

Please read:

This document contains information about the drugs we cover in this plan.

2025 Formulary

HMSA Akamai Advantage
Standard (PPO) • Standard Plus (PPO)
Complete (PPO) • Complete Plus (PPO)

List of Covered Drugs

Formulary ID 00025215, version 16

This formulary was updated on 09/01/2025. For more recent information or other questions, please contact HMSA at (808) 948-6000 or 1 (800) 660-4672. TTY users, call 711. Telephone hours are 8 a.m. to 8 p.m., seven days a week. Or visit hmsa.com/advantage.



MedicareRx
Prescription Drug Coverage

H3832_8700_1055514_R6M056_25_C

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means HMSA. When it refers to “plan” or “our plan,” it means HMSA Medicare Advantage.

This document includes a list of the drugs (formulary) for our plan, which is current as of 09/01/2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2026, and from time to time during the year.

What is the HMSA Medicare Advantage Formulary?

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

Can the Formulary change?

Most changes in drug coverage happen on Jan. 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website hmsa.com/advantage.

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

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

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription). If you are currently taking that brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to HMSA’s Formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

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

- **Other changes.** We may make other changes that affect members currently taking a drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the HMSA Medicare Advantage Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on Jan. 1 of the next year, such changes would affect you and it is important to check the Formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/01/25. To get updated information about the drugs covered by HMSA Medicare Advantage, please contact us. Our contact information appears on the front and back cover pages. We will inform

members of any formulary changes to this comprehensive formulary through our website.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 56. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HMSA Medicare Advantage covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 5, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get

more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Relations and ask if your drug is covered. If you learn that HMSA Medicare Advantage does not cover your drug, you have two options:

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

How do I request an exception to the HMSA Medicare Advantage Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at lower cost-sharing level, unless the drug is on the specialty tier or is already on the lowest

available tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HMSA Medicare Advantage limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization.

You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Transition policy

New members in our plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization. Current members may also be affected by changes in our formulary from one year to the next.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the section above, "How do I request an exception to HMSA's Medicare Advantage formulary?" to learn more about how to request an exception.

Please contact Customer Relations if your drug is not on our formulary, is subject to certain restrictions such as prior authorization, and you need to switch to a different drug that we cover or request a formulary exception.

During the period of time members are talking to their doctors to determine a course of action, we may provide a temporary supply of a nonformulary drug if those members need a refill for

the drug during the first 90 days of new membership in our plan.

If you are a current member affected by a formulary change from one year to the next, we will provide you with the opportunity to request a formulary exception in advance for the following year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a Part D drug), we will cover a 30-day supply (unless the prescription is written for fewer days).

After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term care facility (like a nursing home), we will also cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our plan. If the resident has been enrolled in our plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Current members are also eligible to receive a transition fill under certain conditions. If a current member enters a long-term care (LTC) facility, or is in an LTC facility and requires an emergency supply of nonformulary drugs, we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). We will cover more than one refill of these drugs for these members for the first 90 days.

A member may experience a change in their level of care at an inpatient hospital facility or skilled nursing facility which results in noncoverage of drugs previously covered by Medicare

Part D. For current members experiencing a level of care change, we will also cover a temporary 31-day transition supply as outlined above.

Please note that our transition policy applies only to those drugs that are Part D drugs and bought at a network pharmacy. The transition policy can't be used to buy a non-Part D drug or a drug out-of-network, unless you qualify for out-of-network access.

For more information

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

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

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

HMSA Medicare Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HMSA Medicare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 56.

The first column of the chart lists the drug name. Brand-name drugs are capitalized and generic drugs are listed in lowercase italics.

The information in the requirements/limits column tells you if HMSA Medicare Advantage has any special requirements for coverage of your drug.

Drug tier index:

Tier 1 - Preferred Generic

Tier 2 - Generic

Tier 3 - Preferred Brand

Tier 4 - Nonpreferred Drug

Tier 5 - Specialty Tier

Please refer to the *Summary of Benefits or Evidence of Coverage* for the specific copayment or coinsurance amount associated with each tier. Our plan covers most Part D vaccines at no cost to you. You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Abbreviations used in this Formulary

PA – Prior Authorization: Requires that you or your physician receive approval from HMSA Medicare Advantage before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Medicare Advantage will cover.

ST – Step Therapy: Requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

NM – Not Available at Mail Order: These drugs are not available through HMSA's mail-order pharmacy, CVS Caremark®.

B/D – B or D: This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. For more information, consult your Provider Directory or call Customer Relations at the numbers listed on the back of this booklet.

Prescription drugs can be shipped to your home from HMSA's mail-order pharmacy, CVS Caremark. Usually a mail-order pharmacy order will get to you in no more than 14 days after the pharmacy receives the order. If your drugs do not arrive within this timeframe, please call 1 (855) 479-3659, 24 hours a day, seven days a week; TTY users, call 711. You can also choose to sign up for our optional automatic delivery program by calling these numbers.

CVS Caremark® is an independent company providing pharmacy benefit management services on behalf of HMSA.

Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg QL (60 caps / 30 days)	2	QL
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	2	QL
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	2	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	2	
MISCELLANEOUS		
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	2	QL
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	2	QL
<i>diclofenac potassium</i> TABS 50mg QL (120 tabs / 30 days)	2	QL
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg QL (120 tabs / 30 days)	2	QL
<i>naproxen dr</i> TBEC 500mg QL (90 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr QL (10 patches / 30 days)	2	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	2	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	5	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	2	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	2	QL PA
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	2	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	2	QL PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml QL (2700 mL / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> tab 300-15 mg QL (400 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> tab 300-30 mg QL (360 tabs / 30 days)	2	QL
<i>acetaminophen w/ codeine</i> tab 300-60 mg QL (180 tabs / 30 days)	2	QL
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	

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

Drug Name	Drug Requirements/ Tier	Limits
<i>endocet tab 2.5-325mg</i> QL (360 tabs / 30 days)	2	QL
<i>endocet tab 5-325mg</i> QL (360 tabs / 30 days)	2	QL
<i>endocet tab 7.5-325mg</i> QL (240 tabs / 30 days)	2	QL
<i>endocet tab 10-325mg</i> QL (180 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> QL (2700 mL / 30 days)	2	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> QL (180 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	2	QL
<i>hydromorphone hcl LIQD 1mg/ml</i> QL (600 mL / 30 days)	2	QL
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg</i> QL (180 tabs / 30 days)	2	QL
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	4	B/D
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml</i> QL (900 mL / 30 days)	2	QL
<i>morphine sulfate SOLN 100mg/5ml</i> QL (180 mL / 30 days)	2	QL
<i>morphine sulfate TABS 15mg, 30mg</i> QL (180 tabs / 30 days)	2	QL
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	4	
<i>oxycodone hcl CONC 100mg/5ml</i> QL (180 mL / 30 days)	2	QL
<i>oxycodone hcl SOLN 5mg/5ml</i> QL (900 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg</i> QL (180 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> QL (240 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> QL (180 tabs / 30 days)	2	QL
<i>tramadol hcl TABS 50mg</i> QL (240 tabs / 30 days)	2	QL
<i>tramadol-acetaminophen tab 37.5-325 mg</i> QL (240 tabs / 30 days)	2	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole TABS 200mg</i> QL (672 tabs / year)	5	QL PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
<i>ARIKAYCE SUSP 590mg/8.4ml</i>	5	NM PA
<i>atovaquone SUSP 750mg/5ml</i> QL (300 mL / 30 days)	2	QL PA
<i>aztreonam SOLR 1gm, 2gm</i>	2	
<i>CAYSTON SOLR 75mg</i>	5	NM PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>CLINDMYC/NAC INJ 300/50ML</i>	4	

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

Drug Name	Drug Requirements/ Tier	Limits
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
colistimethate sodium SOLR 150mg	2	
dapsone TABS 25mg, 100mg	2	
DAPTOMYCIN SOLR 350mg	5	
daptomycin SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
ertapenem sodium SOLR 1gm	2	
gentamicin in saline inj 0.8 mg/ml	2	
gentamicin in saline inj 1 mg/ml	2	
gentamicin in saline inj 1.2 mg/ml	2	
gentamicin in saline inj 1.6 mg/ml	2	
gentamicin in saline inj 2 mg/ml	2	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	2	
imipenem-cilastatin intravenous for soln 250 mg	2	
imipenem-cilastatin intravenous for soln 500 mg	2	
IMPAVIDO CAPS 50mg	5	PA
ivermectin TABS 3mg QL (12 tabs / 90 days)	2	QL PA
ivermectin TABS 6mg QL (10 tabs / 90 days)	2	QL PA
linezolid SOLN 600mg/300ml	2	
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
linezolid TABS 600mg QL (60 tabs / 30 days)	2	QL
LINEZOLID INJ 2MG/ML	4	
meropenem SOLR 1gm, 2gm, 500mg	2	
methenamine hippurate TABS 1gm	2	
metronidazole SOLN 500mg/100ml	2	

Drug Name	Drug Requirements/ Tier	Limits
metronidazole TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	2	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	5	QL
nitrofurantoin macrocrystal CAPS 50mg, 100mg	3	
nitrofurantoin monohyd macro CAPS 100mg	3	
pentamidine isethionate inh SOLR 300mg	2	B/D
pentamidine isethionate inj SOLR 300mg	2	
polymyxin b sulfate SOLR 500000unit	2	
praziquantel TABS 600mg	2	
pyrimethamine TABS 25mg QL (90 tabs / 30 days)	5	QL PA
streptomycin sulfate SOLR 1gm	5	
sulfadiazine TABS 500mg	5	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	2	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NM PA
tobramycin NEBU 300mg/5ml	5	NM PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
trimethoprim TABS 100mg	2	
vancomycin hcl CAPS 125mg QL (80 caps / 180 days)	2	QL
vancomycin hcl CAPS 250mg QL (160 caps / 180 days)	2	QL

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

Last updated: 09/01/25

Drug Name	Drug Requirements/ Tier	Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>ketoconazole</i> TABS 200mg	2	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
<i>posaconazole</i> TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
<i>terbinafine hcl</i> TABS 250mg QL (30 tabs / 30 days) PA applies after a 90 day supply in a calendar year	1	QL PA
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml QL (600 mL / 28 days)	5	QL PA
<i>voriconazole</i> TABS 50mg QL (480 tabs / 30 days)	2	QL
<i>voriconazole</i> TABS 200mg QL (120 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	
APTIVUS CAPS 250mg	5	
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	
<i>darunavir</i> TABS 600mg QL (60 tabs / 30 days)	5	QL
<i>darunavir</i> TABS 800mg QL (30 tabs / 30 days)	5	QL
EDURANT TABS 25mg	5	
EDURANT PED TBSO 2.5mg	5	
<i>efavirenz</i> TABS 600mg	2	
<i>emtricitabine</i> CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	
ISENTRESS HD TABS 600mg	5	
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	
<i>maraviroc</i> TABS 150mg, 300mg	5	
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	
NORVIR PACK 100mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
PIFELTRO TABS 100mg	5	
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	5	QL
PREZISTA TABS 75mg QL (480 tabs / 30 days)	4	QL
PREZISTA TABS 150mg QL (240 tabs / 30 days)	5	QL
REYATAZ PACK 50mg	5	
ritonavir TABS 100mg	2	
RUKOBIA TB12 600mg	5	
SELZENTRY SOLN 20mg/ml	5	
SUNLENCA TABS 300mg; TBPk 300mg	5	
tenofovir disoproxil fumarate TABS 300mg	2	
TIVICAY TABS 10mg	3	
TIVICAY TABS 25mg, 50mg	5	
TIVICAY PD TBSO 5mg	5	
TROGARZO SOLN 200mg/1.33ml	5	
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	
BIKTARVY TAB 30-120-15 MG	5	
BIKTARVY TAB 50-200-25 MG	5	
CIMDUO TAB 300-300	5	
COMPLERA TAB	5	
DELSTRIGO TAB	5	
DESCOVY TAB 120-15MG	5	
DESCOVY TAB 200/25MG	5	
DOVATO TAB 50-300MG	5	
efavirenz-emtricitabine- tenofovir df tab 600-200-300 mg	5	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	

Drug Name	Drug Requirements/ Tier	Limits
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	
emtricitabine-rilpivirine- tenofovir df tab 200-25-300 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 100- 150 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 133- 200 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 167- 250 mg	5	
emtricitabine-tenofovir disoproxil fumarate tab 200- 300 mg	2	
EVOTAZ TAB 300-150	5	
GENVOYA TAB	5	
JULUCA TAB 50-25MG	5	
KALETRA SOL	4	
lamivudine-zidovudine tab 150-300 mg	2	
lopinavir-ritonavir soln 400- 100 mg/5ml (80-20 mg/ml)	2	
lopinavir-ritonavir tab 100-25 mg	2	
lopinavir-ritonavir tab 200-50 mg	2	
ODEFSEY TAB	5	
PREZCOBIX TAB 800-150	5	
STRIBILD TAB	5	
SYMTUZA TAB	5	
TRIUMEQ PD TAB	3	
TRIUMEQ TAB	5	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	2	
isoniazid TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
SIRTURO TABS 20mg, 100mg	5	NM PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
acyclovir SUSP 200mg/5ml	2	
acyclovir sodium SOLN 50mg/ml	2	B/D
adefovir dipivoxil TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	ST
entecavir TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NM PA
EPCLUSA PAK 200-50MG	5	NM PA
EPCLUSA TAB 200-50MG	5	NM PA
EPCLUSA TAB 400-100	5	NM PA
famciclovir TABS 125mg, 250mg, 500mg	2	
ganciclovir sodium SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NM PA
HARVONI PAK 45-200MG	5	NM PA
HARVONI TAB 45-200MG	5	NM PA
HARVONI TAB 90-400MG	5	NM PA
lamivudine (hbv) TABS 100mg	2	
LIVTENCITY TABS 200mg QL (336 tabs / 28 days)	5	QL NM PA
MAVYRET PAK 50-20MG	5	NM PA
MAVYRET TAB 100-40MG	5	NM PA
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	2	QL
oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)	2	QL
oseltamivir phosphate SUSR 6mg/ml QL (1080 mL / year)	2	QL
PAXLOVID PAK QL (22 tabs / 90 days)	2	QL
PAXLOVID TAB 150-100 QL (40 tabs / 90 days)	2	QL
PAXLOVID TAB 300-100 QL (60 tabs / 90 days)	2	QL
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	3	QL
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	2	NM
rimantadine hydrochloride TABS 100mg	2	
valacyclovir hcl TABS 1gm, 500mg	2	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	2	
VOSEVI TAB	5	NM PA
CEPHALOSPORINS		
cefaclor CAPS 250mg, 500mg	2	
cefadroxil CAPS 500mg	1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
cefepime hcl SOLR 1gm, 2gm	2	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
cefotetan disodium SOLR 1gm, 2gm	2	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2
<i>cephalexin</i> CAPS 250mg, 500mg	1
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2
TEFLARO SOLR 400mg, 600mg	5
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2
DIFICID SUSR 40mg/ml; TABS 200mg	5
e.e.s. 400 TABS 400mg	2
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2
ERYTHROCIN LACTOBIONATE SOLR 500mg	4
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2
<i>erythromycin ethylsuccinate</i> TABS 400mg	2
<i>erythromycin lactobionate</i> SOLR 500mg	2

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>ampicillin & sulbactam sodium</i> 2 <i>for inj 3 (2-1) gm</i>		
<i>ampicillin & sulbactam sodium</i> 2 <i>for iv soln 1.5 (1-0.5) gm</i>		
<i>ampicillin & sulbactam sodium</i> 2 <i>for iv soln 3 (2-1) gm</i>		
<i>ampicillin & sulbactam sodium</i> 2 <i>for iv soln 15 (10-5) gm</i>		
<i>ampicillin sodium</i> SOLR 1gm, 2 2gm, 10gm, 125mg, 250mg, 500mg		
BICILLIN L-A SUSY 4 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml		
<i>dicloxacillin sodium</i> CAPS 2 250mg, 500mg		
<i>nafcillin sodium</i> SOLR 1gm, 2 2gm		
<i>nafcillin sodium</i> SOLR 10gm 5		
<i>oxacillin sodium</i> SOLR 1gm, 2 2gm, 10gm		
<i>penicillin g potassium</i> SOLR 2 5000000unit, 20000000unit		
<i>penicillin g sodium</i> SOLR 2 5000000unit		
<i>penicillin v potassium</i> SOLR 2 125mg/5ml, 250mg/5ml		
<i>penicillin v potassium</i> TABS 1 250mg, 500mg		
<i>pfizerpen</i> SOLR 5000000unit, 2 20000000unit		
<i>piperacillin sod-tazobactam na</i> 2 <i>for inj 3.375 gm (3-0.375 gm)</i>		
<i>piperacillin sod-tazobactam</i> 2 <i>sod for inj 2.25 gm (2-0.25</i> <i>gm)</i>		
<i>piperacillin sod-tazobactam</i> 2 <i>sod for inj 4.5 gm (4-0.5 gm)</i>		
<i>piperacillin sod-tazobactam</i> 2 <i>sod for inj 13.5 gm (12-1.5</i> <i>gm)</i>		
<i>piperacillin sod-tazobactam</i> 2 <i>sod for inj 40.5 gm (36-4.5</i> <i>gm)</i>		
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg 2		

Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (monohydrate)</i> 2 CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg		
<i>doxycycline hyclate</i> CAPS 2 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg		
<i>minocycline hcl</i> CAPS 50mg, 2 75mg, 100mg		
NUZYRA SOLR 100mg 5 NM		
NUZYRA TABS 150mg 5 QL NM		
QL (30 tabs / 14 days)		
<i>tetracycline hcl</i> CAPS 250mg, 2 500mg		
<i>tigecycline</i> SOLR 50mg 5		
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE 5 B/D NM		
HYDROCHLORID SOLN		
100mg/4ml		
BENDEKA SOLN 100mg/4ml 5 B/D NM		
<i>carboplatin</i> SOLN 50mg/5ml, 2 B/D 150mg/15ml, 450mg/45ml, 600mg/60ml		
<i>cisplatin</i> SOLN 50mg/50ml, 2 B/D 100mg/100ml, 200mg/200ml		
<i>cyclophosphamide</i> CAPS 2 B/D 25mg, 50mg; SOLR 1gm, 500mg		
CYCLOPHOSPHAMIDE 5 B/D NM		
SOLN 1gm/2ml, 2gm/4ml, 500mg/ml		
CYCLOPHOSPHAMIDE 5 B/D		
SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml		
<i>cyclophosphamide</i> SOLR 5 B/D 2gm		
CYCLOPHOSPHAMIDE 4 B/D		
TABS 25mg, 50mg		
CYCLOPHOSPHAMIDE 5 B/D		
MONOHYDR SOLN		
2gm/10ml		
FRINDOVYX SOLN 1gm/2ml, 5 B/D NM 2gm/4ml, 500mg/ml		
GLEOSTINE CAPS 10mg, 4 NM 40mg		
GLEOSTINE CAPS 100mg 5 NM		

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Drug Name	Drug Requirements/ Tier	Limits
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
VIVIMUSTA SOLN 100mg/4ml	5	B/D NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG QL (5 tabs / 28 days)	5	QL NM PA
LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	5	QL NM PA
LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	5	QL NM PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NM
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	5	QL NM PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	5	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
<i>abiraterone acetate</i> TABS 500mg QL (60 tabs / 30 days)	5	QL NM PA
<i>abirtega</i> TABS 250mg QL (120 tabs / 30 days)	2	QL NM PA

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

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YONSA TABS 125mg QL (120 tabs / 30 days)	5	QL NM PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM PA
lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	5	QL NM PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	5	QL NM PA
REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	5	QL NM PA
THALOMID CAPS 50mg QL (84 caps / 28 days)	5	QL NM PA
THALOMID CAPS 100mg QL (112 caps / 28 days)	5	QL NM PA
THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	5	QL NM PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	5	QL NM PA
bexarotene CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
doxorubicin hcl SOLN 2mg/ml	2	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	B/D
hydroxyurea CAPS 500mg	2	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg QL (240 tabs / 30 days)	5	QL NM PA
MATULANE CAPS 50mg tretinoin (chemotherapy) CAPS 10mg	5	NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
paclitaxel inj 100mg	5	B/D NM
vincristine sulfate SOLN 1mg/ml	2	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg QL (240 caps / 30 days)	5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	5	QL NM PA
AVMAPKI PAK FAKZYNJA QL (1 pack / 28 days)	5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	5	QL NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM PA
bortezomib SOLR 3.5mg	5	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
BOSULIF CAPS 100mg QL (150 caps / 25 days)	5	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	5	QL NM PA
BRAFTOVI CAPS 75mg QL (180 caps / 30 days)	5	QL NM PA
BRUKINSA CAPS 80mg QL (120 caps / 30 days)	5	QL NM PA
CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	5	QL NM PA
CALQUENCE CAPS 100mg QL (60 caps / 30 days)	5	QL NM PA
CALQUENCE TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
CAPRELSA TABS 100mg QL (60 tabs / 30 days)	5	QL NM PA
CAPRELSA TABS 300mg QL (30 tabs / 30 days)	5	QL NM PA
COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	5	QL NM PA
COMETRIQ KIT 100MG QL (56 caps / 28 days)	5	QL NM PA
COMETRIQ KIT 140MG QL (112 caps / 28 days)	5	QL NM PA
COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	5	QL NM PA
COTELLIC TABS 20mg QL (63 tabs / 28 days)	5	QL NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	5	QL NM PA
<i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
DAURISMO TABS 25mg QL (60 tabs / 30 days)	5	QL NM PA
DAURISMO TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	5	QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	5	QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	5	QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
<i>gefitinib</i> TABS 250mg QL (60 tabs / 30 days)	5	QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	5	QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	5	QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	5	QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	5	QL NM PA
HERCEP HYLEC SOL 60- 10000	5	NM PA
HERCEPTIN SOLR 150mg	5	NM PA
HERZUMA SOLR 150mg, 420mg	5	NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	5	QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	5	QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	5	QL NM PA
KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	5	QL NM PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	5	QL NM PA
KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	5	QL NM PA
KOSELUGO CAPS 10mg QL (240 caps / 30 days)	5	QL NM PA
KOSELUGO CAPS 25mg QL (120 caps / 30 days)	5	QL NM PA
KRAZATI TABS 200mg QL (180 tabs / 30 days)	5	QL NM PA
<i>lapatinib ditosylate</i> TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 80mg QL (60 tabs / 30 days)	5	QL NM PA
LAZCLUZE TABS 240mg QL (30 tabs / 30 days)	5	QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	5	QL NM PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	5	QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	5	QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	5	QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	5	QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	5	QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	5	QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	5	QL NM PA
LORBRENA TABS 25mg QL (90 tabs / 30 days)	5	QL NM PA
LORBRENA TABS 100mg QL (30 tabs / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	5	QL NM PA
LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	5	QL NM PA
LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	5	QL NM PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	5	QL NM PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	5	QL NM PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	5	QL NM PA
MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	5	QL NM PA
MEKINIST TABS 2mg QL (30 tabs / 30 days)	5	QL NM PA
MEKINIST TABS .5mg QL (90 tabs / 30 days)	5	QL NM PA
MEKTOVI TABS 15mg QL (180 tabs / 30 days)	5	QL NM PA
MONJUVI SOLR 200mg	5	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	QL NM PA
<i>nilotinib hcl</i> CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	5	QL NM PA
ODOMZO CAPS 200mg QL (30 caps / 30 days)	5	QL NM PA
OGIVRI SOLR 150mg, 420mg	5	NM PA
OGSIVEO TABS 50mg QL (180 tabs / 30 days)	5	QL NM PA
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	5	QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
OJEMDA TABS 100mg QL (24 tabs / 28 days)	5	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	5	QL NM PA
ONTRUZANT SOLR 150mg, 420mg	5	NM PA
<i>pazopanib hcl</i> TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	5	QL NM PA
PHESGO SOL	5	NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	5	QL NM PA
PIQRAY 250MG TAB DOSE QL (56 tabs / 28 days)	5	QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	5	QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	QL NM PA
RETEVMO CAPS 40mg QL (240 caps / 30 days)	5	QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	5	QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	5	QL NM PA
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	5	QL NM PA
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	5	QL NM PA
ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	5	QL NM PA
ROZLYTREK CAPS 100mg QL (180 caps / 30 days)	5	QL NM PA
ROZLYTREK CAPS 200mg QL (90 caps / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ROZLYTREK PACK 50mg QL (336 packets / 28 days)	5	QL NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	5	QL NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	QL NM PA
SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	5	QL NM PA
SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	5	QL NM PA
sorafenib tosylate TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	QL NM PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	5	QL NM PA
TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	5	QL NM PA
TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	5	QL NM PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	5	QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	5	QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	5	QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	5	QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	5	QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	5	QL NM PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM PA
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	QL NM PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	5	QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	5	QL NM PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	5	QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	5	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3	QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	5	QL NM PA
VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
VENCLEXTA TAB START PK QL (42 tabs / 28 days)	5	QL NM PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	5	QL NM PA
VITRAKVI CAPS 25mg QL (180 caps / 30 days)	5	QL NM PA
VITRAKVI CAPS 100mg QL (60 caps / 30 days)	5	QL NM PA
VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	5	QL NM PA
VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM PA
VONJO CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
VORANIGO TABS 10mg QL (60 tabs / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
VORANIGO TABS 40mg QL (30 tabs / 30 days)	5	QL NM PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	5	QL NM PA
XALKORI CPSP 20mg QL (240 caps / 30 days)	5	QL NM PA
XALKORI CPSP 150mg QL (180 caps / 30 days)	5	QL NM PA
XOSPATA TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg QL (16 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg QL (4 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg QL (24 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg QL (8 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg QL (32 tabs / 28 days)	5	QL NM PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg QL (8 tabs / 28 days)	5	QL NM PA
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	5	QL NM PA
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	5	QL NM PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM PA
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	5	QL NM PA
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
<i>mesna</i> TABS 400mg	5	
MESNEX TABS 400mg	5	
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate- benazepril hcl cap 2.5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-10 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 5-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-20 mg</i> QL (30 caps / 30 days)	1	QL
<i>amlodipine besylate- benazepril hcl cap 10-40 mg</i> QL (30 caps / 30 days)	1	QL
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	

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Drug Name	Drug Requirements/ Tier Limits
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1
ACE INHIBITORS	
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone TABS 25mg, 50mg</i>	2

Drug Name	Drug Requirements/ Tier Limits
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	3 QL
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1
ALPHA BLOCKERS	
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-valsartan tab 5-160 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-valsartan tab 5-320 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-valsartan tab 10-160 mg</i> QL (30 tabs / 30 days)	1 QL
<i>amlodipine besylate-valsartan tab 10-320 mg</i> QL (30 tabs / 30 days)	1 QL
ENTRESTO CAP 6-6MG QL (240 caps / 30 days)	3 QL
ENTRESTO CAP 15-16MG QL (240 caps / 30 days)	3 QL
ENTRESTO TAB 24-26MG QL (60 tabs / 30 days)	3 QL

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Drug Name	Drug Requirements/ Tier	Limits
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	QL
irbesartan-hydrochlorothiazide tab 150-12.5 mg QL (60 tabs / 30 days)	1	QL
irbesartan-hydrochlorothiazide tab 300-12.5 mg QL (30 tabs / 30 days)	1	QL
losartan potassium & hydrochlorothiazide tab 50- 12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100- 12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100- 25 mg	1	
olmesartan medoxomil- hydrochlorothiazide tab 20- 12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil- hydrochlorothiazide tab 40- 12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 20-5- 12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-5- 25 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 12.5 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
olmesartan-amlodipine- hydrochlorothiazide tab 40-10- 25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-25 mg QL (30 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	1	QL
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium TABS 25mg, 50mg, 100mg	1	
olmesartan medoxomil TABS 5mg QL (60 tabs / 30 days)	1	QL
olmesartan medoxomil TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
telmisartan TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
valsartan TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
valsartan TABS 320mg QL (30 tabs / 30 days)	1	QL

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

Drug Name	Drug Requirements/ Tier	Limits
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg QL (60 tabs / 30 days)	4	QL
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>lovastatin</i> TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-20 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-40 mg</i> QL (30 tabs / 30 days)	1	QL
<i>ezetimibe-simvastatin tab 10-80 mg</i> QL (30 tabs / 30 days)	1	QL
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	2	QL
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>atenolol & chlorthalidone tab</i> 100-25 mg	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 2.5- 6.25 mg	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 5-6.25 mg	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab</i> 10- 6.25 mg	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 50-25 mg	2	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100- 25 mg	2	
<i>metoprolol &</i> <i>hydrochlorothiazide tab</i> 100- 50 mg	2	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	2	QL
<i>pindolol</i> TABS 5mg, 10mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	2	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release</i> <i>beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	

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Last updated: 09/01/25

Drug Name	Drug Requirements/ Tier	Limits
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml QL (450 mL / 30 days)	4	QL
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	2	QL
<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	5	QL NM PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	2	
<i>guanfacine hcl</i> TABS 1mg, 2mg PA applies if 70 years and older	3	PA
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg QL (60 tabs / 30 days)	2	QL
<i>metirosine</i> CAPS 250mg	5	NM PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	3	QL PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<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; SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
<i>alyq</i> TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
<i>ambrisentan</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
<i>bosentan</i> TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
sildenafil citrate (pulmonary hypertension) TABS 20mg QL (360 tabs / 30 days)	2	QL NM PA
tadalafil (pulmonary hypertension) TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg QL (140 caps / 28 days)	5	QL NM PA
YUTREPIA CAPS 106mcg QL (224 caps / 28 days)	5	QL NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	2	
fluvoxamine maleate TABS 25mg, 50mg, 100mg	2	
lorazepam CONC 2mg/ml QL (150 mL / 30 days)	2	QL
lorazepam SOLN 4mg/ml, 20mg/10ml	2	
lorazepam TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
lorazepam intensol CONC 2mg/ml QL (150 mL / 30 days)	2	QL
ANTIDEMENTIA		
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
galantamine hydrobromide CP24 8mg, 16mg, 24mg QL (30 caps / 30 days)	2	QL
galantamine hydrobromide SOLN 4mg/ml QL (200 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
galantamine hydrobromide TABS 4mg, 8mg, 12mg QL (60 tabs / 30 days)	2	QL
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg PA applies if 29 years and younger	2	PA
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	2	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	2	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	2	
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	2	QL
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	2	QL
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	4	QL PA
bupropion hcl TABS 75mg, 100mg	2	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	2	QL
bupropion hcl TB24 300mg QL (30 tabs / 30 days)	2	QL
citalopram hydrobromide SOLN 10mg/5ml	2	
citalopram hydrobromide TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	4	PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	4	QL PA
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	4	QL
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	4	QL
TRINTELLIX TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	4	QL PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL
ZURZUVAE CAPS 20mg, 25mg QL (28 caps / 14 days)	5	QL PA
ZURZUVAE CAPS 30mg QL (14 caps / 14 days)	5	QL PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	2	QL
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	

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Drug Name		Drug Requirements/ Tier	Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	2	PA	
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2		
<i>carb/levo orally disintegrating tab 10-100mg</i>	2		
<i>carb/levo orally disintegrating tab 25-100mg</i>	2		
<i>carb/levo orally disintegrating tab 25-250mg</i>	2		
<i>carbidopa & levodopa tab 10-100 mg</i>	2		
<i>carbidopa & levodopa tab 25-100 mg</i>	2		
<i>carbidopa & levodopa tab 25-250 mg</i>	2		
<i>carbidopa & levodopa tab er 25-100 mg</i>	2		
<i>carbidopa & levodopa tab er 50-200 mg</i>	2		
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2		
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2		
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2		
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2		
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2		
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2		
<i>entacapone</i> TABS 200mg	2		
<i>INBRIJA</i> CAPS 42mg QL (300 caps / 30 days)	5	QL NM PA	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1		
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	2	QL	

Drug Name		Drug Requirements/ Tier	Limits
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1		
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2		
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml PA applies if 70 years and older	3	PA	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg PA applies if 70 years and older	2	PA	
ANTIPSYCHOTICS			
<i>ABILIFY ASIMTUFI</i> PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	5	QL	
<i>ABILIFY MAINTENA</i> PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL	
<i>ABILIFY MAINTENA</i> SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL	
<i>aripiprazole</i> SOLN 1mg/ml QL (900 mL / 30 days)	2	QL	
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	2	QL	
<i>aripiprazole</i> TBDP 10mg, 15mg QL (60 tabs / 30 days)	2	QL ST	
<i>ARISTADA</i> PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL	
<i>ARISTADA</i> PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL	
<i>ARISTADA INITIO</i> PRSY 675mg/2.4ml	5		
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL	
<i>CAPLYTA</i> CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	QL	

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Drug Name	Drug Requirements/ Tier Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2
<i>clozapine</i> TABS 25mg, 50mg	2
<i>clozapine</i> TABS 100mg QL (270 tabs / 30 days)	2 QL
<i>clozapine</i> TABS 200mg QL (120 tabs / 30 days)	2 QL
<i>clozapine</i> TBDP 12.5mg, 25mg	2 PA
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	2 QL PA
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	2 QL PA
<i>clozapine</i> TBDP 200mg QL (120 tabs / 30 days)	2 QL PA
COBENFY CAP 50-20MG QL (60 caps / 30 days)	5 QL PA
COBENFY CAP 100-20MG QL (60 caps / 30 days)	5 QL PA
COBENFY CAP 125-30MG QL (60 caps / 30 days)	5 QL PA
COBENFY STRT CAP PACK QL (2 packs / year)	5 QL PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5 QL PA
FANAPT PAK PACK A QL (2 packs / year)	4 QL PA
FANAPT PAK PACK C QL (2 packs / year)	4 QL PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5 QL

