



Molina Medicare Complete Care Plus (HMO D-SNP)

Medicare Medi-Cal 計劃

承保藥物清單（處方集）

請詳閱以下內容：本文件包含我們在本計劃承保藥物的相關資訊

HPMS 核准處方集文件，呈交 ID 00024170，第 11 版

本處方集之最近更新日期為 05/01/2024

關於疫苗接種費用的重要訊息 - 部分疫苗被認定為醫療福利。其他疫苗被認定為 D 部分藥物。本計劃承保大部分 D 部分疫苗，您無需為此付費。

如要瞭解近期資訊或有其他問題，請聯絡我們，電話：(800) 665-3086, TTY: 711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）或造訪 MolinaHealthcare.com/Medicare。

簡介

本文件名稱為「承保藥物清單」（又稱「藥物清單」）。這將讓您知悉 Molina Medicare Complete Care Plus 承保哪些處方藥。《藥物清單》也說明 Molina Medicare Complete Care Plus 承保的藥物是否有任何特殊規定或限制。

我們的聯絡資訊以及藥物清單的最近日期，就在封面和封底頁列明。關鍵術語及其定義已在《承保證明》的最後一章列出。

內容

A. 免責聲明.....	3
B. 常見問題 (FAQ)	6
B1. 哪些處方藥列於「承保藥物清單」上？（我們將「承保藥物清單」簡稱為「藥物清單」。）	6
B2. 「藥物清單」會否變更？	6
B3. 「藥物清單」變更時會發生什麼情況？	7
B4. 針對藥物承保或是為了取得某些藥物所採取的任何必要行動，是否有任何約束或限制？	8
B5. 如何獲知您想要的藥物是否有限制，或是否需採取必要措施方可領取藥物？	8
B6. 倘 Molina Medicare Complete Care Plus 變更承保部分藥物的規定（例如，事先授權、數量限制及/或階段治療限制），會發生什麼情況？	8
B7. 如何在「藥物清單」中查找藥物？	8
B8. 倘希望服用的藥物不在「藥物清單」上，應如何處理？	9
B9. 倘您是新的 Molina Medicare Complete Care Plus 會員，而且在「藥物清單」上找不到您的藥物，或是有領取藥物方面的問題，應如何處理？	9
B10. 我是否可要求作出例外處理以承保我的藥物？	10
B11. 如何申請例外處理？	10
B12. 例外處理需要多少時間？	10
B13. 非專利藥物是什麼？	10
B14. 什麼是 OTC 藥物？	10



如有任何疑問，請致電 Molina Medicare Complete Care Plus，電話：(800) 665-3086, TTY: 711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。如需瞭解詳情，請造訪 Molinahealthcare.com/Medicare。

B15.Molina Medicare Complete Care Plus 是否承保非藥物 OTC 產品？	10
B16.Molina Medicare Complete Care Plus 是否承保長期供應處方藥？	11
B17.我能否讓當地藥房將處方藥為我送貨上門？	11
B18.我的共付額為何？	11
C. 「承保藥物清單」概述.....	11
C1. 按醫療狀況分類的藥物清單	12
D. 承保藥物索引.....	87

A. 免責聲明

這是會員可在 *Molina Medicare Complete Care Plus* 所獲得藥物的清單。

- ❖ 您可隨時造訪 Molinahealthcare.com/Medicare 或致電 (800) 665-3086 (TTY)，以查詢 *Molina Medicare Complete Care Plus* 的最新承保藥物清單：711。
- ❖ 您可免費取得本文件的其他格式版本，例如，大字版本、盲文版本和語音版本。請致電 (800) 665-3086，TTY：711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。
- ❖ 您可以獲得免費協助與服務，例如手語傳譯員、書面譯文和採用替代格式的書面資訊。請撥打 1-855-665-4627 (TTY: 711)。
- ❖ English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-855-665-4627. Someone who speaks English can help you. This is a free service.
- ❖ Spanish: Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-855-665-4627. Alguien que hable Español puede ayudarle. Este es un servicio gratuito.
- ❖ Chinese Mandarin: 如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-855-665-4627。说普通话的人士会帮助您。这是免费服务。
- ❖ Chinese Cantonese: 我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 1-855-665-4627 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。
- ❖ Tagalog: May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-855-665-4627. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.
- ❖ Vietnamese: Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-855-665-4627. Một người nói Tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.



如有任何疑問，請致電 *Molina Medicare Complete Care Plus*，電話：(800) 665-3086，TTY: 711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。如需瞭解詳情，請造訪 Molinahealthcare.com/Medicare。

❖ **Korean:** 당사는 무료 통역 서비스를 통해 건강 또는 처방약 플랜에 대한 귀하의 질문에 답변해 드립니다. 통역 서비스를 이용하시려면 1-855-665-4627 로 전화하십시오. 한국말 통역사가 도움을 드릴 수 있습니다. 무료 서비스입니다.

❖ **Russian:** Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотренны бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-855-665-4627. Вам поможет сотрудник, владеющий русским языком. Эта услуга предоставляется бесплатно.

❖ **Arabic:** نوفر خدمات الترجمة الفورية المجانية للإجابة عن أي أسئلة قد تراودك حول الخطة الصحية أو خطة الأدوية لدينا. وللحصول على مترجم فوري، تفضل بالاتصال بنا على الرقم 1-855-665-4627. ويمكن لشخص يتحدث اللغة مساعدتك. تقدم هذه الخدمة مجاناً.

❖ **Hindi:** हमारे हेल्थ या ड्रग प्लान के बारे में आपके किसी भी सवाल का ज़वाब देने के लिए हमारे पास मुफ्त इंटरप्रेटर सेवाएं हैं. इंटरप्रेटर से बात करने के लिए, बस हमें 1-855-665-4627 पर कॉल करें. हिन्दी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

❖ **Japanese:** 弊社の健康保険や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳サービスを利用するには、1-855-665-4627 までお電話ください。日本語 の通訳担当者が対応します。これは無料のサービスです。

❖ **Armenian:** Մենք ունենք անվճար թարգմանչական ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-855-665-4627 հեռախոսահամարով: Ինչ-որ մեկն, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվճար ծառայությունն է:

❖ **Cambodian:** យើងមានសេវាអ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយតបទៅនឹងសំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងមិសវត្ថុរបស់យើង។
ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ គ្រាន់តែទូរស័ព្ទមកយើងខ្ញុំតាមលេខ 1-855-665-4627 ។ មនុស្សម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ សេវាកម្មនេះមិនគិតថ្លៃនោះទេ។

❖ **Persian (Farsi):** برای پاسخگویی به سؤالاتی که ممکن است درباره طرح های سلامت یا دارویی ما داشته باشید می توانید از خدمات ترجمه رایگان ما استفاده کنید. برای دسترسی به مترجم شفاهی، کافی است با شماره 1-855-665-4627 با ما تماس بگیرید. فردی که به زبان فارسی صحبت می کند به شما کمک خواهد کرد. این سرویس رایگان است.

❖ **Hmong:** Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog pab txoj phiaj xwm kev noj qab haus huv los sis tshuaj. Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau pab ntawm 1-855-665-4627. Ib tus neeg uas hais lus Hmoob tuaj yeem pab koj. Qhov no yog ib qho kev pab cuam pub dawb.

❖ **Laotian:** ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ 1-855-665-4627. ຄົນທີ່ເວົ້າ ພາສາລາວ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

❖ **Mien:** Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih, haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv. Oix duqv taux taengx meih mbienv wac, kungx zuqc mboqv yie mbuo nyei dienx wac 1-855-665-4627. Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih. Naiv se yiets nyungc mv nongc zinh nyei bong taengx.

- ❖ Punjabi: ਸਾਡੀ ਸਿਹਤ ਜਾਂ ਦਵਾਈ ਯੋਜਨਾ ਬਾਰੇ ਤੁਹਾਡੇ ਕਿਸੇ ਵੀ ਸਵਾਲ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇ ਕੋਲ ਮੁਫਤ ਦੁਆਰੀਏ ਸੇਵਾਵਾਂ ਹਨ। ਦੁਆਰੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-855-665-4627 'ਤੇ ਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋ ਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।
- ❖ Thai: เรามีบริการสามแปลภาษาให้ฟรีเพื่อตอบคำถามใดๆ ที่คุณอาจมีเกี่ยวกับแผนด้านสุขภาพหรือยาของเรา หากต้องการรับบริการสาม แปลงโทรหาเราที่ 1-855-665-4627 คนที่สามารถพูดภาษา ภาษาไทย สามารถช่วยคุณได้ บริการนี้เป็นบริการที่ไม่มีค่าใช้จ่าย
- ❖ Ukrainian: У нас є безкоштовні послуги перекладача, щоб відповісти на будь-які питання, які ви можете мати про наш план здоров'я або наркотиків. Щоб отримати інтерпретатор, просто зателефонуйте нам на 1-855-665-4627. Хтось, хто говорить Українська мова, може вам допомогти. Це безкоштовна послуга.
- ❖ French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-855-665-4627. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.
- ❖ German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpfen. Unsere Dolmetscher erreichen Sie unter 1-855-665-4627. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.
- ❖ Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-855-665-4627. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.
- ❖ Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-855-665-4627. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.
- ❖ French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-855-665-4627. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.
- ❖ Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-855-665-4627. Ta usługa jest bezpłatna.
- ❖ 我們提供您所需語言或格式版本的資訊，歡迎隨時索取。此項稱為「長期要求」。請致電 (800) 665-3086，TTY：711，10月1日至3月31日：全年無休，上午八時正至夜晚八時正（當地時間），4月1日至9月30日：週一至週五上午八時正至夜晚八時正（當地時間）。



如有任何疑問，請致電 Molina Medicare Complete Care Plus，電話：(800) 665-3086，TTY: 711，10月1日至3月31日：全年無休，上午八時正至夜晚八時正（當地時間），4月1日至9月30日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。如需瞭解詳情，請造訪 Molinahealthcare.com/Medicare。

時間)] 會員服務代表可幫助您提出或更改常備申請。我們會持續追蹤您的長期要求，這樣您就無需每次在送出資訊時另外提出要求。

B. 常見問題 (FAQ)

如對「承保藥物清單」有問題，可在此尋找答案。您可閱讀所有常見問題以深入瞭解，或是尋找問題和答案。

B1. 哪些處方藥列於「承保藥物清單」上？（我們將「承保藥物清單」簡稱為「藥物清單」。）

Molina Medicare Complete Care Plus (HMO D-SNP) 承保的藥物，請參閱的《承保藥物清單》第 13 頁開始的內容。這些藥物可在我們網路內的藥房取得。若藥房簽訂協議與我們合作並為您提供服務，則該藥房位於我們的網路中。我們將這些藥房稱為「網路藥房」。《承保藥物清單》所含的處方藥由 Molina Medicare Complete Care Plus 承保。諸如部分非處方藥 (OTC) 及部分維他命的其他藥物，可由 Medi-Cal Rx 承保。請造訪 Medi-Cal Rx 網站 (www.medi-calrx.dhcs.ca.gov) 瞭解詳情。您亦可致電 Medi-Cal Rx 客戶服務中心，電話號碼為 800-977-2273。透過 Medi-Cal Rx 購買處方藥時，請攜帶您的 Medi-Cal Beneficiary Identification Card (BIC)。

- 在下列情況下，Molina Medicare Complete Care Plus 將承保「藥物清單」上所有醫療必需之藥物：
 - 您的醫師或其他處方藥劑師表示您需要這類藥物以改善狀況或維持健康，同時
 - Molina Medicare Complete Care Plus 同意認定該藥物是您的醫療必需品，且
 - 您在 Molina Medicare Complete Care Plus 網路藥房領取處方藥。
- 在部分情況下，您必須先滿足條件方可領取藥物。如需瞭解詳細資訊，請參閱問題 B4。

您亦可在我們的網站 Molinahealthcare.com/Medicare 查看最新的承保藥物清單，或致電會員服務部，電話：(800) 665-3086, TTY：711。

B2. 「藥物清單」會否變更？

是，而 Molina Medicare Complete Care Plus 在作出變更時，須遵循 Medicare 和 Medi-Cal 的規定。我們可能在一年中新增或剔除「藥物清單」上的藥物。

我們也可能變更關於藥物的規定。例如，我們可能：

- 決定某種藥物需要或不需要事先授權。（事先授權是指您需要 Molina Medicare Complete Care Plus 的許可後方可取得藥物。）
- 針對某種藥物，新增或變更您可取得的數量（稱為「數量限制」）。
- 針對某種藥物，新增或變更階段治療限制。（階段治療是指您須先嘗試使用一種藥物，我們方會承保其他藥物。）

如需瞭解這些藥物規定的詳細資訊，請參閱問題 B4。

如您服用的藥物在年初未得到承保，我們通常不會在一年中的其他時間移除或變更該藥物的承保範圍，除非：

- 市面上出現價格更低廉的新藥物，且與現有「藥物清單」中的藥物療效相同，或
- 我們得知該藥物不安全，或
- 該藥物退出市場。

下面的問題 B3 和 B6 提供詳細資訊，說明「藥物清單」變更時會發生什麼情況。

- 您可隨時造訪 Molinahealthcare.com/Medicare，以查詢 Molina Medicare Complete Care Plus 的最新藥物清單。
- 您亦可致電會員服務部，電話：(800) 665-3086, TTY: 711，以查詢最新的藥物清單。

B3. 「藥物清單」變更時會發生什麼情況？

「藥物清單」的某些變更會立即發生。例如：

- **出現新的非專利藥物。**有時，市面上會出現新的非專利藥物，且與現有「藥物清單」中的原廠藥療效相同。在此情況下，我們有可能將品牌藥除名，並加入新的非專利藥，但新藥的費用仍然維持 \$0。當我們加入新的非專利藥物時，我們可能還會決定繼續保留清單上的原廠藥，但會變更其承保規定或限制。
 - 我們可能不會在作出此項變更之前向您告知，但一旦我們作出變更，我們會向您寄出有關該特定變更的資訊。
 - 針對這些變更，您或您的醫療供應者可以申請例外處理。我們會向您送出通知，說明申請例外處理所需採取的步驟。如需有關例外事項的詳細資訊，請參閱問題 B10-B12。
- **藥物撤出市場。**倘美國食品藥物管理局 (FDA) 表示您服用的藥物不安全，或藥物製造商將該藥物撤出市場，我們會從「藥物清單」中將其刪除。如您正在服用該藥物，我們將向您告知。請與您的醫生或其他處方醫生商討，以尋找對您安全的替代藥物。

