



HealthPartners® Journey Smart (PPO)
HealthPartners® Journey Pace (PPO)
HealthPartners® Journey Stride (PPO)
HealthPartners® Journey Dash (PPO)
HealthPartners® Journey Steady (PPO)
HealthPartners® Journey Group (PPO)
HealthPartners® Robin Birch (PPO)
HealthPartners® Robin Maple (PPO)
HealthPartners® Journey Group (PPO)
HealthPartners® Robin Group (PPO)
HealthPartners® Freedom Group (PPO)
HealthPartners® Medicare Group Part D Plan (PDP)
HealthPartners® Retiree National Choice (PDP)
(Collectively known as HealthPartners)

2025 Formulary I

(List of Covered Drugs or “Drug List”)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

Formulary ID 00025128

This formulary was updated on 03/19/2025. For more recent information or other questions, please contact HealthPartners Member Services.

Journey members: 952-883-6655 or 866-233-8734

Robin members: 886-233-8734

Freedom members: 800-233-9645

Medicare Group Part D plan members: 844-440-1900

Retiree National Choice members: 952-883-7373 or 877-816-9539

TTY users: 711

Or visit healthpartners.com/medicarex.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

24-2931776 04/25

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means HealthPartners. When it refers to “plan” or “our plan,” it means HealthPartners.

This document includes a Drug List (Formulary) for our plan which is current as of March 19th, 2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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 January 1, 2026, and from time to time during the year.

What is the HealthPartners formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by HealthPartners 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. HealthPartners will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a HealthPartners network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

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

healthpartners.com/medicarerex

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the 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 the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the HealthPartners 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. 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. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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 titled “How do I request an exception to the HealthPartners 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 January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of March 19th, 2025. To get updated information about the drugs covered by HealthPartners, please contact us. Our contact information appears on the front and back cover pages.

The formulary is updated monthly to include any changes. In the event of negative formulary changes, you'll get a Formulary Change Notice. This notice will be sent with your monthly Part D Explanation of Benefits and will also be posted on 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 “Cardiac Drugs.” 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 91. 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?

HealthPartners 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 work just as well as and usually cost less than brand-name drugs. There are generic 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, Section 3.1, "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:** HealthPartners requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescriptions. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that HealthPartners will cover. For example, HealthPartners provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthPartners 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, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners 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 HealthPartners 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 HealthPartners formulary?" on page I-5 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 Member Services and ask if your drug is covered.

If you learn that HealthPartners does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthPartners. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthPartners.
- You can ask HealthPartners 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 HealthPartners Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, HealthPartners 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.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drugs.

Generally, HealthPartners will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **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 ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

Transition process

For existing members in our plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate. To ask for a temporary supply, contact Member Services.

Please note that our transition policy only applies to drugs that are covered under the Part D benefit and bought at a network pharmacy, unless you qualify for out of network access.

For more information

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

If you have questions about HealthPartners, 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/7 days a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

HealthPartners Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*). The information in the Requirements/Limits column tells you if HealthPartners has any special requirements for coverage of your drug. The second column of the chart lists the drug tier or coverage level.

HealthPartners covers Medicare Part D prescription drugs under five drug tiers: Tier 1 (Preferred Generic Drugs), Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs), and Tier 5 (Specialty Drugs). To determine the coverage level, locate your drug and look in the “Drug Tier” column. Then use the key below to determine your cost-sharing during the initial coverage phase for a 30-day supply. Coverage level shown does not reflect deductibles. Please refer to your Evidence of Coverage for details.

IMPORTANT NOTICE: You won’t pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it’s on, even if you haven’t paid the deductible. Our plans cover most Part D vaccines at no cost to you. There’s no deductible and no copay no matter what Part D phase you are in.

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand Drugs)*	Tier 4 (Non-preferred Drugs)	Tier 5 (Specialty Drugs)
Journey Smart	\$0	\$8	20%	50%	25%
Journey Pace	\$0	\$12	\$47	50%	29%
Journey Stride	\$0	\$12	\$47	50%	29%
Journey Dash	\$0	\$10	20%	50%	30%
Journey Steady	\$4	\$10	20%	40%	29%
Robin Birch	\$0	\$0	\$47	50%	29%
Robin Maple	\$0	\$9	20%	50%	29%
Journey Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers and cost-sharing.				
Robin Group					
Freedom Group					
Medicare Group Part D Plan					
Retiree National Choice					

- Coverage level shown does not reflect deductibles or catastrophic benefit coverage. Please refer to your Evidence of Coverage for details.
- * PAXLOVID (nirmatrelvir and ritonavir), an oral antiviral for COVID-19, is covered at \$0 cost-sharing until 02/28/2025.

The key below describes the abbreviations used in the Requirements/Limits column.

