

Please read:

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

2025 Formulary

HMSA Medicare Postal Prescription Drug Plan High Option (PDP) Standard Option (PDP)

List of Covered Drugs

Formulary ID 00025221, version 13

This formulary was updated on 07/01/2025. For more recent information or other questions, please contact HMSA at 1 (800) 776-4672, Monday through Friday, 8 a.m. to 5 p.m. TTY users, call 711. Or visit hmsa.com/postal.



MedicareRx
Prescription Drug Coverage

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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 Postal Prescription Drug Plan (PDP).

This document includes a list of the drugs (formulary) for our plan which is current as of 07/01/2025. 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 throughout the year.

What is the HMSA Medicare Postal Prescription Drug Plan Formulary?

A formulary is a list of covered drugs selected by HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan 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 Postal Prescription Drug Plan 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 (drug list) 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.

Changes that can affect you this year: In the following 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 on our formulary if we are replacing it

with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when we add a new version of a drug to our formulary, we may decide to keep the brand name 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 that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information see the section below entitled “How do I request an exception to the HMSA Medicare Postal Prescription Drug Plan 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. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on

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

- If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HMSA Medicare Postal Prescription Drug Plan 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 Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 07/01/2025. To get updated information about the drugs covered by HMSA Medicare Postal Prescription Drug Plan, 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 109. 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 Postal Prescription Drug Plan 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. There are generic drug substitutes available for many 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 Postal Prescription Drug Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from HMSA Medicare Postal Prescription Drug Plan before you fill your prescriptions. If you don't get approval, HMSA Medicare Postal Prescription Drug Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, HMSA Medicare Postal Prescription Drug Plan limits the amount of the drug that HMSA Medicare Postal Prescription Drug Plan will cover. For example, HMSA Medicare Postal Prescription Drug Plan provides 30 tablets per prescription for simvastatin 80 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan 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 Postal Prescription Drug Plan 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 our Customer Relations department and ask if your drug is covered. If you learn that HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HMSA Medicare Postal Prescription Drug Plan.
- You can ask HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan Formulary?

You can ask HMSA Medicare Postal Prescription Drug Plan 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 predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan 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 an exception, your prescriber will need to explain the medical reasons why you need the exception.**

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 if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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 (LTC) facility, we will allow you to refill your prescription until we have provided you with a 31-day transition supply consistent with the dispensing increment (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. 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, "How do I request an exception to HMSA Medicare Postal Prescription Drug Plan 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 that 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 Postal Prescription Drug Plan prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about HMSA Medicare Postal Prescription Drug Plan, 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 <http://www.medicare.gov>.

HMSA Medicare Postal Prescription Drug Plan Formulary

This formulary includes all qualified Medicare prescription drugs that are covered by HMSA Medicare Postal Prescription Drug Plan High Option (PDP) and HMSA Medicare Postal Prescription Drug Plan Standard Option (PDP) plans.

Your plan also includes enhanced drug coverage of generics and non-preferred brands in the following drug categories:

- Drugs when used for the relief of cough or cold symptoms.
- Prescription vitamins.

If you have questions regarding whether or not

your prescription is covered, please call our Customer Relations department.

The formulary that begins on page 1 provides coverage information about the drugs covered by HMSA Medicare Postal Prescription Drug Plan High Option (PDP) and HMSA Medicare Postal Prescription Drug Plan Standard Option (PDP) plans. If you have trouble finding your drug in the list, turn to the Index that begins on page 109.

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

The information in the requirements/limits column tells you if HMSA Medicare Postal Prescription Drug Plan 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 Postal Prescription Drug Plan before we will cover your prescription.

QL – Quantity Limits: A limit on the amount of the drug that HMSA Medicare Postal Prescription Drug Plan 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, please call Customer Relations.

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 (833) 266-8150, 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>allopurinol</i> TABS 200mg	2	
<i>allopurinol sodium</i> SOLR 500mg	5	
ALOPRIM SOLR 500mg	5	
<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	
COLCRYS TABS .6mg QL (120 tabs / 30 days)	4	QL
<i>febuxostat</i> TABS 40mg, 80mg	2	PA
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	4	QL
KRYSTEXXA SOLN 8mg/ml	5	NM PA
MITIGARE CAPS .6mg QL (60 caps / 30 days)	3	QL
<i>probenecid</i> TABS 500mg	2	
ULORIC TABS 40mg, 80mg	4	PA
MISCELLANEOUS		
<i>acetaminophen</i> SOLN 10mg/ml	2	
<i>clonidine hcl (analgesia)</i> SOLN 100mcg/ml	2	B/D
DURACLON SOLN 100mcg/ml	4	B/D
JOURNAVX TABS 50mg QL (29 tabs / 14 days)	4	QL PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%, 4%	2	B/D
XYLOCAINE SOLN .5%, 1%, 2%	4	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	4	B/D
NSAIDS		
ARTHROTEC 50 TAB	4	
ARTHROTEC 75 TAB	4	
CELEBREX CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
CELEBREX CAPS 400mg QL (30 caps / 30 days)	4	QL
<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
COMBOGESIC INJ 300-1000	4	
DAYPRO TABS 600mg	4	
<i>diclofenac potassium</i> CAPS 25mg QL (120 caps / 30 days)	5	QL PA
<i>diclofenac potassium</i> TABS 25mg QL (120 tabs / 30 days)	5	QL PA
<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>diclofenac w/ misoprostol tab</i> delayed release 50-0.2 mg	2	
<i>diclofenac w/ misoprostol tab</i> delayed release 75-0.2 mg	2	
<i>diflunisal</i> TABS 500mg	2	
DOLOBID TABS 250mg QL (180 tabs / 30 days)	5	QL PA
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>fenoprofen calcium</i> CAPS 400mg QL (240 caps / 30 days)	2	QL PA
FENOPRON CAPS 300mg QL (240 caps / 30 days)	5	QL PA
<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>ibuprofen-famotidine tab</i> 800-26.6 mg QL (90 tabs / 30 days)	2	QL PA
<i>ketoprofen</i> CAPS 25mg QL (120 caps / 30 days)	5	QL 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>ketoprofen</i> CAPS 50mg QL (180 caps / 30 days)	5	QL PA
<i>ketoprofen</i> CP24 200mg QL (30 caps / 30 days)	2	QL PA
<i>ketorolac tromethamine</i> TABS 10mg QL (20 tabs / 30 days) PA applies if 70 years and older	2	QL PA
<i>kiprofen</i> CAPS 25mg QL (120 caps / 30 days)	5	QL PA
<i>lofena</i> TABS 25mg QL (120 tabs / 30 days)	5	QL PA
<i>meclofenamate sodium</i> CAPS 50mg, 100mg	2	
<i>mefenamic acid</i> CAPS 250mg	2	
<i>meloxicam</i> CAPS 5mg, 10mg QL (30 caps / 30 days)	2	QL PA
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
NAPRELAN TB24 375mg QL (120 tabs / 30 days)	5	QL PA
NAPRELAN TB24 500mg QL (90 tabs / 30 days)	5	QL PA
NAPRELAN TB24 750mg QL (60 tabs / 30 days)	5	QL PA
<i>naproxen</i> SUSP 125mg/5ml QL (1800 mL / 30 days)	2	QL PA
<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
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>naproxen sodium</i> TB24 375mg QL (120 tabs / 30 days)	2	QL PA
<i>naproxen sodium</i> TB24 500mg QL (90 tabs / 30 days)	2	QL PA
<i>naproxen sodium</i> TB24 750mg QL (60 tabs / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>naproxen-esomeprazole</i> <i>magnesium tab dr</i> 375-20 mg QL (60 tabs / 30 days)	5	QL PA
<i>naproxen-esomeprazole</i> <i>magnesium tab dr</i> 500-20 mg QL (60 tabs / 30 days)	5	QL PA
<i>oxaprozin</i> TABS 600mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
RELAFFEN DS TABS 1000mg	5	PA
SPRIX SOLN 15.75mg/spray QL (5 bottles / 30 days)	5	QL NM PA
<i>sulindac</i> TABS 150mg, 200mg	2	
<i>tolectin 600</i> TABS 600mg QL (90 tabs / 30 days)	5	QL PA
<i>tolmetin sodium</i> CAPS 400mg; TABS 600mg	2	
VIMOVO TAB 375-20MG QL (60 tabs / 30 days)	5	QL PA
VIMOVO TAB 500-20MG QL (60 tabs / 30 days)	5	QL PA
ZIPSOR CAPS 25mg QL (120 caps / 30 days)	5	QL PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	4	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	5	QL PA
<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	2	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	4	QL PA
CONZIP CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	4	QL 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>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> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	2	2	QL PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg QL (30 tabs / 30 days)	2	2	QL PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg QL (30 tabs / 30 days)	5	5	QL PA
<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	2	2	QL PA
<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg QL (30 tabs / 30 days)	4	4	QL PA
<i>HYSINGLA ER</i> T24A 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	5	QL PA
<i>levorphanol tartrate</i> TABS 2mg, 3mg QL (120 tabs / 30 days)	5	5	QL PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	2	2	QL PA
<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	2	2	QL PA
<i>METHADONE HCL INJ</i> SOLN 10mg/ml	4		
<i>methadone hydrochloride i</i> CONC 10mg/ml QL (90 mL / 30 days)	2	2	QL PA
<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	2	2	QL PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	2	2	QL PA

Drug Name		Drug Requirements/ Tier	Limits
<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	2	2	QL PA
<i>MS CONTIN</i> TBCR 15mg, 30mg QL (90 tabs / 30 days)	4	4	QL PA
<i>MS CONTIN</i> TBCR 60mg QL (90 tabs / 30 days)	5	5	QL PA
<i>NUCYNTA ER</i> TB12 50mg QL (60 tabs / 30 days)	4	4	QL PA
<i>NUCYNTA ER</i> TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	5	5	QL PA
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg QL (60 tabs / 30 days)	4	4	QL PA
<i>OXYCONTIN</i> T12A 40mg, 60mg, 80mg QL (60 tabs / 30 days)	5	5	QL PA
<i>oxymorphone hcl</i> TB12 5mg, 7.5mg, 10mg, 15mg, 20mg QL (60 tabs / 30 days)	2	2	QL PA
<i>oxymorphone hcl</i> TB12 30mg, 40mg QL (60 tabs / 30 days)	5	5	QL PA
<i>tramadol hcl</i> CP24 100mg, 200mg, 300mg QL (30 caps / 30 days)	2	2	QL PA
<i>tramadol hcl</i> TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	2	2	QL PA
<i>XTAMPZA ER</i> C12A 9mg, 13.5mg, 18mg QL (60 caps / 30 days)	4	4	QL PA
<i>XTAMPZA ER</i> C12A 27mg, 36mg QL (60 caps / 30 days)	5	5	QL PA
OPIOID ANALGESICS, SHORT-ACTING			
<i>acetaminophen w/ codeine</i> soln 120-12 mg/5ml QL (2700 mL / 30 days)	2	2	QL
<i>acetaminophen w/ codeine</i> tab 300-15 mg QL (400 tabs / 30 days)	2	2	QL
<i>acetaminophen w/ codeine</i> tab 300-30 mg QL (360 tabs / 30 days)	2	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

Drug Name	Drug Requirements/ Tier	Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i> QL (180 tabs / 30 days)	2	QL
<i>acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg</i> QL (300 caps / 30 days)	2	QL
<i>butorphanol tartrate SOLN</i> 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate SOLN</i> 10mg/ml QL (10 mL / 30 days)	2	QL
<i>CODEINE SULFATE TABS</i> 15mg, 60mg QL (180 tabs / 30 days)	4	QL
<i>codeine sulfate TABS</i> 30mg QL (180 tabs / 30 days)	2	QL
<i>DILAUDID LIQD</i> 1mg/ml QL (600 mL / 30 days)	4	QL
<i>DILAUDID SOLN</i> .2mg/ml, 1mg/ml, 2mg/ml	4	B/D
<i>DILAUDID TABS</i> 2mg, 4mg QL (180 tabs / 30 days)	4	QL
<i>DILAUDID TABS</i> 8mg QL (180 tabs / 30 days)	5	QL
<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 soln 10-325 mg/15ml</i> QL (2700 mL / 30 days)	2	QL
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen tab 5-300 mg</i> QL (240 tabs / 30 days)	2	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i> QL (240 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> QL (180 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 10-300 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 5- 200 mg</i> QL (150 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> QL (150 tabs / 30 days)	2	QL
<i>hydrocodone-ibuprofen tab 10-200 mg</i> QL (150 tabs / 30 days)	2	QL
<i>hydromorphone hcl LIQD</i> 1mg/ml QL (600 mL / 30 days)	2	QL
<i>hydromorphone hcl SOLN</i> .2mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml, 50mg/5ml	4	B/D
<i>hydromorphone hcl TABS</i> 2mg, 4mg, 8mg QL (180 tabs / 30 days)	2	QL
<i>HYDROMORPHONE</i> <i>HYDROCHLORI SOLN</i> .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	4	B/D
<i>MORPHINE SULFATE SOLN</i> 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
<i>morphine sulfate SOLN</i> 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate SOLN</i> 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	2	QL
<i>morphine sulfate SOLN</i> 100mg/5ml QL (180 mL / 30 days)	2	QL
<i>morphine sulfate TABS</i> 15mg, 30mg QL (180 tabs / 30 days)	2	QL

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Drug Name	Drug Requirements/ Tier	Limits
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
NALOCET TAB 2.5-300 QL (360 tabs / 30 days)	5	QL PA
NUCYNTA TABS 50mg QL (180 tabs / 30 days)	4	QL
NUCYNTA TABS 75mg, 100mg QL (180 tabs / 30 days)	5	QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	4	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	5	QL
OXY-ACETAMIN TAB 7.5-300 QL (240 tabs / 30 days)	5	QL PA
OXYCOD-APAP TAB 2.5-300 QL (360 tabs / 30 days)	5	QL PA
OXYCOD/ACETA SOL 10/300MG QL (900 mL / 30 days)	5	QL PA
OXYCOD/APAP TAB 5- 300MG QL (360 tabs / 30 days)	5	QL PA
OXYCOD/APAP TAB 10- 300MG QL (180 tabs / 30 days)	5	QL PA
<i>oxycodone hcl</i> CAPS 5mg QL (180 caps / 30 days)	2	QL
<i>oxycodone hcl</i> CONC 100mg/5ml QL (180 mL / 30 days)	2	QL
<i>oxycodone hcl</i> SOLN 5mg/5ml QL (900 mL / 30 days)	2	QL
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)	2	QL
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	5	QL
<i>oxycodone w/ acetaminophen</i> <i>soln</i> 5-325 mg/5ml QL (1800 mL / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 2.5-325 mg QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 5-325 mg QL (360 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 7.5-325 mg QL (240 tabs / 30 days)	2	QL
<i>oxycodone w/ acetaminophen</i> <i>tab</i> 10-325 mg QL (180 tabs / 30 days)	2	QL
<i>oxymorphone hcl</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	2	QL
PERCOCET TAB 2.5-325 QL (360 tabs / 30 days)	5	QL PA
PERCOCET TAB 5-325MG QL (360 tabs / 30 days)	5	QL PA
PERCOCET TAB 7.5-325 QL (240 tabs / 30 days)	5	QL PA
PERCOCET TAB 10-325MG QL (180 tabs / 30 days)	5	QL PA
PROLATE SOL 10/300MG QL (900 mL / 30 days)	5	QL PA
PROLATE TAB 5-300MG QL (360 tabs / 30 days)	5	QL PA
PROLATE TAB 7.5-300 QL (240 tabs / 30 days)	5	QL PA
PROLATE TAB 10-300MG QL (180 tabs / 30 days)	5	QL PA
ROXICODONE TABS 15mg QL (180 tabs / 30 days)	4	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	5	QL
ROXYBOND TABA 5mg, 10mg, 15mg, 30mg QL (180 tabs / 30 days)	5	QL
<i>tramadol hcl</i> SOLN 5mg/ml QL (2400 mL / 30 days)	2	QL PA
<i>tramadol hcl</i> TABS 25mg QL (120 tabs / 30 days)	2	QL
<i>tramadol hcl</i> TABS 50mg QL (240 tabs / 30 days)	2	QL
<i>tramadol hcl</i> TABS 75mg QL (150 tabs / 30 days)	2	QL
<i>tramadol hcl</i> TABS 100mg QL (120 tabs / 30 days)	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml QL (2400 mL / 30 days)	4	QL PA
<i>tramadol-acetaminophen tab</i> 37.5-325 mg QL (240 tabs / 30 days)	2	QL
<i>trexiz</i> QL (300 caps / 30 days)	2	QL
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg QL (672 tabs / year)	5	QL PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NM PA
<i>atovaquone</i> SUSP 750mg/5ml QL (300 mL / 30 days)	2	QL PA
AZACTAM SOLR 1gm, 2gm	4	
<i>aztreonam</i> SOLR 1gm, 2gm	2	
BACTRIM DS TAB 800-160	4	
BACTRIM TAB 400-80MG	4	
BETHKIS NEBU 300mg/4ml	5	NM PA
BILTRICIDE TABS 600mg	4	
CAYSTON SOLR 75mg	5	NM PA
CLEOCIN CAPS 75mg, 150mg, 300mg	4	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	4	
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	4	
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	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	

Drug Name	Drug Requirements/ Tier	Limits
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	
COLY-MYCIN M SOLR 150mg	4	
DALVANCE SOLR 500mg	5	
<i>dapsone</i> TABS 25mg, 100mg	2	
DAPTOMY/NACL INJ 350/50ML	4	
DAPTOMY/NACL INJ 500/50ML	4	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
DAPTOMYCIN SOLR 350mg, 500mg	5	
DARAPRIM TABS 25mg QL (90 tabs / 30 days)	5	QL PA
EMVERM CHEW 100mg QL (12 tabs / year)	5	QL
<i>ertapenem sodium</i> SOLR 1gm	2	
FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	4	QL
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	
HIPREX TABS 1gm	4	
HUMATIN CAPS 250mg	5	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	

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
IMPAVIDO CAPS 50mg	5	PA
INVANZ SOLR 1gm	4	
<i>ivermectin</i> TABS 3mg QL (12 tabs / 90 days)	2	QL PA
KIMYRSA SOLR 1200mg	5	
KITABIS PAK NEBU 300mg/5ml	5	NM PA
LIKMEZ SUSP 500mg/5ml	4	
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
<i>linezolid</i> TABS 600mg QL (60 tabs / 30 days)	2	QL
LINEZOLID INJ 2MG/ML	4	
MACROBID CAPS 100mg	4	
MACRODANTIN CAPS 25mg, 50mg, 100mg	4	
MEPRON SUSP 750mg/5ml QL (300 mL / 30 days)	5	QL PA
MEROP/NACL INJ 1GM/50ML	4	
MEROP/NACL INJ 500/50ML	4	
<i>meropenem</i> SOLR 1gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> CAPS 375mg; SOLN 500mg/100ml; TABS 125mg	2	
METRONIDAZOLE SOLN 500mg/100ml	4	
<i>metronidazole</i> TABS 250mg, 500mg	1	
NEBUPENT SOLR 300mg	4	B/D
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg QL (6 tabs / 30 days)	5	QL
<i>nitrofurantoin</i> SUSP 25mg/5ml	5	PA
NITROFURANTOIN SUSP 50mg/5ml	5	PA
<i>nitrofurantoin macrocrystal</i> CAPS 25mg, 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
ORBACTIV SOLR 400mg	5	

Drug Name	Drug Requirements/ Tier	Limits
PENTAM 300 SOLR 300mg	4	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>polymyxin b sulfate</i> SOLR 500000unit	2	
<i>praziquantel</i> TABS 600mg	2	
PRIMAXIN IV INJ 500MG	4	
<i>pyrimethamine</i> TABS 25mg QL (90 tabs / 30 days)	5	QL PA
RECARBRIO INJ 1.25GM	5	
SIVEXTRO SOLR 200mg; TABS 200mg	5	
SOLOSEC PACK 2gm	4	
<i>streptomycin sulfate</i> SOLR 1gm	5	
STROMECTOL TABS 3mg QL (12 tabs / 90 days)	4	QL PA
<i>sulfadiazine</i> TABS 500mg	5	
<i>sulfamethoxazole-</i> <i>trimethoprim iv soln 400-80</i> <i>mg/5ml</i>	2	
<i>sulfamethoxazole-</i> <i>trimethoprim susp 200-40</i> <i>mg/5ml</i>	2	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-</i> <i>trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI NEBU 300mg/5ml	5	NM PA
TOBI PODHALER CAPS 28mg	5	NM PA
<i>tobramycin</i> NEBU 300mg/4ml, 300mg/5ml	5	NM PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	
<i>tobramycin sulfate</i> SOLR 1.2gm	5	PA
<i>trimethoprim</i> TABS 100mg	2	
VABOMERE INJ 2GM(1-1)	5	
VANCOCIN CAPS 125mg QL (80 caps / 180 days)	5	QL

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Drug Name	Drug Requirements/ Tier	Limits
VANOCIN CAPS 250mg QL (160 caps / 180 days)	5	QL
VANCOMYC/D5W INJ 1.5/300	4	
VANCOMYC/D5W INJ 1.25/250	4	
VANCOMYCIN SOLN 2000mg/400ml	4	
<i>vancomycin hcl</i> CAPS 125mg QL (80 caps / 180 days)	2	QL
<i>vancomycin hcl</i> CAPS 250mg QL (160 caps / 180 days)	2	QL
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
<i>vancomycin hcl</i> SOLR 25mg/ml, 250mg/5ml QL (1800 mL / 180 days)	2	QL
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
VIBATIV SOLR 750mg	5	
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	4	QL
ZEMDRI SOLN 500mg/10ml	5	
ZYVOX SOLN 200mg/100ml, 600mg/300ml	5	
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	5	QL
ZYVOX TABS 600mg QL (60 tabs / 30 days)	5	QL
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
AMBISOME SUSR 50mg	5	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
ANCOBON CAPS 250mg, 500mg	5	PA
CANCIDAS SOLR 50mg, 70mg	5	
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	5	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	5	PA
DIFLUCAN SUSR 40mg/ml; TABS 100mg	4	
ERAXIS SOLR 50mg	4	
ERAXIS SOLR 100mg	5	
<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>fulvicin p/g 165</i> TABS 165mg	5	
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>griseofulvin ultramicrosize</i> TABS 165mg	5	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>itraconazole</i> SOLN 10mg/ml	5	
<i>ketoconazole</i> TABS 200mg	2	PA
MICAFUNGIN SOLR 50mg, 100mg	5	
<i>micalfungin sodium</i> SOLR 50mg, 100mg	2	
MICAFUNGIN/NACL INJ 50MG/50ML	5	
MICAFUNGIN/NACL INJ 100MG/100ML	5	
MICAFUNGIN/NACL INJ 150MG/150ML	5	
MYCAMINE SOLR 50mg, 100mg	5	

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Drug Name	Drug Requirements/ Tier	Limits
NOXAFIL PACK 300mg QL (32 packets / 30 days)	5	QL PA
NOXAFIL SOLN 300mg/16.7ml	5	
NOXAFIL SUSP 40mg/ml QL (630 mL / 30 days)	5	QL PA
NOXAFIL TBEC 100mg QL (93 tabs / 30 days)	5	QL PA
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SOLN 300mg/16.7ml	5	
<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
REZZAYO SOLR 200mg	5	
SPORANOX CAPS 100mg	4	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
TOLSURA CAPS 65mg	5	PA
VFEND SUSR 40mg/ml QL (600 mL / 28 days)	5	QL PA
VFEND TABS 50mg QL (480 tabs / 30 days)	4	QL
VFEND IV SOLR 200mg	4	PA
VIVJOA CPPK 150mg QL (18 caps / 84 days)	5	QL NM PA
<i>voriconazole</i> SOLR 200mg	2	PA
VORICONAZOLE SOLR 200mg	4	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

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	

Drug Name	Drug Requirements/ Tier	Limits
KRINTAFEL TABS 150mg	4	
MALARONE TAB 62.5-25	4	
MALARONE TAB 250-100	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	
<i>efavirenz</i> TABS 600mg	2	
<i>emtricitabine</i> CAPS 200mg	2	
EMTRIVA CAPS 200mg; SOLN 10mg/ml	4	
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	4	
<i>etravirine</i> TABS 100mg, 200mg	5	
<i>fosamprenavir calcium</i> TABS 700mg	5	
FUZEON SOLR 90mg	5	
INTELENCE TABS 25mg	4	
INTELENCE TABS 100mg, 200mg	5	
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; TABS 100mg	4	

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
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
PREZISTA TABS 600mg QL (60 tabs / 30 days)	5 QL
PREZISTA TABS 800mg QL (30 tabs / 30 days)	5 QL
RETROVIR CAPS 100mg; SYRP 50mg/5ml	4
REYATAZ CAPS 200mg, 300mg; PACK 50mg	5
ritonavir TABS 100mg	2
RUKOBIA TB12 600mg	5
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	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, 300mg	5
ZIAGEN SOLN 20mg/ml	4
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

Drug Name	Drug Requirements/ Tier Limits
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
efavirenz-lamivudine-tenofovir df tab 600-300-300 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
KALETRA TAB 100-25MG	4
KALETRA TAB 200-50MG	5
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
SYMFI LO TAB	5
SYMFI TAB	5
SYMTUZA TAB	5
TRIUMEQ PD TAB	3

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
TRIUMEQ TAB	5	
TRUVADA TAB 100-150	5	
TRUVADA TAB 133-200	5	
TRUVADA TAB 167-250	5	
TRUVADA TAB 200-300	5	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	5	
ethambutol hcl TABS 100mg, 400mg	2	
isoniazid SYRP 50mg/5ml	2	
isoniazid TABS 100mg, 300mg	1	
MYCOBUTIN CAPS 150mg	5	
PRETOMANID TABS 200mg	4	
PRIFTIN TABS 150mg	4	
pyrazinamide TABS 500mg	2	
rifabutin CAPS 150mg	2	
RIFADIN SOLR 600mg	5	
rifampin CAPS 150mg, 300mg; SOLR 600mg	2	
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
BARACLUDE TABS .5mg, 1mg	5	
cidofovir SOLN 75mg/ml	2	
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	
foscarnet sodium SOLN 6000mg/250ml	5	B/D
GANCICLOVIR SOLN 500mg/10ml	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
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
PREVYMIS PACK 20mg, 120mg QL (120 packets / 30 days)	5	QL PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	5	
PREVYMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	5	QL PA
RAPIVAB SOLN 200mg/20ml	5	
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	
TAMIFLU CAPS 30mg QL (168 caps / year)	4	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
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	4	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	4	QL
valacyclovir hcl TABS 1gm, 500mg	2	
VALCYTE SOLR 50mg/ml; TABS 450mg	5	
valganciclovir hcl SOLR 50mg/ml	5	
valganciclovir hcl TABS 450mg	2	
VALTREX TABS 1gm, 500mg	4	
VEMLIDY TABS 25mg	5	PA
VOSEVI TAB	5	NM PA
XOFLUZA TBPk 40mg, 80mg QL (1 tab / 180 days)	4	QL
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	5	
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACTOR ER TB12 500mg	4	
cefadroxil CAPS 500mg	1	
cefadroxil SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	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 SOLN 1gm/50ml, 2gm/100ml	4	
cefepime hcl SOLR 1gm, 2gm	2	

Drug Name	Drug Requirements/ Tier	Limits
CEFEPIME/DEX INJ 1GM	4	
CEFEPIME/DEX INJ 2GM	4	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
cefotetan disodium SOLR 1gm, 2gm	2	
CEFOXITIN INJ 1GM	4	
CEFOXITIN INJ 2GM	4	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	2	
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
ceftazidime SOLR 1gm, 2gm, 6gm	2	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
cefuroxime axetil TABS 250mg, 500mg	2	
cefuroxime sodium SOLR 1.5gm, 750mg	2	
cephalexin CAPS 250mg, 500mg	1	
cephalexin CAPS 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
FETROJA SOLR 1gm	5	
tazicef SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	
ZERBAXA INJ 1.5GM	5	
ERYTHROMYCINS/MACROLIDES		
azithromycin PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
azithromycin TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	

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Drug Name	Drug Requirements/ Tier Limits
e.e.s. 400 TABS 400mg	2
E.E.S. GRANULES SUSR 200mg/5ml	4
ery-tab TBEC 250mg, 333mg, 500mg	2
ERYPED 200 SUSR 200mg/5ml	4
ERYPED 400 SUSR 400mg/5ml	5
ERYTHROCIN LACTOBIONATE SOLR 500mg	4
erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2
erythromycin ethylsuccinate SUSR 200mg/5ml; TABS 400mg	2
erythromycin ethylsuccinate SUSR 400mg/5ml	5
erythromycin lactobionate SOLR 500mg	2
ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	4
ZITHROMAX TRI-PAK TABS 500mg	4
ZITHROMAX Z-PAK TABS 250mg	4
FLUOROQUINOLONES	
BAXDELA SOLR 300mg; TABS 450mg	5
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	4
ciprofloxacin 200 mg/100ml in d5w	2
ciprofloxacin 400 mg/200ml in d5w	2
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1
levofloxacin SOLN 25mg/ml	2
levofloxacin TABS 250mg, 500mg, 750mg	1
levofloxacin in d5w iv soln 250 mg/50ml	2

Drug Name	Drug Requirements/ Tier Limits
levofloxacin in d5w iv soln 500 mg/100ml	2
levofloxacin in d5w iv soln 750 mg/150ml	2
moxifloxacin hcl TABS 400mg	2
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	2
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	4
PENICILLINS	
amoxicillin CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1
amoxicillin CHEW 125mg, 250mg	2
AMOXICILLIN SUSR 400mg/5ml	4
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	2
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	2
amoxicillin & k clavulanate for susp 400-57 mg/5ml	2
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	2
amoxicillin & k clavulanate tab 250-125 mg	2
amoxicillin & k clavulanate tab 500-125 mg	2
amoxicillin & k clavulanate tab 875-125 mg	2
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2
ampicillin CAPS 500mg	1
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	2
ampicillin & sulbactam sodium for inj 3 (2-1) gm	2
ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	2
ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	2

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Drug Name	Drug Requirements/ Tier Limits
<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	
AUGMENTIN SUS 125/5ML	4
AUGMENTIN SUS ES-600	4
AUGMENTIN TAB 500MG	4
BICILLIN C-R INJ 900/300	4
BICILLIN C-R INJ 1200000	4
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4
<i>dicloxacillin sodium</i> CAPS 2 250mg, 500mg	
NAFCILLIN INJ 2GM/100	5
<i>nafcillin sodium</i> SOLR 1gm, 2 2gm	
<i>nafcillin sodium</i> SOLR 10gm	5
OXACILLIN INJ 2GM	4
<i>oxacillin sodium</i> SOLR 1gm, 2 2gm, 10gm	
PEN GK/DEXTR INJ 20000/ML	4
PEN GK/DEXTR INJ 40000/ML	4
PEN GK/DEXTR INJ 60000/ML	4
<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>	

Drug Name	Drug Requirements/ Tier Limits
<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>	
UNASYN INJ 1.5GM	4
UNASYN INJ 3GM	4
UNASYN INJ 15GM	4
ZOSYN SOL 2-0.25GM	4
ZOSYN SOL 3-0.375G	4
ZOSYN SOL 4-0.50GM	4
TETRACYCLINES	
<i>demeclocycline hcl</i> TABS 2 150mg, 300mg	
DORYX MPC TBEC 60mg	4 PA
<i>doxy 100</i> SOLR 100mg	2
<i>doxycycline (monohydrate)</i> 2 CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	
<i>doxycycline (monohydrate)</i> 2 CAPS 75mg, 150mg	PA
<i>doxycycline hyclate</i> CAPS 2 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	
<i>doxycycline hyclate</i> TABS 2 50mg, 75mg, 150mg; TBEC 50mg, 75mg, 80mg, 100mg, 150mg, 200mg	PA
<i>minocycline hcl</i> CAPS 50mg, 2 75mg, 100mg; TABS 50mg, 75mg, 100mg	
<i>minocycline hcl</i> TB24 45mg, 2 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	PA
NUZYRA SOLR 100mg	5 NM
NUZYRA TABS 150mg QL (30 tabs / 14 days)	5 QL NM
SEYSARA TABS 60mg, 100mg, 150mg	5 PA
<i>targadox</i> TABS 50mg	2 PA
<i>tetracycline hcl</i> CAPS 250mg, 2 500mg	
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	5 PA
<i>tigecycline</i> SOLR 50mg	5

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Drug Name	Drug Requirements/ Tier	Limits
TIGECYCLINE SOLR 50mg	5	
TYGACIL SOLR 50mg	5	
XERAVA SOLR 50mg, 100mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>bendamustine hcl</i> SOLR 25mg, 100mg	5	B/D NM
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	B/D NM
BENDEKA SOLN 100mg/4ml	5	B/D NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	B/D NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
GRAFAPEX SOLR 1gm, 5gm	5	B/D NM
IFEX SOLR 3gm	4	B/D
<i>ifosfamide</i> SOLN 1gm/20ml, 3gm/60ml	2	B/D
IFOSFAMIDE SOLR 3gm	4	B/D
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D

Drug Name	Drug Requirements/ Tier	Limits
<i>oxaliplatin</i> SOLR 100mg	5	B/D
TREANDA SOLR 25mg, 100mg	5	B/D NM
VIVIMUSTA SOLN 100mg/4ml	5	B/D NM
ZEPZELCA SOLR 4mg	5	NM PA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	5	B/D
AXTLE SOLR 100mg, 500mg	5	B/D NM
<i>azacitidine</i> SUSR 100mg	5	B/D NM
<i>cytarabine</i> SOLN 20mg/ml, 100mg/ml	2	B/D
<i>decitabine</i> SOLR 50mg	5	B/D NM
<i>fludarabine phosphate</i> SOLN 50mg/2ml; SOLR 50mg	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	5	NM PA
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/10ml, 1gm/26.3ml, 2gm/20ml, 2gm/52.6ml, 200mg/2ml, 200mg/5.26ml	4	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

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Drug Name	Drug Requirements/ Tier	Limits
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml; SOLR 100mg, 500mg	5	B/D
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	5	B/D
<i>pralatrexate</i> SOLN 20mg/ml, 40mg/2ml	5	NM PA
PURIXAN SUSP 2000mg/100ml	5	NM
TABLOID TABS 40mg	5	
VIDAZA SUSR 100mg	5	B/D NM
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
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	
ARIMIDEX TABS 1mg	5	
AROMASIN TABS 25mg	5	
<i>bicalutamide</i> TABS 50mg	2	
CASODEX TABS 50mg	5	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	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	
FARESTON TABS 60mg	5	PA
FASLODEX SOSY 250mg/5ml	5	B/D
FEMARA TABS 2.5mg	4	
FIRMAGON SOLR 80mg	4	NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
<i>leuprolide acetate (3 month)</i> INJ 22.5mg	2	NM PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	5	NM PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	5	NM PA
LUPRON DEPOT (4-MONTH) KIT 30mg	5	NM PA
LUPRON DEPOT (6-MONTH) KIT 45mg	5	NM PA
LUTRATE DEPOT INJ 22.5mg	4	NM PA
LYSODREN TABS 500mg	5	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
NILANDRON TABS 150mg	5	
<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
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NM 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
YONSA TABS 125mg QL (120 tabs / 30 days)	5	QL NM PA
ZOLADEX IMPL 3.6mg, 10.8mg	4	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ZYTIGA TABS 250mg QL (120 tabs / 30 days)	5	QL NM PA
ZYTIGA TABS 500mg QL (60 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		
ASPARLAS SOLN 3750unit/5ml	5	NM PA
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
bleomycin sulfate SOLR 15unit, 30unit	2	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	4	B/D
dacarbazine SOLR 100mg	2	B/D
DOXIL SUSP 2mg/ml	5	B/D
doxorubicin hcl SOLN 2mg/ml	2	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	5	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	4	B/D

Drug Name	Drug Requirements/ Tier	Limits
ELLEENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
HYDREA CAPS 500mg	4	
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	5	NM
mitomycin SOLR 5mg	2	B/D
mitomycin SOLR 20mg, 40mg	5	B/D
mitoxantrone hcl CONC 2mg/ml	2	B/D NM
NIPENT SOLR 10mg	5	B/D
ONCASPASOL SOLN 750unit/ml	5	NM PA
ONIVYDE INJ 43mg/10ml	5	B/D NM
RYLAZE SOLN 10mg/0.5ml	5	NM PA
SYLVANT SOLR 100mg, 400mg	5	NM PA
TARGRETIN CAPS 75mg QL (300 caps / 30 days)	5	QL NM PA
topotecan hcl SOLN 4mg/4ml	2	B/D
TOPOTECAN HCL SOLN 4mg/4ml	4	B/D
topotecan hcl SOLR 4mg	5	B/D
tretinoin (chemotherapy) CAPS 10mg	5	
valrubicin SOLN 40mg/ml	5	B/D NM
VALSTAR SOLN 40mg/ml	5	B/D NM
WELIREG TABS 40mg QL (90 tabs / 30 days)	5	QL NM PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	5	B/D NM
docetaxel CONC 20mg/ml	2	B/D
DOCETAXEL CONC 20mg/ml	4	B/D
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

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Drug Name	Drug Requirements/ Tier	Limits
<i>eribulin mesylate</i> SOLN 1mg/2ml	5	B/D NM
ETOPOPHOS SOLR 100mg	4	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
HALAVEN SOLN 1mg/2ml	5	B/D NM
IXEMPRA KIT SOLR 15mg, 45mg	5	B/D NM
JEVTANA SOLN 60mg/1.5ml	5	NM PA
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel inj 100mg</i>	5	B/D NM
PACLITAXEL INJ 100MG	5	B/D NM
<i>vinblastine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 2mg QL (150 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 3mg QL (90 tabs / 30 days)	5	QL NM PA
AFINITOR DISPERZ TBSO 5mg QL (60 tabs / 30 days)	5	QL NM PA
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
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	5	NM PA
ARZERRA CONC 100mg/5ml, 1000mg/50ml	5	B/D NM
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	5	QL NM PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	5	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
BAVENCIO SOLN 200mg/10ml	5	PA
BELEODAQ SOLR 500mg	5	NM PA
BESPONSA SOLR .9mg	5	NM PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM PA
<i>bortezomib</i> SOLR 3.5mg	5	NM PA
BORUZU SOLN 3.5mg/1.4ml	5	NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	5	QL NM PA
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
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
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
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	5	NM PA
DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	5	QL NM PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	5	NM PA
DARZALEX SOL FASPRO <i>dasatinib</i> TABS 20mg QL (90 tabs / 30 days)	5	NM PA QL NM PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
DATROWAY SOLR 100mg	5	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
ELAHERE SOLN 100mg/20ml	5	NM PA
EMPLICITI SOLR 300mg, 400mg	5	NM PA
ENHERTU SOLR 100mg	5	NM PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	5	NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	5	B/D NM
ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	5	QL NM PA
<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

Drug Name	Drug Requirements/ Tier	Limits
<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
FYARRO SUSR 100mg	5	NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
GAZYVA SOLN 1000mg/40ml	5	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
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	5	QL NM PA
GLEEVEC TABS 400mg QL (60 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

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Drug Name	Drug Requirements/ Tier	Limits
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	5	QL NM PA
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
IMDELLTRA SOLR 1mg, 10mg	5	NM PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	5	NM PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	5	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
IRESSA TABS 250mg QL (60 tabs / 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
JEMPERLI SOLN 500mg/10ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
KADCYLA SOLR 100mg, 160mg	5	B/D NM
KANJINTI SOLR 150mg, 420mg	5	NM PA
KEYTRUDA SOLN 100mg/4ml	5	NM PA
KIMMTRAK SOLN 100mcg/0.5ml	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
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
KYPROLIS SOLR 10mg, 30mg, 60mg	5	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

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Drug Name	Drug Requirements/ Tier	Limits
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
LIBTAYO SOLN 350mg/7ml	5	NM PA
LOQTORZI SOLN 240mg/6ml	5	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
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
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	5	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
MARGENZA SOLN 250mg/10ml	5	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

Drug Name	Drug Requirements/ Tier	Limits
MONJUVI SOLR 200mg	5	NM PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NM PA
MYLOTARG SOLR 4.5mg	5	NM PA
NERLYNX TABS 40mg QL (180 tabs / 30 days)	5	QL NM PA
NEXAVAR TABS 200mg QL (120 tabs / 30 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
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
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	5	NM PA
OPDIVO INJ QVANTIG	5	NM PA
OPDUALAG SOL	5	NM PA
PADCEV SOLR 20mg, 30mg	5	NM PA
pazopanib hcl 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
PERJETA SOLN 420mg/14ml	5	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

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Drug Name	Drug Requirements/ Tier	Limits
PIQRAY 300MG DAILY DOSE TBPk 150mg QL (56 tabs / 28 days)	5	QL NM PA
POLIVY SOLR 30mg, 140mg	5	NM PA
POTELIGEO SOLN 20mg/5ml	5	NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	5	QL NM PA
RETEVMO CAPS 40mg QL (180 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
RIABNI SOLN 100mg/10ml, 500mg/50ml	5	NM PA
RITUXAN SOLN 500mg/50ml	5	NM PA
RITUXAN INJ HYCELA	5	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
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
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	5	NM PA
RYBREVA NT SOLN 350mg/7ml	5	NM PA
RYDAPT CAPS 25mg QL (224 caps / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
SARCLISA SOLN 100mg/5ml, 500mg/25ml	5	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
<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 20mg QL (90 tabs / 30 days)	5	QL NM PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	5	QL NM PA
STIVARGA TABS 40mg QL (84 tabs / 28 days)	5	QL NM PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	5	QL NM PA
SUTENT 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
TAGRIS SO 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

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Drug Name	Drug Requirements/ Tier	Limits
TECENTRIQ INJ HYBREZA QL (1 vial / 21 days)	5	QL NM PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	5	NM PA
<i>temsirolimus</i> SOLN 25mg/ml	5	B/D NM
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	5	QL NM PA
TEVIMBRA SOLN 100mg/10ml	5	NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	5	QL NM PA
TIVDAK SOLR 40mg	5	NM PA
TORISEL SOLN 25mg/ml	5	B/D NM
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
TRAZIMERA SOLR 150mg, 420mg	5	NM PA
TRODELVY SOLR 180mg	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
TYKERB TABS 250mg QL (180 tabs / 30 days)	5	QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	5	QL NM PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	5	B/D NM
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	5	NM PA
VELCADE SOLR 3.5mg	5	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

Drug Name	Drug Requirements/ Tier	Limits
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
VORANIGO TABS 40mg QL (30 tabs / 30 days)	5	QL NM PA
VOTRIENT TABS 200mg QL (120 tabs / 30 days)	5	QL NM PA
VYLOY SOLR 100mg, 300mg	5	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

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
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
YERVOY SOLN 50mg/10ml, 200mg/40ml	5	NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	5	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
ZIIHERA SOLR 300mg	5	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
ZYNLONTA SOLR 10mg	5	NM PA
ZYNYZ SOLN 500mg/20ml	5	NM PA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	5	B/D
ELITEK SOLR 1.5mg, 7.5mg	5	B/D
KHAPZORY SOLR 175mg	5	B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	2	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	2	B/D NM
mesna TABS 400mg	5	
MESNEX TABS 400mg	5	

Drug Name	Drug Requirements/ Tier	Limits
CARDIOVASCULAR ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	4	
ACCURETIC TAB 20-12.5	4	
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-40 mg QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5- 6.25mg	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg	1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	

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>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	
LOTREL CAP 5-10MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 5-20MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 10-20MG QL (30 caps / 30 days)	4	QL
LOTREL CAP 10-40MG QL (30 caps / 30 days)	4	QL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
VASERETIC TAB 10-25MG	4	
ZESTORETIC TAB 10-12.5	4	
ZESTORETIC TAB 20-12.5	4	
ZESTORETIC TAB 20-25MG	4	
ACE INHIBITORS		
ALTACE CAPS 10mg	4	
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate SOLN 1mg/ml</i>	2	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
EPANED SOLN 1mg/ml	5	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
LOTENSIN TABS 10mg, 20mg, 40mg	4	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
QBRELIS SOLN 1mg/ml	5	
<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	
VASOTEC TABS 2.5mg, 5mg, 10mg	4	
VASOTEC TABS 20mg	5	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	4	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	4	
CAROSPIR SUSP 25mg/5ml	4	
<i>eplerenone TABS 25mg, 50mg</i>	2	
INSPIRA TABS 25mg, 50mg	4	
KERENDIA TABS 10mg, 20mg QL (30 tabs / 30 days)	3	QL
<i>spironolactone SUSP 25mg/5ml</i>	2	
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	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
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	2	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 5-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-20 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-olmesartan medoxomil tab 10-40 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 5-320 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-160 mg QL (30 tabs / 30 days)	1	QL
amlodipine besylate-valsartan tab 10-320 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg QL (30 tabs / 30 days)	1	QL
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg QL (30 tabs / 30 days)	1	QL
ATACAND HCT TAB 16-12.5 QL (60 tabs / 30 days)	4	QL
ATACAND HCT TAB 32-12.5 QL (30 tabs / 30 days)	4	QL
ATACAND HCT TAB 32-25MG QL (30 tabs / 30 days)	4	QL
AVALIDE TAB 150-12.5 QL (60 tabs / 30 days)	4	QL
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	4	QL
AZOR TAB 5-20MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	4	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	4	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	4	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	4	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	4	QL
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg QL (30 tabs / 30 days)	1	QL
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg QL (30 tabs / 30 days)	1	QL
DIOVAN HCT TAB 80-12.5 QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	4	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
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	4	QL
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	4	QL
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	4	QL ST
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	4	QL ST
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
ENTRESTO TAB 49-51MG QL (60 tabs / 30 days)	3	QL
ENTRESTO TAB 97-103MG QL (60 tabs / 30 days)	3	QL
EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days)	4	QL
EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days)	4	QL
EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days)	4	QL
EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days)	4	QL
EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	4	QL
EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	4	QL
HYZAAR TAB 50-12.5	4	
HYZAAR TAB 100-12.5	4	
HYZAAR TAB 100-25	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>irbesartan-hydrochlorothiazide</i> tab 150-12.5 mg QL (60 tabs / 30 days)	1	QL
<i>irbesartan-hydrochlorothiazide</i> tab 300-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>losartan potassium & hydrochlorothiazide</i> tab 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide</i> tab 100-25 mg	1	
MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	4	QL
MICARDIS HCT TAB 80- 25MG QL (30 tabs / 30 days)	4	QL
MICARDIS HCT TAB 80/12.5 QL (60 tabs / 30 days)	4	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 20-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan medoxomil-hydrochlorothiazide</i> tab 40-25 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 20-5-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-5-12.5 mg QL (30 tabs / 30 days)	1	QL
<i>olmesartan-amlodipine-hydrochlorothiazide</i> tab 40-5-25 mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg QL (30 tabs / 30 days)	1	QL
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40-5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 40-10 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80-5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-amlodipine tab 80-10 mg QL (30 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 40-12.5 mg QL (30 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 80-12.5 mg QL (60 tabs / 30 days)	1	QL
telmisartan-hydrochlorothiazide tab 80-25 mg QL (30 tabs / 30 days)	1	QL
TRIBENZOR20- TAB 5-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 5-12.5MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 5-25MG QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 10-12.5 QL (30 tabs / 30 days)	4	QL
TRIBENZOR40- TAB 10-25MG QL (30 tabs / 30 days)	4	QL
valsartan-hydrochlorothiazide tab 80-12.5 mg QL (30 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
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		
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	4	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	4	QL
AVAPRO TABS 150mg, 300mg QL (30 tabs / 30 days)	4	QL
BENICAR TABS 5mg QL (60 tabs / 30 days)	4	QL
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	4	QL
candesartan cilexetil TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL
candesartan cilexetil TABS 32mg QL (30 tabs / 30 days)	1	QL
COZAAR TABS 25mg, 50mg, 100mg	4	
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	4	QL
DIOVAN TABS 320mg QL (30 tabs / 30 days)	4	QL
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	4	QL ST
irbesartan TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
losartan potassium TABS 25mg, 50mg, 100mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>olmesartan medoxomil</i> TABS 5mg	1	QL
QL (60 tabs / 30 days)		
<i>olmesartan medoxomil</i> TABS 20mg, 40mg	1	QL
QL (30 tabs / 30 days)		
<i>telmisartan</i> TABS 20mg, 40mg, 80mg	1	QL
QL (30 tabs / 30 days)		
<i>valsartan</i> SOLN 4mg/ml	5	QL PA
QL (2400 mL / 30 days)		
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL
QL (60 tabs / 30 days)		
<i>valsartan</i> TABS 320mg	1	QL
QL (30 tabs / 30 days)		
ANTIARRHYTHMICS		
<i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	5	
BETAPACE AF TABS 80mg	4	
BETAPACE AF TABS 120mg, 160mg	5	
<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	4	QL
QL (60 tabs / 30 days)		
NORPACE CAPS 100mg, 150mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<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	