我們可能作出其他影響您所服用的藥物的變更。關於「藥物清單」的這些其他變更，我們將事先通知您。這些變更可能會發生在以下情況下：

- FDA 提供新的指引或關於某種藥物有新的臨床指引。
- 我們新增非新上市的非專利藥物，並
 - 更換現有「藥物清單」中的原廠藥，或
 - 變更該原廠藥的承保規定或限制。



如有任何疑問，請致電 Molina Medicare Complete Care Plus，電話：(800) 665-3086, TTY: 711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。如需瞭解詳情，請造訪 Molinahealthcare.com/Medicare。

發生這些變更時，我們會：

- 在變更「藥物清單」至少 <30 天> 前通知您，或
- 在您要求繼續用後，告知您並提供 <31 天> 份的藥物。

您可利用這段時間與您的醫師或其他處方藥劑師商討。他們可協助您決定下列事項：

- 是否可改為服用「藥物清單」上的類似藥物，或
- 是否要針對這些變更申請例外處理。若要瞭解例外處理的詳細內容，請參閱問題 B10-B12。

B4. 針對藥物承保或是為了取得某些藥物所採取的任何必要行動，是否有任何約束或限制？

是，部分藥物具有承保規定，或是在可領取的藥量上有限制。在部分情況下，您或您的醫師或其他處方藥劑師必須先滿足條件，方可領取藥物。例如：

- **事先授權：**對於部分藥物，您或您的醫師或其他處方藥劑師須先取得 **Molina Medicare Complete Care Plus** 的授權，方可領取處方藥。事先授權與轉介不同。倘未獲得事先授權，**Molina Medicare Complete Care Plus** 可不予承保該藥物。
- **數量限制：**有時候，**Sometimes Molina Medicare Complete Care Plus** 會限制您可領取的藥量。
- **階段治療：**有時候，**Sometimes Molina Medicare Complete Care Plus** 會要求您接受階段治療。這表示您必須針對醫療狀況，依照特定順序嘗試用藥。您必須先嘗試使用一種藥物，我們方會承保其他藥物。倘您的醫師認為第一種藥物對您沒有幫助，我們將會承保第二種藥物。

您可以查看第 13 頁的表格，瞭解您的藥物是否有任何額外的要求或限制。您也可以造訪我們的網站以獲取詳細資訊：Molinahealthcare.com/Medicare。我們已發佈線上文件，說明我們的事先授權和階段治療限制。您也可以要求我們向您寄出一份副本。

您可針對這些限制申請例外處理。您可利用這段時間與您的醫師或其他處方藥劑師商討。他們可協助您決定，是否可改為服用「藥物清單」上的類似藥物，或是否需要申請例外處理。如需有關例外事項的詳細資訊，請參閱問題 B10-B12。

B5. 如何獲知您想要的藥物是否有限制，或是否需採取必要措施方可領取藥物？

《按醫療狀況分類的藥物清單》第 13 頁的表格有標示「使用的必要行動、約束或限制」的欄位。

B6. 倘 Molina Medicare Complete Care Plus 變更承保部分藥物的規定（例如，事先授權、數量限制及/或階段治療限制），會發生什麼情況？

在某些情況下，倘我們新增或變更藥物的事先授權、數量限制及/或階段治療限制，我們會事先通知您。如需更多資訊以瞭解此事先通知，以及我們在「藥物清單」變更時可能無法提前告知您的情況，請參閱問題 B3。

B7. 如何在「藥物清單」中查找藥物？

有兩種方法可以查找藥物：

- 您可按字母順序搜尋，或
- 您可以依醫療狀況搜尋。

若要**依字母排序**搜尋，請在「承保藥物索引」一節查找您的藥物。您可在第 87 頁找到該項。

如要**依醫療狀況**搜尋，請在第 13 頁找到標示「依醫療狀況列出藥物」的章節。根據用於治療的醫療狀況類型，此章節中的藥物分為不同的類別。例如，倘您有心臟疾病，應查看「心血管疾病」類別。您可在此查找治療心臟疾病的藥物。

B8. 倘希望服用的藥物不在「藥物清單」上，應如何處理？

倘「藥物清單」上沒有您的藥物，請致電會員服務部，電話：(800) 665-3086, TTY：711，並作出詢問。倘您發現 **Molina Medicare Complete Care Plus** 不予承保這種藥物，您可以選擇以下其中一種方式：

- 向會員服務部索取與您希望服用的藥物類似之藥物的清單。然後將清單交予您的醫師或其他處方藥劑師。您的醫師或處方藥劑師可根據「藥物清單」，開立與您希望服用的藥物類似的藥物。或
- 您可要求 **Molina Medicare Complete Care Plus** 作出例外處理，以承保您的藥物。如需有關例外事項的詳細資訊，請參閱問題 B10-B12。

B9. 倘您是新的 Molina Medicare Complete Care Plus 會員，而且在「藥物清單」上找不到您的藥物，或是有領取藥物方面的問題，應如何處理？

我們可以提供協助。我們會在您成為 **Molina Medicare Complete Care Plus** 會員的最初 90 天，暫時承保 31 天份量藥物。您可利用這段時間與您的醫師或其他處方藥劑師商討。他們可協助您決定，是否可改為服用「藥物清單」上的類似藥物，或是否需要申請例外處理。

倘您處方規定的用藥天數較少，我們會允許您多次持續補充藥物，保證提供最多 31 天份量的藥物。

在下列情況下，我們將承保 31 天份量的藥物：

- 您正在服用不在「藥物清單」上的藥物，或
- 我們的計畫規定無法讓您取得處方藥劑師訂購的量，或
- 該藥物須有 **Molina Medicare Complete Care Plus** 的事先授權，或
- 您正在服用階段治療限制藥物。

倘您是在療養院或其他長期照護機構，且需要的藥物不在「藥物清單」上，或是您無法輕易取得所需的藥物，我們可以提供協助。倘您加入本計劃已超過 90 天、居住在長期照護機構，且需要立即取得藥物供應：



如有任何疑問，請致電 **Molina Medicare Complete Care Plus**，電話：(800) 665-3086, TTY: 711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。如需瞭解詳情，請造訪 Molinahealthcare.com/Medicare。

- 無論您是否為新的 Molina Medicare Complete Care Plus 會員，我們會針對您所需要的藥物承保一次 31 天的份量（但處方天數較少的情況除外）。
- 除了成為 Molina Medicare Complete Care Plus 會員最初 90 天期間暫時供應的藥物外，此為額外供應的藥物。

Molina Medicare Complete Care Plus 將在會員投保後的前 90 天內（自投保人投保生效日起算），隨時在長期照護環境中提供至少 31 天的臨時配藥（但處方所列用量低於 31 天，或出於安全目的的數量限制，或根據核准產品標籤進行藥物使用修改，因而引致處方藥物用量低於處方所列用量的情況除外。在此情況下，Molina 聯邦醫療保險將准許多次配藥，以提供最多 31 天的藥物）。

B10.我是否可要求作出例外處理以承保我的藥物？

是。您可要求 Molina Medicare Complete Care Plus 對未有列入「藥物清單」中的藥物作出例外處理，以承保該藥物。

您也可以要求我們變更您的藥物規定。

- 例如，Molina Medicare Complete Care Plus 可能限制我們所承保的藥物量。倘您的藥物有限制，您可要求我們變更限制並承保更多藥物。
- 其他範例：您可以要求我們取消階段治療限制或事先授權要求。

B11.如何申請例外處理？

若要申請例外處理，請致電會員服務部。會員服務部的代表將會與您和您的醫療供應者合作，以協助申請例外處理。您也可以閱讀《承保證明》第 9 章以瞭解例外處理的詳盡內容。

B12.例外處理需要多少時間？

在我們收到您的處方醫生所出具支持您的例外申請的聲明後，我們將在 72 小時內作出決定。您的醫生或其他處方醫生可將支持聲明以傳真或郵寄方式寄來我們處。他們亦可先透過電話向我們告知，然後再將聲明以傳真或郵寄形式發出。

倘您或您的處方藥劑師認為等待 72 小時的時間作出裁定，可能對您的健康造成傷害，您可以申請加速進行例外處理。這是快速裁定。倘您的處方藥劑師支持您的要求，我們會在收到處方藥劑師證明文件的 24 小時內作出裁定。

B13.非專利藥物是什麼？

非專利藥物是由與原廠藥相同的有效成分所製成。此類藥物的成本通常較原廠藥低，而且名稱較鮮為人知。非專利藥物經美國食品藥物管理局 (FDA) 核准。

Molina Medicare Complete Care Plus 承保原廠藥與非專利藥物。

B14.什麼是 OTC 藥物？

OTC 代表「非處方」。Molina Medicare Complete Care Plus 對非處方藥不予承保。

B15.Molina Medicare Complete Care Plus 是否承保非藥物 OTC 產品？

Molina Medicare Complete Care Plus 承保您的醫療供應者開立的處方中包含的部分非藥物 OTC 產品。

您可以閱讀 Molina Medicare Complete Care Plus 「藥物清單」，瞭解承保的非藥物 OTC 產品。

B16.Molina Medicare Complete Care Plus 是否承保長期供應處方藥？

- **郵購計劃。**我們提供郵購計劃，可供您領取 90 天份量的處方藥，且會直接郵寄至您的住處。90 天份量與單月份量的自付額相同。
- **90 天零售藥房計劃。**部分零售藥房可能也會提供最長 90 天份量的承保處方藥供您領取。90 天份量與單月份量的自付額相同。

B17.我能否讓當地藥房將處方藥為我送貨上門？

您所在地的當地藥房可為您將處方藥送貨上門。您可致電您的藥房，瞭解他們是否提供送藥到府服務。

B18.我的共付額為何？

根據該計劃之規定，Molina Medicare Complete Care Plus 會員處方藥、非處方藥及非藥物產品之 *共付額視乎 LIS（低收入補助）或 D 部分階段而定*。請參閱問題 B14 和 B15，瞭解有關非處方藥物及非藥物產品的詳細資訊。

級數是我們「藥物清單」上的藥物分組。

級數是我們「藥物清單」上的藥物分組。

- 第 1 級首選非專利藥物，共付額 \$0；或共付額 \$1.55；或共付額 \$4.50。
- 第 2 級非專利藥物，共付額 \$0；或共付額 \$1.55；或共付額 \$4.50。
- 第 3 級首選品牌及中等成本非專利藥物，共付額 \$0；或共付額 \$1.55；或共付額 \$4.50；或共付額 \$11.20。
- 第 4 級非首選藥物，共付額 \$0；或共付額 \$1.55；或共付額 \$4.50；或共付額 \$11.20。
- 第 5 級特製高成本品牌及非專利藥物，共付額 \$0；或共付額 \$1.55；或共付額 \$4.50；或共付額 \$11.20。

如有其他疑問，請撥打會員服務，電話為：(800) 665-3086，TTY：711。

C. 「承保藥物清單」概述



如有任何疑問，請致電 Molina Medicare Complete Care Plus，電話：(800) 665-3086，TTY: 711，10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）。此項為免付費電話。如需瞭解詳情，請造訪 Molinahealthcare.com/Medicare。

《承保藥物清單》為您提供 Molina Medicare Complete Care Plus 承保藥物的資訊。倘在清單中查找您的藥物遇到阻礙，請翻至第 87 頁的「承保藥物索引」。索引會依字母排序列出 Molina Medicare Complete Care Plus 承保的全部藥物。

注意：藥物旁的 _ 代表該藥物不是「D 部分藥物」。此類藥物也有不同上訴規定。

- 上訴是一種正式程序，用於要求我們重審對您的承保範圍所作出的裁定，並在您認為我們有誤時，要求我們進行變更。
- 例如，我們可能裁定您所需的藥物不在承保範圍內，或是不再屬於 Medicare 或 Medi-Cal 的承保範圍。
- 倘您或您的醫師對我們的裁定有異議，您就可以上訴。如有其他疑問，請致電會員服務部，電話：(800) 665-3086，TTY：711。
- 您也可以閱讀《承保證明》第 9 章以瞭解如何對裁定提出上訴。

C1. 按醫療狀況分類的藥物清單

根據用於治療的醫療狀況類型，此章節中的藥物分為不同的類別。例如，倘您有心臟疾病，應查看「心血管疾病」類別。您可在此查找治療心臟疾病的藥物。

以下是「必要操作、規限或使用限制」一欄中所用代碼的含義：

PA = 事先授權（核准）：您必須先獲得批准，方可取得此藥物。

QL = 數量限制：計劃承保的藥物數量。

ST = 階段治療標準：您須先嘗試另一種藥物方可取得此藥物。

NM = 非郵購：此藥物無法透過郵購續藥。

B/D = 視具體情況而定，此藥物可能屬於 Medicare B 部分或 D 部分承保的藥物。

LA = 有限權限藥物：僅特定藥房提供此藥物。

_ = Medicaid 承保的非 D 部分藥物或 OTC 物品。

NDS = 無延長天數供給：您可收到的天數供給將受到限制。

表格的第一欄會列出藥物名稱。非專利藥用斜體小寫（例如，*metformin hcl*），品牌藥用大寫（例如，JANUVIA TABS）列出。您可透過「使用的必要行動、約束或限制」欄位中的資訊瞭解 Molina Medicare Complete Care Plus 是否有任何藥物承保規定。

MOLINA_CY24_1T_SNP eff 05/01/2024**Drug Name****Drug Tier****Requirements/Limits****ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)

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

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
<i>atovaquone SUSP 750mg/5ml</i>	1	
<i>aztreonam SOLR 1gm, 2gm</i>	1	
<i>CAYSTON SOLR 75mg</i>	1	NDS, NM, LA, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
<i>CLINDMYC/NAC INJ 300/50ML</i>	1	
<i>CLINDMYC/NAC INJ 600/50ML</i>	1	
<i>CLINDMYC/NAC INJ 900/50ML</i>	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
<i>DAPTOMYCIN SOLR 350mg</i>	1	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	1	NDS
<i>EMVERM CHEW 100mg</i>	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ivermectin</i> TABS 3mg	1	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>praziquantel</i> TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	NDS
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS, B/D

