1	
METHYLPHENIDATE HCL ER (10 MG TAB ER, 18 MG TAB ER, 18 MG TAB ER 24H, 20 MG TAB ER, 27 MG TAB ER, 27 MG TAB ER 24H, 36 MG TAB ER, 36 MG TAB ER 24H, 54 MG TAB ER, 54 MG TAB ER 24H)	1	
<i>methylphenidate hcl er (cd)</i>	1	
<i>methylphenidate hcl er (la) (10 mg cap er 24h, 20 mg cap er 24h, 30 mg cap er 24h, 40 mg cap er 24h)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl er (la) 60 mg cap er 24h</i>	1	PA
<i>methylphenidate hcl er (osm) (18 mg tab er, 27 mg tab er, 36 mg tab er, 54 mg tab er)</i>	1	
<i>modafinil</i>	1	PA
AMINOGLYCOSIDES (CONTINUED)		
AMINOGLYCOSIDES		
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
TOBI PODHALER	4	PA, QL (224 ea per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/4ml nebu soln</i>	1	PA, QL (224 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>tobramycin 300 mg/5ml nebu soln</i>	1	PA, QL (280 ml per 56 days), SP
TOBRAMYCIN 300 MG/5ML NEBU SOLN	1	PA, QL (280 ml per 56 day(s)), SP
ANALGESICS - ANTI-INFLAMMATORY (CONTINUED)		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMUMAB-FKJP	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.4ML SOLN PRSYR	4	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA 40 MG/0.8ML SOLN PRSYR	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	4	QL (0.8 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
HUMIRA (2 PEN) 40 MG/0.4ML PEN KIT	4	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 PEN) 40 MG/0.8ML PEN KIT	4	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA (2 SYRINGE) 40 MG/0.8ML PREF SY KT	4	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA 20 MG/0.2ML PREF SY KT	4	QL (2 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA 40 MG/0.4ML PEF SY KT	4	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML & 40MG/0.4ML PEF SY KT	4	QL (2 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEDIATRIC CROHNS START 80 MG/0.8ML PEF SY KT	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-CD/UC/HS STARTER	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PEDIATRIC UC START	4	QL (4 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA PEN-PSOR/UEVIT STARTER	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-CD/UC/HS STARTER	4	QL (6 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
HUMIRA-PS/UV/ADOL HS STARTER	4	QL (4 ea per 28 day(s)), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN A-INJ	4	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 100 MG/ML SOLN PRSYR	4	QL (1 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN A-INJ	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI 50 MG/0.5ML SOLN PRSYR	4	QL (0.5 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIMPONI ARIA	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
YUSIMRY	4	QL (1.6 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ (15 MG TAB ER 24H, 30 MG TAB ER 24H)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
RINVOQ 45 MG TAB ER 24H	4	QL (28 ea per 28 days), PA-NSO, SP, PN (84 DAYS SUPPLY IN 180 DAYS)
XELJANZ (5 MG TAB, 10 MG TAB)	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ 1 MG/ML SOLUTION	4	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XELJANZ XR	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GOLD COMPOUNDS		
RIDAURA	2	
INTERLEUKIN-1 BLOCKERS		
ARCALYST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
INTERLEUKIN-1BETA BLOCKERS		
ILARIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA (80 MG/4ML SOLUTION, 200 MG/10ML SOLUTION, 400 MG/20ML SOLUTION)	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA 162 MG/0.9ML SOLN PRSYR	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
ACTEMRA ACTPEN	4	QL (3.6 ml per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>cataflam</i>	1	
<i>celecoxib</i>	1	
<i>diclofenac potassium 50 mg tab</i>	1	
<i>diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac-misoprostol</i>	1	
<i>ec-naproxen</i>	1	
<i>etodolac</i>	1	
<i>etodolac er</i>	1	
FENOPROFEN CALCIUM (200 MG CAP, 400 MG CAP, 600 MG TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen 100 mg tab</i>	1	
<i>ibu</i>	1	
<i>ibuprofen (100 mg/5ml suspension, 400 mg tab, 600 mg tab, 800 mg tab)</i>	1	
INDOCIN 25 MG/5ML SUSPENSION	2	
<i>indomethacin (25 mg cap, 25 mg/5ml suspension, 50 mg cap)</i>	1	
<i>indomethacin er</i>	1	
<i>ketorolac tromethamine 10 mg tab</i>	1	QL (20 ea per fill)
MECLOFENAMATE SODIUM	1	
<i>mefenamic acid</i>	1	
<i>meloxicam (7.5 mg tab, 15 mg tab)</i>	1	
<i>nabumetone</i>	1	
NALFON 400 MG CAP	1	
<i>naproxen (125 mg/5ml suspension, 250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>naproxen dr</i>	1	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	1	
<i>naproxen-esomeprazole mg</i>	1	PA, QL (2 ea per 1 days)
<i>oxaprozin 600 mg tab</i>	1	
<i>piroxicam</i>	1	
<i>sulindac</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA 10 & 20 & 30 MG TAB THPK	4	QL (55 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
OTEZLA 30 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide</i>	1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL 25 MG RECON SOLN	4	QL (8 ea per 28 days), PA-NSO, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ENBREL 25 MG/0.5ML SOLUTION	4	QL (8 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL MINI	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ENBREL SURECLICK	4	QL (4 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ANALGESICS - NONNARCOTIC (CONTINUED)		
ANALGESIC COMBINATIONS		
<i>bac</i>	1	
<i>bupap</i>	1	
<i>butalbital-acetaminophen (50-300 mg cap, 50-300 mg tab, 50-325 mg tab)</i>	1	
<i>butalbital-apap-caffeine</i>	1	
<i>butalbital-aspirin-caffeine 50-325-40 mg cap</i>	1	
<i>esgic 50-325-40 mg cap</i>	1	
TENCON	1	
<i>zebutal</i>	1	
ANALGESICS-PEPTIDE CHANNEL BLOCKERS		
PRIALT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SALICYLATES		
<i>diflunisal</i>	1	
<i>salsalate</i>	1	
ANALGESICS - OPIOID (CONTINUED)		
OPIOID AGONISTS		
<i>codeine sulfate (15 mg tab, 30 mg tab, 60 mg tab)</i>	1	
<i>fentanyl</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
FENTANYL CITRATE (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	1	PA
<i>fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)</i>	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
FENTORA	3	PA

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl (1 mg/ml liquid, 2 mg tab, 4 mg tab, 8 mg tab)</i>	1	
LEVORPHANOL TARTRATE (2 MG TAB, 3 MG TAB)	1	
MEPERIDINE HCL (50 MG TAB, 50 MG/5ML SOLUTION)	1	
<i>methadone hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/5ml solution, 10 mg/ml conc, 40 mg tab sol)</i>	1	PA
<i>methadone hcl intensol</i>	1	PA
<i>methadose 40 mg tab sol</i>	1	PA
<i>morphine sulfate (5 mg suppos, 10 mg suppos, 10 mg/5ml solution, 15 mg tab, 20 mg suppos, 20 mg/5ml solution, 30 mg suppos, 30 mg tab)</i>	1	
<i>morphine sulfate (concentrate) (10 mg/0.5ml solution, 20 mg/ml solution, 100 mg/5ml solution)</i>	1	
<i>morphine sulfate er (10 mg cap er 24h, 15 mg tab er, 20 mg cap er 24h, 30 mg cap er 24h, 30 mg tab er, 40 mg cap er 24h, 50 mg cap er 24h, 60 mg cap er 24h, 60 mg tab er, 80 mg cap er 24h, 100 mg cap er 24h, 100 mg tab er, 200 mg tab er)</i>	1	PA
MORPHINE SULFATE ER BEADS	1	PA
NUCYNTA	3	PA
NUCYNTA ER	3	PA
<i>oxycodone hcl (5 mg cap, 5 mg tab, 5 mg/5ml solution, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab, 100 mg/5ml conc)</i>	1	
OXYCODONE HCL ER	1	PA
OXYCONTIN	3	PA
<i>oxymorphone hcl</i>	1	
SUBSYS	4	PA, QL (120 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>tramadol hcl (50 mg tab, 100 mg tab)</i>	1	
TRAMADOL HCL (ER BIPHASIC)	1	PA
<i>tramadol hcl er (100 mg cap er 24h, 100 mg tab er 24h, 200 mg cap er 24h, 200 mg tab er 24h, 300 mg tab er 24h)</i>	1	PA
<i>tramadol hcl er (biphasic)</i>	1	PA
OPIOID COMBINATIONS		
ACETAMINOPHEN-CODEINE (120-12 MG/5ML SOLUTION, 300-15 MG TAB, 300-30 MG TAB, 300-60 MG TAB)	1	
APAP-CAFF-DIHYDROCODEINE 325-30-16 MG TAB	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ascomp-codeine</i>	1	
<i>butalbital-apap-caff-cod</i>	1	
<i>butalbital-asa-caff-codeine</i>	1	
<i>dvorah</i>	1	
<i>endocet</i>	1	
<i>hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 5-300 mg tab, 5-325 mg tab, 7.5-300 mg tab, 7.5-325 mg tab, 7.5-325 mg/15ml solution, 10-300 mg tab, 10-325 mg tab, 10-325 mg/15ml solution)</i>	1	
HYDROCODONE-IBUPROFEN (5-200 MG TAB, 7.5-200 MG TAB, 10-200 MG TAB)	1	
NALOCET	1	
<i>oxycodone-acetaminophen (2.5-300 mg tab, 2.5-325 mg tab, 5-325 mg tab, 5-325 mg/5ml solution, 7.5-300 mg tab, 7.5-325 mg tab, 10-325 mg tab)</i>	1	
<i>tramadol-acetaminophen</i>	1	
OPIOID PARTIAL AGONISTS		
BRIXADI (WEEKLY) 16 MG/0.32ML SOLN PRSYR	4	QL (1.28 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 24 MG/0.48ML SOLN PRSYR	4	QL (1.92 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 32 MG/0.64ML SOLN PRSYR	4	QL (2.56 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI (WEEKLY) 8 MG/0.16ML SOLN PRSYR	4	QL (0.64 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 128 MG/0.36ML SOLN PRSYR	4	QL (0.36 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 64 MG/0.18ML SOLN PRSYR	4	QL (0.18 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
BRIXADI 96 MG/0.27ML SOLN PRSYR	4	QL (0.27 ml per 28 days), SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>buprenorphine</i>	1	PA, QL (0.143 ea per 1 days)
<i>buprenorphine hcl (2 mg sl tab, 8 mg sl tab)</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>buprenorphine hcl-naloxone hcl</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>butorphanol tartrate 10 mg/ml solution</i>	1	
<i>pentazocine-naloxone hcl</i>	1	
SUBLOCADE	3	SP, PN (MIN 26 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC (CONTINUED)		
ANABOLIC STEROIDS		
OXANDROLONE	1	
ANDROGENS		
AVEED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>danazol</i>	1	
<i>depo-testosterone</i>	1	
JATENZO (158 MG CAP, 198 MG CAP)	3	PA, QL (4 ea per 1 days)
JATENZO 237 MG CAP	3	PA, QL (2 ea per 1 days)
KYZATREX (150 MG CAP, 200 MG CAP)	3	PA, QL (4 ea per 1 days)
KYZATREX 100 MG CAP	3	PA, QL (2 ea per 1 days)
<i>testosterone (1.62 % gel, 10 mg/act (2%) gel, 12.5 mg/act (1%) gel, 20.25 mg/1.25gm (1.62%) gel, 20.25 mg/act (1.62%) gel, 25 mg/2.5gm (1%) gel, 30 mg/act solution, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)</i>	1	
TESTOSTERONE CYPIONATE (200 MG/ML SOLUTION)	1	
TESTOSTERONE ENANTHATE	1	
TLANDO	3	PA, QL (2 ea per 1 days)
ANORECTAL AND RELATED PRODUCTS (CONTINUED)		
INTRARECTAL STEROIDS		
<i>colocort</i>	1	
<i>hydrocortisone 100 mg/60ml enema</i>	1	
RECTAL COMBINATIONS		
<i>hydrocort-pramoxine (perianal)</i>	1	
HYDROCORTISONE ACE-PRAMOXINE 1-1 % CREAM	1	
<i>lidocaine-hydrocort (perianal)</i>	1	
LIDOCAINE-HYDROCORTISONE ACE (2.8-0.55 % GEL, 3-0.5 % KIT, 3-1 % KIT, 3-2.5 % KIT)	1	
<i>lidocort</i>	1	
PROCTOFOAM HC	2	
RECTAL STEROIDS		
<i>anucort-hc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>anusol-hc 25 mg suppos</i>	1	
<i>hemmorex-hc</i>	1	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone acetate (25 mg suppos, 30 mg suppos)</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
ANTHELMINTICS (CONTINUED)		
ANTHELMINTICS		
<i>albendazole</i>	1	QL (4 ea per day(s))
EMVERM	2	PA
<i>ivermectin 3 mg tab</i>	1	PA
ANTI-INFECTIVE AGENTS - MISC. (CONTINUED)		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO	3	PA, QL (12 ea per 3 days), PN (3 DAYS SUPPLY PER FILL)
<i>metronidazole (250 mg tab, 375 mg cap, 500 mg tab)</i>	1	
<i>pentamidine isethionate</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim</i>	1	
XIFAXAN	3	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>phosphasal</i>	2	
<i>sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab)</i>	1	
<i>sulfatrim pediatric</i>	1	
<i>uretron d/s</i>	2	
<i>urin ds</i>	2	
<i>utira-c</i>	2	
XACDURO	4	PA, QL (168 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
ALINIA 100 MG/5ML RECON SUSP	2	
<i>atovaquone</i>	1	
<i>nitazoxanide</i>	1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	
<i>daptomycin (350 mg recon soln, 500 mg recon soln)</i>	1	PN (34 DAYS SUPPLY PER FILL)
GLYCOPEPTIDES		
DALVANCE	4	PA, PN (34 DAYS SUPPLY PER FILL)
FIRVANQ	2	
KIMYRSA	4	PA, QL (1 ea per fill)
<i>vancomycin hcl (1 gm recon soln, 1.25 gm recon soln, 1.5 gm recon soln, 5 gm recon soln, 10 gm recon soln, 25 mg/ml recon soln, 50 mg/ml recon soln, 125 mg cap, 250 mg cap, 250 mg/5ml recon soln, 500 mg recon soln, 750 mg recon soln)</i>	1	
VANCOMYCIN HCL IN NAACL 1.5-0.9 GM/500ML-% SOLUTION	1	
LEPROSTATICS		
<i>dapsone (25 mg tab, 100 mg tab)</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl</i>	1	
<i>clindamycin palmitate hcl</i>	1	
OXAZOLIDINONES		
<i>linezolid 100 mg/5ml recon susp</i>	1	PA
<i>linezolid 600 mg tab</i>	1	QL (2 ea per 1 days), PN (56 DAYS SUPPLY IN 180 DAYS)
SIVEXTRO 200 MG TAB	4	PA, QL (6 ea per 6 day(s)), PN (6 DAY SUPPLY IN 365 DAYS)
PLEUROMUTILINS		
XENLETA 600 MG TAB	4	PA, QL (10 ea per 5 days), PN (5 DAYS SUPPLY PER FILL)
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin 25 mg/5ml suspension</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
ANTIANGINAL AGENTS (CONTINUED)		
ANTIANGINALS-OTHER		
<i>ranolazine er</i>	1	PA
NITRATES		
<i>isosorbide dinitrate</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>minitran</i>	1	
NITRO-BID	2	
NITRO-DUR (0.3 MG/HR PATCH 24HR, 0.8 MG/HR PATCH 24HR)	2	
NITRO-TIME	1	
<i>nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.4 mg/hr patch 24hr, 0.6 mg/hr patch 24hr)</i>	1	
<i>nitroglycerin (0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/spray solution, 0.6 mg sl tab)</i>	1	
ANTIANSXIETY AGENTS (CONTINUED)		
ANTIANSXIETY AGENTS - MISC.		
<i>buspirone hcl</i>	1	
<i>hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)</i>	1	
HYDROXYZINE PAMOATE (25 MG CAP, 50 MG CAP, 100 MG CAP)	1	
<i>meprobamate</i>	1	
BENZODIAZEPINES		
<i>alprazolam</i>	1	
<i>alprazolam er</i>	1	
ALPRAZOLAM INTENSOL	2	
<i>alprazolam xr</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>diazepam (2 mg tab, 5 mg tab, 5 mg/5ml solution, 5 mg/ml conc, 10 mg tab)</i>	1	
<i>diazepam intensol</i>	1	
<i>lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab, 2 mg/ml conc)</i>	1	
<i>lorazepam intensol</i>	1	
<i>oxazepam</i>	1	
ANTIARRHYTHMICS (CONTINUED)		
ANTIARRHYTHMICS TYPE I-A		
<i>disopyramide phosphate</i>	1	
NORPACE CR 100 MG CAP ER 12H	2	QL (8 ea per 1 days)
NORPACE CR 150 MG CAP ER 12H	2	QL (5 ea per 1 days)
<i>quinidine gluconate er</i>	1	
<i>quinidine sulfate</i>	1	
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl</i>	1	
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)</i>	1	
<i>dofetilide</i>	1	
MULTAQ	2	
<i>pacerone</i>	1	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS (CONTINUED)		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium 20 mg/2ml nebu soln</i>	1	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
CINQAIR	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
FASENRA	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
FASENRA PEN	4	PA, QL (1 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
NUCALA (100 MG RECON SOLN, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR)	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
NUCALA 40 MG/0.4ML SOLN PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TEZSPIRE	4	PA, QL (1.91 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG RECON SOLN	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 150 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN A-INJ	4	PA, QL (5 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
XOLAIR 75 MG/0.5ML SOLN PRSYR	4	PA, QL (5 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA	2	
INCRUSE ELLIPTA	2	
<i>ipratropium bromide 0.02 % solution</i>	1	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
TUDORZA PRESSAIR	3	ST
LEUKOTRIENE MODULATORS		
<i>montelukast sodium (4 mg chew tab, 5 mg chew tab, 10 mg tab)</i>	1	
<i>montelukast sodium 4 mg packet</i>	1	
<i>zafirlukast</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast</i>	1	PA
STEROID INHALANTS		
ARNUITY ELLIPTA	2	

Drug Name	Drug Tier	Requirements/Limits
ASMANEX (120 METERED DOSES)	2	ST
ASMANEX (14 METERED DOSES)	2	ST
ASMANEX (30 METERED DOSES)	2	ST
ASMANEX (60 METERED DOSES)	2	ST
ASMANEX (7 METERED DOSES)	2	ST
ASMANEX HFA	2	ST
<i>budesonide (0.25 mg/2ml suspension, 0.5 mg/2ml suspension, 1 mg/2ml suspension)</i>	1	
FLOVENT DISKUS	2	
FLOVENT HFA	2	
FLUTICASONE PROPIONATE DISKUS	2	
FLUTICASONE PROPIONATE HFA	2	
PULMICORT FLEXHALER	2	
QVAR REDHALER	2	
SYMPATHOMIMETICS		
ADVAIR HFA	2	
<i>albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, 2 mg tab, 2 mg/5ml syrup, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, 4 mg tab, (5 mg/ml) 0.5% nebu soln)</i>	1	
<i>albuterol sulfate hfa</i>	1	
ANORO ELLIPTA	2	
<i>arformoterol tartrate</i>	1	PA
BREO ELLIPTA (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	2	QL (2 ea per 1 days)
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	QL (2 ea per 1 days)
BREZTRI AEROSPHERE	2	QL (10.7 gm per 28 days)
<i>budesonide-formoterol fumarate</i>	1	QL (1.02 gm per 1 day(s))
COMBIVENT RESPIMAT	2	
DULERA	2	
<i>fluticasone-salmeterol (100-50 mcg/act aer pow ba, 250-50 mcg/act aer pow ba, 500-50 mcg/act aer pow ba)</i>	1	QL (2 ea per 1 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	1	QL (1 ea per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>formoterol fumarate</i>	1	PA
<i>ipratropium-albuterol</i>	1	
<i>levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)</i>	1	
LEVALBUTEROL TARTRATE	1	
SEREVENT DISKUS	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
TRELEGY ELLIPTA	2	QL (2 ea per 1 days)
VENTOLIN HFA	1	
<i>wixela inhub</i>	1	QL (2 ea per 1 days)
XANTHINES		
<i>elixophyllin</i>	1	
THEO-24	3	
<i>theophylline</i>	1	
<i>theophylline er (100 mg tab er 12h, 200 mg tab er 12h, 300 mg tab er 12h, 400 mg tab er 24h, 450 mg tab er 12h, 600 mg tab er 24h)</i>	1	
ANTICOAGULANTS (CONTINUED)		
COUMARIN ANTICOAGULANTS		
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS 2.5 MG TAB	2	QL (2 ea per 1 days)
ELIQUIS 5 MG TAB	2	QL (4 ea per 1 days)
ELIQUIS DVT/PE STARTER PACK	2	QL (74 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
XARELTO (10 MG TAB, 20 MG TAB)	2	QL (1 ea per 1 days)
XARELTO (2.5 MG TAB, 15 MG TAB)	2	QL (2 ea per 1 days)
XARELTO 1 MG/ML RECON SUSP	2	QL (20 ml per 1 days)
XARELTO STARTER PACK	2	QL (51 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium (30 mg/0.3ml soln prsy, 40 mg/0.4ml soln prsy, 60 mg/0.6ml soln prsy, 80 mg/0.8ml soln prsy, 100 mg/ml soln prsy, 120 mg/0.8ml soln prsy, 150 mg/ml soln prsy)</i>	1	
<i>enoxaparin sodium 300 mg/3ml solution</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>fondaparinux sodium</i>	1	PN (34 DAYS SUPPLY PER FILL)
HEPARIN SODIUM (PORCINE) (1000 UNIT/ML SOLUTION, 5000 UNIT/0.5ML SOLN PRSYR, 5000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	1	
<i>heparin sodium (porcine) pf (1000 unit/ml solution, 5000 unit/0.5ml solution, 5000 unit/ml solution)</i>	1	
ANTICONVULSANTS (CONTINUED)		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA (2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	3	PA, QL (1 ea per 1 days)
FYCOMPA 0.5 MG/ML SUSPENSION	3	PA, QL (24 ml per 1 days)
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam (10 mg tab, 20 mg tab)</i>	1	
<i>clobazam 2.5 mg/ml suspension</i>	1	
<i>clonazepam</i>	1	
DIASTAT ACUDIAL	2	
DIAZEPAM (2.5 MG GEL, 10 MG GEL, 20 MG GEL)	1	
NAYZILAM	2	QL (10 ea per 30 days), AL (12 to 999 yrs old), PN (30 DAYS SUPPLY PER FILL)
SYMPAZAN	3	PA, QL (2 ea per 1 days)
VALTOCO 10 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 15 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 20 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
VALTOCO 5 MG DOSE	2	QL (10 ea per 30 days), AL (6 to 999 yrs old)
ANTICONVULSANTS - MISC.		
APTIOM (200 MG TAB, 400 MG TAB)	3	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
APTIOM (600 MG TAB, 800 MG TAB)	3	PA, QL (2 ea per 1 days)
<i>carbamazepine (100 mg chew tab, 100 mg/5ml suspension)</i>	1	
<i>carbamazepine 200 mg tab</i>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
DIACOMIT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
EPIDIOLEX	3	PA, SP
<i>epitol</i>	1	
EPRONTIA	3	PA, QL (16 ml per 1 days)
FINTEPLA	4	PA, LA, QL (360 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)</i>	1	PA
<i>lamotrigine (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>lamotrigine (5 mg chew tab, 25 mg chew tab)</i>	1	
<i>lamotrigine er</i>	1	
<i>lamotrigine starter kit-blue</i>	1	
<i>levetiracetam (250 mg tab, 500 mg tab, 750 mg tab, 1000 mg tab)</i>	1	
<i>levetiracetam 100 mg/ml solution</i>	1	
<i>levetiracetam er</i>	1	
<i>oxcarbazepine (150 mg tab, 300 mg tab, 600 mg tab)</i>	1	
<i>oxcarbazepine 300 mg/5ml suspension</i>	1	
OXTELLAR XR	3	PA
<i>pregabalin (20 mg/ml solution, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)</i>	1	
<i>primidone (50 mg tab, 250 mg tab)</i>	1	
<i>roweepra</i>	1	
<i>roweepra xr</i>	1	
<i>rufinamide (40 mg/ml suspension, 200 mg tab, 400 mg tab)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite</i>	1	
<i>subvenite starter kit-blue</i>	1	
TEGRETOL 100 MG/5ML SUSPENSION	3	
TEGRETOL 200 MG TAB	3	
TEGRETOL-XR	3	
<i>topiramate</i>	1	
<i>topiramate er (25 mg cap er 24h, 25 mg cp24 sprnk, 50 mg cap er 24h, 50 mg cp24 sprnk, 100 mg cap er 24h, 100 mg cp24 sprnk, 150 mg cp24 sprnk, 200 mg cp24 sprnk)</i>	1	PA
<i>topiramate er 200 mg cap er 24h</i>	1	PA
TRILEPTAL (150 MG TAB, 300 MG TAB, 600 MG TAB)	3	
TRILEPTAL 300 MG/5ML SUSPENSION	3	
TROKENDI XR (50 MG CAP ER 24H, 100 MG CAP ER 24H)	3	PA
TROKENDI XR 200 MG CAP ER 24H	3	PA
<i>zonisamide</i>	1	
ZTALMY	4	PA, LA, QL (1100 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARBAMATES		
<i>felbamate (400 mg tab, 600 mg tab)</i>	1	
<i>felbamate 600 mg/5ml suspension</i>	1	
XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK)	3	PA, QL (28 ea per 28 day(s)), PN (28 DAY SUPPLY IN 180 DAYS)
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	3	PA, QL (2 ea per 1 days)
XCOPRI (350 MG DAILY DOSE)	3	PA, QL (2 ea per 1 days)
XCOPRI (50 MG TAB, 100 MG TAB, 150 MG TAB)	3	PA, QL (1 ea per 1 days)
XCOPRI 200 MG TAB	3	PA, QL (2 ea per 1 days)
XCOPRI 25 MG TAB	3	PA, QL (1 ea per 1 day(s))
GABA MODULATORS		
<i>tiagabine hcl</i>	1	
<i>vigabatrin</i>	1	PA, SP
<i>vigadrone</i>	1	PA, SP
<i>vigpoder</i>	1	PA, SP