Requirements/Limits Abbreviation Key

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Required
QL	Quantity Limit
BvD	This drug could be covered as a Part B or a Part D Benefit.
ST	Step Therapy Required
LA	Limited Access Drug – Some drugs may be available only at certain pharmacies. For more information consult your pharmacy directory or call Member Services.
NM	Non-Mail Order Drug – Drugs not eligible for a 90-day mail order supply through your mail order benefit are noted with “NM” under Requirements/Limits.
IN	Covered insulin drugs

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	2	QL (8 PER 1 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codein 240-24 mg/10, acetaminop-codeine 120-12 mg/5)</i>	2	QL (120 PER 1 DAYS)
<i>buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)</i>	4	PA - FOR NEW STARTS ONLY
<i>butalb-acetamin-caff 50-325-40</i>	2	QL (12 PER 1 DAYS)
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)	3	QL (8 PER 1 DAYS)
ENDOCET 10-325 MG TABLET	3	QL (5 PER 1 DAYS)
ENDOCET 7.5-325 MG TABLET	3	QL (7 PER 1 DAYS)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	4	PA - FOR NEW STARTS ONLY
<i>fentanyl citrate otc 200 mcg</i>	4	PA
<i>fentanyl citrate otc 400 mcg</i>	5	PA, NM
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	3	QL (8 PER 1 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	4	QL (120 PER 1 DAYS)
<i>hydrocodone-ibuprofen 7.5-200</i>	2	QL (8 PER 1 DAYS)
<i>hydromorphone 2 mg tablet</i>	3	QL (8 PER 1 DAYS)
<i>hydromorphone 30 mg/30ml-water</i>	4	QL (8 PER 1 DAYS)
<i>hydromorphone 4 mg tablet</i>	3	QL (4 PER 1 DAYS)
<i>hydromorphone 8 mg tablet</i>	3	QL (2 PER 1 DAYS)
<i>hydromorphone hcl (0.5 mg/0.5 ml, 0.5 mg/0.5ml syr, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, hcl 1 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml syringe, 4 mg/ml carpuct, 4 mg/ml vial, 10 mg/ml vial, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	4	QL (8 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	4	QL (17 PER 1 DAYS)
<i>methadone 10 mg/ml oral conc</i>	4	PA - FOR NEW STARTS ONLY
<i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY
METHADONE INTENSOL 10 MG/ML	4	PA - FOR NEW STARTS ONLY
<i>morphine sulf 10 mg/5 ml soln</i>	3	QL (45 PER 1 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	3	QL (4 PER 1 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	3	QL (20 PER 1 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY
<i>morphine sulfate ir 15 mg tab</i>	3	QL (5 PER 1 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>	4	QL (40 PER 1 DAYS)
<i>oxycodone hcl (ir) 10 mg tab</i>	3	QL (5 PER 1 DAYS)
<i>oxycodone hcl (ir) 15 mg tab</i>	3	QL (3 PER 1 DAYS)
<i>oxycodone hcl (ir) 20 mg tab</i>	3	QL (4 PER 1 DAYS)
<i>oxycodone hcl (ir) 30 mg tab</i>	3	PA - FOR NEW STARTS ONLY
<i>oxycodone hcl (ir) 5 mg cap</i>	4	QL (8 PER 1 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	3	QL (8 PER 1 DAYS)
<i>oxycodone hcl 100 mg/5 ml conc</i>	4	QL (4 PER 1 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	3	QL (8 PER 1 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	3	QL (5 PER 1 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	3	QL (7 PER 1 DAYS)
TENCON 50-325 MG TABLET	4	QL (12 PER 1 DAYS)
<i>tramadol hcl 50 mg tablet</i>	2	QL (8 PER 1 DAYS)
<i>tramadol-acetaminophn 37.5-325</i>	2	PA - FOR NEW STARTS ONLY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2
--	---

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac 2% solution pump</i>	4	QL (224 PER 28 DAYS)
<i>diclofenac pot 50 mg tablet</i>	2	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	2	
<i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	3	
<i>etodolac er (er 400 mg tablet, er 500 mg tablet, er 600 mg tablet)</i>	4	
<i>flurbiprofen 100 mg tablet</i>	2	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	1	
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	3	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	
<i>timolol maleate 0.5% eye drops (generic for timoptic)</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

GLYDO 2% JELLY SYRINGE	2	
<i>lidocaine 5% patch</i>	4	PA
<i>lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 200 mg/20 ml, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% 500 mg/50 ml, 1% ampul, 1% vial)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine hcl (2% jel urojet ac, 2% jelly uro-jet, 4% solution)</i>	2	
<i>lidocaine hcl 1% 100 mg/10 ml (ampul)</i>	1	
<i>lidocaine hcl 1% 100 mg/10 ml (vial)</i>	1	
<i>lidocaine hcl viscous (15 ml cup, soln)</i>	2	
<i>lidocaine-prilocaine cream</i>	3	

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

<i>acamprosate calc dr 333 mg tab</i>	4	
<i>buprenorphine 2 mg tablet sl</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine 8 mg tablet sl</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 12-3mg flm</i>	3	QL (60 PER 30 DAYS)
<i>buprenorphine-nalox 2-0.5mg fm</i>	3	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 2-0.5mg tb</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film)</i>	3	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150 mg tablet</i>	3	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	4	
KLOXXADO 8 MG NASAL SPRAY	3	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	2	
<i>naloxone hcl 4 mg nasal spray</i>	3	
<i>naltrexone 50 mg tablet</i>	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
<i>varenicline starting month box</i>	4	QL (53 PER 28 DAYS)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i>	4	QL (2 PER 1 DAYS)
ZIMHI 5 MG/0.5 ML SYRINGE	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin 2% vaginal cream</i>	4	
<i>metronidazole (0.75% gl, 1.3% gel)</i>	4	
<i>terconazole (0.4% cream, 0.8% cream)</i>	3	
<i>terconazole 80 mg suppository</i>	4	
ANTI-ANXIETY AGENTS		
BENZODIAZEPINES		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt)</i>	4	QL (180 PER 30 DAYS)
<i>clonazepam (1 mg dis tablet, 1 mg odt)</i>	4	QL (120 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam 1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	4	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	2	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	2	QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	QL (240 PER 30 DAYS)
<i>diazepam 10 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	QL (180 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lorazepam 2 mg/ml oral concent</i>	3	QL (150 PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	3	QL (150 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl)</i>	4	PA
ARIKAYCE 590 MG/8.4 ML VIAL	5	PA, NM
<i>gentamicin sulfate (20 mg/2 ml vial, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	4	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, isoton 100 mg/50 ml)</i>	4	
<i>neomycin 500 mg tablet</i>	2	
<i>streptomycin sulf 1 gm vial</i>	4	
TOBI PODHALER 28 MG INHALE CAP	5	PA, NM
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	5	PA - PART B VS D DETERMINATION, NM
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	4	PA