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	NDS
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM, LA
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	1	NDS, NM
SELZENTRY TABS 25mg	1	NM
SUNLENCA TBPk 300mg	1	NDS, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM, LA
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTI-RETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NDS, NM
TRIUMEQ TAB	1	NDS, NM
TRIZIVIR TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
<i>PRIFTIN TABS 150mg</i>	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, LA, PA
TRECATOR TABS 250mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbw)</i> TABS 100mg	1	NM
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VEMLIDY TABS 25mg	1	NDS, NM
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythrocine stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg</i>	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl TABS 400mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	1	
PEN GK/DEXTR INJ 60000/ML	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg; TABS 150mg	1	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	PA
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	1	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	NDS, B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM, LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	1	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NDS, NM, LA, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	1	NDS, NM, LA, PA
OGIVRI INJ 420MG	1	NDS, NM, LA, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	
<i>NORPACE CR CP12 100mg, 150mg</i>	1	
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	1	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	1	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>lovastatin TABS 10mg, 20mg, 40mg</i>	1	QL (60 tabs / 30 days)
<i>pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>CORLANOR</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metyrosine</i> CAPS 250mg	1	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
<i>NITRO-BID</i> OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NDS, NM, LA, PA
<i>CENTRAL NERVOUS SYSTEM</i>		
<i>ANTI-ANXIETY</i>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>ANTIDEMENTIA</i>		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTiom TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	NDS
<i>felbamate</i> TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	1	QL (240 tabs / 30 days)
<i>repaglinide TABS .5mg, 1mg</i>	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	1	NM, PA
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloette</i>	1	
<i>heather</i> TABS .35mg	1	
<i>iclevia</i>	1	
<i>incassia</i> TABS .35mg	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel</i> 1.5/30	1	
<i>junel</i> 1/20	1	
<i>junel fe</i> 1.5/30	1	
<i>junel fe</i> 1/20	1	
<i>junel fe</i> 24	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor</i> 1/35	1	
<i>kelnor</i> 1/50	1	
<i>kurvelo</i>	1	
<i>larin</i> 1.5/30	1	
<i>larin</i> 1/20	1	
<i>larin</i> 24 fe	1	
<i>larin fe</i> 1.5/30	1	
<i>larin fe</i> 1/20	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab</i> 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	1	
<i>levonorg-eth est tab</i> 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
<i>levonorg-eth est tab</i> 0.15-0.03mg(84) & eth est tab 0.01mg(7)	1	
<i>levonorgestrel & ethinyl estradiol</i> (91-day) tab 0.15-0.03 mg	1	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 mg-20 mcg	1	
<i>levonorgestrel & ethinyl estradiol tab</i> 0.15 mg- 30 mcg	1	
<i>levonorgestrel-eth estra tab</i> 0.05-30/0.075- 40/0.125-30mg-mcg	1	
<i>levora</i> 0.15/30-28	1	
<i>loestrin</i> 1.5/30-21	1	
<i>loestrin</i> 1/20-21	1	
<i>loestrin fe</i> 1.5/30	1	

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>luteru</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i> SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i> <i>mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-</i> <i>30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i> <i>20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1</i> <i>mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i> <i>mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
<i>SYNAREL SOLN 2mg/ml</i>	1	NDS, PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	1	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	1	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm TABS 10mcg</i>	1	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	B/D
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	1	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1	
<i>fludrocortisone acetate TABS .1mg</i>	1	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	1	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	1	B/D
<i>methylprednisolone TBPK 4mg</i>	1	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZIME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	1	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	NDS, QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPR 30mcg	1	NDS
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	1	
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	1	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	1	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg</i>	1	
<i>rabeprazole sodium TBEC 20mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	1	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
prasugrel hcl TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NDS, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	1	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 2000000unit/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, LA, PA
<i>IMMUNOSUPPRESSANTS</i>		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic)</i> OINT 500unit/gm	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	1	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	1	
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>ciproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
-------------------------------------	---	----------------------

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

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

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	B, PA
DEXCOM G6 MIS SENSOR	0	B, PA
DEXCOM G6 MIS TRANSMIT	0	B, PA
DEXCOM G7 MIS RECEIVER	0	B, PA
DEXCOM G7 MIS SENSOR	0	B, PA
FREESTY LIBR KIT 2 SENSOR	0	B, PA
FREESTY LIBR KIT 3 SENSOR	0	B, PA
FREESTY LIBR MIS 2 READER	0	B, PA
FREESTY LIBR MIS 3 READER	0	B, PA
FREESTYLE KIT SENSOR	0	B, PA
FREESTYLE MIS READER	0	B, PA

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX KIT AIR	0	B
TRUE METRIX KIT METER	0	B
TRUE METRIX STRIPS	0	B

D. 承保藥物索引

您可在本節按字母順序搜尋藥物名稱。這將為您告知該項可搜尋您的藥物的其他承保資訊的頁面編號。

<i>abacavir sulfate</i>	17	<i>afirmelle</i>	57
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	18	AIMOVIG	50
ABELCET	16	AKEEGA TAB 100/500	24
ABILIFY MAINTENA	43	AKEEGA TAB 50/500MG	24
<i>abiraterone acetate</i>	24	<i>ala-cort</i>	83
ABRYSVO	73	<i>albendazole</i>	15
<i>acamprosate calcium</i>	53	<i>albuterol sulfate</i>	79, 80
<i>acarbose</i>	53	<i>alclometasone dipropionate</i>	83
<i>accutane</i>	82	ALDURAZYME.....	63
<i>acebutolol hcl</i>	37	ALECENSA	26
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	14	<i>alendronate sodium</i>	57
<i>acetaminophen w/ codeine tab 300-15 mg</i>	14	<i>alfuzosin hcl</i>	68
<i>acetaminophen w/ codeine tab 300-30 mg</i>	14	<i>aliskiren fumarate</i>	39
<i>acetaminophen w/ codeine tab 300-60 mg</i>	14	<i>allopurinol</i>	13
<i>acetazolamide</i>	38	<i>alosetron hcl</i>	67
<i>acetic acid</i>	68	<i>alprazolam</i>	40
<i>acetic acid (otic)</i>	78	ALREX	77
<i>acetylcysteine</i>	80	<i>altavera</i>	57
<i>acitretin</i>	83	ALUNBRIG	26
ACTHIB INJ.....	73	ALUNBRIG PAK.....	26
ACTIMMUNE.....	72	<i>alyacen 1/35</i>	57
<i>acyclovir</i>	20	<i>alyacen 7/7/7</i>	57
<i>acyclovir sodium</i>	20	<i>amabelz tab 0.5-0.1mg</i>	62
ADACEL INJ	73	<i>amantadine hcl</i>	42
ADALIMUMAB-AACF (2 PEN)	70	<i>ambrisentan</i>	40
<i>adefovir dipivoxil</i>	20	<i>amethia</i>	57
ADEMPAS	40	<i>amikacin sulfate</i>	15
ADMELOG.....	55	<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	38
ADMELOG SOLOSTAR.....	55	<i>amiloride hcl</i>	38
ADVAIR HFA AER 115/21.....	81	<i>amiodarone hcl</i>	36
ADVAIR HFA AER 230/21.....	81	<i>amitriptyline hcl</i>	41
ADVAIR HFA AER 45/21	81	<i>amlodipine besylate</i>	38
		<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	33
		<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	33

<i>amlodipine besylate-benazepril hcl</i> <i>cap 2.5-10 mg.....</i>	33	<i>amoxicillin & k clavulanate tab er</i> <i>12hr 1000-62.5 mg.....</i>	22
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-10 mg</i>	33	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 10 mg</i>	49
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-20 mg</i>	33	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 15 mg</i>	49
<i>amlodipine besylate-benazepril hcl</i> <i>cap 5-40 mg</i>	33	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 20 mg</i>	49
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg.....</i>	35	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 25 mg</i>	49
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg.....</i>	35	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 30 mg</i>	49
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	34	<i>amphetamine-dextroamphetamine</i> <i>cap er 24hr 5 mg.....</i>	49
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	34	<i>amphetamine-dextroamphetamine</i> <i>tab 10 mg.....</i>	49
<i>amlodipine besylate-valsartan tab</i> <i>10-160 mg.....</i>	35	<i>amphetamine-dextroamphetamine</i> <i>tab 12.5 mg</i>	49
<i>amlodipine besylate-valsartan tab</i> <i>10-320 mg.....</i>	35	<i>amphetamine-dextroamphetamine</i> <i>tab 15 mg.....</i>	49
<i>amlodipine besylate-valsartan tab 5-</i> <i>160 mg</i>	35	<i>amphetamine-dextroamphetamine</i> <i>tab 20 mg.....</i>	49
<i>amlodipine besylate-valsartan tab 5-</i> <i>320 mg</i>	35	<i>amphetamine-dextroamphetamine</i> <i>tab 30 mg.....</i>	49
<i>amnesteem.....</i>	82	<i>amphetamine-dextroamphetamine</i> <i>tab 5 mg.....</i>	49
<i>amoxapine.....</i>	41	<i>amphetamine-dextroamphetamine</i> <i>tab 7.5 mg.....</i>	49
<i>amoxicillin</i>	22	<i>amphotericin b</i>	16
<i>amoxicillin & k clavulanate chew tab</i> <i>200-28.5 mg.....</i>	22	<i>amphotericin b liposome.....</i>	16
<i>amoxicillin & k clavulanate chew tab</i> <i>400-57 mg.....</i>	22	<i>ampicillin</i>	22
<i>amoxicillin & k clavulanate for susp</i> <i>200-28.5 mg/5ml</i>	22	<i>ampicillin & sulbactam sodium for inj</i> <i>1.5 (1-0.5) gm</i>	22
<i>amoxicillin & k clavulanate for susp</i> <i>250-62.5 mg/5ml</i>	22	<i>ampicillin & sulbactam sodium for inj</i> <i>3 (2-1) gm.....</i>	22
<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml</i>	22	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 1.5 (1-0.5) gm.....</i>	22
<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	22	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 15 (10-5) gm.....</i>	22
<i>amoxicillin & k clavulanate tab 250-</i> <i>125 mg</i>	22	<i>ampicillin & sulbactam sodium for iv</i> <i>soln 3 (2-1) gm</i>	22
<i>amoxicillin & k clavulanate tab 500-</i> <i>125 mg</i>	22	<i>ampicillin sodium.....</i>	22
<i>amoxicillin & k clavulanate tab 875-</i> <i>125 mg</i>	22	<i>anagrelide hcl</i>	69
		<i>anastrozole</i>	24
		<i>ANORO ELLIPT AER 62.5-25.....</i>	79
		<i>aprepitant.....</i>	65

<i>aprepitant capsule therapy pack 80 & 125 mg</i>	65	<i>ayuna</i>	58
<i>apri</i>	57	AYVAKIT	26
APTIOM	45	azacitidine	24
APTIVUS.....	17	azathioprine	72
ARALAST NP	80	azelastine hcl	79
<i>aranelle</i>	57	azelastine hcl (ophth).....	77
ARCALYST	72	azithromycin	21
AREXVY.....	73	aztreonam	15
<i>aripiprazole</i>	43	<i>azurette</i>	58
ARISTADA	43	<i>bacitracin (ophthalmic)</i>	77
ARISTADA INITIO	43	<i>bacitracin-polymyxin b ophth oint.</i> 77	
<i>armodafinil</i>	52	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	76
ARNUITY ELLIPTA	81	<i>baclofen</i>	52
<i>asenapine maleate</i>	43	BAFIERTAM.....	51
<i>ashlyna</i>	57	<i>balsalazide disodium</i>	66
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	70	BALVERSA	27
ASTAGRAF XL	72	<i>balziva</i>	58
<i>atazanavir sulfate</i>	17	BARACLUDE.....	20
<i>atenolol</i>	37	BASAGLAR KWIKPEN.....	55
<i>atenolol & chlorthalidone tab 100-25 mg</i>	37	BCG VACCINE	73
<i>atenolol & chlorthalidone tab 50-25 mg</i>	37	BD ALCOHOL SWABS	55
<i>atomoxetine hcl</i>	49	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	33
<i>atorvastatin calcium</i>	36	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	34
<i>atovaquone</i>	15	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	34
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	17	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	33
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	17	<i>benazepril hcl</i>	34
ATROPINE SULFATE	78	BENDEKA	23
<i>atropine sulfate (ophthalmic)</i>	78	BENLYSTA	72
ATROVENT HFA	79	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	82
<i>aubra eq</i>	57	<i>benztropine mesylate</i>	42
AUGTYRO	26	BERINERT.....	69
<i>aurovela 1/20</i>	57	BESIVANCE.....	77
<i>aurovela 24 fe</i>	57	BESREMI	26
<i>aurovela fe 1.5/30</i>	58	<i>betaine powder for oral solution</i> ...	63
<i>aurovela fe 1/20</i>	58	<i>betamethasone dipropionate (topical)</i>	83
AUSTEDO	51	<i>betamethasone dipropionate augmented</i>	83
AUSTEDO XR	51	<i>betamethasone valerate</i>	83
AUSTEDO XR TAB TITR KIT.....	51	BETASERON.....	51
AUVELITY TAB 45-105MG	41		
<i>aviane</i>	58		

