



## **Senior Whole Health of New York NHC (HMO D-SNP)**

### **2025 Formulari**

### **(Lista e Barnave të Mbuluara ose "Lista e Barnave")**

**JU LUTEM LEXONI: KY DOKUMENT PËRMBAN INFORMACION  
NË LIDHJE ME BARNAT QË MBULOJMË NË KËTË PLAN**

ID-ja e dorëzimit të Dosjes së Formularit të miratuar nga HPMS 00025316

Ky formular u përditësua më 05/01/2025. Për informacion më të përditësuar ose pyetje të tjera, ju lutemi kontaktoni Shërbimin ndaj Anëtarëve të Senior Whole Health of New York NHC në (800) 665-3086 (përdoruesit e TTY duhet të telefonojnë 711), 1 tetor - 31 mars: 7 ditë në javë, 08:00 - 20:00, me orën lokale, 1 prill - 30 Shtator: E hënë - e premtë, 08:00 - 20:00, me orën lokale, ose viziton [SWHNY.com](http://SWHNY.com).



**Shënim për anëtarët ekzistues:** Ky Formular ka ndryshuar që nga viti i kaluar. Ju lutemi rishikoni këtë dokument për t'u siguruar që ai ende përmban barnat që merrni.

Nëse kjo listë e barnave (Formulari) i referohet "ne", "neve" ose "jonë", nënkupton Senior Whole Health. Nëse i referohet "planit" ose "planit tonë", nënkupton Senior Whole Health of New York NHC.

Ky dokument përfshin Listën e Barnave (formularin) për planin tonë e cila hyn në fuqi që nga 05/01/2025. Për një listë të përditësuar të barnave (formular), ju lutemi na kontaktoni. Informacioni ynë i kontaktit, së bashku me datën e përditësimit të fundit të Listës së Barnave (formulari), shfaqen në faqet e përparme dhe të pasme të kopertinës.

Shkonit në farmacitë e rrjetit për të përdorur përfitimin e barit tuaj me recetë. Përfitimet, formulari, farmacitë e rrjetit dhe/ose bashkëpagesat/bashkësigurimet mund të ndryshojnë më 1 janar 2025 dhe herë pas here gjatë vitit.

## Çfarë është formulari Senior Whole Health of New York NHC?

Në këtë dokument, ne përdorim termat Lista e Barnave dhe formulari në mënyrë të ndërsjellë. Formulari është një listë e barnave të mbuluara që përzgjidhen nga plani ynë në bashkëpunim me një ekip ofruesish të kujdesit shëndetësor, i cili përfshin terapitë me recetë që konsiderohen të domosdoshme për një programi trajtimi cilësor. Plani ynë në përgjithësi do të mbulojë barnat e renditura në formularin tonë për sa kohë që bari është i nevojshëm nga pikëpamja mjekësore, receta të plotësohet në një farmaci të rrjetit dhe të respektohen të gjitha udhëzimet e tjera të planit. Për më shumë informacion se si të plotësoni recetat tuaja, ju lutemi rishikoni Dëshminë tuaj të Mbulimit.

## A mund të ndryshojë formulari?

Shumica e ndryshimeve në mbulimin e barnave ndodhin më 1 janar, por plani ynë mund të shtojë ose heqë barnat në formular gjatë vitit, t'i zhvendosë ato në nivele të ndryshme të ndarjes së kostos ose të shtojë kufizime të reja. Ne duhet të ndjekim rregullat e Medicare gjatë aplikimit të këtyre ndryshimeve. Përditësimet e formularit postohen çdo muaj në faqen tonë të internetit këtu: [SWHNY.com](http://SWHNY.com).

**Ndryshimet që mund të ndikojnë tek ju këtë vit:** Do të ndikoheni nga ndryshimet e mbulimit gjatë vitit në situatat e mëposhtme:

- Zëvendësime të menjëhershme të disa versioneve të reja të barnave me emrin e markës dhe produktive origjinale biologjike.** Ne mund ta heqim menjëherë një bar nga formulari ynë nëse po e zëvendësojmë me një version të ri të atij bari që do të shfaqet në të njëjtin nivel ose më të ulët të ndarjes së kostos dhe me kufizime të njëjtë ose më pak kufizime. Kur shtojmë një version të ri të një bari në formularin tonë, mund të vendosim të mbajmë emrin e markës së barit ose produktin origjinal biologjik në formularin tonë, por ta zhvendosim menjëherë në një nivel tjetër të ndarjes së kostos ose të shtojmë kufizime të reja.

Ne mund t'i bëjmë këto ndryshime të menjëhershme vetëm nëse po shtojmë një version të ri gjenerik të një bari me emrin e markës, ose shtojmë disa versione të reja biosimilare të një produkti origjinal biologjik, që ishte tashmë në formular (për shembull, duke shtuar një biosimilar të zëvendësueshëm që mund të jetë zëvendësohet me një produkt biologjik original nga një farmaci pa pasur nevojë për një recetë të re).

Nëse aktualisht jeni duke marrë barin me emrin markës ose produktin origjinal biologjik, ne mund të mos ju tregojmë paraprakisht përpala se të bëjmë një ndryshim të menjëherëshëm, por më vonë do t'ju ofrojmë informacion në lidhje me ndryshimet specifike që kemi bërë.

Nëse ne zbatojmë një ndryshim të tillë, ju ose mjeku juaj mund të kërkonit një përjashtim për të vazhduar mbulimin për barin që po zëvendësohet. Për më shumë informacion, shihni seksionin në vijim të titulluar "Si mund të kërkoj një përjashtim nga Formulari i Senior Whole Health of New York NHC"?

Disa nga këto lloje barnash mund të janë të reja për ju. Për më shumë informacion, shihni seksionin në vijim të titulluar "Cilat janë produktet origjinale biologjike dhe si lidhen ato me biosimilarët?"

- **Barnat që janë hequr nga tregu.** Nëse një bar nuk qarkullon më në treg nga prodhuesi ose Administrata e Ushqimit dhe Barnave (FDA) vendos të tërhoqet për arsyet sigurie ose efektiviteti, ne mund ta heqim menjëherë barin nga formulari ynë dhe më vonë të njoftojmë anëtarët që e marrin atë.
- **Ndryshime të tjera.** Ne mund të bëjmë ndryshime të tjera që prekin anëtarët që aktualisht përdorin barn në fjalë. Për shembull, ne mund të heqim një bar me emër të markës nga formulari nëse shtojmë një bar ekivalen gjenerik ose mund të heqim një produkt biologjik origjinal nëse shtojmë një biosimilar. Ne gjithashtu mund të aplikojmë kufizime të reja për barin me emrin e markës ose produktin biologjik origjinal, ose mund ta zhvendosim atë në një nivel tjeter të ndarjes së kostos ose t'i bëjmë të dyja. Mund të bëjmë ndryshime bazuar në udhëzimet e reja klinike. Nëse heqim barnat nga formulari ynë, zbatojmë autorizimin paraprak, kufizimet e sasisë, ose hapim kufizime të terapisë për një bar, ose e zhvendosim një bar në një nivel më të lartë të ndarjes së kostos, ne duhet të informojmë anëtarët e prekur për këto ndryshime të paktën 30 ditë përpala ato hyjnë në fuqi. Përndryshe, nëse një anëtar kërkon një rimbushje të barit, ai mund të marrë një furnizim 31-ditor së bashku me njoftimin për ndryshimin.

Nëse ne zbatojmë ndryshime të tjera, ju ose mjeku juaj mund të na kërkonit të bëjmë një përjashtim për ju dhe të vazhdojmë të mbulojmë barin që keni marrë. Njoftimi që ju ofrojmë do të përfshijë gjithashtu informacion se si të kërkonit një përjashtim dhe mund të gjeni gjithashtu informacion në seksionin më poshtë me titull "Si mund të kërkoj një përjashtim nga formulari i Senior Whole Health of New York's NHC"?

**Ndryshimet që nuk do t'ju ndikojnë nëse jeni duke marrë aktualisht barin.** Në përgjithësi, nëse jeni duke marrë një bar që është pjesë e formularit tonë 2025, i cili u mbulua në fillim të vitit, ne nuk do ta ndërpresim ose zvogëlojmë mbulimin e barit gjatë vitit të mbulimit 2025, përvèç siç pëershruhet më sipër. Kjo nënkupton që këto barna do të mbeten të disponueshme me të njëjtën ndarje kostoje dhe pa kufizime të reja për ata anëtarë që i marrin ato për pjesën e mbetur të vitit të mbulimit. Nuk do të merrni njoftim të drejtpërdrejtë këtë vit për ndryshimet që nuk ju prekin. Megjithatë, më 1 janar të vitit të ardhshëm, këto ndryshime do të preknin ju dhe është e rëndësishme të kontrolloni formularin për vitin e ri të përfitimit për çdo ndryshim në barna.

Formulari bashkëlidhur hyn në fuqi që nga 05/01/2025. Për të marrë informacion të përditësuar në lidhje me barnat e mbuluara nga plani ynë, ju lutemi na kontaktoni. Informacioni ynë i kontaktit shfaqet në faqet e përparme dhe të pasme të kopertinës.

## Si të përdor Formularin?

Ka dy mënyra për të gjetur barin tuaj që renditet në formular:

### Gjendja shëndetësore

Formulari fillon në faqen 6. Barnat në këtë formular grupohen në kategori në varësi të llojit të gjendjes shëndetësore që ato përdoren për të trajtuar. Për shembull, barnat e përdorura për trajtimin e një sëmundjeje të zemrës janë të renditura nën kategorinë Kardiovaskulare. Nëse e dini se për çfarë përdoret bari juaj, kërkon emrin e kategorisë në listën që fillon në faqen 6. Pastaj shikoni nën emrin e kategorisë për barin tuaj.

### Lista sipas rendit alfabetik

Nëse nuk jeni të sigurt se në cilën kategori të shikoni, duhet të kërkonи ilaqin tuaj në Indeksin që fillon në numrin e faqes së 86. Indeksi ofron një listë sipas rendit alfabetik të të gjitha barnave të përfshira në këtë dokument. Të dy barnat me emrin e markës dhe barnat gjenerike janë të renditura në Indeks. Shihni në Indeks dhe gjeni barin tuaj. Pranë barit tuaj, do të shihni numrin e faqes ku mund të gjeni informacionin e mbulimit. Kthehuhi në faqen e renditur në Indeks dhe gjeni emrin e barit tuaj në kolonën e parë të listës.

## Çfarë janë barnat gjenerike?

Plani ynë mbulon si barnat me emrin e markës ashtu edhe ato gjenerike. Një bar gjenerik është miratuar nga FDA se ka të njëjtin përbërës aktiv si bari me emrin e markës. Në përgjithësi, barnat gjenerike funksionojnë po aq mirë dhe zakonisht kushtojnë më pak se barnat me emrin e markës. Ka zëvendësues të barnave gjenerike në dispozicion për shumë barna me emra të markës. Barnat gjenerike zakonisht mund të zëvendësohen për barin me emrin e markës në farmaci pa pasur nevojë për një recetë të re, në varësi të ligjeve të shtetit.

## Çfarë janë produktet origjinale biologjike dhe si lidhen ato me biosimilarët?

Në formular, kur i referohemi barnave, nënkuuptojmë një bar ose një produkt biologjik. Produktet biologjike janë barna që janë më komplekse se barnat tipike. Për shkak se produktet biologjike janë më komplekse krahasuar me barnat standarde, ato nuk kanë versione gjenerike; në vend të kësaj, ata kanë alternativa të njohura si biosimilare. Në përgjithësi, biosimilarët funksionojnë po aq mirë sa produkti origjinal biologjik dhe mund të kushtojnë më pak. Ekzistojnë alternativa të ngashme për disa produkte origjinale biologjike. Disa biosimilarë janë të zëvendësueshëm dhe, në varësi të ligjeve shtetërore, mund të zëvendësohen me produktin biologjik origjinal në farmaci pa pasur nevojë për një recetë të re, ashtu si barnat gjenerike mund të zëvendësohen për barnat me emrin e markës.