ANTIBACTERIALS, MISCELLANEOUS

<i>clindamycin (pedi) 75 mg/5 ml</i>	4	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl, 900 mg/6 ml vl)</i>	4	
<i>colistimethate 150 mg vial</i>	4	PA
<i>daptomycin (350 mg vial, 500 mg vial)</i>	4	
<i>fosfomicin 3 gm sachet</i>	4	
<i>linezolid 100 mg/5 ml susp</i>	5	PA, NM
<i>linezolid 600 mg tablet</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>linezolid 600 mg/300 ml-d5w</i>	4	PA
<i>linezolid 600mg/300ml-0.9%nacl</i>	4	PA
<i>methenamine hipp 1 gm tablet</i>	3	
METRO IV 500 MG/100 ML	4	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	2	
<i>metronidazole 500 mg/100 ml</i>	4	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-mcr 100 mg</i>	2	
<i>polymyxin b sulfate vial</i>	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM
<i>trimethoprim 100 mg tablet</i>	2	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 1.75 gram vial, hcl 2 gram vial, hcl 5 gm vial, hcl 10 gm vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	4	QL (40 PER 10 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	4	QL (80 PER 10 DAYS)
XENLETA 600 MG TABLET	5	PA, NM
XIFAXAN 200 MG TABLET	4	PA
XIFAXAN 550 MG TABLET	5	PA, NM

CEPHALOSPORINS

<i>cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>cefadroxil 500 mg capsule</i>	2	
<i>cefazolin 1 g/50 ml-dextrose</i>	4	
<i>cefazolin 2 gm vial</i>	2	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, 500 mg vial)</i>	4	
<i>cefazolin sodium-dextrose (2 g/100, 2 g/50)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefepime (1 gm, 2 gm)</i>	4	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	4	
<i>cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefoxitin (1 gm vial, 2 gm vial)</i>	4	
<i>cefoxitin sodium (1 gm piggyback bag, 2 gm piggyback bag)</i>	4	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	4	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	3	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	4	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	4	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	4	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
TEFLARO (400 MG VIAL, 600 MG VIAL)	5	NM

MACROLIDES

<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	3	
<i>azithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>azithromycin (500 mg add-van vl, i.v. 500 mg vial)</i>	4	
<i>azithromycin 600 mg tablet</i>	2	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	3	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin lact 500 mg vial</i>	4	
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
<i>aztreonam (1 gm vial, 2 gm vial)</i>	4	
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, NM
<i>ertapenem 1 gram vial</i>	4	
<i>imipenem-cilastatin sodium (250 mg vl, 500 mg vl)</i>	4	
<i>meropenem iv 1 gm vial</i>	4	
<i>meropenem iv 500 mg vial</i>	3	
<i>meropenem-0.9% nacl 1 gram/50</i>	4	
<i>meropenem-0.9% nacl 500 mg/50</i>	3	
PENICILLINS		
<i>amox-clav 400-57 mg tab chew</i>	4	
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>amoxicillin (250 mg capsule, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	3	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)</i>	2	
<i>ampicillin 500 mg capsule</i>	2	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	4	
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm btl, ampicillin-sulbactam 15 gm vl)</i>	4	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	3	
<i>nafcillin (1 gm/ 50 ml inj, 2 gm/ 100 ml inj)</i>	4	
<i>nafcillin sodium (1 gm vial, 2 gm vial)</i>	4	
<i>nafcillin sodium (10 gm bottle, 10 gm bulk vial)</i>	5	NM
<i>penicillin g potassium (5 million unit, 20 million unit)</i>	4	
<i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	2	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	4	

QUINOLONES

<i>ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)</i>	4	
<i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>	4	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>levofloxacin-d5w (500 mg/100, 750 mg/150)</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl 400 mg tablet</i>	3	