<i>betaxolol hcl</i>	37	<i>bumetanide</i>	38
<i>betaxolol hcl (ophth)</i>	78	<i>buprenorphine</i>	13
<i>bethanechol chloride</i>	68	<i>buprenorphine hcl</i>	53
BETOPTIC-S	78	<i>buprenorphine hcl-naloxone hcl sl</i>	
BEVESPI AER 9-4.8MCG	79	<i>film 12-3 mg (base equiv)</i>	53
<i>bexarotene</i>	26	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bexarotene (topical)</i>	84	<i>film 2-0.5 mg (base equiv)</i>	53
BEXSERO INJ	73	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bicalutamide</i>	24	<i>film 4-1 mg (base equiv)</i>	53
BICILLIN L-A	22	<i>buprenorphine hcl-naloxone hcl sl</i>	
BIKTARVY TAB 30-120-15 MG	18	<i>film 8-2 mg (base equiv)</i>	53
BIKTARVY TAB 50-200-25 MG	18	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 2-0.5 mg (base equiv)</i>	53
<i>10-6.25 mg</i>	37	<i>buprenorphine hcl-naloxone hcl sl</i>	
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>tab 8-2 mg (base equiv)</i>	53
<i>2.5-6.25 mg</i>	37	<i>bupropion hcl</i>	41
<i>bisoprolol & hydrochlorothiazide tab</i>		<i>bupropion hcl (smoking deterrent)</i>	53
<i>5-6.25 mg</i>	37	<i>buspirone hcl</i>	40
<i>bisoprolol fumarate</i>	37	<i>butorphanol tartrate</i>	14
BIVIGAM	72	BYDUREON BCISE	53
<i>blisovi 24 fe</i>	58	BYETTA	53
<i>blisovi fe 1.5/30</i>	58	<i>cabergoline</i>	63
BOOSTRIX INJ	73	CABOMETYX	27
<i>bortezomib</i>	27	<i>calcipotriene</i>	83
BORTEZOMIB	27	<i>calcitonin (salmon) spray</i>	57
<i>bosentan</i>	40	<i>calcitrene</i>	83
BOSULIF	27	<i>calcitriol</i>	65
BRAFTOVI	27	<i>calcitriol (oral)</i>	65
BREO ELLIPTA INH 100-25	81	<i>calcium acetate (phosphate binder)</i>	
BREO ELLIPTA INH 200-25	82	.....	64
BREO ELLIPTA INH 50-25MCG	81	CALQUENCE	27
BREZTRI AERO AER SPHERE	79	<i>camila</i>	58
BREZTRI AERO AER SPHERE		<i>camrese</i>	58
(INSTITUTIONAL PACK)	79	<i>camrese lo</i>	58
<i>briellyn</i>	58	<i>candesartan cilexetil</i>	36
BRILINTA	70	<i>candesartan cilexetil-</i>	
<i>brimonidine tartrate</i>	78	<i>hydrochlorothiazide tab 16-12.5</i>	
<i>brinzolamide</i>	78	<i>mg</i>	35
BRIVIACT	45	<i>candesartan cilexetil-</i>	
<i>bromfenac sodium (ophth)</i>	77	<i>hydrochlorothiazide tab 32-12.5</i>	
<i>bromocriptine mesylate</i>	42	<i>mg</i>	35
BROMSITE	77	<i>candesartan cilexetil-</i>	
BRONCHITOL	80	<i>hydrochlorothiazide tab 32-25 mg</i>	
BRUKINSA	27	.....	35
<i>budesonide</i>	66	CAPLYTA	43
<i>budesonide (inhalation)</i>	81	CAPRELSA	27

<i>captopril</i>	34	<i>cefaclor</i>	20
<i>captopril & hydrochlorothiazide tab</i>		CEFACTOR ER	20
25-15 mg	34	<i>cefadroxil</i>	21
<i>captopril & hydrochlorothiazide tab</i>		CEFAZOLIN	21
25-25 mg	34	CEFAZOLIN INJ 1GM/50ML	21
<i>captopril & hydrochlorothiazide tab</i>		<i>cefazolin sodium</i>	21
50-15 mg	34	CEFAZOLIN SOLN 2GM/100ML-4%	21
<i>captopril & hydrochlorothiazide tab</i>		<i>cefdinir</i>	21
50-25 mg	34	<i>cefepime hcl</i>	21
<i>carb/levo orally disintegrating tab</i>		<i>cefixime</i>	21
10-100mg.....	42	<i>cefoxitin sodium</i>	21
<i>carb/levo orally disintegrating tab</i>		<i>cefpodoxime proxetil</i>	21
25-100mg.....	42	<i>cefprozil</i>	21
<i>carb/levo orally disintegrating tab</i>		<i>ceftazidime</i>	21
25-250mg.....	42	<i>ceftriaxone sodium</i>	21
<i>carbamazepine</i>	45	<i>cefuroxime axetil</i>	21
<i>carbidopa & levodopa tab 10-100 mg</i>		<i>cefuroxime sodium</i>	21
.....	42	<i>celecoxib</i>	13
<i>carbidopa & levodopa tab 25-100 mg</i>		<i>cephalexin</i>	21
.....	42	CERDELGA.....	63
<i>carbidopa & levodopa tab 25-250 mg</i>		CEREZYME.....	63
.....	42	<i>cetirizine hcl</i>	79
<i>carbidopa & levodopa tab er 25-100</i>		<i>cevimeline hcl</i>	85
<i>mg</i>	42	<i>chateal eq</i>	58
<i>carbidopa & levodopa tab er 50-200</i>		CHEMET	57
<i>mg</i>	42	<i>chlorhexidine gluconate (mouth-</i>	
<i>carbidopa-levodopa-entacapone tabs</i>		<i>throat)</i>	85
12.5-50-200 mg	42	<i>chloroquine phosphate</i>	17
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorpromazine hcl</i>	43
18.75-75-200 mg	42	<i>chlorthalidone</i>	38
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine</i>	37
25-100-200 mg	42	<i>cholestyramine light</i>	37
<i>carbidopa-levodopa-entacapone tabs</i>		<i>ciclopirox olamine</i>	82, 83
31.25-125-200 mg	42	<i>cilostazol</i>	69
<i>carbidopa-levodopa-entacapone tabs</i>		CILOXAN	77
37.5-150-200 mg	42	CIMDUO TAB 300-300.....	18
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cinacalcet hcl</i>	63
50-200-200 mg	42	CIPRO	21
<i>carboplatin</i>	23	<i>ciprofloxacin 200 mg/100ml in d5w</i>	
<i>carglumic acid</i>	63	.....	21
<i>carisoprodol</i>	52	<i>ciprofloxacin 400 mg/200ml in d5w</i>	
<i>carteolol hcl (ophth)</i>	78	.....	21
<i>cartia xt</i>	38	<i>ciprofloxacin hcl</i>	21
<i>carvedilol</i>	37	<i>ciprofloxacin hcl (ophth)</i>	77
<i>caspofungin acetate</i>	17	<i>ciprofloxacin-dexamethasone otic</i>	
CAYSTON	15	<i>susp 0.3-0.1%</i>	78

<i>cisplatin</i>	23	<i>colesevelam hcl</i>	37
<i>citalopram hydrobromide</i>	41	<i>colestipol hcl</i>	37
<i>claravis</i>	82	<i>colistimethate sodium</i>	15
<i>clarithromycin</i>	21	COMBIGAN SOL 0.2/0.5%	78
<i>clindamycin hcl</i>	15	COMBIVENT AER 20-100	79
<i>clindamycin palmitate hydrochloride</i>	15	COMETRIQ (60MG DOSE)	27
<i>clindamycin phosphate</i>	15	COMETRIQ KIT 100MG	27
<i>clindamycin phosphate (topical)</i> ...	82	COMETRIQ KIT 140MG	27
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	15	COMPLERA TAB	18
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	15	<i>compro</i>	65
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	15	<i>constulose</i>	66
<i>clindamycin phosphate vaginal</i>	68	COPIKTRA	27
CLINDMYC/NAC INJ 300/50ML	15	CORLANOR	39
CLINDMYC/NAC INJ 600/50ML	15	COTELLIC	27
CLINDMYC/NAC INJ 900/50ML	15	CREON CAP 12000UNT	67
CLINIMIX INJ 4.25/D10	76	CREON CAP 24000UNT	67
CLINIMIX INJ 4.25/D5W	76	CREON CAP 3000UNIT	67
CLINIMIX INJ 5%/D15W	76	CREON CAP 36000UNT	67
CLINIMIX INJ 5%/D20W	76	CREON CAP 6000UNIT	67
CLINIMIX INJ 6/5	76	<i>cromolyn sodium</i>	80
CLINIMIX INJ 8/10	76	<i>cromolyn sodium (mastocytosis)</i> ..	67
CLINIMIX INJ 8/14	76	<i>cromolyn sodium (ophth)</i>	78
<i>clinisol sf 15%</i>	76	<i>cryselle-28</i>	58
CLINOLIPID EMU 20%	76	<i>cyclobenzaprine hcl</i>	52
<i>clobazam</i>	45	<i>cyclophosphamide</i>	23
<i>clobetasol propionate</i>	83	CYCLOPHOSPHAMIDE	23
<i>clobetasol propionate e</i>	83	CYCLOPHOSPHAMIDE MONOHYDR	23
<i>clomipramine hcl</i>	41	<i>cycloserine</i>	19
<i>clonazepam</i>	45, 46	<i>cyclosporine</i>	72
<i>clonidine</i>	39	<i>cyclosporine modified (for</i> <i>microemulsion)</i>	72
<i>clonidine hcl</i>	39	<i>cyproheptadine hcl</i>	79
<i>clopidogrel bisulfate</i>	70	<i>cyred eq</i>	58
<i>clorazepate dipotassium</i>	46	CYSTADROPS	78
<i>clotrimazole</i>	85	CYSTAGON	63
<i>clotrimazole (topical)</i>	83	CYSTARAN	78
<i>clotrimazole w/ betamethasone</i> cream 1-0.05%	83	<i>cytarabine</i>	24
<i>clozapine</i>	43	D10W/NACL INJ 0.2%	74
COARTEM TAB 20-120MG	17	D2.5W/NACL INJ 0.45%	74
<i>colchicine</i>	13	D5W/LYTES INJ #48	74
<i>colchicine w/ probenecid tab 0.5-500</i> <i>mg</i>	13	<i>dabigatran etexilate mesylate</i>	68
		<i>dalfampridine</i>	51
		<i>danazol</i>	62
		<i>dantrolene sodium</i>	52
		<i>dapsone</i>	15
		DAPTACEL INJ	73

<i>daptomycin</i>	15	<i>dextrose 5% w/ sodium chloride</i>	
DAPTOMYCIN	15	0.225%	74
<i>darunavir</i>	17	<i>dextrose 5% w/ sodium chloride</i>	
<i>dasetta 1/35</i>	58	0.3%.....	74
<i>dasetta 7/7/7</i>	58	<i>dextrose 5% w/ sodium chloride</i>	
DAURISMO	27	0.45%	74
<i>daysee</i>	58	<i>dextrose 5% w/ sodium chloride</i>	
DAYVIGO.....	50	0.9%.....	74
<i>deblitane</i>	58	DIACOMIT	46
<i>deferasirox</i>	57	<i>diazepam</i>	46
DELSTRIGO TAB.....	19	<i>diazepam (anticonvulsant)</i>	46
DENGVAIXIA SUS	73	<i>diazepam inj</i>	46
DEPO-SUBQ PROVERA 104	58	<i>diazepam intensol</i>	46
<i>depo-testosterone</i>	53	<i>diazoxide</i>	63
DESCOVY TAB 120-15MG	19	<i>diclofenac potassium</i>	13
DESCOVY TAB 200/25MG	19	<i>diclofenac sodium</i>	13
<i>desipramine hcl</i>	41	<i>diclofenac sodium (ophth)</i>	77
<i>desmopressin acetate</i>	63	<i>diclofenac sodium (topical)</i>	84
<i>desmopressin acetate spray</i>	63	<i>dicloxacillin sodium</i>	22
<i>desmopressin acetate spray</i>		<i>dicyclomine hcl</i>	66
<i>refrigerated</i>	63	DIFICID.....	21
<i>desogest-eth estrad & eth estrad tab</i>		<i>diflunisal</i>	13
0.15-0.02/0.01 mg(21/5)	58	<i>difluprednate</i>	77
<i>desogestrel & ethinyl estradiol tab</i>		<i>digoxin</i>	39
0.15 mg-30 mcg.....	58	<i>dihydroergotamine mesylate</i>	50
<i>desvenlafaxine succinate</i>	41	DILANTIN	46
<i>dexamethasone</i>	62	DILANTIN INFATABS	46
DEXAMETHASONE INTENSOL	62	DILANTIN-125.....	46
<i>dexamethasone sodium phosphate</i> 62		<i>diltiazem hcl</i>	38
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl coated beads</i>	38
<i>(ophth)</i>	77	<i>diltiazem hcl extended release beads</i>	
DEXCOM G6 MIS RECEIVER	85	.....	38
DEXCOM G6 MIS SENSOR.....	85	<i>dilt-xr</i>	38
DEXCOM G6 MIS TRANSMIT.....	85	DIP/TET PED INJ 25-5LFU.....	73
DEXCOM G7 MIS RECEIVER	85	<i>diphenhydramine hcl</i>	79
DEXCOM G7 MIS SENSOR.....	85	<i>diphenoxylate w/ atropine liq 2.5-</i>	
<i>dexmethylphenidate hcl</i>	49	0.025 mg/5ml	67
<i>dextrose</i>	76	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dextrose 10% w/ sodium chloride</i>		0.025 mg	67
0.45%	74	<i>dipyridamole</i>	70
<i>dextrose 2.5% w/ sodium chloride</i>		<i>disopyramide phosphate</i>	36
0.45%	74	<i>disulfiram</i>	53
<i>dextrose 5% in lactated ringers</i>	74	<i>divalproex sodium</i>	46
<i>dextrose 5% w/ sodium chloride</i>		<i>docetaxel</i>	26
0.2%.....	74	DOCETAXEL	26
		<i>dofetilide</i>	36