Drug Name	Drug Requirements/ Tier	Limits
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	2	
SOTYLIZE SOLN 5mg/ml	4	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	4	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	2	
<i>fenofibrate</i> CAPS 50mg	2	QL PA
QL (60 caps / 30 days)		
<i>fenofibrate</i> CAPS 150mg	2	QL PA
QL (30 caps / 30 days)		
<i>fenofibrate</i> TABS 40mg	2	QL PA
QL (60 tabs / 30 days)		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate</i> TABS 120mg	2	QL PA
QL (30 tabs / 30 days)		
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	2	
<i>fenofibrate micronized</i> CAPS 130mg	2	QL PA
QL (30 caps / 30 days)		
<i>fenofibric acid</i> TABS 35mg	2	QL PA
QL (60 tabs / 30 days)		
<i>fenofibric acid</i> TABS 105mg	2	QL PA
QL (30 tabs / 30 days)		
<i>gemfibrozil</i> TABS 600mg	1	
LIPOFEN CAPS 50mg	4	QL PA
QL (60 caps / 30 days)		
LIPOFEN CAPS 150mg	4	QL PA
QL (30 caps / 30 days)		
LOPID TABS 600mg	4	
TRICOR TABS 48mg, 145mg	4	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg, 40mg, 60mg	5	QL ST
QL (30 tabs / 30 days)		
ATORVALIQ SUSP 20mg/5ml	4	QL ST
QL (600 mL / 30 days)		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL
QL (30 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	4	QL ST
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL ST
fluvastatin sodium TB24 80mg QL (30 tabs / 30 days)	1	QL ST
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	4	QL ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	4	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pitavastatin calcium TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	1	QL ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ZOCOR TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	4	QL ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	2	
cholestyramine light PACK 4gm; POWD 4gm/dose	2	

Drug Name	Drug Requirements/ Tier	Limits
colesevelam hcl PACK 3.75gm; TABS 625mg	2	
COLESTID GRAN 5gm; TABS 1gm	4	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	2	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	5	NM PA
ezetimibe TABS 10mg	2	
ezetimibe-simvastatin tab 10-10 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-20 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-40 mg QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10-80 mg QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	5	NM PA
LOVAZA CAP 1GM	4	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL
niacin (antihyperlipidemic) TABS 500mg	2	PA
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	2	QL
niacor TABS 500mg	2	PA
omega-3-acid ethyl esters cap 1 gm	2	PA
prevalite PACK 4gm; POWD 4gm/dose	2	
QUESTRAN PACK 4gm; POWD 4gm/dose	4	
QUESTRAN LIGHT POWD 4gm/dose	4	
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

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Drug Name	Drug Requirements/ Tier	Limits
VASCEPA CAPS .5gm, 1gm	3	
VYTORIN TAB 10-10MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-20MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-40MG QL (30 tabs / 30 days)	4	QL
VYTORIN TAB 10-80MG QL (30 tabs / 30 days)	4	QL
WELCHOL PACK 3.75gm; TABS 625mg	4	
ZETIA TABS 10mg	4	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab</i> <i>50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab</i> <i>100-25 mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	1	
<i>bisoprolol &</i> <i>hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	1	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 50-25</i> <i>mg</i>	2	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>25 mg</i>	2	
<i>metoprolol &</i> <i>hydrochlorothiazide tab 100-</i> <i>50 mg</i>	2	
TENORETIC TAB 50	4	
TENORETIC TAB 100	4	
BETA-BLOCKERS		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	2	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	

Drug Name	Drug Requirements/ Tier	Limits
BYSTOLIC TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	4	QL
BYSTOLIC TABS 20mg QL (60 tabs / 30 days)	4	QL
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>carvedilol phosphate</i> CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	2	QL
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	4	
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	5	QL
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	5	
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	4	
<i>labetalol hcl</i> SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	2	
LABELALOL HYDROCHLORIDE SOSY 10mg/2ml	4	
LOPRESSOR TABS 50mg, 100mg	4	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	
<i>metoprolol tartrate</i> TABS 25mg, 37.5mg, 50mg, 75mg, 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	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	

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
TENORMIN TABS 25mg, 50mg, 100mg	4
timolol maleate TABS 5mg, 10mg, 20mg	2
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	4
CALCIUM CHANNEL BLOCKERS	
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1
CARDIZEM TABS 30mg, 60mg, 120mg	4
CARDIZEM CD CP24 120mg	4
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	5
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4
cartia xt CP24 120mg, 180mg, 240mg, 300mg	2
dilt-xr CP24 120mg, 180mg, 240mg	2
diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2
diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg	1
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	2
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2
felodipine TB24 2.5mg, 5mg, 10mg	2
isradipine CAPS 2.5mg, 5mg	2
KATERZIA SUSP 1mg/ml	4
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	2
nicardipine hcl CAPS 20mg, 30mg	2

Drug Name	Drug Requirements/ Tier Limits
nicardipine hcl iv soln 20 mg/200ml in sodium chloride 0.9%	2
nicardipine hcl iv soln 40 mg/200ml in sodium chloride 0.9%	2
NICARDIPINE SOL 20/200ML	4
NICARDIPINE SOL 40/200ML	4
nifedipine TB24 30mg, 60mg, 90mg	2
nimodipine CAPS 30mg	2
nimodipine SOLN 60mg/20ml	5
nisoldipine TB24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg	2
NORLIQVA SOLN 1mg/ml	4
NORVASC TABS 2.5mg, 5mg, 10mg	4
NYMALIZE SOLN 6mg/ml	5
PROCARDIA XL TB24 30mg, 60mg, 90mg	4
SULAR TB24 8.5mg, 17mg, 34mg	4
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	4
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2
verapamil hcl TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1
VERELAN CP24 120mg, 180mg, 240mg, 360mg	4
VERELAN PM CP24 100mg, 200mg, 300mg	4
DIURETICS	
acetazolamide CP12 500mg; TABS 125mg, 250mg	2
amiloride & hydrochlorothiazide tab 5-50 mg	1
amiloride hcl TABS 5mg	1

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Drug Name	Drug Requirements/ Tier	Limits
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>dichlorphenamide</i> TABS 50mg	5	NM PA
DIURIL SUSP 250mg/5ml	4	
DYRENIUM CAPS 50mg, 100mg	4	
EDECIN TABS 25mg	5	
<i>ethacrynic acid</i> TABS 25mg	2	
FUROSCIX CTKT 80mg/10ml	5	
<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	
INZIRQO SUSR 10mg/ml QL (320 mL / 30 days)	4	QL
KEVEYIS TABS 50mg	5	NM PA
LASIX TABS 20mg, 40mg, 80mg	4	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>ormolvi</i> TABS 50mg	5	NM PA
SOAAZ TABS 20mg, 40mg, 60mg	4	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
THALITONE TABS 15mg	4	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene</i> CAPS 50mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5- 25 mg	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>triamterene & hydrochlorothiazide tab</i> 37.5- 25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 2.5- 10 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 2.5- 20 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 2.5- 40 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 5-10 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 5-20 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 5-40 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 5-80 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 10-10 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 10-20 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 10-40 mg	1	
<i>amlodipine besylate- atorvastatin calcium tab</i> 10-80 mg	1	
ASPRUZYO SPRINKLE PACK 1000mg	4	PA
ATTRUBY TBPK 356mg QL (112 tabs / 28 days)	5	QL NM PA
BIDIL TAB	4	

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Drug Name	Drug Requirements/ Tier	Limits
CADUET TAB 5-10MG	4	
CADUET TAB 5-20MG	4	
CADUET TAB 5-40MG	4	
CADUET TAB 5-80MG	4	
CADUET TAB 10-10MG	4	
CADUET TAB 10-20MG	4	
CADUET TAB 10-40MG	4	
CADUET TAB 10-80MG	4	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL NM PA
QL (30 caps / 30 days)		
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg	2	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	3	QL
QL (450 mL / 30 days)		
CORLANOR TABS 5mg, 7.5mg	4	QL
QL (60 tabs / 30 days)		
DEMSEER CAPS 250mg	5	NM PA
DIBENZYLINE CAPS 10mg	5	PA
digoxin SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	2	
digoxin TABS 125mcg, 250mcg	2	QL
QL (30 tabs / 30 days)		
droxidopa CAPS 100mg	5	QL NM PA
QL (90 caps / 30 days)		
droxidopa CAPS 200mg, 300mg	5	QL NM PA
QL (180 caps / 30 days)		
epinephrine (anaphylaxis) SOLN 1mg/ml	2	
guanfacine hcl TABS 1mg, 2mg	3	PA
PA applies if 70 years and older		
hydralazine hcl SOLN 20mg/ml	2	
hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	4	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	2	
ivabradine hcl TABS 5mg, 7.5mg	2	QL
QL (60 tabs / 30 days)		
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	4	
LANOXIN TABS 125mcg, 250mcg	4	QL
QL (30 tabs / 30 days)		
LANOXIN PEDIATRIC SOLN .1mg/ml	4	
LODOCO TABS .5mg	4	QL PA
QL (30 tabs / 30 days)		
methyldopa TABS 500mg	4	PA
PA applies if 70 years and older		
metyrosine CAPS 250mg	5	NM PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	2	
minoxidil TABS 2.5mg, 10mg	2	
NEXICLON XR TB24 .17mg	4	
NORTHERA CAPS 100mg	5	QL NM PA
QL (90 caps / 30 days)		
NORTHERA CAPS 200mg, 300mg	5	QL NM PA
QL (180 caps / 30 days)		
phenoxybenzamine hcl CAPS 10mg	5	PA
ranolazine TB12 500mg, 1000mg	2	
TEKTURNA TABS 150mg, 300mg	4	
TRYNGOLZA SOAJ 80mg/0.8ml	5	QL NM PA
QL (1 autoinjector / 30 days)		
TRYVIO TABS 12.5mg	4	QL PA
QL (30 tabs / 30 days)		
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL PA
QL (30 tabs / 30 days)		
VYNDAMAX CAPS 61mg	5	QL NM PA
QL (30 caps / 30 days)		
VYNDAQEL CAPS 20mg	5	QL NM PA
QL (120 caps / 30 days)		

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Drug Name	Drug Requirements/ Tier Limits	
NITRATES		
ISORDIL TITRADOSE TABS 4mg	4	
ISORDIL TITRADOSE TABS 40mg	5	PA
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide dinitrate</i> TABS 40mg	2	PA
ISOSORBIDE MONONITRATE TABS 10mg, 20mg	4	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	4	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	5	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	2	
NITROLINGUAL SOLN .4mg/spray	4	
NITROSTAT SUBL .3mg, .4mg, .6mg	4	
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg QL (90 tabs / 30 days)	5	QL NM PA
<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
<i>epoprostenol sodium</i> SOLR .5mg, 1.5mg	5	B/D NM
FLOLAN SOLR .5mg, 1.5mg	5	B/D NM
LETAIRIS TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
OPSUMIT TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier Limits	
OPSYNVI TAB 10-20MG QL (30 tabs / 30 days)	5	QL NM PA
OPSYNVI TAB 10-40MG QL (30 tabs / 30 days)	5	QL NM PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	5	NM PA
ORENITRAM TBCR .125mg	4	NM PA
ORENITRAM TAB MONTH 1	5	NM PA
ORENITRAM TAB MONTH 2	5	NM PA
ORENITRAM TAB MONTH 3	5	NM PA
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM PA
REVATIO SOLN 10mg/12.5ml	5	NM PA
REVATIO TABS 20mg QL (360 tabs / 30 days)	5	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SOLN 10mg/12.5ml	5	NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> SUSR 10mg/ml QL (784 mL / 30 days)	5	QL NM PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg QL (360 tabs / 30 days)	2	QL NM PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg QL (60 tabs / 30 days)	5	QL NM PA
TADLIQ SUSP 20mg/5ml QL (300 mL / 30 days)	5	QL NM PA
TRACLEER TABS 62.5mg, 125mg QL (60 tabs / 30 days)	5	QL NM PA
TRACLEER TBSO 32mg QL (120 tabs / 30 days)	5	QL NM PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM PA
TYVASO SOLN .6mg/ml	5	NM PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg QL (112 cartridges / 28 days)	5	QL NM PA
TYVASO DPI POW 16-32-48 QL (252 cartridges / 28 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
UPTRAVI SOLR 1800mcg	5	NM PA
UPTRAVI TABS 200mcg QL (140 tabs / 28 days)	5	QL NM PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg QL (60 tabs / 30 days)	5	QL NM PA
UPTRAVI PACK TAB 200/800 QL (1 pack / 28 days)	5	QL NM PA
VELETRI SOLR .5mg, 1.5mg	5	B/D NM
WINREVAIR KIT 45mg, 60mg QL (2 vials / 21 days)	5	QL NM PA
WINREVAIR INJ 45MG QL (2 vials / 21 days)	5	QL NM PA
WINREVAIR INJ 60MG QL (2 vials / 21 days)	5	QL NM PA
CENTRAL NERVOUS SYSTEM ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg QL (150 tabs / 30 days)	2	QL
alprazolam TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	2	QL PA
alprazolam TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	2	QL PA
alprazolam TBDP .25mg QL (120 tabs / 30 days)	2	QL
ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	4	QL
ATIVAN SOLN 2mg/ml, 4mg/ml	4	
ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	5	QL
buspirone hcl TABS 5mg, 10mg, 15mg	1	
buspirone hcl TABS 7.5mg, 30mg	2	

Drug Name	Drug Requirements/ Tier	Limits
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg QL (120 caps / 30 days) PA applies if 65 years and older	2	QL PA
fluvoxamine maleate CP24 100mg, 150mg QL (60 caps / 30 days)	2	QL
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
LOREEV XR CS24 1mg, 1.5mg, 2mg QL (150 caps / 30 days) PA applies if 65 years and older	4	QL PA
LOREEV XR CS24 3mg QL (90 caps / 30 days) PA applies if 65 years and older	4	QL PA
oxazepam CAPS 10mg, 15mg, 30mg QL (120 caps / 30 days) PA applies if 65 years and older	2	QL PA
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	4	QL
XANAX XR TB24 2mg, 3mg QL (90 tabs / 30 days) PA applies if 65 years and older	4	QL PA
XANAX XR TB24 .5mg, 1mg QL (150 tabs / 30 days) PA applies if 65 years and older	4	QL PA
ANTIDEMENTIA		
ADLARITY PTWK 5mg/day, 10mg/day QL (4 patches / 28 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
ARICEPT TABS 5mg QL (30 tabs / 30 days)	4	QL
ARICEPT TABS 10mg, 23mg	4	
donepezil hydrochloride TABS 5mg; TBDP 5mg QL (30 tabs / 30 days)	1	QL
donepezil hydrochloride TABS 10mg; TBDP 10mg	1	
donepezil hydrochloride TABS 23mg	2	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	4	QL
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
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 tab 28 x 5 mg & 21 x 10 mg titration pack 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	
NAMENDA TAB 5-10MG PA applies if 29 years and younger	4	PA
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	

Drug Name	Drug Requirements/ Tier	Limits
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
ZUNVEYL TBEC 5mg, 10mg, 15mg QL (60 tabs / 30 days)	4	QL PA
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	
amoxapine TABS 25mg, 50mg, 100mg, 150mg	3	
ANAFRANIL CAPS 25mg, 50mg, 75mg	5	PA
APLENZIN TB24 174mg QL (60 tabs / 30 days)	5	QL PA
APLENZIN TB24 348mg, 522mg QL (30 tabs / 30 days)	5	QL PA
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
bupropion hcl TB24 450mg QL (30 tabs / 30 days)	2	QL PA
CELEXA TABS 10mg, 20mg, 40mg	4	
CITALOPRAM HYDROBROMIDE CAPS 30mg QL (30 caps / 30 days)	4	QL PA
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
CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	4	QL
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	
DESVENLAFAXINE ER TB24 50mg, 100mg QL (30 tabs / 30 days)	4	QL
desvenlafaxine succinate TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	2	QL
doxepin hcl 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
duloxetine hcl CPEP 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	2	QL
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	4	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr QL (30 patches / 30 days)	5	QL PA
escitalopram oxalate SOLN 5mg/5ml	2	
escitalopram oxalate 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
fluoxetine hcl CAPS 10mg, 20mg, 40mg	1	
fluoxetine hcl CPDR 90mg QL (4 caps / 28 days)	2	QL
fluoxetine hcl SOLN 20mg/5ml	2	
fluoxetine hcl TABS 10mg, 60mg QL (30 tabs / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
fluoxetine hcl TABS 20mg QL (120 tabs / 30 days)	2	QL PA
fluoxetine hcl (pmdd) TABS 10mg QL (30 tabs / 30 days) (generic of SARAFEM)	2	QL PA
fluoxetine hcl (pmdd) TABS 20mg QL (120 tabs / 30 days) (generic of SARAFEM)	2	QL PA
FLUOXETINE HYDROCHLORIDE TABS 60mg QL (30 tabs / 30 days)	4	QL PA
FORFIVO XL TB24 450mg QL (30 tabs / 30 days)	4	QL PA
imipramine hcl TABS 10mg, 25mg, 50mg	2	
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg	4	
LEXAPRO TABS 5mg, 10mg, 20mg	4	
MARPLAN TABS 10mg QL (180 tabs / 30 days)	4	QL
mirtazapine TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
mirtazapine TABS 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	4	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
NORPRAMIN TABS 10mg, 25mg	4	
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	2	
nortriptyline hcl SOLN 10mg/5ml	4	
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	5	
PARNATE TABS 10mg	5	
paroxetine hcl SUSP 10mg/5ml QL (900 mL / 30 days)	4	QL PA
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	2	

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>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
PAXIL TABS 10mg, 20mg, 30mg, 40mg	4	
PAXIL CR TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	4	QL
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA applies if 70 years and older	3	PA
<i>perphenazine-amitriptyline tab</i> 2-25 mg PA applies if 70 years and older	3	PA
<i>perphenazine-amitriptyline tab</i> 4-10 mg PA applies if 70 years and older	3	PA
<i>perphenazine-amitriptyline tab</i> 4-25 mg PA applies if 70 years and older	3	PA
<i>perphenazine-amitriptyline tab</i> 4-50 mg PA applies if 70 years and older	3	PA
<i>phenelzine sulfate</i> TABS 15mg	2	
PRISTIQ TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
PROZAC CAPS 10mg, 20mg, 40mg	4	
RALDESY SOLN 10mg/ml QL (1800 mL / 30 days)	4	QL PA
REMERON TABS 15mg, 30mg	4	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	

Drug Name	Drug Requirements/ Tier	Limits
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg QL (30 caps / 30 days)	4	QL PA
SPRAVATO SOL 56MG DOS	5	NM PA
SPRAVATO SOL 84MG DOS	5	NM PA
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trazodone hcl</i> TABS 300mg	2	
<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
VENLAFAXINE BESYLATE ER TB24 112.5mg 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; TB24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TB24 225mg QL (30 tabs / 30 days)	2	QL PA
VIIBRYD TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	4	QL
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg QL (30 tabs / 30 days)	2	QL
WELLBUTRIN SR TB12 100mg, 150mg, 200mg QL (60 tabs / 30 days)	4	QL PA
WELLBUTRIN XL TB24 150mg QL (60 tabs / 30 days)	5	QL PA
WELLBUTRIN XL TB24 300mg QL (30 tabs / 30 days)	5	QL PA
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	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
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		
amantadine hcl CAPS 100mg QL (120 caps / 30 days)	2	QL
amantadine hcl SOLN 50mg/5ml; TABS 100mg	2	
APOKYN SOCT 30mg/3ml QL (20 cartridges / 30 days)	5	QL NM PA
apomorphine hydrochloride SOCT 30mg/3ml QL (20 cartridges / 30 days)	5	QL NM PA
AZILECT TABS .5mg, 1mg QL (30 tabs / 30 days)	5	QL
benztropine mesylate SOLN 1mg/ml	2	
benztropine mesylate TABS .5mg, 1mg, 2mg PA applies if 70 years and older	2	PA
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	2	
carb/levo orally disintegrating tab 10-100mg	2	
carb/levo orally disintegrating tab 25-100mg	2	
carb/levo orally disintegrating tab 25-250mg	2	
carbidopa TABS 25mg	2	
carbidopa & levodopa tab 10- 100 mg	2	
carbidopa & levodopa tab 25- 100 mg	2	
carbidopa & levodopa tab 25- 250 mg	2	
carbidopa & levodopa tab er 25-100 mg	2	
carbidopa & levodopa tab er 50-200 mg	2	
carbidopa-levodopa- entacapone tabs 12.5-50-200 mg	2	

Drug Name	Drug Requirements/ Tier	Limits
carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg	2	
carbidopa-levodopa- entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg	2	
carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg	2	
carbidopa-levodopa- entacapone tabs 50-200-200 mg	2	
COMTAN TABS 200mg	4	
CREXONT CAP 35-140MG	4	ST
CREXONT CAP 52.5-210	4	ST
CREXONT CAP 70-280MG	4	ST
CREXONT CAP 87.5-350	4	ST
DHIVY TAB 25-100MG	4	
DUOPA SUS 4.63-20	5	B/D NM
entacapone TABS 200mg	2	
GOCOVRI CP24 68.5mg QL (30 caps / 30 days)	5	QL NM PA
GOCOVRI CP24 137mg QL (60 caps / 30 days)	5	QL NM PA
INBRIJA CAPS 42mg QL (300 caps / 30 days)	5	QL NM PA
LODOSYN TABS 25mg	5	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	PA
NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)	5	QL NM
ONAPGO SOCT 98mg/20ml QL (30 cartridges / 30 days)	5	QL NM PA
ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)	4	QL PA
PARLODEL CAPS 5mg; TABS 2.5mg	4	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>pramipexole dihydrochloride</i> TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	2	
<i>rasagiline mesylate</i> TABS .5mg, 1mg QL (30 tabs / 30 days)	2	QL
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>ropinirole hydrochloride</i> TB24 2mg, 4mg, 6mg, 8mg, 12mg	2	
RYTARY CAP 95MG	4	ST
RYTARY CAP 145MG	4	ST
RYTARY CAP 195MG	4	ST
RYTARY CAP 245MG	4	ST
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
SINEMET TAB 10-100MG	4	
SINEMET TAB 25-100MG	4	
STALEVO 50 TAB	4	
STALEVO 75 TAB	4	
STALEVO 100 TAB	4	
STALEVO 125 TAB	4	
STALEVO 150 TAB	4	
STALEVO 200 TAB	4	
<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
VYALEV INJ 12-240MG	5	NM PA
XADAGO TABS 50mg, 100mg	5	
ZELAPAR TBDP 1.25mg	5	
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	4	QL
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml QL (1 syringe / 56 days)	5	QL
ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	5	QL
ABILIFY MYCITE MAINTENANC TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	5	QL PA
ABILIFY MYCITE STARTER KI TBPK 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	5	QL PA
<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
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	5	QL
ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	5	QL
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
CAPLYTA CAPS 10.5mg, 21mg, 42mg QL (30 caps / 30 days)	5	QL
<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

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Drug Name	Drug Requirements/ Tier	Limits
<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
CLOZARIL TABS 25mg	4	
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	5	QL
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
ERZOFRI SUSY 39mg/0.25ml QL (1 syringe / 28 days)	4	QL
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml QL (1 syringe / 28 days)	5	QL
ERZOFRI SUSY 351mg/2.25ml QL (2 syringes / year)	5	QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	5	QL PA
FANAPT PAK 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	
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	5	QL
GEODON SOLR 20mg QL (6 injections / 3 days)	4	QL
HALDOL DECANOATE 50 SOLN 50mg/ml	4	
HALDOL DECANOATE 100 SOLN 100mg/ml	4	

Drug Name	Drug Requirements/ Tier	Limits
<i>haloperidol</i> TABS .5mg, 1mg, 2 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 TB24 3mg, 9mg QL (30 tabs / 30 days)	4	QL
INVEGA TB24 6mg QL (60 tabs / 30 days)	4	QL
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml QL (1 injection / 180 days)	5	QL
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
LATUDA TABS 20mg, 40mg, 60mg, 120mg QL (30 tabs / 30 days)	5	QL
LATUDA TABS 80mg QL (60 tabs / 30 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

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Drug Name	Drug Requirements/ Tier	Limits
NUPLAZID TABS 10mg QL (30 tabs / 30 days)	5	QL NM PA
olanzapine SOLR 10mg QL (3 vials / 1 day)	2	QL
olanzapine TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	2	QL
olanzapine TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL
olanzapine TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL ST
olanzapine 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
paliperidone TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	2	QL
paliperidone TB24 6mg QL (60 tabs / 30 days)	2	QL
perphenazine TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	5	QL
pimozide TABS 1mg, 2mg	2	
quetiapine fumarate TABS 25mg QL (180 tabs / 30 days)	2	QL
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg QL (90 tabs / 30 days)	2	QL
quetiapine fumarate TABS 300mg, 400mg QL (60 tabs / 30 days)	2	QL
quetiapine fumarate TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	2	QL PA
quetiapine fumarate TB24 150mg, 200mg QL (30 tabs / 30 days)	2	QL PA
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	5	QL
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	4	QL
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	4	
RISPERDAL CONSTA SRER 12.5mg QL (2 injections / 28 days)	4	QL
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
risperidone SOLN 1mg/ml QL (240 mL / 30 days)	2	QL
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	2	QL ST
risperidone TBDP 4mg QL (120 tabs / 30 days)	2	QL ST
risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	2	QL ST
risperidone microspheres SRER 12.5mg, 25mg QL (2 injections / 28 days)	2	QL
risperidone microspheres SRER 37.5mg, 50mg QL (2 injections / 28 days)	5	QL
RYKINDO SRER 25mg, 37.5mg, 50mg QL (2 vials / 28 days)	5	QL PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	5	QL
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	5	QL
SEROQUEL TABS 25mg QL (180 tabs / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
SEROQUEL TABS 50mg, 100mg, 200mg QL (90 tabs / 30 days)	4	QL
SEROQUEL TABS 300mg, 400mg QL (60 tabs / 30 days)	4	QL
SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	4	QL PA
SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	4	QL PA
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	2	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	2	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	2	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml QL (1 syringe / 30 days)	5	QL
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml QL (1 syringe / 60 days)	5	QL
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
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	2	QL
ziprasidone mesylate SOLR 20mg QL (6 injections / 3 days)	2	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	4	QL
ZYPREXA TABS 20mg QL (30 tabs / 30 days)	5	QL
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
APTIOM TABS 600mg, 800mg QL (60 tabs / 30 days)	5	QL
BANZEL SUSP 40mg/ml QL (2400 mL / 30 days)	5	QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	5	QL PA
BANZEL TABS 400mg QL (240 tabs / 30 days)	5	QL PA
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	5	QL PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	5	QL PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CARBATROL CP12 100mg, 200mg, 300mg	4	
CELONTIN CAPS 300mg	4	
clobazam SUSP 2.5mg/ml QL (480 mL / 30 days)	2	QL PA
clobazam TABS 10mg, 20mg QL (60 tabs / 30 days)	2	QL PA
clonazepam TABS 2mg; TBDP 2mg QL (300 tabs / 30 days)	2	QL
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	2	QL
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	2	QL PA
DEPAKOTE TBEC 125mg, 250mg, 500mg	4	
DEPAKOTE ER TB24 250mg, 500mg	4	
DEPAKOTE SPRINKLES CSDR 125mg	4	
DIACOMIT CAPS 250mg QL (360 caps / 30 days)	5	QL NM PA
DIACOMIT CAPS 500mg QL (180 caps / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
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, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	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
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FELBATOL TABS 400mg, 600mg	5	
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
GABARONE TABS 100mg QL (360 tabs / 30 days)	5	QL PA
GABARONE TABS 400mg QL (270 tabs / 30 days)	5	QL PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	5	
KEPPRA TABS 250mg	4	
KEPPRA XR TB24 500mg, 750mg	5	
KLONOPIN TABS 2mg QL (300 tabs / 30 days)	4	QL
KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	4	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
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	5	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	5	

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
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	5	ST
LAMICTAL ODT KIT BLUE	4	
LAMICTAL ODT KIT GREEN	4	
LAMICTAL ODT KIT ORANGE	4	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	4	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	4	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	4	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	5	ST
LAMICTAL XR KIT	4	
<i>lamotrigine</i> CHEW 5mg, 25mg; KIT 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	2	ST
<i>lamotrigine</i> tab 25 mg (42) & 100 mg (7) starter kit	2	
<i>lamotrigine</i> tab 84 x 25 mg & 14 x 100 mg starter kit	2	
<i>lamotrigine</i> tab disint 21 x 25 mg & 7 x 50 mg titration kit	2	
<i>lamotrigine</i> tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	2	
<i>lamotrigine</i> tab disint 42 x 50mg & 14 x 100mg titration kit	2	
LEVETIRACETA INJ 5MG/ML	4	
LEVETIRACETA INJ 10MG/ML	4	
LEVETIRACETA INJ 15MG/ML	4	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	

Drug Name	Drug Requirements/ Tier	Limits
LEVETIRACETAM TB3D 250mg	4	QL
QL (360 tabs / 30 days)		
<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	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	4	QL PA
QL (120 caps / 30 days)		
LYRICA CAPS 200mg	4	QL PA
QL (90 caps / 30 days)		
LYRICA CAPS 225mg, 300mg	4	QL PA
QL (60 caps / 30 days)		
LYRICA SOLN 20mg/ml	4	QL PA
QL (900 mL / 30 days)		
<i>methsuximide</i> CAPS 300mg	2	
MOTPOLY XR CP24 100mg, 150mg, 200mg	5	QL PA
QL (60 caps / 30 days)		
MYSOLINE TABS 50mg, 250mg	5	
NAYZILAM SOLN 5mg/0.1ml	4	QL
QL (10 nasal units per 30 days)		
NEURONTIN CAPS 100mg, 300mg	4	QL
QL (360 caps / 30 days)		
NEURONTIN CAPS 400mg	4	QL
QL (270 caps / 30 days)		
NEURONTIN SOLN 250mg/5ml	4	QL
QL (2160 mL / 30 days)		
NEURONTIN TABS 600mg	5	QL
QL (180 tabs / 30 days)		
NEURONTIN TABS 800mg	5	QL
QL (120 tabs / 30 days)		
ONFI SUSP 2.5mg/ml	5	QL PA
QL (480 mL / 30 days)		
ONFI TABS 10mg, 20mg	5	QL PA
QL (60 tabs / 30 days)		
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	

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Drug Name		Drug Requirements/ Tier	Limits
<i>oxcarbazepine</i> TB24 150mg, 300mg	2	PA	
<i>oxcarbazepine</i> TB24 600mg	5	PA	
OXTELLAR XR TB24 150mg, 300mg	4	PA	
OXTELLAR XR TB24 600mg	5	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		
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	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		
QUDEXY XR CS24 25mg QL (480 caps / 30 days)	4	QL PA	
QUDEXY XR CS24 50mg QL (240 caps / 30 days)	4	QL PA	
QUDEXY XR CS24 100mg QL (120 caps / 30 days)	4	QL PA	

Drug Name		Drug Requirements/ Tier	Limits
QUDEXY XR CS24 150mg, 200mg QL (60 caps / 30 days)	5	QL PA	
<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	
SABRIL PACK 500mg QL (180 packets / 30 days)	5	QL NM PA	
SABRIL TABS 500mg QL (180 tabs / 30 days)	5	QL NM 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		
<i>subvenite starter kit/blu</i> KIT 25mg	2		
<i>subvenite starter kit/gre</i>	2		
<i>subvenite starter kit/ora</i>	2		
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	5	QL PA	
TEGRETOL SUSP 100mg/5ml; TABS 200mg	4		
TEGRETOL-XR TB12 100mg, 200mg, 400mg	4		
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2		
TOPAMAX TABS 25mg	4		
TOPAMAX TABS 50mg, 100mg, 200mg	5		
TOPAMAX SPRINKLE CPSP 15mg	4		
TOPAMAX SPRINKLE CPSP 25mg	5		
<i>topiramate</i> CP24 25mg; CS24 25mg QL (480 caps / 30 days)	2	QL PA	

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Drug Name	Drug Requirements/ Tier	Limits
<i>topiramate</i> CP24 50mg; CS24 50mg QL (240 caps / 30 days)	2	QL PA
<i>topiramate</i> CP24 100mg; CS24 100mg QL (120 caps / 30 days)	2	QL PA
<i>topiramate</i> CP24 200mg; CS24 150mg, 200mg QL (60 caps / 30 days)	2	QL PA
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	5	
TRILEPTAL TABS 150mg	4	
TROKENDI XR CP24 25mg QL (480 caps / 30 days)	4	QL PA
TROKENDI XR CP24 50mg QL (240 caps / 30 days)	4	QL PA
TROKENDI XR CP24 100mg QL (120 caps / 30 days)	5	QL PA
TROKENDI XR CP24 200mg QL (60 caps / 30 days)	5	QL PA
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	4	QL PA
<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
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

Drug Name	Drug Requirements/ Tier	Limits
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
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	5	QL
VIMPAT SOLN 200mg/20ml	5	
VIMPAT TABS 50mg QL (120 tabs / 30 days)	4	QL
VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	5	QL
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
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	4	
ZONEGRAN CAPS 25mg, 100mg	5	

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Drug Name	Drug Requirements/ Tier	Limits
ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	5	QL PA
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	5	QL NM PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 10MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 15MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL TAB 20MG QL (90 tabs / 30 days)	4	QL PA
ADDERALL TAB 30MG QL (60 tabs / 30 days)	4	QL PA
ADDERALL XR CAP 5MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 10MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 15MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 20MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 25MG QL (30 caps / 30 days)	4	QL PA
ADDERALL XR CAP 30MG QL (30 caps / 30 days)	4	QL PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)	4	QL PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)	4	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 12.5 mg QL (30 caps / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
amphetamine- dextroamphetamine 3-bead cap er 24hr 25 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 37.5 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine 3-bead cap er 24hr 50 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	2	QL PA
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	2	QL PA
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	2	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<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
<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
APTENSIO XR CP24 10mg, 15mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
APTENSIO XR CP24 40mg, 50mg, 60mg QL (30 caps / 30 days)	4	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
AZSTARYS CAP 26.1-5.2 QL (30 caps / 30 days)	4	QL PA
AZSTARYS CAP 39.2-7.8 QL (30 caps / 30 days)	4	QL PA
AZSTARYS CAP 52.3-10. QL (30 caps / 30 days)	4	QL PA
CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	4	QL PA
CONCERTA TBCR 54mg QL (30 tabs / 30 days)	4	QL PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	4	QL PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DEXEDRINE CP24 10mg QL (150 caps / 30 days)	5	QL PA
DEXEDRINE CP24 15mg QL (120 caps / 30 days)	5	QL PA
<i>dexmethylphenidate hcl</i> CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	2	QL PA
<i>dexmethylphenidate hcl</i> CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	2	QL PA
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg QL (120 tabs / 30 days)	2	QL PA
<i>dexmethylphenidate hcl</i> TABS 10mg QL (60 tabs / 30 days)	2	QL PA
<i>dextroamphetamine sulfate</i> CP24 5mg, 10mg QL (150 caps / 30 days)	2	QL PA
<i>dextroamphetamine sulfate</i> CP24 15mg QL (120 caps / 30 days)	2	QL PA
<i>dextroamphetamine sulfate</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
<i>dextroamphetamine sulfate</i> TABS 15mg QL (120 tabs / 30 days)	2	QL PA
<i>dextroamphetamine sulfate</i> TABS 20mg QL (90 tabs / 30 days)	2	QL PA
<i>dextroamphetamine sulfate</i> TABS 30mg QL (60 tabs / 30 days)	2	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	4	QL PA
DYANAVEL XR TBCR 5mg QL (60 tabs / 30 days)	4	QL PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg QL (30 tabs / 30 days)	4	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	4	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	4	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	4	QL PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	3	QL PA
<i>guanfacine hcl (adhd)</i> TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	3	QL PA
INTUNIV TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	4	QL PA
INTUNIV TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	4	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	4	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	2	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	2	QL PA
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	2	QL PA
METADATE CD CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
METADATE CD CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	4	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	4	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	4	QL PA
<i>methylphenidate</i> PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	2	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl</i> CP24 10mg, 15mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	2	QL PA
<i>methylphenidate hcl</i> CP24 40mg, 50mg, 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	2	QL PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml QL (1800 mL / 30 days)	2	QL PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml QL (900 mL / 30 days)	2	QL PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg QL (90 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	2	QL PA
<i>methylphenidate hcl</i> TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	2	QL PA
MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	4	QL PA
MYDAYIS CAP 25MG QL (30 caps / 30 days)	4	QL PA
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	4	QL PA
MYDAYIS CAP 50MG QL (30 caps / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
QELBREE CP24 100mg QL (180 caps / 30 days)	4	QL PA
QELBREE CP24 150mg QL (60 caps / 30 days)	4	QL PA
QELBREE CP24 200mg QL (90 caps / 30 days)	4	QL PA
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	4	QL PA
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	4	QL PA
RELEXXII TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	4	QL PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg QL (30 tabs / 30 days)	4	QL PA
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	4	QL PA
RITALIN TABS 20mg QL (90 tabs / 30 days)	4	QL PA
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
RITALIN LA CP24 40mg QL (30 caps / 30 days)	4	QL PA
STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	4	QL
STRATTERA CAPS 40mg QL (60 caps / 30 days)	4	QL
STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	4	QL
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	4	QL PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	4	QL PA
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	4	QL PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr QL (30 patches / 30 days)	4	QL PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	2	QL PA
zenzedi TABS 15mg QL (120 tabs / 30 days)	2	QL PA
zenzedi TABS 20mg QL (90 tabs / 30 days)	2	QL PA
zenzedi TABS 30mg QL (60 tabs / 30 days)	2	QL PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	4	QL PA
AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	4	QL PA
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL
DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL
doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)	2	QL
EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	4	QL PA
estazolam TABS 1mg, 2mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	4	QL PA
HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	4	QL PA
HETLIOZ CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA
HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	5	QL NM PA
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	5	QL PA
QUVIVIQ TABS 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>ramelteon</i> TABS 8mg QL (30 tabs / 30 days)	2	QL
RESTORIL CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	5	QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	5	QL PA
ROZEREM TABS 8mg QL (30 tabs / 30 days)	4	QL
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	4	QL
<i>tasimelteon</i> CAPS 20mg QL (30 caps / 30 days)	5	QL NM PA
<i>temazepam</i> CAPS 7.5mg, 22.5mg, 30mg QL (30 caps / 30 days) PA applies if 65 years and older	2	QL PA
<i>temazepam</i> CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>triazolam</i> TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>triazolam</i> TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
<i>zaleplon</i> CAPS 5mg QL (30 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
<i>zaleplon</i> CAPS 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
ZOLPIDEM TARTRATE CAPS 7.5mg QL (30 caps / 30 days)	4	QL PA
<i>zolpidem tartrate</i> SUBL 1.75mg, 3.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	4	QL PA
<i>zolpidem tartrate</i> TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
<i>zolpidem tartrate</i> TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	3	QL NM PA
AJOVY SOAJ 225mg/1.5ml QL (3 pens / 90 days)	4	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
AJOVY SOSY 225mg/1.5ml QL (3 syringes / 90 days)	4	QL NM PA
<i>almotriptan malate</i> TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	2	QL ST
CAMBIA PACK 50mg QL (9 packets / 30 days)	5	QL PA
<i>diclofenac potassium</i> (migraine) PACK 50mg QL (9 packets / 30 days)	2	QL PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml QL (8 mL / 30 days)	5	QL PA
<i>eletriptan hydrobromide</i> TABS 20mg, 40mg QL (12 tabs / 30 days)	2	QL ST
ELYXYB SOLN 120mg/4.8ml QL (28.8 mL / 21 days)	5	QL PA
EMGALITY SOAJ 120mg/ml QL (2 pens / 30 days)	3	QL NM PA
EMGALITY SOSY 100mg/ml QL (3 syringes / 30 days)	3	QL NM PA
EMGALITY SOSY 120mg/ml QL (2 syringes / 30 days)	3	QL NM PA
ERGOMAR SUBL 2mg QL (20 tabs / 28 days)	5	QL PA
<i>ergotamine w/ caffeine tab 1-100 mg</i> QL (40 tabs / 28 days)	2	QL PA
FROVA TABS 2.5mg QL (18 tabs / 30 days)	5	QL ST
<i>frovatriptan succinate</i> TABS 2.5mg QL (18 tabs / 30 days)	2	QL ST
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	4	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	5	QL

Drug Name	Drug Requirements/ Tier	Limits
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	5	QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	5	QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	5	QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	4	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	4	QL
<i>migergot</i> QL (20 suppositories / 28 days)	5	QL PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg QL (12 tabs / 30 days)	2	QL
NURTEC TBDP 75mg QL (16 tabs / 30 days)	3	QL PA
ONZETRA XSAIL EXHP 11mg/nosepc QL (16 nosepieces / 30 days)	5	QL ST
QULIPTA TABS 10mg, 30mg, 60mg QL (30 tabs / 30 days)	3	QL PA
RELPAK TABS 20mg QL (12 tabs / 30 days)	4	QL ST
RELPAK TABS 40mg QL (12 tabs / 30 days)	5	QL ST
REYVOW TABS 50mg QL (4 tabs / 30 days)	4	QL PA
REYVOW TABS 100mg QL (8 tabs / 30 days)	4	QL PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 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

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Drug Name	Drug Requirements/ Tier	Limits
<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
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> QL (9 tabs / 30 days)	2	QL ST
TOSYMRA SOLN 10mg/act QL (18 units / 30 days)	4	QL ST
TREXIMET TAB 85-500MG QL (9 tabs / 30 days)	5	QL ST
TRUDHESA AERS .725mg/act QL (12 mL / 28 days)	5	QL PA
UBRELVY TABS 50mg, 100mg QL (16 tabs / 30 days)	3	QL PA
VYEPTI SOLN 100mg/ml	5	NM PA
ZAVZPRET SOLN 10mg/act QL (6 nasal units / 21 days)	5	QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml QL (24 pens / 30 days)	5	QL ST
<i>zolmitriptan</i> SOLN 2.5mg, 5mg QL (12 units / 30 days)	2	QL ST
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg QL (12 tabs / 30 days)	2	QL ST
ZOMIG SOLN 2.5mg, 5mg QL (12 units / 30 days)	4	QL ST
<i>zomig</i> TABS 2.5mg, 5mg QL (12 tabs / 30 days)	2	QL ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml QL (1 syringe / 90 days)	5	QL NM PA
AUSTEDO TABS 6mg QL (60 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
DAYBUE SOLN 200mg/ml QL (3600 mL / 30 days)	5	QL NM PA
DUVYZAT SUSP 8.86mg/ml QL (420 mL / 30 days)	5	QL NM PA
<i>edaravone</i> SOLN 30mg/100ml, 60mg/100ml	5	NM PA
ENSPRYNG SOSY 120mg/ml	5	NM PA
EQUETRO CP12 100mg, 200mg, 300mg	4	
EVRYSDI SOLR .75mg/ml; TABS 5mg	5	NM PA
FIRDAPSE TABS 10mg <i>gabapentin (once-daily)</i> TABS 300mg QL (180 tabs / 30 days)	5 2	NM PA QL PA
<i>gabapentin (once-daily)</i> TABS 600mg QL (90 tabs / 30 days)	2	QL PA
GRALISE TABS 300mg QL (180 tabs / 30 days)	4	QL PA
GRALISE TABS 450mg, 600mg QL (90 tabs / 30 days)	4	QL PA
GRALISE TABS 750mg, 900mg QL (60 tabs / 30 days)	4	QL PA
HORIZANT TBCR 300mg, 600mg QL (60 tabs / 30 days)	4	QL PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	

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Drug Name	Drug Requirements/ Tier	Limits
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
LITHOBID TBCR 300mg	5	
LYRICA CR TB24 82.5mg, 165mg QL (90 tabs / 30 days)	4	QL PA
LYRICA CR TB24 330mg QL (60 tabs / 30 days)	4	QL PA
MESTINON SOLN 60mg/5ml; 5 TABS 60mg	5	
MESTINON TIMESPAN TBCR 180mg	5	
NUDEXTA CAP 20-10MG QL (60 caps / 30 days)	5	QL PA
<i>paroxetine mesylate</i> (vasomotor) CAPS 7.5mg QL (30 caps / 30 days)	4	QL PA
<i>pregabalin</i> (once-daily) TB24 82.5mg, 165mg QL (90 tabs / 30 days)	2	QL PA
<i>pregabalin</i> (once-daily) TB24 330mg QL (60 tabs / 30 days)	2	QL PA
<i>pyridostigmine bromide</i> SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg	2	
RADICAVA SOLN 30mg/100ml	5	NM PA
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	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg QL (60 tabs / 30 days)	4	QL PA
SAVELLA MIS TITR PAK QL (2 packs / year)	4	QL PA
SKYCLARYS CAPS 50mg QL (90 caps / 30 days)	5	QL NM PA
TEGSEDI SOSY 284mg/1.5ml QL (4 syringes / 28 days)	5	QL NM PA
<i>tetrabenazine</i> TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
<i>tetrabenazine</i> TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	5	QL NM PA
UPLIZNA SOLN 100mg/10ml	5	NM PA
WAINUA SOAJ 45mg/0.8ml QL (1 pen / 30 days)	5	QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	5	QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	5	QL NM PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
AMPYRA TB12 10mg QL (60 tabs / 30 days)	5	QL NM PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	5	QL NM PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	5	QL NM PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	5	QL NM PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	5	QL NM PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	5	QL NM PA
BRIUMVI SOLN 150mg/6ml	5	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>dimethyl fumarate</i> CPDR 120mg QL (14 caps / 7 days)	5	QL NM PA
<i>dimethyl fumarate</i> CPDR 240mg QL (60 caps / 30 days)	5	QL NM PA
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> QL (2 packs / year)	5	QL NM PA
<i>ingolimod hcl</i> CAPS .5mg QL (30 caps / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
GILENYA CAPS .25mg, .5mg QL (30 caps / 30 days)	5	QL NM PA
glatiramer acetate SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatiramer acetate SOSY 40mg/ml QL (12 syringes / 28 days)	5	QL NM PA
glatopa SOSY 20mg/ml QL (30 syringes / 30 days)	5	QL NM PA
glatopa 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
LEMTRADA SOLN 12mg/1.2ml	5	NM PA
MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs per lifetime)	5	QL NM PA
MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs per lifetime)	5	QL NM PA
MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs per lifetime)	5	QL NM PA
MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs per lifetime)	5	QL NM PA
MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs per lifetime)	5	QL NM PA
MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs per lifetime)	5	QL NM PA
MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs per lifetime)	5	QL NM PA
MAYZENT TABS 1mg, 2mg QL (30 tabs / 30 days)	5	QL NM PA
MAYZENT TABS .25mg QL (112 tabs / 28 days)	5	QL NM PA
MAYZENT STARTER PACK (7) TBPK .25mg QL (2 packs / year)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
MAYZENT STARTER PACK (12) TBPK .25mg QL (2 packs / year)	5	QL NM PA
OCREVUS SOLN 300mg/10ml	5	NM PA
OCREVUS INJ ZUNOVO QL (23 mL / 180 days)	5	QL NM PA
PLEGRIDY SOAJ 125mcg/0.5ml QL (2 pens / 28 days)	5	QL NM PA
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	5	QL NM PA
PLEGRIDY INJ STARTER QL (2 packs / year)	5	QL NM PA
PLEGRIDY PEN INJ STARTER QL (2 packs / year)	5	QL NM PA
PONVORY TABS 20mg QL (30 tabs / 30 days)	5	QL NM PA
PONVORY TAB STARTER QL (2 packs / year)	5	QL NM PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml QL (12 syringes / 28 days)	5	QL NM PA
REBIF REBIDO INJ TITRATN QL (12 injections / 28 days)	5	QL NM PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml QL (12 injections / 28 days)	5	QL NM PA
REBIF TITRTN INJ PACK QL (12 syringes / 28 days)	5	QL NM PA
TASCENSO ODT TBDP .25mg, .5mg QL (30 tabs / 30 days)	5	QL NM PA
TECFIDERA CPDR 120mg QL (14 caps / 7 days)	5	QL NM PA
TECFIDERA CPDR 240mg QL (60 caps / 30 days)	5	QL NM PA
TECFIDERA CAP STARTER QL (2 packs / year)	5	QL NM PA
teriflunomide TABS 7mg, 14mg QL (30 tabs / 30 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
TYSABRI CONC 300mg/15ml	5	NM PA
VUMERITY CPDR 231mg QL (120 caps / 30 days)	5	QL NM PA
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	5	QL NM PA
ZEPOSIA 7DAY CAP STR PACK QL (2 packs / year)	5	QL NM PA
ZEPOSIA CAP STR KIT QL (2 packs / year)	5	QL NM PA
MUSCULOSKELETAL THERAPY AGENTS		
baclofen SOLN 5mg/5ml, 10mg/5ml	2	PA
baclofen SUSP 25mg/5ml	5	PA
baclofen TABS 5mg QL (90 tabs / 30 days)	2	QL
baclofen TABS 10mg, 15mg, 20mg	2	
BOTOX SOLR 100unit, 200unit	5	PA
carisoprodol TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	QL PA
carisoprodol TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
cyclobenzaprine hcl TABS 5mg, 7.5mg, 10mg QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
DANTRIUM CAPS 25mg	4	
dantrolene sodium CAPS 25mg, 50mg, 100mg	2	
DYSPORT SOLR 300unit	4	NM PA
DYSPORT SOLR 500unit	5	NM PA
FLEQSUVY SUSP 25mg/5ml	5	PA
LYVISPAH PACK 5mg, 10mg, 20mg	4	PA