Drug Name	Drug Requirements/ Tier Limits
INVEGA SUSTENNA SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4 QL
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5 QL
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml QL (1 syringe / 90 days)	5 QL
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	2 QL
<i>lurasidone hcl</i> TABS 80mg QL (60 tabs / 30 days)	2 QL
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	5 QL
LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	5 QL
LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	5 QL
LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	5 QL
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2
NUPLAZID CAPS 34mg QL (30 caps / 30 days)	5 QL NM PA
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5 QL NM PA
<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	2 QL
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2 QL
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2 QL
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	2 QL ST
<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	2 QL ST
OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	5 QL PA
OPIPZA FILM 10mg QL (90 films / 30 days)	5 QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	2	QL
<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	2	QL
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg QL (180 tabs / 30 days)	2	QL
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	2	QL
<i>quetiapine fumarate</i> TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	2	QL PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	2	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	QL
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	QL
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	2	QL
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	2	QL ST
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	2	QL ST
<i>risperidone</i> TBDP .25mg, .5mg QL (90 tabs / 30 days)	2	QL ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg QL (2 injections / 28 days)	2	QL
<i>risperidone microspheres</i> SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	QL
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	5	QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	5	QL
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	5	QL
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	2	QL
<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	2	QL
ANTIEPILEPTIC AGENTS		
APTOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL
APTOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml QL (480 mL / 30 days)	2	QL PA
<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	2	QL PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	2	QL
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	2	QL PA
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM PA
DIACOMIT PACK 250mg QL (360 packets / 30 days)	5	QL NM PA
DIACOMIT PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
<i>diazepam</i> TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	2	QL PA
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	5	QL NM PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml QL (480 mL / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg QL (30 tabs / 30 days)	2	QL
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	2	QL
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM PA
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	5	QL PA
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	4	QL PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	1	QL
<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	1	QL
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	2	QL
<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	2	QL
<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	2	QL
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	2	QL
<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	2	QL
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	2	QL
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST

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Drug Name	Drug Requirements/ Tier	Limits
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	4	QL
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> TABS 2mg QL (60 tabs / 30 days)	2	QL PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	5	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	4	QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	4	PA
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	2	QL PA
<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	2	QL PA
<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	2	QL PA
<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	2	QL PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	2	QL PA
<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	5	QL PA
SPRITAM TB3D 250mg QL (360 tabs / 30 days)	4	QL
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	4	QL
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	4	QL
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	4	QL
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> SOLN 25mg/ml QL (480 mL / 30 days)	2	QL PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	4	QL
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	4	QL
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	4	QL
<i>vigabatrin</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
<i>vigabatrin</i> TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
<i>vigadrone</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
<i>vigadrone</i> TABS 500mg QL (180 tabs / 30 days)	5	QL NM PA
VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	5	QL NM PA
<i>vigpoder</i> PACK 500mg QL (180 packets / 30 days)	5	QL NM PA
XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	5	QL
XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	5	QL
XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	4	QL
XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	5	QL
XCOPRI PAK 100-150 QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	5	QL
XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	5	QL
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine- dextroamphetamine cap er</i> 24hr 5 mg QL (30 caps / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine cap er</i> 24hr 10 mg QL (30 caps / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine cap er</i> 24hr 15 mg QL (30 caps / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine cap er</i> 24hr 20 mg QL (30 caps / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine cap er</i> 24hr 25 mg QL (30 caps / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine cap er</i> 24hr 30 mg QL (30 caps / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine tab 5 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine tab 7.5 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine tab 10 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine tab 12.5 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>amphetamine- dextroamphetamine tab 15 mg</i> QL (60 tabs / 30 days)	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>amphetamine-dextroamphetamine tab 20 mg</i> QL (90 tabs / 30 days)	2	QL PA
<i>amphetamine-dextroamphetamine tab 30 mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> QL (120 caps / 30 days)	2	QL
<i>atomoxetine hcl CAPS 40mg</i> QL (60 caps / 30 days)	2	QL
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> QL (30 caps / 30 days)	2	QL
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> QL (120 tabs / 30 days)	2	QL PA
<i>dexmethylphenidate hcl TABS 10mg</i> QL (60 tabs / 30 days)	2	QL PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i> QL (30 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>guanfacine hcl (adhd) TB24 3mg</i> QL (60 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>methylphenidate hcl SOLN 5mg/5ml</i> QL (1800 mL / 30 days)	2	QL PA
<i>methylphenidate hcl SOLN 10mg/5ml</i> QL (900 mL / 30 days)	2	QL PA
<i>methylphenidate hcl TABS 5mg, 10mg</i> QL (180 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i> QL (90 tabs / 30 days)	2	QL PA
HYPNOTICS		
<i>DAYVIGO TABS 5mg, 10mg</i> QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i> QL (30 tabs / 30 days)	2	QL
<i>tasimelteon CAPS 20mg</i> QL (30 caps / 30 days)	5	QL NM PA
<i>temazepam CAPS 7.5mg, 30mg</i> QL (30 caps / 30 days) PA applies if 65 years and older	2	QL PA
<i>temazepam CAPS 15mg</i> QL (60 caps / 30 days) PA applies if 65 years and older	2	QL PA
<i>zolpidem tartrate TABS 5mg, 10mg</i> QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i> QL (1 pen / 30 days)	3	QL NM PA
<i>dihydroergotamine mesylate SOLN 1mg/ml</i>	5	
<i>dihydroergotamine mesylate SOLN 4mg/ml</i> QL (8 mL / 30 days)	5	QL PA
<i>EMGALITY SOAJ 120mg/ml</i> QL (2 pens / 30 days)	3	QL NM PA
<i>EMGALITY SOSY 100mg/ml</i> QL (3 syringes / 30 days)	3	QL NM PA
<i>EMGALITY SOSY 120mg/ml</i> QL (2 syringes / 30 days)	3	QL NM PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	2	QL PA
<i>naratriptan hcl TABS 1mg, 2.5mg</i> QL (12 tabs / 30 days)	2	QL
<i>NURTEC TBDP 75mg</i> QL (16 tabs / 30 days)	3	QL PA
<i>QULIPTA TABS 10mg, 30mg, 60mg</i> QL (30 tabs / 30 days)	3	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBP 5mg, 10mg QL (18 tabs / 30 days)	2	QL
<i>sumatriptan</i> SOLN 5mg/act QL (24 units / 30 days)	2	QL
<i>sumatriptan</i> SOLN 20mg/act QL (12 units / 30 days)	2	QL
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml QL (18 injections / 30 days)	2	QL
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml QL (12 injections / 30 days)	2	QL
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	2	QL
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
MISCELLANEOUS		
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO TABS 9mg, 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 6mg QL (90 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 12mg QL (120 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 18mg, 24mg QL (60 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg QL (30 tabs / 30 days)	5	QL NM PA
AUSTEDO XR TAB TITR KIT QL (2 packs / year)	5	QL NM PA
FIRDAPSE TABS 10mg	5	NM PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pyridostigmine bromide</i> TABS 60mg	2	
RADICAVA ORS SUSP 105mg/5ml QL (70 mL / 28 days)	5	QL NM PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml QL (70 mL / 28 days)	5	QL NM PA
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
<i>dalfampridine</i> TB12 10mg QL (60 tabs / 30 days)	2	QL NM PA
<i> fingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
<i>glatiramer acetate</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
<i>glatopa</i> SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
<i>glatopa</i> SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
KESIMPTA SOAJ 20mg/0.4ml QL (16 pens / 365 days)	5	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg QL (90 tabs / 30 days)	2	QL

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order
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Drug Name	Drug Requirements/ Tier	Limits
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL PA
QL (90 tabs / 30 days)		
PA applies if 70 years and older after a 30 day supply in a calendar year		
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	2	QL PA
QL (60 tabs / 30 days)		
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL PA
QL (30 tabs / 30 days)		
<i>modafinil</i> TABS 100mg	2	QL PA
QL (30 tabs / 30 days)		
<i>modafinil</i> TABS 200mg	2	QL PA
QL (60 tabs / 30 days)		
SODIUM OXYBATE SOLN 500mg/ml	5	QL NM PA
QL (540 mL / 30 days)		
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL
QL (90 tabs / 30 days)		
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	2	QL
QL (90 films / 30 days)		
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	2	QL
QL (90 films / 30 days)		
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	2	QL
QL (90 films / 30 days)		
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	2	QL
QL (60 films / 30 days)		
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	2	QL
QL (90 tabs / 30 days)		

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>glimepiride</i> TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
<i>glimepiride</i> TABS 4mg QL (60 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 5mg QL (240 tabs / 30 days)	1	QL
<i>glipizide</i> TABS 10mg QL (120 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide</i> TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL
<i>glipizide xl</i> TB24 10mg QL (60 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-250 mg QL (240 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 2.5-500 mg QL (120 tabs / 30 days)	1	QL
<i>glipizide-metformin hcl tab</i> 5- 500 mg QL (120 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	3	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	3	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	3	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	3	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	3	QL
JANUVIA TABS 25mg, 50mg, 3 100mg QL (30 tabs / 30 days)	3	QL
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	3	QL
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-500 mg</i> QL (90 tabs / 30 days)	1	QL
<i>pioglitazone hcl-metformin hcl</i> <i>tab 15-850 mg</i> QL (90 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	1	QL
<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	3	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	3	QL
SYNJARDY TAB 12.5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 12.5-1000 QL (60 tabs / 30 days)	3	QL
SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	3	QL
TRADJENTA TABS 5mg QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	3	QL
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	3	QL
XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	3	QL
ANTIDIABETICS, INSULINS		
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) QL (10 patches / 30 days)	4	QL PA
CEQUR SIMPL KIT PATCH 2U (4-DAY) QL (8 patches / 24 days)	4	QL PA
CEQUR SIMPL MIS INSERTER QL (2 inserters / year)	4	QL 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	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
INSULIN PEN NEEDLES: BD-EMBECTA	3	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
INSULIN SYRINGES: BD-EMBECTA	3	PA
NOVOLIN INJ 70/30 (brand RELION not covered)	3	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	3	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	3	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	3	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	3	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	3	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	3	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	3	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	3	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	3	
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD 5 L2 KIT INTRO G6 QL (1 kit / year)	4	QL PA
OMNIPOD 5 L2 MIS PODS G6 QL (15 pods / 30 days)	4	QL PA
OMNIPOD DASH KIT INTRO QL (1 kit / year)	4	QL PA
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD GO KIT 40UNT/DY QL (15 pods / 30 days)	4	QL PA
OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	4	QL PA
SOLIQUA INJ 100/33 QL (5 pens / 25 days)	3	QL
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 QL (5 pens / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BONSITY SOPN 560mcg/2.24ml	5	NM PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	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	2	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	4	QL NM
TERIPARATIDE SOPN 560mcg/2.24ml (ALVOGEN product)	5	NM PA
WYOST SOLN 120mg/1.7ml	5	NM PA
XGEVA SOLN 120mg/1.7ml	5	NM PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM PA
<i>deferasirox</i> TABS 180mg, 360mg	4	NM PA
<i>deferasirox</i> TBSO 250mg, 500mg	5	NM PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NM PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	

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

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Drug Name	Drug Requirements/ Tier Limits	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel	2	
jolessa	2	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
lessina	2	
levonest	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	2	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
loryna	2	
low-ogestrel	2	
luteru	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	

Drug Name	Drug Requirements/ Tier Limits	
medroxyprogesterone acetate 2 (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
meleya TABS .35mg	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-lynyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estradiol tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg- mcg	2	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg- mcg	2	
norlyroc TABS .35mg	2	
nortrel 0.5/35 (28)	2	
nortrel 1/35 (21)	2	
nortrel 1/35 (28)	2	
nortrel 7/7/7	2	
nylia 1/35	2	
nylia 7/7/7	2	
ocella	2	
orquidea TABS .35mg	2	
philith	2	
pimtrea	2	
portia-28	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>reclipsen</i>	2
<i>setlakin</i>	2
<i>sharobel</i> TABS .35mg	2
<i>simliya</i>	2
<i>sprintec 28</i>	2
<i>sronyx</i>	2
<i>syeda</i>	2
<i>tarina fe 1/20 eq</i>	2
<i>tilia fe</i>	2
<i>tri-estarylla</i>	2
<i>tri-legest fe</i>	2
<i>tri-lynyah</i>	2
<i>tri-lo-estarylla</i>	2
<i>tri-lo-marzia</i>	2
<i>tri-lo-mili</i>	2
<i>tri-lo-sprintec</i>	2
<i>tri-mili</i>	2
<i>tri-nymyo</i>	2
<i>tri-sprintec</i>	2
<i>tri-vylibra</i>	2
<i>tri-vylibra lo</i>	2
<i>turqoz</i>	2
<i>valtya 1/50</i>	2
<i>velivet</i>	2
<i>vestura</i>	2
<i>vienva</i>	2
<i>viorele</i>	2
<i>vyfemla</i>	2
<i>vylibra</i>	2
<i>wera</i>	2
<i>xarah fe</i>	2
<i>xulane</i>	2
<i>zafemy</i>	2
<i>zovia 1/35</i>	2
<i>zumandimine</i>	2
ESTROGENS	
<i>abigale</i>	3
<i>abigale lo</i>	3
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3

Drug Name	Drug Requirements/ Tier Limits
<i>estradiol</i> PTTW .025mg/24hr, 3 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	
<i>estradiol</i> TABS .5mg, 1mg, 2 2mg	2
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2
<i>fyavolv tab 0.5mg-2.5mcg</i>	3
<i>fyavolv tab 1mg-5mcg</i>	3
<i>jinteli</i>	3
<i>lyllana</i> PTTW .025mg/24hr, 3 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
<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>yuvaferm</i> TABS 10mcg	2
GLUCOCORTICOIDS	
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2
DEXAMETHASONE INTENSOL CONC 1mg/ml	4
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2
<i>fludrocortisone acetate</i> TABS .1mg	2
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2
<i>hydrocortisone sod succinate</i> SOLR 100mg	2

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

Last updated: 09/01/25

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

Drug Name	Drug Requirements/ Tier	Limits
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NM PA
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NM PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM PA
NAGLAZYME SOLN 1mg/ml	5	NM PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM PA

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

Drug Name	Drug Requirements/ Tier	Limits
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM PA
SYNAREL SOLN 2mg/ml	5	PA
VEOZAH TABS 45mg	4	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<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	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
GASTROINTESTINAL ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	2	B/D QL
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	2	PA

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

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Drug Name	Drug Requirements/ Tier	Limits
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	2	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	2	QL
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg QL (60 tabs / 30 days)	5	QL PA
<i>alosetron hcl</i> TABS .5mg QL (60 tabs / 30 days)	2	QL PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	4	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg	3	
GATTEX KIT 5mg	5	NM PA
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
<i>loperamide hcl</i> CAPS 2mg	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL
QL (30 tabs / 30 days)		
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL PA
QL (28 syringes / 28 days)		
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VOWST CAP	5	QL NM PA
QL (12 caps / 30 days)		
XERMELO TABS 250mg	5	QL NM PA
QL (84 tabs / 28 days)		
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL ST
QL (30 caps / 30 days)		
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL
QL (60 caps / 30 days)		
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
GENITOURINARY BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL
QL (30 tabs / 30 days)		
<i>dutasteride</i> CAPS .5mg	2	QL
QL (30 caps / 30 days)		
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL
QL (30 caps / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>finasteride</i> TABS 5mg	1	QL
QL (30 tabs / 30 days)		
<i>tadalafil</i> TABS 5mg	2	QL PA
QL (30 tabs / 30 days)		
<i>tamsulosin hcl</i> CAPS .4mg	1	QL
QL (60 caps / 30 days)		
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	4	QL
QL (30 tabs / 30 days)		
MYRBETRIQ SRER 8mg/ml	4	QL
QL (300 mL / 28 days)		
MYRBETRIQ TB24 25mg, 50mg	4	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL
QL (600 mL / 30 days)		
<i>oxybutynin chloride</i> TABS 5mg	2	QL
QL (120 tabs / 30 days)		
<i>oxybutynin chloride</i> TB24 5mg	2	QL
QL (30 tabs / 30 days)		
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL
QL (60 tabs / 30 days)		
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL
QL (30 tabs / 30 days)		
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL ST
QL (30 caps / 30 days)		
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL
QL (60 tabs / 30 days)		
<i>tropium chloride</i> TABS 20mg	2	QL
QL (60 tabs / 30 days)		
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate</i>	2	
<i>vaginal</i> CREA 2%		

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Drug Name	Drug Requirements/ Tier	Limits
<i>metronidazole vaginal GEL</i> .75%	2	
<i>terconazole vaginal CREA</i> .4%, .8%; SUPP 80mg	2	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg QL (60 caps / 30 days)	2	QL
<i>dabigatran etexilate mesylate</i> CAPS 110mg QL (120 caps / 30 days)	2	QL
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	3	QL
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	3	QL
ELIQUIS STARTER PACK TBPk 5mg QL (74 tabs / 30 days)	3	QL
<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	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg QL (60 tabs / 30 days)	3	QL
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	3	QL
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	3	QL