<i>donepezil hydrochloride</i>	40	ELIQUIS STARTER PACK	68
DOPTELET	69	ELLECE.....	24
<i>dorzolamide hcl</i>	78	<i>eluryng</i>	58
<i>dorzolamide hcl-timolol maleate</i> <i>ophth soln 2-0.5%</i>	78	EMSAM.....	41
<i>dotti</i>	62	<i>emtricitabine</i>	17
DOVATO TAB 50-300MG.....	19	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	19
<i>doxazosin mesylate</i>	34	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	19
<i>doxepin hcl</i>	41	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	19
<i>doxepin hcl (sleep)</i>	50	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	19
<i>doxorubicin hcl</i>	24	EMTRIVA	18
<i>doxorubicin hcl liposomal</i>	24	EMVERM	15
<i>doxy 100</i>	23	<i>enalapril maleate</i>	34
<i>doxycycline (monohydrate)</i>	23	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 10-25 mg</i>	34
<i>doxycycline hyclate</i>	23	<i>enalapril maleate &</i> <i>hydrochlorothiazide tab 5-12.5 mg</i>	34
<i>dronabinol</i>	65	ENBREL.....	70
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	58	ENBREL MINI	70
<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	58	ENBREL SURECLICK.....	70
<i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.03-0.451 mg</i>	58	ENDARI	69
DROXIA.....	69	<i>endocet tab 10-325mg</i>	14
<i>droxidopa</i>	39	<i>endocet tab 2.5-325mg</i>	14
DULERA AER 100-5MCG	82	<i>endocet tab 5-325mg</i>	14
DULERA AER 200-5MCG	82	<i>endocet tab 7.5-325mg</i>	14
DULERA AER 50-5MCG	82	ENGERIX-B	73
<i>duloxetine hcl</i>	41	<i>enilloring</i>	58
DUPIXENT	70	<i>enoxaparin sodium</i>	68
<i>dutasteride</i>	68	<i>enpresse-28</i>	58
<i>dutasteride-tamsulosin hcl cap 0.5-</i> <i>0.4 mg</i>	68	<i>enskyce</i>	58
<i>e.e.s. 400</i>	21	ENSTILAR AER	83
<i>ec-naproxen</i>	13	<i>entacapone</i>	42
EDURANT	17	<i>entecavir</i>	20
<i>efavirenz</i>	17	ENTRESTO TAB 24-26MG.....	35
<i>efavirenz-emtricitabine-tenofovir df</i> <i>tab 600-200-300 mg</i>	19	ENTRESTO TAB 49-51MG.....	35
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	19	ENTRESTO TAB 97-103MG	35
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	19	<i>enulose</i>	66
ELIGARD	24	EPCLUSA PAK 150-37.5	20
<i>elinest</i>	58	EPCLUSA PAK 200-50MG	20
ELIQUIS	68	EPCLUSA TAB 200-50MG	20
		EPCLUSA TAB 400-100.....	20

EPIDIOLEX.....	46	everolimus (immunosuppressant) .	73
epinephrine (anaphylaxis)	39, 80	EVOTAZ TAB 300-150	19
epitol	46	exemestane	25
eplerenone	34	EXKIVITY.....	28
EPRONTIA	46	EYSUVIS.....	77
ergotamine w/ caffeine tab 1-100 mg		ezetimibe	37
.....	50	ezetimibe-simvastatin tab 10-10 mg	
ERIVEDGE	27	.....	37
ERLEADA.....	24, 25	ezetimibe-simvastatin tab 10-20 mg	
erlotinib hcl.....	27, 28	.....	37
errin	58	ezetimibe-simvastatin tab 10-40 mg	
ertapenem sodium.....	15	.....	37
ery	82	ezetimibe-simvastatin tab 10-80 mg	
ery-tab.....	21	.....	37
ERYTHROCIN LACTOBIONATE	21	FABRAZYME	63
erythrocine stearate	21	falmina.....	58
erythromycin (acne aid)	82	famciclovir	20
erythromycin (ophth).....	77	famotidine	66
erythromycin base.....	21	famotidine in nacl 0.9% iv soln 20	
erythromycin ethylsuccinate	21	mg/50ml	66
erythromycin lactobionate	21	FANAPT	43
escitalopram oxalate	41	FANAPT PAK.....	43
esomeprazole magnesium	67	FARXIGA	53
estarylla	58	FASENRA.....	80
estradiol	62	FASENRA PEN	80
estradiol & norethindrone acetate tab		felbamate	46
0.5-0.1 mg	62	felodipine	38
estradiol & norethindrone acetate tab		fenofibrate.....	36
1-0.5 mg	62	fenofibrate micronized.....	36
estradiol vaginal	62	fentanyl.....	13
estradiol valerate.....	62	fentanyl citrate.....	14
eszopiclone	50	fesoterodine fumarate	68
ethambutol hcl	19	FETZIMA.....	41
ethosuximide	46	FETZIMA CAP TITRATIO.....	41
ethynodiol diacetate & ethinyl		FIASP.....	55
estradiol tab 1 mg-35 mcg.....	58	FIASP FLEXTOUCH	55
ethynodiol diacetate & ethinyl		FIASP PENFILL	55
estradiol tab 1 mg-50 mcg.....	58	FIASP PUMPCART.....	55
etodolac	13	finasteride	68
etonogestrel-ethinyl estradiol va ring		finzala	58
0.12-0.015 mg/24hr	58	FIRMAGON.....	25
etoposide	26	flac	78
etravirine	18	FLAREX	77
EULEXIN.....	25	FLEBOGAMMA DIF	72
euthyrox	65		
everolimus.....	28		

<i>flecainide acetate</i>	36	FRUZAQLA	28
<i>fluconazole</i>	17	<i>fulvestrant</i>	25
<i>fluconazole in nacl 0.9% inj 200</i>		<i>furosemide</i>	38
<i>mg/100ml</i>	17	<i>furosemide inj</i>	38
<i>fluconazole in nacl 0.9% inj 400</i>		FUZEON	18
<i>mg/200ml</i>	17	<i>fyavolv tab 0.5mg-2.5mcg</i>	62
<i>flucytosine</i>	17	<i>fyavolv tab 1mg-5mcg</i>	62
<i>fludrocortisone acetate</i>	62	FYCOMPA.....	46, 47
<i>flunisolide (nasal)</i>	81	<i>gabapentin</i>	47
<i>fluocinolone acetonide</i>	84	<i>galantamine hydrobromide</i>	40
<i>fluocinolone acetonide (otic)</i>	78	GAMASTAN INJ.....	72
<i>fluocinonide</i>	84	GAMMAGARD LIQUID	72
<i>fluocinonide emulsified base</i>	84	GAMMAGARD S/D IGA LESS TH....	72
<i>fluorometholone (ophth)</i>	77	GAMMAKED	72
<i>fluorouracil</i>	24	GAMMAPLEX	72
<i>fluorouracil (topical)</i>	84	GAMUNEX-C.....	72
<i>fluoxetine hcl</i>	41	<i>ganciclovir sodium</i>	20
<i>fluphenazine decanoate</i>	43	GARDASIL 9 INJ	73
<i>fluphenazine hcl</i>	43	<i>gatifloxacin (ophth)</i>	77
<i>flurbiprofen</i>	13	GATTEX.....	67
<i>flurbiprofen sodium</i>	77	GAUZE PADS 2	55
<i>fluticasone propionate</i>	84	<i>gavilyte-c</i>	66
<i>fluticasone propionate (nasal)</i>	81	<i>gavilyte-g</i>	66
<i>fluticasone-salmeterol aer powder ba</i>		GAVRETO	28
<i>100-50 mcg/act</i>	82	<i>gefitinib</i>	28
<i>fluticasone-salmeterol aer powder ba</i>		<i>gemcitabine hcl</i>	24
<i>250-50 mcg/act</i>	82	<i>gemfibrozil</i>	36
<i>fluticasone-salmeterol aer powder ba</i>		GEMTESA	68
<i>500-50 mcg/act</i>	82	<i>generlac</i>	66
<i>fluvoxamine maleate</i>	40	<i>gengraf</i>	73
<i>fondaparinux sodium</i>	68, 69	GENOTROPIN	63
<i>fosamprenavir calcium</i>	18	GENOTROPIN MINIQUICK	63
<i>fosinopril sodium</i>	34	<i>gentamicin in saline inj 0.8 mg/ml</i> 15	
<i>fosinopril sodium &</i>		<i>gentamicin in saline inj 1 mg/ml</i> ... 15	
<i>hydrochlorothiazide tab 10-12.5</i>		<i>gentamicin in saline inj 1.2 mg/ml</i> 15	
<i>mg</i>	34	<i>gentamicin in saline inj 1.6 mg/ml</i> 15	
<i>fosinopril sodium &</i>		<i>gentamicin in saline inj 2 mg/ml</i> ... 15	
<i>hydrochlorothiazide tab 20-12.5</i>		<i>gentamicin sulfate</i>	15
<i>mg</i>	34	<i>gentamicin sulfate (ophth)</i>	77
FOTIVDA	28	<i>gentamicin sulfate (topical)</i>	82
FREESTY LIBR KIT 2 SENSOR.....	85	GENVOYA TAB.....	19
FREESTY LIBR KIT 3 SENSOR.....	85	GILOTRIF	28
FREESTY LIBR MIS 2 READER	85	<i>glatiramer acetate</i>	52
FREESTY LIBR MIS 3 READER	85	<i>glatopa</i>	52
FREESTYLE KIT SENSOR.....	85	GLEOSTINE.....	23
FREESTYLE MIS READER	85	<i>glimepiride</i>	54

<i>glipizide</i>	54	HUMIRA PEDIA INJ CROHNS	70
<i>glipizide xl</i>	54	HUMIRA PEDIATRIC CROHNS D	70
<i>glipizide-metformin hcl tab 2.5-250</i>		HUMIRA PEN	70
<i>mg</i>	54	HUMIRA PEN KIT PS/UV	70
<i>glipizide-metformin hcl tab 2.5-500</i>		HUMIRA PEN-CD/UC/HS START	70
<i>mg</i>	54	HUMIRA PEN-PEDIATRIC UC S	71
<i>glipizide-metformin hcl tab 5-500 mg</i>		HUMIRA PEN-PS/UV STARTER	71
.....	54	HUMULIN R U-500 (CONCENTR	55
<i>glycopyrrolate</i>	66	HUMULIN R U-500 KWIKPEN	55
<i>glydo</i>	84	<i>hydralazine hcl</i>	39
GLYXAMBI TAB 10-5 MG	54	<i>hydrochlorothiazide</i>	39
GLYXAMBI TAB 25-5 MG	54	<i>hydrocodone bitartrate</i>	13
<i>granisetron hcl</i>	65	<i>hydrocodone-acetaminophen soln</i>	
<i>griseofulvin microsize</i>	17	<i>7.5-325 mg/15ml</i>	14
<i>griseofulvin ultramicrosize</i>	17	<i>hydrocodone-acetaminophen tab 10-</i>	
<i>guanfacine hcl</i>	39	<i>325 mg</i>	14
<i>guanfacine hcl (adhd)</i>	49	<i>hydrocodone-acetaminophen tab 5-</i>	
GVOKE HYOPEN 2-PACK	63	<i>325 mg</i>	14
GVOKE KIT	63	<i>hydrocodone-acetaminophen tab</i>	
GVOKE PFS	63	<i>7.5-325 mg</i>	14
HAEGARDA	69	<i>hydrocodone-ibuprofen tab 7.5-200</i>	
<i>hailey 1.5/30</i>	58	<i>mg</i>	14
<i>hailey 24 fe</i>	58	<i>hydrocortisone</i>	62
<i>halobetasol propionate</i>	84	<i>hydrocortisone (intrarectal)</i>	66
<i>haloette</i>	59	<i>hydrocortisone (rectal)</i>	84
<i>haloperidol</i>	43	<i>hydrocortisone (topical)</i>	84
<i>haloperidol decanoate</i>	44	<i>hydromorphone hcl</i>	14
<i>haloperidol lactate</i>	44	<i>hydroxychloroquine sulfate</i>	72
HARVONI PAK 33.75-150MG	20	<i>hydroxyurea</i>	26
HARVONI PAK 45-200MG	20	<i>hydroxyzine hcl</i>	79
HARVONI TAB 45-200MG	20	<i>hydroxyzine pamoate</i>	79
HARVONI TAB 90-400MG	20	HYSINGLA ER	13
HAVRIX	73	<i>ibandronate sodium</i>	57
<i>heather</i>	59	IBRANCE	28
HEP SOD/D5W INJ 20000UNT	69	<i>ibu</i>	13
HEP SOD/D5W INJ 25000UNT	69	<i>ibuprofen</i>	13
HEP SOD/NACL INJ 12500UNT	69	<i>icatibant acetate</i>	69
HEP SOD/NACL INJ 25000UNT	69	<i>iclevia</i>	59
<i>heparin sodium (porcine)</i>	69	ICLUSIG	28
HEPARIN/NACL INJ 25000UNT	69	IDACIO (2 PEN)	71
HEPLISAV-B	73	IDACIO (2 SYRINGE)	71
HERCEP HYLEC SOL 60-10000	28	IDACIO CROHN INJ DISEASE	71
HERCEPTIN	28	IDACIO PLAQU INJ PSORIASIS	71
HERZUMA	28	IDHIFA	28
HIBERIX	73	<i>imatinib mesylate</i>	28
HUMIRA	70	IMBRUVICA	28

<i>imipenem-cilastatin intravenous for soln 250 mg</i>	15	<i>isotretinoin</i>	82
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	15	<i>isradipine</i>	38
<i>imipramine hcl</i>	41	<i>itraconazole</i>	17
<i>imiquimod</i>	84	<i>ivermectin</i>	16
IMOVAX RABIES (H.D.C.V.)	73	IWILFIN	26
INBRIJA	42	IXCHIQ INJ	73
<i>incassia</i>	59	IXIARO INJ	73
INCRELEX.....	63	JAKAFI	29
INCRUSE ELLIPTA.....	79	<i>jantoven</i>	69
<i>indapamide</i>	39	JANUMET TAB 50-1000.....	54
INFANRIX INJ.....	73	JANUMET TAB 50-500MG.....	54
INFLIXIMAB	71	JANUMET XR TAB 100-1000	54
INLYTA.....	29	JANUMET XR TAB 50-1000.....	54
INQOVI TAB 35-100MG	24	JANUMET XR TAB 50-500MG.....	54
INREBIC.....	29	JANUVIA.....	54
INSULIN PEN NEEDLES: BD/NOVO	55	JARDIANCE	54
INSULIN SAFETY NEEDLES	55	<i>jasmiel</i>	59
INSULIN SYRINGES: BD	55	<i>javygtor</i>	63
INTELENCE	18	JAYPIRCA	29
INTRALIPID	76	JENTADUETO TAB 2.5-1000	54
<i>introvale</i>	59	JENTADUETO TAB 2.5-500.....	54
INVEGA HAFYERA	44	JENTADUETO TAB 2.5-850.....	54
INVEGA SUSTENNA.....	44	JENTADUETO TAB XR 2.5-1000MG	54
INVEGA TRINZA	44	JENTADUETO TAB XR 5-1000MG...	54
IPOL INJ INACTIVE	73	<i>jinteli</i>	62
<i>ipratropium bromide</i>	79	<i>jolessa</i>	59
<i>ipratropium bromide (nasal)</i>	79	<i>juleber</i>	59
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	79	JULUCA TAB 50-25MG.....	19
<i>irbesartan</i>	36	<i>junel 1.5/30</i>	59
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	35	<i>junel 1/20</i>	59
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	35	<i>junel fe 1.5/30</i>	59
<i>irinotecan hcl</i>	26	<i>junel fe 1/20</i>	59
ISENTRESS	18	<i>junel fe 24</i>	59
ISENTRESS HD.....	18	JYNNEOS	73
<i>isibloom</i>	59	KADCYLA.....	29
ISOLYTE-P INJ /D5W.....	74	<i>kaitlib fe</i>	59
ISOLYTE-S INJ	74	KALYDECO.....	80
ISOLYTE-S INJ PH 7.4	74	KANJINTI.....	29
<i>isoniazid</i>	19	<i>kariva</i>	59
<i>isosorbide dinitrate</i>	39	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	74
<i>isosorbide mononitrate</i>	39	<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	75
		<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	74