- Për diskutimin e llojeve të barnave, ju lutemi shihni Dëshminë e Mbulimit, Kapitulli 5, Seksioni 3.1, ""Lista e Barnave" tregon se cilat barna të Pjesës D mbulohen."

## A ka ndonjë kufizim për mbulimin tim?

Disa barna të mbuluara mund të kenë kërkesa ose kufizime shtesë në mbulim. Këto kërkesa dhe kufizime mund të përfshijnë:

- **Autorizim paraprak:** Plani ynë kërkon që ju ose mjeku juaj të merrni autorizim paraprak për barna të caktuara. Kjo nënkuption se do t'ju duhet të merrni miratimin nga plani ynë përpala se të plotësoni recetat tuaja. Nëse nuk merrni miratimin, plani ynë mund të mos mbulojë barin.
- **Kufijtë e sasisë:** Për barna të caktuara, plani ynë kufizon sasinë e barit që do të mbulojë. Për shembull, plani ynë ofron 30 tableta në 30 ditë për recetë për esomeprazol 40 mg. Kjo mund të jetë shtesë e një furnizimi standard njëmuajor ose tre mujor.
- **Terapia me hapa:** Në disa raste, plani ynë kërkon që fillimi i tij të provoni një bar të caktuar për të trajtuar sëmundjen tuaj përpala se ne të mbulojmë një bar tjetër për atë gjendje. Për shembull, nëse bari A dhe bari B trajtojnë gjendjen tuaj shëndetësore, plani ynë mund të mos mbulojë barin B nëse nuk e provoni fillimi i tij barin A. Nëse bari A nuk funksionon për ju, plani ynë më pas do të mbulojë barin B.

Ju mund të zbuloni nëse bari juaj ka ndonjë kërkesë ose kufizim shtesë duke parë formularin që fillon në faqen 6. Ju gjithashtu mund të merrni më shumë informacion rrëth kufizimeve të aplikuara për barna specifike të mbuluara duke vizituar faqen tonë të internetit. Ne kemi postuar dokumente në internet që shpjegojnë autorizimin tonë paraprak dhe kufizimet e terapisë me hapa. Ju gjithashtu mund të na kërkonit t'ju dërgojmë një kopje. Informacioni ynë i kontaktit, së bashku me datën e përditësimit të fundit të formularit, shfaqen në faqet e përparme dhe të pasme të kopertinës.

Ju mund të kërkonit që ne të bëjmë një përjashtim nga këto kufizime ose limite të planit ose për një listë të barnave të tjera të ngjashme që mund të trajtojnë gjendjen tuaj shëndetësore. Shihni seksionin, "Si mund të kërkoj një përjashtim nga formulari i Senior Whole Health of New York NHC?" në faqen 5 për informacion se si të kërkonit një përjashtim.

## Po sikur bari që përdor unë të mos jetë pjesë e Formularit?

Nëse bari juaj nuk përfshihet në këtë formular (lista e barnave të mbuluara), fillimi i tij duhet të kontaktoni Shërbimin ndaj Anëtarëve dhe të pyesni nëse bari juaj mbulohet.

Nëse mësoni se plani ynë nuk mbulon barin që ju përdorni, keni dy mundësi:

- Ju mund të kërkonit nga Shërbimi ndaj Anëtarëve një listë të barnave të ngjashme që mbulohen nga plani ynë. Kur të merrni listën, ia përcillni mjekut tuaj dhe i kërkonit që t'ju japë një bar të ngjashëm që mbulohet nga plani ynë.
- Ju mund të kërkonit që ne të bëjmë një përjashtim në mënyrë që plani të mbulojë barin tuaj. Shihni më poshtë për informacion se si të kërkonit një përjashtim.

## **Si mund tē kérkoj një pérjashtim nga formulari i Senior Whole Health of New York NHC's?**

Ju mund tē kérkoni që ne tē bëjmë një pérjashtim nga rregullat e mbulimit të planit tonë. Ka disa lloje pérjashtimesh që mund tē na kérkoni t'i bëjmë.

- Ju mund tē na kérkoni tē mbulojmë një bar edhe nëse nuk përfshihet në formularin tonë. Nëse miratohet, ky bar do tē mbulohet në një nivel të paracaktuar të ndarjes së kostos dhe ju nuk do tē mund tē na kérkoni tē ofrojmë barin në një nivel më tē ulët të ndarjes së kostos.
- Ju mund tē na kérkoni tē heqim dorë nga një kufizim mbulimi, duke përfshirë autorizimin paraprak, terapinë me hapa ose një kufi sasie për barin tuaj. Për shembull, për barna tē caktuara, plani ynë kufizon sasinë e barit që do tē mbulojmë. Nëse bari juaj ka një kufi sasie, mund tē na kérkoni tē heqim dorë nga kufiri dhe tē mbulojmë një sasi më tē madhe.
- Ju mund tē na kérkoni që tē mbulojmë një bar që është pjesë e formularit me një nivel më tē ulët të ndarjes së kostos, përveç nëse bari është në nivelin e specialitetit. Nëse miratohet, kjo do tē ulte shumën që duhet tē paguani për barin tuaj.

Në përgjithësi, ne do tē miratojmë kérkesën tuaj për një pérjashtim në plan vetëm nëse barnat alternative tē përfshira në formularin e planit, bari me ndarje më tē ulët të kostos ose zbatimi i kufizimit nuk do tē ishin aq efektivë për ju dhe/ose do tē shkaktonin efekte tē padëshirueshme.

Ju ose mjeku juaj duhet tē na kontaktoni për tē kérkuar një pérjashtim të nivelit ose, duke përfshirë një pérjashtim nga një kufizim mbulimi. **Nëse kérkoni një pérjashtim, mjeku juaj do tē duhet tē shpjegojë arsyet mjekësore pse keni nevojë për pérjashtimin.** Në përgjithësi, ne duhet tē marrim vendimin tonë brenda 72 orëve nga marrja e deklaratës mbështetëse të mjekut tuaj. Ju mund tē kérkoni një vendim tē pëershpejtuar (të shpejtë) nëse besoni, dhe ne jemi dakord, se gjendja juaj shëndetësore mund tē dëmtohet seriozisht duke pritur deri në 72 orë për një vendim. Nëse jemi dakord, ose nëse mjeku juaj kérkon një vendim tē shpejtë, ne duhet t'ju bëjmë me dije vendimin jo më vonë se 24 orë pasi tē kemi marrë deklaratën mbështetëse të mjekut tuaj.

### **Çfarë mund tē bëj nëse bari im nuk është pjesë e formularit ose ka një kufizim?**

Si një anëtar i ri ose i vazhdueshëm në planin tonë, ju mund tē merrni barna që nuk janë pjesë e formularit tonë. Ose, ju mund tē merrni një bar që është në formularin tonë, por ka një kufizim mbulimi, si p.sh. autorizim paraprak. Ju duhet tē flisni me mjekun tuaj për tē kérkuar një vendim mbulimi duke dëshmuar se i përmbyt kriteret për miratim, për tē kaluar në barin alternativ që ne mbulojmë ose për tē kérkuar një pérjashtim të formularit, në mënyrë që ne tē mbulojmë barin që përdorni. Ndërsa ju dhe mjeku juaj përcaktoni rrjedhën e duhur tē veprimit për ju, ne mund tē mbulojmë barin në raste tē caktuara gjatë 90 ditëve tē para nëse jeni anëtar i planit tonë.

Për secilën prej barnave tuaja që nuk janë pjesë e formularit tonë ose ka një kufizim mbulimi, ne do tē mbulojmë një furnizim tē përkohshëm 31-ditor. Nëse receta juaj është shkruar për më pak ditë, ne do tē lejojmë që rimbushjet tē ofrojnë deri në një furnizim maksimumi 31 ditësh me barna. Nëse mbulimi nuk miratohet, pas furnizimit tuaj tē parë 31-ditor, ne nuk do tē paguajmë për këto barna, edhe nëse keni qenë anëtar i planit për më pak se 90 ditë.

Nëse jeni banor i një qendre të kujdesit afatgjatë dhe keni nevojë për një bar që nuk është pjesë e formularit tonë ose nëse aftësia juaj për të marrë barnat tuaja është e kufizuar, por i keni kaluar 90 ditët e para të anëtarësimit në planin tonë, ne do mbulojmë një furnizim urgjent 31-ditor të atij bari ndërkokë që ju ndiqni një përjashtim të formularit.

## Për më shumë informacion

Për informacion më të detajuar në lidhje me mbulimin e barnave me recetë në planin tuaj, ju lutemi rishikoni Dëshminë tuaj të Mbulimit dhe materiale të tjera të planit.

Nëse keni pyetje në lidhje me planin tonë, ju lutemi na kontaktoni. Informacioni ynë i kontaktit, së bashku me datën e përditësimit të fundit të formularit, shfaqen në faqet e përparme dhe të pasme të kopertinës.

Nëse keni pyetje të përgjithshme rreth mbulimit të barnave me recetë të Medicare, ju lutemi telefononi Medicare në 1-800-MEDICARE (1-800-633-4227) 24 orë në ditë/7 ditë në javë. Përdoruesit e TTY duhet të telefonojnë në 1-877-486-2048. Ose, viziton <http://www.medicare.gov>.

## Formulari i Senior Whole Health of New York NHC

Formulari i mëposhtëm ofron informacion mbulimi rreth barnave të mbuluara nga plani ynë. Nëse keni probleme për të gjetur barin tuaj në listë, shihni tek Indeksi që fillon në numrin e faqes së 86.

Kolona e parë e grafikut rendit emrin e barit. Barnat me emrin e markës janë të shkruara me shkronjë të madhe (p.sh., CIPRO) dhe barnat gjenerike renditen me shkronja të pjerrëta të vogla (p.sh., ciprofloxacin).

Informacioni në kolonën Kërkesat/Limitet ju tregon nëse plani ynë ka ndonjë kërkesë të veçantë për mbulimin e barit tuaj.

PA = Autorizim paraprak (miratim): duhet të keni miratim përpara se të merrni këtë bar.

QL = Kufijtë e sasisë: sasia e barit që plani do të mbulojë.

ST = Kriteret e terapisë me hapa: duhet të provoni një ilaç tjetër përpara se të mund ta merrni këtë.

NM = Porosi pa postë: ky bar nuk mund të plotësohet me porosi me postë.

B/D = Ky medikament mund të mbulohet nga Medicare Pjesa B ose D në varësi të rr Ethanave.

LA = Limited Access Drug: ky bar mund të jetë i disponueshëm vetëm në disa farmaci.

\_ = Barnat që nuk janë pjesë e D, ose artikujt OTC që mbulohen nga Medicaid.

NDS = Furnizimi me ditë jo të zgjatura: do të kufizoheni në sa ditë furnizim mund të merrni.