Drug Name	Drug Requirements/ Tier	Limits
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	3	QL
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	5	QL NM PA
ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	5	QL NM PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTelet TABS 20mg	5	NM PA
HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	5	QL NM PA
HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	5	QL NM PA
<i>icatibant acetate</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 70 years and older	3	PA
prasugrel hcl TABS 5mg, 10mg	2	
ticagrelor TABS 60mg, 90mg	2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) 5 AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
COSENTYX SOLN 125mg/5ml	5	NM PA
COSENTYX SOSY 75mg/0.5ml QL (16 syringes / 365 days)	5	QL NM PA
COSENTYX SOSY 150mg/ml QL (32 syringes / 365 days)	5	QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml QL (32 pens / 365 days)	5	QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml QL (16 pens / 365 days)	5	QL NM PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml QL (4 pens / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA
ENBREL SOLN 25mg/0.5ml QL (16 vials / 28 days)	5	QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	5	QL NM PA
ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	5	QL NM PA
ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	5	QL NM PA
HUMIRA PSKT 10mg/0.1ml QL (2 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 20mg/0.2ml QL (4 syringes / 28 days)	5	QL NM PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml QL (6 syringes / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml QL (6 pens / 28 days)	5	QL NM PA
HUMIRA PEN AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
HUMIRA PEN KIT PS/UV QL (3 pens / 28 days)	5	QL NM PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml QL (3 pens / 28 days)	5	QL NM PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml QL (4 pens / 28 days)	5	QL NM PA
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	5	QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	5	QL NM PA
INFLIXIMAB SOLR 100mg	5	NM PA
PYZCHIVA SOLN 130mg/26ml	5	NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
REMICADE SOLR 100mg	5	NM PA
RENFLEXIS SOLR 100mg	5	NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	5	QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	5	QL NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	5	QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	5	QL NM PA
SKYRIZI SOLN 600mg/10ml	5	NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	5	QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	5	QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	5	QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	5	QL NM PA
STELARA SOLN 130mg/26ml	5	NM PA
STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	5	QL NM PA
TREMFYA SOLN 200mg/20ml	5	NM PA
TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	5	QL NM PA
TREMFYA SOSY 200mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	5	QL NM PA
TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	QL NM PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	QL NM PA
VELSIPITY TABS 2mg QL (30 tabs / 30 days)	5	QL NM PA
XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	5	QL NM PA
XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	5	QL NM PA
XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	5	QL NM PA
YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	3	QL NM PA
YESINTEK SOLN 130mg/26ml	3	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	3	QL NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	5	QL NM PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	2	QL
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	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	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM PA
ARCALYST SOLR 220mg	5	NM PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
azathioprine TABS 50mg	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	NM PA
cyclosporine CAPS 25mg, 100mg	2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
mycophenolate mofetil CAPS 250mg; TABS 500mg	2	B/D
mycophenolate mofetil SUSR 200mg/ml	5	B/D
mycophenolate sodium TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
sirolimus SOLN 1mg/ml	5	B/D
sirolimus TABS .5mg, 1mg, 2mg	2	B/D
tacrolimus CAPS .5mg, 1mg, 5mg	2	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	NM
ACTHIB INJ	1	NM
ADACEL INJ	1	NM
AREXVY SUSR 120mcg/0.5ml	1	NM
BCG VACCINE SOLR 50mg	1	NM
BEXSERO SUSY .5ml	1	NM
BOOSTRIX INJ	1	NM
DAPTACEL INJ	1	NM
DENG VAXIA SUS	1	NM
DIP/TET PED INJ 25-5LFU	1	B/D NM
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	NM
HAVRIX SUSP 1440elu/ml	1	NM
HAVRIX SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D NM
HIBERIX SOLR 10mcg	1	NM
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D NM
INFANRIX INJ	1	NM
IPOL INJ INACTIVE	1	NM
IXCHIQ INJ	1	NM
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D NM
KINRIX INJ	1	NM
M-M-R II INJ	1	NM
MENACTRA INJ	1	NM
MENQUADFI SOLN .5ml	1	NM
MENVEO INJ	1	NM
MENVEO SOL	1	NM
MRESVIA SUSY 50mcg/0.5ml	1	NM
PEDIARIX INJ 0.5ML	1	NM
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	NM
PENBRAYA INJ	1	NM
PENTACEL INJ	1	NM
PRIORIX INJ	1	NM
PROQUAD INJ	1	NM
QUADRACEL INJ 0.5ML	1	NM
RABAVERT INJ	1	B/D NM
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D NM
ROTARIX SUS	1	NM
ROTATEQ SOL	1	NM
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	1	QL NM
TENIVAC INJ 5-2LF	1	B/D NM
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	NM
TRUMENBA SUSY .5ml	1	NM
TWINRIX INJ	1	NM
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	NM

Drug Name	Drug Requirements/ Tier	Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	NM
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	NM
VIMKUNYA SUSY 40mcg/0.8ml	1	NM
VIVOTIF CAP EC	1	NM
YF-VAX INJ	1	NM

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%	2	
dextrose 5% in lactated ringers	2	
dextrose 5% w/ sodium chloride 0.2%	2	
dextrose 5% w/ sodium chloride 0.3%	2	
dextrose 5% w/ sodium chloride 0.9%	2	
dextrose 5% w/ sodium chloride 0.45%	2	
dextrose 5% w/ sodium chloride 0.225%	2	
dextrose 10% w/ sodium chloride 0.45%	2	
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	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	2	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	2	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	2	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	2	

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Drug Name	Drug Requirements/ Tier Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2
KCL/D5W/NACL INJ 0.3/0.9%	4
<i>lactated ringer's solution</i>	2
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3
<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>	2
<i>multiple electrolytes ph 7.4</i>	2
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>	2
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2
TPN ELECTROL INJ	4 B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL	
<i>klor-con PACK 20meq</i>	2
<i>klor-con 8 TBCR 8meq</i>	1
<i>klor-con 10 TBCR 10meq</i>	1
<i>klor-con m10 TBCR 10meq</i>	1
<i>klor-con m15 TBCR 15meq</i>	2
<i>klor-con m20 TBCR 20meq</i>	1
M-NATAL PLUS TAB	3

Drug Name	Drug Requirements/ Tier Limits
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1
<i>potassium chloride microencapsulated crystals er TBCR 15meq</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
IV NUTRITION	
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
<i>clinisol sf 15%</i>	2 B/D
CLINOLIPID EMU 20%	4 B/D
<i>dextrose SOLN 5%, 10%</i>	2
<i>dextrose SOLN 50%, 70%</i>	2 B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4 B/D
NUTRILIPID EMUL 20gm/100ml	4 B/D
<i>plenamine</i>	2 B/D
PREMASOL SOL 10%	5 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>	2
<i>neo-polycin hc ophth oint 1%</i>	2
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2

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Drug Name	Drug Requirements/ Tier	Limits
neomycin-polymyxin-hc ophth susp	2	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
TOBRADEX OIN 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
bacitracin (ophthalmic) OINT 500unit/gm	2	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	2	
gentamicin sulfate (ophth) SOLN .3%	1	
moxifloxacin hcl (ophth) SOLN .5%	2	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	4	
neo-polycin 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	2	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
ofloxacin (ophth) SOLN .3%	2	
polycin ophth oint	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) OINT 10%; SOLN 10%	2	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	2	
XDEMVI SOLN .25%	5	NM PA
ZIRGAN GEL .15%	4	

Drug Name	Drug Requirements/ Tier	Limits
ANTI-INFLAMMATORIES		
bromfenac sodium (ophth) SOLN .07%, .075%	2	
dexamethasone sodium phosphate (ophth) SOLN .1%	2	
diclofenac sodium (ophth) SOLN .1%	2	
FLAREX SUSP .1%	4	
fluorometholone (ophth) SUSP .1%	2	
flurbiprofen sodium SOLN .03%	2	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
loteprednol etabonate SUSP .2%	2	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	1	
ZERVATE SOLN .24%	4	
ANTI GLAUCOMA		
betaxolol hcl (ophth) SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
brimonidine tartrate SOLN .2%	1	
brimonidine tartrate SOLN .15%	2	
brinzolamide SUSP 1%	2	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	2	

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Last updated: 09/01/25

Drug Name	Drug Requirements/ Tier	Limits
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG	2	
.25%, .5%		
<i>timolol maleate (ophth)</i> SOLN	1	
.25%, .5%		
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN	3	
1%		
<i>atropine sulfate (ophthalmic)</i> SOLN	2	
1%		
CYSTADROPS SOLN .37%	5	NM PA
CYSTARAN SOLN .44%	5	NM PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN	2	
2%		
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln</i> 1%	2	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL
QL (60 blisters / 30 days)		
BEVESPI AER 9-4.8MCG	3	QL
QL (1 inhaler / 30 days)		
BREZTRI AERO AER SPHERE	3	QL
QL (1 inhaler / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL
QL (4 inhalers / 28 days)		
COMBIVENT AER 20-100	4	QL
QL (2 inhalers / 30 days)		
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL
QL (60 blisters / 30 days)		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL
QL (60 blisters / 30 days)		
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL
QL (2 inhalers / 30 days)		
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL
QL (30 blisters / 30 days)		
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL
QL (300 mL / 30 days)		
<i>cycloheptadine 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	2	
<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		

Drug Name	Drug Requirements/ Tier	Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml QL (300 mL / 30 days)	2	QL
<i>levocetirizine dihydrochloride</i> TABS 5mg QL (30 tabs / 30 days)	2	QL
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	2	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)	2	QL
<i>albuterol sulfate</i> AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	2	QL
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	2	QL ST
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	3	QL
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	3	QL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	

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

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

Drug Name	Drug Requirements/ Tier	Limits
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	5	QL NM PA
<i>pirfenidone</i> CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
<i>pirfenidone</i> TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
<i>pirfenidone</i> TABS 534mg, 801mg QL (90 tabs / 30 days)	5	QL NM PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM PA
<i>roflumilast</i> TABS 250mcg QL (56 tabs / year)	2	QL
<i>roflumilast</i> TABS 500mcg QL (30 tabs / 30 days)	2	QL
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	5	QL NM PA
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	5	QL NM PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	5	QL NM PA
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	5	QL NM PA
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	5	QL NM PA
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	5	QL NM PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml QL (4 pens / 28 days)	5	QL NM PA
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	5	QL NM PA
XOLAIR SOLR 150mg QL (8 vials / 28 days)	5	QL NM PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	5	QL NM PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	2	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	2	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	4	QL PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	4	QL
ALVESCO AERS 160mcg/act QL (2 inhalers / 30 days)	4	QL
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	3	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	3	QL
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	3	QL
AIRSUPRA AER 90-80MCG QL (3 inhalers / 30 days)	3	QL
BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	3	QL
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	3	QL
<i>breyna</i> QL (3 inhalers / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> QL (3 inhalers / 30 days)	2	QL
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> QL (3 inhalers / 30 days)	2	QL
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	4	QL
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	4	QL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	2	QL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	2	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> QL (60 inhalations / 30 days) (generic PRASCO not covered)	2	QL
<i>wixela inhub</i> QL (60 inhalations / 30 days)	2	QL
TOPICAL DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	2	QL
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical)</i> GEL 1% QL (75 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1% QL (60 mL / 30 days)	2	QL
<i>ery PADS 2%</i> QL (60 pledgets / 30 days)	2	QL
<i>erythromycin (acne aid) 2%</i> QL (60 gm / 30 days)	2	QL
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	2	QL
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>sulfacetamide sodium (acne) LOTN 10%</i> QL (118 mL / 30 days)	2	QL
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	2	QL PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1% QL (75 gm / 30 days)	2	QL
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1% QL (30 gm / 30 days)	2	QL
<i>mupirocin</i> OINT 2% QL (220 gm / 30 days)	1	QL
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
<i>SULFAMYLON</i> CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1% QL (120 mL / 30 days)	2	QL
<i>ciclopirox olamine</i> CREA .77% QL (90 gm / 30 days)	2	QL
<i>ciclopirox olamine</i> SUSP .77% QL (60 mL / 30 days)	2	QL
<i>clotrimazole (topical)</i> CREA 1% QL (45 gm / 30 days)	2	QL

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Drug Name		Drug Requirements/ Tier	Limits
<i>clotrimazole (topical)</i> SOLN 1%	2	QL	
QL (60 mL / 30 days)			
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL	
QL (45 gm / 30 days)			
<i>econazole nitrate</i> CREA 1%	2	QL	
QL (85 gm / 30 days)			
<i>ketoconazole (topical)</i> CREA 2%	2	QL	
QL (60 gm / 30 days)			
<i>ketoconazole (topical)</i> SHAM 2%	1	QL	
QL (120 mL / 30 days)			
<i>klayesta</i> POWD 100000unit/gm	2	QL	
QL (60 gm / 30 days)			
<i>nyamyc</i> POWD 100000unit/gm	2	QL	
QL (60 gm / 30 days)			
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL	
QL (30 gm / 30 days)			
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL	
QL (60 gm / 30 days)			
<i>nystop</i> POWD 100000unit/gm	2	QL	
QL (60 gm / 30 days)			
<i>selenium sulfide</i> LOTN 2.5%	2		
DERMATOLOGY, ANTIPSORIATICS			
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA	
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL PA	
QL (120 gm / 30 days)			
<i>calcipotriene</i> SOLN .005%	2	QL PA	
QL (120 mL / 30 days)			
<i>calcitrene</i> OINT .005%	2	QL PA	
QL (120 gm / 30 days)			
ENSTILAR AER	5	QL PA	
QL (120 gm / 30 days)			
<i>tazarotene</i> CREA .05%, .1%	2	QL PA	
QL (60 gm / 30 days)			
TAZORAC CREA .05%	4	QL PA	
QL (60 gm / 30 days)			
DERMATOLOGY, CORTICOSTEROIDS			
<i>ala-cort</i> CREA 1%	1		

Drug Name		Drug Requirements/ Tier	Limits
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL	
QL (60 gm / 30 days)			
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL	
QL (120 gm / 30 days)			
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL	
QL (120 mL / 30 days)			
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL	
QL (120 gm / 30 days)			
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL	
QL (120 mL / 30 days)			
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL	
QL (120 gm / 30 days)			
<i>betamethasone valerate</i> LOTN .1%	2	QL	
QL (120 mL / 30 days)			
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL	
QL (60 gm / 30 days)			
<i>clobetasol propionate</i> SOLN .05%	2	QL	
QL (50 mL / 30 days)			
<i>clobetasol propionate e</i> CREA .05%	2	QL	
QL (60 gm / 30 days)			
<i>fluocinolone acetonide</i> CREA .01%	2	QL	
QL (60 gm / 30 days)			
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL	
QL (120 gm / 30 days)			
<i>fluocinolone acetonide</i> OIL .01%	2	QL	
QL (118.28 mL / 30 days)			
<i>fluocinolone acetonide</i> SOLN .01%	2	QL	
QL (60 mL / 30 days)			
<i>fluocinonide</i> CREA .05%	2	QL	
QL (120 gm / 30 days)			

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

Drug Name	Drug Requirements/ Tier	Limits
<i>lidocan</i> PTCH 5%	2	QL PA
QL (3 patches / 1 day)		
<i>tridacaine ii</i> PTCH 5%	2	QL PA
QL (3 patches / 1 day)		
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	5	QL NM PA
QL (60 gm / 30 days)		
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL
QL (300 mL / 28 days)		
<i>fluorouracil (topical)</i> CREA 5%	2	QL
QL (40 gm / 30 days)		
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL
QL (10 mL / 30 days)		
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL
QL (24 packets / 30 days)		
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL
QL (45 gm / 30 days)		
<i>metronidazole (topical)</i> LOTN .75%	2	QL
QL (59 mL / 30 days)		
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL
QL (30 gm / 30 days)		
PANRETIN GEL .1%	5	QL PA
QL (60 gm / 30 days)		
<i>pimecrolimus</i> CREA 1%	2	QL PA
QL (100 gm / 30 days)		
<i>podofilox</i> SOLN .5%	2	QL
QL (7 mL / 28 days)		
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL PA
QL (100 gm / 30 days)		
VALCHLOR GEL .016%	5	QL NM PA
QL (60 gm / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	2	QL
<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	2	QL
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	2	QL
<i>kourzeq</i> PSTE .1%	2	
<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	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	