SULFONAMIDES

<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	3	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TETRACYCLINES		
DOXY 100 MG VIAL	4	
<i>doxycycline 25 mg/5 ml susp</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tablet)</i>	2	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	2	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
<i>tigecycline 50 mg vial</i>	5	NM
ANTICANCER AGENTS		
<i>abiraterone acetate (250 mg tab, 500 mg tab)</i>	5	PA - FOR NEW STARTS ONLY, NM
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ALECENSA 150 MG CAPSULE	5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ALUNBRIG 30 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>anastrozole 1 mg tablet</i>	1	
AUGTYRO (40 MG CAPSULE, 160 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>bicalutamide 50 mg tablet</i>	2	
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BOSULIF 100 MG CAPSULE	5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BOSULIF 100 MG TABLET	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BOSULIF 50 MG CAPSULE	5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BRAFTOVI 75 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
BRUKINSA 80 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
CALQUENCE 100 MG TABLET	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
COMETRIQ 100 MG DAILY-DOSE PK	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
COMETRIQ 140 MG DAILY-DOSE PK	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
COMETRIQ 60 MG DAILY-DOSE PACK	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	LA, PA - FOR NEW STARTS ONLY, NM
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	4	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE 50 MG CAPSULE	4	PA - PART B VS D DETERMINATION
DANZITEN (71 MG TABLET, 95 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	5	QL (1 TABLETS PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>dasatinib 20 mg tablet</i>	5	QL (3 TABLETS PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAURISMO (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
EMCYT 140 MG CAPSULE	3	
ERIVEDGE 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ERLEADA 240 MG TABLET	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ERLEADA 60 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>everolimus (2 mg tab susp, 5 mg tab susp)</i>	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>everolimus 3 mg tab for susp</i>	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>exemestane 25 mg tablet</i>	4	
EXKIVITY 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	4	
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FRUZAQLA (1 MG CAPSULE, 5 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
GAVRETO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>gefitinib 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
GLEOSTINE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP, 2 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	5	NM
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
IMBRUVICA 140 MG CAPSULE	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY, NM
IMKELDI 80 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INQOVI 35 MG-100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
INREBIC 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ITOVEBI (3 MG TABLET, 9 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
IWILFIN 192 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
JAYPIRCA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
JYLAMVO 2 MG/ML ORAL SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
KISQALI 200 MG DAILY DOSE	5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI 400 MG DAILY DOSE	5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI 600 MG DAILY DOSE	5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA 200 MG CO-PACK	5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA 400 MG CO-PACK	5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA 600 MG CO-PACK	5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
KRAZATI 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>lapatinib 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
LAZCLUZE (80 MG TABLET, 240 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule)</i>	5	LA, QL (1 PER 1 DAYS), NM
<i>lenalidomide (20 mg capsule, 25 mg capsule)</i>	5	LA, QL (21 PER 28 DAYS), NM
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET	5	NM
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	4	
<i>leuprolide depot 22.5 mg vial</i>	4	PA - FOR NEW STARTS ONLY
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LORBRENA (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUMAKRAS (120 MG TABLET, 240 MG TABLET, 320 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
LYTGOBI (12 MG (3X TB), 16 MG (4X TB), 20 MG (5X TB))	5	PA - FOR NEW STARTS ONLY, NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
MEKTOVI 15 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>mercaptopurine 20 mg/ml suspen</i>	4	
<i>mercaptopurine 50 mg tablet</i>	3	
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	
<i>methotrexate 2.5 mg tablet</i>	2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>nilutamide 150 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
NUBEQA 300 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ODOMZO 200 MG CAPSULE	5	LA, PA - FOR NEW STARTS ONLY, NM
OGSIVEO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA (25 MG/ML ORAL SUSP, 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA - FOR NEW STARTS ONLY, NM
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ONUREG (200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
OPDIVO QVANTIG 600 MG-10,000	5	PA - FOR NEW STARTS ONLY, NM
ORSERDU (86 MG TABLET, 345 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>pazopanib hcl 200 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	5	QL (14 PER 21 DAYS), PA - FOR NEW STARTS ONLY, NM
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
PIQRAY 200 MG DAILY DOSE PACK	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
PURIXAN 20 MG/ML ORAL SUSP	4	
QINLOCK 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RETEVMO (40 MG CAPSULE, 40 MG TABLET, 80 MG CAPSULE, 80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
REVUFORJ (25 MG TABLET, 110 MG TABLET, 160 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
REZLIDHIA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ROMVIMZA (14 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
ROZLYTREK 100 MG CAPSULE	5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROZLYTREK 200 MG CAPSULE	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ROZLYTREK 50 MG PELLETT PACKET	5	QL (336 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RYDAPT 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
SCEMBLIX 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
SCEMBLIX 20 MG TABLET	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
SCEMBLIX 40 MG TABLET	5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
SOLTAMOX 20 MG/10 ML SOLN	5	NM
<i>sorafenib 200 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	5	PA - FOR NEW STARTS ONLY, NM
TABLOID 40 MG TABLET	3	
TABRECTA (150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISSO (40 MG TABLET, 80 MG TABLET)	5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2	
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAZVERIK 200 MG TABLET	5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
TECENTRIQ HYBREZA 1,875 MG	5	PA - FOR NEW STARTS ONLY, NM
TEPMETKO 225 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>toremifene citrate 60 mg tab</i>	5	PA - FOR NEW STARTS ONLY, NM
TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	4	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg capsule</i>	5	NM
TRUQAP (160 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TUKYSA (50 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TURALIO 125 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TABLET	5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VENCLEXTA 50 MG TABLET	5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VENCLEXTA STARTING PACK	5	LA, QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VITRAKVI 100 MG CAPSULE	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VITRAKVI 20 MG/ML SOLUTION	5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VITRAKVI 25 MG CAPSULE	5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VONJO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
VORANIGO (10 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
WELIREG 40 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
XALKORI (20 MG PELLETT, 50 MG PELLETT, 150 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	5	PA - FOR NEW STARTS ONLY, NM
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
XTANDI 80 MG TABLET	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZOLINZA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZYDELIG (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYKADIA 150 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
---	---	------------------------------