Drug Name	Drug Requirements/ Tier	Limits
metaxalone TABS 400mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	QL PA
metaxalone TABS 800mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	QL PA
methocarbamol TABS 500mg QL (360 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
methocarbamol TABS 750mg QL (240 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	3	QL PA
methocarbamol TABS 1000mg QL (120 tabs / 30 days)	5	QL PA
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	4	NM PA
MYOBLOC SOLN 10000unit/2ml	5	NM PA
OZOBAX DS SOLN 10mg/5ml	4	PA
SOMA TABS 250mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	4	QL PA
SOMA TABS 350mg QL (120 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	5	QL PA
tanlor TABS 1000mg QL (120 tabs / 30 days)	5	QL PA
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	2	
XEOMIN SOLR 50unit	4	NM PA
XEOMIN SOLR 100unit, 200unit	5	NM PA
ZANAFLEX TABS 4mg	4	

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Drug Name	Drug Requirements/ Tier	Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	2	QL PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	2	QL PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm QL (30 packets / 30 days)	5	QL NM PA
LUMRYZ PAK STARTER QL (2 packs / year)	5	QL NM PA
<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	2	QL PA
<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	2	QL PA
NUVIGIL TABS 50mg QL (60 tabs / 30 days)	4	QL PA
NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	5	QL PA
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	5	QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	5	QL PA
SODIUM OXYBATE SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	4	QL PA
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	5	QL NM PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	5	QL NM PA
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	5	QL NM PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	2	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	5	NM
<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 2-0.5 mg (base equiv) QL (90 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 4-1 mg (base equiv) QL (90 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 8-2 mg (base equiv) QL (90 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl film</i> 12-3 mg (base equiv) QL (60 films / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab</i> 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	2	QL
<i>buprenorphine hcl-naloxone</i> <i>hcl sl tab</i> 8-2 mg (base equiv) QL (90 tabs / 30 days)	2	QL
<i>bupropion hcl</i> (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	2	QL
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>lofexidine hcl</i> TABS .18mg QL (228 tabs / 14 days)	5	QL PA
LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	5	QL PA
<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	
OPVEE SOLN 2.7mg/0.1ml	4	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	5	NM
SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 4-1MG QL (90 films / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
SUBOXONE MIS 8-2MG QL (90 films / 30 days)	4	QL
SUBOXONE MIS 12-3MG QL (60 films / 30 days)	4	QL
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	2	QL
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	2	QL
VIVITROL SUSR 380mg	5	NM
ZIMHI SOSY 5mg/0.5ml	4	
ZUBSOLV SUB 0.7-0.18 QL (90 tabs / 30 days)	4	QL
ZUBSOLV SUB 1.4-0.36 QL (90 tabs / 30 days)	4	QL
ZUBSOLV SUB 2.9-0.71 QL (90 tabs / 30 days)	4	QL
ZUBSOLV SUB 5.7-1.4 QL (90 tabs / 30 days)	4	QL
ZUBSOLV SUB 8.6-2.1 QL (60 tabs / 30 days)	4	QL
ZUBSOLV SUB 11.4-2.9 QL (30 tabs / 30 days)	4	QL
ENDOCRINE AND METABOLIC ANDROGENS		
AVEED SOLN 750mg/3ml	4	NM PA
AZMIRO SOSY 200mg/ml	4	PA
danazol CAPS 50mg, 100mg, 2 200mg		
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
JATENZO CAPS 158mg, 198mg QL (120 caps / 30 days)	4	QL PA
JATENZO CAPS 237mg QL (60 caps / 30 days)	5	QL PA
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	5	QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	4	QL PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	2	QL PA
testosterone GEL 10mg/act QL (120 gm / 30 days)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	2	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	2	QL PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
testosterone pump GEL 1.62% QL (150 gm / 30 days)	2	QL PA
TLANDO CAPS 112.5mg QL (120 caps / 30 days)	4	QL PA
UNDECATREX CAPS 200mg QL (120 caps / 30 days)	4	QL PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	4	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	4	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	4	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 2 100mg	2	
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	4	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	4	QL
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	4	QL ST
alogliptin-metformin hcl tab 12.5-500 mg QL (60 tabs / 30 days)	4	QL ST
alogliptin-metformin hcl tab 12.5-1000 mg QL (60 tabs / 30 days)	4	QL ST
alogliptin-pioglitazone tab 12.5-30 mg QL (30 tabs / 30 days)	4	QL ST
alogliptin-pioglitazone tab 25- 15 mg QL (30 tabs / 30 days)	4	QL ST

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
alogliptin-pioglitazone tab 25-30 mg	4	QL ST
QL (30 tabs / 30 days)		
alogliptin-pioglitazone tab 25-45 mg	4	QL ST
QL (30 tabs / 30 days)		
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL PA
QL (1 pen / 30 days)		
DUETACT TAB 30-2MG	4	QL
QL (30 tabs / 30 days)		
DUETACT TAB 30-4MG	4	QL
QL (30 tabs / 30 days)		
exenatide SOPN 10mcg/0.04ml	2	QL PA
QL (1 pen / 30 days)		
FARXIGA TABS 5mg, 10mg	3	QL
QL (30 tabs / 30 days)		
glimepiride TABS 1mg, 2mg	1	QL
QL (90 tabs / 30 days)		
glimepiride TABS 3mg, 4mg	1	QL
QL (60 tabs / 30 days)		
glipizide TABS 2.5mg	1	QL
QL (480 tabs / 30 days)		
glipizide TABS 5mg	1	QL
QL (240 tabs / 30 days)		
glipizide TABS 10mg	1	QL
QL (120 tabs / 30 days)		
glipizide TB24 2.5mg, 5mg	1	QL
QL (90 tabs / 30 days)		
glipizide TB24 10mg	1	QL
QL (60 tabs / 30 days)		
glipizide xl TB24 2.5mg, 5mg	1	QL
QL (90 tabs / 30 days)		
glipizide xl TB24 10mg	1	QL
QL (60 tabs / 30 days)		
glipizide-metformin hcl tab 2.5-250 mg	1	QL
QL (240 tabs / 30 days)		
glipizide-metformin hcl tab 2.5-500 mg	1	QL
QL (120 tabs / 30 days)		
glipizide-metformin hcl tab 5-500 mg	1	QL
QL (120 tabs / 30 days)		
GLUCOTROL XL TB24 5mg	4	QL
QL (90 tabs / 30 days)		
GLUCOTROL XL TB24 10mg	4	QL
QL (60 tabs / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits
GLUMETZA TB24 500mg	5	QL PA
QL (120 tabs / 30 days)		
GLUMETZA TB24 1000mg	5	QL PA
QL (60 tabs / 30 days)		
GLYXAMBI TAB 10-5 MG	3	QL
QL (30 tabs / 30 days)		
GLYXAMBI TAB 25-5 MG	3	QL
QL (30 tabs / 30 days)		
INVOKAMET TAB 50-500MG	4	QL
QL (120 tabs / 30 days)		
INVOKAMET TAB 50-1000	4	QL
QL (60 tabs / 30 days)		
INVOKAMET TAB 150-500	4	QL
QL (60 tabs / 30 days)		
INVOKAMET TAB 150-1000	4	QL
QL (60 tabs / 30 days)		
INVOKAMET XR TAB 50-500MG	4	QL
QL (120 tabs / 30 days)		
INVOKAMET XR TAB 50-1000	4	QL
QL (60 tabs / 30 days)		
INVOKAMET XR TAB 150-500	4	QL
QL (60 tabs / 30 days)		
INVOKAMET XR TAB 150-1000	4	QL
QL (60 tabs / 30 days)		
INVOKANA TABS 100mg	4	QL
QL (60 tabs / 30 days)		
INVOKANA TABS 300mg	4	QL
QL (30 tabs / 30 days)		
JANUMET TAB 50-500MG	3	QL
QL (60 tabs / 30 days)		
JANUMET TAB 50-1000	3	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 50-500MG	3	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 50-1000	3	QL
QL (60 tabs / 30 days)		
JANUMET XR TAB 100-1000	3	QL
QL (30 tabs / 30 days)		
JANUVIA TABS 25mg, 50mg, 100mg	3	QL
QL (30 tabs / 30 days)		
JARDIANCE TABS 10mg, 25mg	3	QL
QL (30 tabs / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	3	QL
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
KAZANO 12.5- TAB 500MG QL (60 tabs / 30 days)	4	QL ST
KAZANO 12.5- TAB 1000MG QL (60 tabs / 30 days)	4	QL ST
KOMBIGLYZ XR TAB 2.5- 1000 QL (60 tabs / 30 days)	4	QL ST
KOMBIGLYZ XR TAB 5- 500MG QL (30 tabs / 30 days)	4	QL ST
KOMBIGLYZ XR TAB 5- 1000MG QL (30 tabs / 30 days)	4	QL ST
<i>liraglutide</i> SOPN 6mg/ml QL (3 pens / 30 days)	2	QL PA
<i>metformin hcl</i> SOLN 500mg/5ml QL (765 mL / 30 days)	2	QL PA
<i>metformin hcl</i> TABS 500mg QL (150 tabs / 30 days)	1	QL
<i>metformin hcl</i> TABS 625mg QL (120 tabs / 30 days)	5	QL PA
<i>metformin hcl</i> TABS 750mg QL (90 tabs / 30 days)	5	QL PA
<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 500mg QL (120 tabs / 30 days) (generic of FORTAMET)	2	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>metformin hcl</i> TB24 500mg QL (120 tabs / 30 days) (generic of GLUMETZA)	2	QL PA
<i>metformin hcl</i> TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of FORTAMET)	2	QL PA
<i>metformin hcl</i> TB24 1000mg QL (60 tabs / 30 days) (generic of GLUMETZA)	2	QL PA
<i>miglitol</i> TABS 25mg, 50mg, 100mg	2	
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
NESINA TABS 6.25mg, 12.5mg, 25mg QL (30 tabs / 30 days)	4	QL ST
ONGLYZA TABS 2.5mg, 5mg QL (30 tabs / 30 days)	4	QL ST
OSENI TAB 12.5-30 QL (30 tabs / 30 days)	4	QL ST
OSENI TAB 25-15MG QL (30 tabs / 30 days)	4	QL ST
OSENI TAB 25-30MG QL (30 tabs / 30 days)	4	QL ST
OSENI TAB 25-45MG QL (30 tabs / 30 days)	4	QL ST
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

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Drug Name	Drug Requirements/ Tier	Limits
pioglitazone hcl TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL
pioglitazone hcl-glimepiride tab 30-2 mg QL (30 tabs / 30 days)	2	QL
pioglitazone hcl-glimepiride tab 30-4 mg QL (30 tabs / 30 days)	2	QL
pioglitazone hcl-metformin hcl tab 15-500 mg QL (90 tabs / 30 days)	1	QL
pioglitazone hcl-metformin hcl tab 15-850 mg QL (90 tabs / 30 days)	1	QL
QTERN TAB 5-5MG QL (30 tabs / 30 days)	4	QL
QTERN TAB 10-5MG QL (30 tabs / 30 days)	4	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL
RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	3	QL PA
saxagliptin hcl TABS 2.5mg, 5mg QL (30 tabs / 30 days)	2	QL
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg QL (60 tabs / 30 days)	2	QL
saxagliptin-metformin hcl tab er 24hr 5-500 mg QL (30 tabs / 30 days)	2	QL
saxagliptin-metformin hcl tab er 24hr 5-1000 mg QL (30 tabs / 30 days)	2	QL
SEGLUROMET TAB 2.5-500 QL (120 tabs / 30 days)	4	QL
SEGLUROMET TAB 2.5-1000 QL (60 tabs / 30 days)	4	QL
SEGLUROMET TAB 7.5-500 QL (60 tabs / 30 days)	4	QL
SEGLUROMET TAB 7.5-1000 QL (60 tabs / 30 days)	4	QL
SITAG/METFOR TAB 50-500MG QL (60 tabs / 30 days)	4	QL ST

Drug Name	Drug Requirements/ Tier	Limits
SITAG/METFOR TAB 50-1000 QL (60 tabs / 30 days)	4	QL ST
SITAGLIPTIN TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL ST
STEGLATRO TABS 5mg QL (90 tabs / 30 days)	4	QL
STEGLATRO TABS 15mg QL (30 tabs / 30 days)	4	QL
STEGLUJAN TAB 5-100MG QL (30 tabs / 30 days)	4	QL
STEGLUJAN TAB 15-100MG QL (30 tabs / 30 days)	4	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	5	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	5	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

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Drug Name	Drug Requirements/ Tier	Limits
TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	3	QL
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	3	QL PA
TZIELD SOLN 2mg/2ml	5	NM PA
VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	4	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
ZITUVIMET TAB 50-500MG QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET TAB 50-1000 QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET XR TAB 50-500MG QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET XR TAB 50-1000 QL (60 tabs / 30 days)	4	QL ST
ZITUVIMET XR TAB 100-1000 QL (30 tabs / 30 days)	4	QL ST
ZITUVIO TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	4	QL ST
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
AFREZZA POWD 4unit, 8unit	4	
AFREZZA POWD 12unit	5	
AFREZZA POW 4-8 UNIT	5	
AFREZZA POW 4-8-12	5	
AFREZZA POW 8-12UNIT	5	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	3	PA
APIDRA SOLN 100unit/ml	4	

Drug Name	Drug Requirements/ Tier	Limits
APIDRA SOLOSTAR SOPN 100unit/ml	4	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BASAGLAR TEMPO PEN SOPN 100unit/ml	4	
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 2X2	3	PA
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	4	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	4	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	4	
HUMALOG MIX INJ 50/50KWP	4	
HUMALOG MIX INJ 75/25KWP	4	
HUMALOG MIX SUS 75/25	4	
HUMALOG TEMPO PEN SOPN 100unit/ml	4	
HUMULIN INJ 70/30	4	
HUMULIN INJ 70/30KWP	4	
HUMULIN N SUSP 100unit/ml	4	
HUMULIN N KWIKPEN SUPN 100unit/ml	4	
HUMULIN R SOLN 100unit/ml	4	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	B/D

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Drug Name	Drug Requirements/ Tier	Limits
HUMULIN R U-500 KWIKPEN	5	
SOPN 500unit/ml		
INS ASP PROT INJ	4	
FLEXPEN		
INSULIN ASPA INJ 70/30	4	
INSULIN ASPART SOLN	4	
100unit/ml		
INSULIN ASPART FLEXPEN	4	
SOPN 100unit/ml		
INSULIN ASPART PENFILL	4	
SOCT 100unit/ml		
INSULIN DEGLUDEC SOLN	4	
100unit/ml		
INSULIN DEGLUDEC	4	
FLEXTUOC SOPN		
100unit/ml, 200unit/ml		
INSULIN GLARGINE MAX	4	
SOLO SOPN 300unit/ml		
INSULIN GLARGINE	4	
SOLOSTAR SOPN		
300unit/ml		
INSULIN GLARGINE-YFGN	4	
SOLN 100unit/ml; SOPN		
100unit/ml		
INSULIN LISP INJ	4	
PROTAMIN		
INSULIN LISPRO SOLN	4	
100unit/ml		
INSULIN LISPRO JUNIOR	4	
KWI SOPN 100unit/ml		
INSULIN LISPRO KWIKPEN	4	
SOPN 100unit/ml		
INSULIN PEN NEEDLES: BD-	3	PA
EMBECTA		
INSULIN SAFETY NEEDLES: BD-	3	PA
EMBECTA		
INSULIN SYRINGES: BD-	3	PA
EMBECTA		
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN	3	
100unit/ml		
LYUMJEV SOLN 100unit/ml	4	
LYUMJEV KWIKPEN SOPN	4	
100unit/ml, 200unit/ml		
LYUMJEV TEMPO PEN	4	
SOPN 100unit/ml		
NOVOLIN70/30 INJ RELION	4	
NOVOLIN INJ 70/30	3	

Drug Name	Drug Requirements/ Tier	Limits
NOVOLIN INJ 70/30 FP	3	
NOVOLIN INJ 70/30 FP	4	
RELION		
NOVOLIN N SUSP	3	
100unit/ml		
NOVOLIN N FLEXPEN	3	
SUPN 100unit/ml		
NOVOLIN N FLEXPEN	4	
RELION SUPN 100unit/ml		
NOVOLIN N RELION SUSP	4	
100unit/ml		
NOVOLIN R SOLN	3	
100unit/ml		
NOVOLIN R FLEXPEN	3	
SOPN 100unit/ml		
NOVOLIN R FLEXPEN	4	
RELION SOPN 100unit/ml		
NOVOLIN R RELION SOLN	4	
100unit/ml		
NOVOLOG SOLN 100unit/ml	3	
NOVOLOG FLEXPEN SOPN	3	
100unit/ml		
NOVOLOG FLEXPEN	4	
RELION SOPN 100unit/ml		
NOVOLOG MIX INJ 70/30	3	
NOVOLOG MIX INJ FLEX	4	
REL		
NOVOLOG MIX INJ	3	
FLEXPEN		
NOVOLOG PENFILL SOCT	3	
100unit/ml		
NOVOLOG RELI INJ 70/30	4	
NOVOLOG RELION SOLN	4	
100unit/ml		
OMNIPOD 5 DX KIT INT	4	QL PA
G7G6		
QL (1 kit / year)		
OMNIPOD 5 DX MIS POD	4	QL PA
G7G6		
QL (15 pods / 30 days)		
OMNIPOD 5 G7 KIT INTRO	4	QL PA
QL (1 kit / year)		
OMNIPOD 5 G7 MIS PODS	4	QL PA
QL (15 pods / 30 days)		
OMNIPOD 5 LB KIT INTRO	4	QL PA
G6		
QL (1 kit / year)		

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Drug Name	Drug Requirements/ Tier	Limits
OMNIPOD 5 LB 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
REZVOGLAR KWIKPEN SOPN 100unit/ml	4	
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	4	
SOLQUA 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	
V-GO 20 KIT QL (30 devices / 30 days)	4	QL PA
V-GO 30 KIT QL (30 devices / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
V-GO 40 KIT QL (30 devices / 30 days)	4	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	3	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	4	
<i>alendronate sodium</i> SOLN 70mg/75ml	2	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35mg	4	ST
BINOSTO TBEF 70mg	4	ST
<i>calcitonin (salmon) inj</i> SOLN 200unit/ml	5	B/D
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
EVENITY SOSY 105mg/1.17ml	5	NM PA
FORTEO SOPN 560mcg/2.24ml	5	NM PA
FOSAMAX TABS 70mg	4	
FOSAMAX + D TAB 70-2800	4	ST
FOSAMAX + D TAB 70-5600	4	ST
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	2	B/D QL
<i>ibandronate sodium</i> TABS 150mg	2	B/D
MIACALCIN SOLN 200unit/ml	5	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
RECLAST SOLN 5mg/100ml	4	B/D NM
<i>risedronate sodium</i> TABS 5mg, 30mg, 35mg, 150mg	2	
<i>risedronate sodium</i> TBEC 35mg	2	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM PA
TYMLOS SOPN 3120mcg/1.56ml	5	NM PA
XGEVA SOLN 120mg/1.7ml	5	NM PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	5	NM PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D NM
ZOLEDRONIC ACID SOLN 4mg/100ml	4	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
CUVRIOR TABS 300mg	5	NM PA
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NM PA
deferasirox TABS 90mg; TBSO 125mg	2	NM PA
deferasirox TABS 180mg, 360mg	4	NM PA
deferiprone TABS 500mg, 1000mg	5	NM PA
deferoxamine mesylate SOLR 2gm, 500mg	2	NM PA
DEPEN TITRATABS TABS 250mg	5	NM
DESFERAL SOLR 500mg	4	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	5	NM PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	5	NM PA
FERRIPROX TWICE-A-DAY TABS 1000mg	5	NM PA
JADENU TABS 90mg, 180mg, 360mg	5	NM PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	5	NM PA
kionex SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NM
sodium polystyrene sulfonate powder	2	
sps SUSP 15gm/60ml	2	
sps rectal SUSP 15gm/60ml	2	
SYPRINE CAPS 250mg	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
trientine hcl CAPS 250mg, 500mg	5	NM PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethia	2	
amethyst	2	
ANNOVERA MIS	4	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
BALCOLTRA TAB 0.1-20	4	
balziva	2	
BEYAZ TAB	4	
blisovi 24 fe	2	
blisovi fe 1.5/30	2	
briellyn	2	
camila TABS .35mg	2	
camrese	2	
camrese lo	2	
chateal eq	2	
cryselle-28	2	
cyred eq	2	
dasetta 1/35	2	
dasetta 7/7/7	2	
daysee	2	
deblitane TABS .35mg	2	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	4	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	

Drug Name	Drug Requirements/ Tier Limits	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	2	
dolishale	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	2	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	2	
drospirenone-ethinyl estradiol tab 3-0.02 mg	2	
drospirenone-ethinyl estradiol tab 3-0.03 mg	2	
elinest	2	
eluryng	2	
emzahh TABS .35mg	2	
enilloring	2	
enpresse-28	2	
enskyce	2	
errin TABS .35mg	2	
estarylla	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	2	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	2	
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	2	
falmina	2	
feirza 1.5/30	2	
feirza 1/20	2	
FEMLYV TAB 1/0.02MG	4	PA
finzala	2	
gemmily	2	
hailey 1.5/30	2	
hailey 24 fe	2	
haloette	2	
heather TABS .35mg	2	
iclevia	2	
incassia TABS .35mg	2	
introvale	2	
isibloom	2	
jasmiel	2	
jolessa	2	
joyeaux	2	

Drug Name	Drug Requirements/ Tier Limits	
juleber	2	
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	2	
junel fe 1/20	2	
junel fe 24	2	
kaitlib fe	2	
kariva	2	
kelnor 1/35	2	
kelnor 1/50	2	
kurvelo	2	
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	2	
larin fe 1.5/30	2	
larin fe 1/20	2	
layolis fe	2	
lessina	2	
levonest	2	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg	2	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	2	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	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	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	2	
levora 0.15/30-28	2	
LILETTA IUD 20.1mcg/day	3	NM

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Drug Name	Drug Requirements/ Tier	Limits
LO LOESTRIN TAB 1-10-10	4	
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	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	2	
merzee	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
minzoya	2	
mono-lynyah	2	
NATAZIA TAB	4	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
NEXTSTELLIS TAB 3- 14.2MG	4	PA
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg- 35 mcg	2	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estradiol-fe 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	

Drug Name	Drug Requirements/ Tier	Limits
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	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	
NUVARING MIS	4	
nylia 1/35	2	
nylia 7/7/7	2	
ocella	2	
PHEXXI GEL	4	
philith	2	
pimtrea	2	
portia-28	2	
reclipsen	2	
rivelsa	2	
SAFYRAL TAB	4	
setlakin	2	
sharobel TABS .35mg	2	
simliya	2	
simpesse	2	
sprintec 28	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe 1/20 eq	2	
TAYTULLA CAP 1MG/20MC	4	
tilia fe	2	
tri-estarylla	2	
tri-legest fe	2	
tri-lynyah	2	
tri-lo-estarylla	2	

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Drug Name	Drug Requirements/ Tier Limits
<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>trivora-28</i>	2
<i>turqoz</i>	2
<i>tydemy</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>wymzya fe</i>	2
<i>xarah fe</i>	2
<i>xelria fe</i>	2
<i>xulane</i>	2
YASMIN 28 TAB 3-0.03MG	4
YAZ TAB 3-0.02MG	4
<i>zafemy</i>	2
<i>zovia 1/35</i>	2
<i>zumandimine</i>	2
ESTROGENS	
ACTIVEVILLA TAB 1-0.5MG	4
BIJUVA CAP 0.5-100	4
BIJUVA CAP 1-100MG	4
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	4
CLIMARA PRO DIS WEEKLY	4
COMBIPATCH DIS	4
DELESTROGEN OIL 10mg/ml, 20mg/ml	4
DEPO-ESTRADIOL OIL 5mg/ml	4

Drug Name	Drug Requirements/ Tier Limits
DIVIGEL GEL .25mg/0.25gm, 4 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	
<i>dotti</i> PTTW .025mg/24hr, 3 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
ELESTRIN GEL .06%	4
ESTRACE CREA .1mg/gm	4
<i>estradiol</i> GEL .06%, 4 .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	
<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</i> 3 <i>acetate tab 0.5-0.1 mg</i>	
<i>estradiol & norethindrone</i> 3 <i>acetate tab 1-0.5 mg</i>	
<i>estradiol vaginal</i> CREA 2 .1mg/gm; TABS 10mcg	
<i>estradiol valerate</i> OIL 2 10mg/ml, 20mg/ml, 40mg/ml	
ESTRING RING 7.5mcg/24hr	4
EVAMIST SOLN 4 1.53mg/spray	
FEMRING RING .05mg/24hr, 4 .1mg/24hr	
<i>fyavolv tab 0.5mg-2.5mcg</i> 3	
<i>fyavolv tab 1mg-5mcg</i> 3	
IMVEXXY MAINTENANCE 4 PA PACK INST 4mcg, 10mcg	
IMVEXXY STARTER PACK 4 PA INST 4mcg, 10mcg	
<i>jinteli</i> 3	
<i>lyllana</i> PTTW .025mg/24hr, 3 .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
MENEST TABS .3mg, 4 .625mg, 1.25mg, 2.5mg	
MENOSTAR PTWK 4 14mcg/24hr	

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Drug Name	Drug Requirements/ Tier Limits	
<i>mimvey</i>	3	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	
<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	
PREMARIN CREA .625mg/gm; SOLR 25mg	4	
PREMARIN TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPHASE TAB	3	
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
PREMPRO TAB 0.45-1.5	3	
PREMPRO TAB 0.625-5	3	
VAGIFEM TABS 10mcg	4	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	4	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	5	NM PA
ALKINDI SPRINKLE CPSP .5mg	4	NM PA
<i>betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml</i>	2	
CELESTONE INJ SOLUSPAN	4	
CORTEF TABS 5mg, 10mg, 20mg	4	
CORTISONE ACETATE TABS 25mg	4	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	4	B/D
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	

Drug Name	Drug Requirements/ Tier Limits	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
HEMADY TABS 20mg	4	PA
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>hydrocortisone sod succinate</i> SOLR 100mg	2	
KENALOG-10 SUSP 10mg/ml	4	B/D
KENALOG-40 SUSP 40mg/ml	4	B/D
KENALOG-80 SUSP 80mg/ml	4	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg	4	B/D
MEDROL DOSEPAK TBPK 4mg	4	
<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, 500mg, 1000mg	2	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	4	B/D
PEDIAPRED SOLN 5mg/5ml	4	B/D
<i>prednisolone</i> SOLN 15mg/5ml; TABS 5mg	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	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

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Drug Name	Drug Requirements/ Tier	Limits
RAYOS TBEC 1mg, 2mg, 5mg	5	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	4	B/D
taperdex 6-day TBPK 1.5mg	2	
taperdex 7-day TBPK 1.5mg	2	
taperdex 12-day TBPK 1.5mg	2	
triamcinolone acetanide SUSP 40mg/ml	2	B/D
ZILRETTA SRER 32mg	4	B/D NM
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	4	
BAQSIMI TWO PACK POWD 3mg/dose	4	
diazoxide SUSP 50mg/ml	5	
glucagon (rdna) KIT 1mg	2	
GVOKE HYOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE HYOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY 1mg/0.2ml	3	
PROGLYCEM SUSP 50mg/ml	5	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml QL (1.5 mL / 1 day)	5	QL NM PA
ACTHAR GEL PEN 40unit/0.5ml, 80unit/ml QL (30 injectors / 30 days)	5	QL NM PA
ALDURAZYME SOLN 2.9mg/5ml	5	NM PA
AQNEURSA PACK 1gm QL (112 packets / 28 days)	5	QL NM PA
betaine powder for oral solution	5	NM

Drug Name	Drug Requirements/ Tier	Limits
BUPHENYL POWD 3gm/tsp; TABS 500mg	5	NM PA
cabergoline TABS .5mg	2	
CARBAGLU TBSO 200mg	5	NM PA
carglumic acid TBSO 200mg	5	NM PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	4	B/D
CERDELGA CAPS 84mg	5	NM PA
CEREZYME SOLR 400unit	5	NM PA
CHORIONIC	4	NM PA
GONADOTROPIN SOLR 10000unit		
cinacalcet hcl TABS 30mg, 60mg QL (60 tabs / 30 days)	2	B/D QL NM
cinacalcet hcl TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM
CORTROPHIN GEL 80unit/ml QL (1.5 mL / 1 day)	5	QL NM PA
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml QL (28 syringes / 28 days)	5	QL NM PA
CRENESSITY CAPS 50mg, 100mg QL (60 caps / 30 days)	5	QL NM PA
CRENESSITY SOLN 50mg/ml QL (120 mL / 30 days)	5	QL NM PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	5	NM PA
CYSTADANE POW	5	NM
CYSTAGON CAPS 50mg, 150mg	4	NM PA
DDAVP SOLN 4mcg/ml; TABS .2mg	5	
DDAVP TABS .1mg	4	
desmopressin acetate SOLN 4mcg/ml	5	
desmopressin acetate TABS .1mg, .2mg	2	
desmopressin acetate spray SOLN .01%	2	
desmopressin acetate spray refrigerated SOLN .01%	2	
DOJOLVI LIQD 100%	5	NM PA
EGRIFTA SV SOLR 2mg	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
ELAPRASE SOLN 6mg/3ml	5	NM PA
ELELYSO SOLR 200unit	5	NM PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	5	NM PA
EVISTA TABS 60mg	4	
FABRAZYME SOLR 5mg, 35mg	5	NM PA
FENSOLVI KIT 45mg	5	NM PA
GALAFOLD CAPS 123mg	5	NM PA
GENOTROPIN CART 5mg, 12mg	5	NM PA
GENOTROPIN MINISQUICK PRSY .2mg	3	NM PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM PA
HUMATROPE CART 6mg, 12mg, 24mg	5	NM PA
INCRELEX SOLN 40mg/4ml	5	NM PA
ISTURISA TABS 1mg QL (240 tabs / 30 days)	5	QL NM PA
ISTURISA TABS 5mg QL (360 tabs / 30 days)	5	QL NM PA
javygtor PACK 100mg, 500mg; TABS 100mg	5	NM PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	5	NM PA
JYNARQUE PAK 30-15MG	5	NM PA
JYNARQUE PAK 45-15MG	5	NM PA
JYNARQUE PAK 60-30MG	5	NM PA
JYNARQUE PAK 90-30MG	5	NM PA
KANUMA SOLN 20mg/10ml	5	NM PA
KORLYM TABS 300mg	5	NM PA
KUVAN PACK 100mg, 500mg; TABS 100mg	5	NM PA
LAMZEDE SOLR 10mg	5	NM PA
lanreotide acetate SOLN 120mg/0.5ml	5	NM PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml, 200mg/ml; 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

Drug Name	Drug Requirements/ Tier	Limits
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM PA
methergine TABS .2mg	5	PA
methylergonovine maleate TABS .2mg	5	PA
mifepristone (hyperglycemia) TABS 300mg	5	NM PA
miglustat CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg QL (90 caps / 30 days)	5	QL NM PA
MYALEPT SOLR 11.3mg	5	NM PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	5	QL NM PA
MYFEMBREE TAB	5	PA
NAGLAZYME SOLN 1mg/ml	5	NM PA
NEXVIAZYME SOLR 100mg	5	NM PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	5	NM PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	5	NM PA
NITYR TABS 2mg, 5mg, 10mg	5	NM PA
NORDITROPIN FLEXPPO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	5	NM PA
NOVAREL SOLR 5000unit	4	NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	5	NM PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	5	NM PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	5	NM PA
octreotide acetate KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	5	NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
OPFOLD A CAPS 65mg QL (8 caps / 28 days)	4	QL NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	5	NM PA
ORIAHNN CAP	5	PA
ORLISSA TABS 150mg, 200mg	5	PA
OSPHEA TABS 60mg	4	PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	5	NM PA
PHEBURANE PLLT 483mg/gm	5	NM PA
POMBILITI SOLR 105mg	5	NM PA
PREGNYL W/DILUENT	4	NM PA
BENZYL SOLR 10000unit		
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	5	NM PA
<i>raloxifene hcl</i> TABS 60mg	2	
RAVICTI LIQD 1.1gm/ml	5	NM PA
RECORLEV TABS 150mg QL (240 tabs / 30 days)	5	QL NM PA
REVCIVI SOLN 2.4mg/1.5ml	5	NM PA
REZDIFFRA TABS 60mg, 80mg, 100mg QL (30 tabs / 30 days)	5	QL NM PA
SAMSCA TABS 15mg, 30mg	5	NM PA
SANDOSTATIN SOLN 50mcg/ml	4	NM PA
SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	5	NM PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	5	NM PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM PA
SENSIPAR TABS 30mg QL (60 tabs / 30 days)	4	B/D QL NM
SENSIPAR TABS 60mg QL (60 tabs / 30 days)	5	B/D QL NM
SENSIPAR TABS 90mg QL (120 tabs / 30 days)	5	B/D QL NM
SEROSTIM SOLR 4mg, 5mg, 6mg	5	NM PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	5	NM PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	5	NM PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NM PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	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
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	5	NM PA
SYNAREL SOLN 2mg/ml	5	PA
TEPEZZA SOLR 500mg	5	NM PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NM PA
VEOZAH TABS 45mg	4	PA
VIJOICE PACK 50mg QL (28 packets / 28 days)	5	QL NM PA
VIJOICE TBPK 50mg, 125mg QL (28 tabs / 28 days)	5	QL NM PA
VIJOICE TAB 250MG QL (56 tabs / 28 days)	5	QL NM PA
VIMIZIM SOLN 5mg/5ml	5	NM PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	5	NM PA
VPRIV SOLR 400unit	5	NM PA
XENPOZYME SOLR 4mg, 20mg	5	NM PA
<i>yargesa</i> CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
ZAVESCA CAPS 100mg QL (90 caps / 30 days)	5	QL NM PA
ZOMACTON SOLR 5mg	4	NM PA
ZOMACTON SOLR 10mg	5	NM PA
PROGESTINS		
CRINONE GEL 4%, 8%	4	PA
<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	

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Drug Name	Drug Requirements/ Tier	Limits
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
PROMETRIUM CAPS 100mg, 200mg	4	
PROVERA TABS 2.5mg, 5mg, 10mg	4	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	4	
ERMEZA SOLN 150mcg/5ml	4	
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	ST
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxy/</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<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
THYQUIDITY SOLN 100mcg/5ml	4	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	4	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	4	B/D
ZEMPLAR CAPS 1mcg, 2mcg	4	B/D
GASTROINTESTINAL ANTIEMETICS		
AKYNZEO CAP 300-0.5	4	B/D
AKYNZEO INJ 235-0.25	4	NM
AKYNZEO INJ 235-0.25MG/20ML	4	NM
APONVIE EMUL 32mg/4.4ml	4	
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
BONJESTA TAB 20-20MG	4	

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Drug Name	Drug Requirements/ Tier	Limits
CINVANTI EMUL 130mg/18ml	4	
<i>compro</i> SUPP 25mg	2	
DICLEGIS TAB 10-10MG	4	
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	2	B/D QL
EMEND SOLR 150mg	4	
EMEND SUSR 125mg/5ml	5	B/D
EMEND BIPACK CAPS 80mg	4	B/D
EMEND TRIPAC PAK 125 & 80	4	B/D
FOCINVEZ SOLN 150mg/50ml	4	
<i>fosaprepitant dimeglumine</i> SOLR 150mg	2	
GIMOTI SOLN 15mg/act	5	PA
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
MARINOL CAPS 2.5mg QL (60 caps / 30 days)	4	B/D QL
MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	5	B/D QL
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>meclizine hcl</i> TABS 50mg QL (60 tabs / 30 days)	2	QL PA
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg, 16mg	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>palonosetron hcl</i> SOLN .25mg/5ml; SOSY .25mg/5ml	2	
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	4	

Drug Name	Drug Requirements/ Tier	Limits
PHENERGAN SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older after a 30 day supply in a calendar year	4	PA
POSFREA SOLN .25mg/5ml	4	
<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
<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>promethazine hcl</i> SUPP 12.5mg, 25mg PA applies if 70 years and older after a 30 day supply in a calendar year	4	PA
<i>promethegan</i> SUPP 12.5mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	4	PA
REGLAN TABS 5mg, 10mg	4	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	5	QL
<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
SUSTOL PRSY 10mg/0.4ml	4	
<i>trimethobenzamide hcl</i> CAPS 300mg	2	
VARUBI TBPB 90mg	4	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
ANTISPASMODICS		
<i>atropine sulfate</i> SOSY .25mg/5ml, 1mg/10ml	4	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	4	
CUVPOSA SOLN 1mg/5ml	4	
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml, 10mg/ml	4	
GLYCATE TABS 1.5mg QL (90 tabs / 30 days)	5	QL PA
<i>glycopyrrolate</i> SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	2	
GLYCOPYRROLATE TABS 1.5mg QL (90 tabs / 30 days)	5	QL PA
<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	2	QL
<i>glycopyrrolate</i> TABS 2mg QL (120 tabs / 30 days)	2	QL
<i>glycopyrrolate (oral)</i> SOLN 1mg/5ml	2	
<i>methscopolamine bromide</i> TABS 2.5mg, 5mg PA applies if 70 years and older	4	PA
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine</i> TABS 200mg, 300mg, 400mg, 800mg	2	
<i>cimetidine hcl</i> SOLN 300mg/5ml QL (1200 mL / 30 days)	2	QL
<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	
PEPCID TABS 20mg, 40mg	4	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	4	QL

Drug Name	Drug Requirements/ Tier	Limits
AZULFIDINE TABS 500mg	4	
AZULFIDINE EN-TABS TBEC 500mg	4	
<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>budesonide (intrarectal)</i> FOAM 2mg	2	
CANASA SUPP 1000mg QL (30 suppositories / 30 days)	5	QL
COLAZAL CAPS 750mg	5	
CORTENEMA ENEM 100mg/60ml	4	
DIPENTUM CAPS 250mg	5	
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	4	QL
<i>mesalamine</i> CP24 .375gm QL (120 caps / 30 days)	2	QL
<i>mesalamine</i> CPCR 500mg QL (240 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
<i>mesalamine</i> TBEC 1.2gm QL (120 tabs / 30 days)	2	QL
<i>mesalamine</i> TBEC 800mg QL (180 tabs / 30 days)	2	QL
<i>mesalamine w/ cleanser</i> KIT 4gm QL (28 bottles / 28 days)	2	QL
PENTASA CPCR 250mg QL (480 caps / 30 days)	4	QL
PENTASA CPCR 500mg QL (240 caps / 30 days)	5	QL
ROWASA KIT 4gm QL (28 bottles / 28 days)	5	QL

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Drug Name	Drug Requirements/ Tier	Limits
SFROWASA ENEM 4gm/60ml QL (1680 mL / 28 days)	5	QL
sulfasalazine TABS 500mg; TBEC 500mg	2	
UCERIS FOAM 2mg/act	4	
UCERIS TB24 9mg QL (30 tabs / 30 days)	5	QL PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	4	
constulose SOLN 10gm/15ml	2	
enulose SOLN 10gm/15ml	2	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/ flavor pack	1	
generlac SOLN 10gm/15ml	2	
GOLYTELY SOL	4	
kristalose PACK 10gm QL (30 packets / 30 days)	2	QL PA
kristalose PACK 20gm QL (60 packets / 30 days)	2	QL PA
lactulose PACK 10gm QL (30 packets / 30 days)	5	QL PA
lactulose PACK 20gm QL (60 packets / 30 days)	2	QL PA
lactulose SOLN 10gm/15ml	2	
lactulose (encephalopathy) SOLN 10gm/15ml	2	
MOVIPREP SOL	4	
peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc	2	
PLENVU SOL	4	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	2	
SUFLAVE SOL	4	
SUPREP BOWEL SOL PREP KIT	4	
SUTAB TAB	4	

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Drug Name	Drug Requirements/ Tier	Limits
MISCELLANEOUS		
alosetron hcl TABS 1mg QL (60 tabs / 30 days)	5	QL PA
alosetron hcl TABS .5mg QL (60 tabs / 30 days)	2	QL PA
AMITIZA CAPS 8mcg, 24mcg QL (60 caps / 30 days)	4	QL
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg	2	
bismuth subcit-metronidazole- tetracycline cap 140-125-125 mg	2	
BYLVAY CAPS 400mcg, 1200mcg	5	NM PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	5	NM PA
CARAFATE SUSP 1gm/10ml QL (1200 mL / 30 days)	4	QL PA
CARAFATE TABS 1gm	4	
CHOLBAM CAPS 50mg, 250mg	5	NM PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	2	
CYTOTEC TABS 100mcg, 200mcg	4	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	4	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
EOHILIA SUSP 2mg/10ml QL (600 mL / 30 days)	5	QL PA
GASTROCROM CONC 100mg/5ml	5	
GATTEX KIT 5mg	5	NM PA
HELIDAC MIS THERAPY	5	
IBSRELA TABS 50mg QL (60 tabs / 30 days)	5	QL PA
IQIRVO TABS 80mg QL (30 tabs / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL
LIVDELZI CAPS 10mg QL (30 caps / 30 days)	5	QL NM PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml	5	NM PA
LOMOTIL TAB 2.5MG	4	
loperamide hcl CAPS 2mg	2	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	5	QL PA
lubiprostone CAPS 8mcg, 24mcg QL (60 caps / 30 days)	2	QL
misoprostol TABS 100mcg, 200mcg	2	
MOTEGRITY TABS 1mg, 2mg	4	
MOVANTIK TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	QL
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	5	QL NM PA
PANCREAZE CAP 2600UNIT	4	
PANCREAZE CAP 4200UNIT	4	
PANCREAZE CAP 10500UNT	4	
PANCREAZE CAP 16800UNT	4	
PANCREAZE CAP 21000UNT	4	
PANCREAZE CAP 37000	4	
PERTZYE CAP 4000UNIT	4	
PERTZYE CAP 8000UNIT	4	
PERTZYE CAP 16000U	4	
PERTZYE CAP 24000U	4	
prucalopride succinate TABS 1mg, 2mg	2	
PYLERA CAP	4	
REBYOTA SUSP 150ml QL (150 mL / 30 days)	5	QL NM PA
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
RELISTOR TABS 150mg QL (90 tabs / 30 days)	5	QL PA
RELTONE CAPS 200mg, 400mg	5	PA
SUCRAID SOLN 8500unit/ml	5	NM PA
sucrafate SUSP 1gm/10ml QL (1200 mL / 30 days)	2	QL PA
sucrafate TABS 1gm	2	
SYMPROIC TABS .2mg QL (30 tabs / 30 days)	4	QL
TALICIA CAP	4	
TRULANCE TABS 3mg QL (30 tabs / 30 days)	4	QL
URSO 250 TABS 250mg	4	
URSO FORTE TABS 500mg	4	
URSODIOL CAPS 200mg, 400mg	5	PA
ursodiol CAPS 300mg; TABS 250mg, 500mg	2	
VIBERZI TABS 75mg, 100mg	5	PA
VIOKACE TAB 10440	4	
VIOKACE TAB 20880	5	
VOQUEZNA PAK DUAL PAK QL (2 kits / year)	4	QL
VOQUEZNA PAK TRIP PK QL (2 kits / year)	4	QL
VOWST CAP QL (12 caps / 30 days)	5	QL NM PA
XERMELO TABS 250mg QL (84 tabs / 28 days)	5	QL NM PA
XIFAXAN TABS 550mg	5	PA
ZENPEP CAP 3000UNIT	3	
ZENPEP CAP 5000UNIT	3	
ZENPEP CAP 10000UNT	3	
ZENPEP CAP 15000UNT	3	
ZENPEP CAP 20000UNT	3	
ZENPEP CAP 25000UNT	3	
ZENPEP CAP 40000UNT	3	
ZENPEP CAP 60000UNT	3	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	5	QL ST
DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
<i>dexlansoprazole</i> CPDR 30mg, 60mg QL (30 caps / 30 days)	2	QL
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg QL (30 caps / 30 days)	2	QL ST
<i>esomeprazole magnesium</i> PACK 2.5mg, 5mg	2	
<i>esomeprazole magnesium</i> PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	2	QL
<i>esomeprazole sodium</i> SOLR 40mg	2	
KONVOMEF SUS 2-84/ML QL (600 mL / 30 days)	4	QL PA
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	2	QL
<i>lansoprazole</i> TBDD 15mg, 30mg QL (60 tabs / 30 days)	2	QL ST
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	4	QL ST
NEXIUM PACK 2.5mg, 5mg	4	
NEXIUM PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	4	QL
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i> QL (30 caps / 30 days)	5	QL PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i> QL (30 caps / 30 days)	5	QL PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i> QL (30 packets / 30 days)	5	QL PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i> QL (30 packets / 30 days)	5	QL PA
PANTOPR/NACL SOL 40MG/100	4	

Drug Name	Drug Requirements/ Tier	Limits
PANTOPR/NACL SOL 80MG/100	4	
<i>pantoprazole sodium</i> PACK 40mg QL (30 packets / 30 days)	2	QL ST
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	4	
PREVACID CPDR 30mg QL (60 caps / 30 days)	4	QL
PREVACID SOLUTAB TBDD 15mg, 30mg QL (60 tabs / 30 days)	4	QL ST
PRILOSEC PACK 2.5mg, 10mg	4	PA
PROTONIX PACK 40mg QL (30 packets / 30 days)	4	QL ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	4	
<i>rabeprazole sodium</i> TBEC 20mg QL (30 tabs / 30 days)	2	QL
VOQUEZNA TABS 10mg QL (30 tabs / 30 days)	4	QL
VOQUEZNA TABS 20mg QL (60 tabs / 30 days)	4	QL
ZEGERID CAP 20-1100 QL (30 caps / 30 days)	5	QL PA
ZEGERID CAP 40-1100 QL (30 caps / 30 days)	5	QL PA
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	1	QL
AVODART CAPS .5mg QL (30 caps / 30 days)	5	QL
CARDURA XL TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL ST
CIALIS TABS 5mg QL (30 tabs / 30 days)	4	QL PA
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	2	QL

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<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg QL (30 caps / 30 days)	2	QL
ENTADFI CAP 5-5MG QL (30 caps / 30 days)	4	QL PA
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	1	QL
JALYN CAP 0.5-0.4 QL (30 caps / 30 days)	4	QL
PROSCAR TABS 5mg QL (30 tabs / 30 days)	4	QL
RAPAFLO CAPS 4mg, 8mg QL (30 caps / 30 days)	4	QL
<i>silodosin</i> CAPS 4mg, 8mg QL (30 caps / 30 days)	2	QL
<i>tadalafil</i> TABS 5mg QL (30 tabs / 30 days)	2	QL PA
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	1	QL
UROXATRAL TB24 10mg QL (30 tabs / 30 days)	4	QL
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	5	QL
FILSPARI TABS 200mg, 400mg QL (30 tabs / 30 days)	5	QL NM PA
INTRAROSA INST 6.5mg	4	PA
LITHOSTAT TABS 250mg	4	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
OXLUMO SOLN 94.5mg/0.5ml	5	NM PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
RIMSO-50 SOLN 50%	4	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	5	NM PA
TARPEYO CPDR 4mg QL (120 caps / 30 days)	5	QL NM PA
THIOLA TABS 100mg	5	NM
THIOLA EC TBEC 100mg, 300mg	5	NM