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BAFIERTAM30	<i>bicalutamide</i>9	<i>budesonide</i>40
<i>balsalazide disodium</i>40	BICILLIN L-A.....8	<i>budesonide (inhalation)</i> ..51
BALVERSA.....10	BIKTARVY TAB 30-120-15	<i>budesonide-formoterol</i>
<i>balziva</i> .....35	MG .....5	<i>fumarate dihyd aerosol</i>
BARACLUDE.....6	BIKTARVY TAB 50-200-25	160-4.5 mcg/act .....52
BASAGLAR KWIKPEN...33	MG .....5	<i>budesonide-formoterol</i>
BCG VACCINE .....45	<i>bisoprolol &</i>	<i>fumarate dihyd aerosol</i>
<i>benazepril &</i>	<i>hydrochlorothiazide tab</i>	80-4.5 mcg/act .....52
<i>hydrochlorothiazide tab</i>	10-6.25 mg .....19	<i>bumetanide</i> .....20
10-12.5 mg .....15	<i>bisoprolol &</i>	<i>buprenorphine hcl</i> .....31
<i>benazepril &</i>	<i>hydrochlorothiazide tab</i>	<i>buprenorphine hcl-</i>
<i>hydrochlorothiazide tab</i>	2.5-6.25 mg .....19	<i>naloxone hcl sl film 12-3</i>
20-12.5 mg .....15	<i>bisoprolol &</i>	mg (base equiv) .....31
<i>benazepril &</i>	<i>hydrochlorothiazide tab</i>	<i>buprenorphine hcl-</i>
<i>hydrochlorothiazide tab</i>	5-6.25 mg .....19	<i>naloxone hcl sl film 2-0.5</i>
20-25 mg .....15	<i>bisoprolol fumarate</i> .....19	mg (base equiv) .....31
<i>benazepril &</i>	BIVIGAM.....45	<i>buprenorphine hcl-</i>
<i>hydrochlorothiazide tab</i>	<i>blisovi fe 1.5/30</i>.....35	<i>naloxone hcl sl film 4-1</i>
5-6.25mg .....15	BONSITY .....35	mg (base equiv) .....31
<i>benazepril hcl</i> .....16	BOOSTRIX INJ.....45	<i>buprenorphine hcl-</i>
BENDAMUSTINE	<i>bortezomib</i> .....10	<i>naloxone hcl sl film 8-2</i>
HYDROCHLORID .....8	BORTEZOMIB .....10	mg (base equiv) .....31
BENDEKA .....8	<i>bosentan</i> .....20	<i>buprenorphine hcl-</i>
BENLYSTA.....45	BOSULIF .....10, 11	<i>naloxone hcl sl tab 2-0.5</i>
<i>benzoyl peroxide-</i>	BRAFTOVI.....11	mg (base equiv) .....31
<i>erythromycin gel 5-3%</i> 52	BREO ELLIPTA INH 100-	<i>buprenorphine hcl-</i>
<i>benztropine mesylate</i> 22, 23	25 .....51	<i>naloxone hcl sl tab 8-2</i>
BERINERT .....42	BREO ELLIPTA INH 200-	mg (base equiv) .....31
BESIVANCE .....48	25 .....51	<i>bupropion hcl</i> .....21
BESREMI .....10	BREO ELLIPTA INH 50-	<i>bupropion hcl (smoking</i>
<i>betaine powder for oral</i>	25MCG .....51	<i>deterrent)</i>.....31
<i>solution</i>.....38	<i>breyana</i>.....51	<i>buspirone hcl</i> .....21
<i>betamethasone</i>	BREZTRI AERO AER	<i>butorphanol tartrate</i> .....1
<i>dipropionate (topical)</i> ...53	SPHERE .....49	C
<i>betamethasone</i>	BREZTRI AERO AER	<i>cabergoline</i> .....38
<i>dipropionate augmented</i>	SPHERE	CABOMETYX .....11
.....53	(INSTITUTIONAL PACK)	<i>calcipotriene</i>.....53
<i>betamethasone valerate</i> .53	49	<i>calcitonin (salmon) spray</i> 35
BETASERON .....30	<i>biellyn</i> .....35	<i>calcitrene</i> .....53
<i>betaxolol hcl (ophth)</i>48	BRILINTA43	<i>calcitriol</i>39
	<i>brimonidine tartrate</i>48	<i>calcitriol (oral)</i>39
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CALQUENCE	11	carbidopa-levodopa- entacapone tabs 31.25- 125-200 mg	23	CEQUR SIMPL KIT PATCH 2U (4-DAY)	33
camila	35	carbidopa-levodopa- entacapone tabs 37.5- 150-200 mg	23	CEQUR SIMPL MIS INSERTER	33
candesartan cilexetil	17	carbidopa-levodopa- entacapone tabs 50-200- 200 mg	23	CERDELGA	38
CAPLYTA	23	carboplatin	8	CEREZYME	38
CAPRELSA	11	carglumic acid	38	cetirizine hcl	49
captopril	16	carteolol hcl (ophth)	48	chateal eq	35
captopril & hydrochlorothiazide tab 25-15 mg	15	cartia xt	19	CHEMET	35
captopril & hydrochlorothiazide tab 25-25 mg	15	carvedilol	19	chlorhexidine gluconate (mouth-throat)	55
captopril & hydrochlorothiazide tab 50-15 mg	16	caspofungin acetate	4	chloroquine phosphate	4
captopril & hydrochlorothiazide tab 50-25 mg	16	CAYSTON	2	chlorpromazine hcl	24
carb/levo orally disintegrating tab 10- 100mg	23	cefactor	6	chlorthalidone	20
carb/levo orally disintegrating tab 25- 100mg	23	cefadroxil	6	cholestyramine	18
carb/levo orally disintegrating tab 25- 250mg	23	CEFAZOLIN	6	cholestyramine light	18
carbamazepine	25	CEFAZOLIN INJ 1GM/50ML	6	ciclopirox	52
carbidopa & levodopa tab 10-100 mg	23	cefazolin sodium	6	ciclopirox olamine	52
carbidopa & levodopa tab 25-100 mg	23	CEFAZOLIN SOLN 2GM/100ML-4%	6	cilostazol	42
carbidopa & levodopa tab 25-250 mg	23	CEFAZOLIN/DEX SOL 1GM/50ML-4%	6	CILOXAN	48
carbidopa & levodopa tab er 25-100 mg	23	CEFAZOLIN/DEX SOL 2GM/50ML-3%	6	CIMDUO TAB 300-300	5
carbidopa & levodopa tab er 50-200 mg	23	CEFAZOLIN/DEX SOL 3GM/150ML-4%	6	cinacalcet hcl	38
carbidopa-levodopa- entacapone tabs 12.5- 50-200 mg	23	CEFAZOLIN/DEX SOL 3GM/50ML-2%	6	ciprofloxacin 200 mg/100ml in d5w	7
carbidopa-levodopa- entacapone tabs 18.75- 75-200 mg	23	cefdinir	6	ciprofloxacin 400 mg/200ml in d5w	7
carbidopa-levodopa- entacapone tabs 25-100- 200 mg	23	cefepime hcl	6	ciprofloxacin hcl	7
		cefexime	6	ciprofloxacin hcl (ophth) ..	48
		cefotetan disodium	6	ciprofloxacin- dexamethasone otic susp 0.3-0.1%	49
		cefoxitin sodium	6	cisplatin	8
		cefpodoxime proxetil	7	citalopram hydrobromide ..	21
		cefprozil	7	claravis	52
		ceftazidime	7	clarithromycin	7
		ceftriaxone sodium	7	clindamycin hcl	2
		cefuroxime axetil	7	clindamycin palmitate hydrochloride	2
		cefuroxime sodium	7	clindamycin phosphate	2
		celecoxib	1	clindamycin phosphate (topical)	52
		cephalexin	7	clindamycin phosphate in d5w iv soln 300 mg/50ml	2
		CEQUR SIMPL KIT PATCH 2U (3-DAY)	33	clindamycin phosphate in d5w iv soln 600 mg/50ml	2

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<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	<i>colesevelam hcl</i>	18	D	
<i>clindamycin phosphate vaginal</i>	41	<i>colestipol hcl</i>	18	D10W/NACL INJ 0.2%....	46
CLINDMYC/NAC INJ 300/50ML	2	<i>colistimethate sodium</i>	3	D2.5W/NACL INJ 0.45%.	46
CLINDMYC/NAC INJ 600/50ML	3	COMBIGAN SOL 0.2/0.5%	48	<i>dabigatran etexilate mesylate</i>	42
CLINDMYC/NAC INJ 900/50ML	3	COMBIVENT AER 20-100	49	<i>dalfampridine</i>	30
CLINIMIX INJ 4.25/D10 ..	47	COMETRIQ (60MG DOSE)	11	<i>danazol</i>	31
CLINIMIX INJ 4.25/D5W.	47	COMETRIQ KIT 100MG ..	11	<i>dantrolene sodium</i>	31
CLINIMIX INJ 5%/D15W.	47	COMETRIQ KIT 140MG ..	11	DANZITEN.....	11
CLINIMIX INJ 5%/D20W.	47	COMPLERA TAB.....	5	<i>dapsone</i>	3
CLINIMIX INJ 6/5.....	47	<i>compro</i>	39	DAPTACEL INJ	45
CLINIMIX INJ 8/10.....	47	<i>constulose</i>	40	<i>daptomycin</i>	3
CLINIMIX INJ 8/14.....	47	COPAXONE	30	DAPTOMYCIN.....	3
<i>clisol sf 15%</i>	47	COPIKTRA	11	<i>darunavir</i>	4
CLINOLIPID EMU 20%...47		CORLANOR	20	<i>dasatinib</i>	11
<i>clobazam</i>	25	COSENTYX.....	43	<i>dasetta 1/35</i>	35
<i>clobetasol propionate</i>	53	COSENTYX		<i>dasetta 7/7/7</i>	35
<i>clobetasol propionate e</i> ...53		COSENTYX		DAURISMO	11
<i>clomipramine hcl</i>	21	COSENTYX		DAYVIGO	29
<i>clonazepam</i>	25, 26	SENSOREADY PEN...43		<i>deblitane</i>	35
<i>clonidine</i>	20	COSENTYX UNOREADY	43	<i>deferasirox</i>	35
<i>clonidine hcl</i>	20	COTELLIC	11	DELSTRIGO TAB	5
<i>clopidogrel bisulfate</i>	43	CREON CAP 12000UNT 40		DENG VAXIA SUS	45
<i>clorazepate dipotassium</i> .26		CREON CAP 24000UNT 40		DEPO-SUBQ PROVERA 104	35
<i>clotrimazole</i>	55	CREON CAP 3000UNIT .40		DESCOVY TAB 120-15MG	5
<i>clotrimazole (topical)</i> .52, 53		CREON CAP 36000UNT 40		DESCOVY TAB 200/25MG	5
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	53	CREON CAP 6000UNIT .40		<i>desipramine hcl</i>	22
<i>clozapine</i>	24	<i>cromolyn sodium</i>	50	<i>desmopressin acetate</i>	38
COARTEM TAB 20-120MG	4	<i>cromolyn sodium (mastocytosis)</i>	40	<i>desmopressin acetate spray</i>	38
COBENFY CAP 100-20MG	24	<i>cromolyn sodium (ophth)</i> 48		<i>desmopressin acetate spray refrigerated</i>	38
COBENFY CAP 125-30MG	24	<i>cryselle-28</i>	35	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	35
COBENFY CAP 50-20MG	24	<i>cyclobenzaprine hcl</i>	31	<i>desvenlafaxine succinate</i> 22	
COBENFY STRT CAP PACK	24	<i>cyclophosphamide</i>	8	<i>dexamethasone</i>	37
<i>colchicine</i>	1	CYCLOPHOSPHAMIDE...8		DEXAMETHASONE INTENSOL	37
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	MONOHYDR.....	8	<i>dexamethasone sodium phosphate</i>	37
		<i>cycloserine</i>	5	<i>dexamethasone sodium phosphate (ophth)</i>	48
		<i>cyclosporine</i>	45	<i>dexmethylphenidate hcl</i> ..	29
		<i>cyclosporine modified (for microemulsion)</i>	45		
		<i>cyproheptadine hcl</i>	49		
		<i>cyred eq</i>	35		
		CYSTADROPS	49		
		CYSTAGON.....	38		
		CYSTARAN	49		
		<i>cytarabine</i>	9		
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dextrose.....47	diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....40	econazole nitrate53
dextrose 10% w/ sodium chloride 0.45% .....46	diphenoxylate w/ atropine tab 2.5-0.025 mg .....40	EDURANT .....4
dextrose 2.5% w/ sodium chloride 0.45% .....46	dipyridamole .....43	EDURANT PED .....4
dextrose 5% in lactated ringers .....46	disopyramide phosphate.18	efavirenz .....4
dextrose 5% w/ sodium chloride 0.2% .....46	disulfiram .....31	efavirenz-emtricitabine- tenofovir df tab 600-200- 300 mg .....5
dextrose 5% w/ sodium chloride 0.225% .....46	divalproex sodium.....26	efavirenz-lamivudine- tenofovir df tab 400-300- 300 mg .....5
dextrose 5% w/ sodium chloride 0.3% .....46	docetaxel .....10	efavirenz-lamivudine- tenofovir df tab 600-300- 300 mg .....5
dextrose 5% w/ sodium chloride 0.45% .....46	DOCETAXEL .....10	ELIGARD .....9
dextrose 5% w/ sodium chloride 0.9% .....46	DOCIVYX .....10	elinest .....35
DIACOMIT .....26	dofetilide .....18	ELIQUIS .....42
diazepam .....26	donepezil hydrochloride ..21	ELIQUIS STARTER PACK.....42
diazepam (anticonvulsant) .....26	DOPTelet .....42	eluryng .....35
diazepam inj .....26	dorzolamide hcl.....48	EMGALITY.....29
diazepam intensol.....26	dorzolamide hcl-timolol maleate ophth soln 2- 0.5%.....48	EMSAM .....22
diazoxide .....38	dotti.....37	emtricitabine .....4
diclofenac potassium .....1	DOVATO TAB 50-300MG.5	emtricitabine-rilpivirine- tenofovir df tab 200-25- 300 mg .....5
diclofenac sodium .....1	doxazosin mesylate .....16	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg .....5
diclofenac sodium (ophth) .....48	doxepin hcl .....22	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg .....5
diclofenac sodium (topical) .....54	doxepin hcl (sleep).....29	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg .....5
dicloxacillin sodium .....8	doxorubicin hcl.....10	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg .....5
dicyclomine hcl .....40	doxorubicin hcl liposomal10	EMTRIVA.....4
DIFICID.....7	doxy 100 .....8	EMVERM .....3
diflunisal.....1	doxycycline (monohydrate) .....8	emzahh .....35
digoxin .....20	doxycycline hyclate .....8	enalapril maleate .....16
dihydroergotamine mesylate.....29	DRIZALMA SPRINKLE...22	enalapril maleate & hydrochlorothiazide tab 10-25 mg .....16
DILANTIN .....26	dronabinol.....39	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg .....16
diltiazem hcl.....19	drospirenone-ethinyl estradiol tab 3-0.02 mg35	ENBREL .....43
diltiazem hcl coated beads.....19	drospirenone-ethinyl estradiol tab 3-0.03 mg35	
diltiazem hcl extended release beads.....19	droxidopa .....20	
dilt-xr .....19	DULERA AER 100-5MCG.....52	
DIP/TET PED INJ 25-5LFU.....45	DULERA AER 200-5MCG.....52	
diphenhydramine hcl.....49	DULERA AER 50-5MCG 52	
	duloxetine hcl.....22	
	DUPIXENT43	
	dutasteride41	
	dutasteride-tamsulosin hcl cap 0.5-0.4 mg41	
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	e.e.s. 4007	

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ENBREL MINI.....	43	erythromycin (ophth).....	48	F	
ENBREL SURECLICK....	43	erythromycin base	7	FABRAZYME.....	38
endocet tab 10-325mg.....	2	erythromycin ethylsuccinate	7	falmina	35
endocet tab 2.5-325mg.....	2	.....	7	famciclovir	6
endocet tab 5-325mg.....	2	erythromycin lactobionate .	7	famotidine	40
endocet tab 7.5-325mg.....	2	escitalopram oxalate.....	22	famotidine in nacl 0.9% iv	
ENGERIX-B.....	45	eslicarbazepine acetate ..	26	soln 20 mg/50ml	40
enilloring	35	esomeprazole magnesium	41	FANAPT	24
enoxaparin sodium	42	.....	41	FANAPT PAK PACK A ...	24
enpresse-28.....	35	estarylla	35	FANAPT PAK PACK C ...	24
enskyce	35	estradiol	37	FARXIGA.....	31
ENSTILAR AER.....	53	estradiol & norethindrone		FASENRA.....	50
entacapone.....	23	acetate tab 0.5-0.1 mg	37	FASENRA PEN	50
entecavir	6	estradiol & norethindrone		feirza 1.5/30	35
ENTRESTO CAP 15-16MG		acetate tab 1-0.5 mg ...	37	feirza 1/20	35
.....	16	estradiol vaginal.....	37	felbamate	26
ENTRESTO CAP 6-6MG	16	estradiol valerate	37	felodipine	19
ENTRESTO TAB 24-26MG		ethambutol hcl	5	fenofibrate	18
.....	16	ethosuximide.....	26	fenofibrate micronized	18
ENTRESTO TAB 49-51MG		ethynodiol diacetate &		fentanyl.....	1
.....	17	ethinyl estradiol tab 1		FETZIMA	22
ENTRESTO TAB 97-		mg-35 mcg	35	FETZIMA CAP TITRATIO	
103MG	17	ethynodiol diacetate &		.....	22
enulose	40	ethinyl estradiol tab 1		FIASP	33
EPCLUSA PAK 150-37.5..	6	mg-50 mcg	35	FIASP FLEXTOUCH.....	33
EPCLUSA PAK 200-50MG		etodolac	1	FIASP PENFILL.....	33
.....	6	etonogestrel-ethinyl		FIASP PUMPCART	33
EPCLUSA TAB 200-50MG		estradiol va ring 0.12-		finasteride	41
.....	6	0.015 mg/24hr	35	finlimod hcl.....	30
EPCLUSA TAB 400-100...	6	etoposide	10	FINTEPLA.....	26
EPIDIOLEX.....	26	etravirine	4	FIRDAPSE.....	30
epinephrine (anaphylaxis)		EULEXIN	9	FIRMAGON	9
.....	20, 50	everolimus	11	flac	49
epitol	26	everolimus		FLAREX.....	48
eplerenone.....	16	(immunosuppressant) .	45	FLEBOGAMMA DIF.....	45
EPRONTIA	26	EVOTAZ TAB 300-150	5	flecainide acetate.....	18
ergotamine w/ caffeine tab		exemestane	9	fluconazole.....	4
1-100 mg.....	29	EYSUVIS	49	fluconazole in nacl 0.9% inj	
ERIVEDGE	11	ezetimibe	18	200 mg/100ml	4
ERLEADA.....	9	ezetimibe-simvastatin tab		fluconazole in nacl 0.9% inj	
erlotinib hcl	11	10-10 mg	18	400 mg/200ml	4
errin	35	ezetimibe-simvastatin tab		flucytosine.....	4
ertapenem sodium.....	3	10-20 mg	18	fludrocortisone acetate ...	37
ery.....	52	ezetimibe-simvastatin tab		flunisolide (nasal).....	51
ery-tab	7	10-40 mg	18	fluocinolone acetamide	53
ERYTHROCIN		ezetimibe-simvastatin tab		fluocinolone acetamide	
LACTOBIONATE	7	10-80 mg	18	(otic)	49
erythromycin (acne aid) ..	52			fluocinonide.....	53, 54