Drug Name	Drug Tier	Requirements/Limits
HYDANTOINS		
DILANTIN 100 MG CAP	3	
DILANTIN 125 MG/5ML SUSPENSION	3	
DILANTIN 30 MG CAP	2	
DILANTIN INFATABS	2	
DILANTIN-125	3	
<i>phenytek</i>	2	
<i>phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)</i>	1	
<i>phenytoin infatabs</i>	1	
<i>phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)</i>	1	
SUCCINIMIDES		
<i>ethosuximide 250 mg cap</i>	1	
<i>ethosuximide 250 mg/5ml solution</i>	1	
VALPROIC ACID		
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
<i>valproic acid 250 mg cap</i>	1	
<i>valproic acid 250 mg/5ml solution</i>	1	
ANTIDEPRESSANTS (CONTINUED)		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine</i>	1	
ANTIDEPRESSANT COMBINATIONS		
AUVELITY	3	PA, QL (2 ea per 1 days)
ANTIDEPRESSANTS - MISC.		
APLENZIN	3	PA
<i>bupropion hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl er (smoking det)</i>	0	
<i>bupropion hcl er (sr)</i>	1	
<i>bupropion hcl er (xl) (150 mg tab er 24h, 300 mg tab er 24h)</i>	1	
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	PA, QL (1 ea per 1 days)
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZULRESSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZURZUVAE (20 MG CAP, 25 MG CAP)	4	PA, QL (28 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
ZURZUVAE 30 MG CAP	4	PA, QL (14 ea per 14 days), SP, PN (14 DAYS SUPPLY PER FILL)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
PHENELZINE SULFATE	1	
<i>tranylcypromine sulfate</i>	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO (56 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SPRAVATO (84 MG DOSE)	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide (10 mg tab, 10 mg/5ml solution, 20 mg tab, 40 mg tab)</i>	1	
<i>escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 20 mg tab)</i>	1	
<i>fluoxetine hcl (10 mg cap, 10 mg tab, 20 mg cap, 20 mg tab, 20 mg/5ml solution, 40 mg cap, 60 mg tab, 90 mg cap dr)</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>paroxetine hcl (10 mg tab, 10 mg/5ml suspension, 20 mg tab, 30 mg tab, 40 mg tab)</i>	1	
<i>paroxetine hcl er</i>	1	
<i>sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
SEROTONIN MODULATORS		
NEFAZODONE HCL	1	
<i>trazodone hcl</i>	1	
TRINTELLIX	3	PA
<i>vilazodone hcl</i>	1	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate er</i>	1	QL (1 ea per 1 days)
<i>duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)</i>	1	
FETZIMA	3	PA
FETZIMA TITRATION	3	PA
<i>venlafaxine hcl</i>	1	
<i>venlafaxine hcl er</i>	1	
TRICYCLIC AGENTS		
<i>amitriptyline hcl</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)</i>	1	
<i>doxepin hcl 10 mg/ml conc</i>	1	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>nortriptyline hcl 10 mg/5ml solution</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	
ANTIDIABETICS (CONTINUED)		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose</i>	1	
MIGLITOL	1	
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	QL (1 ea per 1 days)
JENTADUETO	2	QL (2 ea per 1 days)
JENTADUETO XR 2.5-1000 MG TAB ER 24H	2	QL (2 ea per 1 days)
JENTADUETO XR 5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
<i>pioglitazone hcl-glimepiride 30-2 mg tab</i>	1	
<i>pioglitazone hcl-glimepiride 30-4 mg tab</i>	1	
<i>pioglitazone hcl-metformin hcl</i>	1	
<i>saxagliptin-metformin er (5-1000 mg tab er 24h, 5-500 mg tab er 24h)</i>	1	PA, QL (1 ea per 1 day(s))
<i>saxagliptin-metformin er 2.5-1000 mg tab er 24h</i>	1	PA, QL (2 ea per 1 day(s))
SYNJARDY	2	QL (2 ea per 1 days)
SYNJARDY XR (10-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
SYNJARDY XR (5-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
TRIJARDY XR (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	2	QL (1 ea per 1 days)
TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	2	QL (2 ea per 1 days)
XIGDUO XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))
XIGDUO XR (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	2	QL (1 ea per 1 days)
XIGDUO XR 2.5-1000 MG TAB ER 24H	2	QL (1 ea per 1 days)
XULTOPHY	2	ST, QL (0.5 ml per 1 days)
ANTIDIABETIC-ANTIBODIES		
TZIELD	4	PA, LA, SP, PN (14 DAYS SUPPLY PER FILL)
BIGUANIDES		
<i>metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)</i>	1	
<i>metformin hcl er</i>	1	
DIABETIC OTHER		
BAQSIMI ONE PACK	2	QL (2 ea per fill)
BAQSIMI TWO PACK	2	QL (2 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	2	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG KIT	2	QL (2 ea per fill(s)), PN (1 DAY SUPPLY PER FILL)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	2	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 1-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 0.5 MG/0.1ML SOLN A-INJ	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE HYPOPEN 2-PACK 1 MG/0.2ML SOLN A-INJ	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE KIT	2	QL (0.4 ml per fill)
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	2	QL (0.2 ml per fill), PN (1 DAY SUPPLY PER FILL)
GVOKE PFS 1 MG/0.2ML SOLN PRSYR	2	QL (0.4 ml per fill), PN (1 DAY SUPPLY PER FILL)
KORLYM	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>mifepristone 300 mg tab</i>	4	PA, QL (112 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ZEGALOGUE 0.6 MG/0.6ML SOLN A-INJ	3	ST, QL (1.2 ml per fill)
ZEGALOGUE 0.6 MG/0.6ML SOLN PRSYR	3	ST, QL (1.2 ml per fill)
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>saxagliptin hcl</i>	1	PA, QL (1 ea per 1 day(s))
TRADJENTA	2	QL (1 ea per 1 days)
INCRETIN MIMETIC AGENTS		
MOUNJARO (5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN)	2	PA, QL (2 ml per 28 days)
MOUNJARO 2.5 MG/0.5ML SOLN PEN	2	PA, QL (2 ml per 28 day(s)), PN (28 DAYS SUPPLY PER FILL)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	2	PA, QL (0.06 ml per 1 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	2	PA, QL (0.11 ml per 1 days)
OZEMPIC (1 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC (2 MG/DOSE)	2	PA, QL (0.11 ml per 1 days)
RYBELSUS (7 MG TAB, 14 MG TAB)	2	PA, QL (1 ea per 1 days)
RYBELSUS 3 MG TAB	2	PA, QL (30 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
TRULICITY	2	PA, QL (0.072 ml per 1 days)
VICTOZA	2	PA, QL (0.3 ml per 1 days)
INSULIN		
INSULIN ASP PROT & ASP FLEXPEN	1	
INSULIN ASPART	1	
INSULIN ASPART FLEXPEN	1	
INSULIN ASPART PENFILL	1	
INSULIN ASPART PROT & ASPART	1	
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
LEVEMIR FLEXPEN	2	
LEVEMIR FLEXTOUCH	2	
NOVOLOG	2	
NOVOLOG 70/30 FLEXPEN RELION	2	
NOVOLOG FLEXPEN	2	
NOVOLOG FLEXPEN RELION	2	
NOVOLOG MIX 70/30	2	
NOVOLOG MIX 70/30 FLEXPEN	2	
NOVOLOG MIX 70/30 RELION	2	
NOVOLOG PENFILL	2	
NOVOLOG RELION	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MEGLITINIDE ANALOGUES		
<i>nateglinide</i>	1	
<i>repaglinide</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA	2	QL (1 ea per 1 day(s))
JARDIANCE	2	QL (1 ea per 1 days)
SULFONYLUREAS		
<i>glimepiride</i>	1	
<i>glipizide (5 mg tab, 10 mg tab)</i>	1	
<i>glipizide er</i>	1	
<i>glipizide xl</i>	1	
<i>glyburide</i>	1	
GLYBURIDE MICRONIZED	1	
GLYNASE 3 MG TAB	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS (CONTINUED)		
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS		
MYTESI	3	PA
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate-atropine (2.5-0.025 mg tab, 2.5-0.025 mg/5ml liquid)</i>	1	
<i>loperamide hcl 2 mg cap</i>	1	
<i>opium</i>	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS (CONTINUED)		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferasirox granules</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>deferiprone 500 mg tab</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FERRIPROX 100 MG/ML SOLUTION	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANDEXXA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PRAXBIND	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPIOID ANTAGONISTS		
KLOXXADO	2	
<i>naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)</i>	1	
<i>naltrexone hcl</i>	1	
OPVEE	2	
VIVITROL	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZIMHI	2	
ANTIEMETICS (CONTINUED)		
5-HT3 RECEPTOR ANTAGONISTS		
<i>granisetron hcl 1 mg tab</i>	1	QL (2 ea per fill), PN (1 DAY SUPPLY PER FILL)
<i>ondansetron</i>	1	
<i>ondansetron hcl (4 mg tab, 4 mg/5ml solution, 8 mg tab, 24 mg tab)</i>	1	
SANCUSO	3	PA, QL (4 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
SUSTOL	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl (12.5 mg tab, 25 mg tab)</i>	1	
<i>scopolamine</i>	1	
TRANSDERM SCOP (1.5 MG)	2	
TRANSDERM-SCOP	2	
<i>trimethobenzamide hcl</i>	1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO 300-0.5 MG CAP	3	QL (2 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
BONJESTA	2	QL (2 ea per 1 days)
<i>doxylamine-pyridoxine</i>	1	QL (4 ea per 1 days)
<i>dronabinol</i>	1	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CINVANTI	3	PA, SP
EMEND 125 MG/5ML RECON SUSP	3	
VARUBI (180 MG DOSE)	3	QL (2 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
ANTIFUNGALS (CONTINUED)		
ANTIFUNGALS		
<i>flucytosine</i>	1	PN (34 DAYS SUPPLY PER FILL)
<i>griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>nystatin 500000 unit tab</i>	1	
<i>terbinafine hcl 250 mg tab</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA 372 MG RECON SOLN	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)</i>	1	
<i>itraconazole (10 mg/ml solution, 100 mg cap)</i>	1	PA
<i>ketoconazole 200 mg tab</i>	1	
NOXAFIL 300 MG PACKET	4	PA, QL (30 ea per 30 day(s)), PN (MAX 30 DAYS SUPPLY PER FILL)
<i>posaconazole 100 mg tab dr</i>	4	PA, QL (90 ea per 30 days), PN (34 DAYS SUPPLY PER FILL)
<i>posaconazole 40 mg/ml suspension</i>	4	PA, QL (20 ml per 1 days), PN (30 DAYS SUPPLY PER FILL)
VIVJOA	3	PA, QL (18 ea per 84 days), PN (84 DAYS SUPPLY PER FILL)
<i>voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)</i>	1	PA, PN (34 DAYS SUPPLY PER FILL)
ANTIHISTAMINES (CONTINUED)		
ANTIHISTAMINES - ALKYLAMINES		
DEXCHLORPHENIRAMINE MALEATE	1	
ANTIHISTAMINES - ETHANOLAMINES		
CARBINOXAMINE MALEATE (4 MG TAB, 4 MG/5ML SOLUTION, 6 MG TAB)	1	
CLEMASTINE FUMARATE 2.68 MG TAB	1	
<i>di-phen</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diphen 12.5 mg/5ml elixir</i>	1	
DIPHENHYDRAMINE HCL 12.5 MG/5ML ELIXIR	1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>phenadoz</i>	1	
<i>promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 25 mg suppos, 25 mg tab, 50 mg tab)</i>	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS)	1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)</i>	1	
ANTHYPERLIPIDEMICS (CONTINUED)		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL	2	PA, QL (1 ea per 1 days)
ANGIOPOIETIN-LIKE PROTEIN INHIBITORS		
EVKEEZA	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin</i>	1	PA
NEXLIZET	2	PA, QL (1 ea per 1 days)
ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl 0.5 gm cap</i>	1	QL (8 ea per 1 days)
<i>icosapent ethyl 1 gm cap</i>	1	QL (4 ea per 1 days)
<i>omega-3-acid ethyl esters</i>	1	
VASCEPA 0.5 GM CAP	3	QL (8 ea per 1 days)
BILE ACID SEQUESTRANTS		
<i>cholestyramine (4 gm packet, 4 gm/dose powder)</i>	1	
<i>cholestyramine light (4 gm packet, 4 gm/dose powder)</i>	1	
<i>colesevelam hcl</i>	1	
<i>colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)</i>	1	
<i>prevalite (4 gm packet, 4 gm/dose powder)</i>	1	
FIBRIC ACID DERIVATIVES		
<i>fenofibrate (48 mg tab, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 160 mg tab, 200 mg cap)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
FENOFIBRATE MICRONIZED (30 MG CAP, 90 MG CAP)	1	PA
<i>fenofibrate micronized (43 mg cap, 67 mg cap, 130 mg cap, 134 mg cap, 200 mg cap)</i>	1	
<i>fenofibric acid (45 mg cap dr, 135 mg cap dr)</i>	1	
<i>gemfibrozil</i>	1	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (20 mg tab, 40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>atorvastatin calcium 10 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 20 mg cap</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium 40 mg cap</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>fluvastatin sodium er</i>	1	PA, QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
LIVALO 1 MG TAB	3	PA, QL (4 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
LIVALO 2 MG TAB	3	PA, QL (2 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
LIVALO 4 MG TAB	3	PA, QL (1 ea per 1 day(s)), PN (\$0 copay for members age 40-75)
<i>lovastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>lovastatin 40 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 10 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 20 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 40 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>pravastatin sodium 80 mg tab</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>rosuvastatin calcium 5 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin (40 mg tab, 80 mg tab)</i>	1	QL (1 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 10 mg tab</i>	1	QL (4 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 20 mg tab</i>	1	QL (2 ea per 1 days), PN (\$0 copay for members age 40-75)
<i>simvastatin 5 mg tab</i>	1	QL (8 ea per 1 days), PN (\$0 copay for members age 40-75)
ZYPITAMAG (2 MG TAB, 4 MG TAB)	3	PA, QL (1 ea per 1 days)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe</i>	1	
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS		
JUXTAPID (20 MG CAP, 30 MG CAP)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
JUXTAPID (5 MG CAP, 10 MG CAP)	4	PA, LA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
NICOTINIC ACID DERIVATIVES		
<i>niacin er (antihyperlipidemic)</i>	1	
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
LEQVIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRALUENT	2	PA, QL (0.072 ml per 1 days)
REPATHA	2	PA, QL (0.072 ml per 1 days)
REPATHA PUSHTRONEX SYSTEM	2	PA, QL (0.125 ml per 1 days)
REPATHA SURECLICK	2	PA, QL (0.072 ml per 1 days)
ANTIHYPERTENSIVES (CONTINUED)		
ACE INHIBITORS		
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl</i>	1	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	
EDARBI	3	PA, QL (1 ea per 1 days)
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	1	
<i>telmisartan</i>	1	
<i>valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine</i>	1	
<i>clonidine hcl</i>	1	
<i>doxazosin mesylate</i>	1	
<i>guanfacine hcl</i>	1	
METHYLDOPA	1	
<i>prazosin hcl</i>	1	
<i>terazosin hcl</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besy-benazepril hcl</i>	1	
<i>amlodipine besylate-valsartan</i>	1	PA
<i>amlodipine-olmesartan</i>	1	PA
<i>amlodipine-valsartan-hctz</i>	1	PA
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan cilexetil-hctz</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	
EDARBYCLOR	3	PA, QL (1 ea per 1 days)
<i>enalapril-hydrochlorothiazide</i>	1	
<i>fosinopril sodium-hctz</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan potassium-hctz</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil-hctz</i>	1	
<i>olmesartan-amlodipine-hctz</i>	1	PA
<i>quinapril-hydrochlorothiazide</i>	1	
TEKTURNA HCT	3	PA
<i>telmisartan-hctz</i>	1	
<i>trandolapril-verapamil hcl er (1-240 mg tab er, 2-180 mg tab er, 2-240 mg tab er, 4-240 mg tab er)</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate</i>	1	PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone</i>	1	
VASODILATORS		
<i>hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>minoxidil</i>	1	
ANTIMALARIALS (CONTINUED)		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl</i>	1	
ANTIMALARIALS		
ARTESUNATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>chloroquine phosphate</i>	1	
<i>hydroxychloroquine sulfate 200 mg tab</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KRINTAFEL	3	QL (2 ea per 1 day(s)), PN (1 DAY SUPPLY IN 180 DAYS)
<i>mefloquine hcl</i>	1	
<i>primaquine phosphate</i>	3	QL (14 ea per 14 day(s)), PN (14 DAY SUPPLY IN 180 DAYS)
<i>pyrimethamine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>quinine sulfate</i>	1	PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS (CONTINUED)		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE	4	PA, LA, QL (240 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pyridostigmine bromide (30 mg tab, 60 mg tab, 60 mg/5ml solution)</i>	1	
<i>pyridostigmine bromide er</i>	1	
ANTIMYCOBACTERIAL AGENTS (CONTINUED)		
ANTIMYCOBACTERIAL AGENTS		
<i>ethambutol hcl</i>	1	
ISONIAZID (50 MG/5ML SYRUP, 100 MG TAB, 300 MG TAB)	1	
PRETOMANID	2	PA, QL (1 ea per 1 days)
<i>pyrazinamide</i>	1	
<i>rifabutin</i>	1	
<i>rifampin (150 mg cap, 300 mg cap)</i>	1	
SIRTURO	4	PA, LA, SP
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES (CONTINUED)		
ALKYLATING AGENTS		
BELRAPZO	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>bendamustine hcl (25 mg recon soln, 100 mg recon soln)</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDAMUSTINE HCL 100 MG/4ML SOLUTION	4	SP, PN (34 DAYS SUPPLY PER FILL)
BENDEKA	4	SP, PN (34 DAYS SUPPLY PER FILL)
CYCLOPHOSPHAMIDE (25 MG CAP, 50 MG CAP)	1	SP
GLEOSTINE	2	SP, PN (MIN 42 DAY SUPPLY; MAX 42 DAY SUPPLY)
LEUKERAN	2	SP