**MOLINA\_CY25\_5T\_SNP eff 05/01/2025**

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**ANALGESICS****GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>MITIGARE</i> CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	3	

**MISCELLANEOUS**

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
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**NSAIDS**

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	4	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

**OPIOID ANALGESICS, LONG-ACTING**

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	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	4	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days), PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	3	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	3	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	2	QL (240 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>albendazole</i> TABS 200mg	5	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
<i>ARIKAYCE</i> SUSP 590mg/8.4ml	5	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	4	
<i>CAYSTON</i> SOLR 75mg	5	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 900mg/6ml	3	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	4	
<i>CLINDMYC/NAC INJ</i> 300/50ML	4	
<i>CLINDMYC/NAC INJ</i> 600/50ML	4	
<i>CLINDMYC/NAC INJ</i> 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
<i>DAPTOMYCIN</i> SOLR 350mg	5	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	5	NDS
<i>EMVERM</i> CHEW 100mg	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	3	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	3	
<i>IMPAVIDO</i> CAPS 50mg	5	NDS, PA
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>polymyxin b sulfate</i> SOLR 500000unit	4	
<i>praziquantel</i> TABS 600mg	4	
<i>pyrimethamine</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	5	NDS
<i>sulfadiazine</i> TABS 500mg	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	4	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	3	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	3	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	PA
<i>ketoconazole</i> TABS 200mg	3	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
<i>COARTEM</i> TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
<i>PRIMAQUINE PHOSPHATE</i> TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	4	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml	4	NM
<i>abacavir sulfate</i> TABS 300mg	3	NM
<i>APTIVUS</i> CAPS 250mg	5	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>darunavir</i> TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NDS, NM
efavirenz TABS 600mg	4	NM
<i>emtricitabine</i> CAPS 200mg	3	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, NM
FUZEON SOLR 90mg	5	NDS, NM
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENTRESS HD TABS 600mg	5	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	NM
<i>nevirapine</i> TABS 200mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NDS, NM
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NDS, NM
<i>ritonavir</i> TABS 100mg	3	NM
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml	5	NDS, NM
SUNLENCA TBPK 300mg	5	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	3	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NDS, NM
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml	4	NM
<i>zidovudine</i> TABS 300mg	3	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	NM
<i>BIKTARVY TAB 30-120-15 MG</i>	5	NDS, NM
<i>BIKTARVY TAB 50-200-25 MG</i>	5	NDS, NM
<i>CIMDUO TAB 300-300</i>	5	NDS, NM
<i>COMPLERA TAB</i>	5	NDS, NM
<i>DELSTRIGO TAB</i>	5	NDS, NM
<i>DESCOVY TAB 120-15MG</i>	5	NDS, NM
<i>DESCOVY TAB 200/25MG</i>	5	NDS, NM
<i>DOVATO TAB 50-300MG</i>	5	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	NM
<i>EVOTAZ TAB 300-150</i>	5	NDS, NM
<i>GENVOYA TAB</i>	5	NDS, NM
<i>JULUCA TAB 50-25MG</i>	5	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	NM
<i>ODEFSEY TAB</i>	5	NDS, NM
<i>PREZCOBIX TAB 800-150</i>	5	NDS, NM
<i>STRIBILD TAB</i>	5	NDS, NM
<i>SYMTUZA TAB</i>	5	NDS, NM
<i>TRIUMEQ PD TAB</i>	3	NM
<i>TRIUMEQ TAB</i>	5	NDS, NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	5	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
<i>PRIFTIN TABS 150mg</i>	4	
<i>pyrazinamide TABS 500mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
rifabutin CAPS 150mg	4	
rifampin CAPS 150mg, 300mg	3	
rifampin SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
TRECATOR TABS 250mg	4	
<b>ANTIVIRALS</b>		
acyclovir CAPS 200mg; TABS 400mg, 800mg	2	
acyclovir SUSP 200mg/5ml	4	
acyclovir sodium SOLN 50mg/ml	4	B/D
adefovir dipivoxil TABS 10mg	4	NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM, ST
entecavir TABS .5mg, 1mg	4	NM
EPCLUSUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSUSA TAB 400-100	5	NDS, NM, PA
famciclovir TABS 125mg, 250mg, 500mg	3	
ganciclovir sodium SOLR 500mg	4	B/D
HARVONI PAK 33.75-150MG	5	NDS, NM, PA
HARVONI PAK 45-200MG	5	NDS, NM, PA
HARVONI TAB 45-200MG	5	NDS, NM, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
lamivudine (hbv) TABS 100mg	4	NM
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
oseltamivir phosphate CAPS 30mg	3	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	3	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	3	QL (1080 mL / year)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	3	NM
rimantadine hydrochloride TABS 100mg	4	
valacyclovir hcl TABS 1gm, 500mg	3	
valganciclovir hcl SOLR 50mg/ml	5	NDS
valganciclovir hcl TABS 450mg	3	
VOSEVI TAB	5	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	4	QL (1 tab / 180 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>CEPHALOSPORINS</i></b>		
<i>cefaclor</i> CAPS 250mg, 500mg	3	
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
<i>CEFAZOLIN</i> SOLR 2gm, 3gm	4	
<i>CEFAZOLIN</i> INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
<i>CEFAZOLIN</i> SOLN 2GM/100ML-4%	4	
<i>CEFAZOLIN/DEX</i> SOL 1GM/50ML-4%	4	
<i>CEFAZOLIN/DEX</i> SOL 2GM/50ML-3%	4	
<i>CEFAZOLIN/DEX</i> SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
<i>TEFLARO</i> SOLR 400mg, 600mg	5	NDS
<b><i>ERYTHROMYCINS/MACROLIDES</i></b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	5	NDS
<i>e.e.s. 400</i> TABS 400mg	4	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	4	
<i>ERYTHROCIN LACTOBIONATE</i> SOLR 500mg	4	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4
<i>erythromycin ethylsuccinate</i> TABS 400mg	4
<i>erythromycin lactobionate</i> SOLR 500mg	4
<b>FLUOROQUINOLONES</b>	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	3
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1
<i>levofloxacin</i> SOLN 25mg/ml	4
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1
<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	3
<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	3
<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	3
<i>moxifloxacin hcl</i> TABS 400mg	3
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	4
<b>PENICILLINS</b>	
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1
<i>amoxicillin</i> CHEW 125mg, 250mg	2
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml	3
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml	4
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml	3
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml	3
<i>amoxicillin &amp; k clavulanate tab</i> 250-125 mg	3
<i>amoxicillin &amp; k clavulanate tab</i> 500-125 mg	2
<i>amoxicillin &amp; k clavulanate tab</i> 875-125 mg	2
<i>amoxicillin &amp; k clavulanate tab er</i> 12hr 1000- 62.5 mg	4
<i>ampicillin</i> CAPS 500mg	2
<i>ampicillin &amp; sulbactam sodium for inj</i> 1.5 (1- 0.5) gm	4
<i>ampicillin &amp; sulbactam sodium for inj</i> 3 (2-1) gm	4
<i>ampicillin &amp; sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	4
<i>ampicillin &amp; sulbactam sodium for iv soln</i> 3 (2- 1) gm	4
<i>ampicillin &amp; sulbactam sodium for iv soln</i> 15 (10-5) gm	4

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	4	
<i>BICILLIN L-A</i> SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4	
<i>nafcillin sodium</i> SOLR 10gm	5	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	4	
<i>penicillin g sodium</i> SOLR 5000000unit	4	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	4	
<i>piperacillin sod-tazobactam na</i> for inj 3.375 gm (3-0.375 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 2.25 gm (2-0.25 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 4.5 gm (4-0.5 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 13.5 gm (12-1.5 gm)	4	
<i>piperacillin sod-tazobactam sod</i> for inj 40.5 gm (36-4.5 gm)	4	
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	4	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg	2	
<i>doxycycline (monohydrate)</i> SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	3	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; TABS 20mg, 100mg	3	
<i>doxycycline hyclate</i> SOLR 100mg	4	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	3	
<i>NUZYRA</i> SOLR 100mg	5	NDS, NM
<i>NUZYRA</i> TABS 150mg	5	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	4	
<i>tigecycline</i> SOLR 50mg	5	NDS
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
<i>BENDAMUSTINE HYDROCHLORID</i> SOLN 100mg/4ml	5	NDS, B/D, NM
<i>BENDEKA</i> SOLN 100mg/4ml	5	NDS, B/D, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	3	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
<i>CYCLOPHOSPHAMIDE</i> SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
<i>CYCLOPHOSPHAMIDE</i> SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	NDS, B/D
<i>CYCLOPHOSPHAMIDE</i> TABS 25mg, 50mg	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR</i> SOLN 2gm/10ml	5	NDS, B/D
<i>FRINDOVYX</i> SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
<i>GLEOSTINE</i> CAPS 10mg, 40mg	4	NM
<i>GLEOSTINE</i> CAPS 100mg	5	NDS, NM
<i>LEUKERAN</i> TABS 2mg	5	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	4	B/D
<i>oxaliplatin</i> SOLR 100mg	5	NDS, B/D
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
<i>INQOVI</i> TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA
<i>LONSURF</i> TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA
<i>LONSURF</i> TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS, NM
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
<i>ONUREG</i> TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
<i>PURIXAN</i> SUSP 2000mg/100ml	5	NDS, NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TABLOID TABS 40mg	5	NDS
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOMODULATORS</b>			
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA	
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA	
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA	
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA	
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA	
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, PA	
<b>MISCELLANEOUS</b>			
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA	
bexarotene CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA	
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D	
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D	
hydroxyurea CAPS 500mg	2		
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D	
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA	
MATULANE CAPS 50mg	5	NDS, NM	
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS	
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA	
<b>MITOTIC INHIBITORS</b>			
<i>docetaxel</i> CONC 20mg/ml	4	B/D	
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D	
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D	
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM	
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D	
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D	
<i>paclitaxel inj 100mg</i>	5	NDS, B/D, NM	
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D	
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
everolimus TBSO 2mg	5	NDS, QL (150 tabs / 30 days), NM, PA
everolimus TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
everolimus TBSO 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTrif TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUWICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUWICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUWICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA
IMBRUWICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 50mg	5	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETEVMO CAPS 40mg	5	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	5	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<b>PROTECTIVE AGENTS</b>		
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	3	
mesna TABS 400mg	5	NDS
MESNEX TABS 400mg	5	NDS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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## **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 &amp; hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril &amp; 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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***ALDOSTERONE RECEPTOR ANTAGONISTS***

<i>eplerenone TABS 25mg, 50mg</i>	<i>3</i>	
<i>KERENDIA TABS 10mg, 20mg</i>	<i>3</i>	<i>QL (30 tabs / 30 days)</i>
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	<i>1</i>	

***ALPHA BLOCKERS***

<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	<i>2</i>	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	<i>3</i>	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	<i>1</i>	

***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS***

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	<i>1</i>	<i>QL (60 tabs / 30 days)</i>
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>ENTRESTO CAP 6-6MG</i>	<i>3</i>	<i>QL (240 caps / 30 days)</i>
<i>ENTRESTO CAP 15-16MG</i>	<i>3</i>	<i>QL (240 caps / 30 days)</i>
<i>ENTRESTO TAB 24-26MG</i>	<i>3</i>	<i>QL (60 tabs / 30 days)</i>
<i>ENTRESTO TAB 49-51MG</i>	<i>3</i>	<i>QL (60 tabs / 30 days)</i>
<i>ENTRESTO TAB 97-103MG</i>	<i>3</i>	<i>QL (60 tabs / 30 days)</i>
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	<i>1</i>	<i>QL (60 tabs / 30 days)</i>
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	<i>1</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	<i>1</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	<i>1</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	<i>1</i>	<i>QL (30 tabs / 30 days)</i>

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

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

### **ANTIARRHYTHMICS**

<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	4	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	1	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	3	
<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>NEXLETOL</i> TABS 180mg	3	QL (30 tabs / 30 days)
<i>NEXLIZET</i> TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
<i>REPATHA SOSY</i> 140mg/ml	3	NM, PA
<i>REPATHA PUSHTRONEX SYSTEM SOCT</i> 420mg/3.5ml	3	NM, PA
<i>REPATHA SURECLICK SOAJ</i> 140mg/ml	3	NM, PA
<i>VASCEPA</i> CAPS .5gm, 1gm	3	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	3	
<b>BETA-BLOCKERS</b>		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	3	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	3	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	3	
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	3	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>diltiazem hcl coated beads CP24 360mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	2
<i>isradipine CAPS 2.5mg, 5mg</i>	4
<i>nicardipine hcl CAPS 20mg, 30mg</i>	4
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	3
<i>nimodipine CAPS 30mg</i>	4
<i>tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2
<i>verapamil hcl CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml</i>	4
<i>verapamil hcl CP24 120mg, 180mg, 240mg</i>	3
<i>verapamil hcl TABS 40mg, 80mg, 120mg</i>	1
<i>verapamil hcl TBCR 120mg, 180mg, 240mg</i>	2
<b><i>DIURETICS</i></b>	
<i>acetazolamide CP12 500mg; TABS 125mg, 250mg</i>	3
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	2
<i>amiloride hcl TABS 5mg</i>	2
<i>bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg</i>	3
<i>chlorthalidone TABS 25mg, 50mg</i>	2
<i>furosemide SOLN 10mg/ml, 40mg/5ml</i>	2
<i>furosemide TABS 20mg, 40mg, 80mg</i>	1
<i>furosemide inj SOLN 10mg/ml</i>	3
<i>hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg</i>	1
<i>indapamide TABS 1.25mg, 2.5mg</i>	1
<i>methazolamide TABS 25mg, 50mg</i>	4
<i>metolazone TABS 2.5mg, 5mg, 10mg</i>	2
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	2
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	2
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1
<b><i>MISCELLANEOUS</i></b>	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA