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT 10 MG/ML ORAL SOLN	4	PA - FOR NEW STARTS ONLY
<i>carbamazepine (100 mg tab chew, 200 mg tablet)</i>	3	
<i>carbamazepine (100 mg/5 ml susp, 200 mg tab chew, 200 mg/10 ml cup)</i>	4	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	4	
<i>clobazam 10 mg tablet</i>	4	QL (120 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 PER 30 DAYS)
<i>clobazam 20 mg tablet</i>	4	QL (60 PER 30 DAYS)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	5	PA - FOR NEW STARTS ONLY, NM
<i>diazepam (2.5mg gel(2pk), 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	4	
DILANTIN 30 MG CAPSULE	3	
<i>divalproex dr 125 mg cap sprnk</i>	4	
<i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>	2	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	3	
EPIDIOLEX (100 MG/ML SOLN PACK, 100 MG/ML SOLUTION)	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET	3	
EPRONTIA 25 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
<i>ethosuximide 250 mg capsule</i>	3	
<i>ethosuximide 250 mg/5 ml soln</i>	4	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	4	
FINTEPLA 2.2 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FYCOMPA 2 MG TABLET	4	PA - FOR NEW STARTS ONLY
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (12 PER 1 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6ml soln cup)</i>	3	QL (72 PER 1 DAYS)
<i>gabapentin 400 mg capsule</i>	2	QL (9 PER 1 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (4 PER 1 DAYS)
<i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i>	3	
<i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	4	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	3	
<i>lamotrigine odt (odt 25 mg tablet, odt 50 mg tablet, odt 100 mg tablet, odt 200 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
<i>levetiracetam (100 mg/ml soln, 500 mg/5 ml cup, 1,000mg/10ml cup)</i>	3	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	2	
<i>levetiracetam er (er 500 mg tablet, er 750 mg tablet)</i>	3	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	4	PA - FOR NEW STARTS ONLY
<i>methsuximide 300 mg capsule</i>	4	
NAYZILAM 5 MG NASAL SPRAY	4	PA - FOR NEW STARTS ONLY
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	3	
<i>oxcarbazepine (300 mg/5 ml cup, 300 mg/5 ml susp)</i>	4	
<i>phenobarbital (15 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	2	
<i>phenobarbital (16.2 mg tablet, 32.4 mg tablet, 64.8 mg tablet, 97.2 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenobarbital (20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml cup, 60 mg/15 ml cup)</i>	4	
PHENYTEK (200 MG CAPSULE, 300 MG CAPSULE)	4	
<i>phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	3	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew)</i>	2	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	3	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	3	QL (6 PER 1 DAYS)
<i>pregabalin 150 mg capsule</i>	3	QL (4 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3	QL (30 PER 1 DAYS)
<i>pregabalin 200 mg capsule</i>	3	QL (3 PER 1 DAYS)
<i>primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>rufinamide 200 mg tablet</i>	4	PA - FOR NEW STARTS ONLY
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	PA - FOR NEW STARTS ONLY
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	4	
<i>topiramate (15 mg cap, 25 mg cap)</i>	3	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	
<i>topiramate 50 mg sprinkle cap</i>	4	
<i>valproic acid (250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>valproic acid 250 mg capsule</i>	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)	4	PA - FOR NEW STARTS ONLY
<i>vigabatrin (500 mg powder packet, 500 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VIGPODER 500 MG POWDER PACKET	5	PA - FOR NEW STARTS ONLY, NM
XCOPRI (12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	3	PA - FOR NEW STARTS ONLY
ZONISADE 100 MG/5 ML ORAL SUSP	4	PA - FOR NEW STARTS ONLY
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
ZTALMY 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	2	
<i>ergoloid mesylates 1 mg tab</i>	3	
<i>galantamine 4 mg/ml oral soln</i>	4	
<i>galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)</i>	4	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	4	
<i>memantine hcl (2 mg/ml solution, 10 mg/5 ml cup)</i>	4	
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	3	
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	2	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDEPRESSANTS		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
AUVELITY ER 45-105 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	2	
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>	2	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	2	
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	3	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	4	
<i>desvenlafaxine suc er 100 mg tablet (generic for pristin)</i>	3	
<i>desvenlafaxine suc er 25 mg tablet (generic for pristin)</i>	3	
<i>desvenlafaxine suc er 50 mg tablet (generic for pristin)</i>	3	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>	2	
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>escitalopram oxalate 5 mg/5 ml</i>	4	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	3	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
MARPLAN 10 MG TABLET	4	
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	3	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	2	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	
<i>nortriptyline 10 mg/5 ml soln</i>	4	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	2	
<i>paroxetine hcl 10 mg/5 ml susp</i>	4	
<i>phenelzine sulfate 15 mg tab</i>	3	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	1	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	4	
RALDESY 10 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
<i>sertraline 20 mg/ml oral conc</i>	4	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>tranylecypromine sulf 10 mg tab</i>	4	
<i>trazodone 300 mg tablet</i>	3	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)</i>	4	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	PA - FOR NEW STARTS ONLY
<i>venlafaxine bes er 112.5 mg tb</i>	4	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	2	
<i>vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	4	
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