Drug Name	Drug Tier	Requirements/Limits
MELPHALAN	1	
MYLERAN	2	SP
OXALIPLATIN (50 MG RECON SOLN, 50 MG/10ML SOLUTION, 100 MG RECON SOLN, 100 MG/20ML SOLUTION, 200 MG/40ML SOLUTION)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>temozolomide</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>thiotepa</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIVIMUSTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
YONDELIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEPZELCA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIMETABOLITES		
<i>capecitabine</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>clofarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>decitabine</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
FOLOTYN	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mercaptopurine</i>	1	
METHOTREXATE SODIUM (2.5 MG TAB, 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION, 1000 MG/40ML SOLUTION)	1	
<i>methotrexate sodium (pf)</i>	1	
<i>nelarabine</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONUREG	3	QL (14 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEMETREXED	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DISODIUM (1 GM/40ML SOLUTION, 100 MG RECON SOLN, 100 MG/4ML SOLUTION, 500 MG RECON SOLN, 500 MG/20ML SOLUTION, 750 MG RECON SOLN, 850 MG/34ML SOLUTION, 1000 MG RECON SOLN)	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMETREXED DITROMETHAMINE	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEMFEXY	4	SP, PN (34 DAYS SUPPLY PER FILL)
PRALATREXATE	4	SP, PN (34 DAYS SUPPLY PER FILL)
XATMEP	3	PA, SP
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
AVASTIN	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CYRAMZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FRUZAQLA 1 MG CAP	3	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
FRUZAQLA 5 MG CAP	3	PA, QL (21 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
INLYTA 1 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
INLYTA 5 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (10 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (12 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (14 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (18 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (20 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (24 MG DAILY DOSE)	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (4 MG DAILY DOSE)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LENVIMA (8 MG DAILY DOSE)	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
MVASI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ZALTRAP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
HERCEPTIN	4	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
HERZUMA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KANJINTI	4	SP, PN (34 DAYS SUPPLY PER FILL)
MARGENZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OGIVRI	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONTRUZANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
PERJETA	4	SP, PN (34 DAYS SUPPLY PER FILL)
TRAZIMERA	4	SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TUKYSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - ANTIBODIES		
ADCETRIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ARZERRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BAVENCIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BESPONSA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BLENREP	4	PA, PN (34 DAYS SUPPLY PER FILL)
BLINCYTO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
COLUMVI 2.5 MG/2.5ML SOLUTION	4	PA, QL (30 ml per 21 day(s)), SP, PN (21 DAYS SUPPLY PER FILL)
DANYELZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DARZALEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELAHERE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ELREXFIO	4	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
EMPLICITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENHERTU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EPKINLY	4	PA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
GAZYVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMFINZI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMJUDO 25 MG/1.25ML SOLUTION	4	PA, QL (375 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
IMJUDO 300 MG/15ML SOLUTION	4	PA, QL (15 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
JEMPERLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KADCYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEYTRUDA	4	PA, SP, PN (MIN 21 DAY SUPPLY; MAX 42 DAY SUPPLY)
KIMMTRAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LIBTAYO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
LOQTORZI	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
LUMOXITI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUNSUMIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MONJUVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MYLOTARG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPDIVO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PADCEV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POLIVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
POTELIGEO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RIABNI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RUXIENCE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RYBREVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SARCLISA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TALVEY	4	PA, SP, PN (34 DAY SUPPLY PER FILL)
TECENTRIQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TECVAYLI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TIVDAK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
UNITUXIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
YERVOY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEVALIN Y-90	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNLONTA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZYNYZ	4	PA, QL (20 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA 10 MG TAB	3	QL (56 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 100 MG TAB	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA 50 MG TAB	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VENCLEXTA STARTING PACK	3	QL (42 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - EGFR INHIBITORS		
ERBITUX	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>erlotinib hcl (100 mg tab, 150 mg tab)</i>	1	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl 25 mg tab</i>	1	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
EXKIVITY	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>gefitinib</i>	2	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GILOTRIF	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PORTRAZZA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAGRISSO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VECTIBIX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VIZIMPRO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
DAURISMO 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
DAURISMO 25 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERIVEDGE	3	QL (28 ea per 28 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ODOMZO	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate 250 mg tab</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>abiraterone acetate 500 mg tab</i>	1	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 100-500 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AKEEGA 50-500 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>anastrozole</i>	0	
<i>bicalutamide</i>	1	
CAMCEVI	4	SP, PN (168 DAYS SUPPLY PER FILL)
ELIGARD 22.5 MG KIT	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ELIGARD 30 MG KIT	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
ELIGARD 45 MG KIT	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
ELIGARD 7.5 MG KIT	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
EMCYT	2	SP
ERLEADA 240 MG TAB	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ERLEADA 60 MG TAB	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>exemestane</i>	0	
FIRMAGON	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
FIRMAGON (240 MG DOSE)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>flutamide</i>	1	
FLUTAMIDE	1	
FULVESTRANT	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>fulvestrant</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
<i>letrozole</i>	0	
<i>leuprolide acetate</i>	1	
LUPRON DEPOT (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT (3-MONTH)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT (4-MONTH)	4	SP, PN (MIN 112 DAY SUPPLY; MAX 120 DAY SUPPLY)
LUPRON DEPOT (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYSODREN	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>megestrol acetate (20 mg tab, 40 mg tab)</i>	1	
<i>megestrol acetate (40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)</i>	1	
<i>nilutamide</i>	1	SP
NUBEQA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORGOVYX	3	PA, QL (64 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ORSERDU 345 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ORSERDU 86 MG TAB	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>tamoxifen citrate 10 mg tab</i>	0	
<i>tamoxifen citrate 20 mg tab</i>	0	PN (\$0 copay for women)
<i>toremifene citrate</i>	1	SP
TRELSTAR MIXJECT 11.25 MG RECON SUSP	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
TRELSTAR MIXJECT 22.5 MG RECON SUSP	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
TRELSTAR MIXJECT 3.75 MG RECON SUSP	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
XTANDI 40 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 40 MG TAB	4	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XTANDI 80 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
YONSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZOLADEX 10.8 MG IMPLANT	4	SP, PN (84 DAYS SUPPLY PER FILL)
ZOLADEX 3.6 MG IMPLANT	4	SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS		
WELIREG	4	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST	3	QL (21 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS		
AYVAKIT (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AYVAKIT (25 MG TAB, 50 MG TAB)	4	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	3	QL (4 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (60 MG TWICE WEEKLY)	3	QL (24 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	3	QL (8 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
XPOVIO (80 MG TWICE WEEKLY)	3	QL (32 ea per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ANTIBIOTICS		
JELMYTO	4	PA, LA, QL (17 ea per lifetime), SP
<i>mitomycin (5 mg recon soln, 20 mg recon soln, 40 mg recon soln)</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>mutamycin</i>	1	SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC COMBINATIONS		
DARZALEX FASPRO	4	PA, QL (15 ml per 1 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
HERCEPTIN HYLECTA	4	SP, PN (34 DAYS SUPPLY PER FILL)
INQOVI	3	QL (5 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (400 MG DOSE)	3	QL (70 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA (600 MG DOSE)	3	QL (91 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI FEMARA(200 MG DOSE)	3	QL (49 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 15-6.14 MG TAB	3	QL (100 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LONSURF 20-8.19 MG TAB	3	QL (80 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OPDUALAG	4	PA, QL (40 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
PHEGO	4	SP, PN (34 DAYS SUPPLY PER FILL)
RITUXAN HYCELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYXEOS	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA	3	QL (240 ea per 30 days), PA-NSO, SP, PN (MIN 30 DAY SUPPLY; MAX 60 DAY SUPPLY)
ALIQOPA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALUNBRIG (90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ALUNBRIG 30 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
AUGTYRO	4	PA, QL (240 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
BALVERSA 3 MG TAB	3	LA, QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 4 MG TAB	3	LA, QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BALVERSA 5 MG TAB	3	LA, QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
BELEODAQ	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BORTEZOMIB (1 MG RECON SOLN, 2.5 MG RECON SOLN, 3.5 MG RECON SOLN, 3.5 MG/1.4ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BOSULIF (400 MG TAB, 500 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BOSULIF 100 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRAFTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
BRUKINSA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CABOMETYX	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
CALQUENCE 100 MG TAB	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
CAPRELSA 100 MG TAB	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA 300 MG TAB	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COMETRIQ (100 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (140 MG DAILY DOSE)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COMETRIQ (60 MG DAILY DOSE)	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COPIKTRA	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
COTELLIC	3	QL (90 ea per 30 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>everolimus (2 mg tab sol, 2.5 mg tab, 3 mg tab sol, 5 mg tab, 5 mg tab sol, 7.5 mg tab, 10 mg tab)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
FOTIVDA	3	QL (21 ea per 28 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
FYARRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAVRETO	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 100 MG TAB	3	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GLEEVEC 400 MG TAB	3	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IBRANCE	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ICLUSIG (10 MG TAB, 30 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ICLUSIG (15 MG TAB, 45 MG TAB)	3	LA, QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
IDHIFA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 100 mg tab</i>	1	QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>imatinib mesylate 400 mg tab</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
IMBRUVICA (70 MG CAP, 140 MG TAB, 280 MG TAB, 420 MG TAB)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 140 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA 560 MG TAB	3	QL (28 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
IMBRUVICA 70 MG/ML SUSPENSION	3	QL (216 ml per 36 days), PA-NSO, SP, PN (36 DAYS SUPPLY PER FILL)
INREBIC	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAKAFI	3	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 100 MG TAB	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
JAYPIRCA 50 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KISQALI (200 MG DOSE)	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (400 MG DOSE)	3	QL (42 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KISQALI (600 MG DOSE)	3	QL (63 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
KOSELUGO 10 MG CAP	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KOSELUGO 25 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KRAZATI	4	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KYPROLIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>lapatinib ditosylate</i>	1	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 100 MG TAB	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LORBRENA 25 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 120 MG TAB	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LUMAKRAS 320 MG TAB	4	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
LYNPARZA	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
LYTGOBI (12 MG DAILY DOSE)	4	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LYTGOBI (16 MG DAILY DOSE)	4	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
LYTGOBI (20 MG DAILY DOSE)	4	QL (140 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
MEKINIST 0.05 MG/ML RECON SOLN	3	PA, QL (1200 ml per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
MEKINIST 0.5 MG TAB	3	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKINIST 2 MG TAB	3	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MEKTOVI	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
NERLYNX	3	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
NINLARO	3	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
OGSIVEO 50 MG TAB	4	PA, QL (180 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
OJJAARA	3	PA, LA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pazopanib hcl</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
PEMAZYRE	3	LA, QL (14 ea per 21 days), PA-NSO, SP, PN (21 DAYS SUPPLY PER FILL)
PIQRAY (200 MG DAILY DOSE)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (250 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
PIQRAY (300 MG DAILY DOSE)	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
QINLOCK	3	LA, QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 40 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RETEVMO 80 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
REZLIDHIA	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROMIDEPSIN (10 MG RECON SOLN, 27.5 MG/5.5ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK 100 MG CAP	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 200 MG CAP	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ROZLYTREK 50 MG PACKET	3	PA, QL (336 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RUBRACA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
RYDAPT	3	QL (224 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
SCSEMBLIX	4	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sorafenib tosylate</i>	1	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
SPRYCEL 20 MG TAB	3	QL (90 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
STIVARGA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>sunitinib malate</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
TABRECTA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR (50 MG CAP, 75 MG CAP)	3	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TAFINLAR 10 MG TAB SOL	3	PA, QL (900 ml per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
TALZENNA (0.25 MG CAP, 0.5 MG CAP, 0.75 MG CAP, 1 MG CAP)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TASIGNA (150 MG CAP, 200 MG CAP)	3	QL (112 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TASIGNA 50 MG CAP	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TAZVERIK	3	LA, QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
<i>temsirolimus</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TEPMETKO	3	LA, QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TIBSOVO	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TRUQAP	3	QL (64 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (100MG DAILY DOSE)	4	QL (21 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (125MG DAILY DOSE)	4	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (50MG DAILY DOSE)	4	QL (42 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TRUSELTIQ (75MG DAILY DOSE)	4	QL (63 ea per 28 days), PA-NSO, PN (28 DAYS SUPPLY PER FILL)
TURALIO 125 MG CAP	3	LA, QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
TURALIO 200 MG CAP	3	QL (120 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
VANFLYTA	3	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VERZENIO	3	QL (56 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
VITRAKVI 100 MG CAP	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 20 MG/ML SOLUTION	3	QL (300 ml per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VITRAKVI 25 MG CAP	3	QL (180 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
VONJO	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VOTRIENT	3	QL (120 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XALKORI (200 MG CAP, 250 MG CAP)	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
XOSPATA	3	PA-NSO, SP, PN (34 DAYS SUPPLY PER FILL)
ZEJULA (100 MG TAB, 200 MG TAB, 300 MG TAB)	3	QL (30 ea per 30 days), PA-NSO, SP, PN (MAX 30 DAYS SUPPLY PER FILL)
ZEJULA 100 MG CAP	3	QL (90 ea per 30 days), PA-NSO, PN (30 DAYS SUPPLY PER FILL)
ZELBORAF	3	QL (240 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA	3	QL (120 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYDELIG	3	QL (60 ea per 30 days), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
ZYKADIA	3	QL (84 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC ENZYMES		
ASPARLAS	4	SP, PN (34 DAYS SUPPLY PER FILL)
ONCASPAR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RYLAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTIC RADIOPHARMACEUTICALS		
AZEDRA DOSIMETRIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AZEDRA THERAPEUTIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LUTATHERA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PLUVICTO	4	PA, SP, PN (42 DAYS SUPPLY PER FILL)
XOFIGO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTINEOPLASTICS MISC.		
ACTIMMUNE	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
BESREMI	4	LA, QL (2 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
<i>bexarotene 75 mg cap</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>hydroxyurea</i>	1	
INTRON A (10000000 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	2	PN (34 DAYS SUPPLY PER FILL)
MATULANE	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYNRIBO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>tretinoin 10 mg cap</i>	1	SP
TRISENOX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY ADJUNCTS		
ELITEK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KEPIVANCE 5.16 MG RECON SOLN	4	PA, LA, SP, PN (34 DAY SUPPLY PER FILL)
KEPIVANCE 6.25 MG RECON SOLN	4	PN (34 DAYS SUPPLY PER FILL)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
COSELA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
IWILFIN	4	LA, QL (240 ea per 30 day(s)), PA-NSO, SP, PN (30 DAYS SUPPLY PER FILL)
KHAPZORY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
MESNEX 400 MG TAB	4	SP, PN (34 DAYS SUPPLY PER FILL)
PEDMARK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VORAXAZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MITOTIC INHIBITORS		
ABRAXANE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ETOPOSIDE 50 MG CAP	1	SP
HALAVEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IXEMPRA KIT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JEVTANA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MARQIBO	4	PA, PN (34 DAYS SUPPLY PER FILL)
PACLITAXEL PROTEIN-BOUND PART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ONCOLYTIC VIRAL AGENTS		
IMLYGIC	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TOPOISOMERASE I INHIBITORS		
HYCAMTIN (0.25 MG CAP, 1 MG CAP)	3	SP, PN (34 DAYS SUPPLY PER FILL)
ONIVYDE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TRODELVY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPARKINSON AND RELATED THERAPY AGENTS (CONTINUED)		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone</i>	1	
ONGENTYS	3	ST, QL (1 ea per 1 days)
<i>tolcapone</i>	1	ST
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine hcl</i>	1	ST, SP, PN (34 DAYS SUPPLY PER FILL)
<i>bromocriptine mesylate</i>	1	
<i>carbidopa-levodopa (10-100 mg tab, 10-100 mg tab disp, 25-100 mg tab, 25-100 mg tab disp, 25-250 mg tab, 25-250 mg tab disp)</i>	1	
<i>carbidopa-levodopa er</i>	1	
<i>carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)</i>	1	
INBRIJA	4	QL (300 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
KYNMOBI	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
KYNMOBI TITRATION KIT	4	QL (150 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	1	PA
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	1	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS (CONTINUED)		
ANTIMANIC AGENTS		
<i>lithium</i>	1	
<i>lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)</i>	1	
<i>lithium carbonate er (300 mg tab er, 450 mg tab er)</i>	1	
LITHOBID	3	
ANTIPSYCHOTICS - MISC.		
CAPLYTA	3	PA, QL (1 ea per 1 days)
<i>lurasidone hcl</i>	1	PA
NUPLAZID	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VRAYLAR	3	PA, QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	1	
BENZISOXAZOLES		
FANAPT	3	PA
FANAPT TITRATION PACK	3	PA
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	4	PA, QL (3.5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	4	PA, QL (5 ml per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	4	PA, QL (0.75 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	4	PA, QL (1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	4	PA, QL (1.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	4	PA, QL (0.25 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	4	PA, QL (0.5 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	4	PA, QL (0.88 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	4	PA, QL (1.32 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	4	PA, QL (1.75 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	4	PA, QL (2.63 ml per 84 day(s)), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>paliperidone er</i>	1	PA
PERSERIS	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
RISPERDAL CONSTA	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>risperidone (0.25 mg tab, 0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 1 mg/ml solution, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)</i>	1	
<i>risperidone (0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)</i>	1	
<i>risperidone microspheres er</i>	4	PA, QL (2 ea per 28 day(s)), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
RYKINDO	4	PA, QL (2 ea per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
UZEDY 100 MG/0.28ML SUSP PRSYR	4	PA, QL (0.28 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 125 MG/0.35ML SUSP PRSYR	4	PA, QL (0.35 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 150 MG/0.42ML SUSP PRSYR	4	PA, QL (0.42 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 200 MG/0.56ML SUSP PRSYR	4	PA, QL (0.56 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 250 MG/0.7ML SUSP PRSYR	4	PA, QL (0.7 ml per 56 days), SP, PN (MAX 56 DAYS SUPPLY PER FILL)
UZEDY 50 MG/0.14ML SUSP PRSYR	4	PA, QL (0.14 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
UZEDY 75 MG/0.21ML SUSP PRSYR	4	PA, QL (0.21 ml per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
BUTYROPHENONES		
<i>haloperidol</i>	1	
<i>haloperidol decanoate 100 mg/ml solution</i>	1	
<i>haloperidol decanoate 50 mg/ml solution</i>	1	
<i>haloperidol lactate</i>	1	
DIBENZAPINES		
<i>asenapine maleate</i>	1	PA
CLOZAPINE (12.5 MG TAB DISP, 25 MG TAB DISP, 100 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP)	1	
<i>clozapine (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>loxapine succinate</i>	1	
<i>olanzapine (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab)</i>	1	
<i>olanzapine (5 mg tab disp, 10 mg recon soln, 10 mg tab disp, 15 mg tab disp, 20 mg tab disp)</i>	1	
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)</i>	1	
<i>quetiapine fumarate er</i>	1	
SECUADO	3	PA, QL (1 ea per 1 days)
ZYPREXA RELPREVV	4	PA, QL (2 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
PHENOTHIAZINES		
<i>chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	
<i>compro</i>	1	
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl (1 mg tab, 2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
FLUPHENAZINE HCL (2.5 MG/5ML ELIXIR, 5 MG/ML CONC)	1	
<i>perphenazine</i>	1	
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>thioridazine hcl</i>	1	
<i>trifluoperazine hcl</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 56 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 56 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ABILIFY MAINTENA	4	PA, QL (1 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>aripiprazole (1 mg/ml solution, 10 mg tab disp, 15 mg tab disp)</i>	1	
<i>aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)</i>	1	
ARISTADA 1064 MG/3.9ML PRSYR	4	PA, QL (3.9 ml per 56 days), SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ARISTADA 441 MG/1.6ML PRSYR	4	PA, QL (1.6 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 662 MG/2.4ML PRSYR	4	PA, QL (2.4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ARISTADA 882 MG/3.2ML PRSYR	4	PA, QL (3.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 42 DAY SUPPLY)
ARISTADA INITIO	4	PA, QL (2.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
THIOXANTHENES		
<i>thiothixene</i>	1	
ANTIVIRALS (CONTINUED)		
ANTIRETROVIRALS		
<i>abacavir sulfate 20 mg/ml solution</i>	1	QL (30 ml per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>abacavir sulfate-lamivudine</i>	1	QL (1 ea per 1 days)
<i>abacavir-lamivudine-zidovudine</i>	1	QL (2 ea per 1 days)
APRETUDE	0	QL (3 ml per fill), PN (HIV PREP: Drug covered at \$0 unless member has a hx of HIV Treatment drug in last 120 days. REF: HIV Supplemental List)
APTIVUS 250 MG CAP	2	QL (4 ea per 1 days)
<i>atazanavir sulfate (150 mg cap, 200 mg cap)</i>	1	QL (2 ea per 1 days)
<i>atazanavir sulfate 300 mg cap</i>	1	QL (1 ea per 1 days)
BIKTARVY	2	QL (1 ea per 1 days)
CABENUVA 400 & 600 MG/2ML SUSP	2	QL (1 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
CABENUVA 600 & 900 MG/3ML SUSP	2	QL (6 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
CIMDUO	2	QL (1 ea per 1 day(s))
COMPLERA	2	QL (1 ea per 1 days)
<i>darunavir 600 mg tab</i>	1	QL (2 ea per 1 day(s))
<i>darunavir 800 mg tab</i>	1	QL (1 ea per 1 day(s))
DELSTRIGO	2	QL (1 ea per 1 days)
DESCOVY 120-15 MG TAB	2	QL (1 ea per 1 days)
DESCOVY 200-25 MG TAB	2	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
DOVATO	2	QL (1 ea per 1 days)
EDURANT	2	QL (2 ea per 1 days)
EFAVIRENZ 200 MG CAP	1	QL (2 ea per 1 days)
EFAVIRENZ 50 MG CAP	1	QL (3 ea per 1 days)
<i>efavirenz 600 mg tab</i>	1	QL (1 ea per 1 days)
<i>efavirenz-emtricitab-tenofo df</i>	1	QL (1 ea per 1 days)
<i>efavirenz-lamivudine-tenofovir</i>	1	QL (1 ea per 1 days)
<i>emtricitabine</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab)</i>	1	QL (1 ea per 1 days)
<i>emtricitabine-tenofovir df 200-300 mg tab</i>	1	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA 10 MG/ML SOLUTION	2	QL (24 ml per 1 days)
<i>etravirine</i>	1	QL (2 ea per 1 days)
EVOTAZ	2	QL (1 ea per 1 days)
<i>fosamprenavir calcium</i>	1	QL (4 ea per 1 days)
FUZEON	2	QL (2 ea per 1 days), SP
GENVOYA	2	QL (1 ea per 1 days)
INTELENCE 25 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB)	2	QL (6 ea per 1 days)
ISENTRESS 100 MG PACKET	2	QL (2 ea per 1 days)
ISENTRESS 400 MG TAB	2	QL (4 ea per 1 days)
ISENTRESS HD	2	QL (2 ea per 1 days)
JULUCA	2	QL (1 ea per 1 days)
<i>lamivudine 10 mg/ml solution</i>	1	QL (30 ml per 1 days)
<i>lamivudine 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>lamivudine 300 mg tab</i>	1	QL (1 ea per 1 days)
<i>lamivudine-zidovudine</i>	1	QL (2 ea per 1 days)
LEXIVA 50 MG/ML SUSPENSION	2	QL (56 ml per 1 days)
<i>lopinavir-ritonavir 100-25 mg tab</i>	1	QL (8 ea per 1 days)
<i>lopinavir-ritonavir 200-50 mg tab</i>	1	QL (4 ea per 1 days)
<i>lopinavir-ritonavir 400-100 mg/5ml solution</i>	1	QL (14 ml per 1 days)
<i>maraviroc 150 mg tab</i>	1	QL (2 ea per 1 days)
<i>maraviroc 300 mg tab</i>	1	QL (4 ea per 1 days)
<i>nevirapine 200 mg tab</i>	1	QL (2 ea per 1 days)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QL (40 ml per 1 days)
NEVIRAPINE ER 100 MG TAB ER 24H	1	QL (3 ea per 1 days)
<i>nevirapine er 400 mg tab er 24h</i>	1	QL (1 ea per 1 days)
NORVIR 100 MG PACKET	2	QL (12 ea per 1 days)
NORVIR 80 MG/ML SOLUTION	2	QL (16 ml per 1 days)
ODEFSEY	2	QL (1 ea per 1 days)
PIFELTRO	2	QL (2 ea per 1 days)
PREZCOBIX	2	QL (1 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
PREZISTA 100 MG/ML SUSPENSION	2	QL (13.34 ml per 1 days)
PREZISTA 150 MG TAB	2	QL (6 ea per 1 days)
PREZISTA 75 MG TAB	2	QL (2 ea per 1 days)
REYATAZ 50 MG PACKET	2	QL (6 ea per 1 days)
<i>ritonavir</i>	1	QL (12 ea per 1 day(s))
RUKOBIA	2	QL (2 ea per 1 days)
SELZENTRY 20 MG/ML SOLUTION	2	QL (60 ml per 1 days)
SELZENTRY 25 MG TAB	2	QL (8 ea per 1 days)
SELZENTRY 75 MG TAB	2	QL (2 ea per 1 days)
STAVUDINE	1	QL (2 ea per 1 days)
STRIBILD	2	QL (1 ea per 1 days)
SUNLENCA 4 X 300 MG TAB THPK	2	QL (4 ea per 2 day(s)), PN (2 DAY SUPPLY IN 180 DAYS)
SUNLENCA 463.5 MG/1.5ML SOLUTION	4	QL (3 ml per 180 days), PN (180 DAYS SUPPLY PER FILL)
SUNLENCA 5 X 300 MG TAB THPK	2	QL (5 ea per 8 day(s)), PN (8 DAY SUPPLY IN 180 DAYS)
SYMTUZA	2	QL (1 ea per 1 days)
<i>tenofovir disoproxil fumarate</i>	1	QL (1 ea per 1 days)
TIVICAY (25 MG TAB, 50 MG TAB)	2	QL (2 ea per 1 days)
TIVICAY 10 MG TAB	2	QL (8 ea per 1 days)
TIVICAY PD	2	QL (12 ea per 1 days)
TRIUMEQ	2	QL (1 ea per 1 days)
TRIUMEQ PD	2	QL (6 ea per 1 days)
TRIZIVIR	2	QL (2 ea per 1 days)
TYBOST	2	QL (1 ea per 1 days)
VIRACEPT 250 MG TAB	2	QL (9 ea per 1 days)
VIRACEPT 625 MG TAB	2	QL (4 ea per 1 days)
VIREAD (150 MG TAB, 200 MG TAB, 250 MG TAB)	2	QL (1 ea per 1 days)
VIREAD 40 MG/GM POWDER	2	QL (8 gm per 1 days)
VOCABRIA	2	QL (1 ea per 1 days), PN (\$0 copay for pre-exposure prophylaxis)
<i>zidovudine 100 mg cap</i>	1	QL (6 ea per 1 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine 300 mg tab</i>	1	QL (2 ea per 1 days)
<i>zidovudine 50 mg/5ml syrup</i>	1	QL (6 ml per 1 days)
ANTIVIRAL COMBINATIONS		
PAXLOVID (150/100)	3	QL (20 ea per fill(s))
PAXLOVID (300/100)	3	QL (30 ea per fill(s))
CMV AGENTS		
LIVTENCITY	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PREVYMIS (240 MG TAB, 480 MG TAB)	4	PA, QL (1 ea per 1 days)
<i>valganciclovir hcl (50 mg/ml recon soln, 450 mg tab)</i>	4	PN (34 DAYS SUPPLY PER FILL)
HEPATITIS AGENTS		
<i>adefovir dipivoxil</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
BARACLUDE 0.05 MG/ML SOLUTION	2	SP
<i>entecavir</i>	1	
EPIVIR HBV 5 MG/ML SOLUTION	2	QL (20 ml per 1 days)
<i>lamivudine 100 mg tab</i>	1	QL (1 ea per 1 days)
MAVYRET 100-40 MG TAB	4	PA, QL (84 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
MAVYRET 50-20 MG PACKET	4	PA, QL (168 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PEGASYS 180 MCG/0.5ML SOLN PRSYR	4	QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PEGASYS 180 MCG/ML SOLUTION	4	QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RIBAVIRIN (200 MG CAP, 200 MG TAB)	1	SP
<i>ribavirin 200 mg cap</i>	1	
<i>ribavirin 200 mg tab</i>	1	
VEMLIDY	2	QL (1 ea per 1 days)
HERPES AGENTS		
<i>acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab)</i>	1	
<i>famciclovir</i>	1	
<i>valacyclovir hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INFLUENZA AGENTS		
<i>oseltamivir phosphate 30 mg cap</i>	1	QL (84 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 45 mg cap</i>	1	QL (48 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 6 mg/ml recon susp</i>	1	QL (540 ml per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
<i>oseltamivir phosphate 75 mg cap</i>	1	QL (42 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RELENZA DISKHALER	2	QL (60 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 14 DAY SUPPLIES IN 180 DAYS)
RIMANTADINE HCL	1	
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	3	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (40 MG DOSE) 2 X 20 MG TAB THPK	3	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	3	QL (2 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
XOFLUZA (80 MG DOSE) 2 X 40 MG TAB THPK	3	QL (4 ea per 180 days), PN (2 fills of Tamiflu, Relenza, or Xofluza per season; TWO 1 DAY FILLS IN 180 DAYS)
MISC. ANTIVIRALS		
LAGEVRIO	0	QL (40 ea per fill(s))
TPOXX 200 MG CAP	0	QL (9 ea per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
TPOXX 200 MG/20ML SOLUTION	0	QL (80 ml per 14 days), PN (14 DAYS SUPPLY PER 365 DAYS)
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
<i>ribavirin 6 gm recon soln</i>	1	SP
BETA BLOCKERS (CONTINUED)		
ALPHA-BETA BLOCKERS		
<i>carvedilol</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate er (10 mg cap er 24h, 40 mg cap er 24h, 80 mg cap er 24h)</i>	1	PA
<i>carvedilol phosphate er 20 mg cap er 24h</i>	1	PA
<i>labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)</i>	1	
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tab, 20 mg tab)</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>metoprolol tartrate (37.5 mg tab, 75 mg tab)</i>	1	
<i>nebivolol hcl</i>	1	ST
BETA BLOCKERS NON-SELECTIVE		
INNOPRAN XL	2	
<i>nadolol</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)</i>	1	
<i>propranolol hcl er</i>	1	
<i>sorine</i>	1	
<i>sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)</i>	1	
<i>sotalol hcl (af)</i>	1	
<i>timolol maleate (5 mg tab, 10 mg tab)</i>	1	
CALCIUM CHANNEL BLOCKERS (CONTINUED)		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr (120 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>dilt-xr 180 mg cap er 24h</i>	1	
<i>diltiazem hcl (30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er (120 mg cap er 24h, 240 mg cap er 24h)</i>	1	
<i>diltiazem hcl er (60 mg cap er 12h, 90 mg cap er 12h, 120 mg cap er 12h, 180 mg cap er 24h, 180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)</i>	1	
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>matzim la</i>	1	
<i>nicardipine hcl (20 mg cap, 30 mg cap)</i>	1	
<i>nifedipine</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine</i>	1	
<i>taztia xt</i>	1	
<i>tiadyt er</i>	1	
<i>verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)</i>	1	
<i>verapamil hcl er (100 mg cap er 24h, 120 mg cap er 24h, 120 mg tab er, 180 mg cap er 24h, 180 mg tab er, 200 mg cap er 24h, 240 mg cap er 24h, 240 mg tab er, 300 mg cap er 24h, 360 mg cap er 24h)</i>	1	
CARDIOTONICS (CONTINUED)		
CARDIAC GLYCOSIDES		
<i>digitek</i>	1	
<i>digox</i>	1	
<i>digoxin (125 mcg tab, 250 mcg tab)</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	
LANOXIN (125 MCG TAB, 250 MCG TAB)	3	
CARDIOVASCULAR AGENTS - MISC. (CONTINUED)		
CARDIAC MYOSIN INHIBITORS		
CAMZYOS	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
<i>amlodipine-atorvastatin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO 24-26 MG TAB	2	QL (6 ea per 1 days)
ENTRESTO 49-51 MG TAB	2	QL (3 ea per 1 days)
ENTRESTO 97-103 MG TAB	2	QL (2 ea per 1 days)
CARDIOVASCULAR ANTI-INFLAMMATORY/IMMUNE MODULATORS		
LODOCO	4	PA, QL (1 ea per 1 day(s))
PROSTAGLANDIN VASODILATORS		
<i>epoprostenol sodium</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>treprostinil</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TYVASO	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO DPI INSTITUTIONAL KIT	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT (16 MCG POWDER, 32 MCG POWDER, 48 MCG POWDER, 64 MCG POWDER)	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER	4	PA, QL (224 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER	4	PA, QL (196 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER	4	PA, QL (252 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TYVASO REFILL	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYVASO STARTER	4	PA, QL (81.2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
VENTAVIS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan</i>	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>bosentan</i>	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
OPSUMIT	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TRACLEER 32 MG TAB SOL	4	PA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>alyq</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
LIQREV	3	PA, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 10 mg/ml recon susp</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sildenafil citrate 20 mg tab</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>tadalafil (pah)</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 1800 MCG RECON SOLN	4	PA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
UPTRAVI 200 & 800 MCG TAB THPK	4	PA, QL (200 ea per 180 days), SP, PN (28 DAYS SUPPLY PER FILL)
UPTRAVI 200 MCG TAB	4	PA, QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SINUS NODE INHIBITORS		
CORLANOR (5 MG TAB, 7.5 MG TAB)	3	PA, QL (2 ea per 1 days)
CORLANOR 5 MG/5ML SOLUTION	3	PA, QL (20 ml per 1 days)
TRANSTHYRETIN STABILIZERS		
VYNDAMAX	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VYNDAQEL	4	PA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO	3	PA, QL (1 ea per 1 days)
CEPHALOSPORINS (CONTINUED)		
CEPHALOSPORIN COMBINATIONS		
AVYCAZ	4	PA, PN (34 DAYS SUPPLY PER FILL)
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)</i>	1	
<i>cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 2ND GENERATION		
CEFACLOR (250 MG CAP, 500 MG CAP)	1	
CEFACLOR ER	1	
<i>cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)</i>	1	
<i>cefuroxime axetil</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)</i>	1	
<i>cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)</i>	1	
<i>cefpodoxime proxetil (50 mg/5ml recon susp, 100 mg tab, 100 mg/5ml recon susp, 200 mg tab)</i>	1	
SUPRAX (100 MG CHEW TAB, 200 MG CHEW TAB, 500 MG/5ML RECON SUSP)	2	
CEPHALOSPORINS - SIDEROPHORES		
FETROJA	4	PA, PN (34 DAYS SUPPLY PER FILL)
CONTRACEPTIVES (CONTINUED)		
COMBINATION CONTRACEPTIVES - ORAL		
<i>afirmelle</i>	0	
<i>altavera</i>	0	
<i>alyacen 1/35</i>	0	
<i>alyacen 7/7/7</i>	0	
<i>amethia</i>	0	
<i>amethia lo</i>	0	
<i>amethyst</i>	0	
<i>apri</i>	0	
<i>aranelle</i>	0	
<i>ashlyna</i>	0	
<i>aubra</i>	0	
<i>aubra eq</i>	0	
<i>aurovela 1.5/30</i>	0	
<i>aurovela 1/20</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela 24 fe</i>	0	
<i>aurovela fe 1.5/30</i>	0	
<i>aurovela fe 1/20</i>	0	
<i>aviane</i>	0	
<i>ayuna</i>	0	
<i>azurette</i>	0	
BALCOLTRA	0	
<i>balziva</i>	0	
<i>bekyree</i>	0	
BEYAZ	0	
<i>blisovi 24 fe</i>	0	
<i>blisovi fe 1.5/30</i>	0	
<i>blisovi fe 1/20</i>	0	
<i>briellyn</i>	0	
<i>camrese</i>	0	
<i>camrese lo</i>	0	
<i>caziant</i>	0	
<i>charlotte 24 fe</i>	0	
<i>chateal</i>	0	
<i>chateal eq</i>	0	
<i>cryselle-28</i>	0	
<i>cyclafem 1/35</i>	0	
<i>cyclafem 7/7/7</i>	0	
<i>cyred</i>	0	
<i>cyred eq</i>	0	
<i>dasetta 1/35</i>	0	
<i>dasetta 7/7/7</i>	0	
<i>daysee</i>	0	
<i>delyla</i>	0	
<i>desogestrel-ethinyl estradiol (0.15-0.02/0.01 mg (21/5) tab, 0.15-30 mg-mcg tab)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>dolishale</i>	0	
<i>drospiren-eth estrad-levomefol</i>	0	
<i>drospirenone-ethinyl estradiol</i>	0	
<i>elinest</i>	0	
<i>emoquette</i>	0	
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>estarylla</i>	0	
ESTROSTEP FE	0	
<i>ethynodiol diac-eth estradiol</i>	0	
<i>falmina</i>	0	
<i>fayosim</i>	0	
<i>femynor</i>	0	
<i>finzala</i>	0	
<i>gemmily</i>	0	
GENERESS FE	0	
<i>gianvi</i>	0	
<i>hailey 1.5/30</i>	0	
<i>hailey 24 fe</i>	0	
<i>hailey fe 1.5/30</i>	0	
<i>hailey fe 1/20</i>	0	
<i>iclevia</i>	0	
<i>introvale</i>	0	
<i>isibloom</i>	0	
<i>jaimiess</i>	0	
<i>jasmiel</i>	0	
<i>jolessa</i>	0	
<i>joyeaux</i>	0	
<i>juleber</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>junel fe 24</i>	0	
<i>kaitlib fe</i>	0	
<i>kalliga</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kelnor 1/50</i>	0	
<i>kurvelo</i>	0	
<i>larin 1.5/30</i>	0	
<i>larin 1/20</i>	0	
<i>larin 24 fe</i>	0	
<i>larin fe 1.5/30</i>	0	
<i>larin fe 1/20</i>	0	
<i>larissia</i>	0	
<i>layolis fe</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth estrad triphasic</i>	0	
<i>levonorgest-eth est & eth est</i>	0	
<i>levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 & 0.01 mg tab, 0.15-0.03 mg tab)</i>	0	
<i>levonorgest-eth estradiol-iron</i>	0	
<i>levonorgestrel-ethinyl estrad</i>	0	
<i>levora 0.15/30 (28)</i>	0	
<i>lillow</i>	0	
LO LOESTRIN FE	0	
<i>lo-zumandimine</i>	0	
<i>loestrin 1.5/30 (21)</i>	0	
<i>loestrin 1/20 (21)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1.5/30</i>	0	
<i>loestrin fe 1/20</i>	0	
<i>lojaimiess</i>	0	
<i>loryna</i>	0	
LOSEASONIQUE	0	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>melodetta 24 fe</i>	0	
<i>merzee</i>	0	
<i>mibelas 24 fe</i>	0	
<i>microgestin 1.5/30</i>	0	
<i>microgestin 1/20</i>	0	
<i>microgestin 24 fe</i>	0	
<i>microgestin fe 1.5/30</i>	0	
<i>microgestin fe 1/20</i>	0	
<i>mili</i>	0	
MINASTRIN 24 FE	0	
MIRCETTE	0	
<i>mono-lynyah</i>	0	
NATAZIA	0	
<i>necon 0.5/35 (28)</i>	0	
NEXTSTELLIS	0	
<i>nikki</i>	0	
<i>norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1-20 mg-mcg(24) tab, 1.5-30 mg-mcg tab)</i>	0	
<i>norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)</i>	0	
<i>norethindron-ethinyl estrad-fe</i>	0	
<i>norethindrone acet-ethinyl est</i>	0	
<i>norgestim-eth estrad triphasic (0.18/0.215/0.25 mg-25 mcg tab, 0.18/0.215/0.25 mg-35 mcg tab)</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estradiol</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35 (21)</i>	0	
<i>nortrel 1/35 (28)</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>nylia 7/7/7</i>	0	
<i>nymyo</i>	0	
<i>ocella</i>	0	
<i>orsythia</i>	0	
ORTHO TRI-CYCLEN LO	0	
<i>philith</i>	0	
<i>pimtrea</i>	0	
<i>pirmella 1/35</i>	0	
<i>pirmella 7/7/7</i>	0	
<i>portia-28</i>	0	
<i>previfem</i>	0	
QUARTETTE	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SAFYRAL	0	
SEASONIQUE	0	
<i>setlakin</i>	0	
<i>simliya</i>	0	
<i>simpesse</i>	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
<i>tarina 24 fe</i>	0	
<i>tarina fe 1/20</i>	0	
<i>tarina fe 1/20 eq</i>	0	