Drug Name	Drug Requirements/ Tier	Limits
<i>tiopronin</i> TABS 100mg; TBEC 100mg, 300mg	5	NM
UROCIT-K 5 TBCR 540mg	4	
UROCIT-K 10 TBCR 1080mg	4	
UROCIT-K 15 TBCR 15meq	4	
<i>venxxiva</i> TBEC 100mg, 300mg	5	NM
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg QL (30 tabs / 30 days)	2	QL ST
DETROL TABS 1mg, 2mg QL (60 tabs / 30 days)	4	QL
DETROL LA CP24 2mg QL (30 caps / 30 days)	4	QL ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg QL (30 tabs / 30 days)	2	QL
GEMTESA TABS 75mg QL (30 tabs / 30 days)	4	QL
MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	4	QL
MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	4	QL
<i>oxybutynin chloride</i> SOLN 5mg/5ml QL (600 mL / 30 days)	2	QL
<i>oxybutynin chloride</i> TABS 2.5mg QL (90 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> TABS 5mg QL (120 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> TB24 5mg QL (30 tabs / 30 days)	2	QL
<i>oxybutynin chloride</i> TB24 10mg, 15mg QL (60 tabs / 30 days)	2	QL
OXYTROL PTTW 3.9mg/24hr QL (8 patches / 28 days)	4	QL ST
<i>solifenacin succinate</i> TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
<i>tolterodine tartrate</i> CP24 2mg, 4mg QL (30 caps / 30 days)	2	QL ST

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>tolterodine tartrate</i> TABS 1mg, 2mg QL (60 tabs / 30 days)	2	QL
TOVIAZ TB24 4mg, 8mg QL (30 tabs / 30 days)	4	QL
<i>trospium chloride</i> CP24 60mg QL (30 caps / 30 days)	2	QL
<i>trospium chloride</i> TABS 20mg QL (60 tabs / 30 days)	2	QL
VESICARE TABS 5mg, 10mg QL (30 tabs / 30 days)	4	QL
VESICARE LS SUSP 5mg/5ml QL (300 mL / 30 days)	4	QL
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	4	
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
CLINDESSE CREA 2%	4	
GYNAZOLE-1 CREA 2%	4	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>miconazole</i> 3 SUPP 200mg	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
VANDAZOLE GEL .75%	4	
XACIATO GEL 2%	4	
HEMATOLOGIC ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	4	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
<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

Drug Name	Drug Requirements/ Tier	Limits
<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	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	4	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	4	B/D
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml	4	
LOVENOX SOSY 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	5	

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Drug Name	Drug Requirements/ Tier	Limits
PRADAXA CAPS 75mg, 150mg QL (60 caps / 30 days)	4	QL
PRADAXA CAPS 110mg QL (120 caps / 30 days)	4	QL
PRADAXA PACK 20mg, 150mg QL (60 packets / 30 days)	5	QL PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg QL (120 packets / 30 days)	5	QL PA
<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
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		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	3	NM PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	5	NM PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	4	NM PA
EPOGEN SOLN 20000unit/ml	5	NM PA
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
FYLNETRA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
GRANIX SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
LEUKINE SOLR 250mcg	5	NM PA
MOZOBIL SOLN 24mg/1.2ml	5	NM PA
NEULASTA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
NEULASTA ONPRO KIT PSKT 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	5	NM PA
NYVEPRIA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
<i>plerixafor</i> SOLN 24mg/1.2ml	5	NM PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NM PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	4	NM PA
RETACRIT SOLN 40000unit/ml	5	NM PA
ROLVEDON SOSY 13.2mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
STIMUFEND SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
UDENYCA SOAJ 6mg/0.6ml QL (2 pens / 28 days)	5	QL NM PA
UDENYCA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
UDENYCA ONBODY SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
XOLREMDI CAPS 100mg QL (120 caps / 30 days)	5	QL NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM PA
ZIEXTENZO SOSY 6mg/0.6ml QL (2 syringes / 28 days)	5	QL NM PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	5	NM PA
ADZYNMA KIT 500unit, 1500unit	5	NM PA
AGRYLIN CAPS .5mg	4	
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>aminocaproic acid</i> SOLN .25gm/ml; TABS 500mg, 1000mg	5	
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit QL (24 boxes / 30 days)	5	QL NM PA
BKEMV SOLN 300mg/30ml	5	NM PA
CABLIVI KIT 11mg	5	NM PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit QL (20 vials / 30 days)	5	QL NM PA
DOPTelet TABS 20mg	5	NM PA
EMPAVELI SOLN 1080mg/20ml QL (200 mL / 30 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
ENDARI PACK 5gm	5	NM PA
ENJAYMO SOLN 1100mg/22ml	5	NM PA
EPYSQLI SOLN 300mg/30ml	5	NM PA
FABHALTA CAPS 200mg QL (60 caps / 30 days)	5	QL NM PA
FIRAZYR SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
GIVLAARI SOLN 189mg/ml	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
KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	5	QL NM PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM PA
MULPLETA TABS 3mg	5	NM PA
ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	5	QL NM PA
<i>pentoxifylline</i> TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	5	NM PA
PROMACTA PACK 12.5mg QL (360 packets / 30 days)	5	QL NM PA
PROMACTA PACK 25mg QL (180 packets / 30 days)	5	QL NM PA
PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	5	QL NM PA
PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	5	QL NM PA
PYRUKYND TABS 5mg, 20mg, 50mg QL (56 tabs / 28 days)	5	QL NM PA
PYRUKYND TAB 20MGX5MG QL (14 tabs / 14 days)	5	QL NM PA
PYRUKYND TAB 50MGX20M QL (14 tabs / 14 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
PYRUKYND TAPER PACK TBPk 5mg QL (7 tabs / 7 days)	5	QL NM PA
REBLOZYL SOLR 25mg, 75mg	5	NM PA
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	5	QL NM PA
RYTELO SOLR 47mg, 188mg	5	NM PA
sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	5	QL NM PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	
SOLIRIS SOLN 300mg/30ml	5	NM PA
TAKHZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	5	QL NM PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	5	QL NM PA
TAVNEOS CAPS 10mg QL (180 caps / 30 days)	5	QL NM PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	2	
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%	2	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	5	NM PA
VOYDEYA TABS 100mg QL (180 tabs / 30 days)	5	QL NM PA
VOYDEYA TAB 50-100MG QL (180 tabs / 30 days)	5	QL NM PA
XROMI SOLN 100mg/ml	5	
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml QL (28 syringes / 28 days)	5	QL NM PA
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	

Drug Name	Drug Requirements/ Tier	Limits
clopidogrel bisulfate TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	2	
dipyridamole TABS 25mg, 50mg, 75mg PA applies if 70 years and older	3	PA
EFFIENT TABS 5mg, 10mg	4	
PLAVIX TABS 75mg	4	
prasugrel hcl TABS 5mg, 10mg	2	
ticagrelor TABS 60mg, 90mg	2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
ACTEMRA SOSY 162mg/0.9ml QL (4 syringes / 28 days)	5	QL NM PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml QL (4 pens / 28 days)	5	QL NM PA
ADALIMUMAB-AACF (2 PEN) 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
ADBRY SOAJ 300mg/2ml QL (28 injectors / 365 days)	5	QL NM PA
ADBRY SOSY 150mg/ml QL (56 syringes / 365 days)	5	QL NM PA
AVSOLA SOLR 100mg	5	NM PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml QL (2 auto-injectors / 28 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
BIMZELX SOSY 160mg/ml, 320mg/2ml QL (2 syringes / 28 days)	5	QL NM PA
CIBINQO TABS 50mg, 100mg, 200mg QL (30 tabs / 30 days)	5	QL NM PA
CIMZIA KIT 200mg; PSKT 200mg/ml QL (2 kits / 28 days)	5	QL NM PA
CIMZIA STARTER KIT PSKT 200mg/ml QL (2 kits / 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
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml QL (4 syringes / 28 days)	5	QL NM PA
EBGLYSS SOAJ 250mg/2ml QL (20 pens / 365 days)	5	QL NM PA
EBGLYSS SOSY 250mg/2ml QL (20 syringes / 365 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

Drug Name	Drug Requirements/ Tier	Limits
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
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
ILUMYA SOSY 100mg/ml QL (6 syringes / 365 days)	5	QL NM PA
INFLECTRA SOLR 100mg	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
INFLIXIMAB SOLR 100mg	5	NM PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml QL (2 pens / 28 days)	5	QL NM PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml QL (2 syringes / 28 days)	5	QL NM PA
KINERET SOSY 100mg/0.67ml QL (28 syringes / 28 days)	5	QL NM PA
LITFULO CAPS 50mg QL (28 caps / 28 days)	5	QL NM PA
NEMLUVIO AUIJ 30mg QL (2 pens / 28 days)	5	QL NM PA
OLUMIANT TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	5	QL NM PA
OMVOH SOAJ 100mg/ml QL (2 auto-injectors / 28 days)	5	QL NM PA
OMVOH SOLN 300mg/15ml	5	NM PA
OMVOH SOSY 100mg/ml QL (2 syringes / 28 days)	5	QL NM PA
OMVOH SOAJ 100/200 QL (2 pens / 28 days)	5	QL NM PA
OMVOH SOSY 100/200 QL (2 syringes / 28 days)	5	QL NM PA
ORENCIA SOLR 250mg	5	NM PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml QL (4 syringes / 28 days)	5	QL NM PA
ORENCIA CLICKJECT SOAJ 125mg/ml QL (4 autoinjectors / 28 days)	5	QL NM PA
OTEZLA TABS 20mg, 30mg QL (60 tabs / 30 days)	5	QL NM PA
OTEZLA TAB 10/20 QL (110 tabs / year)	5	QL NM PA
OTEZLA TAB 10/20/30 QL (110 tabs / year)	5	QL NM PA
PYZCHIVA SOLN 130mg/26ml	5	NM PA

Drug Name	Drug Requirements/ Tier	Limits
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
SILIQ SOSY 210mg/1.5ml QL (3 syringes / 28 days)	5	QL NM PA
SIMPONI SOAJ 50mg/0.5ml QL (6 autoinjectors / 28 days)	5	QL NM PA
SIMPONI SOAJ 100mg/ml QL (3 autoinjectors / 28 days)	5	QL NM PA
SIMPONI SOSY 50mg/0.5ml QL (6 syringes / 28 days)	5	QL NM PA
SIMPONI SOSY 100mg/ml QL (3 syringes / 28 days)	5	QL NM PA
SIMPONI ARIA SOLN 50mg/4ml	5	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
SPEVIGO SOLN 450mg/7.5ml	5	NM PA
SPEVIGO SOSY 150mg/ml QL (28 syringes / 365 days)	5	QL NM PA

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Drug Name	Drug Requirements/ Tier	Limits
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
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml QL (3 syringes / 28 days)	5	QL NM PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml QL (1 syringe / 28 days)	5	QL NM PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NM PA
TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	5	QL NM PA
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

Drug Name	Drug Requirements/ Tier	Limits
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
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA TABS 10mg, 20mg QL (30 tabs / 30 days)	5	QL
<i>hydroxychloroquine sulfate</i> TABS 100mg, 200mg, 300mg, 400mg	2	
JYLAMVO SOLN 2mg/ml <i>leflunomide</i> TABS 10mg, 20mg QL (30 tabs / 30 days)	4	B/D
<i>methotrexate sodium</i> TABS 2.5mg	2	
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	4	NM PA
PLAQUENIL TABS 200mg	4	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	4	NM PA
SOVUNA TABS 200mg, 300mg	4	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	4	B/D
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	5	NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	5	NM PA
CYTOGAM SOLN 50mg/ml	5	B/D NM
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
HEPAGAM B SOLN 312unit/ml	5	B/D NM
HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	5	NM PA
HYQVIA INJ 2.5-200	5	NM PA
HYQVIA INJ 5-400	5	NM PA
HYQVIA INJ 10-800	5	NM PA
HYQVIA INJ 20-1600	5	NM PA
HYQVIA INJ 30-2400	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

Drug Name	Drug Requirements/ Tier	Limits
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
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	5	NM PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM PA
ARCALYST SOLR 220mg	5	NM PA
GRASSTK SUBL 2800bau	4	PA
ILARIS SOLN 150mg/ml	5	NM PA
JOENJA TABS 70mg QL (60 tabs / 30 days)	5	QL NM PA
ODACTRA SUB	4	PA
PALFORZIA CAP ESCALAT	5	NM PA
PALFORZIA CAP LEVEL 3	5	NM PA
PALFORZIA CAP LEVEL 7	5	NM PA
PALFORZIA CAP LEVEL 8	5	NM PA
PALFORZIA CAP LEVEL 10	5	NM PA
PALFORZIA LEVEL 1 CSPK 1mg	5	NM PA
PALFORZIA LEVEL 2 CSPK 1mg	5	NM PA
PALFORZIA LEVEL 4 CSPK 20mg	5	NM PA
PALFORZIA LEVEL 5 CSPK 20mg	5	NM PA
PALFORZIA LEVEL 6 CSPK 20mg	5	NM PA
PALFORZIA LEVEL 9 CSPK 100mg	5	NM PA
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	5	NM PA
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	5	NM PA
RAGWITEK SUBL 12amba1- u	4	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	5	NM PA
VYVGART SOLN 400mg/20ml	5	NM PA
VYVGART INJ HYTRULO	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
ATGAM SOLN 50mg/ml	5	B/D
azasan TABS 75mg, 100mg	2	B/D
azathioprine TABS 50mg, 75mg, 100mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	5	QL NM PA
BENLYSTA SOLR 120mg, 400mg	5	NM PA
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	5	B/D
cyclosporine CAPS 25mg, 100mg	2	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
ENVARISUS XR TB24 4mg	5	B/D
ENVARISUS XR TB24 .75mg, 1mg	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	5	B/D
engraf CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D
IMURAN TABS 50mg	4	B/D
LUPKYNIS CAPS 7.9mg	5	NM PA
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
MYFORTIC TBEC 180mg	4	B/D
MYFORTIC TBEC 360mg	5	B/D
MYHIBBIN SUSP 200mg/ml	5	B/D
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	4	B/D
NIKTIMVO SOLN 9mg/0.18ml, 22mg/0.44ml	5	NM PA
NULOJIX SOLR 250mg	5	B/D
PROGRAF CAPS 5mg	5	B/D

Drug Name	Drug Requirements/ Tier	Limits
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	4	B/D
RAPAMUNE TABS 1mg, 2mg	5	B/D
REZUROCK TABS 200mg QL (30 tabs / 30 days)	5	QL NM PA
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	4	B/D
SANDIMMUNE CAPS 100mg	5	B/D
SAPHNELO SOLN 300mg/2ml	5	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
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	5	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
DENGVAIXA 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
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
IPOLE INJ INACTIVE	1	NM
IXCHIQ INJ	1	NM
IXIARO INJ	1	NM
JYNNEOS SUSP .5ml	1	B/D NM

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Drug Name	Drug Requirements/ Tier	Limits
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
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	

Drug Name	Drug Requirements/ Tier	Limits
D5W/LYTES INJ #48	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	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	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	2	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	2	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	2	
KCL/D5W/LACT INJ 20MEQ/L	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
lactated ringer's solution	2	

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

Drug Name	Drug Requirements/ Tier Limits	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 15meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	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 E INJ 2.75/D5W	4	B/D
CLINIMIX E INJ 4.25/D5W	4	B/D
CLINIMIX E INJ 4.25/D10	4	B/D
CLINIMIX E INJ 5%/D15W	4	B/D
CLINIMIX E INJ 5%/D20W	4	B/D
CLINIMIX E INJ 8/10	4	B/D
CLINIMIX E INJ 8/14	4	B/D
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</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
KABIVEN EMU	5	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
SMOFLIPID EMU	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

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Drug Name	Drug Requirements/ Tier	Limits
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
MAXITROL OIN 0.1% OP	4	
MAXITROL SUS 0.1% OP	4	
<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	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	4	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	4	
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>levofloxacin (ophth) SOLN 1.5%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL
QL (12 mL / 30 days)		
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
OCUFLOX SOLN .3%	4	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
TOBREX OINT .3%	4	
trifluridine SOLN 1%	2	
VIGAMOX SOLN .5%	4	QL
QL (12 mL / 30 days)		
XDEMVIY SOLN .25%	5	NM PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	4	
ACULAR LS SOLN .4%	4	
ACUVAIL SOLN .45%	4	
ALREX SUSP .2%	4	
<i>bromfenac sodium (ophth) SOLN .07%, .075%, .09%</i>	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
DEXYCU SUSP 9%	4	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	2	
DUREZOL EMUL .05%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
FML FORTE SUSP .25%	4	
FML LIQUIFILM SUSP .1%	4	
ILEVRO SUSP .3%	4	
INVELTYS SUSP 1%	4	

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Drug Name	Drug Requirements/ Tier Limits	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX GEL .5%; SUSP .5%	4	
LOTEMAX OINT .5%	3	
LOTEMAX SM GEL .38%	3	
<i>loteprednol etabonate</i> GEL .5%; SUSP .2%, .5%	2	
MAXIDEX SUSP .1%	4	
NEVANAC SUSP .1%	4	
PRED FORTE SUSP 1%	4	
PRED MILD SUSP .12%	4	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	4	
TRIESENCE SUSP 40mg/ml	4	PA
XIPERE SUSP 40mg/ml	4	NM PA
YUTIQ IMPL .18mg	5	NM
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>bepotastine besilate</i> SOLN 1.5%	2	
BEPREVE SOLN 1.5%	4	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<i>epinastine hcl (ophth)</i> SOLN .05%	2	
ZERVIAE SOLN .24%	4	
ANTI GLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	4	
AZOPT SUSP 1%	4	
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETIMOL SOLN .25%, .5%	4	
BETOPTIC-S SUSP .25%	4	
<i>bimatoprost</i> SOLN .03%	2	
<i>brimonidine tartrate</i> SOLN .1%, .15%	2	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate-timolol maleate ophth soln</i> 0.2-0.5%	2	

Drug Name	Drug Requirements/ Tier Limits	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
COSOPT PF SOL 2%-0.5%	4	
COSOPT SOL 2-0.5%OP	4	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln</i> 2-0.5%	2	
ISTALOL SOLN .5%	4	
IYUZEH SOLN .005%	4	ST
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
PHOSPHOLINE IODIDE SOLR .125%	5	NM
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	4	
<i>tafluprost</i> SOLN .015mg/ml	2	
<i>timolol hemihydrate (ophth)</i> SOLN .5%	2	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>timolol maleate (ophth) once-daily</i> SOLN .5%	2	
<i>timolol maleate (ophth) pf</i> SOLN .25%, .5%	2	
TIMOPTIC OCUDOSE SOLN .25%, .5%	4	
TRAVATAN Z SOLN .004%	4	
<i>travoprost</i> SOLN .004%	2	
VYZULTA SOLN .024%	4	
XALATAN SOLN .005%	4	
XELPROS EMUL .005%	4	ST
ZIOPTAN SOLN .015mg/ml	4	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	

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>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
BEOVU SOSY 6mg/0.05ml	5	NM PA
BYOOVIZ SOLN .5mg/0.05ml	5	NM PA
CEQUA SOLN .09% QL (60 single use vials / 30 days)	4	QL PA
CIMERLI SOLN .3mg/0.05ml	4	NM PA
CIMERLI SOLN .5mg/0.05ml	5	NM PA
CYSTADROPS SOLN .37%	5	NM PA
CYSTARAN SOLN .44%	5	NM PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	5	NM PA
EYLEA HD SOLN 8mg/0.07ml	5	NM PA
EYSUVIS SUSP .25%	4	
IZERVAY SOLN 2mg/0.1ml	5	NM PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	5	NM PA
MIEBO SOLN 1.338gm/ml	3	
OXERVATE SOLN .002% QL (112 mL / year)	5	QL NM PA
PAVBLU SOSY 2mg/0.05ml	5	NM PA
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
SUSVIMO SOLN 10mg/0.1ml	5	NM PA
SYFOVRE SOLN 15mg/0.1ml	5	NM PA
TYRVAYA SOLN .03mg/act	4	PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	5	NM PA
VERKAZIA EMUL .1% QL (120 single use vials / 30 days)	5	QL PA
VEVYE SOLN .1%	5	PA
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	2	
CIPRO HC SUS OTIC	4	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	

Drug Name	Drug Requirements/ Tier	Limits
CORTISPORIN SUS -TC OTIC	4	
DERMOTIC OIL .01%	4	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL (60 blisters / 30 days)	3	QL
BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	3	QL
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) QL (4 inhalers / 28 days)	3	QL
COMBIVENT AER 20-100 QL (2 inhalers / 30 days)	4	QL
DUAKLIR AER 400/12 QL (1 inhaler / 30 days)	4	QL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
STIOLTO AER 2.5-2.5 QL (1 inhaler / 30 days)	4	QL
TRELEGY AER ELLIPTA 100-62.5-25 MCG QL (60 blisters / 30 days)	3	QL
TRELEGY AER ELLIPTA 200-62.5-25 MCG QL (60 blisters / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier	Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act QL (2 inhalers / 30 days)	4	QL
INCRUSE ELLIPTA AEPB 62.5mcg/inh QL (30 blisters / 30 days)	3	QL
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
SPIRIVA HANDIHALER CAPS 18mcg QL (30 caps / 30 days)	4	QL
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act QL (1 inhaler / 30 days)	4	QL
<i>tiotropium bromide monohydrate</i> CAPS 18mcg QL (30 caps / 30 days)	2	QL
TUDORZA PRESSAIR AEPB 400mcg/act QL (1 inhaler / 30 days)	4	QL
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act QL (2 inhalers / 30 days)	4	QL
YUPELRI SOLN 175mcg/3ml	5	PA
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray</i> 137-50 mcg/act QL (1 bottle / 30 days)	2	QL
CLARINEX-D TAB 2.5-120	4	
DYMISTA SPR 137-50 QL (1 bottle / 30 days)	4	QL
<i>promethazine & phenylephrine syrup</i> 6.25-5 mg/5ml PA applies if 70 years and older	3	PA
RYALTRIS SPR 665-25 QL (29 gm / 30 days)	4	QL
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>carbinoxamine maleate</i> SOLN 4mg/5ml; TABS 4mg PA applies if 70 years and older	3	PA
CARBINOXAMINE MALEATE TABS 6mg PA applies if 70 years and older	4	PA
<i>cetirizine hcl</i> SOLN 5mg/5ml QL (300 mL / 30 days)	1	QL
CLARINEX TABS 5mg QL (30 tabs / 30 days)	4	QL
<i>clemastine fumarate</i> SYRP .67mg/5ml QL (1800 mL / 30 days)	5	QL PA
<i>clemastine fumarate</i> TABS 2.68mg PA applies if 70 years and older	3	PA
<i>clemasz</i> TABS 2.68mg PA applies if 70 years and older	3	PA
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>desloratadine</i> TABS 5mg; TBDP 2.5mg, 5mg QL (30 tabs / 30 days)	2	QL
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml PA applies if 70 years and older	4	PA
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg, 100mg PA applies if 70 years and older after a 30 day supply in a calendar year	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
<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
<i>olopatadine hcl (nasal)</i> SOLN .6%	2	
QUZYTIR SOLN 10mg/ml QL (30 mL / 30 days)	5	QL PA
<i>ryclora</i> SOLN 2mg/5ml PA applies if 70 years and older	2	PA
RYVENT TABS 6mg PA applies if 70 years and older	4	PA
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>arformoterol tartrate</i> NEBU 15mcg/2ml	2	B/D
BROVANA NEBU 15mcg/2ml	5	B/D
<i>formoterol fumarate</i> NEBU 20mcg/2ml	2	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act QL (2 inhalers / 30 days)	2	QL ST
PERFOROMIST NEBU 20mcg/2ml	5	B/D

Drug Name	Drug Requirements/ Tier	Limits
PROAIR RESPICLICK AEPB 108mcg/act QL (2 inhalers / 30 days)	4	QL
SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)	3	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)	4	QL
<i>terbutaline sulfate</i> SOLN 1mg/ml; 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
XOPENEX HFA AERO 45mcg/act QL (2 inhalers / 30 days)	4	QL ST
LEUKOTRIENE MODULATORS		
ACCOLATE TABS 10mg, 20mg	4	
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	4	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
<i>zileuton</i> TB12 600mg QL (120 tabs / 30 days)	5	QL PA
ZYFLO TABS 600mg QL (120 tabs / 30 days)	5	QL PA
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
CINQAIR SOLN 100mg/10ml	5	NM PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
DALIRESP TABS 250mcg QL (56 tabs / year)	4	QL
DALIRESP TABS 500mcg QL (30 tabs / 30 days)	4	QL
<i>elixophyllin</i> ELIX 80mg/15ml	5	
<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	
EPIPEN 2-PAK SOAJ .3mg/0.3ml	4	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	4	
ESBRIET CAPS 267mg QL (270 caps / 30 days)	5	QL NM PA
ESBRIET TABS 267mg QL (270 tabs / 30 days)	5	QL NM PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	5	QL NM PA
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
GLASSIA SOLN 1000mg/50ml	5	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
NUCALA SOAJ 100mg/ml QL (3 pens / 28 days)	5	QL NM PA
NUCALA SOLR 100mg QL (3 vials / 28 days)	5	QL NM PA
NUCALA SOSY 40mg/0.4ml QL (1 syringe / 28 days)	5	QL NM PA
NUCALA SOSY 100mg/ml QL (3 syringes / 28 days)	5	QL NM PA

Drug Name	Drug Requirements/ Tier	Limits
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	5	QL NM PA
OHTUVAYRE SUSP 3mg/2.5ml	5	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
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
TEZSPIRE SOAJ 210mg/1.91ml QL (1 pen / 28 days)	5	QL NM PA
TEZSPIRE SOSY 210mg/1.91ml QL (1 syringe / 28 days)	5	QL NM PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	

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Drug Name	Drug Requirements/ Tier	Limits
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
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
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act QL (2 inhalers / 30 days)	2	QL
OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	4	QL ST
QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	4	QL ST
QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	4	QL ST
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

Drug Name	Drug Requirements/ Tier	Limits
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
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act QL (1 inhaler / 30 days)	4	QL
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh QL (8 inhalers / 28 days)	4	QL
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh QL (2 inhalers / 30 days)	4	QL
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh QL (4 inhalers / 30 days)	4	QL
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh QL (2 inhalers / 30 days)	4	QL
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh QL (1 inhaler / 30 days)	4	QL
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	2	B/D
<i>fluticasone propionate</i> (inhalation) AEPB 50mcg/act QL (180 inhalations / 30 days)	3	QL
<i>fluticasone propionate</i> (inhalation) AEPB 100mcg/act, 250mcg/act QL (240 inhalations / 30 days)	3	QL
<i>fluticasone propionate hfa</i> AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	3	QL
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	4	B/D
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	4	QL

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Drug Name	Drug Requirements/ Tier	Limits
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	4	QL
QVAR REDIHALER AERB 40mcg/act, 80mcg/act QL (2 inhalers / 30 days)	4	QL
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	4	QL PA
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	4	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	4	QL PA
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
<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

Drug Name	Drug Requirements/ Tier	Limits
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
SYMBICORT AER 80-4.5 QL (3 inhalers / 30 days)	4	QL PA
SYMBICORT AER 160-4.5 QL (3 inhalers / 30 days)	4	QL PA
<i>wixela inhub</i> QL (60 inhalations / 30 days)	2	QL
TOPICAL DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	5	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	5	PA
ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	4	QL
<i>accutane</i> CAPS 10mg, 20mg, 2 30mg, 40mg	2	PA
ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	4	QL
<i>adapalene</i> CREA .1%; GEL .3% QL (45 gm / 30 days)	2	QL PA
<i>adapalene</i> PADS .1% QL (28 swabs / 28 days)	5	QL PA
ADAPALENE SOLN .1% QL (120 mL / 30 days)	4	QL PA

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Drug Name	Drug Requirements/ Tier	Limits
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i> QL (45 gm / 30 days)	2	QL PA
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i> QL (60 gm / 30 days)	2	QL PA
AKLIEF CREA .005% QL (45 gm / 30 days)	4	QL PA
ALTRENO LOTN .05% QL (45 gm / 30 days)	4	QL PA
<i>amnestem CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
ARAZLO LOTN .045% QL (45 gm / 30 days)	4	QL PA
ATRALIN GEL .05% QL (45 gm / 30 days)	4	QL PA
AZELEX CREA 20% QL (50 gm / 30 days)	4	QL PA
BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	4	QL
<i>benzoyl peroxide-erythromycin gel 5-3%</i> QL (46.6 gm / 30 days)	2	QL
CABTREO GEL QL (50 gm / 30 days)	5	QL PA
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
CLEOCIN-T LOTN 1% QL (60 mL / 30 days)	4	QL
<i>clindacin FOAM 1%</i> QL (100 gm / 30 days)	2	QL
<i>clindacin etz pledgets SWAB 1%</i> QL (69 pledgets / 30 days)	2	QL
<i>clindacin-p SWAB 1%</i> QL (69 pledgets / 30 days)	2	QL
CLINDAGEL GEL 1% QL (75 mL / 30 days)	5	QL PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> QL (45 gm / 30 days)	2	QL
<i>clindamycin phosphate (topical) FOAM 1%</i> QL (100 gm / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clindamycin phosphate (topical) GEL 1%</i> QL (75 mL / 30 days)	2	QL
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> QL (60 mL / 30 days)	2	QL
<i>clindamycin phosphate (topical) SWAB 1%</i> QL (69 pledgets / 30 days)	2	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> QL (50 gm / 30 days)	2	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> QL (50 gm / 30 days)	2	QL
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> QL (50 gm / 30 days)	2	QL
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> QL (60 gm / 30 days)	2	QL PA
<i>dapsone (topical) GEL 5%, 7.5%</i> QL (90 gm / 30 days)	2	QL
DIFFERIN CREA .1% QL (45 gm / 30 days)	4	QL PA
DIFFERIN LOTN .1% QL (118 mL / 30 days)	4	QL PA
DIFFERIN PUMP GEL .3% QL (45 gm / 30 days)	4	QL PA
EPIDUO FORTE GEL 0.3-2.5% QL (60 gm / 30 days)	4	QL PA
EPIDUO GEL 0.1-2.5% QL (45 gm / 30 days)	4	QL PA
EPSOLAY CREA 5% QL (30 gm / 30 days)	4	QL PA
<i>ery PADS 2%</i> QL (60 pledgets / 30 days)	2	QL
<i>erythromycin (acne aid) GEL 2%</i> QL (60 gm / 30 days)	2	QL
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 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

Drug Name	Drug Requirements/ Tier	Limits
FABIOR FOAM .1% QL (100 gm / 30 days)	4	QL PA
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	2	PA
isotretinoin CAPS 25mg, 35mg	5	PA
KLARON LOTN 10% QL (118 mL / 30 days)	4	QL
neuac gel 1.2-5% QL (45 gm / 30 days)	2	QL
ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)	4	QL
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	4	QL PA
RETIN-A MICRO GEL .04%, .06%, .1% QL (50 gm / 30 days)	4	QL PA
RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)	4	QL PA
sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	2	QL
TAZAROTENE FOAM .1% QL (100 gm / 30 days)	4	QL PA
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05% QL (45 gm / 30 days)	2	QL PA
tretinoin microsphere GEL .04%, .08%, .1% QL (50 gm / 30 days)	2	QL PA
twice-daily clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)	2	QL
TWYNEO CRE 0.1-3% QL (30 gm / 30 days)	4	QL PA
VELTIN GEL QL (60 gm / 30 days)	4	QL PA
WINLEVI CREA 1% QL (60 gm / 30 days)	4	QL PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	2	PA
ZIANA GEL QL (60 gm / 30 days)	4	QL PA

Drug Name	Drug Requirements/ Tier	Limits
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	2	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
mupirocin calcium (topical) CREA 2% QL (30 gm / 30 days)	2	QL PA
SILVADENE CREA 1%	4	
silver sulfadiazine CREA 1%	2	
ssd CREA 1%	2	
SULFAMYLON CREA 85mg/gm QL (453.6 gm / 30 days)	4	QL
DERMATOLOGY, ANTIFUNGALS		
ciclopirox GEL .77% QL (100 gm / 30 days)	2	QL
ciclopirox SHAM 1% QL (120 mL / 30 days)	2	QL
ciclopirox olamine CREA .77% QL (90 gm / 30 days)	2	QL
ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	2	QL
clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	2	QL
clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	2	QL
clotrimazole w/ betamethasone cream 1- 0.05% QL (45 gm / 30 days)	2	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	2	QL
ERTACZO CREA 2% QL (60 gm / 30 days)	5	QL ST
JUBLIA SOLN 10% QL (8 mL / 30 days)	5	QL
ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	2	QL
ketoconazole (topical) FOAM 2% QL (100 gm / 30 days)	2	QL 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>ketoconazole (topical)</i> SHAM 2%	1	QL
QL (120 mL / 30 days)		
<i>ketodan</i> FOAM 2%	2	QL PA
QL (100 gm / 30 days)		
<i>klayesta</i> POWD 100000unit/gm	2	QL
QL (60 gm / 30 days)		
<i>luliconazole</i> CREA 1%	2	QL ST
QL (60 gm / 30 days)		
LUZU CREA 1%	4	QL ST
QL (60 gm / 30 days)		
<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35%	2	QL PA
QL (50 gm / 30 days)		
<i>naftifine hcl</i> CREA 1%	2	QL
QL (90 gm / 30 days)		
<i>naftifine hcl</i> CREA 2%; GEL 2%	2	QL
QL (60 gm / 30 days)		
NAFTIN GEL 2%	4	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>oxiconazole nitrate</i> CREA 1%	2	QL PA
QL (90 gm / 30 days)		
OXISTAT LOTN 1%	4	QL PA
QL (60 mL / 30 days)		
<i>selenium sulfide</i> LOTN 2.5%	2	
VUSION OIN	4	QL PA
QL (50 gm / 30 days)		
ZORYVE FOAM .3%	4	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA

Drug Name	Drug Requirements/ Tier	Limits
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL PA
QL (120 gm / 30 days)		
CALCIPOTRIENE FOAM .005%	5	QL PA
QL (120 gm / 30 days)		
<i>calcipotriene</i> SOLN .005%	2	QL PA
QL (120 mL / 30 days)		
<i>calcipotriene-betamethasone dipropionate oint</i> 0.005-0.064%	2	QL PA
QL (400 gm / 28 days)		
<i>calcipotriene-betamethasone dipropionate susp</i> 0.005-0.064%	2	QL PA
QL (420 gm / 28 days)		
<i>calcitrene</i> OINT .005%	2	QL PA
QL (120 gm / 30 days)		
<i>calcitriol (topical)</i> OINT 3mcg/gm	2	QL PA
QL (800 gm / 28 days)		
ENSTILAR AER	5	QL PA
QL (120 gm / 30 days)		
<i>methoxsalen rapid</i> CAPS 10mg	5	
SORILUX FOAM .005%	5	QL PA
QL (120 gm / 30 days)		
TACLONEX SUS	5	QL PA
QL (420 gm / 28 days)		
<i>tazarotene</i> CREA .05%, .1%	2	QL PA
QL (60 gm / 30 days)		
<i>tazarotene</i> GEL .05%, .1%	2	QL PA
QL (100 gm / 30 days)		
TAZORAC CREA .05%, .1%	4	QL PA
QL (60 gm / 30 days)		
TAZORAC GEL .05%, .1%	4	QL PA
QL (100 gm / 30 days)		
VECTICAL OINT 3mcg/gm	5	QL PA
QL (800 gm / 28 days)		
VTAMA CREA 1%	5	QL PA
QL (60 gm / 30 days)		
ZORYVE CREA .3%	4	QL PA
QL (60 gm / 30 days)		
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>ala-scalp</i> LOTN 2%	2	QL
QL (60 mL / 30 days)		

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>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL
<i>amcinonide</i> CREA .1%; OINT .1% QL (60 gm / 30 days)	5	QL PA
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05% QL (120 gm / 30 days)	2	QL
<i>betamethasone dipropionate (topical)</i> LOTN .05% QL (120 mL / 30 days)	2	QL
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05% QL (120 gm / 30 days)	2	QL
<i>betamethasone dipropionate augmented</i> LOTN .05% QL (120 mL / 30 days)	2	QL
<i>betamethasone valerate</i> CREA .1%; FOAM .12%; OINT .1% QL (120 gm / 30 days)	2	QL
<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	2	QL
BRYHALI LOTN .01% QL (100 gm / 30 days)	4	QL PA
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	2	QL
<i>clobetasol propionate</i> FOAM .05% QL (100 gm / 30 days)	2	QL
<i>clobetasol propionate</i> LIQD .05% QL (125 mL / 30 days)	2	QL
<i>clobetasol propionate</i> LOTN .05%; SHAM .05% QL (118 mL / 30 days)	2	QL
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	2	QL
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	2	QL

Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate emulsion</i> FOAM .05% QL (100 gm / 30 days)	2	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	4	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	4	QL
<i>clocortolone pivalate</i> CREA .1% QL (90 gm / 30 days)	2	QL PA
<i>clodan</i> SHAM .05% QL (118 mL / 30 days)	2	QL
CORDRAN TAPE 4mcg/sqcm QL (1 roll / 30 days)	4	QL PA
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	4	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	4	QL
<i>desonide</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL
<i>desonide</i> GEL .05% QL (60 gm / 30 days)	2	QL PA
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	2	QL
DESOWEN CREA .05% QL (60 gm / 30 days)	4	QL PA
<i>desoximetasone</i> CREA .05%; OINT .05% QL (100 gm / 30 days)	2	QL PA
<i>desoximetasone</i> CREA .25%; OINT .25% QL (100 gm / 30 days)	2	QL
<i>desoximetasone</i> GEL .05% QL (60 gm / 30 days)	2	QL PA
<i>desoximetasone</i> LIQD .25% QL (100 mL / 30 days)	2	QL
<i>diflorasone diacetate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	2	QL PA
DIPROLENE OINT .05% QL (120 gm / 30 days)	4	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
DUOBRII LOT QL (200 gm / 28 days)	5	QL PA
EPIFOAM AER 1%	4	
fluocinolone acetonide CREA .01%	2	QL
QL (60 gm / 30 days)		
fluocinolone acetonide CREA .025%; OINT .025%	2	QL
QL (120 gm / 30 days)		
fluocinolone acetonide OIL .01%	2	QL
QL (118.28 mL / 30 days)		
fluocinolone acetonide SOLN .01%	2	QL
QL (60 mL / 30 days)		
fluocinonide CREA .1%	2	QL PA
QL (120 gm / 30 days)		
fluocinonide CREA .05%	2	QL
QL (120 gm / 30 days)		
fluocinonide GEL .05%; OINT .05%	2	QL
QL (60 gm / 30 days)		
fluocinonide SOLN .05%	2	QL
QL (60 mL / 30 days)		
fluocinonide emulsified base CREA .05%	2	QL
QL (120 gm / 30 days)		
flurandrenolide CREA .05%	2	QL PA
QL (120 gm / 30 days)		
flurandrenolide LOTN .05%	2	QL PA
QL (120 mL / 30 days)		
fluticasone propionate CREA .05%; OINT .005%	2	
fluticasone propionate LOTN .05%	2	QL
QL (120 mL / 30 days)		
halcinonide CREA .1%	2	QL PA
QL (240 gm / 30 days)		
halcinonide SOLN .1%	2	QL PA
QL (120 mL / 30 days)		
halobetasol propionate CREA .05%; OINT .05%	2	QL
QL (50 gm / 30 days)		
halobetasol propionate FOAM .05%	2	QL PA
QL (200 gm / 28 days)		
HALOG CREA .1%	4	QL PA
QL (240 gm / 30 days)		

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
hydrocortisone (topical) CREA 1%, 2.5%	1	
hydrocortisone (topical) LOTN 2%	2	QL
QL (60 mL / 30 days)		
hydrocortisone (topical) LOTN 2.5%; OINT 2.5%; SOLN 2.5%	2	
hydrocortisone (topical) OINT 1%	2	QL
QL (30 gm / 30 days)		
hydrocortisone butyrate CREA .1%; OINT .1%	2	QL
QL (45 gm / 30 days)		
hydrocortisone butyrate LOTN .1%	2	QL PA
QL (118 mL / 30 days)		
hydrocortisone butyrate SOLN .1%	2	QL
QL (60 mL / 30 days)		
hydrocortisone butyrate hydrophilic lipo base CREA .1%	2	QL
QL (60 gm / 30 days)		
hydrocortisone valerate CREA .2%; OINT .2%	2	QL
QL (60 gm / 30 days)		
LEXETTE FOAM .05%	4	QL PA
QL (200 gm / 28 days)		
LOCOID LOTN .1%	4	QL PA
QL (118 mL / 30 days)		
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	2	
SYNALAR CREA .025%; OINT .025%	4	QL
QL (120 gm / 30 days)		
texacort SOLN 2.5%	2	
TOPICORT CREA .05%; OINT .05%	4	QL PA
QL (100 gm / 30 days)		
TOPICORT CREA .25%	4	QL
QL (100 gm / 30 days)		
TOPICORT GEL .05%	4	QL PA
QL (60 gm / 30 days)		
TOPICORT LIQD .25%	4	QL PA
QL (100 mL / 30 days)		
tovet FOAM .05%	2	QL
QL (100 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>triamcinolone acetonide (topical)</i> AERS .147mg/gm QL (100 gm / 30 days)	2	QL PA
<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 .05%	2	QL PA
QL (430 gm / 30 days)		
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL
QL (454 gm / 30 days)		
VANOS CREA .1%	5	QL PA
QL (120 gm / 30 days)		
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	4	
<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)		
<i>lidocan</i> PTCH 5%	2	QL PA
QL (3 patches / 1 day)		
QUTENZA KIT 8% 1-PCH	5	QL NM PA
QL (4 patches / 90 days)		
QUTENZA KIT 8% 2-PCH	5	QL NM PA
QL (4 patches / 90 days)		
QUTENZA KIT 8% 4-PCH	5	QL NM PA
QL (4 patches / 90 days)		
<i>tridacaine ii</i> PTCH 5%	2	QL PA
QL (3 patches / 1 day)		
ZTLIDO PTCH 1.8%	4	QL PA
QL (3 patches / 1 day)		
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir topical</i> CREA 5%	2	QL PA
QL (5 gm / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits
<i>acyclovir topical</i> OINT 5%	2	QL
QL (30 gm / 30 days)		
ANUSOL-HC CREA 2.5%	4	
<i>azelaic acid</i> GEL 15%	2	QL
QL (50 gm / 30 days)		
<i>bexarotene (topical)</i> GEL 1%	5	QL NM PA
QL (60 gm / 30 days)		
<i>brimonidine tartrate (topical)</i> GEL .33%	2	QL PA
QL (30 gm / 30 days)		
CONDYLOX GEL .5%	4	QL
QL (7 gm / 28 days)		
CORTIFOAM FOAM 10%	4	
DENAVIR CREA 1%	4	QL
QL (5 gm / 30 days)		
<i>diclofenac sodium (actinic keratoses)</i> GEL 3%	2	QL PA
QL (100 gm / 30 days)		
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL
QL (300 mL / 28 days)		
<i>diclofenac sodium (topical)</i> SOLN 2%	5	QL PA
QL (224 gm / 28 days)		
<i>doxepin hcl (antipruritic)</i> CREA 5%	2	QL PA
QL (45 gm / 30 days)		
<i>doxycycline (rosacea)</i> CPDR 40mg	2	
ELIDEL CREA 1%	4	QL PA
QL (100 gm / 30 days)		
EUCRISA OINT 2%	4	QL PA
QL (120 gm / 30 days)		
FINACEA FOAM 15%; GEL 15%	4	QL PA
QL (50 gm / 30 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	
HYFTOR GEL .2%	5	QL NM PA
QL (20 gm / 25 days)		

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>imiquimod</i> CREA 3.75% QL (28 packets / 28 days)	2	QL
<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	2	QL
<i>imiquimod pump</i> CREA 3.75% QL (7.5 gm / 28 days)	2	QL
<i>ivermectin (rosacea)</i> CREA 1% QL (45 gm / 30 days)	2	QL PA
KLISYRI OINT 1% QL (5 packets / 30 days)	5	QL PA
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
METROCREAM CREA .75% QL (45 gm / 30 days)	4	QL PA
METROGEL GEL 1% QL (60 gm / 30 days)	4	QL PA
METROLOTION LOTN .75% QL (59 mL / 30 days)	4	QL PA
<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	2	QL
<i>metronidazole (topical)</i> GEL 1% QL (60 gm / 30 days)	2	QL
<i>metronidazole (topical)</i> LOTN .75% QL (59 mL / 30 days)	2	QL
MIRVASO GEL .33% QL (30 gm / 30 days)	4	QL PA
<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	2	QL
NORITATE CREA 1% QL (60 gm / 30 days)	5	QL PA
OPZELURA CREA 1.5% QL (240 gm / 28 days)	5	QL PA
ORACEA CPDR 40mg	4	
PANRETIN GEL .1% QL (60 gm / 30 days)	5	QL PA
<i>penciclovir</i> CREA 1% QL (5 gm / 30 days)	2	QL
PENNSAID SOLN 2% QL (224 gm / 28 days)	5	QL PA

Drug Name	Drug Requirements/ Tier	Limits
<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	2	QL PA
<i>podofilox</i> GEL .5% QL (7 gm / 28 days)	2	QL
<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	2	QL
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
PROCTOFOAM AER HC 1%	4	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
PRUDOXIN CREA 5% QL (45 gm / 30 days)	4	QL PA
RECTIV OINT .4% QL (30 gm / 30 days)	4	QL
RHOFADE CREA 1% QL (30 gm / 30 days)	4	QL
SOOLANTRA CREA 1% QL (45 gm / 30 days)	4	QL PA
<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	2	QL PA
TARGRETIN GEL 1% QL (60 gm / 30 days)	5	QL NM PA
VALCHLOR GEL .016% QL (60 gm / 30 days)	5	QL NM PA
XERESE CRE 5-1% QL (5 gm / 30 days)	5	QL
YCANTH SOLN .7%	4	NM PA
ZONALON CREA 5% QL (45 gm / 30 days)	4	QL PA
ZORYVE CREA .15% QL (60 gm / 30 days)	4	QL PA
ZOVIRAX CREA 5% QL (5 gm / 30 days)	4	QL PA
ZOVIRAX OINT 5% QL (30 gm / 30 days)	4	QL
ZYCLARA CREA 3.75% QL (28 packets / 28 days)	5	QL
ZYCLARA PUMP CREA 2.5%, 3.75% QL (7.5 gm / 28 days)	5	QL
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	5	QL PA

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	
	Tier	Limits
ELIMITE CREA 5% QL (60 gm / 30 days)	4	QL
malathion LOTN .5% QL (59 mL / 30 days)	2	QL
NATROBA SUSP .9%	4	
OVIDE LOTN .5% QL (59 mL / 30 days)	4	QL
permethrin CREA 5% QL (60 gm / 30 days)	2	QL
spinosad SUSP .9%	2	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUEVZ GEL 10% QL (30 tubes / 30 days)	5	QL NM PA
REGRANEX GEL .01% QL (30 gm / 30 days)	5	QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	4	QL
sodium chloride (gu irrigant) SOLN .9%	2	
water for irrigation, sterile irrigation soln	2	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	2	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg QL (150 lozenges / 30 days)	2	QL
EVOXAC CAPS 30mg	4	
kourzeq PSTE .1%	2	
lidocaine hcl (mouth-throat) SOLN 2%	2	
nystatin (mouth-throat) SUSP 100000unit/ml	2	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	2	
SALAGEN TABS 5mg, 7.5mg	4	
triamcinolone acetonide (mouth) PSTE .1%	2	