ANTIDIABETIC AGENTS

ANTIDIABETIC AGENTS, MISCELLANEOUS

<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>dapagliflozin (5 mg tablet, 10 mg tablet)</i>	4	QL (1 PER 1 DAYS)
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	3	QL (1 PER 1 DAYS)
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	3	QL (2 PER 1 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	1	QL (150 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 750 mg tablet</i>	1	QL (60 TABLETS PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>mifepristone 300 mg tablet</i>	5	PA, NM
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	3	
OZEMPIC (1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)
OZEMPIC .25 OR 0.5 PEN INJCTR (DOSE 3 ML)	3	PA, QL (3 PER 28 DAYS)
OZEMPIC 0.25 OR .5 PEN INJCTR (DOSE 1.5 ML)	3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride (30-2, 30-4)</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin (15-500, 15-850)</i>	4	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
RYBELSUS (4 MG TABLET, 9 MG TABLET)	3	PA, QL (30 TABLETS PER 30 DAYS)
RYBELSUS 1.5 MG TABLET	3	PA, QL (30 TABLETS PER 30 DAYS)
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	QL (1 PER 1 DAYS)
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	3	QL (60 PER 30 DAYS)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	3	PA, QL (2 PER 28 DAYS)

INSULINS

HUMALOG 100 UNIT/ML CARTRIDGE	3	IN
HUMALOG 200 UNIT/ML KWIKPEN	3	IN
HUMALOG MIX 50-50 KWIKPEN	3	IN
HUMALOG MIX 50-50 VIAL	3	IN
HUMALOG MIX 75-25 VIAL	3	IN
HUMULIN 70-30 VIAL	3	IN
HUMULIN 70/30 KWIKPEN	3	IN
HUMULIN N 100 UNIT/ML KWIKPEN	3	IN
HUMULIN N 100 UNIT/ML VIAL	3	IN
HUMULIN R 100 UNIT/ML VIAL	3	IN
HUMULIN R 500 UNIT/ML KWIKPEN	3	IN
HUMULIN R 500 UNIT/ML VIAL	3	IN
<i>insulin lispro 100 unit/ml pen</i>	3	IN
<i>insulin lispro 100 unit/ml vl</i>	3	IN
<i>insulin lispro jr 100 unit/ml</i>	3	IN
<i>insulin lispro mix 75-25 kwkpn</i>	3	IN
LANTUS 100 UNIT/ML VIAL	3	IN
LANTUS SOLOSTAR 100 UNIT/ML	3	IN
TOUJEO MAX SOLOSTR 300 UNIT/ML	3	IN

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO SOLOSTAR 300 UNIT/ML	3	IN
SULFONYLUREAS		
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	3	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	3	QL (240 PER 30 DAYS)
<i>glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)</i>	2	
<i>glyburide micronized (1.5 mg tab, 3 mg tablet, 6 mg tablet)</i>	2	
<i>glyburide-metformin hcl (glyburid-metformin 1.25-250 mg, glyburide-metformin 2.5-500 mg, glyburide-metformin 5-500 mg)</i>	2	
ANTIFUNGALS		
ABELCET 100 MG/20 ML VIAL	4	PA
<i>amphotericin b 50 mg vial</i>	4	PA
<i>amphotericin b liposome 50 mg</i>	5	PA, NM
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	4	PA
<i>ciclopirox (0.77% cream, 8% solution)</i>	2	
<i>ciclopirox 0.77% gel</i>	4	
<i>ciclopirox 0.77% topical susp</i>	4	QL (60 PER 30 DAYS)
<i>clotrimazole (1% solution, 10 mg lozenge, 10 mg troche)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clotrimazole 1% topical cream</i>	2	
<i>clotrimazole-betamethasone crm</i>	2	
<i>econazole nitrate 1% cream</i>	4	QL (85 PER 30 DAYS)
ERAXIS 100 MG VIAL	5	PA, NM
ERAXIS 50 MG VIAL	4	PA
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	3	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>fluconazole-nacl (100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml)</i>	4	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	NM
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4	
<i>itraconazole (10 mg/ml solution, 100 mg/10 ml cup)</i>	4	PA
<i>itraconazole 100 mg capsule</i>	4	
<i>ketoconazole 2% cream</i>	3	QL (60 PER 30 DAYS)
<i>ketoconazole 2% shampoo</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tablet</i>	2	
KLAYESTA 100,000 UNIT/GM POWD	3	QL (60 PER 30 DAYS)
<i>micafungin (50 mg vial, 100 mg vial)</i>	4	
NYAMYC 100,000 UNIT/GM POWDER	3	QL (60 PER 30 DAYS)
<i>nystatin (100,000 unit/ml susp, 500,000 unit/5 ml cup)</i>	2	QL (720 PER 30 DAYS)
<i>nystatin (unit/gm cream, unit/gm oint)</i>	2	QL (30 PER 30 DAYS)
<i>nystatin 100,000 unit/gm powd</i>	3	QL (60 PER 30 DAYS)
<i>nystatin 500,000 unit oral tab</i>	3	
NYSTOP 100,000 UNIT/GM POWDER	3	QL (60 PER 30 DAYS)
<i>posaconazole dr 100 mg tablet</i>	5	PA, NM
<i>terbinafine hcl 250 mg tablet</i>	2	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>voriconazole 40 mg/ml susp</i>	5	PA, NM