Drug Name	Drug Tier	Requirements/Limits
<i>taysofy</i>	0	
TAYTULLA	0	
<i>tilia fe</i>	0	
<i>tri femynor</i>	0	
<i>tri-estarylla</i>	0	
<i>tri-legest fe</i>	0	
<i>tri-linyah</i>	0	
<i>tri-lo-estarylla</i>	0	
<i>tri-lo-marzia</i>	0	
<i>tri-lo-mili</i>	0	
<i>tri-lo-sprintec</i>	0	
<i>tri-mili</i>	0	
<i>tri-nymyo</i>	0	
<i>tri-previfem</i>	0	
<i>tri-sprintec</i>	0	
<i>tri-vylibra</i>	0	
<i>tri-vylibra lo</i>	0	
<i>trivora (28)</i>	0	
<i>turqoz</i>	0	
TYBLUME	0	
<i>tydemy</i>	0	
VELIVET	0	
<i>vestura</i>	0	
<i>vienva</i>	0	
<i>viorele</i>	0	
<i>volnea</i>	0	
<i>vyfemla</i>	0	
<i>vylibra</i>	0	
<i>wera</i>	0	
<i>wymzya fe</i>	0	
YASMIN 28	0	

Drug Name	Drug Tier	Requirements/Limits
YAZ	0	
<i>zarah</i>	0	
<i>zovia 1/35 (28)</i>	0	
<i>zovia 1/35e (28)</i>	0	
<i>zumandimine</i>	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-eth estradiol</i>	0	
TWIRLA	0	
<i>xulane</i>	0	
<i>zafemy</i>	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA	0	
<i>eluryng</i>	0	
<i>enilloring</i>	0	
<i>etonogestrel-ethinyl estradiol</i>	0	
<i>haloette</i>	0	
NUVARING	0	
COPPER CONTRACEPTIVES - IUD		
PARAGARD INTRAUTERINE COPPER	0	SP
EMERGENCY CONTRACEPTIVES		
ELLA	0	
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION)	0	
DEPO-SUBQ PROVERA 104	0	PN (84 DAYS SUPPLY PER FILL)
<i>medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)</i>	0	PN (84 DAYS SUPPLY PER FILL)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1825 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
LILETTA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
MIRENA (52 MG)	0	SP, PN (MIN 365 DAY SUPPLY; MAX 2920 DAY SUPPLY)
SKYLA	0	SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>camila</i>	0	
<i>deblitane</i>	0	
<i>emzahh</i>	0	
<i>errin</i>	0	
<i>heather</i>	0	
<i>incassia</i>	0	
<i>jencycla</i>	0	
<i>lyleq</i>	0	
<i>lyza</i>	0	
<i>nora-be</i>	0	
<i>norethindrone</i>	0	
<i>norlyda</i>	0	
<i>norlyroc</i>	0	
ORTHO MICRONOR	0	
<i>sharobel</i>	0	
SLYND	0	
<i>tulana</i>	0	
CORTICOSTEROIDS (CONTINUED)		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRINKLE	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>budesonide 3 mg cp dr part</i>	1	
<i>decadron</i>	1	
<i>dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)</i>	1	
<i>hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5ml solution</i>	1	
<i>prednisolone sodium phosphate (6.7 (5 base) mg/5ml solution, 10 mg/5ml solution, 15 mg/5ml solution, 20 mg/5ml solution, 25 mg/5ml solution)</i>	1	
PREDNISONE (1 MG TAB, 2.5 MG TAB, 5 MG (21) TAB THPK, 5 MG (48) TAB THPK, 5 MG TAB, 5 MG/5ML SOLUTION, 10 MG (21) TAB THPK, 10 MG (48) TAB THPK, 10 MG TAB, 20 MG TAB, 50 MG TAB)	1	
SOLU-CORTEF	2	PN (34 DAYS SUPPLY PER FILL)
SOLU-MEDROL (PF)	2	PN (34 DAYS SUPPLY PER FILL)
TARPEYO	4	PA, LA, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MINERALOCORTICOIDS		
<i>fludrocortisone acetate</i>	1	
COUGH/COLD/ALLERGY (CONTINUED)		
ANTITUSSIVES		
<i>benzonatate</i>	1	
<i>hydrocodone bit-homatrop mbr (5-1.5 mg tab, 5-1.5 mg/5ml solution)</i>	1	
<i>hydromet</i>	1	
COUGH/COLD/ALLERGY COMBINATIONS		
<i>hydrocod poli-chlorphe poli er</i>	1	
PROMETHAZINE VC	1	
PROMETHAZINE VC/CODEINE	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenyleph-codeine</i>	1	
<i>promethazine-phenylephrine</i>	1	
<i>pseudoeph-bromphen-dm</i>	1	
MISC. RESPIRATORY INHALANTS		
HYPERSAL 3.5 % NEBU SOLN	3	
<i>nebusal 3 % nebu soln</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NEBUSAL 6 % NEBU SOLN	3	
<i>pulmosal</i>	1	
<i>sodium chloride (0.9 % nebu soln, 3 % nebu soln, 7 % nebu soln, 10 % nebu soln)</i>	1	
MUCOLYTICS		
<i>acetylcysteine (10 % solution, 20 % solution)</i>	1	
DERMATOLOGICALS (CONTINUED)		
ACNE PRODUCTS		
<i>adapalene (0.1 % cream, 0.1 % gel, 0.3 % gel)</i>	1	
<i>adapalene-benzoyl peroxide 0.1-2.5 % gel</i>	1	
<i>amnesteam</i>	4	PN (30 DAYS SUPPLY PER FILL)
ARAZLO	3	PA
<i>avar-e emollient</i>	1	
<i>avar-e green</i>	1	
<i>avita</i>	1	AL (Up to 30 yrs old)
BENZOYL PEROXIDE 9.8 % FOAM	1	
<i>benzoyl peroxide-erythromycin</i>	1	
<i>claravis</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>clindacin etz 1 % swab</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phos-benzoyl perox (1-5 % gel, 1.2-5 % gel)</i>	1	
<i>clindamycin phosphate (1 % gel, 1 % lotion, 1 % solution, 1 % swab)</i>	1	
<i>enzoclear</i>	1	
ERY	1	
<i>erythromycin (2 % gel, 2 % solution)</i>	1	
FABIOR	3	PA
<i>isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>isotretinoin (25 mg cap, 35 mg cap)</i>	1	PN (30 DAYS SUPPLY PER FILL)
<i>myorisan</i>	4	PN (30 DAYS SUPPLY PER FILL)
<i>sss 10-5 10-5 % cream</i>	1	
<i>sulfacetamide sod-sulfur wash (9-4 % liquid, 9-4.5 % kit, 9-4.5 % liquid)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (acne)</i>	1	
<i>sulfacetamide sodium-sulfur (8-4 % suspension, 9-4 % liquid, 9-4.5 % liquid, 9.8-4.8 % cream, 9.8-4.8 % liquid, 9.8-4.8 % lotion, 10-2 % cream, 10-2 % liquid, 10-4 % pad, 10-5 % cream, 10-5 % lotion, 10-5 % suspension)</i>	1	
SULFACETAMIDE-SULFUR IN UREA	1	
<i>sulfacleanse 8/4</i>	1	
TAZAROTENE 0.1 % FOAM	1	PA
<i>tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)</i>	1	AL (Up to 30 yrs old)
<i>zenatane</i>	4	PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN	3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
DICLOFENAC EPOLAMINE	1	PA, QL (30 ea per 15 days), PN (15 DAYS SUPPLY PER FILL)
<i>diclofenac sodium 1 % gel</i>	1	QL (10 gm per 1 days)
<i>diclofenac sodium 1.5 % solution</i>	1	PA
ANTIBIOTICS - TOPICAL		
ALTABAX	3	PA
<i>gentamicin sulfate (0.1 % cream, 0.1 % ointment)</i>	1	
<i>mupirocin</i>	1	
<i>mupirocin calcium</i>	1	
XEPI	3	PA
ANTIFUNGALS - TOPICAL		
<i>ciclopirox (0.77 % gel, 1 % shampoo)</i>	1	
<i>ciclopirox olamine (0.77 % cream, 0.77 % suspension)</i>	1	
<i>clotrimazole (1 % cream, 1 % solution)</i>	1	
<i>clotrimazole-betamethasone (1-0.05 % cream, 1-0.05 % lotion)</i>	1	
<i>econazole nitrate</i>	1	
<i>ketconazole (2 % cream, 2 % foam, 2 % shampoo)</i>	1	
<i>ketodan (2 % foam, 2 % kit)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>klayesta</i>	1	
NAFTIFINE HCL (1 % CREAM, 2 % CREAM)	1	
<i>nyamyc</i>	1	
<i>nystatin (100000 unit/gm cream, 100000 unit/gm ointment, 100000 unit/gm powder)</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene 1 % gel</i>	1	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLUOROURACIL (0.5 % CREAM, 2 % SOLUTION, 5 % CREAM, 5 % SOLUTION)	1	
KLISYRI	3	PA, QL (5 ea per fill)
VALCHLOR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIPSORIATICS		
<i>acitretin</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcipotriene (0.005 % cream, 0.005 % ointment, 0.005 % solution)</i>	1	
<i>calcitrene</i>	1	
CALCITRIOL 3 MCG/GM OINTMENT	1	
COSENTYX (300 MG DOSE)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX SENSOREADY (300 MG)	4	QL (2 ml per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
COSENTYX SENSOREADY PEN	4	QL (1 ml per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
COSENTYX UNOREADY	4	QL (2 ml per 28 day(s)), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
METHOXSALEN RAPID	1	PA, PN (34 DAYS SUPPLY PER FILL)
SKYRIZI (150 MG DOSE)	4	QL (1 ea per 84 days), PA-NSO, PN (84 DAYS SUPPLY PER FILL)
SKYRIZI 150 MG/ML SOLN PRSYR	4	QL (1 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN	4	QL (1 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
SPEVIGO 450 MG/7.5ML SOLUTION	4	PA, LA, QL (15 ml per fill), SP
STELARA 45 MG/0.5ML SOLN PRSYR	4	QL (0.5 ml per 84 days), PA-NSO, SP, PN (84 DAYS SUPPLY PER FILL)
STELARA 45 MG/0.5ML SOLUTION	4	QL (0.5 ml per 84 days), PA-NSO, SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 90 MG/ML SOLN PRSYR	4	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>tazarotene (0.05 % gel, 0.1 % cream, 0.1 % gel)</i>	1	
TAZORAC (0.05 % GEL, 0.1 % GEL)	3	PA
TREMFYA	4	QL (1 ml per 56 days), PA-NSO, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ZORYVE 0.3 % CREAM	4	PA, QL (60 gm per 30 days), PN (30 DAYS SUPPLY PER FILL)
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide 2.5 % lotion</i>	1	
<i>sodium sulfacetamide wash</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL	1	
<i>sulfacetamide sodium (10 % (cleans) gel, 10 % liquid)</i>	1	
<i>sulfacetamide sodium (cleans)</i>	1	
ANTIVIRALS - TOPICAL		
<i>acyclovir 5 % cream</i>	1	PA, QL (5 gm per fill(s))
<i>acyclovir 5 % ointment</i>	1	
<i>penciclovir</i>	1	PA, QL (5 gm per fill), PN (1 DAY SUPPLY PER FILL)
XERESE	3	PA
BURN PRODUCTS		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
CAUTERIZING AGENTS		
SILVER NITRATE 0.5 % SOLUTION	1	

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - TOPICAL		
ALA SCALP	1	
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT)	1	
<i>baser 0.05 % lotion</i>	1	
<i>betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)</i>	1	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate emulsion</i>	1	
CLOBETAVIX	1	
<i>clodan 0.05 % shampoo</i>	1	
CORDRAN 4 MCG/SQCM TAPE	3	
<i>desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
<i>desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)</i>	1	
<i>diflorasone diacetate 0.05 % ointment</i>	1	
<i>fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)</i>	1	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution, 0.1 % cream)</i>	1	
<i>fluocinonide emulsified base</i>	1	
FLUOVIX	1	
FLUOVIX PLUS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>flurandrenolide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)</i>	1	
FLUTICASONE PROPIONATE (0.005 % OINTMENT, 0.05 % CREAM, 0.05 % LOTION)	1	
<i>halobetasol propionate (0.05 % cream, 0.05 % ointment)</i>	1	
<i>hydrocortisone (1 % cream, 1 % ointment, 2.5 % cream, 2.5 % lotion, 2.5 % ointment)</i>	1	
<i>hydrocortisone ace-pramoxine 2.5-1 % cream</i>	1	
<i>hydrocortisone butyr lipo base</i>	1	
HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION)	1	
<i>hydrocortisone valerate</i>	1	
<i>mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)</i>	1	
<i>nolix (0.05 % cream, 0.05 % lotion)</i>	1	
PREDNICARBATE 0.1 % OINTMENT	1	
<i>triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.05 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.147 mg/gm aero soln, 0.5 % cream, 0.5 % ointment)</i>	1	
<i>triamcinolone in absorbase</i>	1	
<i>trianex</i>	1	
<i>triderm</i>	1	
<i>tritocin</i>	1	
VERDESO	3	PA
ECZEMA AGENTS		
ADBRY	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
CIBINQO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
DUPIXENT (200 MG/1.14ML SOLN PEN, 200 MG/1.14ML SOLN PRSYR)	4	PA, QL (2.28 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT (300 MG/2ML SOLN PEN, 300 MG/2ML SOLN PRSYR)	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
DUPIXENT 100 MG/0.67ML SOLN PRSYR	4	PA, QL (1.34 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
OPZELURA	3	PA, QL (240 gm per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENZYMES - TOPICAL		
SANTYL	2	PA
GLABELLAR LINES (FROWN LINES) AGENTS		
DAXXIFY	4	PA, QL (3 ea per 84 day(s)), SP, PN (84 DAYS SUPPLY PER FILL)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod 5 % cream</i>	1	
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
HYFTOR	4	PA, QL (30 gm per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>pimecrolimus</i>	1	PA
<i>tacrolimus (0.03 % ointment, 0.1 % ointment)</i>	1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CANTHARIDIN	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
CONDYLOX	2	
<i>podofilox (0.5 % gel, 0.5 % solution)</i>	1	
SALIMEZ	1	
SALYCIM	1	
YCANTH	4	PA, LA, QL (2 ea per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
LOCAL ANESTHETICS - TOPICAL		
<i>anodyne lpt</i>	1	
APRIZIO PAK II	1	
EMPRICAINE-II	1	
<i>glydo</i>	1	
<i>lidocaine 5 % patch</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidocaine hcl (3 % cream, 4 % solution)</i>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL (2 % GEL, 2 % PRSYR)	1	
<i>lidocaine-prilocaine (2.5-2.5 % cream, 2.5-2.5 % kit)</i>	1	
<i>lidocan</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
<i>lidopin 3 % cream</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lidopril</i>	1	
<i>lidopril xr</i>	1	
NUVAKAAN-II	1	
<i>prilolid</i>	1	
PRIZOPAK II	1	
QUTENZA	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (2 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
QUTENZA (4 PATCH)	4	PA, QL (4 ea per 90 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
<i>relador pak</i>	1	
<i>relador pak plus</i>	1	
<i>tridacaine</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
MISC. TOPICAL		
DRYSOL	1	
QBREXZA	2	PA, QL (1 ea per 1 days)
XERAC AC	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA	3	PA
PROTECTIVES AGAINST UV RADIATION		
SCENESSE	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
ROSACEA AGENTS		
<i>azelaic acid</i>	1	
<i>brimonidine tartrate 0.33 % gel</i>	1	PA, QL (30 gm per fill)
FINACEA 15 % FOAM	3	PA
IVERMECTIN 1 % CREAM	1	
<i>metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)</i>	1	
<i>rosadan (0.75 % cream, 0.75 % cream kit, 0.75 % gel)</i>	1	
SCABICIDES PEDICULICIDES		
IVERMECTIN 0.5 % LOTION	1	

Drug Name	Drug Tier	Requirements/Limits
LINDANE	1	
<i>malathion</i>	1	
<i>permethrin</i>	1	
SPINOSAD	1	
WOUND CARE PRODUCTS		
VYJUVEK	4	PA, LA, QL (10 ml per 8 days), SP, PN (28 DAYS SUPPLY PER FILL)
DIAGNOSTIC PRODUCTS (CONTINUED)		
DIAGNOSTIC DRUGS		
MACRILEN	4	PN (34 DAYS SUPPLY PER FILL)
THYROGEN	4	SP, PN (34 DAYS SUPPLY PER FILL)
DIGESTIVE AIDS (CONTINUED)		
DIGESTIVE ENZYMES		
CREON	2	
PERTZYE	3	PA
SUCRAID	4	PA, LA, QL (236 ml per fill(s)), SP
VIOKACE	3	PA
ZENPEP	3	PA
DIURETICS (CONTINUED)		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>methazolamide</i>	1	
DIURETIC COMBINATIONS		
AMILORIDE-HYDROCHLOROTHIAZIDE	1	
<i>spironolactone-hctz</i>	1	
<i>triamterene-hctz</i>	1	
LOOP DIURETICS		
<i>bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)</i>	1	
<i>furosemide (8 mg/ml solution, 10 mg/ml solution, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>toremide</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl</i>	1	
<i>spironolactone (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone</i>	1	
DIURIL	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. (CONTINUED)		
BONE DENSITY REGULATORS		
<i>alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>alendronate sodium 70 mg/75ml solution</i>	1	
BINOSTO	3	PA
<i>calcitonin (salmon) 200 unit/act solution</i>	1	
EVENITY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOSAMAX PLUS D	2	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 ea per 30 days)
PROLIA	4	PA, SP, PN (MIN 180 DAY SUPPLY; MAX 180 DAY SUPPLY)
<i>risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 150 mg tab)</i>	1	
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	4	PA, QL (2.48 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
TYMLOS	4	PA, QL (1.56 ml per 30 days), SP, PN (MIN 30 DAY SUPPLY; MAX 34 DAY SUPPLY)
XGEVA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZOLEDRONIC ACID (4 MG/100ML SOLUTION, 4 MG/5ML CONC)	1	SP, PN (34 DAYS SUPPLY PER FILL)
<i>zoledronic acid 5 mg/100ml solution</i>	1	SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
FERTILITY REGULATORS		
CHORIONIC GONADOTROPIN	2	PA
FOLLISTIM AQ	4	PA, PN (34 DAYS SUPPLY PER FILL)
GONAL-F	3	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF	3	PN (34 DAYS SUPPLY PER FILL)
GONAL-F RFF REDIJECT	3	PN (34 DAYS SUPPLY PER FILL)
MENOPUR	4	PN (34 DAYS SUPPLY PER FILL)
NOVAREL	3	
OVIDREL	3	PN (34 DAYS SUPPLY PER FILL)
PREGNYL	3	
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate</i>	1	PN (34 DAYS SUPPLY PER FILL)
CETROTIDE	3	PN (34 DAYS SUPPLY PER FILL)
GANIRELIX ACETATE	2	
ORILISSA 150 MG TAB	4	PA, QL (30 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
ORILISSA 200 MG TAB	4	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GROWTH HORMONES		
GENOTROPIN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GENOTROPIN MINIQUICK	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NGENLA	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NORDITROPIN FLEXPRO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 10	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 20	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NUTROPIN AQ NUSPIN 5	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SAIZEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SAIZENPREP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SEROSTIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SKYTROFA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOGROYA	4	PA, SP, PN (34 DAY SUPPLY PER FILL)
ZOMACTON	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZOMACTON (FOR ZOMA-JET 10)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ZORBTIVE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HORMONE RECEPTOR MODULATORS		
OSPHENA	3	PA, QL (1 ea per 1 days)
<i>raloxifene hcl</i>	0	
INSULIN-LIKE GROWTH FACTOR RECEPTOR INHIBITORS		
TEPEZZA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI (6 MONTH)	4	PA, QL (1 ea per 168 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LUPRON DEPOT-PED (1-MONTH)	4	SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
LUPRON DEPOT-PED (3-MONTH)	4	SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUPRON DEPOT-PED (6-MONTH)	4	SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
SUPPRELIN LA	4	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
SYNAREL	2	SP
TRIPTODUR	4	PA, SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
METABOLIC MODIFIERS		
ALDURAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRINEURA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl</i>	1	
CRYSVITA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)</i>	1	
ELAPRASE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELFABRIO	4	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
FABRAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GALAFOLD	4	PA, LA, QL (14 ea per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>javygtor (100 mg tab, 500 mg packet)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>javygtor 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KANUMA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
LAMZEDE	4	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
<i>levocarnitine (1 gm/10ml solution, 330 mg tab)</i>	1	
<i>levocarnitine sf</i>	1	
LUMIZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MEPSEVII	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NAGLAZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NEXVIAZYME	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
NITYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NULIBRY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PALYNZIQ 10 MG/0.5ML SOLN PRSYR	4	PA, QL (14 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PALYNZIQ 20 MG/ML SOLN PRSYR	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)</i>	1	
PARSABIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
REVCovi	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride (100 mg tab, 500 mg packet)</i>	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
<i>sapropterin dihydrochloride 100 mg packet</i>	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
STRENSIQ	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
VIMIZIM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
XENPOZYME 20 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XENPOZYME 4 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XPHOZAH	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
NATRIURETIC PEPTIDES		
VOXZOGO	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
POSTERIOR PITUITARY HORMONES		
<i>desmopressin ace spray refrig</i>	1	
<i>desmopressin acetate (0.1 mg tab, 0.2 mg tab, 1.5 mg/ml solution)</i>	1	
<i>desmopressin acetate spray</i>	1	
TERLIVAZ	4	PA, SP, PN (14 DAYS SUPPLY PER FILL)
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone 200 mg tab</i>	1	
PROLACTIN INHIBITORS		
<i>cabergoline</i>	1	
SOMATOSTATIC AGENTS		
LANREOTIDE ACETATE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>octreotide acetate (50 mcg/ml soln prsyr, 50 mcg/ml solution, 100 mcg/ml soln prsyr, 100 mcg/ml solution, 200 mcg/ml solution, 500 mcg/ml soln prsyr, 500 mcg/ml solution, 1000 mcg/ml solution)</i>	4	SP, PN (34 DAYS SUPPLY PER FILL)
SANDOSTATIN LAR DEPOT	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SIGNIFOR	4	PA, LA, QL (60 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SIGNIFOR LAR	4	PA, LA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
SOMATULINE DEPOT	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE (30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>tolvaptan (15 mg tab, 30 mg tab)</i>	1	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TOLVAPTAN 15 MG TAB	1	PA, QL (60 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
ESTROGENS (CONTINUED)		
ESTROGEN COMBINATIONS		
<i>amabelz</i>	1	
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx hs</i>	1	
DUAVEE	3	PA
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>est estrogens-methyltest</i>	1	
<i>est estrogens-methyltest ds</i>	1	
<i>est estrogens-methyltest hs</i>	1	
<i>estradiol-norethindrone acet</i>	1	
<i>fyavolv</i>	1	
<i>jinteli</i>	1	
<i>lopreeza</i>	1	
<i>mimvey</i>	1	
MYFEMBREE	4	PA, QL (28 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
<i>norethindrone-eth estradiol</i>	1	
ORIAHNN	4	PA, QL (56 ea per 28 days), PN (28 DAYS SUPPLY PER FILL)
PREMPHASE	2	
PREMPRO	2	
ESTROGENS		
DELESTROGEN 10 MG/ML OIL	3	
<i>dotti</i>	1	
ELESTRIN	3	
<i>estradiol (0.025 mg/24hr patch tw, 0.025 mg/24hr patch wk, 0.0375 mg/24hr patch tw, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch tw, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch tw, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch tw, 0.1 mg/24hr patch wk, 0.25 mg/0.25gm gel, 0.5 mg tab, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 1 mg tab, 1 mg/gm gel, 1.25 mg/1.25gm gel, 2 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)</i>	1	
<i>lyllana</i>	1	
PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	2	
FLUOROQUINOLONES (CONTINUED)		
FLUOROQUINOLONES		
BAXDELA 450 MG TAB	4	PA, QL (28 ea per 14 days), PN (14 DAYS SUPPLY PER FILL)
CIPRO (250 MG/5ML (5%) RECON SUSP, 500 MG/5ML (10%) RECON SUSP)	2	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>moxifloxacin hcl 400 mg tab</i>	1	
OFLOXACIN (300 MG TAB, 400 MG TAB)	1	
GASTROINTESTINAL AGENTS - MISC. (CONTINUED)		
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol (250 mg tab, 300 mg cap, 500 mg tab)</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium 100 mg/5ml conc</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone</i>	1	QL (2 ea per 1 days)
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)</i>	1	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY (PELLETS) 200 MCG CAP SPRINK	4	PA, LA, QL (36 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY (PELLETS) 600 MCG CAP SPRINK	4	PA, LA, QL (12 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
BYLVAY 1200 MCG CAP	4	PA, LA, QL (6 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
BYLVAY 400 MCG CAP	4	PA, LA, QL (18 ea per 1 days), SP, PN (34 DAYS SUPPLY PER FILL)
LIVMARLI	4	PA, LA, QL (90 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
INFLAMMATORY BOWEL AGENTS		
AVSOLA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>balsalazide disodium</i>	1	
CIMZIA	4	QL (1 ea per 28 days), PA-NSO, SP, PN (28 DAYS SUPPLY PER FILL)
CIMZIA (2 SYRINGE)	4	QL (1 ea per 28 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
CIMZIA STARTER KIT	4	QL (3 ea per 28 days), PA-NSO, SP, PN (MIN 42 DAY SUPPLY; MAX 60 DAY SUPPLY)
DIPENTUM	2	
ENTYVIO 108 MG/0.68ML SOLN PEN	4	PA, QL (1.36 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
ENTYVIO 300 MG RECON SOLN	4	PA, SP, PN (MIN 56 DAY SUPPLY; MAX 60 DAY SUPPLY)
INFLECTRA	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
<i>mesalamine (1.2 gm tab dr, 4 gm enema, 400 mg cap dr, 800 mg tab dr, 1000 mg suppos)</i>	1	
<i>mesalamine er</i>	1	
<i>mesalamine-cleanser</i>	1	
OMVOH 100 MG/ML SOLN A-INJ	4	PA, QL (2 ml per 28 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
OMVOH 300 MG/15ML SOLUTION	4	PA, QL (45 ml per 56 day(s)), SP, PN (56 DAYS SUPPLY PER FILL)
PENTASA 250 MG CAP ER	2	
REMICADE	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
RENFLEXIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	4	QL (2.4 ml per 56 days), PA-NSO, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI 600 MG/10ML SOLUTION	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
STELARA 130 MG/26ML SOLUTION	4	PA, SP, PN (56 DAYS SUPPLY PER FILL)
<i>sulfasalazine</i>	1	
INTESTINAL ACIDIFIERS		
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose encephalopathy</i>	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl</i>	1	
LINZESS	2	QL (1 ea per 1 days)
LIVE FECAL MICROBIOTA		
REBYOTA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VOWST	4	PA, LA, QL (12 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK	2	QL (1 ea per 1 days)
RELISTOR 12 MG/0.6ML SOLUTION	3	PA, QL (18 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
RELISTOR 8 MG/0.4ML SOLUTION	3	PA, QL (6 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PHOSPHATE BINDER AGENTS		
AURYXIA	4	PA, QL (408 ea per 34 days), PN (34 DAYS SUPPLY PER FILL)
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate 667 mg tab</i>	1	
FOSRENOL (750 MG PACKET, 1000 MG PACKET)	2	
<i>lanthanum carbonate</i>	1	
<i>sevelamer carbonate</i>	1	
<i>sevelamer hcl</i>	1	PA
VELPHORO	4	PA, PN (34 DAYS SUPPLY PER FILL)
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX	4	PA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO	4	PA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
GENITOURINARY AGENTS - MISCELLANEOUS (CONTINUED)		
ALKALINIZERS		
CYTRA K CRYSTALS	1	
<i>pot & sod cit-cit ac</i>	1	
<i>potassium citrate er</i>	1	
<i>potassium citrate-citric acid</i>	1	
<i>sod citrate-citric acid</i>	1	
<i>tricitrates</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON	2	LA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCYSBI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
IGA NEPHROPATHY (IGAN) AGENTS		
FILSPARI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON	3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl er</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin hcl</i>	1	PA
<i>finasteride 5 mg tab</i>	1	
<i>silodosin</i>	1	PA
<i>tamsulosin hcl</i>	1	
URINARY STONE AGENTS		
LITHOSTAT	2	
GOUT AGENTS (CONTINUED)		
GOUT AGENT COMBINATIONS		
<i>colchicine-probenecid</i>	1	