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<i>fluocinonide emulsified</i>	<i>gallifrey</i>	<i>glipizide xl</i>
base	GAMASTAN INJ	<i>glipizide-metformin hcl tab</i>
fluorometholone (ophth) ..	GAMMAGARD LIQUID ...	2.5-250 mg
fluorouracil	GAMMAGARD S/D IGA	<i>glipizide-metformin hcl tab</i>
fluorouracil (topical)	LESS TH	2.5-500 mg
fluoxetine hcl	GAMMAKED	<i>glipizide-metformin hcl tab</i>
fluphenazine decanoate ..	GAMMAPLEX	5-500 mg
fluphenazine hcl	GAMUNEX-C	<i>glycopyrrolate</i>
flurbiprofen	<i>ganciclovir sodium</i>	<i>glydo</i>
flurbiprofen sodium	GARDASIL 9	GLYXAMBI TAB 10-5 MG
fluticasone propionate ..	<i>gatifloxacin (ophth)</i> .....	.....
fluticasone propionate	GATTEX	GLYXAMBI TAB 25-5 MG
(nasal)	GAUZE PADS 2 .....	.....
fluticasone-salmeterol aer	<i>gavilyte-c</i>	GOMEKLI
powder ba 100-50	<i>gavilyte-g</i>	<i>granisetron hcl</i>
mcg/act	<i>gavilyte-n/ flavor pack</i>	<i>griseofulvin microsize</i>
fluticasone-salmeterol aer	GAVRETO	<i>griseofulvin ultramicrosize</i> 4
powder ba 250-50	<i>gefitinib</i>	<i>guanfacine hcl</i>
mcg/act	<i>gemcitabine hcl</i>	<i>guanfacine hcl (adhd)</i>
fluticasone-salmeterol aer	<i>gemfibrozil</i>	H
powder ba 500-50	GEMTESA	HAEGARDA
mcg/act	<i>generlac</i>	<i>hailey 1.5/30</i>
fluvoxamine maleate	<i>gengraf</i>	<i>halobetasol propionate</i> ..
fondaparinux sodium	GENOTROPIN	<i>haloette</i>
fosamprenavir calcium	GENOTROPIN MINISQUICK	<i>haloperidol</i>
fosinopril sodium .....	.....	<i>haloperidol decanoate</i> ..
fosinopril sodium &	<i>gentamicin in saline inj 0.8</i>	<i>haloperidol lactate</i>
hydrochlorothiazide tab	mg/ml	HARVONI PAK 33.75-
10-12.5 mg	<i>gentamicin in saline inj 1</i>	150MG
fosinopril sodium &	mg/ml	HARVONI PAK 45-200MG
hydrochlorothiazide tab	<i>gentamicin in saline inj 1.2</i>	.....
20-12.5 mg	mg/ml	HARVONI TAB 45-200MG6
FOTIVDA	<i>gentamicin in saline inj 1.6</i>	HARVONI TAB 90-400MG6
FRINDOVYX	mg/ml	HAVRIX
FRUZAQLA	<i>gentamicin in saline inj 2</i>	<i>heather</i>
FULPHILA	mg/ml	HEP SOD/NACL INJ
fulvestrant	<i>gentamicin sulfate</i>	25000UNT
furosemide	<i>gentamicin sulfate (ophth)</i>	<i>heparin sodium (porcine)</i> 42
furosemide inj .....	.....	HEPLISAV-B
FUZEON	<i>gentamicin sulfate (topical)</i>	HERCEP HYLEC SOL 60-
fyavolv tab 0.5mg-2.5mcg	.....	10000
.....	GENVOYA TAB	HERCEPTIN
fyavolv tab 1mg-5mcg	GILOTRIF	HERZUMA
FYCOMPA	<i>glatiramer acetate</i>	HIBERIX
G	<i>glatopa</i>	HUMIRA
<i>gabapentin</i>	GLEOSTINE	HUMIRA PEN
<i>galantamine hydrobromide</i>	<i>glimepiride</i>	HUMIRA PEN KIT PS/UV
.....	<i>glipizide</i>	

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HUMIRA PEN-CD/UC/HS START43	IDACIO (2 SYRINGE).....44	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> 49
HUMIRA PEN-PEDIATRIC UC S .....43	IDACIO CROHN INJ DISEASE .....44	<i>irbesartan</i>.....17
HUMULIN R U-500 (CONCENTR.....33	IDACIO PLAQU INJ PSORIASIS.....44	<i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i> .....17
HUMULIN R U-500 KWIKPEN .....33	IDHIFA.....12	<i>irbesartan- hydrochlorothiazide tab 300-12.5 mg</i> .....17
<i>hydralazine hcl</i>.....20	<i>imatinib mesylate</i> .....12	<i>irinotecan hcl</i>.....10
<i>hydrochlorothiazide</i>.....20	IMBRUVICA.....12	ISENTRESS .....4
<i>hydrocodone bitartrate</i> .....1	<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....3	ISENTRESS HD .....4
<i>hydrocodone- acetaminophen soln 7.5- 325 mg/15ml</i> .....2	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....3	<i>isibloom</i> .....36
<i>hydrocodone- acetaminophen tab 10- 325 mg</i> .....2	<i>imipramine hcl</i>.....22	ISOLYTE-P INJ /D5W.....46
<i>hydrocodone- acetaminophen tab 5-325 mg</i> .....2	<i>imiquimod</i> .....54	ISOLYTE-S INJ PH 7.4...46
<i>hydrocodone- acetaminophen tab 7.5- 325 mg</i> .....2	IMKELDI .....12	<i>isoniazid</i>.....5
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....2	IMOVAX RABIES (H.D.C.V.).....46	<i>isosorbide dinitrate</i>.....20
<i>hydrocortisone</i> .....37	IMPAVIDO .....3	<i>isosorbide mononitrate</i> ...20
<i>hydrocortisone (intrarectal) .....40</i>	INBRIJA.....23	<i>isotretinoin</i> .....52
<i>hydrocortisone (rectal) ....54</i>	<i>incassia</i>.....36	ITOVEBI .....12
<i>hydrocortisone (topical) ..54</i>	INCRELEX.....38	<i>itraconazole</i> .....4
<i>hydrocortisone sod succinate</i> .....37	INCRUSE ELLIPTA .....49	<i>ivabradine hcl</i>.....20
<i>hydrocortisone valerate</i> ..54	<i>indapamide</i> .....20	<i>ivermectin</i> .....3
<i>hydromorphone hcl</i>.....2	INFANRIX INJ.....46	IWILFIN .....10
<i>hydroxychloroquine sulfate.....44</i>	INFLIXIMAB.....44	IXCHIQ INJ.....46
<i>hydroxyurea</i>10	INLYTA12	IXIARO INJ.....46
<i>hydroxyzine hcl</i>49	INQOVI TAB 35-100MG ...9	J
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<i>ibandronate sodium</i>35	INSULIN SAFETY NEEDLES: BD- EMBECTA.....33	JANUMET TAB 50-1000.32
IBRANCE.....11	INSULIN SYRINGES: BD- EMBECTA.....34	JANUMET TAB 50-500MG.....32
<i>ibu</i>1	INTELENCE.....4	JANUMET XR TAB 100- 100032
<i>ibuprofen</i>1	INTRALIPID.....47	JANUMET XR TAB 50- 100032
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	<i>ipratropium bromide</i>49	JAYPIRCA12
	<i>ipratropium bromide (nasal)49</i>	JENTADUETO TAB 2.5- 100032
		JENTADUETO TAB 2.5- 50032

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JENTADUETO TAB 2.5-850.....32	kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj47	lamivudine.....4
JENTADUETO TAB XR 2.5-1000MG .....32	kcl 40 meq/l (0.3%) in nacl 0.9% inj .....47	lamivudine (hbv) .....6
JENTADUETO TAB XR 5-1000MG32	KCL/D5W/NACL INJ 0.3/0.9%.....47	lamivudine-zidovudine tab 150-300 mg.....5
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jolessa36	kelnor 1/50.....36	lanreotide acetate38
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junel 1.5/3036	ketoconazole.....4	larin 1.5/30.....36
junel 1/2036	ketoconazole (topical)53	larin 1/20.....36
junel fe 1.5/30 .....36	ketorolac tromethamine (ophth).....48	larin fe 1.5/30.....36
junel fe 1/2036	KEYTRUDA12	larin fe 1/20.....36
JYLAMVO.....44	KINRIX INJ46	latanoprost.....48
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KADCYLA.....12	KISQALI 200 PAK FEMARA12	lenalidomide.....10
KALETRA SOL5	KISQALI 400 DOSE.....12	LENVIMA 10 MG DAILY DOSE.....12
KALYDECO .....50	KISQALI 400 PAK FEMARA .....12	LENVIMA 12MG DAILY DOSE.....12
KANJINTI.....12	KISQALI 600 DOSE.....12	LENVIMA 20 MG DAILY DOSE.....12
kariva .....36	KISQALI 600 PAK FEMARA .....12	LENVIMA 4 MG DAILY DOSE.....12
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj .....46	klayesta .....53	LENVIMA 8 MG DAILY DOSE.....12
kcl 20 meq/l (0.149%) in nacl 0.45% inj.....46	klor-con .....47	LENVIMA CAP 14 MG....12
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj .....46	klor-con 10.....47	LENVIMA CAP 18 MG....12
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj .....46	klor-con 8.....47	LENVIMA CAP 24 MG....12
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj .....46	klor-con m10.....47	lessina .....36
kcl 20 meq/l (0.15%) in nacl 0.45% inj .....46	klor-con m15.....47	letrozole .....9
kcl 20 meq/l (0.15%) in nacl 0.9% inj .....46	klor-con m20.....47	leucovorin calcium .....15
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj .....46	KOSELUGO.....12	LEUKERAN .....9
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj47	kourzeq.....55	leuprolide acetate9
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	kurvelo36	levetiracetam27
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	labetalol hcl.....19	levetiracetam in sodium chloride iv soln 1000 mg/100ml27
	lacosamide .....26	levetiracetam in sodium chloride iv soln 1500 mg/100ml .....27
	lacosamide oral.....26	levetiracetam in sodium chloride iv soln 500 mg/100ml .....27
	lactated ringer's solution .47	levobunolol hcl48
	lactic acid (ammonium lactate)54	
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<i>levocarnitine (metabolic modifiers)</i>	38	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	16	<i>LUPRON DEPOT (3-MONTH)</i>	9
<i>levocetirizine dihydrochloride</i>	50	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	16	<i>LUPRON DEPOT-PED (1-MONTH)</i>	38
<i>levofloxacin</i>	7	<i>lithium</i>	30	<i>LUPRON DEPOT-PED (3-MONTH)</i>	38
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	7	<i>lithium carbonate</i>	30	<i>LUPRON DEPOT-PED (6-MONTH)</i>	38
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	7	<i>LIVTENCITY</i>	6	<i>lurasidone hcl</i>	24
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	7	<i>loestrin 1.5/30-21</i>	36	<i>luteal</i>	36
<i>levonest</i>	36	<i>loestrin 1/20-21</i>	36	<i>LYBALVI TAB 10-10MG</i>	24
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	36	<i>loestrin fe 1.5/30</i>	36	<i>LYBALVI TAB 15-10MG</i>	24
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	36	<i>loestrin fe 1/20</i>	36	<i>LYBALVI TAB 20-10MG</i>	24
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	36	<i>LOKELMA</i>	35	<i>LYBALVI TAB 5-10MG</i>	24
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	36	<i>LONSURF TAB 15-6.14</i> ...	9	<i>lyleq</i>	36
<i>levora 0.15/30-28</i>	36	<i>LONSURF TAB 20-8.19</i> ...	9	<i>lyllana</i>	37
<i>levo-t</i>	39	<i>loperamide hcl</i>	40	<i>LYNPARZA</i>	13
<i>levothyroxine sodium</i>	39	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	<i>LYSODREN</i>	9
<i>levoxyl</i>	39	<i>lopinavir-ritonavir tab 100-25 mg</i>	5	<i>LYTGOBI (12 MG DAILY DOSE)</i>	13
<i>l-glutamine (sickle cell)</i> ...	42	<i>lopinavir-ritonavir tab 200-50 mg</i>	5	<i>LYTGOBI (16 MG DAILY DOSE)</i>	13
<i>lidocaine</i>	54	<i>lorazepam</i>	21	<i>LYTGOBI (20 MG DAILY DOSE)</i>	13
<i>lidocaine hcl</i>	54	<i>lorazepam intensol</i>	21	<i>lyza</i>	36
<i>lidocaine hcl (local anesth.)</i>	1	<i>LORBRENA</i>	12	M	
<i>lidocaine hcl (mouth-throat)</i>	55	<i>loryna</i>	36	<i>magnesium sulfate</i>	47
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	54	<i>losartan potassium</i>	17	<i>MAGNESIUM SULFATE</i>	47
<i>lidocan</i>	54	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	17	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	47
<i>LILETTA</i>	36	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	17	<i>malathion</i>	55
<i>linezolid</i>	3	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	17	<i>maraviroc</i>	4
<i>LINEZOLID INJ 2MG/ML</i> ..	3	<i>LOTMAX</i>	48	<i>marlissa</i>	36
<i>LINZESS</i>	40	<i>loteprednol etabonate</i>	48	<i>MARPLAN</i>	22
<i>liothyronine sodium</i>	39	<i>lovastatin</i>	18	<i>MATULANE</i>	10
<i>lisinopril</i>	16	<i>low-ogestrel</i>	36	<i>MAVYRET PAK 50-20MG</i> ..	6
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	16	<i>loxapine succinate</i>	24	<i>MAVYRET TAB 100-40MG</i>	6
		<i>LUMAKRAS</i>	13	<i>meclizine hcl</i>	39
		<i>LUMIGAN</i>	48	<i>medroxyprogesterone acetate</i>	39
		<i>LUMIZYME</i>	38	<i>medroxyprogesterone acetate (contraceptive)</i> ..	36
		<i>LUPRON DEPOT (1-MONTH)</i>	9	<i>mefloquine hcl</i>	4
				<i>megestrol acetate</i>	9, 39
				<i>megestrol acetate (appetite)</i>	39

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MEKINIST.....	13	metoprolol & hydrochlorothiazide tab 50-25 mg.....	19	mupirocin.....	52
MEKTOVI.....	13	metoprolol succinate.....	19	mycophenolate mofetil....	45
meleya.....	36	metoprolol tartrate.....	19	mycophenolate sodium...45	
meloxicam.....	1	metronidazole.....	3	MYRBETRIQ.....	41
memantine hcl.....	21	metronidazole (topical) ...	54	N	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	21	metronidazole vaginal....	42	nabumetone.....	1
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	21	metyrosine.....	20	nadolol.....	19
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	21	micafungin sodium.....	4	nafticillin sodium.....	8
MENACTRA INJ.....	46	microgestin 1.5/30.....	36	NAGLAZYME.....	38
MENQUADFI.....	46	microgestin 1/20.....	36	nalbuphine hcl.....	2
MENVEO INJ.....	46	microgestin fe 1.5/30.....	36	naloxone hcl.....	31
MENVEO SOL.....	46	microgestin fe 1/20.....	36	naltrexone hcl.....	31
mercaptopurine.....	9	midodrine hcl.....	20	NAMZARIC CAP 14-10MG	21
meropenem.....	3	MIEBO.....	49	NAMZARIC CAP 21-10MG	21
mesalamine.....	40	mifepristone (hyperglycemia).....	38	NAMZARIC CAP 28-10MG	21
mesalamine w/ cleanser .40		mili.....	36	NAMZARIC CAP 7-10MG	21
mesna.....	15	mimvey.....	37	NAMZARIC CAP PACK..	21
MESNEX.....	15	minocycline hcl.....	8	naproxen.....	1
metformin hcl.....	32	minoxidil.....	20	naproxen dr.....	1
methadone hcl.....	1	mirtazapine.....	22	naproxen sodium.....	1
methadone hydrochloride i1		misoprostol.....	41	naratriptan hcl.....	29
methazolamide.....	20	MITIGARE.....	1	NATACYN.....	48
methenamine hippurate....	3	M-M-R II INJ.....	46	nateglinide.....	32
methimazole.....	39	M-NATAL PLUS TAB.....	47	NAYZILAM.....	27
methotrexate sodium ..9, 44		modafinil.....	31	nebivolol hcl.....	19
methsuximide.....	27	moexipril hcl.....	16	necon 0.5/35-28.....	36
methylphenidate hcl.....	29	molindone hcl.....	24	nefazodone hcl.....	22
methylprednisolone.....	38	mometasone furoate.....	54	neomycin sulfate.....	3
methylprednisolone acetate	38	MONJUVI.....	13	neomycin-bacitrac zn- polymyx 5(3.5)mg- 400unt-10000unt op oin	48
methylprednisolone sod succ.....	38	mono-lynyah.....	36	neomycin-polymy-gramicid op sol 1.75-10000- 0.025mg-unt-mg/ml.....	48
methyltestosterone.....	31	montelukast sodium.....	50	neomycin-polymyxin- dexamethasone ophth oint 0.1%.....	47
metoclopramide hcl.....	39	morphine sulfate.....	1, 2	neomycin-polymyxin- dexamethasone ophth susp 0.1%.....	47
metolazone.....	20	MOUNJARO.....	32	neomycin-polymyxin-hc ophth susp.....	48
metoprolol & hydrochlorothiazide tab 100-25 mg.....	19	MOVANTIK.....	41		
metoprolol & hydrochlorothiazide tab 100-50 mg.....	19	moxifloxacin hcl.....	7		
		moxifloxacin hcl (ophth) ..	48		
		moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....	7		
		MRESVIA.....	46		
		MULTAQ.....	18		
		multiple electrolytes ph 5.5	47		
		multiple electrolytes ph 7.4	47		