### **NITRATES**

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

### **PULMONARY ARTERIAL HYPERTENSION**

<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANXIETY</b>		
<i>alprazolam TABS .25mg, .5mg, 1mg, 2mg</i> 2 QL (150 tabs / 30 days)		
<i>buspirone hcl TABS 5mg, 10mg, 15mg</i>	1	
<i>buspirone hcl TABS 7.5mg, 30mg</i>	3	
<i>fluvoxamine maleate TABS 25mg, 50mg, 100mg</i>	3	
<i>lorazepam CONC 2mg/ml</i>	3	QL (150 mL / 30 days)
<i>lorazepam SOLN 4mg/ml, 20mg/10ml</i>	2	
<i>lorazepam TABS .5mg, 1mg, 2mg</i>	2	QL (150 tabs / 30 days)
<i>lorazepam intensol CONC 2mg/ml</i>	3	QL (150 mL / 30 days)
<b>ANTIDEMENTIA</b>		
<i>donepezil hydrochloride TABS 5mg; TBDP 5mg</i>	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride TABS 10mg; TBDP 10mg</i>	2	
<i>galantamine hydrobromide CP24 8mg, 16mg, 24mg</i>	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide SOLN 4mg/ml</i>	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide TABS 4mg, 8mg, 12mg</i>	3	QL (60 tabs / 30 days)
<i>memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml</i>	4	PA; PA applies if 29 years and younger
<i>memantine hcl TABS 5mg, 10mg</i>	3	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	4	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	4	
<i>NAMZARIC CAP 7-10MG</i>	4	
<i>NAMZARIC CAP 14-10MG</i>	4	
<i>NAMZARIC CAP 21-10MG</i>	4	
<i>NAMZARIC CAP 28-10MG</i>	4	
<i>NAMZARIC CAP PACK</i>	4	
<i>rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg</i>	3	QL (60 caps / 30 days)
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	3	
<i>amoxapine TABS 25mg, 50mg, 100mg, 150mg</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), NM, PA

### **ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab</i> 10-100mg	3	
<i>carb/levo orally disintegrating tab</i> 25-100mg	3	
<i>carb/levo orally disintegrating tab</i> 25-250mg	3	
<i>carbidopa &amp; levodopa tab</i> 10-100 mg	2	
<i>carbidopa &amp; levodopa tab</i> 25-100 mg	2	
<i>carbidopa &amp; levodopa tab</i> 25-250 mg	2	
<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	3	
<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	3	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	4	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	4	
<i>entacapone</i> TABS 200mg	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	2	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	3	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	PA; PA applies if 70 years and older
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	PA; PA applies if 70 years and older

### **ANTIPSYCHOTICS**

ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILITY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILITY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>ariPIPRAZOLE</i> SOLN 1mg/ml	4	QL (900 mL / 30 days)
<i>ariPIPRAZOLE</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	4	QL (30 tabs / 30 days)
<i>ariPIPRAZOLE</i> TBDP 10mg, 15mg	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	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	4	
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxpipamine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)

### **ANTISEIZURE AGENTS**

APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	3	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg		4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg		3	
<i>levetiracetam</i> SOLN 500mg/5ml		4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg		2	
LEVETIRACETAM TB3D 250mg		4	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>		4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>		4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>		4	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg		4	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg		4	
NAYZILAM SOLN 5mg/0.1ml		4	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml		4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg		3	
<i>phenobarbital</i> ELIX 20mg/5ml		4	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg		3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml		4	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg		3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml		3	
<i>phenytoin sodium</i> SOLN 50mg/ml		3	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg		3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg		3	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg		3	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg		3	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml		4	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg		2	
<i>roweepra</i> TABS 500mg		2	
<i>rufinamide</i> SUSP 40mg/ml		5	NDS, QL (2400 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
rufinamide TABS 200mg	4	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
topiramate CPSP 15mg, 25mg	3	
topiramate CPSP 50mg	4	
topiramate TABS 25mg, 50mg, 100mg, 200mg	2	
valproate sodium SOLN 100mg/ml	4	
valproate sodium SOLN 250mg/5ml	3	
valproic acid CAPS 250mg	3	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs per 30 days)
vigabatrin PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
vigabatrin TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
vigadroner PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
vigadroner TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA

#### ***ATTENTION DEFICIT HYPERACTIVITY DISORDER***

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days), PA

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guanfacine hcl (adhd)</i>	TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd)</i>	TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl</i>	CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i>	SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i>	SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i>	TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i>	TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i>	TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

### ***HYPNOTICS***

<i>DAYVIGO</i>	TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i>	TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>eszopiclone</i>	TABS 1mg, 2mg, 3mg	4	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	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i>	CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i>	CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i>	CAPS 5mg	3	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	3	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<b>MIGRAINE</b>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	4	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AUSTEDO XR TB24 18mg, 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carisoprodol</i> TABS 350mg	3	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	3	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	4	
<i>methocarbamol</i> TABS 500mg	3	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	3	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	2	
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	3	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)

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

## **ENDOCRINE AND METABOLIC**

### **ANDROGENS**

danazol CAPS 50mg, 100mg, 200mg	4	
depo-testosterone SOLN 100mg/ml, 200mg/ml	3	PA
methyltestosterone CAPS 10mg	5	NDS, QL (600 caps / 30 days), PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	3	PA
testosterone enanthate SOLN 200mg/ml	3	PA
testosterone pump GEL 1.62%	4	QL (150 gm / 30 days), PA

### **ANTIDIABETICS**

acarbose TABS 25mg, 50mg, 100mg	3	
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	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	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	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</i> tab 15-500 mg	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl</i> tab 15-850 mg	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA
INSULIN SYRINGES: BD-EMBECTA	3	PA
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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### **CALCIUM REGULATORS**

<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TBEC 35mg	4	ST
TERIPARATIDE SOPN 620mcg/2.48ml	5	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM

### **CHELATING AGENTS**

CHEMET CAPS 100mg	5	NDS
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
deferasirox TBSO 250mg, 500mg	5	NDS, NM, PA
kionex SUSP 15gm/60ml	3	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NDS, NM
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	3	
sps rectal SUSP 15gm/60ml	3	
trientine hcl CAPS 250mg	5	NDS, NM, PA

### **CONTRACEPTIVES**

<i>afirmelle</i>	2
<i>altavera</i>	3
<i>alyacen 1/35</i>	3
<i>alyacen 7/7/7</i>	3
<i>amethia</i>	3
<i>amethyst</i>	3
<i>apri</i>	2
<i>aranelle</i>	3
<i>ashlyna</i>	3
<i>aubra eq</i>	2
<i>aurovela 1/20</i>	3
<i>aurovela 24 fe</i>	3
<i>aurovela fe 1.5/30</i>	2
<i>aurovela fe 1/20</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>aviane</i>	2
<i>ayuna</i>	3
<i>azurette</i>	3
<i>balziva</i>	3
<i>blisovi 24 fe</i>	3
<i>blisovi fe 1.5/30</i>	2
<i>briellyn</i>	3
<i>camila TABS .35mg</i>	2
<i>camrese</i>	3
<i>camrese lo</i>	3
<i>chateal eq</i>	3
<i>cryselle-28</i>	3
<i>cyred eq</i>	2
<i>dasetta 1/35</i>	3
<i>dasetta 7/7/7</i>	3
<i>daysee</i>	3
<i>deblitane TABS .35mg</i>	2
<i>DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml</i>	3
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	3
<i>dolishale</i>	3
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	3
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	3
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3
<i>elinest</i>	3
<i>eluryng</i>	3
<i>emzahh TABS .35mg</i>	2
<i>enilloring</i>	3
<i>enpresse-28</i>	2
<i>enskyce</i>	2
<i>errin TABS .35mg</i>	2
<i>estarrylla</i>	2
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	3
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	3
<i>falmina</i>	2
<i>feirza 1.5/30</i>	2
<i>feirza 1/20</i>	2

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>finzala</i>	3
<i>hailey 1.5/30</i>	3
<i>hailey 24 fe</i>	3
<i>haloette</i>	3
<i>heather TABS .35mg</i>	2
<i>iclevia</i>	3
<i>incassia TABS .35mg</i>	2
<i>introvale</i>	3
<i>isibloom</i>	2
<i>jasmiel</i>	3
<i>jolessa</i>	3
<i>juleber</i>	2
<i>junel 1.5/30</i>	3
<i>junel 1/20</i>	3
<i>junel fe 1.5/30</i>	2
<i>junel fe 1/20</i>	2
<i>junel fe 24</i>	3
<i>kaitlib fe</i>	3
<i>kariva</i>	3
<i>kelnor 1/35</i>	2
<i>kelnor 1/50</i>	3
<i>kurvelo</i>	3
<i>larin 1.5/30</i>	3
<i>larin 1/20</i>	3
<i>larin 24 fe</i>	3
<i>larin fe 1.5/30</i>	2
<i>larin fe 1/20</i>	2
<i>layolis fe</i>	3
<i>lessina</i>	2
<i>levonest</i>	2
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i>	3
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	3
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	3
<i>levonorgestrel &amp; ethynodiol (91-day) tab 0.15-0.03 mg</i>	3
<i>levonorgestrel &amp; ethynodiol tab 0.1 mg-20 mcg</i>	2
<i>levonorgestrel &amp; ethynodiol tab 0.15 mg-30 mcg</i>	3
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
levonorgestrel-ethynodiol diacetate (continuous) tab 90-20 mcg	3	
levora 0.15/30-28	3	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	3	
loestrin 1/20-21	3	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	3	
low-ogestrel	3	
lutera	2	
lyeq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	3	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
mibelas 24 fe	3	
microgestin 1.5/30	3	
microgestin 1/20	3	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
milli	2	
mono-linyah	2	
necon 0.5/35-28	3	
NEXPLANON IMPL 68mg	3	NM
nikki	3	
nora-be TABS .35mg	2	
norelgestromin-ethynodiol diacetate td ptwk 150-35 mcg/24hr	3	
norethindrone & ethynodiol-diacetate chew tab 0.4 mg-35 mcg	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethynodiol diacetate tab 1-20/1- 30/1-35 mg-mcg	3	
norethindrone ace & ethynodiol diacetate tab 1 mg- 20 mcg	3	
norethindrone ace & ethynodiol diacetate tab 1.5 mg-30 mcg	3	
norethindrone ace & ethynodiol diacetate tab 1 mg-20 mcg	2	
norethindrone ace-ethynodiol diacetate chew tab 1 mg-20 mcg (24)	3	
norgestimate & ethynodiol diacetate tab 0.25 mg-35 mcg	2	
norgestimate-ethynodiol diacetate tab 0.18-25/0.215- 25/0.25-25 mg-mcg	3	