Drug Name	Drug Tier	Requirements/Limits
GOUT AGENTS		
<i>allopurinol (100 mg tab, 300 mg tab)</i>	1	
<i>colchicine 0.6 mg tab</i>	1	
<i>febuxostat</i>	1	PA, QL (1 ea per 1 days)
KRYSTEXXA	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
URICOSURICS		
<i>probenecid</i>	1	
HEMATOLOGICAL AGENTS - MISC. (CONTINUED)		
AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA		
GIVLAARI	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ANTIHEMOPHILIC PRODUCTS		
ADVATE (500 RECON SOLN, 1000 RECON SOLN, 1500 RECON SOLN, 2000 RECON SOLN, 3000 RECON SOLN, 4000 RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
AFSTYLA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALPHANATE/VWF COMPLEX/HUMAN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ALTUVIIIIO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELOCTATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ESPEROCT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FEIBA	4	PA, SP
HEMGENIX	4	PA, LA, QL (1 ea per lifetime), SP, PN (1 DOSE PER LIFETIME BY GPI-12)
HEMLIBRA (12 MG/0.4ML SOLUTION, 30 MG/ML SOLUTION, 60 MG/0.4ML SOLUTION, 105 MG/0.7ML SOLUTION, 150 MG/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HEMLIBRA 300 MG/2ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
HEMOFIL M	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HUMATE-P	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
JIVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KCENTRA	4	SP, PN (34 DAYS SUPPLY PER FILL)
KOATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
KOATE-DVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
KOGENATE FS	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NOVOEIGHT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OBIZUR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RECOMBINATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
WILATE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
XYNTHA SOLOFUSE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate</i>	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>sajazir</i>	4	PA, QL (9 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
COMPLEMENT INHIBITORS		
BERINERT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
CINRYZE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
EMPAVELI	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
ENJAYMO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HAEGARDA	4	PA, SP, PN (8 WEIGHT BASED DOSES / FILL; 28 DAYS SUPPLY PER FILL)
RUCONEST	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
SOLIRIS	4	PA, SP, PN (28 DAYS SUPPLY PER FILL)
ULTOMIRIS (300 MG/3ML SOLUTION, 1100 MG/11ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VEOPOZ	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline er</i>	1	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
TAKHZYRO (300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION)	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)

Drug Name	Drug Tier	Requirements/Limits
TAKHZYRO 150 MG/ML SOLN PRSYR	4	PA, QL (2 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
PLASMA PROTEINS		
RYPLAZIM	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl</i>	1	SP
<i>aspirin-dipyridamole er</i>	1	
BRILINTA	3	
CABLIVI	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>cilostazol</i>	1	
<i>clopidogrel bisulfate 300 mg tab</i>	1	
<i>clopidogrel bisulfate 75 mg tab</i>	1	
<i>dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)</i>	1	
<i>prasugrel hcl</i>	1	
ZONTIVITY	3	PA
PYRUVATE KINASE ACTIVATORS		
PYRUKYND	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PYRUKYND TAPER PACK	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
HEMATOPOIETIC AGENTS (CONTINUED)		
AGENTS FOR GAUCHER DISEASE		
CEREZYME	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ELELYSO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>miglustat</i>	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
VPRIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>yargesa</i>	4	PA, QL (90 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
AGENTS FOR SICKLE CELL DISEASE		
ADAKVEO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
ENDARI	4	PA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
SIKLOS	3	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FOLIC ACID/FOLATES		
<i>folic acid 1 mg tab</i>	1	
HEMATOPOIETIC GROWTH FACTORS		
ARANESP (ALBUMIN FREE)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
DOPTELET	4	PA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
EPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FULPHILA	4	PA, QL (0.043 ml per 1 days), SP
FYLNETRA	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
LEUKINE	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
MIRCERA (30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR)	4	PA, LA, SP, PN (30 DAYS SUPPLY PER FILL)
MIRCERA 120 MCG/0.3ML SOLN PRSYR	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
MULPLETA	4	PA, QL (7 ea per fill), SP
NEULASTA	4	PA, QL (0.043 ml per 1 days), SP
NEULASTA ONPRO	4	PA, QL (0.043 ml per 1 days), SP
NEUPOGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NIVESTYM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
NPLATE	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
NYVEPRIA	4	PA, QL (0.043 ml per 1 days), SP
PROCRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROCRIT 40000 UNIT/ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROMACTA	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
REBLOZYL	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
RELEUKO	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RETACRIT 40000 UNIT/ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ROLVEDON	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
STIMUFEND	4	PA, QL (0.043 ml per 1 day(s)), SP, PN (14 DAYS SUPPLY PER FILL)
UDENYCA 6 MG/0.6ML SOLN A-INJ	4	PA, QL (0.043 ml per 1 day), SP
UDENYCA 6 MG/0.6ML SOLN PRSYR	4	PA, QL (0.043 ml per 1 days), SP
UDENYCA ONBODY	4	PA, QL (0.043 ml per 1 day(s)), SP
ZIEXTENZO	4	PA, QL (0.043 ml per 1 days), SP
IRON		
<i>ferumoxytol</i>	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
INJECTAFER	4	SP, PN (34 DAYS SUPPLY PER FILL)
STEM CELL MOBILIZERS		
APHEXDA	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
MOZOBIL	4	SP
HEMOSTATICS (CONTINUED)		
HEMOSTATICS - SYSTEMIC		
<i>tranexamic acid 650 mg tab</i>	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS (CONTINUED)		
BARBITURATE HYPNOTICS		
<i>phenobarbital (15 mg tab, 16.2 mg tab, 30 mg tab, 32.4 mg tab, 60 mg tab, 64.8 mg tab, 97.2 mg tab, 100 mg tab)</i>	1	
<i>phenobarbital (20 mg/5ml elixir, 20 mg/5ml solution)</i>	1	
SEZABY	4	PN (5 DAYS SUPPLY PER FILL)
NON-BARBITURATE HYPNOTICS		
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	
<i>midazolam hcl 2 mg/ml syrup</i>	1	
MIDAZOLAM-SODIUM CHLORIDE (PF)	4	PA, QL (30 ml per 21 day(s)), PN (21 DAYS SUPPLY PER FILL)
QUAZEPAM	1	
<i>temazepam</i>	1	
<i>triazolam</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i>	1	
<i>zolpidem tartrate (1.75 mg sl tab, 3.5 mg sl tab)</i>	1	PA
<i>zolpidem tartrate (5 mg tab, 10 mg tab)</i>	1	
<i>zolpidem tartrate er</i>	1	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon</i>	1	ST
LAXATIVES (CONTINUED)		
LAXATIVE COMBINATIONS		
CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION	3	PN (\$0 copay for members age 45-75 years)
CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION	3	PN (\$0 copay for members age 45-75 years)
GAVILYTE-C	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-g</i>	1	PN (\$0 copay for members age 45-75 years)
<i>gavilyte-n with flavor pack</i>	1	PN (\$0 copay for members age 45-75 years)
<i>na sulfate-k sulfate-mg sulf</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg 3350-kcl-na bicarb-nacl</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-3350/electrolytes/ascorbat</i>	1	PN (\$0 copay for members age 45-75 years)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	PN (\$0 copay for members age 45-75 years)
PLENVU	3	PN (\$0 copay for members age 45-75 years)
<i>trilyte</i>	1	PN (\$0 copay for members age 45-75 years)
LAXATIVES - MISCELLANEOUS		
<i>constulose</i>	1	
KRISTALOSE	2	PA
<i>lactulose (10 gm packet, 10 gm/15ml solution, 20 gm/30ml solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES (CONTINUED)		
AZITHROMYCIN		
<i>azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)</i>	1	
CLARITHROMYCIN		
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG TAB, 250 MG/5ML RECON SUSP, 500 MG TAB)	1	
<i>clarithromycin er</i>	1	
ERYTHROMYCINS		
E.E.S. 400	1	
<i>ery-tab</i>	1	
ERYTHROCIN STEARATE	1	
<i>erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)</i>	1	
<i>erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)</i>	1	
<i>erythromycin ethylsuccinate (200 mg/5ml recon susp, 400 mg tab, 400 mg/5ml recon susp)</i>	1	
FIDAXOMICIN		
DIFICID 200 MG TAB	3	PA, QL (20 ea per fill)
DIFICID 40 MG/ML RECON SUSP	3	PA, QL (150 ml per fill)
MEDICAL DEVICES AND SUPPLIES (CONTINUED)		
CONTRACEPTIVES		
CAYA	0	
FEMCAP	0	
OMNIFLEX DIAPHRAGM	0	
WIDE-SEAL DIAPHRAGM 60	0	
WIDE-SEAL DIAPHRAGM 65	0	
WIDE-SEAL DIAPHRAGM 70	0	
WIDE-SEAL DIAPHRAGM 75	0	
WIDE-SEAL DIAPHRAGM 80	0	
WIDE-SEAL DIAPHRAGM 85	0	
WIDE-SEAL DIAPHRAGM 90	0	

Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DIAPHRAGM 95	0	
DIABETIC SUPPLIES		
BD MICROTAINER LANCETS	2	
DEXCOM G6 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G6 SENSOR	2	QL (0.1 ea per 1 day(s))
DEXCOM G6 TRANSMITTER	2	QL (1 ea per 90 days), PN (90 DAYS SUPPLY PER FILL)
DEXCOM G7 RECEIVER	2	QL (1 ea per 730 days)
DEXCOM G7 SENSOR	2	QL (0.1 ea per 1 day(s))
FREESTYLE LIBRE 14 DAY READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 2 READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE 2 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE 3 SENSOR	2	QL (0.072 ea per 1 day(s))
FREESTYLE LIBRE READER	2	QL (1 ea per 730 days)
FREESTYLE LIBRE SENSOR SYSTEM	2	QL (1 ea per 10 days)
OMNIPOD 5 G6 INTRO (GEN 5)	2	
OMNIPOD 5 G6 PODS (GEN 5)	2	
OMNIPOD 5 G7 INTRO (GEN 5)	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 PACK	2	
OMNIPOD CLASSIC PDM (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4)	2	
OMNIPOD DASH PDM (GEN 4)	2	
OMNIPOD DASH PODS (GEN 4)	2	
V-GO 20	2	QL (1 ea per 1 days)
V-GO 30	2	QL (1 ea per 1 days)
V-GO 40	2	QL (1 ea per 1 days)
MISC. DEVICES		
ALCOH-GLOVE CONTOURED WIPE	2	
ALCOH-WIPE	2	

Drug Name	Drug Tier	Requirements/Limits
ESSENTRA WIPES 9X9"	2	
OPTICAL AND OPHTHALMIC SUPPLIES		
SUSVIMO OCULAR IMPLANT	4	PA, QL (2 ea per lifetime), SP
PARENTERAL THERAPY SUPPLIES		
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
ASSURE ID INSULIN SAFETY SYR (X 1/2" 0.5 ML MISC, X 1/2" 1 ML MISC)	2	
BD INSULIN SYRINGE U-500	2	
BD PEN NEEDLE NANO U/F	2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	
CEQR SIMPLICITY 2U	2	QL (10 ea per 30 days), AL (21 to 999 yrs old)
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
INSULIN SYRINGE-NEEDLE U-100 (27G X 1/2" 0.5 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 1 ML MISC, 30G X 5/16" 0.5 ML MISC, 31G X 5/16" 0.5 ML MISC, 31G X 5/16" 1 ML MISC)	2	
MAGELLAN INSULIN SAFETY SYR	2	
MARATHON MEDICAL PENTIPS	2	
MONOJECT INSULIN SYRINGE (27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC)	2	
MONOJECT ULTRA COMFORT SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC)	2	
NOVOPEN ECHO	2	
PEN NEEDLES (30G X 5 MISC, 31G X 5 MISC, 31G X 8 MISC, 32G X 4 MISC)	2	
PENTIPS (29G X 12MM MISC, 31G X 5 MM MISC, 31G X 8 MM MISC, 32G X 4 MM MISC)	2	
PRO COMFORT PEN NEEDLES (31G X 8 MISC, 32G X 4 MISC, 32G X 5 MISC)	2	
SURE COMFORT INSULIN SYRINGE (28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 1/2" 0.5 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 1/4" 0.3 ML MISC, 31G X 1/4" 0.5 ML MISC, 31G X 1/4" 1 ML MISC, 31G X 5/16" 0.3 ML MISC)	2	

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT PEN NEEDLES (31G X 6 MISC, 32G X 4 MISC)	2	
ULTICARE INSULIN SAFETY SYR	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK LARGE	2	
OPTICHAMBER DIAMOND MISC	2	
OPTICHAMBER DIAMOND-LG MASK	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
MIGRAINE PRODUCTS (CONTINUED)		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG	2	PA, QL (1 ml per 28 days)
AJOVY	4	PA, QL (1.5 ml per 28 days), PN (MIN 30 DAY SUPPLY; MAX 90 DAY SUPPLY)
EMGALITY	2	PA, QL (1 ml per 28 days)
EMGALITY (300 MG DOSE)	2	PA, QL (3 ml per 28 days)
NURTEC	2	PA, QL (18 ea per 30 days)
QULIPTA (30 MG TAB, 60 MG TAB)	2	PA, QL (60 ea per 30 days)
QULIPTA 10 MG TAB	2	PA, QL (30 ea per 30 days)
UBRELVY	2	PA, QL (16 ea per 30 days), PN (30 DAYS SUPPLY PER FILL)
MIGRAINE COMBINATIONS		
ERGOTAMINE-CAFFEINE	1	
MIGERGOT	1	
<i>sumatriptan-naproxen sodium</i>	1	PA, QL (16 ea per 28 days)
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate</i>	1	PA, QL (16 ea per 28 days)
<i>eletriptan hydrobromide</i>	1	PA, QL (16 ea per 28 days)
<i>frovatriptan succinate</i>	1	PA, QL (16 ea per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	1	QL (16 ea per 28 days)
<i>rizatriptan benzoate</i>	1	QL (16 ea per 28 days)
<i>sumatriptan</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	QL (16 ea per 28 days)
<i>sumatriptan succinate (4 mg/0.5ml soln a-inj, 6 mg/0.5ml soln a-inj, 6 mg/0.5ml solution)</i>	1	QL (8 ml per 28 days)
<i>sumatriptan succinate refill</i>	1	QL (8 ml per 28 days)
ZEMBRACE SYMTOUCH	3	PA, QL (8 ml per 28 days), PN (28 DAYS SUPPLY PER FILL)
ZOLMITRIPTAN (2.5 MG SOLUTION, 5 MG SOLUTION)	1	PA, QL (16 ea per 28 days)
<i>zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab, 5 mg tab disp)</i>	1	QL (16 ea per 28 days)
MINERALS ELECTROLYTES (CONTINUED)		
FLUORIDE		
<i>nafrinse</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.55 (0.25 f) mg chew tab, 1.1 (0.5 f) mg chew tab, 1.1 (0.5 f) mg/ml solution, 2.2 (1 f) mg chew tab)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
PHOSPHATE		
K-PHOS	2	
<i>phospho-trin k500</i>	2	
POTASSIUM		
<i>effer-k 25 meq effer tab</i>	1	
<i>k-prime</i>	1	
<i>klor-con (8 tab er, 20 packet)</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con sprinkle</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride crys er</i>	1	
<i>potassium chloride er (8 cap er, 8 tab er, 10 cap er, 10 tab er, 15 tab er, 20 tab er)</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES (CONTINUED)		
CHELATING AGENTS		
<i>penicillamine</i>	1	SP
<i>trientine hcl 250 mg cap</i>	1	SP
ENZYMES		
XIAFLEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
IMMUNOMODULATORS		
JOENJA	4	PA, LA, QL (60 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
<i>lenalidomide (15 mg cap, 20 mg cap, 25 mg cap)</i>	1	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
<i>lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap)</i>	1	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (15 MG CAP, 20 MG CAP, 25 MG CAP)	3	QL (21 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP)	3	QL (28 ea per 28 days), PA-NSO, SP, PN (MIN 21 DAY SUPPLY; MAX 34 DAY SUPPLY)
REZUROCK	4	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
THALOMID	4	SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
VYVGART HYTRULO	4	PA, QL (22.4 ml per 50 days), SP, PN (50 DAYS SUPPLY PER FILL)
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine 50 mg tab</i>	1	
<i>cyclosporine (25 mg cap, 100 mg cap)</i>	1	
<i>cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
ENSPRYNG	4	PA, QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
ENVARBUS XR	3	
<i>everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab)</i>	4	PA
<i>everolimus 1 mg tab</i>	1	PA
GAMIFANT	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
<i>gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)</i>	1	
LUPKYNIS	4	PA, LA, QL (180 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)</i>	1	
<i>mycophenolate sodium</i>	1	
<i>mycophenolic acid</i>	1	
NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
NULOJIX	4	PA, PN (34 DAYS SUPPLY PER FILL)
PROGRAF (0.2 MG PACKET, 0.5 MG CAP, 1 MG CAP, 1 MG PACKET, 5 MG CAP)	3	
SANDIMMUNE (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION)	3	
<i>sirolimus (0.5 mg tab, 1 mg tab, 1 mg/ml solution, 2 mg tab)</i>	1	PA
<i>tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)</i>	1	
UPLIZNA	4	PA, QL (30 ml per 180 days), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY)
LYMPHATIC AGENTS		
SYLVANT	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PIK3CA-RELATED OVERGROWTH SPECTRUM (PROS) AGENTS		
VIJOICE (125 MG TAB THPK, 200 & 50 MG TAB THPK)	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
VIJOICE 50 MG TAB THPK	4	PA, QL (28 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
POTASSIUM REMOVING AGENTS		
<i>kionex</i>	1	
LOKELMA 10 GM PACKET	3	PA, QL (1.14 ea per 1 days)
LOKELMA 5 GM PACKET	3	PA, QL (1 ea per 1 days)
<i>sodium polystyrene sulfonate (15 gm/60ml suspension, powder)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SPS	1	
VELTASSA	3	PA, QL (1 ea per 1 days)
PROGERIA TREATMENT AGENTS		
ZOKINVY	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA (120 MG RECON SOLN, 400 MG RECON SOLN)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BENLYSTA 200 MG/ML SOLN A-INJ	4	PA, QL (4 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
BENLYSTA 200 MG/ML SOLN PRSYR	4	PA, QL (4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SAPHNELO	4	PA, QL (2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
UREMIC PRURITUS AGENTS		
KORSUVA	4	PA, PN (34 DAYS SUPPLY PER FILL)
MOUTH/THROAT/DENTAL AGENTS (CONTINUED)		
ANESTHETICS TOPICAL ORAL		
FIRST-MOUTHWASH BLM	3	
LIDOCAINE HCL 4 % SOLUTION	1	
<i>lidocaine viscous hcl</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole 10 mg troche</i>	1	
<i>nystatin 100000 unit/ml suspension</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate 0.12 % solution</i>	1	
<i>paroex</i>	1	
<i>periogard</i>	1	
DENTAL PRODUCTS		
<i>cavarest</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>denta 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>dentagel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)

Drug Name	Drug Tier	Requirements/Limits
<i>just right 5000 1.1 % gel</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sf 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride (0.2 % solution, 1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 enamel</i>	1	
<i>sodium fluoride 5000 plus</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm (1.1 % cream, 1.1 % gel)</i>	1	PN (\$0 Copay for 6 months through 16 years of age)
<i>sodium fluoride 5000 ppm 1.1 % paste</i>	1	
<i>sodium fluoride 5000 sensitive</i>	1	
STERIODS - MOUTH/THROAT/DENTAL		
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>triamcinolone acetonide 0.1 % paste</i>	1	
THROAT PRODUCTS - MISC.		
<i>pilocarpine hcl (5 mg tab, 7.5 mg tab)</i>	1	
MULTIVITAMINS (CONTINUED)		
MULTIPLE VITAMINS W/ MINERALS		
ONEVITE	1	
THRIVITE 19	1	
PED MULTI VITAMINS W/FL & FE		
<i>multi-vitamin/fluoride/iron</i>	1	
POLY-VI-FLOR/IRON (POLY-VI-FLOR/IRON 0.25-7 MG/ML SUSPENSION, POLY-VI-FLOR/IRON 0.5-10 MG CHEW TAB)	1	
PED MV W/ FLUORIDE		
<i>multi-vitamin/fluoride</i>	1	
MULTIVITAMIN W/FLUORIDE (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
MULTIVITAMIN/FLUORIDE (MULTIVITAMIN/FLUORIDE 0.25 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 0.5 MG CHEW TAB, MULTIVITAMIN/FLUORIDE 1 MG CHEW TAB)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>multivitamins/fluoride</i>	1	
POLY-VI-FLOR (0.25 MG/ML SUSPENSION, 0.5 MG CHEW TAB)	1	
TRI-VI-FLOR	1	
TRI-VI-FLORO	1	
<i>tri-vite/fluoride 0.25 mg/ml solution</i>	1	
<i>vitamins acd-fluoride</i>	1	
PRENATAL VITAMINS		
ATABEX EC	1	
ATABEX OB	1	
AZESCO	1	
BAL-CARE DHA	1	
C-NATE DHA	1	
CITRANATAL 90 DHA	1	
CITRANATAL ASSURE	1	
CITRANATAL B-CALM	1	
CITRANATAL BLOOM	1	
CITRANATAL BLOOM DHA	1	
CITRANATAL DHA	1	
CITRANATAL HARMONY	1	
CITRANATAL RX	1	
COMPLETE NATAL DHA	1	
COMPLETENATE	1	
CONCEPT DHA	1	
CONCEPT OB	1	
DUET DHA 400	1	
DUET DHA BALANCED	1	
ELITE-OB	1	
ENBRACE HR	1	
FOLIVANE-OB	1	
KOSHER PRENATAL PLUS IRON	1	

Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS	1	
MULTI-MAC	1	
NATACHEW	1	
NEEVO DHA	1	
NEONATAL COMPLETE 27-1 MG TAB	1	
NEONATAL PLUS	1	
NESTABS	1	
NESTABS DHA	1	
NESTABS ONE	1	
NIVA-PLUS	1	
O-CAL PRENATAL	1	
OB COMPLETE	1	
OB COMPLETE ONE	1	
OB COMPLETE PETITE	1	
OB COMPLETE PREMIER	1	
OB COMPLETE/DHA	1	
OBSTETRIX EC (WITH DOCUSATE)	1	
OBSTETRIX ONE (WITH DOCUSATE)	1	
ONE VITE WOMENS PLUS	1	
PNV-DHA	1	
PNV-DHA+DOCUSATE	1	
PNV-OMEGA	1	
PNV-SELECT	1	
PR NATAL 400	1	
PR NATAL 400 EC	1	
PR NATAL 430	1	
PR NATAL 430 EC	1	
PREGEN DHA	1	
PREMESISRX	1	
PRENA 1 TRUE	1	
PRENA1	1	

Drug Name	Drug Tier	Requirements/Limits
PRENA1 PEARL	1	
PRENAISSANCE	1	
PRENAISSANCE PLUS	1	
PRENATAL 19 (29-1 MG CHEW TAB, 29-1 MG TAB, CHEW TAB)	1	
PRENATAL 27-1 MG TAB	1	
PRENATAL PLUS	1	
PRENATAL PLUS VITAMIN/MINERAL	1	
PRENATAL VITAMIN PLUS LOW IRON	1	
PRENATAL-U	1	
PRENATE	1	
PRENATE AM	1	
PRENATE DHA	1	
PRENATE ELITE	1	
PRENATE ENHANCE	1	
PRENATE ESSENTIAL	1	
PRENATE MINI	1	
PRENATE PIXIE	1	
PRENATE RESTORE	1	
PRENATRIX	1	
PRENATRYL	1	
PREPLUS	1	
PRIMACARE	1	
PROVIDA OB	1	
R-NATAL OB	1	
RELNATE DHA	1	
SE-NATAL 19	1	
SELECT-OB	1	
SELECT-OB+DHA	1	
TARON-C DHA	1	
TARON-PREX	1	