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A	ACTEMRA	85	ADDERALL XR CAP 10MG	49
<i>abacavir sulfate</i>	ACTEMRA ACTPEN.....	85		49
<i>abacavir sulfate-lamivudine</i>	ACTHAR	72	ADDERALL XR CAP 15MG	49
<i>tab 600-300 mg</i>	ACTHAR GEL.....	72		49
ABELCET.....	ACTHIB INJ	90	ADDERALL XR CAP 20MG	49
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.....	ADALIMUMAB-AACF (2		500/50	100
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.....	ADALIMUMAB-AACF			100
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<i>acetaminophen</i>	ADAPALENE	100	ADVAIR HFA AER 45/21	100
<i>acetaminophen w/ codeine</i>	<i>adapalene-benzoyl</i>			100
<i>soln 120-12 mg/5ml</i>	<i>peroxide gel 0.1-2.5%</i>		ADZENYS XR-ODT	49
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ALDACTONE.....25	amantadine hcl40	5-40 mg 33
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ALECENSA.....18	AMBIEN CR.....52	atorvastatin calcium tab
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alogliptin-metformin hcl tab	amiodarone hcl.....29	benazepril hcl cap 5-10
12.5-500 mg60	AMITIZA.....78	mg 24
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12.5-30 mg60	amlodipine besylate32	benazepril hcl cap 5-20
alogliptin-pioglitazone tab	amlodipine besylate-	mg 24
25-15 mg60	atorvastatin calcium tab	amlodipine besylate-
alogliptin-pioglitazone tab	10-10 mg33	benazepril hcl cap 5-40
25-30 mg61	amlodipine besylate-	mg 24
alogliptin-pioglitazone tab	atorvastatin calcium tab	amlodipine besylate-
25-45 mg61	10-20 mg33	olmesartan medoxomil
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amlodipine besylate- olmesartan medoxomil tab 5-40 mg.....26	amoxicillin & k clavulanate tab 250-125 mg13	amphetamine- dextroamphetamine tab 12.5 mg 50
amlodipine besylate- valsartan tab 10-160 mg26	amoxicillin & k clavulanate tab 500-125 mg13	amphetamine- dextroamphetamine tab 15 mg 50
amlodipine besylate- valsartan tab 10-320 mg26	amoxicillin & k clavulanate tab 875-125 mg13	amphetamine- dextroamphetamine tab 20 mg 50
amlodipine besylate- valsartan tab 5-160 mg26	amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg13	amphetamine- dextroamphetamine tab 30 mg 50
amlodipine besylate- valsartan tab 5-320 mg26	amphetamine- dextroamphetamine 3- bead cap er 24hr 12.5 mg.....49	amphetamine- dextroamphetamine tab 5 mg 49
amlodipine-valsartan- hydrochlorothiazide tab 10-160-12.5 mg26	amphetamine- dextroamphetamine 3- bead cap er 24hr 25 mg49	amphetamine- dextroamphetamine tab 7.5 mg 49
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amlodipine-valsartan- hydrochlorothiazide tab 5-160-25 mg.....26	amphetamine- dextroamphetamine cap er 24hr 10 mg49	ampicillin 13
amnesteeem101	amphetamine- dextroamphetamine cap er 24hr 15 mg49	ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm 13
amoxapine37	amphetamine- dextroamphetamine cap er 24hr 20 mg49	ampicillin & sulbactam sodium for inj 3 (2-1) gm 13
amoxicil cap & clarithro tab &lansopraz cap dr 500 &500 &30mg78	amphetamine- dextroamphetamine cap er 24hr 25 mg49	ampicillin & sulbactam sodium for iv soln 1.5 (1- 0.5) gm 13
amoxicillin13	amphetamine- dextroamphetamine cap er 24hr 30 mg49	ampicillin & sulbactam sodium for iv soln 15 (10- 5) gm 14
AMOXICILLIN13	amphetamine- dextroamphetamine cap er 24hr 5 mg49	ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 13
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ANUSOL-HC.....106	ASMANEX TWISTHALER 30 MET.....99	AUGMENTIN TAB 500MG.....14
APIDRA.....64	ASMANEX TWISTHALER 60 MET.....99	AUGTYRO.....18
APIDRA SOLOSTAR.....64	ASPARLAS.....17	<i>aurovela 1/20</i>67
APLENZIN.....37	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>85	<i>aurovela 24 fe</i>67
APOKYN.....40	ASPRUZYO SPRINKLE.....33	<i>aurovela fe 1.5/30</i>67
<i>apomorphine hydrochloride</i>40	ASTAGRAF XL.....90	<i>aurovela fe 1/20</i>67
APONVIE.....75	ATACAND.....28	AUSTEDO.....55
<i>aprepitant</i>75	ATACAND HCT TAB 16-12.5.....26	AUSTEDO XR.....55
<i>aprepitant capsule therapy pack 80 & 125 mg</i>75	ATACAND HCT TAB 32-12.5.....26	AUSTEDO XR TAB TITR KIT.....55
<i>apri</i>67	ATACAND HCT TAB 32-25MG.....26	AUVELITY TAB 45-105MG.....37
APRISO.....77	<i>atazanavir sulfate</i>9	AVALIDE TAB 150-12.5.....26
APTENSIO XR.....50	ATELVIA.....66	AVALIDE TAB 300-12.5.....26
APTIOM.....44	<i>atenolol</i>31	AVAPRO.....28
APTIVUS.....9	<i>atenolol & chlorthalidone tab 100-25 mg</i>31	AVASTIN.....18
AQNEURSA.....72	<i>atenolol & chlorthalidone tab 50-25 mg</i>31	AVEED.....60
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<i>aranella</i>67	ATIVAN.....36	AVODART.....80
ARANESP ALBUMIN FREE.....83	<i>atomoxetine hcl</i>50	AVONEX.....56
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ARAZLO.....101	<i>atorvastatin calcium</i>29	AVSOLA.....85
ARCALYST.....89	<i>atovaquone</i>6	AVYCAZ INJ 2-0.5GM....12
AREXVY.....90	<i>atovaquone-proguanil hcl tab 250-100 mg</i>9	AXTLE.....15
<i>arformoterol tartrate</i>97	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>9	<i>ayuna</i>67
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<i>armodafinil</i>59	<i>aubra eq</i>67	<i>azelastine hcl</i>96
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AROMASIN.....16		<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>96
ARTHROTEC 50 TAB.....1		AZELEX.....101
ARTHROTEC 75 TAB.....1		AZILECT.....40
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<i>asenapine maleate</i>41		AZMIRO.....60
<i>ashlyna</i>67		AZOPT.....94
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AZOR TAB 5-40MG26	<i>hydrochlorothiazide tab</i>	BETAPACE AF 29
AZSTARYS CAP 26.1-5.2	<i>20-12.5 mg24</i>	BETASERON 56
.....50	<i>benazepril &</i>	<i>betaxolol hcl 31</i>
AZSTARYS CAP 39.2-7.8	<i>hydrochlorothiazide tab</i>	<i>betaxolol hcl (ophth) 94</i>
.....50	<i>20-25 mg24</i>	<i>bethanechol chloride..... 81</i>
AZSTARYS CAP 52.3-10.	<i>benazepril &</i>	BETHKIS 6
.....50	<i>hydrochlorothiazide tab</i>	BETIMOL 94
<i>aztreonam6</i>	<i>5-6.25mg24</i>	BETOPTIC-S..... 94
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<i>azurette67</i>	BENDAMUSTINE	<i>bexarotene..... 17</i>
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.....67	<i>erythromycin gel 5-3%</i>	MG..... 10
<i>balsalazide disodium.....77</i>	101	BIKTARVY TAB 50-200-25
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.....64	<i>betaine powder for oral</i>	<i>125 mg 78</i>
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BAXDELA13	<i>betamethasone</i>	<i>hydrochlorothiazide tab</i>
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<i>hydrochlorothiazide tab</i>	<i>phosphate & acetate inj</i>	<i>hydrochlorothiazide tab</i>
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bleomycin sulfate.....	17	budesonide (inhalation) ..	99	CADUET TAB 10-20MG.	34
blisovi 24 fe.....	67	budesonide (intrarectal) ..	77	CADUET TAB 10-40MG.	34
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.....	75	160-4.5 mcg/act.....	100	CADUET TAB 5-20MG ...	34
BOOSTRIX INJ.....	90	budesonide-formoterol		CADUET TAB 5-40MG ...	34
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BORUZU.....	18	bumetanide	33	CALCIPOTRIENE	103
bosentan	35	BUPHENYL	72	calcipotriene-	
BOSULIF.....	18	buprenorphine	2	betamethasone	
BOTOX.....	58	buprenorphine hcl	59	dipropionate oint 0.005-	
BRAFTOVI.....	18	buprenorphine hcl-		0.064%.....	103
BREO ELLIPTA INH 100-		naloxone hcl sl film 12-3		calcipotriene-	
25.....	100	mg (base equiv).....	59	betamethasone	
BREO ELLIPTA INH 200-		buprenorphine hcl-		dipropionate susp 0.005-	
25.....	100	naloxone hcl sl film 2-0.5		0.064%.....	103
BREO ELLIPTA INH 50-		mg (base equiv).....	59	calcitonin (salmon) inj	66
25MCG	100	buprenorphine hcl-		calcitonin (salmon) spray	66
brey-na	100	naloxone hcl sl film 4-1		calcitrene	103
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SPHERE	95	buprenorphine hcl-		calcitriol (oral)	75
BREZTRI AERO AER		naloxone hcl sl film 8-2		calcitriol (topical)	103
SPHERE		mg (base equiv).....	59	CALQUENCE.....	18
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.....	95	naloxone hcl sl tab 2-0.5		camila.....	67
briellyn.....	67	mg (base equiv).....	59	CAMPTOSAR.....	17
BRILINTA.....	85	buprenorphine hcl-		camrese	67
brimonidine tartrate	94	naloxone hcl sl tab 8-2		camrese lo	67
brimonidine tartrate		mg (base equiv).....	59	CAMZYOS.....	34
(topical).....	106	bupropion hcl.....	37	CANASA.....	77
brimonidine tartrate-timolol		bupropion hcl (smoking		CANCIDAS.....	8
maleate ophth soln 0.2-		deterrent).....	59	candesartan cilexetil	28
0.5%	94	buspirone hcl	36	candesartan cilexetil-	
brinzolamide	94	butorphanol tartrate	4	hydrochlorothiazide tab	
BRIUMVI	56	BUTRANS.....	2	16-12.5 mg.....	26
BRIVIACT	44	BYETTA.....	61	candesartan cilexetil-	
BRIXADI.....	59	BYLVAY	78	hydrochlorothiazide tab	
bromfenac sodium (ophth)		BYLVAY (PELLETS).....	78	32-12.5 mg.....	26
.....	93	BYOOVIZ.....	95	candesartan cilexetil-	
bromocriptine mesylate ...	40	BYSTOLIC	31	hydrochlorothiazide tab	
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<i>captopril & hydrochlorothiazide tab</i> 25-15 mg24	<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg40	CEFAZOLIN/DEX SOL 3GM/50ML-2% 12
<i>captopril & hydrochlorothiazide tab</i> 25-25 mg .....24	<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg .....40	<i>cefdinir</i> 12
<i>captopril & hydrochlorothiazide tab</i> 50-15 mg .....24	<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg .....40	CEFEPIME 12
<i>captopril & hydrochlorothiazide tab</i> 50-25 mg24	<i>carbinoxamine maleate</i> ...96	<i>cefepime hcl</i> 12
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<i>carb/levo orally disintegrating tab</i> 10-100mg40	<i>carboplatin</i>15	CEFEPIME/DEX INJ 2GM 12
<i>carb/levo orally disintegrating tab</i> 25-100mg .....40	CARDIZEM .....32	<i>cefixime</i> 12
<i>carb/levo orally disintegrating tab</i> 25-250mg .....40	CARDIZEM CD .....32	<i>cefotetan disodium</i> 12
CARBAGLU .....72	CARDIZEM LA .....32	CEFOXITIN INJ 1GM 12
<i>carbamazepine</i> .....44	CARDURA .....25	CEFOXITIN INJ 2GM 12
CARBATROL.....44	CARDURA XL .....80	<i>cefoxitin sodium</i> 12
<i>carbidopa</i> .....40	<i>carglumic acid</i>.....72	<i>cefprozil</i> 12
<i>carbidopa & levodopa tab</i> 10-100 mg .....40	<i>carisoprodol</i> .....58	<i>ceftazidime</i> 12
<i>carbidopa & levodopa tab</i> 25-100 mg .....40	CARNITOR .....72	<i>ceftriaxone sodium</i> 12
<i>carbidopa & levodopa tab</i> 25-250 mg .....40	CAROSPIR .....25	<i>cefuroxime axetil</i> 12
<i>carbidopa & levodopa tab</i> er 25-100 mg .....40	<i>carteolol hcl (ophth)</i> .....94	<i>cefuroxime sodium</i> 12
<i>carbidopa & levodopa tab</i> er 50-200 mg .....40	<i>cartia xt</i> .....32	CELEBREX 1
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg .....40	<i>carvedilol</i>.....31	<i>celecoxib</i> 1
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg .....40	<i>carvedilol phosphate</i> .....31	CELESTONE INJ SOLUSPAN 71
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg .....40	CASODEX .....16	CELEXA..... 37
	<i>caspofungin acetate</i> .....8	CELLCEPT 90
	CASPOFUNGIN ACETATE.....8	CELONTIN 44
	CAYSTON .....6	<i>cephalexin</i> 12
	<i>cefaclor</i> .....12	CEQUA 95
	CEFACLOR ER.....12	CEQUR SIMPL KIT PATCH 2U (3-DAY) 64
	<i>cefadroxil</i> .....12	CEQUR SIMPL KIT PATCH 2U (4-DAY) 64
	CEFAZOLIN .....12	CEQUR SIMPL MIS INSERTER..... 64
	CEFAZOLIN INJ 1GM/50ML .....12	CERDELGA..... 72
	<i>cefazolin sodium</i>.....12	CEREZYME 72
	CEFAZOLIN SOLN 2GM/100ML-4% .....12	<i>cetirizine hcl</i> 96
	CEFAZOLIN/DEX SOL 1GM/50ML-4% .....12	<i>cevimeline hcl</i>.....108
	CEFAZOLIN/DEX SOL 2GM/50ML-3% .....12	<i>chateal eq</i> 67
	CEFAZOLIN/DEX SOL 3GM/150ML-4% .....12	CHEMET 67
		<i>chlordiazepoxide hcl</i> 36
		<i>chlorhexidine gluconate</i> (mouth-throat)108
		<i>chloroquine phosphate</i> 9
		<i>chlorpromazine hcl</i> 41
		<i>chlorthalidone</i> 33

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CHOLBAM.....78	CLENPIQ SOL 10 MG-3.5	CLINDMYC/NAC INJ
<i>cholestyramine</i>30	GM-12 GM/175ML..... 78	300/50ML 6
<i>cholestyramine light</i> .....30	CLEOCIN.....6, 82	CLINDMYC/NAC INJ
<i>choline fenofibrate</i> .....29	CLEOCIN PEDIATRIC	600/50ML 6
CHORIONIC	GRANULE.....6	CLINDMYC/NAC INJ
GONADOTROPIN.....72	CLEOCIN PHOSPHATE...6	900/50ML 6
CIALIS.....80	CLEOCIN-T .....101	CLINIMIX E INJ 2.75/D5W
CIBINQO.....86	CLIMARA.....70	92
<i>ciclopirox</i> .....102	CLIMARA PRO DIS	CLINIMIX E INJ 4.25/D10
<i>ciclopirox olamine</i> .....102	WEEKLY .....70	92
<i>cidofovir</i> .....11	<i>clindacin</i> .....101	CLINIMIX E INJ 4.25/D5W
<i>cilostazol</i> .....84	<i>clindacin etz pledgets</i>....101	92
CILOXAN .....93	<i>clindacin-p</i>.....101	CLINIMIX E INJ 5%/D15W
CIMDUO TAB 300-300 ...10	CLINDAGEL .....101	92
CIMERLI .....95	<i>clindamycin hcl</i> .....6	CLINIMIX E INJ 5%/D20W
<i>cimetidine</i> .....77	<i>clindamycin palmitate</i>	92
<i>cimetidine hcl</i> .....77	<i>hydrochloride</i> .....6	CLINIMIX E INJ 8/10 .....92
CIMZIA .....86	<i>clindamycin phosphate</i> ....6	CLINIMIX E INJ 8/14 .....92
CIMZIA STARTER KIT ...86	<i>clindamycin phosphate</i>	CLINIMIX INJ 4.25/D10 ..92
<i>cinacalcet hcl</i> .....72	(topical) .....101	CLINIMIX INJ 4.25/D5W 92
CINQAIR .....97	<i>clindamycin phosphate in</i>	CLINIMIX INJ 5%/D15W 92
CINRYZE .....84	<i>d5w iv soln 300 mg/50ml</i>	CLINIMIX INJ 5%/D20W 92
CINVANTI .....76	6	CLINIMIX INJ 6/5 .....92
CIPRO.....13	<i>clindamycin phosphate in</i>	CLINIMIX INJ 8/10 .....92
CIPRO HC SUS OTIC ....95	<i>d5w iv soln 600 mg/50ml</i>	CLINIMIX INJ 8/14 .....92
<i>ciprofloxacin 200 mg/100ml</i>	6	<i>clinsol sf 15%</i>.....92
<i>in d5w</i> .....13	<i>clindamycin phosphate in</i>	CLINOLIPID EMU 20% ..92
<i>ciprofloxacin 400 mg/200ml</i>	<i>d5w iv soln 900 mg/50ml</i>	<i>clobazam</i> .....44
<i>in d5w</i> .....13	6	<i>clobetasol propionate</i>....104
<i>ciprofloxacin hcl</i> .....13	<i>clindamycin phosphate</i>	<i>clobetasol propionate e</i> 104
<i>ciprofloxacin hcl (ophth)</i> ..93	<i>vaginal</i> .....82	<i>clobetasol propionate</i>
<i>ciprofloxacin hcl (otic)</i> ....95	<i>clindamycin phosphate-</i>	<i>emulsion</i>.....104
<i>ciprofloxacin-</i>	<i>benzoyl peroxide gel 1.2-</i>	CLOBEX .....104
<i>dexamethasone otic susp</i>	<i>2.5%</i> .....101	<i>clocortolone pivalate</i> ....104
<i>0.3-0.1%</i> .....95	<i>clindamycin phosphate-</i>	<i>clodan</i> .....104
<i>cisplatin</i> .....15	<i>benzoyl peroxide gel 1.2-</i>	<i>clomipramine hcl</i> .....37
<i>citalopram hydrobromide</i> 37	<i>3.75%</i> .....101	<i>clonazepam</i> .....44
CITALOPRAM	<i>clindamycin phosphate-</i>	<i>clonidine</i>.....34
HYDROBROMIDE.....37	<i>benzoyl peroxide gel 1-</i>	<i>clonidine hcl</i>.....34
<i>claravis</i> .....101	<i>5%</i> .....101	<i>clonidine hcl (analgesia)</i> ...1
CLARINEX.....96	<i>clindamycin phosphate-</i>	<i>clopidogrel bisulfate</i> .....85
CLARINEX-D TAB 2.5-120	<i>tretinoin gel 1.2-0.025%</i>	<i>clorazepate dipotassium</i> .44
.....96	101	<i>clotrimazole</i> .....108
<i>clarithromycin</i> .....12	<i>clindamycin phosph-</i>	<i>clotrimazole (topical)</i>.....102
<i>clemastine fumarate</i>96	<i>benzoyl peroxide (refrig)</i>	<i>clotrimazole w/</i>
<i>clemasz</i>96	<i>gel 1.2 (1)-5%</i>101	<i>betamethasone cream 1-</i>
	CLINDESSE82	<i>0.05%</i>102

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<i>clozapine</i>	41, 42	COREG CR	31	CUVPOSA.....	77
CLOZARIL	42	CORLANOR	34	CUVRIOR	67
COARTEM TAB 20-120MG		CORTEF	71	<i>cyclobenzaprine hcl</i>	58
.....	9	CORTENEMA.....	77	<i>cyclophosphamide</i>	15
COBENFY CAP 100-20MG		CORTIFOAM	106	CYCLOPHOSPHAMIDE. 15	
.....	42	CORTISONE ACETATE. 71		CYCLOPHOSPHAMIDE	
COBENFY CAP 125-30MG		CORTISPORIN SUS -TC		MONOHYDR	15
.....	42	OTIC	95	<i>cycloserine</i>	11
COBENFY CAP 50-20MG		CORTROPHIN	72	<i>cyclosporine</i>	90
.....	42	COSENTYX.....	86	<i>cyclosporine modified (for</i>	
COBENFY STRT CAP		COSENTYX		<i>microemulsion</i>)	90
PACK.....	42	SENSOREADY PEN... 86		CYMBALTA	38
<i>codeine sulfate</i>	4	COSENTYX UNOREADY		<i>cyproheptadine hcl</i>	96
CODEINE SULFATE.....	4	.....	86	CYRAMZA.....	19
COLAZAL.....	77	COSOPT PF SOL 2%-		<i>cyred eq</i>	67
<i>colchicine</i>	1	0.5%	94	CYSTADANE POW	72
<i>colchicine w/ probenecid</i>		COSOPT SOL 2-0.5%OP		CYSTADROPS	95
<i>tab 0.5-500 mg</i>	1	.....	94	CYSTAGON	72
COLCRYS.....	1	COTELIC	19	CYSTARAN.....	95
<i>colesevelam hcl</i>	30	COTEMPLA XR-ODT	50	<i>cytarabine</i>	15
COLESTID	30	COZAAR.....	28	CYTOGAM	89
<i>colestipol hcl</i>	30	CRENESSITY.....	72	CYTOMEL	75
<i>colistimethate sodium</i>	6	CREON CAP 12000UNT 78		CYTOTEC	78
COLUMVI.....	18	CREON CAP 24000UNT 78		D	
COLY-MYCIN M	6	CREON CAP 3000UNIT .78		D10W/NACL INJ 0.2% ...	91
COMBIGAN SOL 0.2/0.5%		CREON CAP 36000UNT 78		D2.5W/NACL INJ 0.45% 91	
.....	94	CREON CAP 6000UNIT .78		D5W/LYTES INJ #48.....	91
COMBIPATCH DIS	70	CRESEMBA	8	<i>dabigatran etexilate</i>	
COMBIVENT AER 20-100		CRESTOR	30	<i>mesylate</i>	82
.....	95	CREXONT CAP 35-140MG		<i>dacarbazine</i>	17
COMBOGESIC INJ 300-		.....	40	<i>dalfampridine</i>	56
1000.....	1	CREXONT CAP 52.5-210		DALIRESP	98
COMETRIQ (60MG DOSE)		.....	40	DALVANCE	6
.....	19	CREXONT CAP 70-280MG		<i>danazol</i>	60
COMETRIQ KIT 100MG .19		.....	40	DANTRIUM.....	58
COMETRIQ KIT 140MG .19		CREXONT CAP 87.5-350		<i>dantrolene sodium</i>	58
COMPLERA TAB	10	.....	40	DANZITEN.....	19
<i>compro</i>	76	CRINONE	74	<i>dapsone</i>	6
COMTAN	40	<i>cromolyn sodium</i>	98	<i>dapsone (topical)</i>	101
CONCERTA.....	50	<i>cromolyn sodium</i>		DAPTACEL INJ.....	90
CONDYLOX.....	106	<i>(mastocytosis)</i>	78	DAPTOMY/NACL INJ	
<i>constulose</i>	78	<i>cromolyn sodium (ophth)</i> 94		350/50ML	6
CONZIP.....	2	<i>crotan</i>	107	DAPTOMY/NACL INJ	
COPAXONE	56	<i>cryselle-28</i>	67	500/50ML	6
COPIKTRA	19	CRYSVITA.....	72	<i>daptomycin</i>	6
CORDRAN.....	104	CUTAQUIG.....	89	DAPTOMYCIN	6
COREG	31	CUVITRU.....	89	DARAPRIM	6

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<i>darifenacin hydrobromide</i>81	DESCOVY TAB 200/25MG.....10	<i>dextrose 5% w/ sodium chloride 0.45%</i> 91
<i>darunavir</i>.....9	DESFERAL.....67	<i>dextrose 5% w/ sodium chloride 0.9%</i> 91
DARZALEX.....19	<i>desipramine hcl</i> .....38	DEXYCU..... 93
DARZALEX SOL FASPRO.....19	<i>desloratadine</i> .....96	DHIVY TAB 25-100MG... 40
<i>dasatinib</i>.....19	<i>desmopressin acetate</i>.....72	DIACOMIT .....44, 45
<i>dasetta 1/35</i>.....67	<i>desmopressin acetate spray</i>.....72	<i>diazepam</i> .....45
<i>dasetta 7/7/7</i>.....67	<i>desmopressin acetate spray refrigerated</i> .....72	<i>diazepam (anticonvulsant)</i> .....45
DATROWAY .....19	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>.....68	<i>diazepam inj</i> .....45
DAURISMO .....19	<i>desonide</i> .....104	<i>diazepam intensol</i> .....45
DAYBUE .....55	DESOWEN .....104	<i>diazoxide</i> .....72
DAYPRO.....1	<i>desoximetasone</i> .....104	DIBENZYLINE.....34
<i>daysee</i>.....67	DESVENLAFAXINE ER..38	<i>dichlorphenamide</i>.....33
DAYTRANA .....50	<i>desvenlafaxine succinate</i> 38	DICLEGIS TAB 10-10MG.....76
DAYVIGO.....52	DETROL .....81	<i>diclofenac potassium</i> .....1
DDAVP.....72	DETROL LA.....81	<i>diclofenac potassium (migraine)</i>.....54
<i>deblitane</i> .....67	<i>dexamethasone</i> .....71	<i>diclofenac sodium</i> .....1
<i>decitabine</i>.....15	DEXAMETHASONE INTENSOL.....71	<i>diclofenac sodium (actinic keratoses)</i> .....106
<i>deferasirox</i> .....67	<i>dexamethasone sodium phosphate</i> .....71	<i>diclofenac sodium (ophth)</i> .....93
<i>deferiprone</i> .....67	<i>dexamethasone sodium phosphate (ophth)</i> .....93	<i>diclofenac sodium (topical)</i> .....106
<i>deferoxamine mesylate</i> ...67	DEXEDRINE.....50	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> .....1
DELESTROGEN .....70	DEXILANT .....79	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> .....1
DELSTRIGO TAB.....10	<i>dexlansoprazole</i> .....80	<i>dicloxacillin sodium</i> .....14
<i>demeclocycline hcl</i> .....14	<i>dexmethyphenidate hcl</i> ..50	<i>dicyclomine hcl</i>.....77
DEMSE.....34	<i>dextrazoxane hcl</i> .....24	DIFFERIN.....101
DENAVIR .....106	<i>dextroamphetamine sulfate</i> .....50	DIFFERIN PUMP .....101
DENG VAXIA SUS.....90	<i>dextrose</i> .....92	DIFICID.....12
DEPAKOTE .....44	<i>dextrose 10% w/ sodium chloride 0.45%</i>.....91	<i>diflorasone diacetate</i>.....104
DEPAKOTE ER.....44	<i>dextrose 2.5% w/ sodium chloride 0.45%</i>.....91	DIFLUCAN.....8
DEPAKOTE SPRINKLES.....44	<i>dextrose 5% in lactated ringers</i> .....91	<i>diflunisal</i>.....1
DEPEN TITRATABS.....67	<i>dextrose 5% w/ sodium chloride 0.2%</i> .....91	<i>difluprednate</i>.....93
DEPO-ESTRADIOL .....70	<i>dextrose 5% w/ sodium chloride 0.225%</i>.....91	<i>digoxin</i> .....34
DEPO-MEDROL.....71	<i>dextrose 5% w/ sodium chloride 0.3%</i> .....91	<i>dihydroergotamine mesylate</i>.....54
DEPO-PROVERA CONTRACEPTIV .....67		DILANTIN .....45
DEPO-SUBQ PROVERA 104.....67		DILANTIN INFATABS.....45
<i>depo-testosterone</i> .....60		
DERMA-SMOOTH/FS BODY104		
DERMA-SMOOTH/FS SCALP.....104		
DERMOTIC.....95		
DESCOVY TAB 120-15MG.....10		

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DILANTIN-125.....45	DORYX MPC.....14	DULERA AER 200-5MCG.....100
DILAUDID.....4	doxolamide hcl.....94	DULERA AER 50-5MCG.....100
diltiazem hcl.....32	doxolamide hcl-timolol maleate ophth soln 2-0.5%.....94	duloxetine hcl.....38
diltiazem hcl coated beads.....32	doxolamide hcl-timolol maleate pf ophth soln 2-0.5%.....94	DUOBRII LOT.....105
diltiazem hcl extended release beads.....32	dotti.....70	DUOPA SUS 4.63-20.....40
dilt-xr.....32	DOVATO TAB 50-300MG.....10	DUPIXENT.....86
dimethyl fumarate.....56	doxazosin mesylate.....26	DURACLON.....1
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....56	doxepin hcl.....38	DUREZOL.....93
DIOVAN.....28	doxepin hcl (antipruritic)106	dutasteride.....80
DIOVAN HCT TAB 160-12.5.....26	doxepin hcl (sleep).....52	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....81
DIOVAN HCT TAB 160-25MG.....27	doxercalciferol.....75	DUVYZAT.....55
DIOVAN HCT TAB 320-12.5.....27	DOXIL.....17	DYANAVEL XR.....50
DIOVAN HCT TAB 320-25MG.....27	doxorubicin hcl.....17	DYCLOPRO.....106
DIOVAN HCT TAB 80-12.5.....26	doxorubicin hcl liposomal17	DYMISTA SPR 137-50...96
DIP/TET PED INJ 25-5LFU.....90	DOXORUBICIN HYDROCHLORIDE.....17	DYRENIUM.....33
DIPENTUM.....77	doxy 100.....14	DYSPORE.....58
diphenhydramine hcl.....96	doxycycline (monohydrate).....14	E
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml....78	doxycycline (rosacea) ...106	e.e.s. 400.....13
diphenoxylate w/ atropine tab 2.5-0.025 mg.....78	doxycycline hyclate.....14	E.E.S. GRANULES.....13
DIPROLENE.....104	doxylamine-pyridoxine tab delayed release 10-10 mg.....76	EBGLYSS.....86
dipyridamole.....85	DRIZALMA SPRINKLE...38	econazole nitrate.....102
disopyramide phosphate.29	dronabinol.....76	edaravone.....55
disulfiram.....59	drospirenone-ethinyl estradiol tab 3-0.02 mg68	EDARBI.....28
DIURIL.....33	drospirenone-ethinyl estradiol tab 3-0.03 mg68	EDARBYCLOR TAB 40-12.5.....27
divalproex sodium.....45	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....68	EDARBYCLOR TAB 40-25MG.....27
DIVIGEL.....70	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....68	EDECIN.....33
docetaxel.....17	droxidopa.....34	EDLUAR.....52
DOCETAXEL.....17	DUAKLIR AER 400/12...95	EDURANT.....9
DOCIVYX.....17	DUETACT TAB 30-2MG.61	efavirenz.....9
dofetilide.....29	DUETACT TAB 30-4MG.61	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....10
DOJOLVI.....72	DULERA AER 100-5MCG.....100	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....10
dolishale.....68		efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....10
DOLOBID.....1		EFFEXOR XR.....38
donepezil hydrochloride..37		EFFIENT.....85
DOPTLET.....84		EGRIFTA SV.....72
		ELAHIRE.....19

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ELAPRASE.....	73	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	25	epinastine hcl (ophth)	94
ELELYSO.....	73			epinephrine (anaphylaxis)	34, 98
ELESTRIN	70	ENBREL.....	86	EPIPEN 2-PAK.....	98
eletriptan hydrobromide ..	54	ENBREL MINI.....	86	EPIPEN-JR 2-PAK.....	98
ELFABRIO	73	ENBREL SURECLICK....	86	epitol	45
ELIDEL.....	106	ENDARI	84	EPIVIR	9
ELIGARD	16	endocet tab 10-325mg	4	EPKINLY	19
ELIMITE	108	endocet tab 2.5-325mg	4	eplerenone.....	25
elinest.....	68	endocet tab 5-325mg	4	EPOGEN	83
ELIQUIS	82	endocet tab 7.5-325mg	4	epoprostenol sodium	35
ELIQUIS STARTER PACK	82	ENGERIX-B.....	90	EPRONTIA	45
ELITEK.....	24	ENHERTU	19	EPSOLAY.....	101
elixophyllin	98	enilloring.....	68	EPYSQLI	84
ELLENCES.....	17	ENJAYMO	84	EQUETRO.....	55
ELMIRON.....	81	enoxaparin sodium.....	82	ERAXIS.....	8
eluryng	68	enpresse-28.....	68	ERBITUX.....	19
ELYXYB	54	enskyce.....	68	ERGOMAR	54
EMEND	76	ENSPRYNG	55	ergotamine w/ caffeine tab 1-100 mg	54
EMEND BIPACK	76	ENSTILAR AER	103	eribulin mesylate	18
EMEND TRIPAC PAK 125 & 80	76	entacapone	40	ERIVEDGE.....	19
EMGALITY.....	54	ENTADFI CAP 5-5MG ...	81	ERLEADA.....	16
EMPAVELI.....	84	entecavir	11	erlotinib hcl	19
EMPLICITI	19	ENTRESTO CAP 15-16MG	27	ERMEZA.....	75
EMSAM.....	38	ENTRESTO CAP 6-6MG	27	errin	68
emtricitabine	9	ENTRESTO TAB 24-26MG	27	ERTACZO	102
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	10	ENTRESTO TAB 49-51MG	27	ertapenem sodium	6
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	10	ENTRESTO TAB 97- 103MG	27	ery	101
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	10	enulose	78	ERYPED 200.....	13
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	10	ENVARUS XR.....	90	ERYPED 400.....	13
EMTRIVA.....	9	EOHILIA.....	78	ery-tab.....	13
EMVERM	6	EPANED	25	ERYTHROCIN LACTOBIONATE	13
emzahn	68	EPCLUSA PAK 150-37.5	11	erythromycin (acne aid)	101
enalapril maleate	25	EPCLUSA PAK 200-50MG	11	erythromycin (ophth).....	93
enalapril maleate & hydrochlorothiazide tab 10-25 mg	25	EPCLUSA TAB 200-50MG	11	erythromycin base.....	13
		EPIDIOLEX.....	45	erythromycin ethylsuccinate	13
		EPIDUO FORTE GEL 0.3- 2.5%	101	erythromycin lactobionate	13
		EPIDUO GEL 0.1-2.5%	101	ERZOFRI.....	42
		EPIFOAM AER 1%	105	ESBRIET	98
				escitalopram oxalate	38
				esomeprazole magnesium	80
				esomeprazole sodium	80

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estarylla.....	68	EXFORGE HCT TAB 10-160-25MG	27	feirza 1.5/30.....	68
estazolam.....	52	EXFORGE HCT TAB 10-320-25MG	27	feirza 1/20.....	68
ESTRACE.....	70	EXFORGE HCT TAB 5-160-12.5MG	27	felbamate.....	45
estradiol	70	EXFORGE HCT TAB 5-160-25MG	27	FELBATOL	45
estradiol & norethindrone acetate tab 0.5-0.1 mg	70	EXFORGE TAB 10-160MG	27	felodipine	32
estradiol & norethindrone acetate tab 1-0.5 mg ...	70	EXFORGE TAB 10-320MG	27	FEMARA.....	16
estradiol vaginal	70	EXFORGE TAB 5-160MG	27	FEMLYV TAB 1/0.02MG	68
estradiol valerate	70	EXFORGE TAB 5-320MG	27	FEMRING	70
ESTRING	70	EXJADE.....	67	fenofibrate.....	29
eszopiclone.....	53	EYLEA	95	fenofibrate micronized	29
ethacrynic acid.....	33	EYLEA HD.....	95	fenofibric acid	29
ethambutol hcl	11	EYSUVIS	95	fenoprofen calcium.....	1
ethosuximide.....	45	EZALLOR SPRINKLE....	30	FENOPRON.....	1
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	68	ezetimibe	30	FENSOLVI.....	73
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	68	ezetimibe-simvastatin tab 10-10 mg	30	fentanyl	3
etodolac	1	ezetimibe-simvastatin tab 10-20 mg	30	FERRIPROX	67
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	68	ezetimibe-simvastatin tab 10-40 mg	30	FERRIPROX TWICE-A-DAY	67
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EVENITY.....	66	famotidine	77	FIASP PUMPCART	64
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EVKEEZA	30	FARESTON	16	finasteride	81
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EVOXAC	108	FASENRA.....	98	FIRAZYR	84
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<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml8	FOCINVEZ.....76	<i>gallifrey</i>74
<i>flucytosine</i>8	FOLOTYN.....15	GAMASTAN INJ.....89
<i>fludarabine phosphate</i> ....15	<i>fondaparinux sodium</i>.....82	GAMMAGARD LIQUID...89
<i>fludrocortisone acetate</i> ...71	FORFIVO XL .....38	GAMMAGARD S/D IGA LESS TH.....89
<i>flunisolide (nasal)</i> .....99	<i>formoterol fumarate</i> .....97	GAMMAKED .....89
<i>fluocinolone acetonide</i> ..105	FORTEO .....66	GAMMAPLEX.....89
<i>fluocinolone acetonide</i> (otic).....95	FOSAMAX .....66	GAMUNEX-C .....89
<i>fluocinonide</i>.....105	FOSAMAX + D TAB 70- 2800 .....66	GANCICLOVIR .....11
<i>fluocinonide emulsified</i> base .....105	FOSAMAX + D TAB 70- 5600 .....66	<i>ganciclovir sodium</i> .....11
<i>fluorometholone (ophth)</i> ..93	<i>fosamprenavir calcium</i>.....9	GARDASIL 9 .....90
<i>fluorouracil</i> .....15	<i>fosaprepitant dimeglumine</i>.....76	GASTROCROM .....78
<i>fluorouracil (topical)</i>.....106	<i>foscarnet sodium</i> .....11	<i>gatifloxacin (ophth)</i>.....93
<i>fluoxetine hcl</i>.....38	<i>fosinopril sodium</i> .....25	GATTEX .....78
<i>fluoxetine hcl (pmdd)</i>.....38	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> 10-12.5 mg .....25	GAUZE PADS 2X2 .....64
FLUOXETINE HYDROCHLORIDE.....38	<i>fosinopril sodium &</i> <i>hydrochlorothiazide tab</i> 20-12.5 mg .....25	<i>gavilyte-c</i> .....78
<i>fluphenazine decanoate</i> ..42	FOTIVDA19	<i>gavilyte-g</i>78
<i>fluphenazine hcl</i>42	FRAGMIN82	<i>gavilyte-n/flavor pack</i>78
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<i>flurbiprofen sodium</i>93	<i>frovatriptan succinate</i>54	<i>gefitinib</i>19
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<i>fluticasone propionate</i> (nasal)99	<i>fulvestrant</i>16	<i>gemfibrozil</i>29
<i>fluticasone propionate hfa</i>99	<i>fulvicin p/g 165</i>8	<i>gemmily</i>68
<i>fluticasone-salmeterol aer</i> <i>powder ba 100-50</i> <i>mcg/act</i>.....100	FUROSCIX .....33	GEMTESA .....81
<i>fluticasone-salmeterol aer</i> <i>powder ba 250-50</i> <i>mcg/act</i>.....100	<i>furosemide</i> .....33	<i>generlac</i> .....78
<i>fluticasone-salmeterol aer</i> <i>powder ba 500-50</i> <i>mcg/act</i>100	<i>furosemide inj</i>33	<i>gengraf</i>90
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<i>fluvoxamine maleate</i>36	FYARRO.....19	GENOTROPIN MINIQUEEK73
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FML LIQUIFILM.....93	<i>fyavolv tab 1mg-5mcg</i>70	<i>gentamicin in saline inj 1</i> <i>mg/ml</i>6
FOCALIN50	FYCOMPA45	<i>gentamicin in saline inj 1.2</i> <i>mg/ml</i>6
	FYLNETRA.....83	<i>gentamicin in saline inj 1.6</i> <i>mg/ml</i> .....6
	G	<i>gentamicin in saline inj 2</i> <i>mg/ml</i> .....6
	<i>gabapentin</i>45	<i>gentamicin sulfate</i>6
	<i>gabapentin (once-daily)</i> ..55	<i>gentamicin sulfate (ophth)</i>93
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	GALAFOLD.....73	

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.....102	72	HEPARIN/NACL INJ
GENVOYA TAB.....10	GVOKE HYPOPEN 2- PACK.....	25000UNT 82
GEODON42	72	HEPLISAV-B 90
GILENYA57	GVOKE KIT72	HERCEP HYLEC SOL 60-
GILOTRIF19	GVOKE PFS.....72	10000 19
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<i>glatiramer acetate</i>57	<i>hailey 1.5/30</i>68	HETLIOZ LQ 53
<i>glatopa</i>57	<i>hailey 24 fe</i>68	HIBERIX 90
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GLEOSTINE15	<i>halcinonide</i>105	HIZENTRA.....89
<i>glimepiride</i>61	HALCION53	HORIZANT 55
<i>glipizide</i>61	HALDOL DECANOATE	HUMALOG 64
<i>glipizide xl</i>61	100.....42	HUMALOG JUNIOR
<i>glipizide-metformin hcl tab</i>	HALDOL DECANOATE 50	KWIKPEN 64
2.5-250 mg61	42	HUMALOG KWIKPEN.... 64
<i>glipizide-metformin hcl tab</i>	<i>halobetasol propionate</i> .105	HUMALOG MIX INJ
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<i>glipizide-metformin hcl tab</i>	HALOG105	HUMALOG MIX INJ
5-500 mg61	<i>haloperidol</i>42	75/25KWP..... 64
GLOPERBA.....1	<i>haloperidol decanoate</i> ...42	HUMALOG MIX SUS 75/25
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<i>glycopyrrolate</i>77	11	HUMIRA..... 86
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<i>glydo</i>106	HARVONI TAB 90-400MG	 86
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.....61	HAVRIX.....90	START 86
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.....61	HELIDAC MIS THERAPY	UC S..... 86
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GOLYTELY SOL78	HEMADY.....71	HUMULIN INJ 70/30KWP
GOMEKLI.....19	HEP SOD/D5W INJ	 64
GRAFAPEX15	20000UNT.....82	HUMULIN N 64
GRALISE55	HEP SOD/D5W INJ	HUMULIN N KWIKPEN.. 64
<i>granisetron hcl</i>76	25000UNT.....82	HUMULIN R 64
GRANIX83	HEP SOD/NACL INJ	HUMULIN R U-500
GRASTEK.....89	12500UNT.....82	(CONCENTR..... 64
<i>griseofulvin microsize</i>8	HEP SOD/NACL INJ	HUMULIN R U-500
<i>griseofulvin ultramicrosize</i> 8	25000UNT.....82	KWIKPEN 65
<i>guanfacine hcl</i>34	HEPAGAM B89	<i>hydralazine hcl</i> 34
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<i>hydrochlorothiazide</i>33	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>95	IMFINZI 20
<i>hydrocodone bitartrate</i> .....3	<i>hydromorphone hcl</i> .....3, 4	<i>imipenem-cilastatin intravenous for soln 250 mg</i> 6
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i> .....4	HYDROMORPHONE	<i>imipenem-cilastatin intravenous for soln 500 mg</i> 6
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....4	HYDROCHLORI 4	<i>imipramine hcl</i> 38
<i>hydrocodone-acetaminophen tab 10-300 mg</i> .....4	<i>hydroxychloroquine sulfate</i> .....88	<i>imipramine pamoate</i> 38
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....4	<i>hydroxyurea</i> .....17	<i>imiquimod</i> 107
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i> .....4	<i>hydroxyzine hcl</i>.....96	<i>imiquimod pump</i>.....107
<i>hydrocodone-acetaminophen tab 5-300 mg</i>.....4	<i>hydroxyzine pamoate</i> .....96	IMITREX 54
<i>hydrocodone-acetaminophen tab 5-325 mg</i>.....4	HYFTOR .....106	IMITREX STATDOSE REFILL 54
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> .....4	HYQVIA INJ 10-800 .....89	IMITREX STATDOSE SYSTEM 54
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....4	HYQVIA INJ 2.5-200 .....89	IMJUDO 20
<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....4	HYQVIA INJ 20-1600 .....89	IMKELDI 20
<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....4	HYQVIA INJ 30-2400 .....89	IMOVAX RABIES (H.D.C.V.) 90
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....4	HYQVIA INJ 5-400 .....89	IMPAVIDO 7
<i>hydrocortisone</i> .....71	HYSINGLA ER .....3	IMURAN..... 90
<i>hydrocortisone (intrarectal)</i> .....77	HYZAAR TAB 100-12.5 ..27	IMVEXXY MAINTENANCE PACK 70
<i>hydrocortisone (rectal)</i> ..106	HYZAAR TAB 100-25 ....27	IMVEXXY STARTER PACK 70
<i>hydrocortisone (topical)</i> .105	HYZAAR TAB 50-12.5 ...27	INBRIJA 40
<i>hydrocortisone butyrate</i> 105	I	<i>incassia</i> 68
<i>hydrocortisone butyrate hydrophilic lipo base</i> ..105	<i>ibandronate sodium</i> .....66	INCRELEX..... 73
<i>hydrocortisone sod succinate</i> .....71	IBRANCE.....19	INCRUSE ELLIPTA 96
<i>hydrocortisone valerate</i> .105	IBSRELA.....78	<i>indapamide</i> 33
	<i>ibu</i>.....1	INDERAL LA 31
	<i>ibuprofen</i>.....1	INFANRIX INJ 90
	<i>ibuprofen-famotidine tab 800-26.6 mg</i> .....1	INFLECTRA 86
	<i>icatibant acetate</i> .....84	INFLIXIMAB 87
	<i>iclevia</i> .....68	INLYTA 20
	ICLUSIG.....20	INPEFA..... 34
	IDACIO (2 PEN) .....86	INQOVI TAB 35-100MG .15
	IDACIO (2 SYRINGE) ....86	INREBIC 20
	IDACIO CROHN INJ DISEASE.....86	INS ASP PROT INJ FLEXPEN 65
	IDACIO PLAQU INJ PSORIASIS.....86	INSpra 25
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	IFEX15	INSULIN ASPART 65
	<i>ifosfamide</i>15	INSULIN ASPART FLEXPEN 65
	IFOSFAMIDE.....15	
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	<i>imatinib mesylate</i>20	
	IMBRUVICA.....20	
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INSULIN ASPART PENFILL.....65	INVOKAMET XR TAB 150- 500.....61	<i>ivermectin (rosacea)</i>107
INSULIN DEGLUDEC.....65	INVOKAMET XR TAB 50- 100061	IWILFIN.....17
INSULIN DEGLUDEC FLEXTUOC.....65	INVOKAMET XR TAB 50- 500MG61	IXCHIQ INJ.....90
INSULIN GLARGINE MAX SOLO65	INVOKANA61	IXEMPRA KIT.....18
INSULIN GLARGINE SOLOSTAR65	INZIRQO33	IXIARO INJ90
INSULIN GLARGINE- YFGN.....65	IPOL INJ INACTIVE.....90	IYUZEH.....94
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INSULIN LISPRO.....65	<i>ipratropium bromide (nasal)</i>96	J
INSULIN LISPRO JUNIOR KWI.....65	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> 95	JADENU67
INSULIN LISPRO KWIKPEN.....65	IQIRVO78	JADENU SPRINKLE.....67
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INSULIN SAFETY NEEDLES: BD- EMBECTA.....65	<i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i>27	JALYN CAP 0.5-0.481
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INTELENCE.....9	IRESSA.....20	JANUMET TAB 50-1000 61
INTRALIPID.....92	<i>irinotecan hcl</i>17	JANUMET TAB 50-500MG61
INTRAROSA.....81	ISENTRESS9	JANUMET XR TAB 100- 100061
<i>introvale</i>68	ISENTRESS HD.....9	JANUMET XR TAB 50- 100061
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INVANZ.....7	ISOLYTE-P INJ /D5W....91	JANUVIA61
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INVEGA HAFYERA.....42	ISOLYTE-S INJ PH 7.4...91	<i>jasmiel</i>68
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INVEGA TRINZA.....42	ISORDIL TITRADOSE...35	<i>javygtor</i>73
INVELTYS.....93	<i>isosorbide dinitrate</i>35	JAYPIRCA.....20
INVOKAMET TAB 150- 1000.....61	<i>isosorbide dinitrate- hydralazine hcl tab 20- 37.5 mg</i>34	JEMPERLI.....20
INVOKAMET TAB 150-50061	<i>isosorbide mononitrate</i> ...35	JENTADUETO TAB 2.5- 100062
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INVOKAMET TAB 50- 500MG.....61	<i>isotretinoin</i>102	JENTADUETO TAB 2.5- 85062
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	ITOVEBI.....20	<i>jinteli</i>70
	<i>itraconazole</i>8	JOENJA.....89
	<i>ivabradine hcl</i>34	<i>jolessa</i>68
	<i>ivermectin</i>7	JORNAY PM51
		JOURNAVX.....1
		<i>joyeaux</i>68
		JUBLIA.....102