<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	75	<i>lacosamide</i>	47
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	74	<i>lacosamide oral</i>	47
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	75	<i>lactated ringer's solution</i>	75
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	75	<i>lactic acid (ammonium lactate)</i>	84
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	75	<i>lactulose</i>	66
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	75	<i>lactulose (encephalopathy)</i>	66
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	75	<i>lamivudine</i>	18
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	75	<i>lamivudine (hbv)</i>	20
<i>KCL/D5W/NACL INJ 0.3/0.9%</i>	75	<i>lamivudine-zidovudine tab 150-300 mg</i>	19
<i>kelnor 1/35</i>	59	<i>lamotrigine</i>	47
<i>kelnor 1/50</i>	59	<i>lansoprazole</i>	67
<i>KERENDIA</i>	34	<i>lanthanum carbonate</i>	64
<i>KESIMPTA</i>	52	<i>LANTUS</i>	55
<i>ketoconazole</i>	17	<i>LANTUS SOLOSTAR</i>	55
<i>ketoconazole (topical)</i>	83	<i>lapatinib ditosylate</i>	29
<i>ketorolac tromethamine (ophth)</i> ...	77	<i>larin 1.5/30</i>	59
<i>KEVZARA</i>	71	<i>larin 1/20</i>	59
<i>KEYTRUDA</i>	29	<i>larin 24 fe</i>	59
<i>KINRIX INJ</i>	73	<i>larin fe 1.5/30</i>	59
<i>KISQALI 200 DOSE</i>	29	<i>larin fe 1/20</i>	59
<i>KISQALI 200 PAK FEMARA</i>	26	<i>latanoprost</i>	78
<i>KISQALI 400 DOSE</i>	29	<i>layolis fe</i>	59
<i>KISQALI 400 PAK FEMARA</i>	26	<i>leena</i>	59
<i>KISQALI 600 DOSE</i>	29	<i>leflunomide</i>	72
<i>KISQALI 600 PAK FEMARA</i>	26	<i>lenalidomide</i>	25
<i>klayesta</i>	83	<i>LENVIMA 10 MG DAILY DOSE</i>	29
<i>klor-con</i>	75	<i>LENVIMA 12MG DAILY DOSE</i>	29
<i>klor-con 10</i>	75	<i>LENVIMA 20 MG DAILY DOSE</i>	29
<i>klor-con 8</i>	75	<i>LENVIMA 4 MG DAILY DOSE</i>	29
<i>klor-con m10</i>	75	<i>LENVIMA 8 MG DAILY DOSE</i>	29
<i>klor-con m15</i>	75	<i>LENVIMA CAP 14 MG</i>	29
<i>klor-con m20</i>	75	<i>LENVIMA CAP 18 MG</i>	29
<i>KORLYM</i>	63	<i>LENVIMA CAP 24 MG</i>	29
<i>KOSELUGO</i>	29	<i>lessina</i>	59
<i>kourzeq</i>	85	<i>letrozole</i>	25
<i>KRAZATI</i>	29	<i>leucovorin calcium</i>	33
<i>kurvelo</i>	59	<i>LEUKERAN</i>	24
<i>labetalol hcl</i>	37	<i>leuprolide acetate</i>	25
		<i>levalbuterol hcl</i>	80
		<i>levalbuterol tartrate</i>	80
		<i>levetiracetam</i>	47
		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	47
		<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	47

<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	47	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	34
<i>levobunolol hcl</i>	78	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	34
<i>levocarnitine (metabolic modifiers)</i>	63	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	34
<i>levocetirizine dihydrochloride</i>	79	<i>lithium</i>	51
<i>levofloxacin</i>	22	<i>lithium carbonate</i>	51
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	22	<i>loestrin 1.5/30-21</i>	59
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	22	<i>loestrin 1/20-21</i>	59
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	22	<i>loestrin fe 1.5/30</i>	59
<i>levonest</i>	59	<i>loestrin fe 1/20</i>	60
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	59	<i>LOKELMA</i>	57
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	59	<i>LONSURF TAB 15-6.14</i>	24
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	59	<i>LONSURF TAB 20-8.19</i>	24
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	59	<i>loperamide hcl</i>	67
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> ..	59	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	19
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	59	<i>lopinavir-ritonavir tab 100-25 mg</i> .	19
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	59	<i>lopinavir-ritonavir tab 200-50 mg</i> .	19
<i>levora 0.15/30-28</i>	59	<i>lorazepam</i>	40
<i>levo-t</i>	65	<i>lorazepam intensol</i>	40
<i>levothyroxine sodium</i>	65	<i>LORBRENA</i>	29, 30
<i>levoxyl</i>	65	<i>loryna</i>	60
<i>LEXIVA</i>	18	<i>losartan potassium</i>	36
<i>lidocaine</i>	84	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	35
<i>lidocaine hcl</i>	84	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	35
<i>lidocaine hcl (local anesth.)</i>	15	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	35
<i>lidocaine hcl (mouth-throat)</i>	85	<i>LOTEMAX</i>	77
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	84	<i>loteprednol etabonate</i>	77
<i>lidocan</i>	84	<i>lovastatin</i>	36
<i>linezolid</i>	16	<i>low-ogestrel</i>	60
<i>LINEZOLID INJ 2MG/ML</i>	16	<i>loxapine succinate</i>	44
<i>LINZESS</i>	67	<i>LUMAKRAS</i>	30
<i>liothyronine sodium</i>	65	<i>LUMIGAN</i>	78
<i>lisinopril</i>	34	<i>LUMIZYME</i>	63
		<i>LUPRON DEPOT (1-MONTH)</i>	25
		<i>LUPRON DEPOT (3-MONTH)</i>	25
		<i>LUPRON DEPOT-PED (1-MONTH)</i>	64
		<i>LUPRON DEPOT-PED (3-MONTH)</i>	64

LUPRON DEPOT-PED (6-MONTH ...	64	methadone hydrochloride i.....	14
<i>lurasidone hcl</i>	44	<i>methazolamide</i>	39
<i>lutera</i>	60	<i>methenamine hippurate</i>	16
<i>lyleq</i>	60	<i>methimazole</i>	65
<i>lyllana</i>	62	<i>methocarbamol</i>	52
LYNPARZA	30	<i>methotrexate sodium</i>	24, 72
LYSODREN.....	25	<i>methsuximide</i>	47
LYTGOBI (12 MG DAILY DOSE).....	30	<i>methylphenidate hcl</i>	50
LYTGOBI (16 MG DAILY DOSE).....	30	<i>methylprednisolone</i>	62
LYTGOBI (20 MG DAILY DOSE).....	30	<i>methylprednisolone acetate</i>	62
<i>lyza</i>	60	<i>methylprednisolone sod succ</i>	63
<i>magnesium sulfate</i>	75	<i>methyltestosterone</i>	53
MAGNESIUM SULFATE.....	75	<i>metoclopramide hcl</i>	65
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	75	<i>metolazone</i>	39
<i>malathion</i>	85	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	37
<i>maraviroc</i>	18	<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	37
<i>marlissa</i>	60	<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	37
MARPLAN	41	<i>metoprolol succinate</i>	37
MATULANE.....	26	<i>metoprolol tartrate</i>	38
MAVYRET PAK 50-20MG	20	<i>metronidazole</i>	16
MAVYRET TAB 100-40MG.....	20	<i>metronidazole (topical)</i>	84
<i>meclizine hcl</i>	65	<i>metronidazole vaginal</i>	68
<i>medroxyprogesterone acetate</i>	64	<i>metyrosine</i>	39
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	60	MG SO4/D5W INJ 10MG/ML	75
<i>mefloquine hcl</i>	17	<i>mibelas 24 fe</i>	60
<i>megestrol acetate</i>	25, 64	<i>micafungin sodium</i>	17
<i>megestrol acetate (appetite)</i>	64	<i>microgestin 1.5/30</i>	60
MEKINIST	30	<i>microgestin 1/20</i>	60
MEKTOVI.....	30	<i>microgestin 24 fe</i>	60
<i>meloxicam</i>	13	<i>microgestin fe 1.5/30</i>	60
<i>memantine hcl</i>	40	<i>microgestin fe 1/20</i>	60
<i>memantine hcl tab 28 x 5 mg & 21 x</i> <i>10 mg titration pack</i>	40	<i>midodrine hcl</i>	39
MENACTRA INJ	73	MIEBO.....	78
MENQUADFI INJ	73	<i>mifepristone (hyperglycemia)</i>	64
MENVEO INJ	73	<i>miglustat</i>	64
MENVEO SOL	73	<i>mili</i>	60
<i>mercaptopurine</i>	24	<i>mimvey</i>	62
<i>meropenem</i>	16	<i>minocycline hcl</i>	23
<i>mesalamine</i>	66	<i>minoxidil</i>	39
<i>mesalamine w/ cleanser</i>	66	<i>mirtazapine</i>	41
MESNEX	33	<i>misoprostol</i>	67
<i>metformin hcl</i>	54	MITIGARE.....	13
<i>methadone hcl</i>	13	M-M-R II INJ	73

M-NATAL PLUS TAB	75	<i>neomycin sulfate</i>	16
<i>modafinil</i>	52	<i>neomycin-bacitrac zn-polymyx</i>	
<i>moexipril hcl</i>	34	5(3.5)mg-400unt-10000unt op oin	
<i>molindone hcl</i>	44	.....	77
<i>mometasone furoate</i>	84	<i>neomycin-polymy-gramicid op sol</i>	
MONJUVI	30	1.75-10000-0.025mg-unt-mg/ml	
<i>mono-lynyah</i>	60	.....	77
<i>montelukast sodium</i>	80	<i>neomycin-polymyxin-dexamethasone</i>	
<i>morphine sulfate</i>	14	ophth oint 0.1%	76
MORPHINE SULFATE	14	<i>neomycin-polymyxin-dexamethasone</i>	
MORPHINE SULFATE/SODIUM C ...	14	ophth susp 0.1%	76
MOUNJARO	54	<i>neomycin-polymyxin-hc ophth susp</i>	
MOVANTIK.....	67	.....	76
<i>moxifloxacin hcl</i>	22	<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>moxifloxacin hcl (ophth)</i>	77	.....	78
<i>moxifloxacin hcl 400 mg/250ml in</i>		<i>neomycin-polymyxin-hc otic susp 3.5</i>	
<i>sodium chloride 0.8% inj</i>	22	mg/ml-10000 unit/ml-1%	78
MULTAQ	36	<i>neo-polycin 5(3.5)mg-400unt-</i>	
<i>multiple electrolytes ph 5.5</i>	75	10000unt op oin	77
<i>multiple electrolytes ph 7.4</i>	75	<i>neo-polycin hc ophth oint 1%</i>	76
<i>mupirocin</i>	82	NERLYNX	30
<i>mycophenolate mofetil</i>	73	NEUPRO	42
<i>mycophenolate sodium</i>	73	<i>nevirapine</i>	18
MYRBETRIQ	68	NEXAVAR.....	30
<i>nabumetone</i>	13	<i>niacin (antihyperlipidemic)</i>	37
<i>nadolol</i>	38	<i>nicardipine hcl</i>	38
<i>nafcillin sodium</i>	22	NICOTROL INHALER.....	53
NAGLAZYME.....	64	NICOTROL NS	53
<i>nalbuphine hcl</i>	14	<i>nifedipine</i>	38
<i>naloxone hcl</i>	53	<i>nikki</i>	60
<i>naltrexone hcl</i>	53	<i>nilutamide</i>	25
NAMZARIC CAP 14-10MG	40	<i>nimodipine</i>	38
NAMZARIC CAP 21-10MG	40	NINLARO	30
NAMZARIC CAP 28-10MG	40	<i>nitazoxanide</i>	16
NAMZARIC CAP 7-10MG	40	<i>nitisinone</i>	64
NAMZARIC CAP PACK.....	40	NITRO-BID	39
<i>naproxen</i>	13	<i>nitrofurantoin macrocrystal</i>	16
<i>naproxen sodium</i>	13	<i>nitrofurantoin monohyd macro</i>	16
<i>naratriptan hcl</i>	50	<i>nitroglycerin</i>	39
NATACYN.....	77	<i>nitroglycerin (intra-anal)</i>	85
<i>nateglinide</i>	54	<i>nizatidine</i>	66
NATPARA.....	57	<i>nora-be</i>	60
NAYZILAM	47	<i>norelgestromin-ethinyl estradiol td</i>	
<i>nebivolol hcl</i>	38	ptwk 150-35 mcg/24hr.....	60
<i>necon 0.5/35-28</i>	60	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nefazodone hcl</i>	41	chew tab 0.4 mg-35 mcg	60