Drug Name	Drug Tier	Requirements/Limits
TRI-TABS DHA	1	
TRICARE	1	
TRICARE PRENATAL DHA ONE	1	
TRINATAL RX 1	1	
TRINATE	1	
TRISTART DHA	1	
TRIVEEN-DUO DHA	1	
VINATE DHA RF	1	
VINATE II	1	
VINATE ONE	1	
VIRT-C DHA	1	
VIRT-NATE DHA	1	
VIRT-PN DHA	1	
VIRT-PN PLUS	1	
VITAFOL GUMMIES	1	
VITAFOL ULTRA	1	
VITAFOL-NANO	1	
VITAFOL-OB	1	
VITAFOL-OB+DHA	1	
VITAFOL-ONE	1	
VITAMEDMD ONE RX/QUATREFOLIC	1	
VITAMEDMD REDICHEW RX	1	
VITAPEARL	1	
VITATHELY WITH GINGER	1	
VITATRUE	1	
VIVA DHA	1	
VOL-PLUS	1	
VP-PNV-DHA	1	
WESCAP-C DHA	1	
WESCAP-PN DHA	1	
WESNATAL DHA COMPLETE	1	

Drug Name	Drug Tier	Requirements/Limits
WESNATE DHA	1	
WESTAB PLUS	1	
WESTGEL DHA	1	
ZALVIT	1	
ZATEAN-PN DHA	1	
ZATEAN-PN PLUS	1	
ZIPHEX	1	
MUSCULOSKELETAL THERAPY AGENTS (CONTINUED)		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	
BACLOFEN 5 MG/5ML SOLUTION	1	PA, QL (16 ml per 1 day(s)), SP
<i>carisoprodol</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine hcl</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol (500 mg tab, 750 mg tab)</i>	1	
<i>orphenadrine citrate er</i>	1	
<i>tizanidine hcl</i>	1	
<i>vanadom</i>	1	
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
FIBRODYSPLASIA OSSIFICANS PROGRESSIVA (FOP) AGENTS		
SOHONOS (1.5 MG CAP, 10 MG CAP)	4	PA, LA, QL (2 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 1 MG CAP	4	PA, LA, QL (4 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 2.5 MG CAP	4	PA, LA, QL (3 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
SOHONOS 5 MG CAP	4	PA, LA, QL (1 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MUSCLE RELAXANT COMBINATIONS		
CARISOPRODOL-ASPIRIN-CODEINE	1	

Drug Name	Drug Tier	Requirements/Limits
VISCOSUPPLEMENTS		
DUROLANE	4	QL (3 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
EUFLEXXA	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GEL-ONE	4	PA, QL (3 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
GELSYN-3	4	PA, SP, PN (180 DAYS SUPPLY PER FILL)
GENVISC 850	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLN PRSYR	4	PA, QL (10 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
HYALGAN 20 MG/2ML SOLUTION	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HYMOVIS	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
MONOVISC	4	PA, QL (4 ml per 180 day(s)), SP, PN (180 DAY SUPPLY PER FILL)
ORTHOVISC	4	PA, QL (8 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SODIUM HYALURONATE	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SUPARTZ FX	4	PA, QL (12.5 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNOJOYNT	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
SYNVISC ONE	4	QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRILURON	4	PA, QL (6 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
TRIVISC	4	PA, QL (7.5 ml per 180 days), SP, PN (180 DAYS SUPPLY PER FILL)
VISCO-3	4	PA, QL (7.5 ml per 180 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
NASAL AGENTS - SYSTEMIC AND TOPICAL (CONTINUED)		
NASAL AGENT COMBINATIONS		
<i>azelastine-fluticasone</i>	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
<i>azelastine hcl (0.1 % solution, 0.15 % solution, 137 mcg/spray solution)</i>	1	
<i>olopatadine hcl 0.6 % solution</i>	1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide (0.03 % solution, 0.06 % solution)</i>	1	
NASAL STEROIDS		
BECONASE AQ	3	PA
<i>flunisolide</i>	1	
<i>fluticasone propionate 50 mcg/act suspension</i>	1	
<i>mometasone furoate 50 mcg/act suspension</i>	1	
OMNARIS	3	PA
QNASL	3	PA
QNASL CHILDRENS	3	PA
ZETONNA	3	PA
NEUROMUSCULAR AGENTS (CONTINUED)		
ALS AGENTS		
EXSERVAN	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
QALSODY	4	PA, LA, SP, PN (MAX 28 DAYS SUPPLY PER FILL)
RADICAVA	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
RADICAVA ORS	4	PA, QL (50 ml per 28 day(s)), SP, PN (180 DAYS SUPPLY PER FILL)
RADICAVA ORS STARTER KIT	4	PA, QL (70 ml per 28 day(s)), SP, PN (28 DAY SUPPLY IN 180 DAYS)
RELYVRIO	4	PA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>riluzole</i>	1	PN (34 DAYS SUPPLY PER FILL)
TEGLUTIK	4	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TIGLUTIK	4	PA, LA, QL (600 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
FRIEDRICHS ATAXIA AGENTS		
SKYCLARYS	4	PA, LA, QL (90 ea per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MUSCULAR DYSTROPHY AGENTS		
AMONDYS 45	4	PA, LA, SP, PN (28 DAYS SUPPLY PER FILL)
EXONDYS 51	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VILTEPSO	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
VYONDYS 53	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
DYSPORE	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
MYOBLOC	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
XEOMIN	4	PA, SP, PN (90 DAYS SUPPLY PER FILL)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI	4	PA, LA, QL (6.67 ml per 1 days), SP
SPINRAZA	4	PA, LA, SP, PN (MIN 120 DAY SUPPLY; MAX 120 DAY SUPPLY)
NUTRIENTS (CONTINUED)		
LIPIDS		
DOJOLVI	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC AGENTS (CONTINUED)		
BETA-BLOCKERS - OPHTHALMIC		
BETAXOLOL HCL 0.5 % SOLUTION	1	
BETOPTIC-S	2	
CARTEOLOL HCL	1	
<i>dorzolamide hcl-timolol mal</i>	1	
<i>dorzolamide hcl-timolol mal pf</i>	1	
LEVOBUNOLOL HCL	1	
<i>timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % (daily) solution, 0.5 % gel f soln, 0.5 % solution)</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>altafrin 10 % solution</i>	1	
<i>atropine sulfate (1 % ointment, 1 % solution)</i>	1	
<i>cyclopentolate hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ISOPTO ATROPINE	1	
<i>phenylephrine hcl 10 % solution</i>	1	
<i>tropicamide</i>	1	
MIOTICS		
PHOSPHOLINE IODIDE	2	
<i>pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)</i>	1	
VUITY	3	PA, QL (5 ml per 30 day(s))
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BEOVU 6 MG/0.05ML SOLN PRSYR	4	PA, QL (0.1 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
BEOVU 6 MG/0.05ML SOLUTION	4	PA, QL (0.1 ml per 25 days), PN (25 DAYS SUPPLY PER FILL)
CIMERLI	4	PA, QL (0.1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
EYLEA	4	PA, QL (0.1 ml per 25 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
EYLEA HD	4	PA, QL (0.14 ml per 21 days), SP, PN (MIN 25 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLN PRSYR, 0.5 MG/0.05ML SOLN PRSYR)	4	PA, QL (0.1 ml per 28 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
LUCENTIS (0.3 MG/0.05ML SOLUTION, 0.5 MG/0.05ML SOLUTION)	4	PA, QL (0.1 ml per 28 days), PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT 1ST FILL)	4	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
SUSVIMO (IMPLANT REFILL)	4	PA, QL (0.2 ml per 168 days), SP, PN (MIN 28 DAY SUPPLY; MAX 90 DAY SUPPLY)
VABYSMO	4	PA, QL (0.1 ml per 21 days), SP, PN (21 DAYS SUPPLY PER FILL)
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P 0.1 % SOLUTION	2	
<i>apraclonidine hcl</i>	1	
<i>brimonidine tartrate (0.1 % solution, 0.15 % solution, 0.2 % solution)</i>	1	
SIMBRINZA	3	
OPHTHALMIC ANTI-INFECTIVES		
<i>ak-poly-bac</i>	1	

Drug Name	Drug Tier	Requirements/Limits
AZASITE	3	
BACITRACIN 500 UNIT/GM OINTMENT	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
CILOXAN 0.3 % OINTMENT	2	
<i>ciprofloxacin hcl 0.3 % solution</i>	1	
<i>erythromycin 5 mg/gm ointment</i>	1	
GENTAK	1	
<i>gentamicin sulfate 0.3 % solution</i>	1	
<i>levofloxacin 0.5 % solution</i>	1	
MOXIFLOXACIN HCL (2X DAY)	1	
<i>moxifloxacin hcl 0.5 % solution</i>	1	
NATACYN	2	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin zn-polymyx</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	1	
<i>ofloxacin 0.3 % solution</i>	1	
<i>polycin</i>	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>sulfacetamide sodium (10 % ointment, 10 % solution)</i>	1	
<i>tobramycin 0.3 % solution</i>	1	
TRIFLURIDINE	1	
XDEMVI	4	PA, QL (10 ml per 42 days), SP, PN (42 DAYS SUPPLY PER FILL)
OPHTHALMIC COMPLEMENT INHIBITORS		
IZERVAY	4	PA, QL (0.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
SYFOVRE	4	PA, QL (0.2 ml per 25 days), SP, PN (25 DAYS SUPPLY PER FILL)
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine 0.05 % emulsion</i>	1	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE	4	PA, LA, QL (56 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS		
VISUDYNE	4	SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMIC STEROIDS		
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION	1	
FLAREX	2	
<i>fluorometholone</i>	1	
FML FORTE	2	
ILUVIEN	4	PA, SP, PN (MIN 365 DAY SUPPLY; MAX 1095 DAY SUPPLY)
MAXIDEX	2	
<i>neo-polycin hc</i>	1	
<i>neomycin-polymyxin-dexameth (3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)</i>	1	
NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION	1	
PRED-G	2	
PREDNISOLONE ACETATE	1	
PREDNISOLONE ACETATE P-F	1	
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	
SULFACETAMIDE-PREDNISOLONE	1	
TOBRADEX 0.3-0.1 % OINTMENT	2	
<i>tobramycin-dexamethasone</i>	1	
XIPERE	4	LA, SP, PN (34 DAYS SUPPLY PER FILL)
OPHTHALMICS - MISC.		
ALOMIDE	3	PA
<i>azelastine hcl 0.05 % solution</i>	1	
<i>balanced salt</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brinzolamide</i>	1	
<i>bromfenac sodium (once-daily)</i>	1	
CROMOLYN SODIUM 4 % SOLUTION	1	
<i>diclofenac sodium 0.1 % solution</i>	1	
DORZOLAMIDE HCL	1	
<i>epinastine hcl</i>	1	
FLURBIPROFEN SODIUM	1	
<i>ketorolac tromethamine (0.4 % solution, 0.5 % solution)</i>	1	
<i>olopatadine hcl (0.1 % solution, 0.2 % solution)</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost</i>	1	ST
DURYSTA	4	PA, QL (2 ea per lifetime), SP
LATANOPROST	1	
LUMIGAN	3	ST
<i>tafluprost (pf)</i>	1	PA
<i>travoprost (bak free)</i>	1	
VYZULTA	3	ST
XELPROS	2	ST
OTIC AGENTS (CONTINUED)		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid 2 % solution</i>	1	
OTIC ANTI-INFECTIVES		
CIPROFLOXACIN HCL 0.2 % SOLUTION	1	
OTIC COMBINATIONS		
CIPRO HC	2	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
OTIC STEROIDS		
<i>flac</i>	1	
<i>fluocinolone acetonide 0.01 % oil</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone-acetic acid</i>	1	
OXYTOCICS (CONTINUED)		
OXYTOCICS		
<i>methergine</i>	1	
<i>methylergonovine maleate 0.2 mg tab</i>	1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS (CONTINUED)		
IMMUNE SERUMS		
ASCENIV	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
BIVIGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUTAQUIG	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CUVITRU	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
CYTOGAM	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
FLEBOGAMMA DIF	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMASTAN	4	SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAGARD S/D LESS IGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAKED	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMMAPLEX	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GAMUNEX-C	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
HIZENTRA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM (1 GM/20ML SOLUTION, 2 GM/20ML SOLUTION, 2.5 GM/50ML SOLUTION, 5 GM/100ML SOLUTION, 5 GM/50ML SOLUTION, 10 GM/100ML SOLUTION, 10 GM/200ML SOLUTION, 20 GM/200ML SOLUTION, 30 GM/300ML SOLUTION)	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
OCTAGAM 25 GM/500ML SOLUTION	4	PA, PN (34 DAYS SUPPLY PER FILL)
PANZYGA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PRIVIGEN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
RHOGAM ULTRA-FILTERED PLUS	2	SP, PN (34 DAYS SUPPLY PER FILL-override)
RHOPHYLAC	2	SP, PN (34 DAYS SUPPLY PER FILL)
WINRHO SDF	4	SP, PN (34 DAYS SUPPLY PER FILL)
XEMBIFY	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MONOCLONAL ANTIBODIES		
SYNAGIS	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 34 DAY SUPPLY)
ZINPLAVA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PENICILLINS (CONTINUED)		
AMINOPENICILLINS		
<i>amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)</i>	1	
<i>ampicillin</i>	1	
NATURAL PENICILLINS		
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG TAB, 250 MG/5ML RECON SOLN, 500 MG TAB)	1	
PENICILLIN COMBINATIONS		
AMOXICILLIN-POT CLAVULANATE (200-28.5 MG CHEW TAB, 200-28.5 MG/5ML RECON SUSP, 250-125 MG TAB, 250-62.5 MG/5ML RECON SUSP, 400-57 MG CHEW TAB, 400-57 MG/5ML RECON SUSP, 500-125 MG TAB, 600-42.9 MG/5ML RECON SUSP, 875-125 MG TAB)	1	
AMOXICILLIN-POT CLAVULANATE ER	1	
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium</i>	1	
PROGESTINS (CONTINUED)		
PROGESTINS		
<i>hydroxyprogesterone caproate 250 mg/ml oil</i>	4	PA, PN (34 DAYS SUPPLY PER FILL)
MAKENA 275 MG/1.1ML SOLN A-INJ	4	PA
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>norethindrone acetate</i>	1	
<i>progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. (CONTINUED)		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>disulfiram (250 mg tab, 500 mg tab)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LUCEMYRA	4	PA, QL (112 ea per 7 days), PN (7 DAYS SUPPLY PER FILL)
ANTI-CATAPLECTIC AGENTS		
LUMRYZ	4	PA, QL (270 ea per 30 day(s)), SP, PN (30 DAYS SUPPLY PER FILL)
SODIUM OXYBATE	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYREM	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
XYWAV	4	PA, LA, QL (540 ml per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ANTIDEMENTIA AGENTS		
<i>donepezil hcl</i>	1	
<i>galantamine hydrobromide (4 mg tab, 4 mg/ml solution, 8 mg tab, 12 mg tab)</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>memantine hcl (2 mg/ml solution, 5 mg tab, 10 mg tab, 10 mg/5ml solution)</i>	1	
<i>memantine hcl er</i>	1	PA
<i>rivastigmine tartrate</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
CHLORDIAZEPOXIDE-AMITRIPTYLINE	1	
<i>olanzapine-fluoxetine hcl</i>	1	
PERPHENAZINE-AMITRIPTYLINE	1	
FIBROMYALGIA AGENTS		
SAVELLA	2	
SAVELLA TITRATION PACK	2	
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine 12.5 mg tab</i>	1	PA, QL (102 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>tetrabenazine 25 mg tab</i>	1	PA, QL (136 ea per 34 days), SP, PN (34 DAYS SUPPLY PER FILL)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
AVONEX PREFILLED	4	QL (1 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BAFIERTAM	4	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
BETASERON	4	QL (14 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
BRIUMVI	4	PA, SP, PN (MAX 34 DAYS SUPPLY PER FILL)
<i>dalfampridine er</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 120 mg cap dr</i>	1	QL (14 ea per 7 days), SP, PN (7 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate 240 mg cap dr</i>	1	QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>dimethyl fumarate starter pack</i>	4	QL (60 ea per 30 day(s)), SP
EXTAVIA	4	QL (15 ea per 30 day(s)), SP, PN (28 DAYS SUPPLY PER FILL)
<i>fingolimod hcl</i>	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
GILENYA 0.25 MG CAP	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 20 mg/ml soln prsyr</i>	4	QL (30 ml per 30 days), SP, PN (34 DAYS SUPPLY PER FILL)
<i>glatiramer acetate 40 mg/ml soln prsyr</i>	4	QL (12 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KESIMPTA	4	QL (0.4 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
LEMTRADA	4	PA, QL (6 ml per 365 days), SP, PN (MIN 365 DAY SUPPLY; MAX 365 DAY SUPPLY)
MAVENCLAD (10 TABS)	4	PA, LA, QL (10 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (4 TABS)	4	PA, LA, QL (4 ea per 27 days), SP, PN (27 DAYS SUPPLY PER FILL)
MAVENCLAD (5 TABS)	4	PA, LA, QL (5 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (6 TABS)	4	PA, LA, QL (6 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (7 TABS)	4	PA, LA, QL (7 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAVENCLAD (8 TABS)	4	PA, LA, QL (8 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (9 TABS)	4	PA, LA, QL (9 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT (1 MG TAB, 2 MG TAB)	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
MAYZENT 0.25 MG TAB	4	QL (140 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
MAYZENT STARTER PACK 0.25 MG TAB THPK	4	QL (7 ea per 4 day(s)), SP, PN (4 DAY SUPPLY IN 180 DAYS)
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	4	QL (12 ea per 5 day(s)), SP, PN (5 DAY SUPPLY IN 180 DAYS)
OCREVUS	4	PA, QL (20 ea per 180 day(s)), SP, PN (MIN 168 DAY SUPPLY; MAX 180 DAY SUPPLY), PN (TWO 180 DAY SUPPLIES IN 365 DAYS)
PLEGRIDY	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PLEGRIDY STARTER PACK	4	QL (1 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PONVORY	4	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
PONVORY STARTER PACK	4	QL (14 ea per 14 day(s)), SP, PN (14 DAY SUPPLY IN 180 DAYS)
REBIF	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE	4	QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF REBIDOSE TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
REBIF TITRATION PACK	4	QL (4.2 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
<i>teriflunomide 14 mg tab</i>	1	QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
<i>teriflunomide 7 mg tab</i>	1	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
TYSABRI	4	PA, SP, PN (MIN 28 DAY SUPPLY; MAX 60 DAY SUPPLY)
VUMERITY	4	ST, QL (120 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA	2	PA, QL (30 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ZEPOSIA 7-DAY STARTER PACK	2	PA, QL (7 ea per 7 day(s)), SP, PN (7 DAY SUPPLY IN 180 DAYS)

Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	PA, QL (37 ea per 37 day(s)), PN (37 DAY SUPPLY IN 180 DAYS)
ZEPOSIA STARTER KIT 0.23MG & 0.46MG 0.92MG(21) CAP THPK	2	PA, QL (28 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
PREMENSTRUAL DYPHORIC DISORDER (PMDD) AGENTS		
FLUOXETINE HCL (PMDD)	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ERGOLOID MESYLATES	1	
PIMOZIDE	1	
SMOKING DETERRENTS		
APO-VARENICLINE	0	QL (2 ea per 1 days)
CHANTIX	0	QL (2 ea per 1 days)
CHANTIX CONTINUING MONTH PAK	0	QL (2 ea per 1 days)
CHANTIX STARTING MONTH PAK	0	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
NICOTROL	0	
NICOTROL NS	0	
<i>varenicline tartrate</i>	0	QL (2 ea per 1 days)
<i>varenicline tartrate (starter)</i>	0	QL (53 ea per 30 day(s)), PN (30 DAY SUPPLY IN 180 DAYS)
<i>varenicline tartrate(continue)</i>	0	QL (2 ea per 1 days)
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
AMVUTTRA	4	PA, QL (0.5 ml per 84 days), SP, PN (MIN 84 DAY SUPPLY; MAX 90 DAY SUPPLY)
ONPATTRO	4	PA, SP, PN (21 DAY SUPPLY PER FILL)
TEGSEDI	4	PA, LA, QL (6 ml per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
RESPIRATORY AGENTS - MISC. (CONTINUED)		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
ARALAST NP	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
GLASSIA	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)
PROLASTIN-C	4	PA, LA, SP, PN (34 DAYS SUPPLY PER FILL)
ZEMAIRA 1000 MG RECON SOLN	4	PA, SP, PN (34 DAYS SUPPLY PER FILL)

Drug Name	Drug Tier	Requirements/Limits
CYSTIC FIBROSIS AGENTS		
KALYDECO (5.8 MG PACKET, 25 MG PACKET, 50 MG PACKET, 75 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
KALYDECO 13.4 MG PACKET	4	PA, LA, QL (60 ea per 30 days), SP, PN (MAX 30 DAYS SUPPLY PER FILL)
KALYDECO 150 MG TAB	4	PA, LA, QL (60 ea per 30 days), SP, PN (30 DAYS SUPPLY PER FILL)
ORKAMBI (100-125 MG TAB, 200-125 MG TAB)	4	PA, LA, QL (112 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
ORKAMBI (75-94 MG PACKET, 100-125 MG PACKET, 150-188 MG PACKET)	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
PULMOZYME	4	PA, SP, PN (30 DAYS SUPPLY PER FILL)
SYMDEKO	4	PA, LA, QL (56 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (50-25-37.5 & 75 MG TAB THPK, 100-50-75 & 150 MG TAB THPK)	4	PA, LA, QL (84 ea per 28 days), SP, PN (28 DAYS SUPPLY PER FILL)
TRIKAFTA (80-40-60 & 59.5 MG THER PACK, 100-50-75 & 75 MG THER PACK)	4	PA, LA, QL (56 ea per 28 days), SP, PN (MAX 28 DAYS SUPPLY PER FILL)
SULFONAMIDES (CONTINUED)		
SULFONAMIDES		
SULFADIAZINE	1	
TETRACYCLINES (CONTINUED)		
AMINOMETHYLCYCLINES		
NUZYRA 150 MG TAB	4	PA, SP
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>coremino</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	1	
<i>doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab, 150 mg tab)</i>	1	
<i>minocycline hcl</i>	1	
<i>minocycline hcl er (45 mg tab er 24h, 90 mg tab er 24h, 135 mg tab er 24h)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl er (55 mg tab er 24h, 65 mg tab er 24h, 80 mg tab er 24h, 105 mg tab er 24h, 115 mg tab er 24h)</i>	1	PA
<i>mondoxyme nl 100 mg cap</i>	1	
<i>morgidox 100 mg cap</i>	1	
<i>tetracycline hcl (250 mg cap, 500 mg cap)</i>	1	
THYROID AGENTS (CONTINUED)		
ANTITHYROID AGENTS		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
THYROID HORMONES		
ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	3	
<i>euthyrox</i>	1	
<i>levo-t</i>	3	
<i>levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)</i>	1	
<i>levoxyl</i>	3	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
NP THYROID	1	
SYNTHROID	3	
THYROID (90 MG TAB)	1	
<i>unithroid</i>	3	
TOXOIDS (CONTINUED)		
TOXOID COMBINATIONS		
ADACEL	0	AL (Up to 64 yrs old)
BOOSTRIX	0	
DAPTACEL	0	AL (Up to 6 yrs old)
DIPHThERIA-TETANUS TOXOIDS DT	0	AL (Up to 6 yrs old)
INFANRIX	0	AL (Up to 6 yrs old)
KINRIX	0	AL (Up to 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
PEDIARIX	0	AL (Up to 6 yrs old)
PENTACEL	0	AL (Up to 4 yrs old)
QUADRACEL	0	AL (Up to 6 yrs old)
TDVAX	0	AL (7 to 999 yrs old)
TENIVAC	0	
TETANUS-DIPHThERIA TOXOIDS TD	0	AL (7 to 999 yrs old)
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS (CONTINUED)		
ANTISPASMODICS		
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate (1 mg tab, 1.5 mg tab, 2 mg tab)</i>	1	
<i>hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)</i>	1	
<i>hyoscyamine sulfate er</i>	1	
<i>hyosyne</i>	1	
<i>methscopolamine bromide</i>	1	
<i>nulev</i>	1	
<i>oscimin 0.125 mg tab</i>	1	
<i>phenobarbital-belladonna alk (16.2 mg tab, 16.2 mg/5ml elixir)</i>	1	
H-2 ANTAGONISTS		
<i>cimetidine</i>	1	
CIMETIDINE HCL (300 MG/5ML SOLUTION)	1	
<i>famotidine (20 mg tab, 40 mg tab, 40 mg/5ml recon susp)</i>	1	
NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP)	1	
MISC. ANTI-ULCER		
<i>sucralfate (1 gm tab, 1 gm/10ml suspension)</i>	1	
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	ST, QL (1 ea per 1 day(s))
<i>esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)</i>	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium (20 mg cap dr, 40 mg cap dr)</i>	1	
<i>lansoprazole</i>	1	
NEXIUM (2.5 MG PACKET, 5 MG PACKET)	3	PA
<i>omeprazole (10 mg cap dr, 20 mg cap dr, 40 mg cap dr)</i>	1	
<i>pantoprazole sodium (20 mg tab dr, 40 mg tab dr)</i>	1	
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	1	PA
<i>rabeprazole sodium 20 mg tab dr</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol</i>	1	
ULCER THERAPY COMBINATIONS		
<i>omeprazole-sodium bicarbonate</i>	1	ST
URINARY ANTISPASMODICS (CONTINUED)		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide er</i>	1	ST
<i>fesoterodine fumarate er</i>	1	ST
GELNIQUE	3	PA
<i>oxybutynin chloride (5 mg tab, 5 mg/5ml solution)</i>	1	
<i>oxybutynin chloride er</i>	1	
OXYTROL	3	ST
<i>solifenacin succinate</i>	1	
<i>tolterodine tartrate</i>	1	
<i>tolterodine tartrate er</i>	1	ST
<i>trospium chloride</i>	1	
<i>trospium chloride er</i>	1	ST
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H)	2	QL (1 ea per 1 day(s))
MYRBETRIQ 8 MG/ML SRER	2	QL (10 ml per 1 days), AL (3 to 18 yrs old)
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VACCINES (CONTINUED)		
BACTERIAL VACCINES		
ACTHIB	0	AL (Up to 5 yrs old)
BEXSERO	0	AL (Up to 25 yrs old)
HIBERIX	0	AL (Up to 4 yrs old)
MENACTRA	0	AL (Up to 55 yrs old)
MENVEO (RECON SOLN, SOLUTION)	0	AL (Up to 55 yrs old)
PEDVAX HIB	0	AL (Up to 6 yrs old)
PENBRAYA	0	QL (2 ea per lifetime), AL (10 to 25 yrs old)
PNEUMOVAX 23	0	
PREVNAR 13	0	
PREVNAR 20	0	QL (0.5 ml per lifetime)
TRUMENBA	0	AL (Up to 25 yrs old)
VAXNEUVANCE	0	QL (0.5 ml per lifetime), AL (19 to 999 yrs old)
VIVOTIF	3	QL (4 ea per fill)
VIRAL VACCINES		
ABRYVO	0	AL (60 to 999 yrs old)
ACAM2000	0	
AFLURIA QUADRIVALENT (0.5 ML SUSP PRSYR, SUSPENSION)	0	
AREXVY	0	QL (1 ea per lifetime), AL (60 to 999 yrs old)
COMIRNATY	0	
ENGERIX-B (20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION)	0	AL (20 to 99 yrs old)
ENGERIX-B 10 MCG/0.5ML SUSP PRSYR	0	AL (Up to 19 yrs old)
FLUAD QUADRIVALENT	0	
FLUARIX QUADRIVALENT	0	
FLUBLOK QUADRIVALENT	0	
FLUCELVAX QUADRIVALENT	0	
FLULAVAL QUADRIVALENT	0	

Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUADRIVALENT	0	
FLUZONE HIGH-DOSE QUADRIVALENT	0	
FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION)	0	
GARDASIL 9	0	AL (Up to 45 yrs old)
HAVRIX 1440 EL U/ML SUSPENSION	0	AL (19 to 99 yrs old)
HAVRIX 720 EL U/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
HEPLISAV-B	0	AL (18 to 99 yrs old)
IPOL	0	AL (Up to 18 yrs old)
JANSSEN COVID-19 VACCINE	0	
JYNNEOS	0	AL (18 to 999 yrs old)
M-M-R II	0	
MODERNA COVID-19 BIVAL 6M-5Y	0	
MODERNA COVID-19 BIVAL BOOSTER	0	
MODERNA COVID-19 BIVALENT	0	
MODERNA COVID-19 VAC (BOOSTER)	0	
MODERNA COVID-19 VAC 6M-11Y	0	
MODERNA COVID-19 VACCINE	0	
NOVAVAX COVID-19 VACCINE	0	
PFIZER COVID-19 BIVAL 6MO-4YR	0	
PFIZER COVID-19 VAC BIVAL 5-11	0	
PFIZER COVID-19 VAC-TRIS 5-11Y 10 MCG/0.3ML SUSPENSION	0	
PFIZER COVID-19 VAC-TRIS 6M-4Y 3 MCG/0.3ML SUSPENSION	0	
PFIZER-BIONT COVID-19 VAC-TRIS	0	
PFIZER-BIONTECH COVID-19 VACC	0	
PREHEVBRIO	0	AL (18 to 999 yrs old)
PRIORIX	0	
PROQUAD	0	AL (Up to 12 yrs old)
RECOMBIVAX HB (10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION)	0	AL (11 to 999 yrs old)
RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION)	0	AL (Up to 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB 40 MCG/ML SUSPENSION	0	AL (18 to 99 yrs old)
SHINGRIX	0	QL (2 ea per lifetime), AL (18 to 99 yrs old)
SPIKEVAX	0	
SPIKEVAX COVID-19 VACCINE	0	
TWINRIX	0	AL (18 to 99 yrs old)
VAQTA 25 UNIT/0.5ML SUSPENSION	0	AL (Up to 18 yrs old)
VAQTA 50 UNIT/ML SUSPENSION	0	AL (19 to 99 yrs old)
VARIVAX	0	
VAGINAL AND RELATED PRODUCTS (CONTINUED)		
VAGINAL ANTI-INFECTIVES		
CLEOCIN 100 MG SUPPOS	2	
<i>clindamycin phosphate 2 % cream</i>	1	
CLINDESSE	2	
MICONAZOLE 3 200 MG SUPPOS	1	
<i>terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)</i>	1	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI	0	
VAGINAL ESTROGENS		
<i>estradiol (0.1 mg/gm cream, 10 mcg tab)</i>	1	
ESTRING	2	
PREMARIN 0.625 MG/GM CREAM	2	
<i>yuvafem</i>	1	
VAGINAL PROGESTINS		
CRINONE	3	PA
ENDOMETRIN	2	
VASOPRESSORS (CONTINUED)		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	2	QL (2 ea per fill), AL (Up to 3 yrs old)
<i>epinephrine (0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)</i>	1	QL (2 ea per fill)

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl</i>	1	
VITAMINS (CONTINUED)		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol 1.25 mg (50000 ut) cap</i>	1	
<i>phytonadione 5 mg tab</i>	1	
<i>vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)</i>	1	

Appendix

A

abacavir sulfate	65,66	AJOVY	113
abacavir sulfate-lamivudine	66	ak-poly-bac	127
abacavir-lamivudine-zidovudine	66	AKEEGA	50
ABILIFY ASIMTUFII	65	AKYNZEO	38
ABILIFY MAINTENA	65	ALA SCALP	89
abiraterone acetate	50	ala-cort	89
ABRAXANE	61	albendazole	21
ABRYSVO	141	albuterol sulfate	26
ACAM2000	141	albuterol sulfate hfa	26
acarbose	33	alclometasone dipropionate	89
acebutolol hcl	71	ALCOH-GLOVE CONTOURED WIPE	111
ACETAMINOPHEN-CODEINE	18	ALCOH-WIPE	111
acetazolamide	93	ALDURAZYME	96
acetazolamide er	93	ALECENSA	54
acetic acid	130	alendronate sodium	94
acetylcysteine	85	alfuzosin hcl er	103
acitretin	87	ALINIA	22
ACTEMRA	15	ALIQOPA	54
ACTEMRA ACTPEN	15	aliskiren fumarate	44
ACTHIB	141	ALKINDI SPRINKLE	83
ACTIMMUNE	60	allopurinol	104
acyclovir	69,88	almotriptan malate	113
ADACEL	138	ALOMIDE	129
ADAKVEO	106	alose tron hcl	102
ADALIMUMAB-FKJP	13	ALPHAGAN P	127
adapalene	85	ALPHANATE	104
adapalene-benzoyl peroxide	85	ALPHANATE/VWF COMPLEX/HUMAN	104
ADBRY	90	alprazolam	23
ADCETRIS	48	alprazolam er	23
adefovir dipivoxil	69	ALPRAZOLAM INTENSOL	23
ADEMPAS	74	alprazolam xr	23
ADULT MASK LARGE	113	ALTABAX	86
ADVAIR HFA	26	altafrin	126
ADVATE	104	altavera	75
AEMCOLO	21	ALTUVIIIIO	104
afirmelle	75	ALUNBRIG	54
AFLURIA QUADRIVALENT	141	alyacen 1/35	75
AFSTYLA	104	alyacen 7/7/7	75
AIMOVIG	113	alyq	73
		amabelz	99
		amantadine hcl	61

ambrisentan	73	apri	75
AMCINONIDE	89	APRIZIO PAK II	91
amethia	75	APTIOM	28,29
amethia lo	75	APTIVUS	66
amethyst	75	AQ INSULIN SYRINGE	112
amiloride hcl	94	AQINJECT PEN NEEDLE	112
AMILORIDE-HYDROCHLOROTHIAZIDE	93	ARALAST NP	136
amiodarone hcl	24	aranelle	75
amitriptyline hcl	33	ARANESP (ALBUMIN FREE)	107
amlodipine besy-benazepril hcl	43	ARAZLO	85
amlodipine besylate	71	ARCALYST	15
amlodipine besylate-valsartan	43	AREXVY	141
amlodipine-atorvastatin	72	arformoterol tartrate	26
amlodipine-olmesartan	43	aripiprazole	65
amlodipine-valsartan-hctz	43	ARISTADA	65
amnesteem	85	ARISTADA INITIO	65
AMONDYS 45	126	armodafinil	12
amoxapine	33	ARMOUR THYROID	138
amoxicillin	132	ARNUITY ELLIPTA	25
AMOXICILLIN-POT CLAVULANATE	132	ARTESUNATE	44
AMOXICILLIN-POT CLAVULANATE ER	132	ARZERRA	48
amphetamine-dextroamphet er	12	ASCENIV	131
amphetamine-dextroamphetamine	12	ascomp-codeine	19
ampicillin	132	asenapine maleate	64
AMVUTTRA	136	ashlyna	75
anagrelide hcl	106	ASMANEX (120 METERED DOSES)	26
anastrozole	50	ASMANEX (14 METERED DOSES)	26
ANDEXXA	37	ASMANEX (30 METERED DOSES)	26
ANNOVERA	82	ASMANEX (60 METERED DOSES)	26
anodyne lpt	91	ASMANEX (7 METERED DOSES)	26
ANORO ELLIPTA	26	ASMANEX HFA	26
anucort-hc	20	ASPARLAS	60
anusol-hc	21	aspirin-dipyridamole er	106
APAP-CAFF-DIHYDROCODEINE	18	ASSURE ID INSULIN SAFETY SYR	112
APHEXDA	108	ATABEX EC	119
APLENZIN	31	ATABEX OB	119
APO-VARENICLINE	136	atazanavir sulfate	66
apomorphine hcl	62	atenolol	71
apraclonidine hcl	127	atenolol-chlorthalidone	43
aprepitant	38	atomoxetine hcl	12
APRETUDE	66	atorvastatin calcium	41

atovaquone	22
atovaquone-proguanil hcl	44
atropine sulfate	126
ATROVENT HFA	25
aubra	75
aubra eq	75
AUGMENTIN	132
AUGTYRO	54
aurovela 1.5/30	75
aurovela 1/20	75
aurovela 24 fe	76
aurovela fe 1.5/30	76
aurovela fe 1/20	76
AURYXIA	102
AUVELITY	31
AUVI-Q	143
avar-e emollient	85
avar-e green	85
AVASTIN	46
AVEED	20
aviane	76
avidoxy	137
avita	85
AVONEX PEN	133
AVONEX PREFILLED	134
AVSOLA	101
AVYCAZ	74
ayuna	76
AYVAKIT	52
AZASITE	128
azathioprine	115
AZEDRA DOSIMETRIC	60
AZEDRA THERAPEUTIC	60
azelaic acid	92
azelastine hcl	125,129
azelastine-fluticasone	124
AZESCO	119
azithromycin	110
azurette	76

B

bac	17
bacitra-neomycin-polymyxin-hc	129
BACITRACIN	128
bacitracin-polymyxin b	128
baclofen	123
BACLOFEN	123
BAFIERTAM	134
BAL-CARE DHA	119
balanced salt	129
BALCOLTRA	76
balsalazide disodium	101
BALVERSA	54
balziva	76
BAQSIMI ONE PACK	34
BAQSIMI TWO PACK	34
BARACLUDGE	69
BAVENCIO	48
BAXDELA	100
BD INSULIN SYRINGE U-500	112
BD MICROTAINER LANCETS	111
BD PEN NEEDLE NANO U/F	112
BD SAFETYGLIDE INSULIN SYRINGE	112
BECONASE AQ	125
bekyree	76
BELEODAQ	54
BELRAPZO	45
benazepril hcl	42
benazepril-hydrochlorothiazide	43
bendamustine hcl	45
BENDAMUSTINE HCL	45
BENDEKA	45
BENLYSTA	117
benzonatate	84
BENZOYL PEROXIDE	85
benzoyl peroxide-erythromycin	85
benztropine mesylate	61
BEOVU	127
BERINERT	105
beser	89

BESIVANCE	128	brinzolamide	130
BESPONSA	48	BRIUMVI	134
BESREMI	60	BRIXADI	19
betamethasone dipropionate	89	BRIXADI (WEEKLY)	19
betamethasone dipropionate aug	89	bromfenac sodium (once-daily)	130
betamethasone valerate	89	bromocriptine mesylate	62
BETASERON	134	BRUKINSA	54
betaxolol hcl	71	budesonide	26,83
BETAXOLOL HCL	126	budesonide-formoterol fumarate	26
bethanechol chloride	140	bumetanide	93
BETOPTIC-S	126	bupap	17
bexarotene	60,87	buprenorphine	19
BEXSERO	141	buprenorphine hcl	19
BEYAZ	76	buprenorphine hcl-naloxone hcl	19
bicalutamide	50	bupropion hcl	31
BIKTARVY	66	bupropion hcl er (smoking det)	32
bimatoprost	130	bupropion hcl er (sr)	32
BINOSTO	94	bupropion hcl er (xl)	32
bisoprolol fumarate	71	BUPROPION HCL ER (XL)	32
bisoprolol-hydrochlorothiazide	43	bupirone hcl	23
BIVIGAM	131	butalbital-acetaminophen	17
BLENREP	48	butalbital-apap-caff-cod	19
BLEPHAMIDE	129	butalbital-apap-caffeine	17
BLEPHAMIDE S.O.P	129	butalbital-asa-caff-codeine	19
BLINCYTO	48	butalbital-aspirin-caffeine	17
blisovi 24 fe	76	butorphanol tartrate	19
blisovi fe 1.5/30	76	BYLVAY	101
blisovi fe 1/20	76	BYLVAY (PELLETS)	100
BONJESTA	38		
BOOSTRIX	138	C	
BORTEZOMIB	54	C-NATE DHA	119
bosentan	73	CABENUVA	66
BOSULIF	54	cabergoline	98
BOTOX	126	CABLIVI	106
BRAFTOVI	54	CABOMETYX	54
BREO ELLIPTA	26	caffeine citrate	12
BREZTRI AEROSPHERE	26	calcipotriene	87
briellyn	76	calcitonin (salmon)	94
BRILINTA	106	calcitrene	87
brimonidine tartrate	92,127	CALCITRIOL	87
BRINEURA	96	calcitriol	96

calcium acetate	102	celecoxib	15
calcium acetate (phos binder)	102	cephalexin	74
CALQUENCE	54	CEQR SIMPLICITY 2U	112
CAMCEVI	50	CEREZYME	106
camila	83	cetorelix acetate	95
camrese	76	CETROTIDE	95
camrese lo	76	CHANTIX	136
CAMZYOS	72	CHANTIX CONTINUING MONTH PAK	136
candesartan cilexetil	43	CHANTIX STARTING MONTH PAK	136
candesartan cilexetil-hctz	43	charlotte 24 fe	76
CANTHARIDIN	91	chateal	76
capecitabine	46	chateal eq	76
CAPLYTA	62	chlordiazepoxide hcl	24
CAPRELSA	54,55	CHLORDIAZEPOXIDE-AMITRIPTYLINE	133
captopril	42	chlordiazepoxide-clidinium	139
CAPTOPRIL-HYDROCHLOROTHIAZIDE	44	chlorhexidine gluconate	117
carbamazepine	29	chloroquine phosphate	44
carbamazepine er	29	chlorpromazine hcl	65
CARBATROL	29	chlorthalidone	94
carbidopa-levodopa	62	chlorzoxazone	123
carbidopa-levodopa er	62	CHOLBAM	100
carbidopa-levodopa-entacapone	62	cholestyramine	40
CARBINOXAMINE MALEATE	39	cholestyramine light	40
carisoprodol	123	CHORIONIC GONADOTROPIN	95
CARISOPRODOL-ASPIRIN-CODEINE	123	CIBINQO	90
CARTEOLOL HCL	126	ciclopirox	86
cartia xt	71	ciclopirox olamine	86
carvedilol	70	cilostazol	106
carvedilol phosphate er	71	CILOXAN	128
cataflam	15	CIMDUO	66
cavarest	117	CIMERLI	127
CAYA	110	cimetidine	139
caziant	76	CIMETIDINE HCL	139
CEFACLOR	75	CIMZIA	101
CEFACLOR ER	75	CIMZIA (2 SYRINGE)	101
cefadroxil	74	CIMZIA STARTER KIT	101
cefdinir	75	cinacalcet hcl	96
cefixime	75	CINQAIR	24
cefpodoxime proxetil	75	CINRYZE	105
cefprozil	75	CINVANTI	39
cefuroxime axetil	75	CIPRO	100

CIPRO HC	130	clotrimazole	86,117
ciprofloxacin	100	clotrimazole-betamethasone	86
ciprofloxacin hcl	100,128	CLOZAPINE	64
CIPROFLOXACIN HCL	130	clozapine	64
ciprofloxacin-dexamethasone	130	codeine sulfate	17
citalopram hydrobromide	32	colchicine	104
CITRANATAL 90 DHA	119	colchicine-probenecid	103
CITRANATAL ASSURE	119	colesevelam hcl	40
CITRANATAL B-CALM	119	colestipol hcl	40
CITRANATAL BLOOM	119	colocort	20
CITRANATAL BLOOM DHA	119	COLUMVI	48
CITRANATAL DHA	119	COMBIPATCH	99
CITRANATAL HARMONY	119	COMBIVENT RESPIMAT	26
CITRANATAL RX	119	COMETRIQ (100 MG DAILY DOSE)	55
claravis	85	COMETRIQ (140 MG DAILY DOSE)	55
CLARITHROMYCIN	110	COMETRIQ (60 MG DAILY DOSE)	55
clarithromycin er	110	COMIRNATY	141
CLEMASTINE FUMARATE	39	COMPLERA	66
CLENPIQ	109	COMPLETE NATAL DHA	119
CLEOCIN	143	COMPLETENATE	119
clindacin etz	85	compro	65
clindacin-p	85	CONCEPT DHA	119
clindamycin hcl	22	CONCEPT OB	119
clindamycin palmitate hcl	22	CONDYLOX	91
clindamycin phos-benzoyl perox	85	constulose	109
clindamycin phosphate	85,143	COPIKTRA	55
CLINDESSE	143	CORDRAN	89
clobazam	28	coremino	137
clobetasol prop emollient base	89	CORLANOR	74
clobetasol propionate	89	COSELA	60
clobetasol propionate e	89	COSENTYX	87
clobetasol propionate emulsion	89	COSENTYX (300 MG DOSE)	87
CLOBETAVIX	89	COSENTYX SENSOREADY (300 MG)	87
clodan	89	COSENTYX SENSOREADY PEN	87
clofarabine	46	COSENTYX UNOREADY	87
clomipramine hcl	33	COTELLIC	55
clonazepam	28	covaryx	99
clonidine	43	covaryx hs	99
clonidine hcl	43	CREON	93
clopidogrel bisulfate	106	CRESEMBA	39
clorazepate dipotassium	24	CRINONE	143

cromolyn sodium	24,100
CROMOLYN SODIUM	130
cryselle-28	76
CRYSVITA	96
CUTAQUIG	131
CUVITRU	131
cyclafem 1/35	76
cyclafem 7/7/7	76
cyclobenzaprine hcl	123
cyclopentolate hcl	126
CYCLOPHOSPHAMIDE	45
cyclosporine	115,128
cyclosporine modified	115
cyproheptadine hcl	40
CYRAMZA	47
cyred	76
cyred eq	76
CYSTAGON	103
CYTOGAM	131
CYTRA K CRYSTALS	103

D

dalfampridine er	134
DALVANCE	22
danazol	20
dantrolene sodium	123
DANYELZA	48
dapsone	22
DAPTACEL	138
daptomycin	22
darifenacin hydrobromide er	140
darunavir	66
DARZALEX	48
DARZALEX FASPRO	53
dasetta 1/35	76
dasetta 7/7/7	76
DAURISMO	50
DAXXIFY	91
daysee	76
deblitane	83
decadron	83

decitabine	46
deferasirox	37
deferasirox granules	37
deferiprone	37
DELESTROGEN	99
DELSTRIGO	66
delyla	76
demeclocycline hcl	137
denta 5000 plus	117
dentagel	117
DEPAKOTE	31
DEPAKOTE ER	31
DEPAKOTE SPRINKLES	31
DEPO-PROVERA	82
DEPO-SUBQ PROVERA 104	82
depo-testosterone	20
DESCOVY	66
desipramine hcl	33
desmopressin ace spray refrig	98
desmopressin acetate	98
desmopressin acetate spray	98
desogestrel-ethinyl estradiol	76
desonide	89
desoximetasone	89
desvenlafaxine succinate er	33
dexamethasone	83
DEXAMETHASONE SODIUM PHOSPHATE	129
DEXCHLORPHENIRAMINE MALEATE	39
DEXCOM G6 RECEIVER	111
DEXCOM G6 SENSOR	111
DEXCOM G6 TRANSMITTER	111
DEXCOM G7 RECEIVER	111
DEXCOM G7 SENSOR	111
dexlansoprazole	139
dexmethylphenidate hcl	12
dexmethylphenidate hcl er	12
dextroamphetamine sulfate	12
dextroamphetamine sulfate er	12
di-phen	39
DIACOMIT	29
DIASTAT ACUDIAL	28

diazepam	24	dolishale	77
DIAZEPAM	28	donepezil hcl	133
diazepam intensol	24	DOPTELET	107
DICLOFENAC EPOLAMINE	86	DORZOLAMIDE HCL	130
diclofenac potassium	15	dorzolamide hcl-timolol mal	126
diclofenac sodium	15,86,130	dorzolamide hcl-timolol mal pf	126
diclofenac sodium er	15	dotti	99
diclofenac-misoprostol	15	DOVATO	66
dicloxacillin sodium	132	doxazosin mesylate	43
dicyclomine hcl	139	doxepin hcl	33
DIFICID	110	doxercalciferol	97
diflorasone diacetate	89	doxycycline hyclate	137
diflunisal	17	doxycycline monohydrate	137
digitek	72	doxylamine-pyridoxine	38
digox	72	dronabinol	38
digoxin	72	DROPSAFE SAFETY SYRINGE/NEEDLE	112
DIGOXIN	72	drospiren-eth estrad-levomefol	77
dihydroergotamine mesylate	113	drospirenone-ethinyl estradiol	77
DILANTIN	31	DRYSOL	92
DILANTIN INFATABS	31	DUAVEE	99
DILANTIN-125	31	DUET DHA 400	119
dilt-xr	71	DUET DHA BALANCED	119
diltiazem hcl	71	DULERA	26
diltiazem hcl er	72	duloxetine hcl	33
diltiazem hcl er beads	72	DUPIXENT	90
diltiazem hcl er coated beads	72	DUROLANE	124
dimethyl fumarate	134	DURYSTA	130
dimethyl fumarate starter pack	134	dutasteride	103
DIPENTUM	101	dutasteride-tamsulosin hcl	103
diphen	40	dvorah	19
DIPHENHYDRAMINE HCL	40	DYSPORT	126
diphenoxylate-atropine	37		
DIPHThERIA-TETANUS TOXOIDS DT	138	E	
dipyridamole	106	E.E.S. 400	110
disopyramide phosphate	24	ec-naproxen	15
disulfiram	132	econazole nitrate	86
DIURIL	94	ed-spaz	139
divalproex sodium	31	EDARBI	43
divalproex sodium er	31	EDARBYCLOR	44
dofetilide	24	EDURANT	66
DOJOLVI	126	eemt	99

eemt hs	99	ENBREL MINI	17
EFAVIRENZ	66	ENBREL SURECLICK	17
efavirenz	66	ENDARI	106
efavirenz-emtricitab-tenofo df	66	endocet	19
efavirenz-lamivudine-tenofovir	66	ENDOMETRIN	143
effer-k	114	ENGERIX-B	141
ELAHERE	48	ENHERTU	48
ELAPRASE	97	enilloring	82
ELELYSO	106	ENJAYMO	105
ELESTRIN	99	enoxaparin sodium	28
eletriptan hydrobromide	113	enpresse-28	77
ELFABRIO	97	enskyce	77
ELIGARD	50,51	ENSPRYNG	115
elinest	77	entacapone	61
ELIQUIS	27	entecavir	69
ELIQUIS DVT/PE STARTER PACK	27	ENTRESTO	73
ELITE-OB	119	ENTYVIO	101
ELITEK	60	enulose	102
elixophyllin	27	ENVARUSUS XR	116
ELLA	82	enzoclear	85
ELMIRON	103	EPIDIOLEX	29
ELOCTATE	104	epinastine hcl	130
ELREXFIO	48	epinephrine	143
eluryng	82	epitol	29
EMCYT	51	EPIVIR HBV	69
EMEND	39	EPKINLY	48
EMGALITY	113	eplerenone	44
EMGALITY (300 MG DOSE)	113	EPOGEN	107
emoquette	77	epoprostenol sodium	73
EMPAVELI	105	EPRONTIA	29
EMPLICITI	48	ERBITUX	49
EMPRICAINE-II	91	ergocalciferol	144
emtricitabine	66	ERGOLOID MESYLATES	136
emtricitabine-tenofovir df	66	ERGOTAMINE-CAFFEINE	113
EMTRIVA	67	ERIVEDGE	50
EMVERM	21	ERLEADA	51
emzahn	83	erlotinib hcl	49,50
enalapril maleate	42	errin	83
enalapril-hydrochlorothiazide	44	ERY	85
ENBRACE HR	119	ery-tab	110
ENBREL	16,17	ERYTHROCIN STEARATE	110

erythromycin	85,110,128
erythromycin base	110
erythromycin ethylsuccinate	110
escitalopram oxalate	32
esgic	17
esomeprazole magnesium	139,140
ESPEROCT	104
ESSENTRA WIPES 9X9"	112
est estrogens-methyltest	99
est estrogens-methyltest ds	99
est estrogens-methyltest hs	99
estarylla	77
estazolam	108
estradiol	99,143
estradiol valerate	100
estradiol-norethindrone acet.	99
ESTRING	143
ESTROSTEP FE	77
eszopiclone	108
ethambutol hcl	45
ethosuximide	31
ethynodiol diac-eth estradiol	77
etodolac	15
etodolac er	15
etonogestrel-ethinyl estradiol	82
ETOPOSIDE	61
etravirine	67
EUCRISA	92
EUFLEXXA	124
euthyrox	138
EVENITY	94
everolimus	55,116
EVKEEZA	40
EVOTAZ	67
EVRYSDI	126
exemestane	51
EXKIVITY	50
EXONDYS 51	126
EXSERVAN	125
EXTAVIA	134
EYLEA	127

EYLEA HD	127
ezetimibe	42
ezetimibe-simvastatin	40

F

FABIOR	85
FABRAZYME	97
falmina	77
famciclovir	69
famotidine	139
FANAPT	63
FANAPT TITRATION PACK	63
FARXIGA	37
FASENRA	25
FASENRA PEN	25
fayosim	77
febuxostat	104
FEIBA	104
felbamate	30
felodipine er	72
FEMCAP	110
femynor	77
fenofibrate	40
FENOFIBRATE MICRONIZED	41
fenofibrate micronized	41
fenofibric acid	41
FENOPROFEN CALCIUM	15
FENSOLVI (6 MONTH)	96
fentanyl	17
FENTANYL CITRATE	17
fentanyl citrate	17
FENTORA	17
FERRIPROX	37
ferumoxytol	108
fesoterodine fumarate er	140
FETROJA	75
FETZIMA	33
FETZIMA TITRATION	33
FILSPARI	103
FINACEA	92
finasteride	103

fingolimod hcl	134	FLURBIPROFEN SODIUM	130
FINTEPLA	29	flutamide	51
finzala	77	FLUTAMIDE	51
FIRDAPSE	45	FLUTICASONE PROPIONATE	90
FIRMAGON	51	fluticasone propionate	125
FIRMAGON (240 MG DOSE)	51	FLUTICASONE PROPIONATE DISKUS	26
FIRST-MOUTHWASH BLM	117	FLUTICASONE PROPIONATE HFA	26
FIRVANQ	22	fluticasone-salmeterol	26
flac	130	FLUTICASONE-SALMETEROL	26
FLAREX	129	fluvastatin sodium	41
flavoxate hcl	140	fluvastatin sodium er	41
FLEBOGAMMA DIF	131	fluvoxamine maleate	32
flecainide acetate	24	FLUZONE HIGH-DOSE QUADRIVALENT	142
FLOVENT DISKUS	26	FLUZONE QUADRIVALENT	142
FLOVENT HFA	26	FML FORTE	129
FLUAD QUADRIVALENT	141	folic acid	107
FLUARIX QUADRIVALENT	141	FOLIVANE-OB	119
FLUBLOK QUADRIVALENT	141	FOLLISTIM AQ	95
FLUCELVAX QUADRIVALENT	141	FOLOTYN	46
fluconazole	39	fondaparinux sodium	28
flucytosine	39	formoterol fumarate	27
fludrocortisone acetate	84	FOSAMAX PLUS D	94
FLULAVAL QUADRIVALENT	141	fosamprenavir calcium	67
FLUMIST QUADRIVALENT	142	fosinopril sodium	42
flunisolide	125	fosinopril sodium-hctz	44
fluocinolone acetonide	89,130	FOSRENOL	102
fluocinolone acetonide body	89	FOTIVDA	55
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NUTROPIN AQ NUSPIN 5	95	omeprazole	140
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ORTHO MICRONOR	83
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OTEZLA	16
OVIDREL	95
OXALIPLATIN	46
OXANDROLONE	20
oxaprozin	16
oxazepam	24
oxcarbazepine	29
OXERVATE	129
OXTELLAR XR	29
oxybutynin chloride	140
oxybutynin chloride er	140
oxycodone hcl	18
OXYCODONE HCL ER	18
oxycodone-acetaminophen	19
OXYCONTIN	18
oxymorphone hcl	18
OXYTROL	140
OZEMPIC (0.25 OR 0.5 MG/DOSE)	35
OZEMPIC (1 MG/DOSE)	35