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<i>juleber</i>	68	<i>kcl 20 meq/l (0.15%) in</i>	KEYTRUDA.....	20
JULUCA TAB 50-25MG ..	10	<i>dextrose 5% & nacl 0.2%</i>	KHAPZORY.....	24
<i>junel 1.5/30</i>	68	<i>inj</i>	KIMMTRAK.....	20
<i>junel 1/20</i>	68	<i>kcl 20 meq/l (0.15%) in</i>	KIMYRSA	7
<i>junel fe 1.5/30</i>	68	<i>dextrose 5% & nacl</i>	KINERET	87
<i>junel fe 1/20</i>	68	<i>0.45% inj</i>	KINRIX INJ	91
<i>junel fe 24</i>	68	<i>kcl 20 meq/l (0.15%) in</i>	<i>kionex</i>	67
JUXTAPID.....	30	<i>dextrose 5% & nacl 0.9%</i>	<i>kiprofen</i>	2
JYLAMVO	88	<i>inj</i>	KISQALI 200 DOSE.....	20
JYNARQUE	73	<i>kcl 20 meq/l (0.15%) in nacl</i>	KISQALI 200 PAK	
JYNARQUE PAK 30-15MG		<i>0.45% inj</i>	FEMARA.....	20
.....	73	<i>kcl 20 meq/l (0.15%) in nacl</i>	KISQALI 400 DOSE.....	20
JYNARQUE PAK 45-15MG		<i>0.9% inj</i>	KISQALI 400 PAK	
.....	73	<i>kcl 30 meq/l (0.224%) in</i>	FEMARA.....	20
JYNARQUE PAK 60-30MG		<i>dextrose 5% & nacl</i>	KISQALI 600 DOSE.....	20
.....	73	<i>0.45% inj</i>	KISQALI 600 PAK	
JYNARQUE PAK 90-30MG		<i>kcl 40 meq/l (0.3%) in</i>	FEMARA.....	20
.....	73	<i>dextrose 5% & nacl</i>	KITABIS PAK	7
JYNNEOS.....	90	<i>0.45% inj</i>	KLARON.....	102
K		<i>kcl 40 meq/l (0.3%) in</i>	<i>klayesta</i>	103
KABIVEN EMU	92	<i>dextrose 5% & nacl 0.9%</i>	KLISYRI.....	107
KADCYLA	20	<i>inj</i>	KLONOPIN	45
<i>kaitlib fe</i>	68	<i>kcl 40 meq/l (0.3%) in nacl</i>	<i>klor-con</i>	92
KALBITOR	84	<i>0.9% inj</i>	<i>klor-con 10</i>	92
KALETRA SOL	10	KCL/D5W/LACT INJ	<i>klor-con 8</i>	92
KALETRA TAB 100-25MG		20MEQ/L	<i>klor-con m10</i>	92
.....	10	KCL/D5W/NACL INJ	<i>klor-con m15</i>	92
KALETRA TAB 200-50MG		0.3/0.9%	<i>klor-con m20</i>	92
.....	10	<i>kelnor 1/35</i>	KLOXXADO.....	59
KALYDECO	98	<i>kelnor 1/50</i>	KOMBIGLYZ XR TAB 2.5-	
KANJINTI.....	20	KENALOG-10.....	1000	62
KANUMA.....	73	KENALOG-40.....	KOMBIGLYZ XR TAB 5-	
KAPSPARGO SPRINKLE		KENALOG-80.....	1000MG	62
.....	31	KEPPRA	KOMBIGLYZ XR TAB 5-	
<i>kariva</i>	68	KEPPRA XR	500MG	62
KATERZIA	32	KERENDIA	KONVOMEPSUS 2-84/ML	
KAZANO 12.5- TAB		KESIMPTA.....	.....	80
1000MG.....	62	<i>ketoconazole</i>	KORLYM	73
KAZANO 12.5- TAB		<i>ketoconazole (topical)</i> ..	KOSELUGO	20
500MG.....	62	103	<i>kourzeq</i>	108
<i>kcl 10 meq/l (0.075%) in</i>		<i>ketodan</i>	KRAZATI	20
<i>dextrose 5% & nacl</i>		<i>ketoprofen</i>	KRINTAFEL.....	9
<i>0.45% inj</i>	91	<i>ketorolac tromethamine</i>	<i>kristalose</i>	78
<i>kcl 20 meq/l (0.149%) in</i>		<i>ketorolac tromethamine</i>	KRYSTEXXA.....	1
<i>nacl 0.45% inj</i>	91	<i>(ophth)</i>	<i>kurvelo</i>	68
		KEVEYIS	KUVAN	73
		KEVZARA.....	KYPROLIS.....	20

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L		
<i>labetalol hcl</i>	31	
LABETALOL		
HYDROCHLORIDE.....	31	
<i>lacosamide</i>	45	
<i>lacosamide oral</i>	45	
<i>lactated ringer's solution</i> .	91	
<i>lactic acid (ammonium lactate)</i>	107	
<i>lactulose</i>	78	
<i>lactulose (encephalopathy)</i>	78	
LAMICTAL	45	
LAMICTAL CHEWABLE DISPERS	45	
LAMICTAL ODT	46	
LAMICTAL ODT KIT BLUE	46	
LAMICTAL ODT KIT GREEN.....	46	
LAMICTAL ODT KIT ORANGE.....	46	
LAMICTAL STARTER KIT (35 X 25MG TABS)	46	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB).....	46	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS).....	46	
LAMICTAL XR	46	
LAMICTAL XR KIT	46	
<i>lamivudine</i>	9	
<i>lamivudine (hbv)</i>	11	
<i>lamivudine-zidovudine tab 150-300 mg</i>	10	
<i>lamotrigine</i>	46	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	46	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	46	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	46	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	46	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	46	
LAMZEDE.....	73	
LANOXIN	34	
LANOXIN PEDIATRIC ...	34	
<i>lanreotide acetate</i>	73	
<i>lansoprazole</i>	80	
LANTUS.....	65	
LANTUS SOLOSTAR	65	
<i>lapatinib ditosylate</i>	20	
<i>larin 1.5/30</i>	68	
<i>larin 1/20</i>	68	
<i>larin 24 fe</i>	68	
<i>larin fe 1.5/30</i>	68	
<i>larin fe 1/20</i>	68	
LASIX.....	33	
<i>latanoprost</i>	94	
LATUDA.....	42	
<i>layolis fe</i>	68	
LAZCLUZE	20	
<i>leflunomide</i>	88	
LEMTRADA	57	
<i>lenalidomide</i>	17	
LENVIMA 10 MG DAILY DOSE	20	
LENVIMA 12MG DAILY DOSE	21	
LENVIMA 20 MG DAILY DOSE	21	
LENVIMA 4 MG DAILY DOSE	20	
LENVIMA 8 MG DAILY DOSE	20	
LENVIMA CAP 14 MG ...	21	
LENVIMA CAP 18 MG ...	21	
LENVIMA CAP 24 MG ...	21	
LESCOL XL	30	
<i>lessina</i>	68	
LETAIRIS.....	35	
<i>letrozole</i>	16	
<i>leucovorin calcium</i>	24	
LEUKERAN	15	
LEUKINE	83	
<i>leuprolide acetate</i>	16	
<i>leuprolide acetate (3 month)</i>	16	
<i>levalbuterol hcl</i>	97	
<i>levalbuterol tartrate</i>	97	
LEVETIRACETA INJ 10MG/ML	46	
LEVETIRACETA INJ 15MG/ML	46	
LEVETIRACETA INJ 5MG/ML	46	
<i>levetiracetam</i>	46	
LEVETIRACETAM	46	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	46	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	46	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	46	
<i>levobunolol hcl</i>	94	
<i>levocarnitine (metabolic modifiers)</i>	73	
<i>levocetirizine dihydrochloride</i>	97	
<i>levofloxacin</i>	13	
<i>levofloxacin (ophth)</i>	93	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	13	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	13	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	13	
<i>levoleucovorin calcium</i> ...	24	
levonest	68	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	68	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	68	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	68	

<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>.....68	<i>lisdexamfetamine dimesylate</i>.....51	<i>lorazepam</i>.....36
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>.....68	<i>lisinopril</i>.....25	<i>lorazepam intensol</i>.....36
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>.....68	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>.....25	<i>LORBRENA</i>.....21
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>.....68	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>.....25	<i>LOREEV XR</i>.....36
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>.....68	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>.....25	<i>loryna</i>.....69
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>.....68	<i>LITFULO</i>.....87	<i>losartan potassium</i>.....28
<i>levora 0.15/30-28</i>.....68	<i>lithium</i>.....55	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>.....27
<i>levorphanol tartrate</i>.....3	<i>lithium carbonate</i>.....55, 56	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>.....27
<i>levo-t</i>.....75	<i>LITHOBID</i>.....56	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>.....27
<i>levothyroxine sodium</i>.....75	<i>LITHOSTAT</i>.....81	<i>LOTEMAX</i>.....94
<i>levoxyl</i>.....75	<i>LIVALO</i>.....30	<i>LOTEMAX SM</i>.....94
<i>LEXAPRO</i>.....38	<i>LIVDELZI</i>.....79	<i>LOTENSIN</i>.....25
<i>LEXETTE</i>.....105	<i>LIVMARLI</i>.....79	<i>loteprednol etabonate</i>.....94
<i>l-glutamine (sickle cell)</i>.....84	<i>LIVTENCITY</i>.....11	<i>LOTREL CAP 10-20MG</i>.....25
<i>LIALDA</i>.....77	<i>LO LOESTRIN TAB 1-10-10</i>.....69	<i>LOTREL CAP 10-40MG</i>.....25
<i>LIBTAYO</i>.....21	<i>LOCOID</i>.....105	<i>LOTREL CAP 5-10MG</i> ...25
<i>lidocaine</i>.....106	<i>LODOCO</i>.....34	<i>LOTREL CAP 5-20MG</i> ...25
<i>lidocaine hcl</i>.....106	<i>LODOSYN</i>.....40	<i>LOTRONEX</i>.....79
<i>lidocaine hcl (local anesth.)</i>.....1	<i>loestrin 1.5/30-21</i>.....69	<i>lovastatin</i>.....30
<i>lidocaine hcl (mouth-throat)</i>.....108	<i>loestrin 1/20-21</i>.....69	<i>LOVAZA CAP 1GM</i>.....30
<i>lidocaine-prilocaine cream 2.5-2.5%</i>.....106	<i>loestrin fe 1.5/30</i>.....69	<i>LOVENOX</i>.....82
<i>lidocan</i>.....106	<i>loestrin fe 1/20</i>.....69	<i>low-ogestrel</i>.....69
<i>LIKMEZ</i>.....7	<i>lofena</i>.....2	<i>loxapine succinate</i>.....42
<i>LILETTA</i>.....68	<i>lofexidine hcl</i>.....59	<i>lubiprostone</i>.....79
<i>linezolid</i>.....7	<i>LOKELMA</i>.....67	<i>LUCEMYRA</i>.....59
<i>LINEZOLID INJ 2MG/ML</i> ..7	<i>LOMOTIL TAB 2.5MG</i> ...79	<i>LUCENTIS</i>.....95
<i>LINZESS</i>.....79	<i>LONSURF TAB 15-6.14</i> ..15	<i>luliconazole</i>.....103
<i>liothyronine sodium</i>.....75	<i>LONSURF TAB 20-8.19</i> ..15	<i>LUMAKRAS</i>.....21
<i>LIPITOR</i>.....30	<i>loperamide hcl</i>.....79	<i>LUMIGAN</i>.....94
<i>LIPOFEN</i>.....29	<i>LOPID</i>.....29	<i>LUMIZYME</i>.....73
<i>liraglutide</i>.....62	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>.....10	<i>LUMRYZ</i>.....59
	<i>lopinavir-ritonavir tab 100-25 mg</i>.....10	<i>LUMRYZ PAK STARTER</i>.....59
	<i>lopinavir-ritonavir tab 200-50 mg</i>.....10	<i>LUNESTA</i>.....53
	<i>LOPRESSOR</i>31	<i>LUNSUMIO</i>21
	<i>LOQTORZI</i>21	<i>LUPKYNIS</i>90
		<i>LUPRON DEPOT (1-MONTH)</i>16
		<i>LUPRON DEPOT (3-MONTH)</i>16

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LUPRON DEPOT (4-MONTH).....16	MARGENZA21	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i> 37
LUPRON DEPOT (6-MONTH).....16	MARINOL .....76	<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> 37
LUPRON DEPOT-PED (1-MONTH).....73	<i>marlissa</i>.....69	<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> 37
LUPRON DEPOT-PED (3-MONTH).....73	MARPLAN .....38	<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> 37
LUPRON DEPOT-PED (6-MONTH).....73	MATULANE .....17	MENACTRA INJ..... 91
<i>lurasidone hcl</i> .....42	<i>matzim la</i>.....32	MENEST..... 70
<i>lutea</i> .....69	MAVENCLAD (10 TABS)57	MENOSTAR..... 70
LUTRATE DEPOT .....16	MAVENCLAD (4 TABS)..57	MENQUADFI..... 91
LUZU .....103	MAVENCLAD (5 TABS)..57	MENVEO INJ 91
LYBALVI TAB 10-10MG .42	MAVENCLAD (6 TABS)..57	MENVEO SOL 91
LYBALVI TAB 15-10MG .42	MAVENCLAD (7 TABS)..57	MEPRON..... 7
LYBALVI TAB 20-10MG .42	MAVENCLAD (8 TABS)..57	<i>mercaptopurine</i> 15
LYBALVI TAB 5-10MG ...42	MAVENCLAD (9 TABS)..57	MEROP/NACL INJ 1GM/50ML 7
<i>lyleq</i>.....69	MAVYRET PAK 50-20MG .....11	MEROP/NACL INJ 500/50ML 7
<i>lyllana</i> .....70	MAVYRET TAB 100-40MG .....11	<i>meropenem</i> 7
LYNPARZA.....21	MAXALT.....54	<i>merzee</i> 69
LYRICA.....46	MAXALT-MLT.....54	<i>mesalamine</i> 77
LYRICA CR.....56	MAXIDEX.....94	<i>mesalamine w/ cleanser</i> .77
LYSODREN.....16	MAXITROL OIN 0.1% OP .....93	<i>mesna</i> 24
LYTGOBI (12 MG DAILY DOSE).....21	MAXITROL SUS 0.1% OP .....93	MESNEX 24
LYTGOBI (16 MG DAILY DOSE).....21	MAYZENT.....57	MESTINON.....56
LYTGOBI (20 MG DAILY DOSE).....21	MAYZENT STARTER PACK (12).....57	MESTINON TIMESPAN .56
LYUMJEV .....65	MAYZENT STARTER PACK (7).....57	METADATE CD .....51
LYUMJEV KWIKPEN .....65	<i>meclizine hcl</i>.....76	<i>metaxalone</i> .....58
LYUMJEV TEMPO PEN.65	<i>meclofenamate sodium</i> 2	<i>metformin hcl</i>.....62
LYVISPAH .....58	MEDROL.....71	<i>methadone hcl</i> 3
<i>lyza</i>.....69	MEDROL DOSEPAK .....71	METHADONE HCL INJ.... 3
M	<i>medroxyprogesterone acetate</i> .....74	<i>methadone hydrochloride i3</i>
MACROBID .....7	<i>medroxyprogesterone acetate (contraceptive)</i> 69	<i>methazolamide</i>.....33
MACRODANTIN.....7	<i>mefenamic acid</i> .....2	<i>methenamine hippurate</i> 7
<i>magnesium sulfate</i> .....92	<i>mefloquine hcl</i> .....9	<i>methergine</i>.....73
MAGNESIUM SULFATE 92	<i>megestrol acetate</i>.....16, 74	<i>methimazole</i> .....75
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....92	<i>megestrol acetate (appetite)</i> .....75	<i>methocarbamol</i> .....58
MALARONE TAB 250-1009	MEKINIST.....21	<i>methotrexate sodium 15, 88</i>
MALARONE TAB 62.5-25 9	MEKTOVI.....21	<i>methoxsalen rapid</i> 103
<i>malathion</i>108	<i>meloxicam</i>2	<i>methscopolamine bromide</i>77
<i>maraviroc</i>9	<i>memantine hcl</i>37	

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<i>methsuximide</i>	46	MICARDIS HCT TAB		<i>morphine sulfate beads</i>	3
<i>methyl dopa</i>	34	40/12.5	27	MORPHINE	
<i>methylergonovine maleate</i>		MICARDIS HCT TAB		SULFATE/SODIUM C...	5
.....	73	80/12.5	27	MOTEGRITY	79
METHYLIN.....	51	MICARDIS HCT TAB 80-		MOTPOLY XR.....	46
<i>methylphenidate</i>	51	25MG.....	27	MOUNJARO.....	62
<i>methylphenidate hcl</i>	51	<i>miconazole</i> 3	82	MOVANTIK.....	79
<i>methylprednisolone</i>	71	<i>miconazole-zinc oxide-</i>		MOVIPREP SOL	78
<i>methylprednisolone acetate</i>		<i>white petrolatum oint</i>		<i>moxifloxacin hcl</i>	13
.....	71	0.25-15-81.35%	103	<i>moxifloxacin hcl (ophth)</i> ..	93
<i>methylprednisolone sod</i>		<i>microgestin</i> 1.5/30	69	<i>moxifloxacin hcl 400</i>	
<i>succ</i>	71	<i>microgestin</i> 1/20	69	<i>mg/250ml in sodium</i>	
<i>methyltestosterone</i>	60	<i>microgestin fe</i> 1.5/30.....	69	<i>chloride 0.8% inj</i>	13
<i>metoclopramide hcl</i>	76	<i>microgestin fe</i> 1/20	69	MOXIFLOXACIN	
<i>metolazone</i>	33	<i>midodrine hcl</i>	34	HYDROCHLORID	13
<i>metoprolol &</i>		MIEBO	95	MOZOBIL	83
<i>hydrochlorothiazide tab</i>		<i>mifepristone</i>		MRESVIA	91
100-25 mg	31	(hyperglycemia)	73	MS CONTIN	3
<i>metoprolol &</i>		<i>migergot</i>	54	MULPLETA	84
<i>hydrochlorothiazide tab</i>		<i>miglitol</i>	62	MULTAQ.....	29
100-50 mg	31	<i>miglustat</i>	73	<i>multiple electrolytes ph 5.5</i>	
<i>metoprolol &</i>		<i>mili</i>	69	.....	92
<i>hydrochlorothiazide tab</i>		<i>mimvey</i>	71	<i>multiple electrolytes ph 7.4</i>	
50-25 mg	31	MINIVELLE	71	.....	92
<i>metoprolol succinate</i>	31	<i>minocycline hcl</i>	14	<i>mupirocin</i>	102
<i>metoprolol tartrate</i>	31	<i>minoxidil</i>	34	<i>mupirocin calcium (topical)</i>	
METROCREAM	107	<i>minzoya</i>	69	.....	102
METROGEL.....	107	MIPLYFFA	73	MVASI.....	21
METROLOTION	107	<i>mirtazapine</i>	38	MYALEPT.....	73
<i>metronidazole</i>	7	MIRVASO	107	MYCAMINE	8
METRONIDAZOLE	7	<i>misoprostol</i>	79	MYCAPSSA	73
<i>metronidazole (topical)</i> ..	107	MITIGARE	1	MYCOBUTIN.....	11
<i>metronidazole vaginal</i>	82	<i>mitomycin</i>	17	<i>mycophenolate mofetil</i>	90
<i>metyrosine</i>	34	<i>mitoxantrone hcl</i>	17	<i>mycophenolate sodium</i> ...	90
MG SO4/D5W INJ		M-M-R II INJ	91	MYDAYIS CAP 12.5MG .	51
10MG/ML	92	M-NATAL PLUS TAB.....	92	MYDAYIS CAP 25MG	51
MIACALCIN	66	<i>modafinil</i>	59	MYDAYIS CAP 37.5MG .	51
<i>mibelas 24 fe</i>	69	<i>moexipril hcl</i>	25	MYDAYIS CAP 50MG	51
MICAFUNGIN.....	8	<i>molindone hcl</i>	42	MYFEMBREE TAB	73
<i>micafungin sodium</i>	8	<i>mometasone furoate</i>	105	MYFORTIC.....	90
MICAFUNGIN/NACL INJ		<i>mometasone furoate</i>		MYHIBBIN	90
100MG/100ML	8	(nasal)	99	MYLOTARG	21
MICAFUNGIN/NACL INJ		MONJUVI.....	21	MYOBLOC.....	58
150MG/150ML	8	<i>mono-lynyah</i>	69	MYRBETRIQ	81
MICAFUNGIN/NACL INJ		<i>montelukast sodium</i>	97	MYSOLINE	46
50MG/50ML	8	<i>morphine sulfate</i>	3, 4	N	
		MORPHINE SULFATE	4	<i>nabumetone</i>	2

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<i>nadolol</i>31	<i>400unt-10000unt op oin</i>93	<i>niacin (antihyperlipidemic)</i>30
NAFCILLIN INJ 2GM/10014	<i>neomycin-polymy-gramicid</i> <i>op sol 1.75-10000-</i> <i>0.025mg-unt-mg/ml</i>93	<i>niacor</i>30
<i>nafcillin sodium</i>.....14	<i>neomycin-polymyxin b gu</i> <i>irrigation soln</i> .....81	<i>nicardipine hcl</i> .....32
<i>naftifine hcl</i>.....103	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth</i> <i>oint 0.1%</i> .....93	<i>nicardipine hcl iv soln 20</i> <i>mg/200ml in sodium</i> <i>chloride 0.9%</i>.....32
NAFTIN .....103	<i>neomycin-polymyxin-</i> <i>dexamethasone ophth</i> <i>susp 0.1%</i> .....93	<i>nicardipine hcl iv soln 40</i> <i>mg/200ml in sodium</i> <i>chloride 0.9%</i>.....32
NAGLAZYME .....73	<i>neomycin-polymyxin-hc</i> <i>ophth susp</i> .....93	NICARDIPINE SOL 20/200ML .....32
<i>nalbuphine hcl</i> .....5	<i>neomycin-polymyxin-hc otic</i> <i>soln 1%</i> .....95	NICARDIPINE SOL 40/200ML .....32
NALOCET TAB 2.5-300....5	<i>neomycin-polymyxin-hc otic</i> <i>susp 3.5 mg/ml-10000</i> <i>unit/ml-1%</i> .....95	NICOTROL INHALER ....59
<i>naloxone hcl</i>.....59	<i>neo-polycin 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>.....93	NICOTROL NS.....59
<i>naltrexone hcl</i> .....59	<i>neo-polycin hc ophth oint</i> <i>1%</i> .....93	<i>nifedipine</i> .....32
NAMENDA TAB 5-10MG37	NEORAL .....90	<i>nikki</i>.....69
NAMZARIC CAP 14-10MG.....37	NERLYNX.....21	NIKTIMVO .....90
NAMZARIC CAP 21-10MG.....37	NESINA.....62	NILANDRON .....16
NAMZARIC CAP 28-10MG.....37	<i>neuac gel 1.2-5%</i> .....102	<i>nilutamide</i> .....16
NAMZARIC CAP 7-10MG.....37	NEULASTA.....83	<i>nimodipine</i> .....32
NAMZARIC CAP PACK..37	NEULASTA ONPRO KIT 83	NINLARO.....21
NAPRELAN .....2	NEUPOGEN .....83	NIPENT.....17
<i>naproxen</i> .....2	NEUPRO.....40	<i>nisoldipine</i>.....32
<i>naproxen dr</i>.....2	NEURONTIN .....46	<i>nitazoxanide</i> .....7
<i>naproxen sodium</i>.....2	NEVANAC .....94	<i>nitisinone</i> .....73
<i>naproxen-esomeprazole</i> <i>magnesium tab dr 375-</i> <i>20 mg</i> .....2	<i>nevirapine</i> .....9	NITRO-BID .....35
<i>naproxen-esomeprazole</i> <i>magnesium tab dr 500-</i> <i>20 mg</i> .....2	NEXAVAR.....21	NITRO-DUR .....35
<i>naratriptan hcl</i>.....54	NEXICLON XR .....34	<i>nitrofurantoin</i> .....7
NARDIL .....38	NEXIUM.....80	NITROFURANTOIN.....7
NATACYN.....93	NEXLETOL .....30	<i>nitrofurantoin macrocrystal</i> 7 <i>nitrofurantoin monohyd</i> <i>macro</i> .....7
NATAZIA TAB .....69	NEXLIZET TAB 180/10MG.....30	<i>nitroglycerin</i> .....35
<i>nateglinide</i> .....62	NEXPLANON .....69	<i>nitroglycerin (intra-anal)</i> 107
NATROBA.....108	NEXTSTELLIS TAB 3- 14.2MG .....69	NITROLINGUAL.....35
NAYZILAM.....46	NEXVIAZYME .....73	NITROSTAT .....35
<i>nebivolol hcl</i>.....31	NGENLA .....73	NITYR .....73
NEBUPENT .....7		NIVESTYM .....83
<i>necon 0.5/35-28</i> .....69		<i>nizatidine</i> .....77
<i>nefazodone hcl</i> .....38		<i>nora-be</i> .....69
NEMLUVIO .....87		NORDITROPIN FLEXPPO.....73
<i>neomycin sulfate</i>7		<i>norelgestromin-ethinyl</i> <i>estradiol td ptwk 150-35</i> <i>mcg/24hr</i>69
<i>neomycin-bacitrac zn-</i> <i>polymyx 5(3.5)mg-</i>		

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<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	69	<i>nortriptyline hcl</i>	38	NUTROPIN AQ NUSPIN 10	73
<i>norethindrone (contraceptive)</i>	69	NORVASC	32	NUTROPIN AQ NUSPIN 20	73
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	69	NORVIR	9	NUTROPIN AQ NUSPIN 5	73
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	69	NOURIANZ	40	NUVARING MIS	69
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	69	NOVAREL	73	NUVIGIL	59
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	69	NOVOLIN INJ 70/30	65	NUZYRA	14
<i>norethindrone acetate</i>	75	NOVOLIN INJ 70/30 FP	65	<i>nyamyc</i>	103
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	71	NOVOLIN INJ 70/30 FP RELION	65	<i>nylia 1/35</i>	69
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	71	NOVOLIN N	65	<i>nylia 7/7/7</i>	69
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	69	NOVOLIN N FLEXPEN	65	NYMALIZE	32
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	69	NOVOLIN N FLEXPEN RELION	65	<i>nystatin</i>	9
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	69	NOVOLIN N RELION	65	<i>nystatin (mouth-throat)</i>	108
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	69	NOVOLIN R	65	<i>nystatin (topical)</i>	103
NORITATE	107	NOVOLIN R FLEXPEN	65	<i>nystop</i>	103
NORLIQVA	32	NOVOLIN R FLEXPEN RELION	65	NYVEPRIA	83
<i>norlyroc</i>	69	NOVOLIN R RELION	65	O	
NORPACE	29	NOVOLIN70/30 INJ RELION	65	OCALIVA	79
NORPACE CR	29	NOVOLOG	65	<i>ocella</i>	69
NORPRAMIN	38	NOVOLOG FLEXPEN	65	OCREVUS	57
NORTHERA	34	NOVOLOG FLEXPEN RELION	65	OCREVUS INJ ZUNOVO	57
<i>nortrel 0.5/35 (28)</i>	69	NOVOLOG MIX INJ 70/30	65	OCTAGAM	89
<i>nortrel 1/35 (21)</i>	69	NOVOLOG MIX INJ FLEX REL	65	<i>octreotide acetate</i>	73
<i>nortrel 1/35 (28)</i>	69	NOVOLOG MIX INJ FLEXPEN	65	OCUFLOX	93
<i>nortrel 7/7/7</i>	69	NOVOLOG MIX INJ NOVOLOG	65	ODACTRA SUB	89
		NOVOLOG RELI INJ 70/30	65	ODEFSEY TAB	10
		NOVOLOG RELION	65	ODOMZO	21
		NOXAFIL	9	OFEV	98
		NPLATE	83	<i>ofloxacin (ophth)</i>	93
		NUBEQA	16	<i>ofloxacin (otic)</i>	95
		NUCALA	98	OGIVRI	21
		NUCYNTA	5	OGSIVEO	21
		NUCYNTA ER	3	OHTUVAYRE	98
		NUDEXTA CAP 20-10MG	56	OJEMDA	21
		NULOJIX	90	OJJAARA	21
		NUPLAZID	42, 43	<i>olanzapine</i>	43
		NURTEC	54	<i>olmesartan medoxomil</i> ...	29
		NUTRILIPID	92	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	27
				<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	27

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<i>olmesartan medoxomil-hydrochlorothiazide tab</i> 40-25 mg27	OMNIPOD 5 LB MIS PODS G666	OPVEE 59
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 20-5-12.5 mg .....27	OMNIPOD DASH KIT INTRO .....66	OPZELURA 107
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-12.5 mg .....28	OMNIPOD DASH MIS PODS .....66	ORACEA 107
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-10-25 mg .....28	OMNIPOD GO KIT 10UNT/DY .....66	ORAPRED ODT 71
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-12.5 mg .....27	OMNIPOD GO KIT 15UNT/DY .....66	ORBACTIV 7
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i> 40-5-25 mg .....27	OMNIPOD GO KIT 20UNT/DY .....66	ORENCIA 87
<i>olopatadine hcl (nasal)....97</i>	OMNIPOD GO KIT 25UNT/DY .....66	ORENCIA CLICKJECT... 87
OLPRUVA.....73	OMNIPOD GO KIT 30UNT/DY .....66	ORENITRAM..... 35
OLUMIANT .....87	OMNIPOD GO KIT 35UNT/DY .....66	ORENITRAM TAB MONTH 1..... 35
<i>omega-3-acid ethyl esters</i> cap 1 gm .....30	OMNIPOD GO KIT 40UNT/DY .....66	ORENITRAM TAB MONTH 2..... 35
omeprazole .....80	OMNIPOD MIS CLASSIC.....66	ORENITRAM TAB MONTH 3..... 35
omeprazole-sodium bicarbonate cap 20-1100 mg .....80	OMNITROPE .....73	ORFADIN 74
omeprazole-sodium bicarbonate cap 40-1100 mg .....80	OMVOH .....87	ORGOVYX 16
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg ...80	OMVOH SOAJ 100/200 ..87	ORIAHNN CAP 74
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg ...80	OMVOH SOSY 100/200 .87	ORILISSA 74
OMNARIS .....99	ONAPGO .....40	ORKAMBI GRA 100-125 98
OMNIPOD 5 DX KIT INT G7G6 .....65	ONCASPAR .....17	ORKAMBI GRA 150-188 98
OMNIPOD 5 DX MIS POD G7G6 .....65	ondansetron .....76	ORKAMBI GRA 75-94MG 98
OMNIPOD 5 G7 KIT INTRO .....65	ondansetron hcl .....76	ORKAMBI TAB 100-125. 98
OMNIPOD 5 G7 MIS PODS.....65	ONEXTON GEL 1.2-3.75.....102	ORKAMBI TAB 200-125. 98
OMNIPOD 5 LB KIT INTRO G6 .....65	ONFI.....46	ORLADEYO 84
	ONGENTYS .....40	<i>ormalvi</i> 33
	ONGLYZA.....62	ORSERDU..... 16
	ONIVYDE.....17	<i>oseltamivir phosphate</i> 11
	ONTRUZANT .....21	OSENI TAB 12.5-30 62
	ONUREG .....15	OSENI TAB 25-15MG 62
	ONZETRA XSAIL .....54	OSENI TAB 25-30MG 62
	OPDIVO .....21	OSENI TAB 25-45MG 62
	OPDIVO INJ QVANTIG ..21	OSPHENA..... 74
	OPDUALAG SOL .....21	OTEZLA..... 87
	OPFOLDA..... 74	OTEZLA TAB 10/20..... 87
	OPIPZA.....43	OTEZLA TAB 10/20/30... 87
	OPSUMIT .....35	OTREXUP 88
	OPSYNVI TAB 10-20MG35	OVIDE..... 108
	OPSYNVI TAB 10-40MG35	OXACILLIN INJ 2GM 14
		<i>oxacillin sodium</i> 14
		<i>oxaliplatin</i> 15
		<i>oxaprozin</i> 2
		OXAYDO 5
		<i>oxazepam</i> 36
		<i>oxcarbazepine</i>46, 47
		OXERVATE..... 95
		<i>oxiconazole nitrate</i> 103

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OXISTAT.....103	PACLITAXEL INJ 100MG18	PANTOPR/NACL SOL 80MG/100 80
OXLUMO81	PADCEV21	<i>pantoprazole sodium</i> 80
OXTELLAR XR.....47	PALFORZIA CAP ESCALAT.....89	PANTOPRAZOLE SOL 40/50ML 80
OXY-ACETAMIN TAB 7.5- 300.....5	PALFORZIA CAP LEVEL 10.....89	PANZYGA 89
<i>oxybutynin chloride</i> .....81	PALFORZIA CAP LEVEL 3.....89	<i>paricalcitol</i> 75
OXYCOD/ACETA SOL 10/300MG .....5	PALFORZIA CAP LEVEL 7.....89	PARLODEL 40
OXYCOD/APAP TAB 10- 300MG.....5	PALFORZIA CAP LEVEL 8.....89	PARNATE..... 38
OXYCOD/APAP TAB 5- 300MG.....5	PALFORZIA LEVEL 1.....89	<i>paroxetine hcl</i> .....38, 39
OXYCOD-APAP TAB 2.5- 300.....5	PALFORZIA LEVEL 11 (MAINT.....89	<i>paroxetine mesylate</i> (<i>vasomotor</i>)..... 56
<i>oxycodone hcl</i>.....5	PALFORZIA LEVEL 11 (TITRA.....89	PAVBLU..... 95
OXYCODONE HYDROCHLORIDE.....5	PALFORZIA LEVEL 2.....89	PAXIL..... 39
<i>oxycodone w/</i> <i>acetaminophen soln 5-</i> <i>325 mg/5ml</i> .....5	PALFORZIA LEVEL 4.....89	PAXIL CR 39
<i>oxycodone w/</i> <i>acetaminophen tab 10-</i> <i>325 mg</i> .....5	PALFORZIA LEVEL 5.....89	PAXLOVID PAK..... 11
<i>oxycodone w/</i> <i>acetaminophen tab 2.5-</i> <i>325 mg</i> .....5	PALFORZIA LEVEL 6.....89	PAXLOVID TAB 150-10011
<i>oxycodone w/</i> <i>acetaminophen tab 5-325</i> <i>mg</i> .....5	PALFORZIA LEVEL 9.....89	PAXLOVID TAB 300-10011
<i>oxycodone w/</i> <i>acetaminophen tab 7.5-</i> <i>325 mg</i> .....5	<i>paliperidone</i> .....43	<i>pazopanib hcl</i> 21
OXYCONTIN .....3	<i>palonosetron hcl</i> 76	PEDIAPRED..... 71
<i>oxymorphone hcl</i> .....3, 5	PALONOSETRON HYDROCHLORID 76	PEDIARIX INJ 0.5ML..... 91
OXYTROL.....81	PALYNZIQ 74	PEDVAX HIB..... 91
OZEMPIC (0.25 OR 0.5 MG/DOSE).....62	PAMELOR .....38	<i>peg 3350-kcl-na bicarb-</i> <i>nacl-na sulfate for soln</i> <i>236 gm</i> 78
OZEMPIC (0.25 OR 0.5MG/DOSE).....62	<i>pamidronate disodium</i> ....66	<i>peg 3350-kcl-sod bicarb-</i> <i>nacl for soln 420 gm</i> 78
OZEMPIC (1MG/DOSE) .62	PAMIDRONATE DISODIUM 66	<i>peg-3350/electrolytes/asc</i> 78
OZEMPIC (2MG/DOSE) .62	PANCREAZE CAP 10500UNT..... 79	PEGASYS 11
OZOBAX DS.....58	PANCREAZE CAP 16800UNT..... 79	PEMAZYRE..... 21
P	PANCREAZE CAP 21000UNT..... 79	PEMETREXED 16
<i>pacerone</i> .....29	PANCREAZE CAP 2600UNIT..... 79	<i>pemetrexed disodium</i> 16
<i>paclitaxel</i> .....18	PANCREAZE CAP 37000 79	PEMRYDI RTU 16
<i>paclitaxel inj 100mg</i>.....18	PANCREAZE CAP 4200UNIT..... 79	PEN GK/DEXTR INJ 20000/ML..... 14
	PANRETIN.....107	PEN GK/DEXTR INJ 40000/ML..... 14
	PANTOPR/NACL SOL 40MG/100 .....80	PEN GK/DEXTR INJ 60000/ML..... 14
		PENBRAYA INJ 91
		<i>penciclovir</i> 107
		<i>penicillamine</i> 67
		<i>penicillin g potassium</i> 14
		<i>penicillin g sodium</i> 14
		<i>penicillin v potassium</i> 14
		PENNSAID107

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PENTACEL INJ	91	<i>phenytoin sodium</i>	47	<i>pitavastatin calcium</i>	30
PENTAM 300.....	7	<i>phenytoin sodium extended</i>		PLAQUENIL	88
<i>pentamidine isethionate inh</i>		.....	47	PLASMA-LYTE INJ -148	92
.....	7	PHESGO SOL	21	PLASMA-LYTE INJ -A....	92
<i>pentamidine isethionate inj</i>		PHEXXI GEL	69	PLAVIX	85
.....	7	<i>philith</i>	69	PLEGRIDY	57
PENTASA	77	PHOSPHOLINE IODIDE	94	PLEGRIDY INJ STARTER	
<i>pentoxifylline</i>	84	PIASKY	84	.....	57
PEPCID.....	77	PIFELTRO	10	PLEGRIDY PEN INJ	
PERCOCET TAB 10-		<i>pilocarpine hcl</i>	94	STARTER	57
325MG.....	5	<i>pilocarpine hcl (oral)</i>	108	<i>plenamine</i>	92
PERCOCET TAB 2.5-325.5		<i>pimecrolimus</i>	107	PLENVU SOL.....	78
PERCOCET TAB 5-325MG		<i>pimozide</i>	43	<i>plerixafor</i>	83
.....	5	<i>pimtrea</i>	69	<i>podofilox</i>	107
PERCOCET TAB 7.5-325.5		<i>pindolol</i>	31	POKONZA	92
PERFOROMIST	97	<i>pioglitazone hcl</i>	63	POLIVY	22
<i>perindopril erbumine</i>	25	<i>pioglitazone hcl-glimepiride</i>		<i>polycin ophth oint</i>	93
<i>periogard</i>	108	<i>tab 30-2 mg</i>	63	<i>polymyxin b sulfate</i>	7
PERJETA.....	21	<i>pioglitazone hcl-glimepiride</i>		<i>polymyxin b-trimethoprim</i>	
<i>permethrin</i>	108	<i>tab 30-4 mg</i>	63	<i>ophth soln 10000 unit/ml-</i>	
<i>perphenazine</i>	43	<i>pioglitazone hcl-metformin</i>		<i>0.1%</i>	93
<i>perphenazine-amitriptyline</i>		<i>hcl tab 15-500 mg</i>	63	POMALYST	17
<i>tab 2-10 mg</i>	39	<i>pioglitazone hcl-metformin</i>		POMBILITI	74
<i>perphenazine-amitriptyline</i>		<i>hcl tab 15-850 mg</i>	63	PONVORY.....	57
<i>tab 2-25 mg</i>	39	<i>piperacillin sod-tazobactam</i>		PONVORY TAB STARTER	
<i>perphenazine-amitriptyline</i>		<i>na for inj 3.375 gm (3-</i>		.....	57
<i>tab 4-10 mg</i>	39	<i>0.375 gm)</i>	14	<i>portia-28</i>	69
<i>perphenazine-amitriptyline</i>		<i>piperacillin sod-tazobactam</i>		<i>posaconazole</i>	9
<i>tab 4-25 mg</i>	39	<i>sod for inj 13.5 gm (12-</i>		POSFREA	76
<i>perphenazine-amitriptyline</i>		<i>1.5 gm)</i>	14	POT CHL 20MEQ/L IN	
<i>tab 4-50 mg</i>	39	<i>piperacillin sod-tazobactam</i>		NACL 0.45% INJ	92
PERSERIS.....	43	<i>sod for inj 2.25 gm (2-</i>		POT CHL 20MEQ/L IN	
PERTZYE CAP 16000U .	79	<i>0.25 gm)</i>	14	NACL 0.9% INJ	92
PERTZYE CAP 24000U .	79	<i>piperacillin sod-tazobactam</i>		POT CHL 40MEQ/L IN	
PERTZYE CAP 4000UNIT		<i>sod for inj 4.5 gm (4-0.5</i>		NACL 0.9% INJ	92
.....	79	<i>gm)</i>	14	<i>potassium chloride</i>	92
PERTZYE CAP 8000UNIT		<i>piperacillin sod-tazobactam</i>		POTASSIUM CHLORIDE	
.....	79	<i>sod for inj 40.5 gm (36-</i>		.....	92
<i>pfizerpen</i>	14	<i>4.5 gm)</i>	14	<i>potassium chloride 20</i>	
PHEBURANE	74	PIQRAY 200MG DAILY		<i>meq/l (0.15%) in</i>	
<i>phenelzine sulfate</i>	39	DOSE	21	<i>dextrose 5% inj</i>	92
PHENERGAN.....	76	PIQRAY 250MG TAB		<i>potassium chloride</i>	
<i>phenobarbital</i>	47	DOSE	21	<i>microencapsulated</i>	
<i>phenobarbital sodium</i>	47	PIQRAY 300MG DAILY		<i>crystals er</i>	92
<i>phenoxybenzamine hcl</i> ...34		DOSE	22	<i>potassium citrate</i>	
<i>phenytek</i>	47	<i>pirfenidone</i>	98	<i>(alkalinizer)</i>	81
<i>phenytoin</i>	47	<i>piroxicam</i>	2	POTELIGEO.....	22

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PRADAXA.....	83	PRIMAXIN IV INJ 500MG.7	7	PROTONIX.....	80
<i>pralatrexate</i>	16	<i>primidone</i>	47	<i>protriptyline hcl</i>	39
<i>pramipexole</i>		PRIORIX INJ	91	PROVERA.....	75
<i>dihydrochloride</i>	40, 41	PRISTIQ.....	39	PROVIGIL.....	59
<i>prasugrel hcl</i>	85	PRIVIGEN.....	89	PROZAC.....	39
<i>pravastatin sodium</i>	30	PROAIR RESPICLICK....	97	<i>prucalopride succinate</i>	79
<i>praziquantel</i>	7	<i>probenecid</i>	1	PRUDOXIN	107
<i>prazosin hcl</i>	26	PROCARDIA XL.....	32	PULMICORT	99
PRED FORTE	94	<i>prochlorperazine</i>	76	PULMICORT FLEXHALER	
PRED MILD	94	<i>prochlorperazine edisylate</i>		.....	99, 100
<i>prednisolone</i>	71	.....	76	PULMOZYME.....	98
<i>prednisolone acetate</i>		<i>prochlorperazine maleate</i>		PURIXAN.....	16
<i>(ophth)</i>	94	.....	76	PYLERA CAP.....	79
PREDNISOLONE SODIUM		PROCRT.....	83	<i>pyrazinamide</i>	11
PHOSP.....	94	<i>proctocort</i>	107	<i>pyridostigmine bromide</i> ..	56
<i>prednisolone sodium</i>		PROCTOFOAM AER HC		<i>pyrimethamine</i>	7
<i>phosphate</i>	71	1%	107	PYRUKYND	84
<i>prednisone</i>	71	<i>procto-med hc</i>	107	PYRUKYND TAB	
PREDNISONE INTENSOL		<i>proctosol hc</i>	107	20MGX5MG.....	84
.....	71	<i>proctozone-hc</i>	107	PYRUKYND TAB	
<i>pregabalin</i>	47	PROCYSBI	74	50MGX20M.....	84
<i>pregabalin (once-daily)</i> ...	56	<i>progesterone</i>	75	PYRUKYND TAPER PACK	
PREGNYL W/DILUENT		PROGLYCEM.....	72	.....	85
BENZYL	74	PROGRAF	90	PYZCHIVA.....	87
PREMARIN.....	71	PROLASTIN-C	98	Q	
PREMASOL SOL 10%....	92	PROLATE SOL 10/300MG		QBRELIS	25
PREMPHASE TAB.....	71	.....	5	QELBREE.....	52
PREMPRO TAB	71	PROLATE TAB 10-300MG		QINLOCK	22
PREMPRO TAB 0.3-1.5 .	71	.....	5	QNASL.....	99
PREMPRO TAB 0.45-1.5	71	PROLATE TAB 5-300MG.5	5	QNASL CHILDRENS.....	99
PREMPRO TAB 0.625-5	71	PROLATE TAB 7.5-300....	5	QTERN TAB 10-5MG	63
PRENATAL TAB 27-1MG		PROLENSA	94	QTERN TAB 5-5MG	63
.....	92	PROLIA.....	66	QUADRACEL INJ 0.5ML	91
PRENATAL TAB PLUS...92		PROMACTA	84	QUDEXY XR	47
PRETOMANID.....	11	<i>promethazine &</i>		QUESTRAN	30
PREVACID	80	<i>phenylephrine syrup</i>		QUESTRAN LIGHT	30
PREVACID SOLUTAB...80		6.25-5 mg/5ml.....	96	<i>quetiapine fumarate</i>	43
<i>prevalite</i>	30	<i>promethazine hcl</i>	76	QUILLICHEW ER.....	52
PREVYMIS	11	<i>promethegan</i>	76	QUILLIVANT XR	52
PREZCOBIX TAB 800-150		PROMETRIUM.....	75	<i>quinapril hcl</i>	25
.....	10	<i>propafenone hcl</i>	29	<i>quinapril-</i>	
PREZISTA	10	<i>proparacaine hcl</i>	95	<i>hydrochlorothiazide tab</i>	
PRIFTIN	11	<i>propranolol hcl</i>	31	10-12.5 mg.....	25
PRILOSEC.....	80	<i>propylthiouracil</i>	75	<i>quinapril-</i>	
<i>primaquine phosphate</i>	9	PROQUAD INJ.....	91	<i>hydrochlorothiazide tab</i>	
PRIMAQUINE		PROSCAR.....	81	20-12.5 mg.....	25
PHOSPHATE.....	9	PROSOL INJ 20%.....	92		

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<i>quinapril-</i>	RECOMBIVAX HB	91	<i>ribavirin (hepatitis c).....</i>	11
<i>hydrochlorothiazide tab</i>	RECORLEV	74	<i>rifabutin</i>	11
<i>20-25 mg</i>	RECTIV	107	RIFADIN	11
<i>quinidine sulfate</i>	REGLAN	76	<i>rifampin</i>	11
<i>quinine sulfate</i>	REGRANEX	108	<i>riluzole</i>	56
QULIPTA.....	RELAFEN DS.....	2	<i>rimantadine hydrochloride</i>	
QUTENZA KIT 8% 1-PCH	RELENZA DISKHALER..	11	.....	11
.....	RELEUKO.....	83	RIMSO-50.....	81
QUTENZA KIT 8% 2-PCH	RELEXXII.....	52	RINVOQ.....	87
.....	RELISTOR.....	79	RINVOQ LQ	87
QUTENZA KIT 8% 4-PCH	RELPAX.....	54	<i>risedronate sodium</i>	66
.....	RELTONE.....	79	RISPERDAL	43
QUVIVIQ	REMERON	39	RISPERDAL CONSTA...	43
QUZYTIR.....	REMERON SOLTAB	39	<i>risperidone.....</i>	43
QVAR REDHALER	REMICADE.....	87	<i>risperidone microspheres</i>	43
R	REMODULIN	35	RITALIN	52
RABAVERT INJ.....	RENFLEXIS.....	87	RITALIN LA	52
<i>rabeprazole sodium.....</i>	<i>repaglinide</i>	63	<i>ritonavir</i>	10
RADICAVA	REPATHA.....	30	RITUXAN.....	22
RADICAVA ORS	REPATHA PUSHTRONEX		RITUXAN INJ HYCELA..	22
RADICAVA ORS	SYSTEM	30	<i>rivaroxaban.....</i>	83
STARTER KIT	REPATHA SURECLICK .	30	<i>rivastigmine</i>	37
RAGWITEK.....	RESTASIS	95	<i>rivastigmine tartrate</i>	37
RALDESY	RESTASIS MULTIDOSE	95	<i>rivelsa.....</i>	69
<i>raloxifene hcl.....</i>	RESTORIL.....	53	RIVFLOZA.....	81
<i>ramelteon</i>	RETACRIT.....	83	<i>rizatriptan benzoate</i>	54
<i>ramipril</i>	RETEVMO	22	ROCALTROL	75
<i>ranolazine</i>	RETIN-A.....	102	ROCKLATAN DRO	94
RAPAFLO	RETIN-A MICRO.....	102	<i>roflumilast</i>	98
RAPAMUNE	RETIN-A MICRO PUMP		ROLVEDON	83
RAPIVAB .....	.....	102	ROMVIMZA	22
<i>rasagiline mesylate</i>	RETROVIR	10	<i>ropinirole hydrochloride ..</i>	41
RASUVO.....	REVATIO	35	<i>rosuvastatin calcium</i>	30
RAVICTI.....	REVCovi.....	74	ROTARIX SUS.....	91
RAYALDEE.....	REVLIMID.....	17	ROTATEQ SOL.....	91
RAYOS.....	REVUFORJ	22	ROWASA.....	77
REBIF.....	REXULTI.....	43	<i>roweepra.....</i>	47
REBIF REBIDO INJ	REYATAZ	10	ROXICODONE.....	5
TITRATN	REYVOW.....	54	ROXYBOND.....	5
REBIF REBIDOSE	REZDIFFRA	74	ROZEREM.....	53
REBIF TITRTN INJ PACK	REZLIDHIA.....	22	ROZLYTREK.....	22
.....	REZUROCK	90	RUBRACA.....	22
REBLOZYL	REZVOGLAR KWIKPEN	66	RUCONEST	85
REBYOTA.....	REZZAYO.....	9	<i>rufinamide</i>	47
RECARBRIO INJ 1.25GM 7	RHOFADE	107	RUKOBIA	10
RECLAST	RHOPRESSA.....	94	RUXIENCE.....	22
<i>reclipsen.....</i>	RIABNI	22	RYALTRIS SPR 665-25 .	96