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3
<i>norlyroc TABS .35mg</i>	2
<i>nortrel 0.5/35 (28)</i>	3
<i>nortrel 1/35 (21)</i>	3
<i>nortrel 1/35 (28)</i>	3
<i>nortrel 7/7/7</i>	3
<i>nylia 1/35</i>	3
<i>nylia 7/7/7</i>	3
<i>ocella</i>	3
<i>philith</i>	3
<i>pimtrea</i>	3
<i>portia-28</i>	3
<i>reclipsen</i>	2
<i>rivelsa</i>	3
<i>setlakin</i>	3
<i>sharobel TABS .35mg</i>	2
<i>simliya</i>	3
<i>simpesse</i>	3
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	3
<i>tarina 24 fe</i>	3
<i>tarina fe 1/20 eq</i>	2
<i>tilia fe</i>	3
<i>tri-estarrylla</i>	3
<i>tri-legest fe</i>	3
<i>tri-linyah</i>	3
<i>tri-lo-estarrylla</i>	3
<i>tri-lo-marzia</i>	3
<i>tri-lo-mili</i>	3
<i>tri-lo-sprintec</i>	3
<i>tri-mili</i>	3
<i>tri-nymyo</i>	3
<i>tri-sprintec</i>	3
<i>tri-vylibra</i>	3
<i>tri-vylibra lo</i>	3
<i>trivora-28</i>	2
<i>turqoz</i>	3
<i>tydemy</i>	3
<i>valtya 1/50</i>	3
<i>velivet</i>	3
<i>vestura</i>	3
<i>vienna</i>	2
<i>viorele</i>	3

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<i>vyfemla</i>	3
<i>vylibra</i>	2
<i>wera</i>	3
<i>wymzya fe</i>	3
<i>xarah fe</i>	3
<i>xulane</i>	3
<i>zafemy</i>	3
<i>zovia 1/35</i>	2
<i>zumandimine</i>	3
<b><i>ESTROGENS</i></b>	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3
<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</i>	3
<i>estradiol TABS .5mg, 1mg, 2mg</i>	2
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	3
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	3
<i>estradiol vaginal CREA .1mg/gm</i>	3
<i>estradiol vaginal TABS 10mcg</i>	4
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	4
<i>fyavolv tab 0.5mg-2.5mcg</i>	3
<i>fyavolv tab 1mg-5mcg</i>	3
<i>jinteli</i>	3
<i>yllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3
<i>mimvey</i>	3
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3
<i>yuvafem TABS 10mcg</i>	4
<b><i>GLUCOCORTICOIDS</i></b>	
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	3
<i>fludrocortisone acetate TABS .1mg</i>	2
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone sod succinate</i> SOLR 100mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	3	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
<b>MISCELLANEOUS</b>		
<i>ALDURAZYME</i> SOLN 2.9mg/5ml	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
<i>CYSTAGON</i> CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
<i>FABRAZYME</i> SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
lanreotide acetate SOLN 120mg/0.5ml	5	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
raloxifene hcl TABS 60mg	3	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
VEOZAH TABS 45mg	4	PA
<b>PROGESTINS</b>		
gallifrey TABS 5mg	3	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	3	
progesterone CAPS 100mg, 200mg	3	
<b>THYROID AGENTS</b>		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
<i>SYNTHROID</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>gransetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
<b>LAXATIVES</b>		
<i>constulose</i> SOLN 10gm/15ml	3	
<i>enulose</i> SOLN 10gm/15ml	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i> SOLN 10gm/15ml	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lactulose SOLN 10gm/15ml</i>	3	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>PLENUV SOL</i>	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
<b>MISCELLANEOUS</b>		
<i>alosetron hcl TABS 1mg</i>	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl TABS .5mg</i>	4	QL (60 tabs / 30 days), PA
<i>CREON CAP 3000UNIT</i>	3	
<i>CREON CAP 6000UNIT</i>	3	
<i>CREON CAP 12000UNT</i>	3	
<i>CREON CAP 24000UNT</i>	3	
<i>CREON CAP 36000UNT</i>	3	
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	4	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
<i>GATTEX KIT 5mg</i>	5	NDS, NM, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	3	
<i>misoprostol TABS 100mcg, 200mcg</i>	3	
<i>MOVANTIK TABS 12.5mg, 25mg</i>	3	QL (30 tabs / 30 days)
<i>RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml</i>	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	3	
<i>ursodiol CAPS 300mg</i>	3	
<i>ursodiol TABS 250mg, 500mg</i>	4	
<i>VOWST CAP</i>	5	NDS, QL (12 caps / 30 days), NM, PA
<i>XERMELO TABS 250mg</i>	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>XIFAXAN TABS 550mg</i>	5	NDS, PA
<i>ZENPEP CAP 3000UNIT</i>	4	
<i>ZENPEP CAP 5000UNIT</i>	4	
<i>ZENPEP CAP 10000UNT</i>	4	
<i>ZENPEP CAP 15000UNT</i>	4	
<i>ZENPEP CAP 20000UNT</i>	4	
<i>ZENPEP CAP 25000UNT</i>	4	
<i>ZENPEP CAP 40000UNT</i>	4	
<i>ZENPEP CAP 60000UNT</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROTON PUMP INHIBITORS</b>		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
<b>MISCELLANEOUS</b>		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	
<b>URINARY ANTISPASMODICS</b>		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
<i>MYRBETRIQ</i> SRER 8mg/ml	4	QL (300 mL / 28 days)
<i>MYRBETRIQ</i> TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	4	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	4	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	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	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
<b>MISCELLANEOUS</b>		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>L-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	

### ***PLATELET AGGREGATION INHIBITORS***

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4
<i>BRILINTA</i> TABS 60mg, 90mg	3
<i>clopidogrel bisulfate</i> TABS 75mg	1
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3
<i>prasugrel hcl</i> TABS 5mg, 10mg	3

### ***IMMUNOLOGIC AGENTS***

#### ***AUTOIMMUNE AGENTS***

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	5	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	5	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	5	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	5	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	5	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	5	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), NM, PA
INFliximab SOLR 100mg	5	NDS, NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA

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

#### **DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)**

hydroxychloroquine sulfate TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
leflunomide TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D

#### **IMMUNOGLOBULINS**

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL CP24 5mg	5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
azathioprine TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	4	B/D, NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D, NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	NDS, B/D, NM
gentraf CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D, NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	3	B/D, NM
mycophenolate mofetil SUSR 200mg/ml	5	NDS, B/D, NM
mycophenolate sodium TBEC 180mg, 360mg	4	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	5	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	4	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	4	B/D, NM
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	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	
IPOP 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	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTAVERSE SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

## **NUTRITIONAL/SUPPLEMENTS**

### **ELECTROLYTES/MINERALS, INJECTABLE**

D2.5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	3
dextrose 2.5% w/ sodium chloride 0.45%	3
dextrose 5% in lactated ringers	3
dextrose 5% w/ sodium chloride 0.2%	3
dextrose 5% w/ sodium chloride 0.3%	3
dextrose 5% w/ sodium chloride 0.9%	3
dextrose 5% w/ sodium chloride 0.45%	3
dextrose 5% w/ sodium chloride 0.225%	3
dextrose 10% w/ sodium chloride 0.45%	3
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3
KCL/D5W/NACL INJ 0.3/0.9%	4
<i>lactated ringer's solution</i>	3
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	4	
<i>multiple electrolytes ph 7.4</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con PACK 20meq</i>	4	
<i>klor-con 8 TBCR 8meq</i>	2	
<i>klor-con 10 TBCR 10meq</i>	2	
<i>klor-con m10 TBCR 10meq</i>	2	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq</i>	2	
<i>potassium chloride PACK 20meq; SOLN 10%, 20%</i>	4	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%, 70%</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

## **OPHTHALMIC**

### **ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>neo-polycin hc ophth oint 1%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	

### **ANTI-INFECTIVES**

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
<i>XDEMVY SOLN .25%</i>	5	NDS, NM, PA
<i>ZIRGAN GEL .15%</i>	4	
<b>ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (ophth) SOLN .07%</i>	3	
<i>bromfenac sodium (ophth) SOLN .075%</i>	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>diluprednate EMUL .05%</i>	4	
<i>FLAREX SUSP .1%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
<i>LOTEMAX OINT .5%</i>	3	
<i>loteprednol etabonate SUSP .2%</i>	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
<i>PREDNISOLONE SODIUM PHOSP SOLN 1%</i>	3	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	2	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth) SOLN .5%</i>	3	
<i>BETOPTIC-S SUSP .25%</i>	4	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brimonidine tartrate SOLN .15%</i>	4	
<i>brinzolamide SUSP 1%</i>	4	
<i>carteolol hcl (ophth) SOLN 1%</i>	2	
<i>COMBIGAN SOL 0.2/0.5%</i>	3	
<i>dorzolamide hcl SOLN 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	2	
<i>LUMIGAN SOLN .01%</i>	3	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	3	
<i>RHOPRESSA SOLN .02%</i>	4	
<i>ROCKLATAN DRO</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
<b>ANTIHISTAMINES</b>		
<i>azelastine hcl</i> SOLN .1%	3	
<i>cetirizine hcl</i> SOLN 5mg/5ml	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<b>BETA AGONISTS</b>		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
<i>SEREVENT DISKUS</i> AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
montelukast sodium CHEW 4mg, 5mg	2	
montelukast sodium PACK 4mg	4	
montelukast sodium TABS 10mg	1	
zafirlukast TABS 10mg, 20mg	3	
<b>MISCELLANEOUS</b>		
acetylcysteine SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
BRONCHITOL CAPS 40mg	5	NDS, QL (560 caps / 28 days), NM, PA
cromolyn sodium NEBU 20mg/2ml	3	B/D
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
pirfenidone CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
pirfenidone TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
pirfenidone TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
roflumilast TABS 250mcg	4	QL (56 tabs / year)
roflumilast TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
theophylline TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
<b>NASAL STEROIDS</b>		
flunisolide (nasal) SOLN .025%	3	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml	4	B/D

### ***STEROID/BETA-AGONIST COMBINATIONS***

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
breyna	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
wixela inhub	3	QL (60 inhalations / 30 days)

### ***TOPICAL***

#### ***DERMATOLOGY, ACNE***

accutane CAPS 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem CAPS 10mg, 20mg, 40mg	4	PA
benzoyl peroxide-erythromycin gel 5-3%	4	QL (46.6 gm / 30 days)
claravis CAPS 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (topical) GEL 1%	3	QL (75 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	3	QL (60 pledges / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	3	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i>	4	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	4	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	3	QL (75 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	4	PA
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	3	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	2	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLYON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox SHAM 1%</i>	3	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	3	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	3	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	3	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	2	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	3	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	2	
<b>DERMATOLOGY, ANTI-PSORIATICS</b>		
<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	4	PA
<i>calcipotriene CREA .005%; OINT .005%</i>	4	QL (120 gm / 30 days), PA
<i>calcipotriene SOLN .005%</i>	3	QL (120 mL / 30 days), PA
<i>calcitrene OINT .005%</i>	4	QL (120 gm / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
tazarotene CREA .05%, .1%	3	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA

### ***DERMATOLOGY, CORTICOSTEROIDS***

ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
clobetasol propionate SOLN .05%	4	QL (50 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (60 mL / 30 days)
fluocinonide CREA .05%	3	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	3	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL (30 gm / 30 days)
hydrocortisone valerate CREA .2%	3	QL (60 gm / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>protozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA

#### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)

#### **DERMATOLOGY, WOUND CARE AGENTS**

REGRANEX GEL .01%	5	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

#### **MOUTH/THROAT/DENTAL AGENTS**

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	3	

#### **PART B**

#### **DIABETIC METERS AND TEST STRIPS**

DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR KIT 3 SENSOR	0	PA
FREESTY LIBR KIT SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTY LIBR MIS 3 READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

## Indeksi i barnave

*abacavir sulfate* ..... 11  
*abacavir sulfate-lamivudine tab 600-300 mg* ..... 13  
ABELCET ..... 10  
ABILIFY ASIMTUFII.... 39  
ABILIFY MAINTENA.... 39  
*abiraterone acetate* ... 19  
ABRYSVO ..... 71  
*acamprosate calcium* .50  
*acarbose* ..... 51  
*accutane* ..... 81  
*acebutolol hcl* ..... 33  
*acetaminophen w/codeine soln 120-12 mg/5ml* ..... 8  
*acetaminophen w/codeine tab 300-15 mg* ..... 8  
*acetaminophen w/codeine tab 300-30 mg* ..... 8  
*acetaminophen w/codeine tab 300-60 mg* ..... 8  
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*acetic acid* ..... 66  
*acetic acid (otic)* ..... 77  
*acetylcysteine* ..... 79  
*acitretin* ..... 82  
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ACTIMMUNE ..... 71  
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*acyclovir sodium* ..... 14  
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ADALIMUMAB-AACF (2 SYRING) ..... 68  
ADALIMUMAB-AACF STARTER P ..... 68  
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ADMELOG SOLOSTAR 53