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neomycin-polymyxin-hc otic soln 1%	49	norethindrone acetate	39	nylia 1/35	36
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	49	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	37	nylia 7/7/7	36
neo-polycin 5(3.5)mg-400unt-10000unt op oin	48	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	37	nystatin	4
neo-polycin hc ophth oint 1%	47	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	36	nystatin (mouth-throat)....	55
NERLYNX.....	13	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	36	nystatin (topical).....	53
nevirapine	4	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	36	nystop	53
NEXLETOL.....	18	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	36	O	
NEXLIZET TAB 180/10MG	18	norlyroc	36	ocella	36
NEXPLANON	36	nortrel 0.5/35 (28)	36	OCTAGAM.....	45
niacin (antihyperlipidemic)	18	nortrel 1/35 (21)	36	octreotide acetate	38
nicardipine hcl.....	19	nortrel 1/35 (28)	36	ODEFSEY TAB.....	5
NICOTROL INHALER....	31	nortrel 7/7/7	36	ODOMZO.....	13
NICOTROL NS	31	nortriptyline hcl.....	22	OFEV	50
nifedipine	19	NORVIR.....	4	ofloxacin (ophth)	48
nikki	36	NOVOLIN INJ 70/30	34	ofloxacin (otic).....	49
nilotinib hcl.....	13	NOVOLIN INJ 70/30 FP..	34	OGIVRI	13
nilutamide	9	NOVOLIN N.....	34	OGSIVEO	13
nimodipine	19	NOVOLIN N FLEXPEN...	34	OJEMDA.....	13
NINLARO.....	13	NOVOLIN R.....	34	OJJAARA.....	13
nitazoxanide	3	NOVOLIN R FLEXPEN...	34	olanzapine	24
nitisinone	38	NOVOLOG	34	olmesartan medoxomil....	17
NITRO-BID	20	NOVOLOG FLEXPEN ...	34	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	17
nitrofurantoin macrocrystal3		NOVOLOG MIX INJ 70/30	34	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	17
nitrofurantoin monohyd macro	3	NOVOLOG MIX INJ FLEXPEN.....	34	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	17
nitroglycerin	20	NOVOLOG PENFILL	34	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg.....	17
nitroglycerin (intra-anal) ..	54	NUBEQA	9	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg.....	17
nizatidine	40	NUDEXTA CAP 20-10MG	30	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	17
nora-be	36	NULOJIX	45	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg.....	17
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	36	NUPLAZID	24	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg.....	17
norethindrone (contraceptive)	36	NURTEC.....	29	omega-3-acid ethyl esters cap 1 gm	18
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	36	NUTRILIPID.....	47	omeprazole	41
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	36	NUZYRA.....	8		
		nyamyc	53		

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OMNIPOD 5 DX KIT INT G7G6	34	oxacillin sodium	8	PEMAZYRE	13
OMNIPOD 5 DX MIS POD G7G6	34	oxaliplatin	9	pemetrexed disodium	9
OMNIPOD 5 G7 KIT INTRO	34	oxcarbazepine	27	PENBRAYA INJ	46
OMNIPOD 5 G7 MIS PODS	34	oxybutynin chloride	41	penicillamine	35
OMNIPOD 5 L2 KIT INTRO G6	34	oxycodone hcl	2	penicillin g potassium	8
OMNIPOD 5 L2 MIS PODS G6	34	oxycodone w/ acetaminophen tab 10- 325 mg	2	penicillin g sodium	8
OMNIPOD DASH KIT INTRO	34	oxycodone w/ acetaminophen tab 2.5- 325 mg	2	penicillin v potassium	8
OMNIPOD DASH MIS PODS	34	oxycodone w/ acetaminophen tab 5-325 mg	2	PENTACEL INJ	46
OMNIPOD GO KIT 10UNT/DY	34	oxycodone w/ acetaminophen tab 7.5- 325 mg	2	pentamidine isethionate inh	3
OMNIPOD GO KIT 15UNT/DY	34	OZEMPIC (0.25 OR 0.5 MG/DOSE)	32	pentamidine isethionate inj	3
OMNIPOD GO KIT 20UNT/DY	34	OZEMPIC (0.25 OR 0.5MG/DOSE)	32	pentoxifylline	42
OMNIPOD GO KIT 25UNT/DY	34	OZEMPIC (1MG/DOSE)	32	perampanel	27
OMNIPOD GO KIT 30UNT/DY	34	OZEMPIC (2MG/DOSE)	32	perindopril erbumine	16
OMNIPOD GO KIT 35UNT/DY	34	P		periogard	55
OMNIPOD MIS CLASSIC	34	pacerone	18	permethrin	55
ondansetron	39	paclitaxel	10	perphenazine	25
ondansetron hcl	39	paclitaxel inj 100mg	10	pfizerpen	8
ONTRUZANT	13	paliperidone	25	phenelzine sulfate	22
ONUREG	9	pamidronate disodium	35	phenobarbital	27
OPIPZA	24	PAMIDRONATE DISODIUM	35	phenobarbital sodium	27
OPSUMIT	21	PANRETIN	54	phenytek	27
ORGOVYX	9	pantoprazole sodium	41	phenytoin	27
ORKAMBI GRA 100-125 50		PANZYGA	45	phenytoin sodium	27
ORKAMBI GRA 150-188 50		paricalcitol	39	phenytoin sodium extended	27
ORKAMBI GRA 75-94MG	50	paroxetine hcl	22	PHESGO SOL	13
ORKAMBI TAB 100-125 50		PAXLOVID PAK	6	philith	36
ORKAMBI TAB 200-125 51		PAXLOVID TAB 150-100 ..	6	PIFELTRO	5
orquidea	36	PAXLOVID TAB 300-100 ..	6	pilocarpine hcl	48
ORSERDU	9	pazopanib hcl	13	pilocarpine hcl (oral)	55
oseltamivir phosphate	6	PEDIARIX INJ 0.5ML	46	pimecrolimus	54
		PEDVAX HIB	46	pimozide	25
		peg 3350-kcl-na bicarb- nacl-na sulfate for soln 236 gm	40	pimtrea	36
		peg 3350-kcl-sod bicarb- nacl for soln 420 gm	40	pindolol	19
		PEGASYS	6	pioglitazone hcl	32
				pioglitazone hcl-metformin hcl tab 15-500 mg	33
				pioglitazone hcl-metformin hcl tab 15-850 mg	33
				piperacillin sod-tazobactam na for inj 3.375 gm (3- 0.375 gm)	8
				piperacillin sod-tazobactam sod for inj 13.5 gm (12- 1.5 gm)	8

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<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2- 0.25 gm)</i>8	<i>prazosin hcl</i>16	PROQUAD INJ46
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>.....8	<i>prednisolone</i> .....38	PROSOL INJ 20% .....47
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36- 4.5 gm)</i>.....8	<i>prednisolone acetate (ophth)</i>.....48	<i>protriptyline hcl</i>.....22
PIQRAY 200MG DAILY	PREDNISOLONE SODIUM	PULMOZYME .....51
DOSE.....13	PHOSP .....48	PURIXAN.....9
PIQRAY 250MG TAB	<i>prednisolone sodium phosphate</i> .....38	<i>pyrazinamide</i> .....5
DOSE.....13	<i>prednisone</i> .....38	<i>pyridostigmine bromide</i> ...30
PIQRAY 300MG DAILY	PREDNISONE INTENSOL	<i>pyrimethamine</i> .....3
DOSE.....13	38	PYZCHIVA.....44
<i>pirfenidone</i> .....51	<i>pregabalin</i> .....27	Q
<i>piroxicam</i> .....1	PREMASOL SOL 10% ...47	QINLOCK.....13
<i>plenamine</i> .....47	PRENATAL TAB 27-1MG	QUADRACEL INJ 0.5ML 46
PLENVU SOL .....40	47	<i>quetiapine fumarate</i> .....25
<i>podofilox</i> .....54	PRENATAL TAB PLUS ..47	<i>quinapril hcl</i>.....16
<i>polycin ophth oint</i>.....48	<i>prevalite</i> .....18	<i>quinidine sulfate</i> .....18
<i>polymyxin b sulfate</i> .....3	PREVYMIS .....6	<i>quinine sulfate</i>.....4
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%</i>.....48	PREZCOBIX TAB 800-150	QULIPTA .....29
POMALYST .....10	5	R
<i>portia-28</i> .....36	PREZISTA .....5	RABAVERT INJ .....46
<i>posaconazole</i> .....4	PRIFTIN.....5	RADICAVA ORS.....30
POT CHL 20MEQ/L IN	<i>primaquine phosphate</i> .....4	RADICAVA ORS
NACL 0.45% INJ .....47	PRIMAQUINE	STARTER KIT .....30
POT CHL 20MEQ/L IN	PHOSPHATE .....4	RALDESY .....22
NACL 0.9% INJ .....47	<i>primidone</i> .....27	<i>raloxifene hcl</i>.....38
POT CHL 40MEQ/L IN	PRIORIX INJ.....46	<i>ramipril</i> .....16
NACL 0.9% INJ .....47	PRIVIGEN .....45	<i>ranolazine</i> .....20
<i>potassium chloride</i>.....47	<i>probenecid</i> .....1	<i>rasagiline mesylate</i> .....23
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>.....47	<i>prochlorperazine</i> .....39	<i>reclipsen</i> .....37
<i>potassium chloride microencapsulated crystals er</i>.....47	<i>prochlorperazine edisylate</i>	RECOMBIVAX HB.....46
<i>potassium citrate (alkalinizer)</i>.....41	39	REGRANEX.....55
<i>pramipexole</i>	<i>prochlorperazine maleate</i>	RELENZA DISKHALER ....6
<i>dihydrochloride</i>.....23	39	RELISTOR.....41
<i>prasugrel hcl</i> .....43	PROCRIT .....42	REMICADE.....44
<i>pravastatin sodium</i>.....18	<i>proctocort</i>.....54	RENFLEXIS.....44
<i>praziquantel</i> .....3	<i>procto-med hc</i>.....54	<i>repaglinide</i> .....33
	<i>proctosol hc</i> .....54	REPATHA.....18
	<i>proctozone-hc</i>.....54	REPATHA PUSHTRONEX
	<i>progesterone</i>.....39	SYSTEM .....18
	PROGRAF.....45	REPATHA SURECLICK .18
	PROLASTIN-C.....51	RESTASIS.....49
	PROLIA .....35	RESTASIS MULTIDOSE 49
	<i>promethazine hcl</i> .....39, 40	RETEVMO .....13
	<i>propafenone hcl</i>18	REVLIMID.....10
	<i>proparacaine hcl</i>49	REVUFORJ13
	<i>propranolol hcl</i>19	REXULTI.....25
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		REZLIDHIA13
		REZUROCK.....45

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RHOPRESSA	49	sildenafil citrate (pulmonary hypertension)	21	sulfacetamide sodium (acne)	52
ribavirin (hepatitis c)	6	silver sulfadiazine	52	sulfacetamide sodium (ophth)	48
rifabutin	5	SIMBRINZA SUS 1-0.2%	49	sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	48
rifampin	5	simliya	37	sulfadiazine	3
riluzole	30	simvastatin	18	sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	3
rimantadine hydrochloride	6	sirolimus	45	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	3
RINVOQ	44	SIRTURO	6	sulfamethoxazole-trimethoprim tab 400-80 mg	3
RINVOQ LQ	44	SKYRIZI	44	sulfamethoxazole-trimethoprim tab 800-160 mg	3
risperidone	25	SKYRIZI PEN	44	SULFAMILYLON	52
risperidone microspheres	25	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	40	sulfasalazine	40
ritonavir	5	sodium chloride	47	sulindac	1
rivaroxaban	42	sodium chloride (gu irrigant)	55	sumatriptan	30
rivastigmine	21	sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	47	sumatriptan succinate	30
rivastigmine tartrate	21	SODIUM OXYBATE	31	sunitinib malate	14
rizatriptan benzoate	30	sodium phenylbutyrate	39	SUNLENCA	5
ROCKLATAN DRO	49	sodium polystyrene sulfonate powder	35	syeda	37
roflumilast	51	solifenacin succinate	41	SYMDEKO TAB 100-150	51
ROMVIMZA	13	SOLIQUA INJ 100/33	34	SYMDEKO TAB 50-75MG	51
ropinirole hydrochloride	23	SOLTAMOX	9	SYMPAZAN	27
rosuvastatin calcium	18	SOLU-CORTEF	38	SYMTUZA TAB	5
ROTARIX SUS	46	SOMATULINE DEPOT	39	SYNAREL	39
ROTATEQ SOL	46	SOMAVERT	39	SYNJARDY TAB 12.5-1000MG	33
roweepra	27	sorafenib tosylate	14	SYNJARDY TAB 12.5-500	33
ROZLYTREK	13, 14	sotalol hcl	18	SYNJARDY TAB 5-1000MG	33
RUBRACA	14	sotalol hcl (afib/af)	18	SYNJARDY TAB 5-500MG	33
rufinamide	27	SOTYKTU	44	SYNJARDY XR TAB 10-1000	33
RUKOBIA	5	spironolactone	16	SYNJARDY XR TAB 12.5-1000	33
RYBELSUS	33	spironolactone & hydrochlorothiazide tab 25-25 mg	20	SYNJARDY XR TAB 25-1000	33
RYDAPT	14	sprintec 28	37		
S		SPRITAM	27		
sajazir	42	sps	35		
SANTYL	55	sps rectal	35		
sapropterin dihydrochloride	38	sronyx	37		
SCEMBLIX	14	ssd	52		
scopolamine	40	STELARA	44		
SECUADO	25	STIVARGA	14		
selegiline hcl	23	streptomycin sulfate	3		
selenium sulfide	53	STRIBILD TAB	5		
SELZENTRY	5	subvenite	27		
SEREVENT DISKUS	50	sucalfate	41		
sertraline hcl	22				
setlakin	37				
sharobel	37				
SHINGRIX	46				
SIGNIFOR	38				
SIKLOS	42				

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SYNJARDY XR TAB 5-1000MG	33
SYNTHROID	39
T	
TABLOID	9
TABRECTA	14
tacrolimus	45
tacrolimus (topical).....	54
tadalafil	41
tadalafil (pulmonary hypertension)	21
TAFINLAR	14
TAGRISSO	14
TALZENNA.....	14
tamoxifen citrate	9
tamsulosin hcl	41
tarina fe 1/20 eq.....	37
TASIGNA.....	14
tasimelteon	29
TAVNEOS	42
tazarotene.....	53
tazicef	7
TAZORAC	53
TAZVERIK	14
TECENTRIQ	14
TECENTRIQ INJ HYBREZA	14
TEFLARO	7
telmisartan	17
temazepam.....	29
TENIVAC INJ 5-2LF	46
tenofovir disoproxil fumarate	5
TEPMETKO	14
terazosin hcl	16
terbinafine hcl	4
terbutaline sulfate	50
terconazole vaginal.....	42
TERIPARATIDE.....	35
testosterone	31
testosterone cypionate....	31
testosterone enanthate ...	31
testosterone pump.....	31
tetrabenazine	30
tetracycline hcl	8
THALOMID	10
theophylline	51
thioridazine hcl.....	25

thiothixene	25
tiadylt er	19
tiagabine hcl	27
TIBSOVO.....	14
ticagrelor	43
TICOVAC.....	46
tigecycline	8
tilia fe	37
timolol maleate.....	19
timolol maleate (ophth) ...	49
tinidazole	3
TIVICAY.....	5
TIVICAY PD.....	5
tizanidine hcl.....	31
TOBI PODHALER.....	3
TOBRADEX OIN 0.3-0.1%	48
tobramycin	3
tobramycin (ophth).....	48
tobramycin sulfate.....	3
tobramycin-dexamethasone ophth susp 0.3-0.1% ...	48
tolterodine tartrate.....	41
topiramate.....	27
toremifene citrate	9
torpenz.....	14
torsemide	20
TOUJEO MAX SOLOSTAR	34
TOUJEO SOLOSTAR.....	34
TPN ELECTROL INJ	47
TRADJENTA.....	33
tramadol hcl	2
tramadol-acetaminophen tab 37.5-325 mg	2
trandolapril	16
tranexamic acid.....	43
tranylcypromine sulfate ...	22
TRAVASOL INJ 10%	47
TRAZIMERA.....	14
trazodone hcl	22
TRECATOR	6
TRELEGY AER ELLIPTA 100-62.5-25 MCG	49
TRELEGY AER ELLIPTA 200-62.5-25 MCG	49
TREMFYA	44