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RYBELSUS.....63	SEGLUROMET TAB 2.5- 500.....63	SITAG/METFOR TAB 50- 1000 63
RYBREVANT.....22	SEGLUROMET TAB 7.5- 100063	SITAG/METFOR TAB 50- 500MG 63
<i>ryclora</i> .....97	SEGLUROMET TAB 7.5- 500.....63	SITAGLIPTIN 63
RYDAPT .....22	<i>selegiline hcl</i>.....41	SIVEXTRO 7
RYKINDO.....43	<i>selenium sulfide</i>.....103	SKYCLARYS.....56
RYLAZE .....17	SELZENTRY .....10	SKYRIZI.....87
RYSTIGGO.....89	SEMGLEE .....66	SKYRIZI PEN.....87
RYTARY CAP 145MG ...41	SENSIPAR.....74	SKYTROFA.....74
RYTARY CAP 195MG ...41	SEREVENT DISKUS .....97	SMOFLIPID EMU .....92
RYTARY CAP 245MG ...41	SEROQUEL.....43, 44	SOAANZ.....33
RYTARY CAP 95MG .....41	SEROQUEL XR .....44	<i>sod sulfate-pot sulf-mg sulf</i> <i>oral sol 17.5-3.13-1.6</i> <i>gm/177ml</i> 78
RYTELO.....85	SEROSTIM .....74	<i>sodium chloride</i> .....92
RYVENT .....97	<i>sertraline hcl</i> .....39	<i>sodium chloride (gu</i> <i>irrigant)</i> .....108
S	SERTRALINE HYDROCHLORIDE.....39	<i>sodium fluoride chew; tab;</i> <i>1.1 (0.5 f) mg/ml soln ..</i> 92
SABRIL .....47	<i>setlakin</i>.....69	SODIUM OXYBATE .....59
SAFYRAL TAB .....69	SEYSARA.....14	<i>sodium phenylbutyrate ...</i> 74
<i>sajazir</i>.....85	SFROWASA.....78	<i>sodium polystyrene</i> <i>sulfonate powder</i> .....67
SALAGEN.....108	<i>sharobel</i> .....69	SOGROYA .....74
SAMSCA.....74	SHINGRIX .....91	<i>solifenacin succinate</i>.....81
SANCUSO .....76	SIGNIFOR .....74	SOLIQUEA INJ 100/33 .....66
SANDIMMUNE .....90	SIGNIFOR LAR .....74	SOLIRIS.....85
SANDOSTATIN.....74	SIKLOS.....85	SOLOSEC .....7
SANDOSTATIN LAR DEPOT74	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>35	SOLTAMOX16
SANTYL108	SILENOR53	SOLU-CORTEF72
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<i>sapropterin dihydrochloride</i>74	SILVADENE102	SOMATULINE DEPOT ...74
SARCLISA22	<i>silver sulfadiazine</i>102	SOMAVERT74
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<i>saxagliptin hcl</i>63	<i>simpesse</i>69	SORILUX.....103
<i>saxagliptin-metformin hcl</i> <i>tab er 24hr 2.5-1000 mg</i>63	SIMPONI.....87	<i>sotalol hcl</i>29
<i>saxagliptin-metformin hcl</i> <i>tab er 24hr 5-1000 mg.</i> 63	SIMPONI ARIA.....87	<i>sotalol hcl (afib/af)</i>29
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<i>spironolactone</i>	25	<i>subvenite starter kit/gre</i> ..	47	SYMBICORT AER 80-4.5	
<i>spironolactone &</i>		<i>subvenite starter kit/ora</i> ..	47		100
<i>hydrochlorothiazide tab</i>		SUCRAID.....	79	SYMDEKO TAB 100-15098	
25-25 mg	33	sucralfate	79	SYMDEKO TAB 50-75MG	
SPORANOX	9	SUFLAVE SOL.....	78	.....	98
SPRAVATO SOL 56MG		SULAR.....	32	SYMFI LO TAB	10
DOS.....	39	<i>sulfacetamide sodium</i>		SYMFI TAB	10
SPRAVATO SOL 84MG		(acne)	102	SYMLINPEN 120	63
DOS.....	39	<i>sulfacetamide sodium</i>		SYMLINPEN 60	63
<i>sprintec 28</i>	69	(<i>ophth</i>)	93	SYMPAZAN.....	47
SPRITAM.....	47	<i>sulfacetamide sodium-</i>		SYMPROIC	79
SPRIX	2	<i>prednisolone ophth soln</i>		SYMTUZA TAB.....	10
SPRYCEL	22	10-0.23(0.25)%	93	SYNALAR.....	105
<i>sps</i>	67	<i>sulfadiazine</i>	7	SYNAREL.....	74
<i>sps rectal</i>	67	<i>sulfamethoxazole-</i>		SYNJARDY TAB 12.5-	
<i>sronyx</i>	69	<i>trimethoprim iv soln 400-</i>		1000MG	63
<i>ssd</i>	102	80 mg/5ml	7	SYNJARDY TAB 12.5-500	
STALEVO 100 TAB.....	41	<i>sulfamethoxazole-</i>		.....	63
STALEVO 125 TAB.....	41	<i>trimethoprim susp 200-40</i>		SYNJARDY TAB 5-	
STALEVO 150 TAB.....	41	mg/5ml.....	7	1000MG	63
STALEVO 200 TAB.....	41	<i>sulfamethoxazole-</i>		SYNJARDY TAB 5-500MG	
STALEVO 50 TAB.....	41	<i>trimethoprim tab 400-80</i>		.....	63
STALEVO 75 TAB.....	41	mg.....	7	SYNJARDY XR TAB 10-	
STEGLATRO.....	63	<i>sulfamethoxazole-</i>		1000	63
STEGLUJAN TAB 15-		<i>trimethoprim tab 800-160</i>		SYNJARDY XR TAB 12.5-	
100MG.....	63	mg.....	7	1000	63
STEGLUJAN TAB 5-		SULFAMYLON	102	SYNJARDY XR TAB 25-	
100MG.....	63	<i>sulfasalazine</i>	78	1000	63
STELARA.....	88	<i>sulindac</i>	2	SYNJARDY XR TAB 5-	
STIMUFEND.....	84	<i>sumatriptan</i>	54	1000MG	63
STIOLTO AER 2.5-2.5	95	<i>sumatriptan succinate</i>	55	SYNTHROID	75
STIVARGA.....	22	<i>sumatriptan-naproxen</i>		SYPRINE.....	67
STRATTERA	52	<i>sodium tab 85-500 mg</i> 55		T	
STRENSIQ	74	<i>sunitinib malate</i>	22	TABLOID	16
<i>streptomycin sulfate</i>	7	SUNLENCA	10	TABRECTA	22
STRIBILD TAB	10	SUNOSI.....	59	TACLONEX SUS	103
STRIVERDI RESPIMAT .97		SUPREP BOWEL SOL		<i>tacrolimus</i>	90
STROMECTOL.....	7	PREP KIT.....	78	<i>tacrolimus (topical)</i>	107
SUBLOCADE	59	SUSTOL.....	76	<i>tadalafil</i>	81
SUBOXONE MIS 12-3MG		SUSVIMO	95	<i>tadalafil (pulmonary</i>	
.....	60	SUTAB TAB.....	78	<i>hypertension)</i>	35
SUBOXONE MIS 2-0.5MG		SUTENT.....	22	TADLIQ.....	35
.....	59	<i>syeda</i>	69	TAFINLAR	22
SUBOXONE MIS 4-1MG 59		SYFOVRE.....	95	<i>tafluprost</i>	94
SUBOXONE MIS 8-2MG 60		SYLVANT	17	TAGRISSO.....	22
<i>subvenite</i>	47	SYMBICORT AER 160-4.5		TAKHZYRO.....	85
<i>subvenite starter kit/blu</i> ...	47		100	TALICIA CAP	79

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TALTZ	88	telmisartan-	tiadylt er	32
TALZENNA	22	hydrochlorothiazide tab	tiagabine hcl	47
TAMIFLU.....	11, 12	40-12.5 mg	TIAZAC	32
tamoxifen citrate	16	telmisartan-	TIBSOVO.....	23
tamsulosin hcl.....	81	hydrochlorothiazide tab	ticagrelor	85
tanlor	58	80-12.5 mg	TICOVAC.....	91
taperdex 12-day	72	telmisartan-	tigecycline	14
taperdex 6-day.....	72	hydrochlorothiazide tab	TIGECYCLINE	15
taperdex 7-day.....	72	80-25 mg	TIGLUTIK	56
targadox	14	temazepam	TIKOSYN.....	29
TARGRETIN.....	17, 107	temsirolimus	tilia fe.....	69
tarina 24 fe	69	TENIVAC INJ 5-2LF.....	timolol hemihydrate (ophth)	
tarina fe 1/20 eq	69	tenofovir disoproxil	.....	94
TARPEYO.....	81	fumarate	timolol maleate	32
TASCENSO ODT	57	TENORETIC TAB 100 ...	timolol maleate (ophth) ...	94
TASIGNA	22	TENORETIC TAB 50	timolol maleate (ophth)	
tasimelteon	53	TENORMIN.....	once-daily	94
TAVALISSE	85	TEPEZZA.....	timolol maleate (ophth) pf	
TAVNEOS.....	85	TEPMETKO.....	.....	94
TAYTULLA CAP		terazosin hcl	TIMOPTIC OCUDOSE ..	94
1MG/20MC	69	terbinafine hcl	tinidazole	7
tazarotene	103	terbutaline sulfate	tiopronin	81
TAZAROTENE	102	terconazole vaginal	tiotropium bromide	
tazicef.....	12	teriflunomide	monohydrate.....	96
TAZORAC.....	103	teriparatide	TIROSINT	75
TAZVERIK	22	TERIPARATIDE	TIROSINT-SOL	75
TECENTRIQ.....	22	TESTIM.....	TIVDAK.....	23
TECENTRIQ INJ		testosterone	TIVICAY.....	10
HYBREZA	23	testosterone cypionate....	TIVICAY PD	10
TECFIDERA	57	testosterone enanthate ...	tizanidine hcl.....	58
TECFIDERA CAP		testosterone pump	TLANDO	60
STARTER	57	tetrabenazine	TOBI.....	7
TECVAYLI.....	23	tetracycline hcl.....	TOBI PODHALER.....	7
TEFLARO	12	TETRACYCLINE	TOBRADEX OIN 0.3-0.1%	
TEGRETOL	47	HYDROCHLORID .....	.....	93
TEGRETOL-XR	47	TEVIMBRA	TOBRADEX ST SUS 0.3-	
TEGSEDI	56	texacort	0.05	93
TEKTRUNA	34	TEZSPIRE	tobramycin	7
telmisartan	29	THALITONE	tobramycin (ophth)	93
telmisartan-amlodipine tab		THALOMID	tobramycin sulfate	7
40-10 mg	28	THEO-24.....	tobramycin-dexamethasone	
telmisartan-amlodipine tab		theophylline	ophth susp 0.3-0.1% ...	93
40-5 mg	28	THIOLA	TOBREX.....	93
telmisartan-amlodipine tab		THIOLA EC.....	TOFIDENCE.....	88
80-10 mg	28	thioridazine hcl	tolectin 600	2
telmisartan-amlodipine tab		thiothixene	tolmetin sodium	2
80-5 mg	28	THYQUIDITY	TOLSURA.....	9

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<i>tolterodine tartrate</i> 81, 82	TRECATOR.....11	<i>triderm</i>106
<i>tolvaptan</i>74	TRELEGY AER ELLIPTA	<i>trientine hcl</i> 67
TOPAMAX .....47	100-62.5-25 MCG.....95	TRIESENCE..... 94
TOPAMAX SPRINKLE....47	TRELEGY AER ELLIPTA	<i>tri-estarylla</i> 69
TOPICORT .....105	200-62.5-25 MCG.....95	<i>trifluoperazine hcl</i> 44
<i>topiramate</i> 47, 48	TRELSTAR MIXJECT ....16	<i>trifluridine</i> 93
<i>topotecan hcl</i> .....17	TREMFYA.....88	<i>trihexyphenidyl hcl</i> 41
TOPOTECAN HCL.....17	TREMFYA INDUCTION	TRIJARDY XR TAB ER
TOPROL XL.....32	PACK FO .....88	24HR 10-5-1000MG.... 63
<i>toremifene citrate</i>.....16	<i>treprostinil</i> .....35	TRIJARDY XR TAB ER
TORISEL.....23	TRESIBA .....66	24HR 12.5-2.5-1000MG
<i>torpenz</i> .....23	TRESIBA FLEXTOUCH..66	 63
<i>torsemide</i> .....33	<i>tretinoin</i> .....102	TRIJARDY XR TAB ER
TOSYMRA .....55	<i>tretinoin (chemotherapy)</i> .17	24HR 25-5-1000MG.... 64
TOUJEO MAX SOLOSTAR	<i>tretinoin microsphere</i> ....102	TRIJARDY XR TAB ER
.....66	TREXALL.....88	24HR 5-2.5-1000MG... 63
TOUJEO SOLOSTAR....66	TREXIMET TAB 85-500MG	TRIKAFTA PAK 59.5MG 99
<i>tovet</i>.....105	55	TRIKAFTA PAK 75MG ... 99
TOVIAZ .....82	<i>trezix</i>.....6	TRIKAFTA TAB 100-50-
TPN ELECTROL INJ.....92	<i>triamcinolone acetonide</i> ..72	75MG & 150MG 99
TRACLEER.....35	<i>triamcinolone acetonide</i>	TRIKAFTA TAB 50-25-
TRADJENTA.....63	(mouth).....108	37.5MG & 75MG 99
<i>tramadol hcl</i> .....3, 5	<i>triamcinolone acetonide</i>	<i>tri-legest fe</i> 69
TRAMADOL	(topical) .....106	TRILEPTAL 48
HYDROCHLORIDE.....6	<i>triamterene</i>.....33	<i>tri-lynyah</i> 69
<i>tramadol-acetaminophen</i>	<i>triamterene &</i>	<i>tri-lo-estarylla</i> 69
<i>tab 37.5-325 mg</i> .....6	<i>hydrochlorothiazide cap</i>	<i>tri-lo-marzia</i> 70
<i>trandolapril</i> .....25	37.5-25 mg .....33	<i>tri-lo-mili</i> 70
<i>trandolapril-verapamil hcl</i>	<i>triamterene &</i>	<i>tri-lo-sprintec</i> 70
<i>tab er 1-240 mg</i> .....25	<i>hydrochlorothiazide tab</i>	<i>trimethobenzamide hcl</i> ... 76
<i>trandolapril-verapamil hcl</i>	37.5-25 mg .....33	<i>trimethoprim</i> 7
<i>tab er 2-180 mg</i> .....25	<i>triamterene &</i>	<i>tri-mili</i> 70
<i>trandolapril-verapamil hcl</i>	<i>hydrochlorothiazide tab</i>	<i>trimipramine maleate</i> 39
<i>tab er 2-240 mg</i> .....25	75-50 mg .....33	TRINTELLIX..... 39
<i>trandolapril-verapamil hcl</i>	<i>triazolam</i> .....53	<i>tri-nymyo</i> 70
<i>tab er 4-240 mg</i> .....25	TRIBENZOR20- TAB 5-	<i>tri-sprintec</i> 70
<i>tranexamic acid</i> .....85	12.5MG .....28	TRIUMEQ PD TAB 10
<i>tranexamic acid-sodium</i>	TRIBENZOR40- TAB 10-	TRIUMEQ TAB..... 11
<i>chloride iv soln 1000</i>	12.5.....28	<i>trivora-28</i> 70
<i>mg/100ml-0.7%</i>.....85	TRIBENZOR40- TAB 10-	<i>tri-vylibra</i> 70
<i>tranylcypromine sulfate</i> ...39	25MG.....28	<i>tri-vylibra lo</i> 70
TRAVASOL INJ 10% .....92	TRIBENZOR40- TAB 5-	TRODELVY 23
TRAVATAN Z .....94	12.5MG .....28	TROGARZO 10
<i>travoprost</i> .....94	TRIBENZOR40- TAB 5-	TROKENDI XR.....48
TRAZIMERA.....23	25MG.....28	TROPHAMINE INJ 10%. 92
<i>trazodone hcl</i>39	TRICOR29	<i>trospium chloride</i>82
TREANDA.....15	<i>tridacaine ii</i>106	TRUDHESA..... 55

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TRULANCE	79	UNDECATREX.....	60	VALTOCO 20 MG DOSE	48
TRULICITY	64	<i>unithroid</i>	75	VALTOCO 5 MG DOSE .	48
TRUMENBA.....	91	UPLIZNA.....	56	VALTREX	12
TRUQAP	23	UPTRAVI	36	<i>valtya 1/50</i>	70
TRUVADA TAB 100-150	11	UPTRAVI PACK TAB		VANCOCIN	7, 8
TRUVADA TAB 133-200	11	200/800	36	VANCOMYC/D5W INJ	
TRUVADA TAB 167-250	11	UROCIT-K 10	81	1.25/250	8
TRUVADA TAB 200-300	11	UROCIT-K 15	81	VANCOMYC/D5W INJ	
TRUXIMA.....	23	UROCIT-K 5	81	1.5/300	8
TRYNGOLZA.....	34	UROXATRAL.....	81	VANCOMYCIN	8
TRYVIO.....	34	URSO 250	79	<i>vancomycin hcl</i>	8
TUDORZA PRESSAIR ...	96	URSO FORTE.....	79	VANCOMYCIN	
TUDORZA PRESSAIR		<i>ursodiol</i>	79	HYDROCHLORIDE	8
(INSTITUTIONAL PACK)		URSODIOL	79	VANCOMYCIN INJ 1 GM.	8
.....	96	UZEDY	44	VANCOMYCIN INJ 500MG	
TUKYSA.....	23	V		.....	8
TURALIO	23	VABOMERE INJ 2GM(1-1)		VANCOMYCIN INJ 750MG	
<i>turqoz</i>	70	.....	7	.....	8
<i>twice-daily clindamycin</i>		VABYSMO	95	VANDAZOLE.....	82
<i>phosphate (topical)</i> ...	102	VAGIFEM.....	71	VANFLYTA.....	23
TWINRIX INJ	91	<i>valacyclovir hcl</i>	12	VANOS	106
TWYNEO CRE 0.1-3% .	102	VALCHLOR	107	VAQTA.....	91
TYBOST.....	10	VALCYTE	12	<i>varenicline tartrate</i>	60
<i>tydemy</i>	70	<i>valganciclovir hcl</i>	12	<i>varenicline tartrate tab 11 x</i>	
TYENNE	88	VALIUM.....	48	0.5 mg & 42 x 1 mg start	
TYGACIL.....	15	<i>valproate sodium</i>	48	<i>pack</i>	60
TYKERB.....	23	<i>valproic acid</i>	48	VARIVAX	91
TYMLOS	67	<i>valrubicin</i>	17	VARUBI	76
TYPHIM VI.....	91	<i>valsartan</i>	29	VASCEPA.....	31
TYRVAYA	95	<i>valsartan-</i>		VASERETIC TAB 10-25MG	
TYSABRI.....	58	<i>hydrochlorothiazide tab</i>		.....	25
TYVASO	35	160-12.5 mg	28	VASOTEC	25
TYVASO DPI		<i>valsartan-</i>		VAXCHORA SUS	91
MAINTENANCE KI.....	35	<i>hydrochlorothiazide tab</i>		VECTIBIX	23
TYVASO DPI POW 16-32-		160-25 mg	28	VECTICAL	103
48.....	35	<i>valsartan-</i>		VEGZELMA.....	23
TZIELD.....	64	<i>hydrochlorothiazide tab</i>		VELCADE.....	23
U		320-12.5 mg	28	VELETRI.....	36
UBRELVY	55	<i>valsartan-</i>		<i>velivet</i>	70
UCERIS.....	78	<i>hydrochlorothiazide tab</i>		VELSIPITY	88
UDENYCA	84	320-25 mg	28	VELTASSA.....	67
UDENYCA ONBODY	84	<i>valsartan-</i>		VELTIN GEL.....	102
ULORIC.....	1	<i>hydrochlorothiazide tab</i>		VEMLIDY	12
ULTOMIRIS	85	80-12.5 mg	28	VENCLEXTA.....	23
UNASYN INJ 1.5GM	14	VALSTAR	17	VENCLEXTA TAB START	
UNASYN INJ 15GM.....	14	VALTOCO 10 MG DOSE	48	PK.....	23
UNASYN INJ 3GM	14	VALTOCO 15 MG DOSE	48		

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VENLAFAXINE BESYLATE ER.....39	VIOKACE TAB 10440.....79	VYVGART89
<i>venlafaxine hcl</i>39	VIOKACE TAB 20880.....79	VYVGART INJ HYTRULO89
VENTOLIN HFA .....97	<i>viorele</i>.....70	VYZULTA .....94
VENTOLIN HFA (INSTITUTIONAL PACK) .....97	VIRACEPT.....10	W
<i>venxxiva</i> .....81	VIREAD.....10	WAINUA .....56
VEOZAH .....74	VITRAKVI .....23	WAKIX .....59
<i>verapamil hcl</i>.....32	VIVELLE-DOT .....71	<i>warfarin sodium</i>.....83
VERELAN .....32	VIVIMUSTA .....15	<i>water for irrigation, sterile irrigation soln</i> .....108
VERELAN PM .....32	VIVITROL .....60	WELCHOL.....31
VERKAZIA.....95	VIVJOA .....9	WELIREG.....17
VERQUVO.....34	VIVOTIF CAP EC.....91	WELLBUTRIN SR.....39
VERSACLOZ.....44	VIZIMPRO .....23	WELLBUTRIN XL .....39
VERZENIO .....23	VOGELXO .....60	<i>wera</i> .....70
VESICARE.....82	VOGELXO PUMP .....60	WESTAB PLUS TAB 27- 1MG .....92
VESICARE LS .....82	VONJO.....23	WINLEVI.....102
<i>vestura</i> .....70	VOQUEZNA .....80	WINREVAIR.....36
VEVYE .....95	VOQUEZNA PAK DUAL PAK .....79	WINREVAIR INJ 45MG ..36
VFEND .....9	VOQUEZNA PAK TRIP PK.....79	WINREVAIR INJ 60MG ..36
VFEND IV .....9	VORANIGO .....23	<i>wixela inhub</i>.....100
V-GO 20 KIT .....66	<i>voriconazole</i> .....9	<i>wymzya fe</i>.....70
V-GO 30 KIT .....66	VORICONAZOLE.....9	X
V-GO 40 KIT .....66	VOSEVI TAB .....12	XACIATO .....82
VIBATIV .....8	VOTRIENT.....23	XADAGO .....41
VIBERZI .....79	VOWST CAP .....79	XALATAN .....94
VICTOZA .....64	VOXZOGO.....74	XALKORI .....23
VIDAZA .....16	VOYDEYA .....85	XANAX.....36
<i>vienna</i>.....70	VOYDEYA TAB 50-100MG.....85	XANAX XR .....36
<i>vigabatrin</i> .....48	VPRIV .....74	<i>xarah fe</i> .....70
<i>vigadrone</i> .....48	VRAYLAR.....44	XARELTO.....83
VIGAFYDE.....48	VTAMA.....103	XARELTO STAR TAB 15/20MG .....83
VIGAMOX .....93	VUMERITY .....58	XATMEP .....88
<i>vigpoder</i> .....48	VUSION OIN .....103	XCOPRI .....48
VIIBRYD.....39	VYALEV INJ 12-240MG .41	XCOPRI PAK 100-150 ...48
VIJOICE .....74	VYEPTI .....55	XCOPRI PAK 12.5-25 ....48
VIJOICE TAB 250MG ....74	<i>vyfemla</i>.....70	XCOPRI PAK 150-200MG (MAINTENANCE).....48
<i>vilazodone hcl</i>.....39	<i>vylibra</i>.....70	XCOPRI PAK 150-200MG (TITRATION) .....48
VIMIZIM.....74	VYLOY .....23	XCOPRI PAK 50-100MG 48
VIMKUNYA .....91	VYNDAMAX .....34	XDEMVEY .....93
VIMOVO TAB 375-20MG .2	VYNDAREL .....34	XELJANZ.....88
VIMOVO TAB 500-20MG .2	VYTORIN TAB 10-10MG 31	XELJANZ XR.....88
VIMPAT .....48	VYTORIN TAB 10-20MG 31	XELPROS.....94
<i>vinblastine sulfate</i>.....18	VYTORIN TAB 10-40MG 31	
<i>vincristine sulfate</i>18	VYTORIN TAB 10-80MG 31	
<i>vinorelbine tartrate</i>18	VYVANSE.....52	

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<i>xelria fe</i>70	XULTOPHY INJ 100/3.6.66	ZENPEP CAP 20000UNT
XELSTRYM52	XYLOCAINE1	79
XEMBIFY .....89	XYLOCAINE-MPF .....1	ZENPEP CAP 25000UNT
XENAZINE.....56	XYOSTED.....60	79
XENPOZYME .....74	XYREM .....59	ZENPEP CAP 3000UNIT79
XEOMIN.....58	XYWAV SOL 0.5GM/ML.59	ZENPEP CAP 40000UNT
XERAVA .....15	Y	79
XERESE CRE 5-1%.....107	<i>yargesa</i> .....74	ZENPEP CAP 5000UNIT79
XERMELO .....79	YASMIN 28 TAB 3-0.03MG	ZENPEP CAP 60000UNT
XGEVA.....67	70	79
XHANCE.....99	YAZ TAB 3-0.02MG .....70	<i>zenzedi</i> .....52
XIFAXAN.....8, 79	YCANTH .....107	ZEPOSIA .....58
XIGDUO XR TAB 10-1000	YERVOY .....24	ZEPOSIA 7DAY CAP STR
.....64	YESINTEK .....88	PACK .....58
XIGDUO XR TAB 10-	YF-VAX INJ .....91	ZEPOSIA CAP STR KIT.58
500MG.....64	YONSA .....16	ZEPZELCA.....15
XIGDUO XR TAB 2.5-1000	YORVIPATH.....67	ZERBAXA INJ 1.5GM.....12
.....64	YUPELRI .....96	ZERVIAE .....94
XIGDUO XR TAB 5-	YUTIQ .....94	ZESTORETIC TAB 10-12.5
1000MG.....64	<i>yuvaferm</i> .....71	25
XIGDUO XR TAB 5-500MG	Z	ZESTORETIC TAB 20-12.5
.....64	<i>zafemy</i> .....70	25
XIIDRA .....95	<i>zafirlukast</i>.....97	ZESTORETIC TAB 20-
XIPERE.....94	<i>zaleplon</i>.....53	25MG .....25
XOFLUZA .....12	ZALTRAP.....24	ZESTRIL .....25
XOLAIR .....99	ZANAFLEX .....58	ZETIA.....31
XOLREMDI .....84	ZARONTIN .....48	ZIAGEN .....10
XOPENEX HFA.....97	ZARXIO.....84	ZIANA GEL.....102
XOSPATA .....23	ZAVESCA .....74	<i>zidovudine</i> .....10
XPOVIO PAK (100 MG	ZAVZPRET .....55	ZIEXTENZO .....84
ONCE WEEKLY) .....24	ZEGALOGUE .....72	ZIIHERA.....24
XPOVIO PAK (40 MG	ZEGERID CAP 20-1100.80	ZILBRYSQ.....85
ONCE WEEKLY) .....23	ZEGERID CAP 40-1100.80	<i>zileuton</i> .....97
XPOVIO PAK (40 MG	ZEJULA.....24	ZILRETTA.....72
TWICE WEEKLY).....23	ZELAPAR .....41	ZIMHI .....60
XPOVIO PAK (60 MG	ZELBORAF.....24	ZIOPTAN .....94
ONCE WEEKLY) .....23	ZEMAIRA.....99	<i>ziprasidone hcl</i> .....44
XPOVIO PAK (60 MG	ZEMBRACE SYMTOUCH	<i>ziprasidone mesylate</i> .....44
TWICE WEEKLY).....23	55	ZIPSOR .....2
XPOVIO PAK (80 MG	ZEMDRI .....8	ZIRABEV .....24
ONCE WEEKLY) .....24	ZEMPLAR.....75	ZIRGAN .....93
XPOVIO PAK (80 MG	<i>zenatane</i> .....102	ZITHROMAX .....13
TWICE WEEKLY).....24	ZENPEP CAP 10000UNT	ZITHROMAX TRI-PAK ...13
XROMI .....85	79	ZITHROMAX Z-PAK .....13
XTAMPZA ER.....3	ZENPEP CAP 15000UNT	ZITUVIMET TAB 50-1000
XTANDI.....16	79	64
<i>xulane</i>.....70		

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

ZITUVIMET TAB 50- 500MG.....	64	<i>zomig</i>	55	ZUBSOLV SUB 5.7-1.4 ..	60
ZITUVIMET XR TAB 100- 1000.....	64	ZOMIG	55	ZUBSOLV SUB 8.6-2.1 ..	60
ZITUVIMET XR TAB 50- 1000.....	64	ZONALON	107	<i>zumandimine</i>	70
ZITUVIMET XR TAB 50- 500MG.....	64	ZONEGRAN	48	ZUNVEYL	37
ZITUVIO	64	ZONISADE	49	ZURZUVAE	40
ZOCOR	30	<i>zonisamide</i>	49	ZYCLARA.....	107
ZOLADEX	16	ZORTRESS	90	ZYCLARA PUMP	107
<i>zoledronic acid</i>	67	ZORYVE	103, 107	ZYDELIG	24
ZOLEDRONIC ACID	67	ZOSYN SOL 2-0.25GM ..	14	ZYFLO	97
ZOLINZA.....	24	ZOSYN SOL 3-0.375G ...	14	ZYKADIA	24
<i>zolmitriptan</i>	55	ZOSYN SOL 4-0.50GM ..	14	ZYLET SUS 0.5-0.3%.....	93
ZOLOFT	39	<i>zovia 1/35</i>	70	ZYNLONTA	24
<i>zolpidem tartrate</i>	53	ZOVIRAX	107	ZYNYZ	24
ZOLPIDEM TARTRATE .	53	ZTALMY	49	ZYPITAMAG.....	30
ZOMACTON	74	ZTLIDO	106	ZYPREXA.....	44
		ZUBSOLV SUB 0.7-0.18	60	ZYTIGA.....	17
		ZUBSOLV SUB 1.4-0.36	60	ZYVOX.....	8
		ZUBSOLV SUB 11.4-2.9	60		
		ZUBSOLV SUB 2.9-0.71	60		

HMSA Medicare Postal Prescription Drug Plan (PDP) **Enhanced Formulary**

This formulary was updated on 07/01/2025.

Introduction

2025 HMSA Medicare Postal Prescription Drug Plan Enhanced Formulary is a managed formulary that provides supplemental drug coverage to the above Medicare formulary. Drugs listed on this formulary are considered covered benefits. Consistent with the principles of this formulary, the HMSA Pharmacy & Therapeutics (P&T) Committee reviews new drugs to assess their safety and effectiveness before they're added to the formulary. The HMSA P&T Committee is comprised of practicing physicians and pharmacists from the community.

In addition to new drugs, the HMSA P&T Committee and HMSA staff continually review the formulary. The formulary approval process helps to ensure that clinical evidence and medical value are considered before cost. If drugs in a treatment class are clinically comparable, the committee will assess cost effectiveness and choose agents with the best value.

The document is organized in sections that are divided into therapeutic drug classes primarily defined by mechanism of action.

Therapeutic drug class description does not indicate coverage. Please refer to your plan benefit.

Tier level and coverage criteria (if applicable) are noted next to each drug.

Tier Definition

Tier 0 – Zero (\$0) Copayment

Tier 1 – Preferred generic drugs

Tier 2 – Preferred drugs and non-preferred generic drugs

Tier 3 – Other brand drugs

Tier 4 – Preferred specialty drugs

Tier 5* – Non-preferred specialty drugs

DS – Diabetic supplies

*If applicable to your plan benefits

Exception request

Drugs listed on this formulary are considered covered benefits. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be

reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria. To request a prior authorization or an exception, Providers please call or fax CVS Caremark®, HMSA's Pharmacy Benefit Manager.

Call: 1 (833) 266-8150

This drug list is subject to change and drugs may be added or removed without notice. Please contact HMSA to confirm your drug plan coverage.

This list is effective 07/01/2025.

Drug coverage information

The status of a drug on this list is current as of the date of this publication. The list serves as a guide to product selection for HMSA providers and members. The list is subject to change. Participating pharmacies have the most up-to-date formulary information at the time prescriptions are filled. New drugs, strengths, forms, and/or therapeutic categories will be reflected in the formulary, as applicable, following the completion of HMSA's review process.

Not all generic drugs may be listed.

Coverage of a drug will depend on your drug plan.

HMSA's mission is to provide the people of Hawaii access to a sustainable, quality health care system that improves the overall health and well-being of our state.

Check hmsa.com/contact for our holiday schedule and COVID-19 safety guidelines.

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Abbreviations used in this formulary

Term	Definition
ACA	USPSTF recommended drugs covered at \$0.
AGE	Age Limit: Age requirements for coverage of drug.
Lowercase	Indicates generic drug.
PA	Prior Authorization: Requires that you or your physician receive approval from HMSA before we will cover your prescription.
QL	Quantity Limit: A limit on the amount of the drug that HMSA will cover.
SP	Specialty drug with network requirements.
ST	Step Therapy: Requires you to first try certain drugs to treat your medical condition before we'll cover another drug for that condition.
UPPERCASE	Indicates brand name drug.
\$0	Zero copayment: When obtained from a participating provider, HMSA pays 100% of the eligible charge. You owe no copayment.

Drug Name	Drug Tier	Requirements/Lists
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P CAP 37.5MG	3	PA
ADIPEX-P TAB 37.5MG	3	PA
<i>phentermine cap 15mg</i>	1	PA
<i>phentermine cap 30mg</i>	1	PA
<i>phentermine cap 37.5mg</i>	1	PA
<i>phentermine tab 37.5mg</i>	1	PA
QSYMIA CAP 11.25-69	3	PA
QSYMIA CAP 15-92MG	3	PA
QSYMIA CAP 3.75-23	3	PA
QSYMIA CAP 7.5-46MG	3	PA
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA
SAXENDA INJ 18MG/3ML	3	PA, QL (5 pens/30 days)
WEGOVY INJ 0.25MG	3	PA, QL (4 pens/21 days)
WEGOVY INJ 0.5MG	3	PA, QL (4 pens/21 days)
WEGOVY INJ 1.7MG	3	PA, QL (4 pens/21 days)
WEGOVY INJ 1MG	3	PA, QL (4 pens/21 days)
WEGOVY INJ 2.4MG	3	PA, QL (4 pens/21 days)
ZEPBOUND INJ 10/0.5ML	3	PA, QL (4 pens/21 days)
ZEPBOUND INJ 12.5MG	3	PA, QL (4 pens/21 days)
ZEPBOUND INJ 15/0.5ML	3	PA, QL (4 pens/21 days)
ZEPBOUND INJ 2.5MG	3	PA, QL (4 pens/21 days)
ZEPBOUND INJ 5/0.5ML	3	PA, QL (4 pens/21 days)
ZEPBOUND INJ 7.5MG	3	PA, QL (4 pens/21 days)
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>flurbiprofen tab 50mg</i>	1	
ANALGESICS - NONNARCOTIC		
SALICYLATES		
<i>aspirin 81 tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin adlt tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin chld chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)

Drug Name	Drug Tier	Requirements/Lists
<i>aspirin ec tab 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin low chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin low tab 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin low tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin regi tab 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>aspirin-81 chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>bayer low chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>bayer low tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>child asa chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>cvs aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>ecotrin low tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>eq aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>eq aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>ft aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>ft aspirin tab 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>gnp aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>gnp aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>goodsense tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>hm aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)

Drug Name	Drug Tier	Requirements/Lists
<i>kls aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>kp aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>low dose asa tab 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>mm aspirin tab low dose</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>px aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>px aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>qc aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>qc child asa chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>ra aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>ra aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>sb child asa chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>sm aspirin chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>sm aspirin tab 81mg ec</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>sm child asa chw 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>st joseph chw low 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
<i>st joseph tab low 81mg</i>	0	AGE, OTC, QL (100 tabs per fill); (Females 12-59 years)
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
<i>ana-lex kit</i>	1	
<i>lidocaine/hc kit 2-2%</i>	1	
<i>lidocaine/hc kit 3%-0.5%</i>	1	
<i>lidocaine/hc kit 3-2.5%</i>	1	
PROCORT CRE	3	
ANTIANGINAL AGENTS		

Drug Name	Drug Tier	Requirements/Lists
NITRATES		
<i>nitro-time cap 2.5mg cr</i>	1	
<i>nitro-time cap 6.5mg cr</i>	1	
<i>nitro-time cap 9mg cr</i>	1	
ANTIDIABETICS		
DIABETIC OTHER		
GVOKE PFS INJ	3	
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST; Try fluconazole
ANTIHYPERLIPIDEMICS		
ANTIHYPERLIPIDEMICS - COMBINATIONS		
EZETIM/ATORV TAB 10-10MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-20MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-40MG	3	QL (30 tabs/30 days)
EZETIM/ATORV TAB 10-80MG	3	QL (30 tabs/30 days)
FIBRIC ACID DERIVATIVES		
<i>fenofib micr cap 30mg</i>	1	
<i>fenofib micr cap 90mg</i>	1	
ANTIHYPERTENSIVES		
ANTIHYPERTENSIVE COMBINATIONS		
DUTOPROL TAB 50-12.5	3	
TEKTURN HCT TAB 150-12.5	3	
TEKTURN HCT TAB 150-25MG	3	
TEKTURN HCT TAB 300-12.5	3	
TEKTURN HCT TAB 300-25MG	3	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>urelle tab</i>	1	
<i>urimar-t cap</i>	1	
<i>urneva cap</i>	1	
<i>uro-458 tab</i>	1	
<i>ustell cap</i>	1	
<i>vilevev mb tab 81mg</i>	1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
RUZURGI TAB 10MG	5	SP, PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		

Drug Name	Drug Tier	Requirements/Lists
ALKYLATING AGENTS		
ALKERAN TAB 2MG	2	
<i>melphalan tab 2mg</i>	1	
MYLERAN TAB 2MG	2	
TEMODAR CAP 250MG	4	SP, PA
<i>temozolomide cap 100mg</i>	4	SP, PA
<i>temozolomide cap 140mg</i>	4	SP, PA
<i>temozolomide cap 180mg</i>	4	SP, PA
<i>temozolomide cap 20mg</i>	4	SP, PA
<i>temozolomide cap 250mg</i>	4	SP, PA
<i>temozolomide cap 5mg</i>	4	SP, PA
ANTIMETABOLITES		
<i>capecitabine tab 150mg</i>	4	SP
<i>capecitabine tab 500mg</i>	4	SP
ANTINEOPLASTIC ENZYME INHIBITORS		
TURALIO CAP 200MG	5	SP, PA
MITOTIC INHIBITORS		
<i>etoposide cap 50mg</i>	1	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	4	SP, PA
HYCAMTIN CAP 1MG	4	SP, PA
ANTIVIRALS		
ANTIRETROVIRALS		
<i>nevirapine tab 100mg</i>	1	
<i>stavudine cap 15mg</i>	1	
<i>stavudine cap 20mg</i>	1	
<i>stavudine cap 30mg</i>	1	
<i>stavudine cap 40mg</i>	1	
CARDIOVASCULAR AGENTS - MISC.		
IMPOTENCE AGENTS		
MUSE SUP 1000MCG	3	PA, QL (4 sup/30 days)
MUSE SUP 250MCG	3	PA, QL (4 sup/30 days)
MUSE SUP 500MCG	3	PA, QL (4 sup/30 days)
<i>sildenafil tab 100mg</i>	1	PA, QL (4 tabs/30 days)
<i>sildenafil tab 25mg</i>	1	PA, QL (4 tabs/30 days)
<i>sildenafil tab 50mg</i>	1	PA, QL (4 tabs/30 days)
STENDRA TAB 100MG	3	PA, QL (4 tabs/30 days)
STENDRA TAB 200MG	3	PA, QL (4 tabs/30 days)
STENDRA TAB 50MG	3	PA, QL (4 tabs/30 days)
<i>tadalafil tab 10mg</i>	1	PA, QL (4 tabs/30 days)

Drug Name	Drug Tier	Requirements/Lists
<i>tadalafil tab 2.5mg</i>	1	PA, QL (4 tabs/30 days)
<i>tadalafil tab 20mg</i>	1	PA, QL (4 tabs/30 days)
<i>vardenafil tab 10mg</i>	1	PA, QL (4 tabs/30 days)
<i>vardenafil tab 10mg odt</i>	1	PA, QL (4 tabs/30 days)
<i>vardenafil tab 2.5mg</i>	1	PA, QL (4 tabs/30 days)
<i>vardenafil tab 20mg</i>	1	PA, QL (4 tabs/30 days)
<i>vardenafil tab 5mg</i>	1	PA, QL (4 tabs/30 days)
PROSTAGLANDIN VASODILATORS		
TYVASO DPI POW 16-32MCG	5	SP, PA, QL (Max 7 cartridges per day)
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
PROGESTIN CONTRACEPTIVES - ORAL		
OPILL TAB 0.075MG	0	OTC
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100mg</i>	1	
<i>benzonatate cap 150mg</i>	1	
<i>benzonatate cap 200mg</i>	1	
<i>hydroc/homat tab 5-1.5mg</i>	1	AGE, QL (180 tabs/30 days); (Covered for ages greater than 18 years old)
<i>hydrocod/hom sol 5-1.5/5</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
<i>hydrocod/hom syp 5-1.5/5</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
<i>hydromet syp 5-1.5/5</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
COUGH/COLD/ALLERGY COMBINATIONS		
<i>bpm-pse-dm syp 2-30-10</i>	1	
<i>brom/pse/dm syp</i>	1	
<i>brom/pse/dm syp 2/30/10</i>	1	
<i>brom/pse/dm syp 2-30-10</i>	1	
<i>bromfed dm sol 2-30-10</i>	1	

Drug Name	Drug Tier	Requirements/Lists
<i>codeine/gg sol 10-100/5</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>g tussin ac liq 100-10/5</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>gg/codeine sol 100-10/5</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>gg/codeine sol 200-20mg</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>guaiaituss ac syp 100-10/5</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>guaifenesin syp 100-10/5</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>hyd pol/cpm sus 10-8/5ml</i>	1	AGE, QL (300 mL/30 days); (Covered for ages greater than 18 years old)
<i>maxi-tuss ac sol</i>	1	AGE, OTC, QL (1800 mL/30 days); (Covered for ages greater than 18 years old)
<i>prometh vc/ syp codeine</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
<i>prometh/cod sol 6.25-10</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
<i>prometh/cod syp 6.25-10</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
<i>prometh/pe/ syp codeine</i>	1	AGE, QL (900 mL/30 days); (Covered for ages greater than 18 years old)
<i>promethazine sol dm</i>	1	
<i>promethazine syp dm</i>	1	
EXPECTORANTS		
SSKI SOL 1GM/ML	3	
MISC. RESPIRATORY INHALANTS		

Drug Name	Drug Tier	Requirements/Lists
HYPERSAL NEB 3.5%	3	
<i>nebusal neb 3%</i>	1	
NEBUSAL NEB 6%	3	
<i>pulmosal neb 7%</i>	1	
<i>sod chloride neb 0.9%</i>	1	
<i>sodium chlor neb 10%</i>	1	
<i>sodium chlor neb 3%</i>	1	
<i>sodium chlor neb 7%</i>	1	
DERMATOLOGICALS		
ANTIFUNGALS - TOPICAL		
<i>ciclopirox kit 8%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>amcinonide lot 0.1%</i>	1	
PRAMOSONE CRE 1-1%	3	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea cre 20%</i>	1	
<i>urea nail gel 45%</i>	1	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
ACNESIC GEL 0.5%	3	
<i>salicylic ac kit 6%</i>	1	QL (1 kit/30 days)
LOCAL ANESTHETICS - TOPICAL		
<i>7t lido gel 2%</i>	1	
<i>proxivol gel 2%</i>	1	
MISC. DERMATOLOGICAL PRODUCTS		
ALEVICYN GEL	3	
ALEVICYN SG GEL ANTIPRUR	3	
HALUCORT GEL	3	
LEVICYN GEL	3	
SEBUDERM GEL	3	
STRATA CTX GEL	3	
STRATA MARK GEL	3	
STRATA XRT GEL	3	
MISC. TOPICAL		
DRYSOL SOL 20%	3	
SCABICIDES & PEDICULICIDES		
<i>ivermectin lot 0.5%</i>	1	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
GLUCAGEN INJ 1MG	2	
DIAGNOSTIC TESTS		