OZEMPIC (2 MG/DOSE)	36
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P

pacerone	24
PACLITAXEL PROTEIN-BOUND PART	61
PADCEV	49
paliperidone er	63
PALYNZIQ	97
pantoprazole sodium	140
PANZYGA	131
PARAGARD INTRAUTERINE COPPER	82
paricalcitol	97
paroex	117
paromomycin sulfate	13
paroxetine hcl	32
paroxetine hcl er	32
PARSABIV	97
PAXLOVID (150/100)	69
PAXLOVID (300/100)	69
pazopanib hcl	57
PEDIARIX	139
PEDMARK	61
PEDVAX HIB	141
peg 3350-kcl-na bicarb-nacl	109
peg-3350/electrolytes	109
peg-3350/electrolytes/ascorbat	109
peg-kcl-nacl-nasulf-na asc-c	109
PEGASYS	69
PEMAZYRE	57
PEMETREXED	46
PEMETREXED DISODIUM	46
PEMETREXED DITROMETHAMINE	46
PEMFEXY	46
PEN NEEDLES	112
PENBRAYA	141
penciclovir	88
penicillamine	115
PENICILLIN V POTASSIUM	132
PENTACEL	139
pentamidine isethionate	21
PENTASA	101

pentazocine-naloxone hcl	19	pioglitazone hcl-glimepiride	34
PENTIPS	112	pioglitazone hcl-metformin hcl	34
pentoxifylline er	105	PIQRAY (200 MG DAILY DOSE)	57
PERINDOPRIL ERBUMINE	42	PIQRAY (250 MG DAILY DOSE)	57
periogard	117	PIQRAY (300 MG DAILY DOSE)	57
PERJETA	47	pirmella 1/35	80
permethrin	93	pirmella 7/7/7	80
perphenazine	65	piroxicam	16
PERPHENAZINE-AMITRIPTYLINE	133	PLEGRIDY	135
PERSERIS	63	PLEGRIDY STARTER PACK	135
PERTZYE	93	PLENVU	109
PFIZER COVID-19 BIVAL 6MO-4YR	142	PLUVICTO	60
PFIZER COVID-19 VAC BIVAL 5-11	142	PNEUMOVAX 23	141
PFIZER COVID-19 VAC-TRIS 5-11Y	142	PNV-DHA	120
PFIZER COVID-19 VAC-TRIS 6M-4Y	142	PNV-DHA+DOCUSATE	120
PFIZER-BIONT COVID-19 VAC-TRIS	142	PNV-OMEGA	120
PFIZER-BIONTECH COVID-19 VACC	142	PNV-SELECT	120
phenadoz	40	podofilox	91
PHENELZINE SULFATE	32	POLIVY	49
phenobarbital	108	POLY-VI-FLOR	119
phenobarbital-belladonna alk	139	POLY-VI-FLOR/IRON	118
phenoxybenzamine hcl	43	polycin	128
phenylephrine hcl	127	polymyxin b-trimethoprim	128
phenytek	31	POMALYST	52
phenytoin	31	PONVORY	135
phenytoin infatabs	31	PONVORY STARTER PACK	135
phenytoin sodium extended	31	portia-28	80
PHESGO	54	PORTRAZZA	50
PHEXXI	143	posaconazole	39
philith	80	pot & sod cit-cit ac	103
phosphasal	21	potassium chloride	114
phospho-trin k500	114	potassium chloride crys er	115
PHOSPHOLINE IODIDE	127	potassium chloride er	115
phytonadione	144	potassium citrate er	103
PIFELTRO	67	potassium citrate-citric acid	103
pilocarpine hcl	118,127	POTELIGEO	49
pimecrolimus	91	PR NATAL 400	120
PIMOZIDE	136	PR NATAL 400 EC	120
pimtrea	80	PR NATAL 430	120
pindolol	71	PR NATAL 430 EC	120
pioglitazone hcl	36	PRALATREXATE	46

PRALUENT	42	PRENATE PIXIE	121
pramipexole dihydrochloride	62	PRENATE RESTORE	121
pramipexole dihydrochloride er	62	PRENATRIX	121
prasugrel hcl	106	PRENATRYL	121
pravastatin sodium	41	PREPLUS	121
PRAXBIND	38	PRETOMANID	45
prazosin hcl	43	prevalite	40
PRED-G	129	previfem	80
PREDNICARBATE	90	PREVNAR 13	141
prednisolone	84	PREVNAR 20	141
PREDNISOLONE ACETATE	129	PREVYMIS	69
PREDNISOLONE ACETATE P-F	129	PREZCOBIX	67
prednisolone sodium phosphate	84	PREZISTA	68
PREDNISOLONE SODIUM PHOSPHATE	129	PRIALT	17
PREDNISON	84	prilolid	92
pregabalin	29	PRIMACARE	121
PREGEN DHA	120	primaquine phosphate	45
PREGNYL	95	primidone	29
PREHEVBRIO	142	PRIORIX	142
PREMARIN	100,143	PRIVIGEN	131
PREMESISRX	120	PRIZOPAK II	92
PREMPHASE	99	PRO COMFORT PEN NEEDLES	112
PREMPRO	99	probenecid	104
PRENA 1 TRUE	120	prochlorperazine	65
PRENA1	120	prochlorperazine maleate	65
PRENA1 PEARL	121	PROCRIT	107
PRENAISSANCE	121	procto-med hc	21
PRENAISSANCE PLUS	121	procto-pak	21
PRENATAL	121	PROCTOFOAM HC	20
PRENATAL 19	121	proctosol hc	21
PRENATAL PLUS	121	proctozone-hc	21
PRENATAL PLUS VITAMIN/MINERAL	121	PROCYSBI	103
PRENATAL VITAMIN PLUS LOW IRON	121	progesterone	132
PRENATAL-U	121	PROGRAF	116
PRENATE	121	PROLASTIN-C	136
PRENATE AM	121	PROLIA	94
PRENATE DHA	121	PROMACTA	107
PRENATE ELITE	121	promethazine hcl	40
PRENATE ENHANCE	121	PROMETHAZINE VC	84
PRENATE ESSENTIAL	121	PROMETHAZINE VC/CODEINE	84
PRENATE MINI	121	promethazine-codeine	84

promethazine-dm	84
promethazine-phenyleph-codeine	84
promethazine-phenylephrine	84
PROMETHEGAN	40
propafenone hcl	24
propafenone hcl er	24
propranolol hcl	71
propranolol hcl er	71
propylthiouracil	138
PROQUAD	142
protriptyline hcl	33
PROVIDA OB	121
pseudoeph-bromphen-dm	84
PULMICORT FLEXHALER	26
pulmosal	85
PULMOZYME	137
pyrazinamide	45
pyridostigmine bromide	45
pyridostigmine bromide er	45
primethamine	45
PYRUKYND	106
PYRUKYND TAPER PACK	106

Q

QALSODY	125
QBREXZA	92
QELBREE	12
QINLOCK	57
QNASL	125
QNASL CHILDRENS	125
QUADRACEL	139
QUARTETTE	80
QUAZEPAM	108
quetiapine fumarate	64
quetiapine fumarate er	64
quinapril hcl	43
quinapril-hydrochlorothiazide	44
quinidine gluconate er	24
quinidine sulfate	24
quinine sulfate	45
QULIPTA	113

QUTENZA	92
QUTENZA (2 PATCH)	92
QUTENZA (4 PATCH)	92
QVAR REDIHALER	26

R

R-NATAL OB	121
RABEPRAZOLE SODIUM	140
rabeprazole sodium	140
RADICAVA	125
RADICAVA ORS	125
RADICAVA ORS STARTER KIT	125
raloxifene hcl	96
ramelteon	109
ramipril	43
ranolazine er	23
rasagiline mesylate	62
REBIF	135
REBIF REBIDOSE	135
REBIF REBIDOSE TITRATION PACK	135
REBIF TITRATION PACK	135
REBLOZYL	107
REBYOTA	102
reclipsen	80
RECOMBINATE	105
RECOMBIVAX HB	142,143
relador pak	92
relador pak plus	92
RELENZA DISKHALER	70
RELEUKO	107
RELISTOR	102
RELNATE DHA	121
RELYVRIO	125
REMICADE	101
RENFLEXIS	101
repaglinide	37
REPATHA	42
REPATHA PUSHTRONEX SYSTEM	42
REPATHA SURECLICK	42
RETACRIT	107
RETEVMO	57

REVCOVI	97	RYBELSUS	36
REVLIMID	115	RYBREVANT	49
REYATAZ	68	RYDAPT	58
REZLIDHIA	57	RYKINDO	64
REZUROCK	115	RYLAZE	60
RHOGAM ULTRA-FILTERED PLUS	131	RYPLAZIM	106
RHOPHYLAC	131		
RIABNI	49	S	
RIBAVIRIN	69	SAFYRAL	80
ribavirin	69,70	SAIZEN	96
RIDAURA	15	SAIZENPREP	96
rifabutin	45	sajazir	105
rifampin	45	SALIMEZ	91
riluzole	125	salsalate	17
RIMANTADINE HCL	70	SALYCIM	91
RINVOQ	14,15	SANCUSO	38
risedronate sodium	94	SANDIMMUNE	116
RISPERDAL CONSTA	63	SANDOSTATIN LAR DEPOT	98
risperidone	63	SANTYL	91
risperidone microspheres er	63	SAPHNELO	117
ritonavir	68	sapropterin dihydrochloride	97
RITUXAN	49	SARCLISA	49
RITUXAN HYCELA	54	SAVELLA	133
rivastigmine tartrate	133	SAVELLA TITRATION PACK	133
rivelsa	80	saxagliptin hcl	35
rizatriptan benzoate	114	saxagliptin-metformin er	34
roflumilast	25	SCEMBLIX	58
ROLVEDON	108	SCENESSE	92
ROMIDEPSIN	57	scopolamine	38
ropinirole hcl	62	SE-NATAL 19	121
ropinirole hcl er	62	SEASONIQUE	80
rosadan	92	SECUADO	64
rosuvastatin calcium	41	SELECT-OB	121
roweepira	29	SELECT-OB+DHA	121
roweepira xr	29	selegiline hcl	62
ROZLYTREK	58	selenium sulfide	88
RUBRACA	58	SELZENTRY	68
RUCONEST	105	SEREVENT DISKUS	27
rufinamide	29	SEROSTIM	96
RUKOBIA	68	sertraline hcl	32
RUXIENCE	49	setlakin	80

sevelamer carbonate	102	SODIUM SULFACETAMIDE-BAKUCHIOL	88
sevelamer hcl	102	SOGROYA	96
SEZABY	108	SOHONOS	123
sf	118	solifenacin succinate	140
sf 5000 plus	118	SOLIRIS	105
sharobel	83	SOLU-CORTEF	84
SHINGRIX	143	SOLU-MEDROL (PF)	84
SIGNIFOR	98	SOMATULINE DEPOT	98
SIGNIFOR LAR	98	SOMAVERT	95
SIKLOS	107	sorafenib tosylate	58
sildenafil citrate	74	sorine	71
silodosin	103	sotalol hcl	71
SILVER NITRATE	88	sotalol hcl (af)	71
silver sulfadiazine	88	SPEVIGO	88
SIMBRINZA	127	SPIKEVAX	143
simliya	80	SPIKEVAX COVID-19 VACCINE	143
simpesse	80	SPINOSAD	93
SIMPONI	14	SPINRAZA	126
SIMPONI ARIA	14	SPIRIVA HANDIHALER	25
simvastatin	42	SPIRIVA RESPIMAT	25
sirolimus	116	spironolactone	94
SIRTURO	45	spironolactone-hctz	93
SIVEXTRO	22	SPRAVATO (56 MG DOSE)	32
SKYCLARYS	125	SPRAVATO (84 MG DOSE)	32
SKYLA	83	sprintec 28	80
SKYRIZI	87,101,102	SPRYCEL	58
SKYRIZI (150 MG DOSE)	87	SPS	117
SKYRIZI PEN	88	sronyx	80
SKYTROFA	96	ssd	88
SLYND	83	sss 10-5	85
sod citrate-citric acid	103	STAVUDINE	68
sodium chloride	85	STELARA	88,102
sodium fluoride	114,118	STIMUFEND	108
sodium fluoride 5000 enamel	118	STIOLTO RESPIMAT	27
sodium fluoride 5000 plus	118	STIVARGA	58
sodium fluoride 5000 ppm	118	STRENSIQ	97
sodium fluoride 5000 sensitive	118	STRIBILD	68
SODIUM HYALURONATE	124	STRIVERDI RESPIMAT	27
SODIUM OXYBATE	133	SUBLOCADE	19
sodium polystyrene sulfonate	116	SUBSYS	18
sodium sulfacetamide wash	88	subvenite	30

subvenite starter kit-blue	30
SUCRAID	93
sucrafate	139
sulfacetamide sod-sulfur wash	85
sulfacetamide sodium	88,128
sulfacetamide sodium (acne)	86
sulfacetamide sodium (cleans)	88
sulfacetamide sodium-sulfur	86
SULFACETAMIDE-PREDNISOLONE	129
SULFACETAMIDE-SULFUR IN UREA	86
sulfacleanse 8/4	86
SULFADIAZINE	137
sulfamethoxazole-trimethoprim	21
sulfasalazine	102
sulfatrim pediatric	21
sulindac	16
sumatriptan	114
sumatriptan succinate	114
sumatriptan succinate refill	114
sumatriptan-naproxen sodium	113
sunitinib malate	58
SUNLENCA	68
SUPARTZ FX	124
SUPPRELIN LA	96
SUPRAX	75
SURE COMFORT INSULIN SYRINGE	112
SURE COMFORT PEN NEEDLES	113
SUSTOL	38
SUSVIMO (IMPLANT 1ST FILL)	127
SUSVIMO (IMPLANT REFILL)	127
SUSVIMO OCULAR IMPLANT	112
syeda	80
SYFOVRE	128
SYLVANT	116
SYMDEKO	137
SYMLINPEN 120	33
SYMLINPEN 60	33
SYMPAZAN	28
SYMTUZA	68
SYNAGIS	132
SYNAREL	96

SYNJARDY	34
SYNJARDY XR	34
SYNOJOYNT	124
SYNRIBO	60
SYNTHROID	138
SYNVISC	124
SYNVISC ONE	124

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tacrolimus	91,116
tadalafil (pah)	74
TAFINLAR	58
tafluprost (pf)	130
TAGRISSO	50
TAKHZYRO	105,106
TALVEY	49
TALZENNA	58
tamoxifen citrate	52
tamsulosin hcl	103
tarina 24 fe	80
tarina fe 1/20	80
tarina fe 1/20 eq	80
TARON-C DHA	121
TARON-PREX	121
TARPEYO	84
TASIGNA	58
TAVALISSE	105
taysofy	81
TAYTULLA	81
TAZAROTENE	86
tazarotene	88
TAZORAC	88
taztia xt	72
TAZVERIK	58
TDVAX	139
TECENTRIQ	49
TECVAYLI	49
TEGLUTIK	125
TEGRETOL	30
TEGRETOL-XR	30

TEGSEDI	136	timolol maleate	71,126
TEKTRNA HCT	44	tinidazole	21
telmisartan	43	TIVDAK	49
telmisartan-hctz	44	TIVICAY	68
temazepam	108	TIVICAY PD	68
temozolomide	46	tizanidine hcl	123
temsirolimus	58	TLANDO	20
TENCON	17	TOBI PODHALER	13
TENIVAC	139	TOBRADEX	129
tenofovir disoproxil fumarate	68	tobramycin	13,128
TEPEZZA	96	TOBRAMYCIN	13
TEPMETKO	58	tobramycin-dexamethasone	129
terazosin hcl	43	tolcapone	61
terbinafine hcl	39	tolterodine tartrate	140
terbutaline sulfate	27	tolterodine tartrate er	140
terconazole	143	tolvaptan	98
teriflunomide	135	TOLVAPTAN	99
TERIPARATIDE (RECOMBINANT)	94	topiramate	30
TERLIVAZ	98	topiramate er	30
testosterone	20	toremifene citrate	52
TESTOSTERONE CYPIONATE	20	torseamide	94
TESTOSTERONE ENANTHATE	20	TOUJEO MAX SOLOSTAR	36
TETANUS-DIPHThERIA TOXOIDS TD	139	TOUJEO SOLOSTAR	36
tetrabenazine	133	TPOXX	70
tetracycline hcl	138	TRACLEER	73
TEZSPIRE	25	TRADJENTA	35
THALOMID	115	tramadol hcl	18
THEO-24	27	TRAMADOL HCL (ER BIPHASIC)	18
theophylline	27	tramadol hcl er	18
theophylline er	27	tramadol hcl er (biphasic)	18
thioridazine hcl	65	tramadol-acetaminophen	19
thiotepa	46	trandolapril	43
thiothixene	65	trandolapril-verapamil hcl er	44
THRIVITE 19	118	tranexamic acid	108
THYROGEN	93	TRANSDERM SCOP (1.5 MG)	38
THYROID	138	TRANSDERM-SCOP	38
tiadylt er	72	tranylcyromine sulfate	32
tiagabine hcl	30	travoprost (bak free)	130
TIBSOVO	59	TRAZIMERA	47
TIGLUTIK	125	trazodone hcl	32
tilia fe	81	TRELEGY ELLIPTA	27

TRELSTAR MIXJECT	52	TRILURON	124
TREMFYA	88	trilyte	109
treprostinil	73	trimethobenzamide hcl	38
TRESIBA	36	trimethoprim	21
TRESIBA FLEXTOUCH	36	trimipramine maleate	33
tretinoin	60,86	TRINATAL RX 1	122
tri femynor	81	TRINATE	122
tri-estarylla	81	TRINTELLIX	32
tri-legest fe	81	TRIPTODUR	96
tri-linyah	81	TRISENOX	60
tri-lo-estarylla	81	TRISTART DHA	122
tri-lo-marzia	81	tritocin	90
tri-lo-mili	81	TRIUMEQ	68
tri-lo-sprintec	81	TRIUMEQ PD	68
tri-mili	81	TRIVEEN-DUO DHA	122
tri-nymyo	81	TRIVISC	124
tri-previfem	81	trivora (28)	81
tri-sprintec	81	TRIZIVIR	68
TRI-TABS DHA	122	TRODELVY	61
TRI-VI-FLOR	119	TROKENDI XR	30
TRI-VI-FLORO	119	tropicamide	127
tri-vite/fluoride	119	tropium chloride	140
tri-vylibra	81	tropium chloride er	140
tri-vylibra lo	81	TRULICITY	36
triamcinolone acetonide	90,118	TRUMENBA	141
triamcinolone in absorbbase	90	TRUQAP	59
triamterene-hctz	93	TRUSELTIQ (100MG DAILY DOSE)	59
trianex	90	TRUSELTIQ (125MG DAILY DOSE)	59
triazolam	108	TRUSELTIQ (50MG DAILY DOSE)	59
TRICARE	122	TRUSELTIQ (75MG DAILY DOSE)	59
TRICARE PRENATAL DHA ONE	122	TUDORZA PRESSAIR	25
tricitrates	103	TUKYSA	48
tridacaine	92	tulana	83
triderm	90	TURALIO	59
trientine hcl	115	turqoz	81
trifluoperazine hcl	65	TWINRIX	143
TRIFLURIDINE	128	TWIRLA	82
trihexyphenidyl hcl	61	TYBLUME	81
TRIJARDY XR	34	TYBOST	68
TRIKAFTA	137	tydemy	81
TRILEPTAL	30	TYMLOS	94

TYSABRI	135
TYVASO	73
TYVASO DPI INSTITUTIONAL KIT	73
TYVASO DPI MAINTENANCE KIT	73
TYVASO DPI TITRATION KIT	73
TYVASO REFILL	73
TYVASO STARTER	73
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UBRELVY	113
UDENYCA	108
UDENYCA ONBODY	108
ULTICARE INSULIN SAFETY SYR	113
ULTILET INSULIN SYRINGE	113
ULTOMIRIS	105
unithroid	138
UNITUXIN	49
UPLIZNA	116
UPTRAVI	74
uretron d/s	21
urin ds	21
ursodiol	100
utira-c	21
UZEDY	64

V

V-GO 20	111
V-GO 30	111
V-GO 40	111
VABYSMO	127
valacyclovir hcl	69
VALCHLOR	87
valganciclovir hcl	69
valproic acid	31
valsartan	43
valsartan-hydrochlorothiazide	44
VALTOCO 10 MG DOSE	28
VALTOCO 15 MG DOSE	28
VALTOCO 20 MG DOSE	28
VALTOCO 5 MG DOSE	28

vanadom	123
vancomycin hcl	22
VANCOMYCIN HCL IN NAACL	22
VANFLYTA	59
VAQTA	143
varenicline tartrate	136
varenicline tartrate (starter)	136
varenicline tartrate(continue)	136
VARIVAX	143
VARUBI (180 MG DOSE)	39
VASCEPA	40
VAXNEUVANCE	141
VECTIBIX	50
VELIVET	81
VELPHORO	102
VELTASSA	117
VEMLIDY	69
VENCLEXTA	49
VENCLEXTA STARTING PACK	49
venlafaxine hcl	33
venlafaxine hcl er	33
VENTAVIS	73
VENTOLIN HFA	27
VEOPOZ	105
verapamil hcl	72
verapamil hcl er	72
VERDESO	90
VEREGEN	86
VERQUOVO	74
VERZENIO	59
vestura	81
VICTOZA	36
vienva	81
vigabatrin	30
vigadrone	30
vigpoder	30
VIJOICE	116
vilazodone hcl	32
VILTEPSO	126
VIMIZIM	97
VINATE DHA RF	122

VINATE II	122	VP-PNV-DHA	122
VINATE ONE	122	VPRIV	106
VIOKACE	93	VRAYLAR	62
viorele	81	VUITY	127
VIRACEPT	68	VUMERITY	135
VIREAD	68	vyfemla	81
VIRT-C DHA	122	VYJUVEK	93
VIRT-NATE DHA	122	vylibra	81
VIRT-PN DHA	122	VYNDAMAX	74
VIRT-PN PLUS	122	VYNDAQEL	74
VISCO-3	124	VYONDYS 53	126
VISUDYNE	129	VYVANSE	12
VITAFOL GUMMIES	122	VYVGART	115
VITAFOL ULTRA	122	VYVGART HYTRULO	115
VITAFOL-NANO	122	VYXEOS	54
VITAFOL-OB	122	VYZULTA	130
VITAFOL-OB+DHA	122		
VITAFOL-ONE	122	W	
VITAMEDMD ONE RX/QUATREFOLIC	122	warfarin sodium	27
VITAMEDMD REDICHEW RX	122	WELIREG	52
vitamin d (ergocalciferol)	144	wera	81
vitamins acd-fluoride	119	WESCAP-C DHA	122
VITAPEARL	122	WESCAP-PN DHA	122
VITATHELY WITH GINGER	122	WESNATAL DHA COMPLETE	122
VITATRUE	122	WESNATE DHA	123
VITRAKVI	59	WESTAB PLUS	123
VIVA DHA	122	WESTGEL DHA	123
VIVIMUSTA	46	WIDE-SEAL DIAPHRAGM 60	110
VIVITROL	38	WIDE-SEAL DIAPHRAGM 65	110
VIVJOA	39	WIDE-SEAL DIAPHRAGM 70	110
VIVOTIF	141	WIDE-SEAL DIAPHRAGM 75	110
VIZIMPRO	50	WIDE-SEAL DIAPHRAGM 80	110
VOCABRIA	68	WIDE-SEAL DIAPHRAGM 85	110
VOL-PLUS	122	WIDE-SEAL DIAPHRAGM 90	110
volnea	81	WIDE-SEAL DIAPHRAGM 95	111
VONJO	59	WILATE	105
VORAXAZE	61	WINRHO SDF	131
voriconazole	39	wixela inhub	27
VOTRIENT	59	wymzya fe	81
VOWST	102		
VOXZOGO	98		

X

XACDURO	21
XALKORI	59
XARELTO	27
XARELTO STARTER PACK	27
XATMEP	46
XCOPRI	30
XCOPRI (250 MG DAILY DOSE)	30
XCOPRI (350 MG DAILY DOSE)	30
XDEMVIY	128
XELJANZ	15
XELJANZ XR	15
XELPROS	130
XEMBIFY	131
XENLETA	22
XENPOZYME	98
XEOMIN	126
XEPI	86
XERAC AC	92
XERESE	88
XERMELO	103
XGEVA	94
XIAFLEX	115
XIFAXAN	21
XIGDUO XR	34
XIIDRA	128
XIPERE	129
XOFIGO	60
XOFLUZA (40 MG DOSE)	70
XOFLUZA (80 MG DOSE)	70
XOLAIR	25
XOSPATA	59
XPHOZAH	98
XPOVIO (100 MG ONCE WEEKLY)	52
XPOVIO (40 MG ONCE WEEKLY)	53
XPOVIO (40 MG TWICE WEEKLY)	53
XPOVIO (60 MG ONCE WEEKLY)	53
XPOVIO (60 MG TWICE WEEKLY)	53
XPOVIO (80 MG ONCE WEEKLY)	53
XPOVIO (80 MG TWICE WEEKLY)	53

XTANDI	52
xulane	82
XULTOPHY	34
XYNTHA	105
XYNTHA SOLOFUSE	105
XYREM	133
XYWAV	133

Y

yargesa	106
YASMIN 28	81
YAZ	82
YCANTH	91
YERVOY	49
YONDELIS	46
YONSA	52
YUSIMRY	14
yuvafem	143

Z

zafemy	82
zafirlukast	25
zaleplon	109
ZALTRAP	47
ZALVIT	123
zarah	82
ZATEAN-PN DHA	123
ZATEAN-PN PLUS	123
zebutal	17
ZEGALOGUE	35
ZEJULA	59
ZELBORAF	59
ZEMAIRA	136
ZEMBRACE SYMTOUCH	114
zenatane	86
ZENPEP	93
ZEPOSIA	135
ZEPOSIA 7-DAY STARTER PACK	135
ZEPOSIA STARTER KIT	136
ZEPZELCA	46
ZETONNA	125

ZEVALIN Y-90	49
zidovudine	68,69
ZIEXTENZO	108
ZIMHI	38
ZINPLAVA	132
ZIPHEX	123
ziprasidone hcl	63
ZOKINVY	117
ZOLADEX	52
ZOLEDRONIC ACID	94
zoledronic acid	94
ZOLINZA	60
ZOLMITRIPTAN	114
zolmitriptan	114
zolpidem tartrate	109
zolpidem tartrate er	109
ZOMACTON	96
ZOMACTON (FOR ZOMA-JET 10)	96
zonisamide	30
ZONTIVITY	106
ZORBTIVE	96
ZORYVE	88
zovia 1/35 (28)	82
zovia 1/35e (28)	82
ZTALMY	30
ZULRESSO	32
zumandimine	82
ZURZUVAE	32
ZYDELIG	60
ZYKADIA	60
ZYNLONTA	49
ZYNYZ	49
ZYPITAMAG	42
ZYPREXA RELPREVV	64