<i>norethindrone & ethinyl estradiol-fe</i>		NUZYRA	23
<i>chew tab 0.8 mg-25 mcg</i>	60	<i>nyamyc</i>	83
<i>norethindrone (contraceptive)</i>	60	<i>nylia 1/35</i>	61
<i>norethindrone ace & ethinyl estradiol</i>		<i>nylia 7/7/7</i>	61
<i>tab 1 mg-20 mcg</i>	60	NYMALIZE	38
<i>norethindrone ace & ethinyl estradiol</i>		<i>nymyo</i>	61
<i>tab 1.5 mg-30 mcg</i>	60	<i>nystatin</i>	17
<i>norethindrone ace & ethinyl</i>		<i>nystatin (mouth-throat)</i>	85
<i>estradiol-fe tab 1 mg-20 mcg</i>	60	<i>nystatin (topical)</i>	83
<i>norethindrone ace-eth estradiol-fe</i>		<i>nystop</i>	83
<i>chew tab 1 mg-20 mcg (24)</i>	60	<i>ocella</i>	61
<i>norethindrone acetate</i>	64	OCTAGAM	72
<i>norethindrone acetate-ethinyl</i>		<i>octreotide acetate</i>	64
<i>estradiol tab 0.5 mg-2.5 mcg</i>	62	ODEFSEY TAB	19
<i>norethindrone acetate-ethinyl</i>		ODOMZO	30
<i>estradiol tab 1 mg-5 mcg</i>	62	OFEV	80
<i>norethindrone ac-ethinyl estrad-fe</i>		<i>ofloxacin (ophth)</i>	77
<i>tab 1-20/1-30/1-35 mg-mcg</i>	60	<i>ofloxacin (otic)</i>	78
<i>norgestimate & ethinyl estradiol tab</i>		OGIVRI	30
<i>0.25 mg-35 mcg</i>	60	OGIVRI INJ 420MG	30
<i>norgestimate-eth estrad tab 0.18-</i>		OGSIVEO	30
<i>25/0.215-25/0.25-25 mg-mcg ...</i>	60	OJJAARA	30
<i>norgestimate-eth estrad tab 0.18-</i>		<i>olanzapine</i>	44
<i>35/0.215-35/0.25-35 mg-mcg ...</i>	60	<i>olmesartan medoxomil</i>	36
<i>norlyroc</i>	60	<i>olmesartan medoxomil-</i>	
NORPACE CR	36	<i>hydrochlorothiazide tab 20-12.5</i>	
<i>nortrel 0.5/35 (28)</i>	60	<i>mg</i>	35
<i>nortrel 1/35 (21)</i>	60	<i>olmesartan medoxomil-</i>	
<i>nortrel 1/35 (28)</i>	60	<i>hydrochlorothiazide tab 40-12.5</i>	
<i>nortrel 7/7/7</i>	61	<i>mg</i>	35
<i>nortriptyline hcl</i>	41	<i>olmesartan medoxomil-</i>	
NORVIR	18	<i>hydrochlorothiazide tab 40-25 mg</i>	
NOVOLIN INJ 70/30	55	<i>.....</i>	35
NOVOLIN INJ 70/30 FP	56	<i>olmesartan-amlodipine-</i>	
NOVOLIN N	56	<i>hydrochlorothiazide tab 20-5-12.5</i>	
NOVOLIN N FLEXPEN	56	<i>mg</i>	35
NOVOLIN R	56	<i>olmesartan-amlodipine-</i>	
NOVOLIN R FLEXPEN	56	<i>hydrochlorothiazide tab 40-10-12.5</i>	
NOVOLOG MIX INJ 70/30	56	<i>mg</i>	35
NOVOLOG MIX INJ FLEXPEN	56	<i>olmesartan-amlodipine-</i>	
NUBEQA	25	<i>hydrochlorothiazide tab 40-10-25</i>	
NUEDEXTA CAP 20-10MG	51	<i>mg</i>	35
NULOJIX	73	<i>olmesartan-amlodipine-</i>	
NUPLAZID	44	<i>hydrochlorothiazide tab 40-5-12.5</i>	
NURTEC	51	<i>mg</i>	35
NUTRILIPID	76		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	35	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	14
<i>omega-3-acid ethyl esters cap 1 gm</i>	37	OXYCONTIN	14
<i>omeprazole</i>	67	OZEMPIC (0.25 OR 0.5 MG/DOSE)	54
OMNIPOD 5 G6 KIT INTRO.....	56	OZEMPIC (0.25 OR 0.5MG/DOSE) .	54
OMNIPOD 5 G6 MIS PODS	56	OZEMPIC (1MG/DOSE)	54
OMNIPOD 5 G7 KIT INTRO.....	56	OZEMPIC (2MG/DOSE)	54
OMNIPOD 5 G7 MIS PODS	56	<i>pacerone</i>	36
OMNIPOD DASH KIT INTRO	56	<i>paclitaxel</i>	26
OMNIPOD DASH MIS PODS.....	56	<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	26
OMNIPOD GO KIT 10UNT/DY.....	56	<i>paliperidone</i>	44
OMNIPOD GO KIT 15UNT/DY.....	56	<i>pamidronate disodium</i>	57
OMNIPOD GO KIT 20UNT/DY.....	56	PAMIDRONATE DISODIUM	57
OMNIPOD GO KIT 25UNT/DY.....	56	PANRETIN.....	85
OMNIPOD GO KIT 30UNT/DY.....	56	<i>pantoprazole sodium</i>	67
OMNIPOD GO KIT 35UNT/DY.....	56	PANZYGA.....	72
OMNIPOD GO KIT 40UNT/DY.....	56	<i>paraplatin</i>	24
OMNIPOD MIS CLASSIC	56	<i>paricalcitol</i>	65
<i>ondansetron</i>	65	<i>paroxetine hcl</i>	41
<i>ondansetron hcl</i>	65	PAXLOVID TAB 150-100	20
ONTRUZANT	30	PAXLOVID TAB 300-100	20
ONUREG.....	24	<i>pazopanib hcl</i>	30
OPSUMIT	40	PEDIARIX INJ 0.5ML	73
ORGOVYX	25	PEDVAX HIB.....	73
ORKAMBI GRA 100-125.....	80	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	66
ORKAMBI GRA 150-188.....	80	<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	66
ORKAMBI GRA 75-94MG.....	80	PEGASYS	20
ORKAMBI TAB 100-125	80	PEMAZYRE	30
ORKAMBI TAB 200-125	80	<i>pemetrexed disodium</i>	24
ORSERDU	25	PEN GK/DEXTR INJ 40000/ML	23
<i>oseltamivir phosphate</i>	20	PEN GK/DEXTR INJ 60000/ML	23
OTEZLA.....	71	PENBRAYA INJ.....	74
OTEZLA TAB 10/20/30	71	<i>penicillamine</i>	57
<i>oxacillin sodium</i>	23	<i>penicillin g potassium</i>	23
<i>oxaliplatin</i>	24	<i>penicillin g sodium</i>	23
<i>oxcarbazepine</i>	47	<i>penicillin v potassium</i>	23
<i>oxybutynin chloride</i>	68	PENTACEL INJ	74
<i>oxycodone hcl</i>	14	<i>pentamidine isethionate inh</i>	16
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	14	<i>pentamidine isethionate inj</i>	16
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	14	<i>pentoxifylline</i>	69
<i>oxycodone w/ acetaminophen tab 5- 325 mg</i>	14	<i>perindopril erbumine</i>	34
		<i>periogard</i>	85
		<i>permethrin</i>	85

<i>perphenazine</i>	44	POMALYST	25
PERSERIS	44	<i>portia-28</i>	61
<i>pfizerpen</i>	23	<i>posaconazole</i>	17
<i>phenelzine sulfate</i>	41	POT CHL 20MEQ/L IN NACL 0.45% INJ.....	75
<i>phenobarbital</i>	47	POT CHL 20MEQ/L IN NACL 0.9% INJ	75
<i>phenobarbital sodium</i>	47	POT CHL 40MEQ/L IN NACL 0.9% INJ	75
<i>phenytek</i>	47	<i>potassium chloride</i>	75, 76
<i>phenytoin</i>	47	POTASSIUM CHLORIDE	75
<i>phenytoin sodium</i>	47	<i>potassium chloride 20 meq/l</i> (0.15%) in dextrose 5% inj.....	75
<i>phenytoin sodium extended</i>	47	<i>potassium chloride</i> <i>microencapsulated crystals er</i>	76
PHESGO SOL	30	<i>potassium citrate (alkalinizer)</i>	68
<i>philith</i>	61	PRADAXA.....	69
PIFELTRO	18	<i>pramipexole dihydrochloride</i>	43
<i>pilocarpine hcl</i>	78	<i>prasugrel hcl</i>	70
<i>pilocarpine hcl (oral)</i>	85	<i>pravastatin sodium</i>	36
<i>pimozide</i>	44	<i>praziquantel</i>	16
<i>pimtrea</i>	61	<i>prazosin hcl</i>	34
<i>pindolol</i>	38	<i>prednisolone</i>	63
<i>pioglitazone hcl</i>	54	<i>prednisolone acetate (ophth)</i>	77
<i>pioglitazone hcl-metformin hcl tab</i> 15-500 mg.....	54	PREDNISOLONE SODIUM PHOSP ..	77
<i>pioglitazone hcl-metformin hcl tab</i> 15-850 mg.....	55	<i>prednisolone sodium phosphate</i>	63
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	23	<i>prednisone</i>	63
<i>piperacillin sod-tazobactam sod for</i> <i>inj 13.5 gm (12-1.5 gm)</i>	23	PREDNISONE INTENSOL.....	63
<i>piperacillin sod-tazobactam sod for</i> <i>inj 2.25 gm (2-0.25 gm)</i>	23	<i>pregabalin</i>	47, 48
<i>piperacillin sod-tazobactam sod for</i> <i>inj 4.5 gm (4-0.5 gm)</i>	23	PREHEVBRIO.....	74
<i>piperacillin sod-tazobactam sod for</i> <i>inj 40.5 gm (36-4.5 gm)</i>	23	PREMASOL SOL 10%.....	76
PIQRAY 200MG DAILY DOSE	30	PRENATAL TAB 27-1MG.....	76
PIQRAY 250MG TAB DOSE	30	PRENATAL TAB PLUS.....	76
PIQRAY 300MG DAILY DOSE	31	<i>prevalite</i>	37
<i>pirfenidone</i>	80, 81	PREVYMIS.....	20
<i>piroxicam</i>	13	PREZCOBIX TAB 800-150	19
PLASMA-LYTE INJ -148.....	75	PREZISTA	18
PLASMA-LYTE INJ -A	75	PRIFTIN.....	19
<i>plenamine</i>	76	<i>primaquine phosphate</i>	17
PLENVU SOL	66	PRIMAQUINE PHOSPHATE.....	17
<i>podofilox</i>	85	<i>primidone</i>	48
<i>polycin ophth oint</i>	77	PRIORIX INJ	74
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	77	PRIVIGEN	72
		<i>probenecid</i>	13
		<i>prochlorperazine</i>	66
		<i>prochlorperazine edisylate</i>	66

<i>prochlorperazine maleate</i>	66	<i>repaglinide</i>	55
PROCRT	69	REPATHA	37
<i>procto-med hc</i>	85	REPATHA PUSHTRONEX SYSTEM ..	37
<i>proctosol hc</i>	85	REPATHA SURECLICK	37
<i>proctozone-hc</i>	85	RESTASIS	78
<i>progesterone</i>	65	RESTASIS MULTIDOSE	78
PROGRAF	73	RETEVMO	31
PROLASTIN-C.....	81	REVLIMID	25
PROLENSA.....	77	REXULTI	44
PROLIA	57	REYATAZ	18
PROMACTA	69, 70	REZLIDHIA	31
<i>promethazine hcl</i>	66	REZUROCK	73
<i>propafenone hcl</i>	36	RHOPRESSA.....	78
<i>proparacaine hcl</i>	78	<i>ribavirin (hepatitis c)</i>	20
<i>propranolol hcl</i>	38	<i>rifabutin</i>	19
<i>propylthiouracil</i>	65	<i>rifampin</i>	19
PROQUAD INJ	74	<i>riluzole</i>	51
PROSOL INJ 20%	76	<i>rimantadine hydrochloride</i>	20
<i>protriptyline hcl</i>	41	RINVOQ	71
PULMOZYME	81	<i>risedronate sodium</i>	57
PURIXAN	24	<i>risperidone</i>	44, 45
<i>pyrazinamide</i>	19	<i>risperidone microspheres</i>	45
<i>pyridostigmine bromide</i>	51	<i>ritonavir</i>	18
QINLOCK.....	31	<i>rivastigmine</i>	40
QUADRACEL INJ	74	<i>rivastigmine tartrate</i>	41
QUADRACEL INJ 0.5ML.....	74	<i>rivelsa</i>	61
<i>quetiapine fumarate</i>	44	<i>rizatriptan benzoate</i>	51
<i>quinapril hcl</i>	34	ROCKLATAN DRO.....	78
<i>quinidine sulfate</i>	36	<i>roflumilast</i>	81
<i>quinine sulfate</i>	17	<i>ropinirole hydrochloride</i>	43
QULIPTA.....	51	<i>rosuvastatin calcium</i>	36
RABAVERT INJ	74	ROTARIX SUS	74
<i>rabeprazole sodium</i>	67	ROTATEQ SOL.....	74
<i>raloxifene hcl</i>	64	<i>roweepra</i>	48
<i>ramipril</i>	34	ROZLYTREK	31
<i>ranolazine</i>	39	RUBRACA	31
<i>rasagiline mesylate</i>	43	<i>rufinamide</i>	48
RAYALDEE	65	RUKOBIA.....	18
<i>reclipsen</i>	61	RYBELSUS	55
RECOMBIVAX HB	74	RYDAPT	31
RECTIV	85	<i>sajazir</i>	70
REGRANEX	85	SANDIMMUNE	73
RELENZA DISKHALER.....	20	SANTYL	85
RELISTOR.....	67	<i>sapropterin dihydrochloride</i>	64
REMICADE	71	SCEMBLIX	31
RENFLEXIS	71	<i>scopolamine</i>	66