Drug Name	Drug Tier	Requirements/Lists
ACCU-CHEK TES AVIVA PL	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ACCU-CHEK TES GUIDE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ACCU-CHEK TES SMART	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ACCUTREND TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ADVANCE TES INTUITIO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ADVANCE TES MICRO-DW	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ADVOCATE TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ADVOCATE TES REDI-COD	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ADVOCATE TES REDICODE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
AGAMATRIX TES AMP	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
AGAMATRIX TES JAZZ	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
AGAMATRIX TES KEYNOTE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
AGAMATRIX TES PRESTO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE 3 TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE 4 TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE II TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE II TES CHECK	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE PRISM TES MULTI	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE PRO TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ASSURE TES PLATINUM	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
AUTOCODE TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BIOTEL CARE TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BLOOD GLUCOS TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BLOOD GLUCOS TES 333	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BLOOD GLUCOS TES LE1	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BLOOD GLUCOS TES PREMIUM	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BLOOD GLUCOS TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
BLULINK TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CARESENS N TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CARESENS N TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CARETOUCH MIS TST STRP	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CHEMSTRIP K TES	DS	OTC; Preferred Diabetic Supply
CHEMSTRIP TES UGK	DS	OTC; Preferred Diabetic Supply
CLEVER CHEK TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CLEVER CHEK TES AUTO CD	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CLEVER CHEK TES TALK	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CLEVER CHEK TES VOICE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CLEVER CHOIC TES MICRO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CLEVR CHOICE TES AUTO-CD	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CLEVR CHOICE TES NOCODE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CONFIRM/MICR TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
CONTOUR PLUS TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CONTOUR TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CONTOUR TES NEXT	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
COOL BLOOD TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CVS ADVANCED TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CVS GLUCOSE TES TEST STR	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
CVS KETONE TES CARE	DS	OTC; Preferred Diabetic Supply
CVS TRUE MET TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
D-CARE BLOOD TES GLUCOSE	DS	FreeStyle and OneTouch Test Strips Preferred
DIASTIX TES REAGENT	DS	OTC; Preferred Diabetic Supply
DIASTIX TES STRIPS	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS TEST STR	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
DIATHRIVE+ MIS TEST STR	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
DIATRUE PLUS TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
DUO-CARE TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY MAX GLC TES STRIP	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY PLUS II TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY STEP TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY TALK TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY TALK TES PLUS II	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY TOUCH TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
EASY TOUCH TES HEALTHPR	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY TOUCH TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY TRAK II TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASY TRAK TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASYGLUCO TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASYMAX 15 TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASYMAX TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASYPRO PLUS TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EASYPRO TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ELEMENT TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ELEMNT COMPA TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EMBRACE EVO TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EMBRACE PRO TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EMBRACE TALK TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EMBRACE TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EMBRACE WAVE TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
EVOLUTION TES AUTOCODE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FIFTY50 GLUC TES 2.0	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA 6 MIS CONNECT	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA 6CON TES GTEL	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
FORA ADVANCE TES PRO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA BLOOD TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA D15G TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA D20 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA D40/G31 TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA G20 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA G30/V10 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA GD20 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA GD50 TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA GTEL TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA TN'G TES TN'G VOI	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA V10 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA V12 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA V20 TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORA V30A TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORACARE TES GD40	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORACARE TES PREM V10	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORACARE TES TST N GO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORTISCARE TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FORTISCARE TES G1 BLOOD	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
FREESTYLE TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FREESTYLE TES INSULINX	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FREESTYLE TES LITE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
FREESTYLE TES PREC NEO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GE100 BLOOD TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GENULTIMATE TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GHT TEST TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCO PERFEC TES 3	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCARD 01 TES PLUS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCARD 01 TES SENSOR	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCARD TES EXPRESSI	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCARD TES SHINE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCARD TES VITAL	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCARD TES X-SENSOR	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOCOM TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCONAVII TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GLUCOSE TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GNP TRU METR TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GNP TRUETRAC TES SMRT SYS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
GOJJI BLOOD TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
GOJJI STRIPS MIS W/LANCET	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
HW EMBRACE TES PRO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
HW EMBRACE TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
IGLUCOSE TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
IN TOUCH TES BLOOD	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
INFINITY TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
INFINITY TES VOICE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
KETO-DIASTIX TES	DS	OTC; Preferred Diabetic Supply
KETONE TES	DS	OTC; Preferred Diabetic Supply
KETONE TEST TES	DS	OTC; Preferred Diabetic Supply
KETOSTIX TES STRIP	DS	OTC; Preferred Diabetic Supply
KROGER BLOOD TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
LIBERTY NEXT TES GEN	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
LIBERTY TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MEIJER BLOOD TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MEIJER TES TRUETEST	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MEIJER TES TRUETRAC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MICRODOT TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MICRODOT TES XTRA	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MM BLULINK TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
MYGLUCOHEALT TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
NEUTEK 2TEK TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
NO CODING TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
NOVA MAX TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ON CALL TES EXPRESS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ONE DROP TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ONETOUCH TES ULTRA	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ONETOUCH TES VERIO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
OPTIUMEZ TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
PIP BLOOD TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
POCKETCHEM TES EZ	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
PRECISION TES XTRA	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
PREMIUM BLOO MIS GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
PRO VOICE TES V8/V9	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
PRODIGY NO TES CODING	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
PTS PANELS TES EGLU	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
QUICKTEK TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
QUINTET AC TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
QUINTET TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
REFUAH PLUS TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RELION PREMI TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RELION PRIME TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
RELION PRIME TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RELION TES KETONE	DS	OTC; Preferred Diabetic Supply
RELION TES ULTIMA	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RELION TRUE TES METRIX	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RIGHTEST TES GS100	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RIGHTEST TES GS300	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RIGHTEST TES GS550	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
RIGHTEST TES GT333	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
SMART SENSE TES TEST	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
SMARTEST TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
SOLUS V2 TES AUDIBLE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
SUPREME TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRU METRIX TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRUE FOCUS MIS BLOOD	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRUE METRIX TES GLUCOSE	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRUETEST TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRUETRACK TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRUETRACK TES BLD GLUC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
TRUETRACK TES STRIPS	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
UNISTrip1 TES GENERIC	DS	OTC; FreeStyle and OneTouch Test Strips Preferred

Drug Name	Drug Tier	Requirements/Lists
VERASENS TES	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
VIVAGUARD TES INO	DS	OTC; FreeStyle and OneTouch Test Strips Preferred
ENDOCRINE AND METABOLIC AGENTS - MISC.		
ADRENAL STEROID INHIBITORS		
ISTURISA TAB 10MG	5	SP, PA
FERTILITY REGULATORS		
<i>clomid tab 50mg</i>	1	refer to plan benefits
<i>clomiphene tab 50mg</i>	1	refer to plan benefits
POSTERIOR PITUITARY HORMONES		
DESMOPRESSIN SOL 1.5MG/ML	5	SP, PA
STIMATE SOL 1.5MG/ML	5	SP, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
<i>cytra k gra crystals</i>	1	
HEMATOPOIETIC AGENTS		
COBALAMINS		
<i>cyanocobalam spr 500mcg</i>	1	
NASCOBAL SPR 500MCG	2	
FOLIC ACID/FOLATES		
<i>fa-8 cap 800mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
<i>folate tab 400mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
<i>folic acid cap 800mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
<i>folic acid tab 1000mcg</i>	1	
<i>folic acid tab 1mg</i>	1	
<i>folic acid tab 400mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
<i>folic acid tab 800mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
<i>sm folic acd tab 400mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
<i>yl folic aci tab 400mcg</i>	0	AGE, OTC; (Covered for ages 55 years and under); females only
HEMATOPOIETIC GROWTH FACTORS		

Drug Name	Drug Tier	Requirements/Lists
JESDUVROQ TAB 1MG	5	SP, PA
JESDUVROQ TAB 2MG	5	SP, PA
JESDUVROQ TAB 4MG	5	SP, PA
JESDUVROQ TAB 6MG	5	SP, PA
JESDUVROQ TAB 8MG	5	SP, PA
LAXATIVES		
LAXATIVE COMBINATIONS		
PEG-PREP KIT	3	
SALINE LAXATIVES		
OSMOPREP TAB 1.5GM	3	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	OTC
CAYA DPR	0	
COLOR CONDOM MIS + LUBE	0	OTC
CONDOMS MIS	0	OTC
DUREX EXTRA MIS SENSITIV	0	OTC
DUREX MIS REALFEEL	0	OTC
DUREX MIS TROPICAL	0	OTC
FANTASY LUBR MIS	0	OTC
FANTASY LUBR MIS COLORS	0	OTC
FANTASY LUBR MIS SPERMICI	0	OTC
FANTASY MIS LUBRICAT	0	OTC
FC2 FEMALE MIS CONDOM	0	OTC
FEMCAP MIS 22MM	0	
FEMCAP MIS 26MM	0	
FEMCAP MIS 30MM	0	
KAMELEON LUB MIS COLORS	0	OTC
KAMELEON MIS TRI-COLR	0	OTC
KIMONO COLOR MIS	0	OTC
KIMONO MAXX MIS LG FLARE	0	OTC
KIMONO MICRO MIS THIN	0	OTC
KIMONO MICRO MIS THIN +	0	OTC
KIMONO MICRO MIS THIN PLS	0	OTC
KIMONO MIS LUBRICAT	0	OTC
KIMONO MIS SENSATIO	0	OTC
KIMONO PLUS MIS LUBRICAT	0	OTC
KIMONO PLUS MIS SPERMICI	0	OTC
KIMONO PS MIS LUBRICAT	0	OTC
KIMONO PS MIS PLUS	0	OTC

Drug Name	Drug Tier	Requirements/Lists
KIMONO SENSE MIS PLUS	0	OTC
KIMONO SPEC MIS	0	OTC
K-Y ME & YOU MIS EX LUBRI	0	OTC
K-Y ME & YOU MIS INTENSE	0	OTC
MAXX MIS LUBRICAT	0	OTC
MAXX PLUS MIS SPERMICI	0	OTC
NATURAL COND MIS + LUBE	0	OTC
OMNIFLEX DPR	0	
REALITY MIS LUBRICAT	0	OTC
REALITY ULTR MIS TEXTURED	0	OTC
REALITY ULTR MIS THIN	0	OTC
TRUE COVER MIS CONDOM	0	OTC
TRUSTEX LUBR MIS ASSORTED	0	OTC
TRUSTEX LUBR MIS BANANA	0	OTC
TRUSTEX LUBR MIS CHOC	0	OTC
TRUSTEX LUBR MIS COLA	0	OTC
TRUSTEX LUBR MIS COLORS	0	OTC
TRUSTEX LUBR MIS EX LARGE	0	OTC
TRUSTEX LUBR MIS EX STR	0	OTC
TRUSTEX LUBR MIS GRAPE	0	OTC
TRUSTEX LUBR MIS MINT	0	OTC
TRUSTEX LUBR MIS RIB/STUD	0	OTC
TRUSTEX LUBR MIS SPERMICI	0	OTC
TRUSTEX LUBR MIS STRWBRY	0	OTC
TRUSTEX LUBR MIS VANILLA	0	OTC
TRUSTEX MIS BANANA	0	OTC
TRUSTEX MIS CHOCOLAT	0	OTC
TRUSTEX MIS FLAVORS	0	OTC
TRUSTEX MIS MINT	0	OTC
TRUSTEX MIS STRWBRY	0	OTC
TRUSTEX MIS VANILLA	0	OTC
TRUSTEX/RIA MIS LUBRICAT	0	OTC
TRUSTEX/RIA MIS NON-LUB	0	OTC
TRUSTEX/RIA MIS SPERMICI	0	OTC
TRUSTX NON-9 MIS RIB/STUD	0	OTC
WIDE-SEAL DPR KIT 60	0	
WIDE-SEAL DPR KIT 65	0	
WIDE-SEAL DPR KIT 70	0	
WIDE-SEAL DPR KIT 75	0	
WIDE-SEAL DPR KIT 80	0	

Drug Name	Drug Tier	Requirements/Lists
WIDE-SEAL DPR KIT 85	0	
WIDE-SEAL DPR KIT 90	0	
WIDE-SEAL DPR KIT 95	0	
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK KIT SOFTCLIX	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK LIQ GUIDE	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK LIQ SMART	DS	OTC; Preferred Diabetic Supply
ACCU-CHEK SOL	DS	OTC; Preferred Diabetic Supply
ACCUTREND SOL GLUCOSE	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS LITE 28G	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS SPEC 17G	DS	OTC; Preferred Diabetic Supply
ACTI-LANCE MIS UNIV 23G	DS	OTC; Preferred Diabetic Supply
ADJ LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
ADV LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
ADV TRAVEL MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
ADVANCE LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
ADVANCE LIQ INTUITIO	DS	OTC; Preferred Diabetic Supply
ADVANCE NORM LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
ADVCATE SAFE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
ADVOCATE LIQ HIGH	DS	OTC; Preferred Diabetic Supply
ADVOCATE LIQ LOW	DS	OTC; Preferred Diabetic Supply
ADVOCATE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
ADVOCATE MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ADVOCATE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
ADVOCATE+ SOL REDI-COD	DS	OTC; Preferred Diabetic Supply
AGAMATRIX MIS 33G	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL HIGH	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL LEVEL 4	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL NORM/HGH	DS	OTC; Preferred Diabetic Supply
AGAMATRIX SOL NORMAL	DS	OTC; Preferred Diabetic Supply
AIMSCO TWIST MIS 32G	DS	OTC; Preferred Diabetic Supply
AIMSCO TWIST MIS 33G	DS	OTC; Preferred Diabetic Supply
AQUALANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
ASSURE 3 LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
ASSURE 4 LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
ASSURE CMFRT MIS 28G	DS	OTC; Preferred Diabetic Supply
ASSURE DOSE SOL NORM/HGH	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
ASSURE DOSE SOL NORMAL	DS	OTC; Preferred Diabetic Supply
ASSURE II LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
ASSURE II LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS LOW FLOW	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS MICRO	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS SAFE 25G	DS	OTC; Preferred Diabetic Supply
ASSURE LANCE MIS SAFE 30G	DS	OTC; Preferred Diabetic Supply
ASSURE PRISM SOL LEVEL1/2	DS	OTC; Preferred Diabetic Supply
ASSURE PRO LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
AURORA LANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
AURORA LANCE MIS THIN 23G	DS	OTC; Preferred Diabetic Supply
AUTO LANCET MIS	DS	OTC; Preferred Diabetic Supply
AUTO-LANCET MIS	DS	OTC; Preferred Diabetic Supply
AUTO-LANCET MIS MINI	DS	OTC; Preferred Diabetic Supply
AUTOLET II KIT CLINISAF	DS	OTC; Preferred Diabetic Supply
AUTOLET IMPR MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
AUTOLET LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
AUTOLET LITE KIT	DS	OTC; Preferred Diabetic Supply
AUTOLET LITE KIT CLINISAF	DS	OTC; Preferred Diabetic Supply
AUTOLET LITE KIT STARTER	DS	OTC; Preferred Diabetic Supply
AUTOLET MINI MIS	DS	OTC; Preferred Diabetic Supply
AUTOLET PLAT MIS 1.8MM	DS	OTC; Preferred Diabetic Supply
AUTOLET PLAT MIS 2.4MM	DS	OTC; Preferred Diabetic Supply
AUTOLET PLAT MIS 3.0MM	DS	OTC; Preferred Diabetic Supply
AUTOLET PLUS MIS	DS	OTC; Preferred Diabetic Supply
AUTOLET PLUS MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
BD MICROTAIN MIS LANCETS	DS	Preferred Diabetic Supply
BLULINK LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
CARDIOCOM MIS LANCING	DS	OTC; Preferred Diabetic Supply
CAREONE ADV MIS LANCING	DS	OTC; Preferred Diabetic Supply
CAREONE LANC MIS 30G	DS	OTC; Preferred Diabetic Supply
CAREONE LANC MIS THIN 23G	DS	OTC; Preferred Diabetic Supply
CARESENS 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
CARESENS SOL CONTROL	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS EJECTOR	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS LANC 30G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
CARETOUCH MIS TWIST 28	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS TWIST 30	DS	OTC; Preferred Diabetic Supply
CARETOUCH MIS TWIST 33	DS	OTC; Preferred Diabetic Supply
CHOSEN MIS 30G	DS	OTC; Preferred Diabetic Supply
CHOSEN MIS LANCING	DS	OTC; Preferred Diabetic Supply
CHOSEN MIS SAFE 28G	DS	OTC; Preferred Diabetic Supply
CLEANLET 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
CLEVER CHECK MIS	DS	OTC; Preferred Diabetic Supply
CLEVER CHECK MIS 30G	DS	OTC; Preferred Diabetic Supply
CLEVR CHOICE LIQ HIGH	DS	OTC; Preferred Diabetic Supply
CLEVR CHOICE LIQ LOW	DS	OTC; Preferred Diabetic Supply
COAGUCHEK MIS LANCETS	DS	OTC; Preferred Diabetic Supply
COMFORT ASSU MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
COMFORT ASSU MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
COMFORT EZ MIS 21G	DS	OTC; Preferred Diabetic Supply
COMFORT EZ MIS 23G	DS	OTC; Preferred Diabetic Supply
COMFORT EZ MIS 28G	DS	OTC; Preferred Diabetic Supply
COMFORT MIS LANCETS	DS	OTC; Preferred Diabetic Supply
COMFORT TCH MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
COMFORT TCH MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
COMFORT TCH MIS LANC 31G	DS	OTC; Preferred Diabetic Supply
COMFORTOUCH MIS LANCET	DS	OTC; Preferred Diabetic Supply
CONTOUR HIGH LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
CONTOUR LOW LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
CONTOUR NEXT SOL LEVEL 1	DS	OTC; Preferred Diabetic Supply
CONTOUR NEXT SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
CONTOUR NORM LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
CONTROL HIGH SOL UNISTRIP	DS	OTC; Preferred Diabetic Supply
CONTROL LOW SOL UNISTRIP	DS	OTC; Preferred Diabetic Supply
CONTROL NORM SOL EASY STP	DS	OTC; Preferred Diabetic Supply
CONTROL SOL LIQ HI/MID/L	DS	OTC; Preferred Diabetic Supply
CONTROL SOL LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
CONTROL SOL LIQ LEVEL 2	DS	OTC; Preferred Diabetic Supply
CONTROL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
COOL CONTROL SOL A	DS	OTC; Preferred Diabetic Supply
COOL CONTROL SOL B	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS 21G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS ORIGINAL	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
CVS LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
CVS LANCETS MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
CVS LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
DIATHRIVE LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS LANCING	DS	OTC; Preferred Diabetic Supply
DIATHRIVE MIS UT 30G	DS	OTC; Preferred Diabetic Supply
DIATRUE CONT SOL LEVEL 1	DS	OTC; Preferred Diabetic Supply
DIATRUE CONT SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
DIATRUE CONT SOL LEVEL 3	DS	OTC; Preferred Diabetic Supply
DROPLET GENT MIS LANCING	DS	OTC; Preferred Diabetic Supply
DROPLET LANC MIS 30G	DS	OTC; Preferred Diabetic Supply
DROPLET LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
DROPLET PERS MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
DUO-CARE LIQ LEVEL1/2	DS	OTC; Preferred Diabetic Supply
EASY COMFORT MIS 30G	DS	OTC; Preferred Diabetic Supply
EASY COMFORT MIS LANC/30G	DS	OTC; Preferred Diabetic Supply
EASY COMFORT MIS TWIST	DS	OTC; Preferred Diabetic Supply
EASY MINI MIS	DS	OTC; Preferred Diabetic Supply
EASY MINI MIS EJECT	DS	OTC; Preferred Diabetic Supply
EASY PLUS II SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY PLUS II SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TALK PL SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY TALK PL SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TALK SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY TALK SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TALK SOL NORMAL	DS	OTC; Preferred Diabetic Supply
EASY TOUCH LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS /EJECTOR	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/21G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/23G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/26G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/28G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/30G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/32G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH MIS LANC/33G	DS	OTC; Preferred Diabetic Supply
EASY TOUCH SOL CONTROL	DS	OTC; Preferred Diabetic Supply
EASY TOUCH SOL HIGH/LOW	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
EASY TRAK II LIQ NORMAL	DS	OTC; Preferred Diabetic Supply
EASY TRAK SOL HIGH	DS	OTC; Preferred Diabetic Supply
EASY TRAK SOL LOW	DS	OTC; Preferred Diabetic Supply
EASY TRAK SOL NORMAL	DS	OTC; Preferred Diabetic Supply
EASYMAX 15 LIQ LEVEL2-3	DS	OTC; Preferred Diabetic Supply
EASYMAX 15 SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
EASYMAX LIQ NORM/HIG	DS	OTC; Preferred Diabetic Supply
EASYMAX SOL NORMAL	DS	OTC; Preferred Diabetic Supply
EASystep HGH SOL CONTROL	DS	OTC; Preferred Diabetic Supply
EASystep LOW SOL CONTROL	DS	OTC; Preferred Diabetic Supply
ELEMENT CONT LIQ NORMAL	DS	OTC; Preferred Diabetic Supply
ELEMENT LIQ HIGH	DS	OTC; Preferred Diabetic Supply
ELEMENT LIQ LOW	DS	OTC; Preferred Diabetic Supply
ELEMNT COMPA SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
ELEMNT COMPA SOL LEVEL 3	DS	OTC; Preferred Diabetic Supply
EMBRACE CNTR LIQ HIGH	DS	OTC; Preferred Diabetic Supply
EMBRACE EVO LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS /EJECTOR	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS 21G	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS 28G	DS	OTC; Preferred Diabetic Supply
EMBRACE LANC MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
EMBRACE PRO LIQ GLUCOSE	DS	OTC; Preferred Diabetic Supply
EMBRACE SOL LOW	DS	OTC; Preferred Diabetic Supply
EMBRACE TALK SOL HIGH/L2	DS	OTC; Preferred Diabetic Supply
EMBRACE TALK SOL LOW/L1	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS 21G COLR	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS 33G COLR	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
EQL LANCETS MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
EVOLUTION SOL NORMAL	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 21G	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 21G COLR	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 30G	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS 32G COLR	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
E-Z JECT MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
E-ZJECT LANC MIS 33G	DS	OTC; Preferred Diabetic Supply
EZ-LETS 21G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
EZ-LETS 26G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
EZ-LETS 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
EZ-LETS 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FASTCLIX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FIFTY50 SAFE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FINE 30 MIS	DS	OTC; Preferred Diabetic Supply
FINGERSTIX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FORA CONTROL SOL HIGH	DS	OTC; Preferred Diabetic Supply
FORA CONTROL SOL LOW	DS	OTC; Preferred Diabetic Supply
FORA CONTROL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
FORA LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
FORA MIS LANCETS	DS	OTC; Preferred Diabetic Supply
FORA MIS LANCING	DS	OTC; Preferred Diabetic Supply
FORACARE GDH SOL HIGH	DS	OTC; Preferred Diabetic Supply
FORACARE GDH SOL LOW	DS	OTC; Preferred Diabetic Supply
FORACARE GDH SOL NORMAL	DS	OTC; Preferred Diabetic Supply
FORTISCARE SOL CNTL HI	DS	OTC; Preferred Diabetic Supply
FORTISCARE SOL CNTL LOW	DS	OTC; Preferred Diabetic Supply
FORTISCARE SOL CNTL NML	DS	OTC; Preferred Diabetic Supply
FREESTYLE LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
FREESTYLE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GE100 CONTRL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GENTEEL LANC KIT BLUE	DS	OTC; Preferred Diabetic Supply
GENTEEL MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GENTEEL MIS NOZZLES	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS BLACK	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS BLUE	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS PINK	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS PURPLE	DS	OTC; Preferred Diabetic Supply
GENTEEL PLUS MIS WHITE	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS BLUE	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS CLEAR	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS GREEN	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS ORANGE	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS RAINBOW	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS VIOLET	DS	OTC; Preferred Diabetic Supply
GENTEEL TIPS MIS YELLOW	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS 26G	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS 28G	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GENTLE-LET MIS PLATFORM	DS	OTC; Preferred Diabetic Supply
GLOBAL 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
GLOBAL 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
GLOBAL LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL LIQ NORMAL	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL SOL	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL SOL MID	DS	OTC; Preferred Diabetic Supply
GLUC CONTROL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GLUCOCARD 01 LIQ NORM/HGH	DS	OTC; Preferred Diabetic Supply
GLUCOCARD 01 SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GLUCOCARD LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
GLUCOCARD SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GLUCOCARD SOL SHINE	DS	OTC; Preferred Diabetic Supply
GLUCOCOM MIS 28G	DS	OTC; Preferred Diabetic Supply
GLUCOCOM MIS 30G	DS	OTC; Preferred Diabetic Supply
GLUCOCOM MIS 33G	DS	OTC; Preferred Diabetic Supply
GLUCOCOM TES HIGH CON	DS	OTC; Preferred Diabetic Supply
GLUCOCOM TES NORM CON	DS	OTC; Preferred Diabetic Supply
GLUCOSE CONT SOL HIGH	DS	OTC; Preferred Diabetic Supply
GLUCOSE CONT SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 21G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
GNP LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
GNP LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
GOJJI CNTRL SOL NORMAL	DS	OTC; Preferred Diabetic Supply
GOJJI LANCET MIS 30G	DS	OTC; Preferred Diabetic Supply
GOJJI MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
GOODSENSE MIS LANC DVC	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS HIGH FLO	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS LOW FLOW	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS LOW	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS MAX	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS PLUS PED	DS	OTC; Preferred Diabetic Supply
HAEMOLANCE MIS RETRACT	DS	OTC; Preferred Diabetic Supply
HC LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
HLTHY ACCNTS MIS LANC 30G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
HYPOLANCE KIT LANCING	DS	OTC; Preferred Diabetic Supply
IN TOUCH LAN MIS 30G	DS	OTC; Preferred Diabetic Supply
IN TOUCH LAN MIS DEVICE	DS	OTC; Preferred Diabetic Supply
IN TOUCH SOL GLUCOSE	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
INCONTROL MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
INFINITY SOL HIGH CON	DS	OTC; Preferred Diabetic Supply
INFINITY SOL LOW CON	DS	OTC; Preferred Diabetic Supply
INFINITY SOL NORM CON	DS	OTC; Preferred Diabetic Supply
INFNTY VOICE LIQ LEVEL 2	DS	OTC; Preferred Diabetic Supply
KINNEY MIS LANCETS	DS	OTC; Preferred Diabetic Supply
KINNEY THIN MIS LANCETS	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS 26G	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS THIN	DS	OTC; Preferred Diabetic Supply
KROGER LANCE MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCET AUTO MIS INJECTOR	DS	OTC; Preferred Diabetic Supply
LANCET CARRY MIS CASE	DS	OTC; Preferred Diabetic Supply
LANCET DEVIC MIS 30G	DS	OTC; Preferred Diabetic Supply
LANCET DEVIC MIS ADJUST	DS	OTC; Preferred Diabetic Supply
LANCET MICRO MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
LANCET STAND MIS 21G	DS	OTC; Preferred Diabetic Supply
LANCET SUPER MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCET ULTRA MIS 28G	DS	OTC; Preferred Diabetic Supply
LANCET ULTRA MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
LANCET WITH MIS EJECTOR	DS	OTC; Preferred Diabetic Supply
LANCETS MICR MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 21G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 21G COLR	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 26G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS ORIGINAL	DS	OTC; Preferred Diabetic Supply
LANCETS MIS THIN	DS	OTC; Preferred Diabetic Supply
LANCETS MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
LANCETS MIS THIN 30G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
LANCETS SUPR MIS THIN 28G	DS	OTC; Preferred Diabetic Supply
LANCETS THIN MIS	DS	OTC; Preferred Diabetic Supply
LANCETS THIN MIS 26G	DS	OTC; Preferred Diabetic Supply
LANCETS ULTR MIS THIN	DS	OTC; Preferred Diabetic Supply
LANCETS ULTR MIS THIN 31G	DS	OTC; Preferred Diabetic Supply
LANCING DEVI MIS	DS	OTC; Preferred Diabetic Supply
LANCING DEVI MIS 25G	DS	OTC; Preferred Diabetic Supply
LANCING DEVI MIS 30G	DS	OTC; Preferred Diabetic Supply
LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
LANZO MIS LANCING	DS	OTC; Preferred Diabetic Supply
LB LANCET MIS 28G	DS	OTC; Preferred Diabetic Supply
LB LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
LITE TOUCH MIS LANC PEN	DS	OTC; Preferred Diabetic Supply
LITE TOUCH MIS LANCETS	DS	OTC; Preferred Diabetic Supply
LITETOUCH MIS LANCETS	DS	OTC; Preferred Diabetic Supply
LONGS LANCET MIS STANDARD	DS	OTC; Preferred Diabetic Supply
LONGS LANCET MIS THIN	DS	OTC; Preferred Diabetic Supply
LONGS LANCET MIS ULTRA TH	DS	OTC; Preferred Diabetic Supply
MEDICHOICE MIS LANCET	DS	OTC; Preferred Diabetic Supply
MEDISENSE LIQ GLUC-KET	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS 30G PLUS	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS EXTR 21G	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS LITE 25G	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS PLUS	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS PLUS 30G	DS	OTC; Preferred Diabetic Supply
MEDLANCE MIS UNV 21G	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS 0.8MM	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS EXTR 21G	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS LITE 25G	DS	OTC; Preferred Diabetic Supply
MEDLANCE PLS MIS UNIV 21G	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS COLOR	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS UNIV 21G	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS UNIV 30G	DS	OTC; Preferred Diabetic Supply
MEIJER LANCE MIS UNIVERSA	DS	OTC; Preferred Diabetic Supply
MEIJER MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MICRO THIN MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
MICRODOT CON SOL HIGH/LOW	DS	OTC; Preferred Diabetic Supply
MICROLET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MICROLET MIS NEXT	DS	OTC; Preferred Diabetic Supply
MINI LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
MM LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
MM TWIST MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MOBILE LANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
MONOLET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MONOLET OPD MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MONOLETTOR MIS LANCETS	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 21G	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 23G	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 28G	DS	OTC; Preferred Diabetic Supply
MPD SFTY LAN MIS 30G	DS	OTC; Preferred Diabetic Supply
MULTI-LANCET KIT DEVICE	DS	OTC; Preferred Diabetic Supply
MULTI-LANCET MIS DEVICE	DS	OTC; Preferred Diabetic Supply
MYGLUCOHEALT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
MYGLUCOHEALT SOL LO/NL/HI	DS	OTC; Preferred Diabetic Supply
NEUTEK 2TEK SOL CONTROL	DS	OTC; Preferred Diabetic Supply
NOVA MAX GLU LIQ /KET CON	DS	OTC; Preferred Diabetic Supply
NOVA SAFETY MIS LANC 23G	DS	OTC; Preferred Diabetic Supply
NOVA SAFETY MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
NOVA SURE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
NOVA SUREFLX MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ONETOUCH DEL MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ONETOUCH DEL MIS PLUS 30G	DS	OTC; Preferred Diabetic Supply
ONETOUCH DEL MIS PLUS 33G	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ ULT CONT	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ ULTRA	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ VERIO	DS	OTC; Preferred Diabetic Supply
ONETOUCH LIQ VERIO 4	DS	OTC; Preferred Diabetic Supply
ONETOUCH MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
ONETOUCH US MIS 2 30G	DS	OTC; Preferred Diabetic Supply
ONETOUCH US MIS LANCETS	DS	OTC; Preferred Diabetic Supply
ON-THE-GO MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
PC LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
PERFECT 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PERFECT 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PHARMACY COU MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PIP CONTROL LIQ	DS	OTC; Preferred Diabetic Supply
PIP LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
PIP LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
POCKETCHEM SOL EZ	DS	OTC; Preferred Diabetic Supply
PRECISION LIQ GLUC/KET	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
PRO COMFORT MIS 31G	DS	OTC; Preferred Diabetic Supply
PRO COMFORT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
PRO COMFORT MIS LANCETS	DS	OTC; Preferred Diabetic Supply
PRODIGY MIS 26G	DS	OTC; Preferred Diabetic Supply
PRODIGY MIS 28G	DS	OTC; Preferred Diabetic Supply
PRODIGY MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
PRODIGY SOL HIGH	DS	OTC; Preferred Diabetic Supply
PRODIGY SOL LOW	DS	OTC; Preferred Diabetic Supply
PSS SAFE LAN MIS	DS	OTC; Preferred Diabetic Supply
PSS SEL LANC MIS	DS	OTC; Preferred Diabetic Supply
PSS SEL PLAT MIS	DS	OTC; Preferred Diabetic Supply
PURE COMFORT MIS 30G LAN	DS	OTC; Preferred Diabetic Supply
PX LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
PX LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
PX LANCETS MIS ULT THIN	DS	OTC; Preferred Diabetic Supply
QC LANCETS MIS 28G	DS	OTC; Preferred Diabetic Supply
QC LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
QC LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
QUICKTEK LIQ SOLUTION	DS	OTC; Preferred Diabetic Supply
QUINTET CONT SOL HGH/NORM	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS 28G	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS THIN 28G	DS	OTC; Preferred Diabetic Supply
RA E-ZJECT MIS ULT THIN	DS	OTC; Preferred Diabetic Supply
RAPID-SAFE MIS LANCING	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 23G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 26G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
READYLANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
REALITY MIS LANCETS	DS	OTC; Preferred Diabetic Supply
REALITY TRIG MIS LANCETS	DS	OTC; Preferred Diabetic Supply
REFUAH PLUS SOL CONTROL	DS	OTC; Preferred Diabetic Supply
RELION KIT LANCING	DS	OTC; Preferred Diabetic Supply
RELION LANCE MIS THIN 26G	DS	OTC; Preferred Diabetic Supply
RELION LANCE MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
RELION LANCI MIS DEVICE	DS	OTC; Preferred Diabetic Supply
RELION MICRO MIS THIN 33G	DS	OTC; Preferred Diabetic Supply
RELION ULTRA MIS THIN 30G	DS	OTC; Preferred Diabetic Supply
RELION ULTRA MIS THIN PLS	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
RIGHTEST ALT MIS ADAPTOR	DS	OTC; Preferred Diabetic Supply
RIGHTEST LIQ HIGH CON	DS	OTC; Preferred Diabetic Supply
RIGHTEST LIQ NORM CON	DS	OTC; Preferred Diabetic Supply
RIGHTEST MIS GD500	DS	OTC; Preferred Diabetic Supply
RIGHTEST MIS GL300	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS 25G	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS HI FLOW	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS LOW FLOW	DS	OTC; Preferred Diabetic Supply
SAFE-T-LANCE MIS NOR FLOW	DS	OTC; Preferred Diabetic Supply
SAFE-T-PRO MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFE-T-PRO MIS PLUS	DS	OTC; Preferred Diabetic Supply
SAFETY 21G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY 23G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY 28G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY 30G MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAFETY MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SAPS HEALTH MIS TWIST	DS	OTC; Preferred Diabetic Supply
SAPS TWIST MIS 30G	DS	OTC; Preferred Diabetic Supply
SAPSCARE MIS TWIST	DS	OTC; Preferred Diabetic Supply
SB LANCETS MIS THIN	DS	OTC; Preferred Diabetic Supply
SB LANCETS MIS ULTR THN	DS	OTC; Preferred Diabetic Supply
SELECT-LITE KIT DEV/LANC	DS	OTC; Preferred Diabetic Supply
SELECT-LITE MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
SHOPKO LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
SIMPLE DIAG MIS LANCING	DS	OTC; Preferred Diabetic Supply
SINGLE-LET MIS 23G	DS	OTC; Preferred Diabetic Supply
SM LANCETS MIS 33G	DS	OTC; Preferred Diabetic Supply
SM TRUEDRAW MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
SMART SENSE MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
SMARTEST MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SMARTEST SOL CONTROL	DS	OTC; Preferred Diabetic Supply
SOFTCLIX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SOLUS V2 MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
SOLUS V2 MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
SOLUS V2 MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
SOLUS V2 SOL HIGH	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
SOLUS V2 SOL LOW	DS	OTC; Preferred Diabetic Supply
STERILANCE MIS TL 28G	DS	OTC; Preferred Diabetic Supply
STERILANCE MIS TL 30G	DS	OTC; Preferred Diabetic Supply
STERILANCE MIS TL 32G	DS	OTC; Preferred Diabetic Supply
SUPER THIN MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
SUPER THIN MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SUPREME II LIQ HIGH/LOW	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 18G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 23G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANC PEN	DS	OTC; Preferred Diabetic Supply
SURE COMFORT MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SUREFLEX MIS LANCETS	DS	OTC; Preferred Diabetic Supply
SURELITE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
TAI DOC SOL NORM CON	DS	OTC; Preferred Diabetic Supply
TECHLITE AST MIS LANCETS	DS	OTC; Preferred Diabetic Supply
TECHLITE MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
TECHLITE MIS LANCETS	DS	OTC; Preferred Diabetic Supply
TGT LANCET MIS 26G	DS	OTC; Preferred Diabetic Supply
TGT LANCET MIS 30G	DS	OTC; Preferred Diabetic Supply
TGT LANCET MIS 33G	DS	OTC; Preferred Diabetic Supply
TGT LANCING MIS DEVICE	DS	OTC; Preferred Diabetic Supply
THIN LANCETS MIS 26G	DS	OTC; Preferred Diabetic Supply
THIN LANCETS MIS 30G	DS	OTC; Preferred Diabetic Supply
THINLETS GP MIS 26G	DS	OTC; Preferred Diabetic Supply
TOPCARE MIS LANC 33G	DS	OTC; Preferred Diabetic Supply
TRAVEL LANCE MIS 30G	DS	OTC; Preferred Diabetic Supply
TRAVEL LANCE MIS ADV 28G	DS	OTC; Preferred Diabetic Supply
TRUE COMFORT MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
TRUE METRIX SOL LEVEL 1	DS	OTC; Preferred Diabetic Supply
TRUE METRIX SOL LEVEL 2	DS	OTC; Preferred Diabetic Supply
TRUE METRIX SOL LEVEL 3	DS	OTC; Preferred Diabetic Supply
TRUECONTROL LIQ LEVEL 0	DS	OTC; Preferred Diabetic Supply
TRUECONTROL LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
TRUEDRAW MIS LANC DEV	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 26G	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 28G	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 30G	DS	OTC; Preferred Diabetic Supply
TRUPLUS LANC MIS 33G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
TWIST LANCET MIS 30G	DS	OTC; Preferred Diabetic Supply
TWIST LANCET MIS 30G MULT	DS	OTC; Preferred Diabetic Supply
ULTI-LANCE MIS CLR TIP	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 26G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 28G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 30G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS 33G	DS	OTC; Preferred Diabetic Supply
ULTILET MIS LANCETS	DS	OTC; Preferred Diabetic Supply
ULTILET MIS SAFETY	DS	OTC; Preferred Diabetic Supply
ULTILET SAFE MIS 21G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 28G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 30G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 31G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS 33G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LAN 31G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
ULTRA THIN MIS LANCETS	DS	OTC; Preferred Diabetic Supply
UNILET CMFR MIS TCH 28G	DS	OTC; Preferred Diabetic Supply
UNILET CMFR MIS TCH 30G	DS	OTC; Preferred Diabetic Supply
UNILET EX II MIS 28G	DS	OTC; Preferred Diabetic Supply
UNILET EXCEL MIS 23G	DS	OTC; Preferred Diabetic Supply
UNILET G.P MIS SUPR 23G	DS	OTC; Preferred Diabetic Supply
UNILET G.P. MIS 21G	DS	OTC; Preferred Diabetic Supply
UNILET GP 28 MIS ULT THIN	DS	OTC; Preferred Diabetic Supply
UNILET LANC MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET LANCE MIS 21G	DS	OTC; Preferred Diabetic Supply
UNILET LANCE MIS 28G	DS	OTC; Preferred Diabetic Supply
UNILET LANCE MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET LANCT MIS 28G	DS	OTC; Preferred Diabetic Supply
UNILET LANCT MIS 30G	DS	OTC; Preferred Diabetic Supply
UNILET LANCT MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET MICRO MIS 33G	DS	OTC; Preferred Diabetic Supply
UNILET MIS 21G	DS	OTC; Preferred Diabetic Supply
UNILET SUPER MIS 23G	DS	OTC; Preferred Diabetic Supply
UNILET SUPER MIS G.P. 23G	DS	OTC; Preferred Diabetic Supply
UNISTIK 1 MIS 2.4MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 1 MIS 3.0MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS 1.8MM	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
UNISTIK 2 MIS 2.4MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS COMFORT	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS EXTRA	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS NEONATAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 2 MIS SUPER	DS	OTC; Preferred Diabetic Supply
UNISTIK 23G MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS 1.8MM	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS COMFORT	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS EXTRA	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS GENT 30G	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS NEONATAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK 3 MIS XTR 21G	DS	OTC; Preferred Diabetic Supply
UNISTIK CZT MIS COMFORT	DS	OTC; Preferred Diabetic Supply
UNISTIK CZT MIS NORMAL	DS	OTC; Preferred Diabetic Supply
UNISTIK PRO MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
UNISTIK PRO MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
UNISTIK SAFE MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
UNISTIK SAFE MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 21G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 23G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 28G	DS	OTC; Preferred Diabetic Supply
UNISTIK TOUC MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
UNITSTIK PRO MIS LANC 25G	DS	OTC; Preferred Diabetic Supply
UNIVERSAL 1 MIS 33G	DS	OTC; Preferred Diabetic Supply
UNIVERSAL 1 MIS LANC 26G	DS	OTC; Preferred Diabetic Supply
UNIVERSAL 1 MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
VANTAGE LANC MIS DEVICE	DS	OTC; Preferred Diabetic Supply
VERASENS LIQ LEVEL 1	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 21G	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 23G	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 28G	DS	OTC; Preferred Diabetic Supply
VERIFINE LAN MIS MINI 30G	DS	OTC; Preferred Diabetic Supply
VERIFINE MIS UNIV 28G	DS	OTC; Preferred Diabetic Supply
VERIFINE MIS UNIV 30G	DS	OTC; Preferred Diabetic Supply
VERIFINE MIS UNIV 33G	DS	OTC; Preferred Diabetic Supply
VIVAGUARD LIQ CONTROL	DS	OTC; Preferred Diabetic Supply
VIVAGUARD MIS 28G	DS	OTC; Preferred Diabetic Supply
VIVAGUARD MIS 30G	DS	OTC; Preferred Diabetic Supply

Drug Name	Drug Tier	Requirements/Lists
VIVAGUARD MIS LANCING	DS	OTC; Preferred Diabetic Supply
ZEVRX TWIST MIS LANC 30G	DS	OTC; Preferred Diabetic Supply
RESPIRATORY THERAPY SUPPLIES		
AIRZONE PEAK MIS FLOW MTR	0	OTC
MASK VORTEX/ MIS FROG	0	OTC
MASK VORTEX/ MIS LADY BUG	0	OTC
PEAK AIR FLO MIS ADLT/PED	0	OTC
VORTEX VALVE MIS CHAMBER	0	
VORTEX/MASK MIS CHILDS	0	
VORTEX/MASK MIS TODDLER	0	
MINERALS & ELECTROLYTES		
FLUORIDE		
<i>sod fluoride tab 0.5mg f</i>	0	AGE; (Covered for ages 16 years and under)
<i>sod fluoride tab 1mg f</i>	0	AGE; (Covered for ages 16 years and under)
PHOSPHATE		
K-PHOS TAB	3	
<i>phospha 250 tab neutral</i>	1	
<i>phosphorous tab</i>	1	
<i>phospho-trin tab 250 neut</i>	1	
<i>phospho-trin tab k500</i>	1	
<i>wes-phos 250 tab neutral</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
DENTAL PRODUCTS		
<i>fluoridex con dly ren</i>	1	
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
CAPHOSOL SOL	3	
OPHTHALMIC AGENTS		
CYCLOPLEGIC MYDRIATICS		
<i>tropicamide sol 1% op</i>	1	
OPHTHALMICS - MISC.		
UPNEEQ SOL 0.1%	3	PA, QL (30 vials/30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
MULTIPLE SCLEROSIS AGENTS		
ZEPOSIA CAP STR KIT	5	SP, PA
SMOKING DETERRENTS		
<i>cvs nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>cvn nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 2mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 2mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 4mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine gum 4mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine loz 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine loz 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>cvn nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine gum 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>eq nicotine gum 2mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine gum 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine gum 4mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine gum 4mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine loz 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine loz 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>eq nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ft nicotine gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ft nicotine gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ft nicotine loz 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ft nicotine loz 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine gum 2mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>gnp nicotine gum 4mg frt</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine gum 4mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine loz 4mg cher</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>gnp nicotine loz mini 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>habitrol dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine gum 4mg frt</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine loz 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine loz 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine loz 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>hm nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>kls quit2 gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>kls quit2 loz 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>kls quit4 gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>kls quit4 loz 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine dis step 1</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine gum 2mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine loz 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine loz mini 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 2mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 2mg ref</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>nicotine pol gum 2mg strt</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 2mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mg ref</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mg strt</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol gum 4mgfruit</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 2mg chry</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 2mg mini</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 4mg chry</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine pol loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine td dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine td dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine td dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>nicotine td dis step 1</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>nicotine td dis step 3</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>qc nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>qc nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>ra nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine dis 14mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine dis 21mg/24h</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine dis 7mg/24hr</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine gum 2mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine gum 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine loz 2mg chry</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine loz 2mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)

Drug Name	Drug Tier	Requirements/Lists
<i>sm nicotine loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine loz 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine loz 4mg cinn</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>sm nicotine loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>stop smoking gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>stop smoking gum 2mg orig</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>stop smoking gum 4mg</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>stop smoking loz 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>stop smoking loz 4mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
<i>thrive gum 2mg mint</i>	0	AGE, OTC, QL (Max 180 days per year); (Min Age 18 years)
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL PROGESTINS		
ENDOMETRIN SUP 100MG	3	
PROGESTERONE SUP VGS 100	3	
PROGESTERONE SUP VGS 200	3	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>phytonadione tab 5mg</i>	1	
<i>vitamin d cap 1.25mg</i>	1	
<i>vitamin d cap 50000</i>	1	
<i>vitamin d cap 50000unt</i>	1	

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1 (800) 660-4672 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1 (800) 660-4672 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1 (800) 660-4672 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1 (800) 660-4672 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1 (800) 660-4672 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1 (800) 660-4672 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1 (800) 660-4672 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1 (800) 660-4672 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1 (800) 660-4672 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1 (800) 660-4672 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: وأهـ صـ لـ ابـ قـ لـ عـ تـ قـ لـ عـ ئـ سـ أـ يـ أـ نـ عـ ةـ بـ اـ جـ لـ لـ ةـ يـ نـ اـ جـ مـ لـ اـ يـ رـ وـ فـ لـ اـ مـ جـ رـ تـ مـ لـ اـ مـ دـ خـ مـ دـ قـ نـ اـ نـ اـ نـ اـ يـ لـ عـ اـ نـ بـ لـ اـ صـ تـ اـ لـ اـ يـ وـ سـ كـ يـ لـ عـ سـ يـ لـ ،ـ يـ رـ وـ فـ مـ جـ رـ تـ مـ يـ لـ عـ لـ وـ صـ حـ لـ لـ .ـ اـ نـ يـ دـ لـ ةـ يـ وـ دـ أـ لـ لـ وـ دـ جـ ةـ مـ دـ خـ هـ ذـ هـ .ـ كـ تـ دـ عـ اـ سـ مـ بـ ةـ يـ بـ رـ عـ لـ اـ ثـ دـ حـ تـ يـ اـ مـ صـ خـ شـ مـ وـ قـ يـ سـ .ـ 1 (800) 660-4672 (TTY: 711). ةـ يـ نـ اـ جـ مـ

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1 (800) 660-4672 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1 (800) 660-4672 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1 (800) 660-4672 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1 (800) 660-4672 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1 (800) 660-4672 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1 (800) 660-4672 (TTY: 711) にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

HAWAI'I MEDICAL SERVICE ASSOCIATION

hmsa.com/postal

This formulary was updated on 07/01/2025. For more recent information or other questions, please contact HMSA.

HMSA CENTERS

Visit one of our HMSA Centers with most locations providing convenient evening and Saturday hours. Hours of operation may change. Please go to hmsa.com/contact before your visit.

Honolulu, Oahu

818 Keeaumoku St.

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

Pearl City, Oahu

Pearl City Gateway | 1132 Kuala St., Suite 400

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

Hilo, Hawaii Island

Waiakea Center | 303A E. Makaala St.

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

Kahului, Maui

Puunene Shopping Center | 70 Hookele St., Suite 1220

Monday–Friday, 8 a.m.–5 p.m. | Saturday, 9 a.m.–1 p.m.

Lihue, Kauai

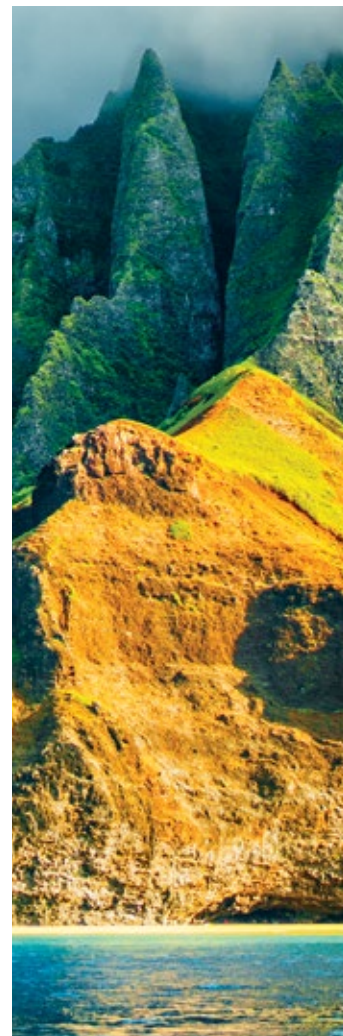
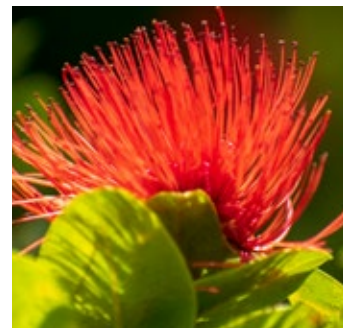
Kuhio Medical Center | 3-3295 Kuhio Highway, Suite 202

Monday–Friday, 8 a.m.–4 p.m.

PHONE

1 (800) 776-4672, Monday through Friday, 8 a.m.–5 p.m.

TTY: 711



Together, we improve the lives of our members and the health of Hawaii.
Caring for our families, friends, and neighbors is our privilege.



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