ANTIGOUT AGENTS

ANTIGOUT AGENTS, OTHER

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1
<i>colchicine 0.6 mg tablet</i>	3
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	4
<i>probenecid 500 mg tablet</i>	3
<i>probenecid-colchicine tablet</i>	2

ANTIHISTAMINES

<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	2
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>	3
<i>desloratadine 5 mg tablet</i>	2
<i>diphenhydramine 50 mg/ml vial</i>	1
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, 50 mg/25 ml cup)</i>	3
<i>levocetirizine 5 mg tablet</i>	2
<i>promethazine hcl (6.25 mg/5 ml cup, 6.25 mg/5 ml soln, 6.25 mg/5 ml syrup, 12.5 mg/10 ml cup)</i>	3

ANTIMIGRAINE AGENTS

AJOVY 225 MG/1.5 ML AUTOINJECT	3	PA
AJOVY 225 MG/1.5 ML SYRINGE	3	PA
<i>dihydroergotamine mesylate (1 mg/ml amp, 4 mg/ml spry)</i>	5	PA, NM
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR))	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ergotamine-caffeine 1-100mg tb</i>	3	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL (12 PER 30 DAYS)
NURTEC ODT 75 MG TABLET	3	PA
<i>rizatriptan (5 mg odt, 10 mg odt)</i>	3	QL (12 PER 30 DAYS)
<i>rizatriptan (5 mg tablet, 10 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	4	QL (5 PER 30 DAYS)

ANTIMYCOBACTERIALS

<i>cycloserine 250 mg capsule</i>	5	PA, NM
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	3	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	4	
<i>pretomanid 200 mg tablet</i>	4	PA
PRIFTIN 150 MG TABLET	4	
<i>pyrazinamide 500 mg tablet</i>	4	
<i>rifabutin 150 mg capsule</i>	4	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	3	
<i>rifampin iv 600 mg vial</i>	4	
SIRTURO (20 MG TABLET, 100 MG TABLET)	5	PA, NM
TRECTOR 250 MG TABLET	3	

ANTINAUSEA AGENTS

<i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack)</i>	4	PA - PART B VS D DETERMINATION
COMPRO 25 MG SUPPOSITORY	4	
<i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EMEND 125 MG POWDER PACKET	4	PA - PART B VS D DETERMINATION
<i>granisetron hcl 1 mg tablet</i>	4	PA - PART B VS D DETERMINATION
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	4	PA - PART B VS D DETERMINATION
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	2	PA - PART B VS D DETERMINATION
<i>prochlorperazine 25 mg supp</i>	4	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	2	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppository, 50 mg suppository)</i>	4	
<i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	4	
<i>scopolamine 1 mg/3 day patch</i>	4	
<i>trimethobenzamide 300 mg cap</i>	4	

ANTIPARASITE AGENTS

<i>albendazole 200 mg tablet</i>	4	
<i>atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)</i>	4	
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	4	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	4	
COARTEM TABLETS	3	
<i>hydroxychloroquine 200 mg tab</i>	2	
IMPAVIDO 50 MG CAPSULE	5	PA, NM
<i>ivermectin 3 mg tablet</i>	3	QL (40 PER 30 DAYS)
<i>mefloquine hcl 250 mg tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nitazoxanide 500 mg tablet</i>	4	PA
<i>pentamidine 300 mg inhal powdr</i>	4	PA - PART B VS D DETERMINATION
<i>pentamidine 300 mg inject vial</i>	4	PA
<i>praziquantel 600 mg tablet</i>	4	
<i>primaquine 26.3 mg tablet</i>	3	
<i>pyrimethamine 25 mg tablet</i>	5	PA, NM
<i>quinine sulfate 324 mg capsule</i>	4	PA
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine (100 mg capsule, 100 mg tablet)</i>	3	
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml cup)</i>	2	
<i>apomorphine 30 mg/3 ml cartrdg</i>	5	PA, NM
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	4	
<i>cabergoline 0.5 mg tablet</i>	3	
<i>carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)</i>	4	
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	2	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	3	
<i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</i>	4	
<i>entacapone 200 mg tablet</i>	4	
INBRIJA 42 MG INHALATION CAP	5	PA, NM
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	4	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	2	
<i>pramipexole er (er 0.375 mg tablet, er 0.75 mg tablet, er 1.5 mg tablet, er 2.25 mg tablet, er 3 mg tablet, er 3.75 mg tablet, er 4.5 mg tablet)</i>	4	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4	
<i>ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	4	ST
<i>selegiline hcl 5 mg capsule</i>	3	
<i>selegiline hcl 5 mg tablet</i>	4	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	2	