SECUADO	45	<i>sprintec 28</i>	61
<i>selegiline hcl</i>	43	SPRITAM	48
<i>selenium sulfide</i>	83	SPRYCEL	31
SELZENTRY	18	<i>sps</i>	57
SEREVENT DISKUS	80	<i>sronyx</i>	61
<i>sertraline hcl</i>	42	<i>ssd</i>	82
<i>setlakin</i>	61	STELARA	71
<i>sevelamer carbonate</i>	64	STIVARGA	31
<i>sharobel</i>	61	<i>streptomycin sulfate</i>	16
SHINGRIX	74	STRIBILD TAB	19
SIGNIFOR.....	64	<i>subvenite</i>	48
<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	40	<i>sucralfate</i>	67
<i>silver sulfadiazine</i>	82	<i>sulfacetamide sodium (acne)</i>	82
SIMBRINZA SUS 1-0.2%	78	<i>sulfacetamide sodium (ophth)</i>	77
<i>simliya</i>	61	<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	76
<i>simpesse</i>	61	<i>sulfadiazine</i>	16
<i>simvastatin</i>	37	<i>sulfamethoxazole-trimethoprim iv</i> <i>soln 400-80 mg/5ml</i>	16
<i>sirolimus</i>	73	<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	16
SIRTURO	19	<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	16
SIVEXTRO	16	<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	16
SKYRIZI	71	SULFAMYLON	82
SKYRIZI PEN.....	71	<i>sulfasalazine</i>	66
<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	67	<i>sulindac</i>	13
<i>sodium chloride</i>	75	<i>sumatriptan</i>	51
<i>sodium chloride (gu irrigant)</i>	85	<i>sumatriptan succinate</i>	51
<i>sodium fluoride chew; tab; 1.1 (0.5</i> <i>f) mg/ml soln</i>	76	<i>sunitinib malate</i>	31
SODIUM OXYBATE	52	SUNLENCA.....	18
<i>sodium phenylbutyrate</i>	64	<i>syeda</i>	61
<i>sodium polystyrene sulfonate powder</i> <i>.....</i>	57	SYMDEKO TAB 100-150.....	81
<i>solifenacin succinate</i>	68	SYMDEKO TAB 50-75MG.....	81
SOLQUA INJ 100/33	56	SYMPAZAN.....	48
SOLTAMOX	25	SYMTUZA TAB	19
SOLU-CORTEF.....	63	SYNAREL	62
SOMATULINE DEPOT	64	SYNJARDY TAB 12.5-1000MG.....	55
SOMAVERT	64	SYNJARDY TAB 12.5-500	55
<i>sorafenib tosylate</i>	31	SYNJARDY TAB 5-1000MG	55
<i>sorine</i>	36	SYNJARDY TAB 5-500MG	55
<i>sotalol hcl</i>	36	SYNJARDY XR TAB 10-1000	55
<i>sotalol hcl (afib/afl)</i>	36	SYNJARDY XR TAB 12.5-1000	55
<i>spironolactone</i>	34	SYNJARDY XR TAB 25-1000	55
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	39	SYNJARDY XR TAB 5-1000MG	55

SYNTHROID	65	TERIPARATIDE	57
TABLOID	24	<i>testosterone</i>	53
TABRECTA	31	<i>testosterone cypionate</i>	53
<i>tacrolimus</i>	73	<i>testosterone enanthate</i>	53
<i>tacrolimus (topical)</i>	85	<i>tetrabenazine</i>	51
TAFINLAR	31	<i>tetracycline hcl</i>	23
TAGRISSO	31	THALOMID	25
TALTZ	71	THEO-24	81
TALZENNA	31	<i>theophylline</i>	81
<i>tamoxifen citrate</i>	25	<i>thioridazine hcl</i>	45
<i>tamsulosin hcl</i>	68	<i>thiothixene</i>	45
<i>tarina 24 fe</i>	61	<i>tiadylt er</i>	38
<i>tarina fe 1/20 eq</i>	61	<i>tiagabine hcl</i>	48
TASIGNA	31, 32	TIBSOVO	32
<i>tasimelteon</i>	50	TICOVAC	74
<i>tazarotene</i>	83	<i>tigecycline</i>	23
<i>tazicef</i>	21	<i>tilia fe</i>	61
TAZORAC	83	<i>timolol maleate</i>	38
<i>taztia xt</i>	38	<i>timolol maleate (ophth)</i>	78
TAZVERIK	32	<i>tinidazole</i>	16
TDVAX INJ 2-2 LF	74	TIVICAY	18
TECENTRIQ	32	TIVICAY PD	18
TEFLARO	21	<i>tizanidine hcl</i>	52
<i>telmisartan</i>	36	TOBRADEX OIN 0.3-0.1%	76
<i>telmisartan-amlodipine tab 40-10 mg</i>	35	TOBRADEX ST SUS 0.3-0.05	76
<i>telmisartan-amlodipine tab 40-5 mg</i>	35	<i>tobramycin</i>	16
<i>telmisartan-amlodipine tab 80-10 mg</i>	35	<i>tobramycin (ophth)</i>	77
<i>telmisartan-amlodipine tab 80-5 mg</i>	35	<i>tobramycin sulfate</i>	16
<i>telmisartan-hydrochlorothiazide tab</i> <i>40-12.5 mg</i>	35	<i>tobramycin-dexamethasone ophth</i> <i>susp 0.3-0.1%</i>	76
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-12.5 mg</i>	35	<i>tolterodine tartrate</i>	68
<i>telmisartan-hydrochlorothiazide tab</i> <i>80-25 mg</i>	36	<i>topiramate</i>	48
<i>temazepam</i>	50	<i>toremifene citrate</i>	25
TENIVAC INJ 5-2LF	74	<i>torsemide</i>	39
<i>tenofovir disoproxil fumarate</i>	18	TOUJEO MAX SOLOSTAR	56
TEPMETKO	32	TOUJEO SOLOSTAR	56
<i>terazosin hcl</i>	34	TPN ELECTROL INJ	75
<i>terbinafine hcl</i>	17	TRADJENTA	55
<i>terbutaline sulfate</i>	80	<i>tramadol hcl</i>	15
<i>terconazole vaginal</i>	68	<i>tramadol-acetaminophen tab 37.5-</i> <i>325 mg</i>	15
		<i>trandolapril</i>	34
		<i>tranexamic acid</i>	70
		<i>tranylcypromine sulfate</i>	42
		TRAVASOL INJ 10%	76
		TRAZIMERA	32

<i>trazodone hcl</i>	42	<i>trimipramine maleate</i>	42
TRECATOR.....	19	TRINTELLIX	42
TRELEGY AER ELLIPTA 100-62.5-25		<i>tri-nymyo</i>	61
MCG.....	79	<i>tri-sprintec</i>	61
TRELEGY AER ELLIPTA 200-62.5-25		TRIUMEQ PD TAB.....	19
MCG.....	79	TRIUMEQ TAB	19
<i>treprostinil</i>	40	<i>trivora-28</i>	61
TRESIBA.....	56	<i>tri-vylibra</i>	61
TRESIBA FLEXTOUCH	56	<i>tri-vylibra lo</i>	61
<i>tretinoin</i>	82	TRIZIVIR TAB.....	19
<i>tretinoin (chemotherapy)</i>	26	TROGARZO	18
<i>triamcinolone acetonide (mouth)</i> ..	85	TROPHAMINE INJ 10%	76
<i>triamcinolone acetonide (topical)</i> ..	84	<i>trospium chloride</i>	68
<i>triamterene & hydrochlorothiazide</i>		TRUE METRIX KIT AIR.....	86
<i>cap 37.5-25 mg</i>	39	TRUE METRIX KIT METER	86
<i>triamterene & hydrochlorothiazide</i>		TRUE METRIX STRIPS	86
<i>tab 37.5-25 mg</i>	39	TRULICITY	55
<i>triamterene & hydrochlorothiazide</i>		TRUMENBA INJ.....	74
<i>tab 75-50 mg</i>	39	TRUQAP	32
<i>trientine hcl</i>	57	TRUXIMA	32
<i>tri-estarylla</i>	61	TUKYSA.....	32
<i>trifluoperazine hcl</i>	45	TURALIO	32
<i>trifluridine</i>	77	<i>turqoz</i>	61
<i>trihexyphenidyl hcl</i>	43	TWINRIX INJ.....	74
TRIJARDY XR TAB ER 24HR 10-5-		TYBOST.....	18
1000MG.....	55	<i>tydemy</i>	61
TRIJARDY XR TAB ER 24HR 12.5-		TYPHIM VI	74
2.5-1000MG.....	55	TYRVAYA	78
TRIJARDY XR TAB ER 24HR 25-5-		UBRELVY	51
1000MG.....	55	<i>unithroid</i>	65
TRIJARDY XR TAB ER 24HR 5-2.5-		<i>ursodiol</i>	67
1000MG.....	55	<i>valacyclovir hcl</i>	20
TRIKAFTA PAK 59.5MG.....	81	VALCHLOR.....	85
TRIKAFTA PAK 75MG.....	81	<i>valganciclovir hcl</i>	20
TRIKAFTA TAB 100-50-75MG &		<i>valproate sodium</i>	48
150MG	81	<i>valproic acid</i>	48
TRIKAFTA TAB 50-25-37.5MG &		<i>valsartan</i>	36
75MG	81	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-legest fe</i>	61	160-12.5 mg	36
<i>tri-linyah</i>	61	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-lo-estarylla</i>	61	160-25 mg.....	36
<i>tri-lo-marzia</i>	61	<i>valsartan-hydrochlorothiazide tab</i>	
<i>tri-lo-mili</i>	61	320-12.5 mg	36
<i>tri-lo-sprintec</i>	61	<i>valsartan-hydrochlorothiazide tab</i>	
<i>trimethoprim</i>	16	320-25 mg.....	36
<i>tri-mili</i>	61		

<i>valsartan-hydrochlorothiazide tab</i>		VITRAKVI	32
80-12.5 mg.....	36	VIVITROL	53
VALTOCO 10 MG DOSE.....	48	VIZIMPRO.....	32
VALTOCO 15 MG DOSE.....	48	VONJO	32
VALTOCO 20 MG DOSE.....	48	<i>voriconazole</i>	17
VALTOCO 5 MG DOSE	48	VOSEVI TAB.....	20
<i>vancomycin hcl</i>	16	VRAYLAR	45
VANCOMYCIN INJ 1 GM.....	16	VRAYLAR CAP 1.5-3MG.....	45
VANCOMYCIN INJ 500MG	16	<i>vyfemla</i>	61
VANCOMYCIN INJ 750MG	16	<i>vylibra</i>	61
VANFLYTA.....	32	VYZULTA	78
VAQTA	74	<i>warfarin sodium</i>	69
<i>varenicline tartrate</i>	53	<i>water for irrigation, sterile irrigation</i>	
<i>varenicline tartrate tab 11 x 0.5 mg</i>		<i>soln</i>	85
& 42 x 1 mg start pack.....	53	WELIREG.....	26
VARIVAX	74	<i>wera</i>	61
VASCEPA.....	37	<i>wixela inhub</i>	82
<i>velivet</i>	61	<i>wymzya fe</i>	61
VELPHORO.....	64	XALKORI	32
VELTASSA	57	XARELTO	69
VEMLIDY	20	XARELTO STAR TAB 15/20MG	69
VENCLEXTA	32	XATMEP.....	72
VENCLEXTA TAB START PK	32	XCOPRI	48
<i>venlafaxine hcl</i>	42	XCOPRI PAK 100-150	48
VENTAVIS.....	40	XCOPRI PAK 12.5-25.....	48
VENTOLIN HFA.....	80	XCOPRI PAK 150-200MG	
VENTOLIN HFA (INSTITUTIONAL		(MAINTENANCE).....	48
PACK)	80	XCOPRI PAK 150-200MG	
<i>verapamil hcl</i>	38	(TITRATION)	49
VERQUVO	39	XCOPRI PAK 50-100MG	48
VERSACLOZ	45	XELJANZ.....	71
VERZENIO	32	XELJANZ XR.....	71
<i>vestura</i>	61	XERMELO.....	67
V-GO 20 KIT	56	XGEVA	57
V-GO 30 KIT	57	XHANCE	81
V-GO 40 KIT	57	XIFAXAN	67
<i>vienva</i>	61	XIGDUO XR TAB 10-1000	55
<i>vigabatrin</i>	48	XIGDUO XR TAB 10-500MG	55
<i>vigadrone</i>	48	XIGDUO XR TAB 2.5-1000	55
<i>vigpoder</i>	48	XIGDUO XR TAB 5-1000MG	55
<i>vilazodone hcl</i>	42	XIGDUO XR TAB 5-500MG	55
<i>vincristine sulfate</i>	26	XIIDRA.....	78
<i>vinorelbine tartrate</i>	26	XOFLUZA.....	20
<i>violele</i>	61	XOLAIR	81
VIRACEPT	18	XOSPATA.....	32
VIREAD	18	XPOVIO 100 MG ONCE WEEKLY	33

XPOVIO 40 MG ONCE WEEKLY	33	ZENPEP CAP 3000UNIT.....	67
XPOVIO 40 MG TWICE WEEKLY	33	ZENPEP CAP 40000UNT	67
XPOVIO 60 MG ONCE WEEKLY	33	ZENPEP CAP 5000UNIT.....	67
XPOVIO 60 MG TWICE WEEKLY	33	ZENPEP CAP 60000UNT	67
XPOVIO 80 MG ONCE WEEKLY	33	ZERVIAE	78
XPOVIO 80 MG TWICE WEEKLY	33	<i>zidovudine</i>	18
XTANDI	25	ZIEXTENZO.....	69
<i>xulane</i>	61	<i>ziprasidone hcl</i>	45
XULTOPHY INJ 100/3.6	57	<i>ziprasidone mesylate</i>	45
<i>yargesa</i>	64	ZIRABEV	33
YF-VAX INJ	74	ZIRGAN.....	77
<i>yuvaferm</i>	62	<i>zoledronic acid</i>	57
<i>zafemy</i>	61	ZOLINZA	33
<i>zafirlukast</i>	80	<i>zolpidem tartrate</i>	50
<i>zaleplon</i>	50	ZONISADE.....	49
ZARXIO.....	69	<i>zonisamide</i>	49
ZEJULA	33	<i>zovia 1/35</i>	62
ZELBORAF	33	ZTALMY.....	49
ZEMAIRA.....	81	<i>zumandimine</i>	62
<i>zenatane</i>	82	ZURZUVAE.....	42
ZENPEP CAP 10000UNT	67	ZYDELIG.....	33
ZENPEP CAP 15000UNT	67	ZYKADIA	33
ZENPEP CAP 20000UNT	67	ZYLET SUS 0.5-0.3%	76
ZENPEP CAP 25000UNT	67	ZYPREXA RELPREVV	45



Molina Medicare Complete Care Plus (HMO D-SNP) Medicare Medi-Cal 計劃

本處方集之最近更新日期為 05/01/2024

如要瞭解近期資訊或有其他問題，請聯絡我們，電話：(800) 665-3086, TTY: 711。10 月 1 日至 3 月 31 日：全年無休，上午八時正至夜晚八時正（當地時間），4 月 1 日至 9 月 30 日：週一至週五上午八時正至夜晚八時正（當地時間）或造訪 MolinaHealthcare.com/Medicare

關於疫苗接種費用的重要訊息 - 部分疫苗被認定為醫療福利。其他疫苗被認定為 D 部分藥物。本計劃承保大部分 D 部分疫苗，您無需為此付費。