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ADVAIR HFA AER  
230/21 ..... 81  
ADVAIR HFA AER 45/21  
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*afirmelle* ..... 55  
AIMOVIG ..... 48  
AIRSUPRA AER 90-80MCG ..... 81  
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AKEEGA TAB 50/500MG  
..... 19  
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*albendazole* ..... 9  
*albuterol sulfate* ..... 78  
*alclometasone dipropionate* ..... 83  
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY  
..... 53  
ALDURAZYME ..... 61  
ALECENSA ..... 21  
*alendronate sodium* .. 55  
*alfuzosin hcl* ..... 66  
*aliskiren fumarate* .... 34  
*allopurinol* ..... 7  
*alosetron hcl* ..... 65  
*alprazolam* ..... 36  
*altavera* ..... 55  
ALUNBRIG ..... 21  
ALUNBRIG PAK ..... 21  
ALVAIZ ..... 67  
ALVESCO ..... 80  
*alyacen 1/35* ..... 55  
*alyacen 7/7/7* ..... 55  
ALYFTREK TAB 10-50-125 ..... 79  
ALYFTREK TAB 4-20-50  
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ALYGLO ..... 70  
*alyq* ..... 35  
*amantadine hcl* ..... 38  
*ambrisentan* ..... 35  
*amethia* ..... 55  
*amethyst* ..... 55  
*amikacin sulfate* ..... 9  
*amiloride & hydrochlorothiazide tab 5-50 mg* ..... 34  
*amiloride hcl* ..... 34  
*amiodarone hcl* ..... 31  
*amitriptyline hcl* ..... 36  
*amlodipine besylate* ..33  
*amlodipine besylate-benazepril hcl cap 10-20 mg* ..... 29  
*amlodipine besylate-benazepril hcl cap 10-40 mg* ..... 29  
*amlodipine besylate-benazepril hcl cap 2.5-10 mg* ..... 29  
*amlodipine besylate-benazepril hcl cap 5-10 mg* ..... 29  
*amlodipine besylate-benazepril hcl cap 5-20 mg* ..... 29  
*amlodipine besylate-benazepril hcl cap 5-40 mg* ..... 29  
*amlodipine besylate-olmesartan medoxomil tab 10-20 mg* ..... 30  
*amlodipine besylate-olmesartan medoxomil tab 10-40 mg* ..... 30  
*amlodipine besylate-olmesartan medoxomil tab 5-20 mg* ..... 30  
*amlodipine besylate-olmesartan medoxomil tab 5-40 mg* ..... 30  
*amlodipine besylate-valsartan tab 10-160 mg* ..... 30

<i>amlodipine besylate-</i>	
<i>valsartan tab 10-320</i>	
<i>mg .....</i>	<i>30</i>
<i>amlodipine besylate-</i>	
<i>valsartan tab 5-160</i>	
<i>mg .....</i>	<i>30</i>
<i>amlodipine besylate-</i>	
<i>valsartan tab 5-320</i>	
<i>mg .....</i>	<i>30</i>
<i>amnesteem .....</i>	<i>81</i>
<i>amoxapine .....</i>	<i>36</i>
<i>amoxicillin .....</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate for susp</i>	
<i>200-28.5 mg/5ml ...</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate for susp</i>	
<i>250-62.5 mg/5ml ...</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate for susp</i>	
<i>400-57 mg/5ml.....</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate for susp</i>	
<i>600-42.9 mg/5ml ...</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate tab 250-</i>	
<i>125 mg .....</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate tab 500-</i>	
<i>125 mg .....</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate tab 875-</i>	
<i>125 mg .....</i>	<i>16</i>
<i>amoxicillin &amp; k</i>	
<i>clavulanate tab er</i>	
<i>12hr 1000-62.5 mg</i>	<i>16</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 10 mg..</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 15 mg..</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 20 mg..</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 25 mg .</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 30 mg .</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>cap er 24hr 5 mg ...</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 10 mg .....</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 12.5 mg .....</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 15 mg .....</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 20 mg .....</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 30 mg .....</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 5 mg .....</i>	<i>46</i>
<i>amphetamine-</i>	
<i>dextroamphetamine</i>	
<i>tab 7.5 mg .....</i>	<i>46</i>
<i>amphotericin b .....</i>	<i>10</i>
<i>amphotericin b liposome</i>	
.....	<i>11</i>
<i>ampicillin .....</i>	<i>16</i>
<i>ampicillin &amp; sulbactam</i>	
<i>sodium for inj 1.5 (1-</i>	
<i>0.5) gm .....</i>	<i>16</i>
<i>ampicillin &amp; sulbactam</i>	
<i>sodium for inj 3 (2-1)</i>	
<i>gm .....</i>	<i>16</i>
<i>ampicillin &amp; sulbactam</i>	
<i>sodium for iv soln 1.5</i>	
<i>(1-0.5) gm .....</i>	<i>16</i>
<i>ampicillin &amp; sulbactam</i>	
<i>sodium for iv soln 15</i>	
<i>(10-5) gm.....</i>	<i>16</i>
<i>ampicillin &amp; sulbactam</i>	
<i>sodium for iv soln 3</i>	
<i>(2-1) gm .....</i>	<i>16</i>
<i>ampicillin sodium.....</i>	<i>17</i>
<i>anagrelide hcl .....</i>	<i>67</i>
<i>anastrozole.....</i>	<i>19</i>
<i>ANORO ELLIPT AER</i>	
<i>62.5-25 .....</i>	<i>77</i>
<i>aprepitant .....</i>	<i>63</i>
<i>aprepitant capsule</i>	
<i>therapy pack 80 &amp; 125</i>	
<i>mg.....</i>	<i>63</i>
<i>apri.....</i>	<i>55</i>
<i>APTIOM.....</i>	<i>42</i>
<i>APTIVUS.....</i>	<i>11</i>
<i>ARALAST NP .....</i>	<i>79</i>
<i>aranelle.....</i>	<i>55</i>
<i>ARCALYST .....</i>	<i>71</i>
<i>AREXVY.....</i>	<i>72</i>
<i>ARIKAYCE.....</i>	<i>9</i>
<i>aripiprazole.....</i>	<i>39</i>
<i>ARISTADA .....</i>	<i>39</i>
<i>ARISTADA INITIO.....</i>	<i>39</i>
<i>armodafinil .....</i>	<i>50</i>
<i>ARNUITY ELLIPTA .....</i>	<i>81</i>
<i>asenapine maleate.....</i>	<i>39</i>
<i>ashlyna .....</i>	<i>55</i>
<i>aspirin-dipyridamole cap</i>	
<i>er 12hr 25-200 mg .</i>	<i>68</i>
<i>ASTAGRAF XL .....</i>	<i>71</i>
<i>atazanavir sulfate .....</i>	<i>11</i>
<i>atenolol .....</i>	<i>33</i>
<i>atenolol &amp; chlorthalidone</i>	
<i>tab 100-25 mg .....</i>	<i>33</i>
<i>atenolol &amp; chlorthalidone</i>	
<i>tab 50-25 mg .....</i>	<i>32</i>
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<i>hydrochlorothiazide</i>		<i>polymyx 5(3.5)mg-</i>
<i>tab 100-25 mg</i> .....	33	<i>400unt-1000unt op</i>
<i>metoprolol &amp;</i>		<i>oin</i> .....75
<i>hydrochlorothiazide</i>		<i>neomycin-polomy-</i>
<i>tab 100-50 mg</i> .....	33	<i>gramcid op sol</i> 1.75-
<i>metoprolol &amp;</i>		<i>10000-0.025mg-unt-</i>
<i>hydrochlorothiazide</i>		<i>mg/ml</i> .....75
<i>tab 50-25 mg</i> .....	33	<i>neomycin-polmyxin-</i>
<i>metoprolol succinate</i> ..	33	<i>dexamethasone ophth</i>
<i>metoprolol tartrate</i> ...	33	<i>oint 0.1%</i> .....75
<i>metronidazole</i> .....	10	<i>neomycin-polmyxin-</i>
<i>metronidazole (topical)</i>		<i>dexamethasone ophth</i>
.....84		<i>susp 0.1%</i> .....75
<i>metronidazole vaginal</i> 66		<i>neomycin-polmyxin-hc</i>
<i>metyrosine</i> .....	35	<i>ophth susp</i> .....75
<i>mibelas 24 fe</i> .....	58	<i>neomycin-polmyxin-hc</i>
<i>micafungin sodium</i> ....	11	<i>otic soln 1%</i> .....77
<i>microgestin 1.5/30</i> ...	58	<i>neomycin-polmyxin-hc</i>
<i>microgestin 1/20</i> .....	58	<i>otic susp 3.5 mg/ml-</i>
<i>microgestin fe 1.5/30</i> 58		<i>10000 unit/ml-1%</i> ..77
<i>microgestin fe 1/20</i> ...	58	<i>neo-polycin 5(3.5)mg-</i>
<i>midodrine hcl</i> .....	35	<i>400unt-1000unt op</i>
<i>MIEBO</i> .....	77	<i>oin</i> .....75
<i>mifepristone</i>		<i>neo-polycin hc ophth</i>
( <i>hyperglycemia</i> ) .....	62	<i>oint 1%</i> .....75

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nevirapine .....	12	10MG .....49
NEXLETOL .....	32	NULOJIX.....71
NEXLIZET TAB		NUPLAZID .....40
180/10MG .....	32	NURTEC .....48
NEXPLANON .....	58	NUTRILIPID .....75
niacin		NUZYRA .....17
(antihyperlipidemic)	32	nyamyc .....82
nicardipine hcl .....	34	nylia 1/35 .....59
NICOTROL INHALER ..	51	nylia 7/7/7 .....59
NICOTROL NS.....	51	nystatin .....11
nifedipine .....	34	nystatin (mouth-throat)
nikki .....	58	.....85
nilutamide .....	19	nystatin (topical) .....82
nimodipine .....	34	nystop .....82
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NITRO-BID .....	35	ODEFSEY TAB .....13
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macrocrystal.....	10	OFEV .....79
nitrofurantoin monohyd		ofloxacin (ophth) .....75
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nitroglycerin (intra-anal)		OGSIVEO.....25
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estradiol td ptwk 150-		.....31
35 mcg/24hr.....	58	olmesartan medoxomil-
norethindrone & ethinyl		hydrochlorothiazide
estradiol-fe chew tab		tab 20-12.5 mg .....30
0.4 mg-35 mcg .....	58	olmesartan medoxomil-
norethindrone		hydrochlorothiazide
(contraceptive) .....	58	tab 40-12.5 mg .....30
norethindrone ace &		olmesartan medoxomil-
ethinyl estradiol tab 1		hydrochlorothiazide
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ethinyl estradiol tab		hydrochlorothiazide
1.5 mg-30 mcg .....	58	tab 20-5-12.5 mg ...31
norethindrone ace &		olmesartan-amlodipine-
ethinyl estradiol-fe tab		hydrochlorothiazide
1 mg-20 mcg .....	58	tab 40-10-12.5 mg .31