TREMFYA INDUCTION PACK FO	44
treprostinil	21
TRESIBA	34
TRESIBA FLEXTOUCH..	34
tretinoin	52
tretinoin (chemotherapy) .	10
triamcinolone acetonide (mouth).....	55
triamcinolone acetonide (topical)	54
triamterene & hydrochlorothiazide cap 37.5-25 mg	20
triamterene & hydrochlorothiazide tab 37.5-25 mg	20
triamterene & hydrochlorothiazide tab 75-50 mg	20
tridacaine ii.....	54
triderm	54
trientine hcl	35
tri-estarylla	37
trifluoperazine hcl.....	25
trifluridine	48
trihexyphenidyl hcl	23
TRIJARDY XR TAB ER 24HR 10-5-1000MG	33
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	33
TRIJARDY XR TAB ER 24HR 25-5-1000MG	33
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG ...	33
TRIKAFTA PAK 59.5MG	51
TRIKAFTA PAK 75MG ...	51
TRIKAFTA TAB 100-50-75MG & 150MG	51
TRIKAFTA TAB 50-25-37.5MG & 75MG	51
tri-legest fe	37
tri-lynyah	37
tri-lo-estarylla	37
tri-lo-marzia.....	37
tri-lo-mili	37
tri-lo-sprintec	37

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<i>trimethoprim</i>	3	<i>valsartan-</i>		VIMKUNYA.....	46
<i>tri-mili</i>	37	<i>hydrochlorothiazide tab</i>		<i>vincristine sulfate</i>	10
<i>trimipramine maleate</i>	22	<i>320-25 mg</i>	17	<i>vinorelbine tartrate</i>	10
TRINTELLIX	22	<i>valsartan-</i>		<i>viorele</i>	37
<i>tri-nymyo</i>	37	<i>hydrochlorothiazide tab</i>		VIRACEPT.....	5
<i>tri-sprintec</i>	37	<i>80-12.5 mg</i>	17	VIREAD	5
TRIUMEQ PD TAB	5	VALTOCO 10 MG DOSE	28	VITRAKVI	14
TRIUMEQ TAB	5	VALTOCO 15 MG DOSE	28	VIVIMUSTA	9
<i>tri-vylibra</i>	37	VALTOCO 20 MG DOSE	28	VIVITROL	31
<i>tri-vylibra lo</i>	37	VALTOCO 5 MG DOSE..	27	VIVOTIF CAP EC	46
TROGARZO	5	<i>valtya 1/50</i>	37	VIZIMPRO	14
TROPHAMINE INJ 10% .	47	<i>vancomycin hcl</i>	3, 4	VONJO	14
<i>trospium chloride</i>	41	VANCOMYCIN INJ 1 GM .	4	VORANIGO	14, 15
TRULICITY	33	VANCOMYCIN INJ 500MG		<i>voriconazole</i>	4
TRUMENBA	46	.....	4	VOSEVI TAB	6
TRUQAP.....	14	VANCOMYCIN INJ 750MG		VOWST CAP	41
TRUXIMA	14	.....	4	VRAYLAR.....	25
TUKYSA	14	VANFLYTA	14	<i>vyfemla</i>	37
TURALIO	14	VAQTA	46	<i>vylibra</i>	37
<i>turqoz</i>	37	<i>varenicline tartrate</i>	31	VYZULTA.....	49
<i>twice-daily clindamycin</i>		<i>varenicline tartrate tab 11 x</i>		W	
<i>phosphate (topical)</i>	52	<i>0.5 mg & 42 x 1 mg start</i>		<i>warfarin sodium</i>	42
TWINRIX INJ	46	<i>pack</i>	31	<i>water for irrigation, sterile</i>	
TYBOST	5	VARIVAX	46	<i>irrigation soln</i>	55
TYENNE	44	VASCEPA.....	18	WELIREG	10
TYPHIM VI.....	46	VAXCHORA SUS	46	<i>wera</i>	37
U		<i>velivet</i>	37	WESTAB PLUS TAB 27-	
UBRELVY.....	30	VELSIPITY	44	<i>1MG</i>	47
<i>unithroid</i>	39	VENCLEXTA	14	<i>wixela inhub</i>	52
<i>ursodiol</i>	41	VENCLEXTA TAB START		WYOST	35
V		PK	14	X	
<i>valacyclovir hcl</i>	6	<i>venlafaxine hcl</i>	22	XALKORI	15
VALCHLOR	54	VENTOLIN HFA.....	50	<i>xarah fe</i>	37
<i>valganciclovir hcl</i>	6	VENTOLIN HFA		XARELTO	42
<i>valproate sodium</i>	27	(INSTITUTIONAL PACK)		XARELTO STAR TAB	
<i>valproic acid</i>	27	.....	50	<i>15/20MG</i>	42
<i>valsartan</i>	17	VEOZAH.....	39	XATMEP.....	44
<i>valsartan-</i>		<i>verapamil hcl</i>	19	XCOPRI	28
<i>hydrochlorothiazide tab</i>		VERQUVO.....	20	XCOPRI PAK 100-150....	28
<i>160-12.5 mg</i>	17	VERSACLOZ	25	XCOPRI PAK 12.5-25....	28
<i>valsartan-</i>		VERZENIO	14	XCOPRI PAK 150-200MG	
<i>hydrochlorothiazide tab</i>		<i>vestura</i>	37	(MAINTENANCE).....	28
<i>160-25 mg</i>	17	<i>vienva</i>	37	XCOPRI PAK 150-200MG	
<i>valsartan-</i>		<i>vigabatrin</i>	28	(TITRATION).....	28
<i>hydrochlorothiazide tab</i>		<i>vigadrone</i>	28	XCOPRI PAK 50-100MG	28
<i>320-12.5 mg</i>	17	VIGAFYDE	28	XDEMVI.....	48
		<i>vigpoder</i>	28	XELJANZ.....	44
		<i>vilazodone hcl</i>	22	XELJANZ XR	44

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XERMELO	41	XPOVIO PAK (80 MG	ZENPEP CAP 25000UNT
XGEVA	35	ONCE WEEKLY).....	41
XHANCE.....	51	XPOVIO PAK (80 MG	ZENPEP CAP 3000UNIT
XIFAXAN	41	TWICE WEEKLY)	41
XIGDUO XR TAB 10-1000		XTANDI	ZENPEP CAP 40000UNT
.....	33	<i>xulane</i>	41
XIGDUO XR TAB 10-		XULTOPHY INJ 100/3.6	ZENPEP CAP 5000UNIT
500MG	33	Y	ZENPEP CAP 60000UNT
XIGDUO XR TAB 2.5-1000		YESINTEK.....	41
.....	33	YF-VAX INJ	ZERVIATE
XIGDUO XR TAB 5-		YONSA	48
1000MG	33	YUTREPIA.....	<i>zidovudine</i>
XIGDUO XR TAB 5-500MG		<i>yuvaferm</i>	5
.....	33	Z	<i>ziprasidone hcl</i>
XIIDRA.....	49	<i>zafemy</i>	25
XOLAIR	51	<i>zafirlukast</i>	25
XOSPATA.....	15	ZARXIO	ZIRABEV
XPOVIO PAK (100 MG		ZEGALOGUE	15
ONCE WEEKLY).....	15	ZEJULA	ZIRGAN
XPOVIO PAK (40 MG		ZELBORAF.....	48
ONCE WEEKLY).....	15	ZEMAIRA.....	<i>zoledronic acid</i>
XPOVIO PAK (40 MG		<i>zenatane</i>	35
TWICE WEEKLY)	15	ZENPEP CAP 10000UNT	ZOLINZA.....
XPOVIO PAK (60 MG		.....	15
ONCE WEEKLY).....	15	ZENPEP CAP 15000UNT	<i>zolpidem tartrate</i>
XPOVIO PAK (60 MG		.....	29
TWICE WEEKLY)	15	ZENPEP CAP 20000UNT	ZONISADE
		.....	28
			<i>zonisamide</i>
			28
			<i>zovia 1/35</i>
			37
			ZTALMY
			28
			<i>zumandimine</i>
			37
			ZURZUVAE
			22
			ZYDELIG
			15
			ZYKADIA
			15
			ZYLET SUS 0.5-0.3%.....
			48

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200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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한국어

주의: 영어를 사용하지 않는 경우, 무료로 언어 지원 서비스를 이용할 수 있습니다. 무료로 접근 가능한 형식으로 정보를 받기 위해 보조 지원 및 서비스 역시 이용할 수 있습니다. QUEST 가입자는 수신자 부담 전화 1 (800) 440-0640, TTY 1 (877) 447-5990 번으로 전화하거나 서비스 제공자와 상의하십시오. Medicare Advantage 및 민간 플랜 가입자는 1 (800) 776-4672 또는 TDD/TTY 1 (877) 447-5990 번으로 전화하십시오.

ພາສາລາວ

ເຊີນຊາບ: ຖ້າທ່ານບໍ່ເວົ້າພາສາອັງກິດແມ່ນມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍພ້ອມໃຫ້ທ່ານ. ນອກຈາກນັ້ນກໍຍັງມີການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມເພີ່ມໃຫ້ຂໍ້ມູນແກ່ທ່ານໃນຮູບແບບທີ່ເຂົາເຈົ້າໄດ້ໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ສະມາຊິກ QUEST ແມ່ນໂທບໍ່ເສຍຄ່າໄດ້ທີ 1 (800) 440-0640, TTY 1 (877) 447-5990 ຫຼື ປຶກສາກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. ສະມາຊິກແຜນປະກັນ Medicare Advantage ແລະ ຊົນທຸລະກິດ, ໂທ 1 (800) 776-4672 ຫຼື TDD/TTY 1 (877) 447-5990.

Kajin Majōl

KŌJELLA: Ñe kwōjab jelā kenono kajin Belle, ewōr jibañ in ukok ñan kwe im ejellok wonnen. Ewōr kein roñjak im jibañ ko jet ñan wāween ko kwōmaron ebōk melele im ejellok wonnen. Armej ro rej kōjrbal QUEST, kall e 1 (800) 440-0640 ejellok wonnen, TTY 1 (877) 447-5990, ñe ejab kenono ibben taktō eo am. Medicare Advantage im ro rej kōjrbal injuran ko rej make wia, kall e 1 (800) 776-4672 ñe ejab TDD/TTY 1 (877) 447-5990.

Lokaiahn Pohnpei

Kohdo: Ma ke mwahu en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. Me mwengei en kaiahn Pohnpei, me mwengei en kaiahn Pohnpei. QUEST mwengei, kohdo mwengei 1 (800) 440-0640, TTY 1 (877) 447-5990, me mwengei en kaiahn Pohnpei. Medicare Advantage me mwengei en kaiahn Pohnpei, kohdo mwengei 1 (800) 776-4672 me TDD/TTY 1 (877) 447-5990.

Gagana Sāmoa

FAASILASILAGA: Afai e te lē tautala le faa-Igilisi, o loo avanoa mo oe e aunoa ma se totogi auauaunaga fesoasoani i le gagana. O loo maua fo'i fesoasoani faaopo'opo ma auauaunaga e tuuina atu ai iā te oe faamatalaga i auala eseese lea e maua e aunoa ma se totogi. Sui auai o le QUEST, valaau aunoa ma se totogi i le 1 (800) 440-0640, TTY 1 (877) 447-5990, pe talanoa i lē e saunia lau tausiga. Sui auai o le Medicare Advantage ma sui auai o peleni inisiua tumaoti, valaau i le 1 (800) 776-4672 po o le TDD/TTY 1 (877) 447-5990.

Español

ATENCIÓN: Si no habla inglés, tiene a su disposición servicios gratuitos de asistencia con el idioma. También están disponibles ayuda y servicios auxiliares para brindarle información en formatos accesibles sin costo alguno. Los miembros de QUEST deben llamar al número gratuito 1 (800) 440-0640, TTY 1 (877) 447-5990 o hablar con su proveedor. Los miembros de Medicare Advantage y de planes comerciales deben llamar al 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

Tagalog

PAUNAWA: Kung hindi ka nakapagsasalita ng Ingles, mayroon kang makukuhang mga serbisyo sa tulong sa wika nang libre. Mayroon ding mga auxiliary na tulong at serbisyo para bigyan ka ng impormasyon sa mga naa-access na format nang libre. Sa mga miyembro ng QUEST, tumawag sa 1 (800) 440-0640 nang toll-free, TTY 1 (877) 447-5990, o makipag-usap sa iyong provider. Sa mga miyembro ng Medicare Advantage at commercial plan, tumawag sa 1 (800) 776-4672 o TDD/TTY 1 (877) 447-5990.

ไทย

โปรดให้ความสนใจ: หากท่านไม่พูดภาษาอังกฤษ เรามีบริการให้ความช่วยเหลือทางภาษาแก่ท่านโดยไม่มีค่าใช้จ่าย และยังมีความช่วยเหลือและบริการเสริมเพื่อให้ข้อมูลแก่ท่านในรูปแบบที่เข้าถึงได้โดยไม่มีค่าใช้จ่าย สำหรับสมาชิก QUEST โปรดโทรไปที่หมายเลขโทรฟรีที่หมายเลข 1 (800) 440-0640, TTY 1 (877) 447-5990 หรือพูดคุยกับผู้ให้บริการของคุณ สำหรับสมาชิก Medicare Advantage และแผนเชิงพาณิชย์ โปรดโทรไปที่หมายเลข 1 (800) 776-4672 หรือ TDD/TTY 1 (877) 447-5990

Tonga

FAKATOKANGA: Kapau óku íkai keke lea Faka-Pilitania, óku í ai e tokotaha fakatonulea óku í ai ke tokonií koe íkai ha totongi. Óku í ai mo e kulupu tokoni ken au óatu e ngaahi fakamatala mo e tokoni íkai ha totongi. Kau memipa QUEST, ta ki he 1 (800) 440-0640 taé totongi, TTY 1 (877) 447-5990, pe talanoa ki hoó kautaha. Ko kinautolu óku Medicare Advantage mo e palani fakakomesiale, ta ki he 1 (800) 776-4672 or TDD/TTY 1 (877) 447-5990.

Foosun Chuuk

ESINESIN: Ika kese sine Fosun Merika, mei wor aninisin fosun fonu ese kamo mi kawor ngonuk. Mei pwan wor pisekin aninis mi kawor an epwe esinei ngonuk porous non och wewe ika nikinik epwe mecheres me weweoch ngonuk ese kamo. Chon apach non QUEST, kekeri 1 (800) 440-0640 namba ese kamo, TTY 1 (877) 447-5990, ika fos ngeni noumw ewe chon awora aninis. Medicare Advantage ika chon apach non ekoch otot, kekeri 1 (800) 776-4672 ika TDD/TTY 1 (877) 447-5990.

Tiếng Việt

CHÚ Ý: Nếu quý vị không nói được tiếng Anh, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các phương tiện và dịch vụ hỗ trợ cũng có sẵn để cung cấp cho quý vị thông tin ở các định dạng dễ tiếp cận mà không mất phí. Hội viên QUEST, xin gọi số miễn cước 1 (800) 440-0640, TTY 1 (877) 447-5990, hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị. Hội viên Medicare Advantage và chương trình thương mại, xin gọi số 1 (800) 776-4672 hoặc TDD/TTY 1 (877) 447-5990.

HAWAI'I MEDICAL SERVICE ASSOCIATION

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This formulary was updated on 09/01/2025. For more recent information or other questions, please contact HMSA.

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818 Keeaumoku St.

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–2 p.m.

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Pearl City Gateway | 1132 Kuala St., Suite 400

Monday–Friday, 9 a.m.–6 p.m. | Saturday, 9 a.m.–2 p.m.

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Lihue, Kauai

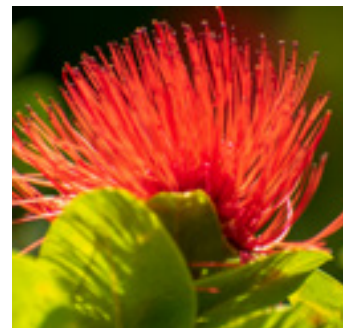
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

PHONE

(808) 948-6000 or 1 (800) 660-4672 daily, 8 a.m.–8 p.m.

TTY: 711



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Caring for our families, friends, and neighbors is our privilege.



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