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<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> ...	31	ONTRUZANT.....	25
<i>olmesartanamlodipine-hydrochlorothiazide tab 40-5-25 mg</i> .....	31	ONUREG .....	18
<i>omega-3-acid ethyl esters cap 1 gm</i> .....	32	OPIPZA.....	41
<i>omeprazole</i> .....	66	OPSUMIT .....	35
<i>OMNIPOD 5 DX KIT INT G7G6</i> .....	54	ORGOVYX .....	19
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<i>OMNIPOD 5 LB MIS PODS G6</i> .....	54	ORKAMBI TAB 200-125 .....	79
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<i>OMNIPOD GO KIT 15UNT/DY</i> .....	54	<i>oxaliplatin</i> .....	18
<i>OMNIPOD GO KIT 20UNT/DY</i> .....	54	<i>oxcarbazepine</i> .....	44
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<i>OMNIPOD GO KIT 30UNT/DY</i> .....	54	<i>oxycodone hcl</i> .....	8
<i>OMNIPOD GO KIT 35UNT/DY</i> .....	54	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	8
<i>OMNIPOD GO KIT 40UNT/DY</i> .....	54	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	8
<i>OMNIPOD MIS CLASSIC</i> .....	54	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	8
<i>ondansetron</i> .....	63	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	8
		OXYCONTIN .....	8
		OZEMPIC (0.25 OR 0.5 MG/DOSE) .....	52
		OZEMPIC (0.25 OR 0.5MG/DOSE).....	52
		OZEMPIC (1MG/DOSE) .....	52
		OZEMPIC (2MG/DOSE) .....	52
		<i>pacerone</i> .....	31
		<i>paclitaxel</i> .....	20
		<i>paclitaxel inj 100mg</i> ..20	
		<i>paliperidone</i> .....	41
		<i>pamidronate disodium</i> 55	
		<b>PAMIDRONATE DISODIUM</b> ..55	
		<b>PANRETIN</b> .....	84
		<i>pantoprazole sodium</i> ..66	
		<b>PANZYGA</b> .....	71
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		<i>pazopanib hcl</i> .....	25
		<b>PEDIARIX INJ 0.5ML</b> ..72	
		<b>PEDVAX HIB</b> .....	72
		<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> .....	65
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		<b>PEGASYS</b> .....	14
		<b>PEMAZYRE</b> .....	25
		<i>pemetrexed disodium</i> .18	
		<b>PENBRAYA INJ</b> .....	72
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		<i>penicillin g potassium</i> .17	
		<i>penicillin g sodium</i> ....17	
		<i>penicillin v potassium</i> .17	
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		<i>pentamidine isethionate inj</i> .....	10
		<i>pentoxifylline</i> .....	68
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		<i>periogard</i> .....	85
		<i>permethrin</i> .....	85
		<i>perphenazine</i> .....	41
		<i>pfizerpen</i> .....	17
		<i>phenelzine sulfate</i> ....37	
		<i>phenobarbital</i> .....44	

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<i>phenytek</i>	44	
<i>phenytoin</i>	44	
<i>phenytoin sodium</i>	44	
<i>phenytoin sodium</i>		
<i>extended</i>	44	
<i>PHESGO SOL</i>	25	
<i>philith</i>	59	
<i>PIFELTRO</i>	12	
<i>pilocarpine hcl</i>	76	
<i>pilocarpine hcl (oral)</i>	85	
<i>pimecrolimus</i>	84	
<i>pimozide</i>	41	
<i>pimtrea</i>	59	
<i>pindolol</i>	33	
<i>pioglitazone hcl</i>	52	
<i>pioglitazone hcl-</i>		
<i>metformin hcl tab 15-500 mg</i>	52	
<i>pioglitazone hcl-</i>		
<i>metformin hcl tab 15-850 mg</i>	52	
<i>piperacillin sod-</i>		
<i>tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	17	
<i>piperacillin sod-</i>		
<i>tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	17	
<i>piperacillin sod-</i>		
<i>tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	17	
<i>piperacillin sod-</i>		
<i>tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	17	
<i>piperacillin sod-</i>		
<i>tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	17	
<i>PIQRAY 200MG DAILY DOSE</i>	25	
<i>PIQRAY 250MG TAB DOSE</i>	25	
<i>PIQRAY 300MG DAILY DOSE</i>	25	
<i>pirfenidone</i>	79, 80	
<i>piroxicam</i>	7	
<i>plenamine</i>	75	
<i>PLENUV SOL</i>	65	
<i>podofilox</i>	84	
<i>polycin ophth oint</i>	75	
<i>polymyxin b sulfate</i>	10	
<i>polymyxin b-</i>		
<i>trimethoprim ophth soln 10000 unit/ml-0.1%</i>	76	
<i>POMALYST</i>	20	
<i>portia-28</i>	59	
<i>posaconazole</i>	11	
<i>POT CHL 20MEQ/L IN NACL 0.45% INJ</i>	74	
<i>POT CHL 20MEQ/L IN NACL 0.9% INJ</i>	74	
<i>POT CHL 40MEQ/L IN NACL 0.9% INJ</i>	74	
<i>potassium chloride</i>	74	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	74	
<i>potassium chloride</i>		
<i>microencapsulated crystals er</i>	74	
<i>potassium citrate (alkalinizer)</i>	66	
<i>pramipexole dihydrochloride</i>	39	
<i>prasugrel hcl</i>	68	
<i>pravastatin sodium</i>	32	
<i>praziquantel</i>	10	
<i>prazosin hcl</i>	30	
<i>prednisolone</i>	61	
<i>prednisolone acetate (ophth)</i>	76	
<i>PREDNISOLONE SODIUM PHOSP</i>	76	
<i>prednisolone sodium phosphate</i>	61	
<i>prednisone</i>	61	
<i>PREDNISONE INTENSOL</i>		61
<i>pregabalin</i>	44	
<i>PREMASOL SOL 10%</i>	.75	
<i>PRENATAL TAB 27-1MG</i>		74
<i>PRENATAL TAB PLUS..</i>	74	
<i>prevalite</i>	32	
<i>PREVYMIS</i>	14	
<i>PREZCOBIX TAB 800-150</i>		13
<i>PREZISTA</i>	12	
<i>PRIFTIN</i>	13	
<i>primaquine phosphate</i>	11	
<i>PRIMAQUINE PHOSPHATE</i>		11
<i>primidone</i>	44	
<i>PRIORIX INJ</i>	72	
<i>PRIVIGEN</i>	71	
<i>probenecid</i>	7	
<i>prochlorperazine</i>	63	
<i>prochlorperazine edisylate</i>	63	
<i>prochlorperazine maleate</i>		63
<i>PROCRIT</i>	67	
<i>proctocort</i>		84
<i>procto-med hc</i>		84
<i>proctosol hc</i>		84
<i>proctozone-hc</i>		85
<i>progesterone</i>		62
<i>PROGRAF</i>		71
<i>PROLASTIN-C.</i>		80
<i>PROLIA</i>		55
<i>promethazine hcl</i>		64
<i>propafenone hcl</i>		31, 32
<i>proparacaine hcl</i>		77
<i>propranolol hcl</i>		33
<i>propylthiouracil</i>		63
<i>PROQUAD INJ</i>		72
<i>PROSOL INJ 20%</i>		75
<i>protriptyline hcl</i>		37
<i>PULMOZYME</i>		80
<i>PURIXAN</i>		18
<i>pyrazinamide</i>		13

<i>pyridostigmine bromide</i>	69	<i>sildenafil citrate</i>
.....49		( <i>pulmonary hypertension</i> ).....35
<i>pyrimethamine</i> .....	10	<i>silver sulfadiazine</i> .....82
<i>QINLOCK</i> .....	25	<i>SIMBRINZA SUS 1-0.2%</i>
<i>QUADRACEL INJ 0.5ML</i>		.....77
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<i>quetiapine fumarate</i> ..41		<i>simpesse</i> .....59
<i>quinapril hcl</i> .....	29	<i>simvastatin</i> .....32
<i>quinidine sulfate</i> .....	32	<i>sirolimus</i> .....71
<i>quinine sulfate</i> .....	11	<i>SIRTURO</i> .....14
<i>QULIPTA</i> .....	48	<i>SKYRIZI</i> .....69
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<i>rabeprazole sodium</i> ...66		<i>sod sulfate-pot sulf-mg</i>
<i>raloxifene hcl</i> .....	62	<i>sulf oral sol 17.5-3.13-</i>
<i>ramipril</i> .....29		<i>1.6 gm/177ml</i> .....65
<i>ranolazine</i> .....	35	<i>sodium chloride</i> .....74
<i>rasagiline mesylate</i> ....39		<i>sodium chloride (gu</i>
<i>reclipsen</i> .....	59	<i>irrigant</i> ).....85
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<i>REGRANEX</i> .....	85	<i>tab; 1.1 (0.5 f) mg/ml</i>
<i>RELENZA DISKHALER</i> 14		<i>soln</i> .....74
<i>RELISTOR</i> .....	65	<i>SODIUM OXYBATE</i> ....50
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<i>RENFLEXIS</i> .....	69	.....62
<i>repaglinide</i> .....	52	<i>sodium polystyrene</i>
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<i>REPATHA PUSHTRONEX</i>		<i>solifenacin succinate</i> ..66
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<i>REVUFORJ</i> .....	26	<i>sotalol hcl</i> .....
<i>REXULTI</i> .....	41	32
<i>REYATAZ</i> .....12		<i>sotalol hcl (afib/afl)</i> ...32
<i>REZLIDHIA</i> .....	26	<i>SOTYKTU</i> .....70
<i>REZUROCK</i> .....	71	<i>spironolactone</i> .....30
<i>RHOPRESSA</i> .....	76	<i>spironolactone &amp;</i>
<i>ribavirin (hepatitis c)</i> .14		<i>hydrochlorothiazide</i>
<i>rifabutin</i> .....	14	<i>tab 25-25 mg</i> .....34
<i>rifampin</i> .....	14	<i>sprintec 28</i> .....
<i>riluzole</i> .....	49	59
<i>rimantadine</i>		<i>SPRITAM</i> .....45
<i>hydrochloride</i> .....14		<i>sps</i> .....55
		<i>sps rectal</i> .....55

sronyx .....	59	SYNJARDY TAB 12.5-	telmisartan-amlodipine
ssd .....	82	1000MG .....	tab 40-5 mg .....
STELARA .....	70	SYNJARDY TAB 12.5-500	31
STIVARGA .....	26	.....	telmisartan-amlodipine
<i>streptomycin sulfate</i> ..	10	SYNJARDY TAB 5-	tab 80-10 mg .....
STRIBILD TAB.....	13	1000MG .....	31
<i>subvenite</i> .....	45	SYNJARDY TAB 5-500MG	telmisartan-amlodipine
<i>sucralfate</i> .....	65	.....	tab 80-5 mg .....
<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 10-	31
( <i>acne</i> ).....	82	1000 .....	<i>hydrochlorothiazide</i>
<i>sulfacetamide sodium</i>		SYNJARDY XR TAB 12.5-	tab 40-12.5 mg .....
( <i>ophth</i> ) .....	76	1000 .....	31
<i>sulfacetamide sodium-</i>		SYNJARDY XR TAB 25-	<i>telmisartan-</i>
<i>prednisolone ophth</i>		1000 .....	<i>hydrochlorothiazide</i>
<i>soln 10-0.23(0.25)%</i>	75	SYNJARDY XR TAB 5-	tab 80-12.5 mg .....
<i>sulfadiazine</i> .....	10	1000MG .....	31
<i>sulfamethoxazole-</i>		SYNTHROID .....	<i>temazepam</i> .....
<i>trimethoprim iv soln</i>		TABLOID.....	47
<i>400-80 mg/5ml</i> .....	10	TABRECTA .....	TENIVAC INJ 5-2LF ....
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<i>trimethoprim susp</i>		tacrolimus ( <i>topical</i> ) ...	<i>tenofovir disoproxil</i>
<i>200-40 mg/5ml</i> .....	10	tadalafil .....	<i>fumarate</i> .....
<i>sulfamethoxazole-</i>		tadalafil ( <i>pulmonary</i>	12
<i>trimethoprim tab 400-</i>		<i>hypertension</i> ) .....	TEPMETKO .....
<i>80 mg</i> .....	10	35	terazosin hcl .....
<i>sulfamethoxazole-</i>		TAFINLAR .....	terbinafine hcl .....
<i>trimethoprim tab 800-</i>		TAGRISSO .....	terbutaline sulfate ....
<i>160 mg</i> .....	10	TALZENNA .....	terconazole vaginal ....
SULFAMYRON .....	82	tamoxifen citrate .....	TERIPARATIDE .....
<i>sulfasalazine</i> .....	64	tamsulosin hcl .....	testosterone .....
<i>sulindac</i> .....	7	tarina 24 fe .....	51
<i>sumatriptan</i> .....	48	tarina fe 1/20 eq.....	<i>testosterone enanthate</i>
<i>sumatriptan succinate</i>	48	TASIGNA .....	.....
<i>sunitinib malate</i> .....	26	tasimelteon .....	51
SUNLENCA .....	12	TAVNEOS.....	<i>testosterone pump</i> .....
<i>syeda</i> .....	59	tazarotene .....	49
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.....	80	TAZORAC.....	17
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.....	80	TECENTRIQ .....	20
SYMPAZAN .....	45	TECENTRIQ INJ	THEO-24 .....
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		telmisartan .....	80
		31	<i>thioridazine hcl</i> .....
		telmisartan-amlodipine	41
		tab 40-10 mg .....	<i>thiothixene</i> .....
		31	34
			<i>tiadylt er</i> .....
			45
			<i>tiagabine hcl</i> .....
			27
			TIBSOVO .....
			TICOVAC .....
			tigecycline .....
			17
			<i>tilia fe</i> .....
			59
			<i>timolol maleate</i> .....
			33

<i>timolol maleate (ophth)</i>	77	<i>tri-lo-sprintec</i>	59
.....		<i>trimethoprim</i>	10
<i>tinidazole</i>	10	<i>tri-mili</i>	59
<i>TIVICAY</i>	12	<i>trimipramine maleate</i>	38
<i>TIVICAY PD</i>	12	<i>TRINTELLIX</i>	38
<i>tizanidine hcl</i>	50	<i>tri-nymyo</i>	59
<i>TOBI PODHALER</i>	10	<i>tri-sprintec</i>	59
<i>TOBRADEX OIN 0.3-</i>		<i>TRIUMEQ PD TAB</i>	13
0.1% .....	75	<i>TRIUMEQ TAB</i>	13
<i>tobramycin</i>	10	<i>trivora-28</i>	59
<i>tobramycin (ophth)</i> ...	76	<i>tri-vylibra</i>	59
<i>tobramycin sulfate</i> ....	10	<i>tri-vylibra lo</i>	59
<i>tobramycin-</i>		<i>TROGARZO</i>	12
<i>dexamethasone ophth</i>		<i>TROPHAMINE INJ 10%</i>	
<i>susp 0.3-0.1%</i> .....	75	.....	75
<i>tolterodine tartrate</i> ....	66	<i>trospium chloride</i>	66
<i>topiramate</i>	45	<i>TRUE METRIX KIT AIR</i>	85
<i>toremifene citrate</i> ....	19	<i>TRUE METRIX KIT</i>	
<i>torpenz</i>	27	<i>METER</i>	85
<i>torsemide</i> .....	34	<i>TRUE METRIX STRIPS</i>	85
<i>TOUJEO MAX SOLOSTAR</i>	54	<i>TRULICITY</i>	53
.....		<i>TRUMENBA INJ</i>	72
<i>TOUJEO SOLOSTAR</i> ...	54	<i>TRUQAP</i>	27
<i>TPN ELECTROL INJ</i> ....	74	<i>TRUXIMA</i>	27
<i>TRADJENTA</i>	53	<i>TUKYSA</i>	27
<i>tramadol hcl</i> .....	8	<i>TURALIO</i>	27
<i>tramadol-</i>		<i>turqoz</i>	59
<i>acetaminophen tab</i>		<i>twice-daily clindamycin</i>	
<i>37.5-325 mg</i> .....	8	<i>phosphate (topical)</i>	.82
<i>trandolapril</i> .....	29	<i>TWINRIX INJ</i>	73
<i>tranexamic acid</i> .....	68	<i>TYBOST</i>	12
<i>tranylcyprromine sulfate</i>	38	<i>tydemy</i>	59
.....		<i>TYENNE</i>	70
<i>TRAVASOL INJ 10%... </i>	75	<i>TYPHIM VI</i>	73
<i>TRAZIMERA</i>	27	<i>UBRELVY</i>	48
<i>trazodone hcl</i> .....	38	<i>unithroid</i>	63
<i>TRECATOR</i>	14	<i>ursodiol</i>	65
<i>TRELEGY AER ELLIPTA</i>		<i>valacyclovir hcl</i>	14
100-62.5-25 MCG...	77	<i>VALCHLOR</i>	85
<i>TRELEGY AER ELLIPTA</i>		<i>valganciclovir hcl</i>	14
200-62.5-25 MCG...	77	<i>valproate sodium</i>	45
<i>TREMFYA</i> .....	70	<i>valproic acid</i>	45
<i>treprostinil</i> .....	35	<i>valsartan</i>	31
<i>TRESIBA</i> .....	54		
<i>TRESIBA FLEXTOUCH.</i> 54			

valsartan-	
hydrochlorothiazide	
tab 160-12.5 mg ....	31
valsartan-	
hydrochlorothiazide	
tab 160-25 mg .....	31
valsartan-	
hydrochlorothiazide	
tab 320-12.5 mg ....	31
valsartan-	
hydrochlorothiazide	
tab 320-25 mg .....	31
valsartan-	
hydrochlorothiazide	
tab 80-12.5 mg .....	31
VALTOCO 10 MG DOSE	.....45
VALTOCO 15 MG DOSE	.....45
VALTOCO 20 MG DOSE	.....45
VALTOCO 5 MG DOSE	45
valtya 1/50.....	59
vancomycin hcl .....	10
VANCOMYCIN INJ 1 GM	.....10
VANCOMYCIN INJ	
500MG .....	10
VANCOMYCIN INJ	
750MG .....	10
VANFLYTA .....	27
VAQTA .....	73
varenicline tartrate .....	51
varenicline tartrate tab	
11 x 0.5 mg & 42 x 1	
mg start pack .....	51
VARIVAX .....	73
VASCEPA.....	32
VAXCHORA SUS .....	73
velvet .....	59
VELSIPITY .....	70
VENCLEXTA .....	27
VENCLEXTA TAB START	
PK .....	27
venlafaxine hcl.....	38
VENTOLIN HFA .....	79
VENTOLIN HFA	
(INSTITUTIONAL	
PACK).....	79
VEOZAH .....	62
verapamil hcl .....	34
VERQUVO .....	35
VERSACLOZ .....	42
VERZENIO .....	27
vestura .....	59
vienna .....	59
vigabatrin .....	45
vigadronе .....	45
VIGAFYDE .....	45
vigpoder .....	45
vilazodone hcl .....	38
vincristine sulfate.....	20
vinorelbine tartrate ..	20
viorele .....	59
VIRACEPT .....	12
VIREAD .....	12
VITRAKVI.....	27
VIVITROL.....	51
VIVOTIF CAP EC .....	73
VIZIMPRO .....	27
VONJO.....	28
VORANIGO.....	28
voriconazole .....	11
VOSEVI TAB .....	14
VOWST CAP .....	65
VRAYLAR .....	42
vyfemla .....	60
vylibra .....	60
VYZULTA .....	77
warfarin sodium.....	67
water for irrigation,	
sterile irrigation soln	
.....85	
WELIREG .....	20
wera .....	60
WESTAB PLUS TAB 27-	
1MG .....	74
wixela inhub.....	81
wymzya fe .....	60
XALKORI.....	28
xarah fe .....	60
XARELTO .....	67
XARELTO STAR TAB	
15/20MG .....	67
XATMEP.....	70
XCOPRI .....	45
XCOPRI PAK 100-150	.46
XCOPRI PAK 12.5-25	.45
XCOPRI PAK 150-200MG	
(MAINTENANCE)....	46
XCOPRI PAK 150-200MG	
(TITRATION) .....	46
XCOPRI PAK 50-100MG	
.....45	
XDEMVY .....	76
XELJANZ .....	70
XELJANZ XR.....	70
XERMELO .....	65
XGEVA .....	55
XHANCE .....	80
XIFAXAN .....	65
XIGDUO XR TAB 10-	
1000 .....	53
XIGDUO XR TAB 10-	
500MG .....	53
XIGDUO XR TAB 2.5-	
1000 .....	53
XIGDUO XR TAB 5-	
1000MG.....	53
XIGDUO XR TAB 5-	
500MG .....	53
XiIDRA.....	77
XOFLUZA.....	14
XOLAIR .....	80
XOSPATA.....	28
XPOVIO PAK (100 MG	
ONCE WEEKLY) .....	28
XPOVIO PAK (40 MG	
ONCE WEEKLY) .....	28
XPOVIO PAK (40 MG	
TWICE WEEKLY) .....	28
XPOVIO PAK (60 MG	
ONCE WEEKLY) .....	28
XPOVIO PAK (60 MG	
TWICE WEEKLY) .....	28

XPOVIO PAK (80 MG ONCE WEEKLY) .....	28	<i>zenatane</i> .....	82	<i>ziprasidone hcl</i> .....	42
XPOVIO PAK (80 MG TWICE WEEKLY).....	28	ZENPEP CAP 10000UNT .....	65	<i>ziprasidone mesylate</i> .	42
XTANDI.....	19	ZENPEP CAP 15000UNT .....	65	ZIRABEV .....	28
xulane .....	60	ZENPEP CAP 20000UNT .....	65	ZIRGAN.....	76
XULTOPHY INJ 100/3.6 .....	54	ZENPEP CAP 25000UNT .....	65	<i>zoledronic acid</i> .....	55
YF-VAX INJ.....	73	ZENPEP CAP 3000UNIT .....	65	ZOLINZA .....	28
<i>yuvafem</i> .....	60	ZENPEP CAP 40000UNT .....	65	<i>zolpidem tartrate</i> .....	48
<i>zafemy</i> .....	60	ZENPEP CAP 5000UNIT .....	65	ZONISADE .....	46
<i>zaflirlukast</i> .....	79	ZENPEP CAP 60000UNT .....	65	<i>zonisamide</i> .....	46
<i>zaleplon</i> .....	47	<i>zidovudine</i> .....	12	<i>zovia 1/35</i> .....	60
ZARXIO.....	67			ZTALMY .....	46
ZEGALOGUE .....	61			<i>zumandimine</i> .....	60
ZEJULA .....	28			ZURZUVAE .....	38
ZELBORAF.....	28			ZYDELIG .....	28
ZEMAIRA.....	80			ZYKADIA .....	28
				ZYLET SUS 0.5-0.3% .	75

Molina Healthcare është një plan C-SNP, D-SNP dhe HMO me një kontratë Medicare. Planet D-SNP kanë një kontratë me programin shtetëror Medicaid. Regjistrimi varet nga rinovimi i kontratës.

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- Senior Whole Health of New York provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Senior Whole Health of New York provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

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Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit  
200 Oceangate  
Long Beach, CA 90802  
Email: [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com)  
Website: <https://molinahealthcare.Alertline.com>

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
Phone: 1-800-368-1019  
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

<b>ATTENTION: Language assistance services, free of charge, are available to you. Call 877-353-0185 TTY/TDD 711.</b>	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-353-0185 TTY/TDD 711.	Spanish
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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-353-0185 (телефон: TTY/TDD 711).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-353-0185 TTY/TDD 711.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 877-353-0185 TTY/TDD 711.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 877-353-0185 TTY/TDD711.	French Creole
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KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-353-0185 TTY/TDD 711.	Albanian
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Ky formular u përditësua më 05/01/2025. Për informacion më të përditësuar ose pyetje të tjera, ju lutemi kontaktoni Shërbimin ndaj Anëtarëve të Senior Whole Health of New York NHC në (800) 665-3086 (përdoruesit e TTY duhet të telefonojnë 711), 1 tetor - 31 mars: 7 ditë në javë, 08:00 - 20:00, me orën lokale, 1 prill - 30 Shtator: E hënë - e premte, 08:00 - 20:00, me orën lokale, ose viziton [SWHNY.com](http://SWHNY.com).