ANTIPSYCHOTIC AGENTS

ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	5	NM
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	3	
<i>aripiprazole 1 mg/ml solution</i>	4	
<i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	
ARISTADA INITIO ER 675 MG/2.4	5	NM
<i>asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	4	
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	4	
<i>chlorpromazine hcl (30 mg/ml conc, 100 mg/ml conc)</i>	4	PA - FOR NEW STARTS ONLY
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
COBENFY (50 MG-20 MG CAPSULE, 100 MG-20 MG CAPSULE, 125 MG-30 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COBENFY STARTER PACK	5	PA - FOR NEW STARTS ONLY, NM
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
FANAPT TITRATION PACK	4	PA - FOR NEW STARTS ONLY
<i>fluphenazine dec 125 mg/5 ml</i>	4	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	4	
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol dec 100 mg/ml amp</i>	4	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>	4	
<i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>	2	
<i>haloperidol lactate (5 mg/ml syringe, 5 mg/ml vial, 50 mg/10 ml vl)</i>	4	
INVEGA HAFYERA (1,092 MG/3.5 ML, 1,560 MG/5 ML)	5	PA - FOR NEW STARTS ONLY, NM
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	4	
INVEGA TRINZA (273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	2	
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet, 120 mg tablet)</i>	4	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	3	
<i>olanzapine 10 mg vial</i>	4	
<i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 6 mg tablet, er 9 mg tablet)</i>	4	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	4	
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	4	
<i>quetiapine fumarate (fumarate 25 mg tab, fumarate 50 mg tab, fumarate 100 mg tab, 150 mg tablet, fumarate 200 mg tab, fumarate 300 mg tab, fumarate 400 mg tab)</i>	2	
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	3	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	NM
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone 1 mg/ml solution</i>	4	
<i>risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	4	PA - FOR NEW STARTS ONLY
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR 1.5 MG-3 MG PACK	4	PA - FOR NEW STARTS ONLY
<i>ziprasidone 20 mg/ml vial</i>	4	
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	3	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	5	PA - FOR NEW STARTS ONLY, NM

ANTIVIRALS (SYSTEMIC)

ANTIRETROVIRALS

<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir-lamivudine 600-300 mg</i>	4	
APTIVUS 250 MG CAPSULE	5	NM
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	4	
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	5	NM
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>darunavir (600 mg tablet, 800 mg tablet)</i>	5	NM
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	5	NM
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
<i>efavir-emtri-tenof 600-200-300</i>	4	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	
<i>efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)</i>	5	NM
<i>emtricitabine 200 mg capsule</i>	4	
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	5	NM
<i>emtricitabine-tenofv 200-300mg</i>	3	
EMTRIVA 10 MG/ML SOLUTION	4	
<i>etravirine (100 mg tablet, 200 mg tablet)</i>	5	NM
EVOTAZ 300 MG-150 MG TABLET	5	NM
<i>fosamprenavir 700 mg tablet</i>	5	NM
FUZEON 90 MG VIAL	5	NM
GENVOYA TABLET	5	NM
INTELENCE 25 MG TABLET	4	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	NM
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD 600 MG TABLET	5	NM
JULUCA 50-25 MG TABLET	5	NM
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	4	
<i>lamivudine hbv 100 mg tablet</i>	3	
<i>lamivudine-zidovudine tablet</i>	4	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>maraviroc (150 mg tablet, 300 mg tablet)</i>	5	NM
<i>nevirapine 200 mg tablet</i>	3	
<i>nevirapine 50 mg/5 ml susp</i>	4	
<i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i>	4	
NORVIR 100 MG POWDER PACKET	4	
ODEFSEY TABLET	5	NM
PIFELTRO 100 MG TABLET	5	NM
PREZCOBIX 800 MG-150 MG TABLET	5	NM
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET)	5	NM
PREZISTA 75 MG TABLET	4	
REYATAZ 50 MG POWDER PACKET	5	NM
<i>ritonavir 100 mg tablet</i>	3	
RUKOBIA ER 600 MG TABLET	5	NM
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET)	5	NM
SELZENTRY 25 MG TABLET	4	
STRIBILD TABLET	5	NM
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
<i>tenofovir disop fum 300 mg tb</i>	4	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	
TIVICAY PD 5 MG TAB FOR SUSP	5	NM
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRIUMEQ PD 60-5-30 MG TAB SUSP	4	
TRIZIVIR TABLET	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VOCABRIA 30 MG TABLET	4	
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	3	
<i>zidovudine 50 mg/5 ml syrup</i>	4	
ANTIVIRALS, MISCELLANEOUS		
LIVTENCITY 200 MG TABLET	5	PA, NM
<i>oseltamivir 6 mg/ml suspension</i>	4	
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	3	
PAXLOVID 150-100 MG DOSE PACK	3	QL (20 PER 5 DAYS)
PAXLOVID 150-100 MG PACK (EUA)	3	QL (20 PER 5 DAYS)
PAXLOVID 300-100 MG DOSE PACK	3	QL (30 PER 5 DAYS)
PAXLOVID 300-100 MG PACK (EUA)	3	QL (30 PER 5 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	PA, NM
RELENZA 5 MG DISKHALER	3	
<i>rimantadine hcl 100 mg tablet</i>	4	
HCV ANTIVIRALS		
MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM
INTERFERONS		
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir (200 mg/5 ml susp, 800 mg/20ml susp cup)</i>	4	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	4	PA - PART B VS D DETERMINATION
<i>adefovir dipivoxil 10 mg tab</i>	4	
BARACLUDGE 0.05 MG/ML SOLUTION	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	3	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	3	
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	2	
<i>valganciclovir 450 mg tablet</i>	3	
<i>valganciclovir hcl 50 mg/ml</i>	5	NM

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

<i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>	3	QL (2 PER 1 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (2 PER 1 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	4	QL (18 PER 30 DAYS)
<i>enoxaparin 300 mg/3 ml vial</i>	4	QL (30 PER 30 DAYS)
<i>enoxaparin 40 mg/0.4 ml syr</i>	4	QL (24 PER 30 DAYS)
<i>enoxaparin 60 mg/0.6 ml syr</i>	4	QL (36 PER 30 DAYS)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	4	QL (48 PER 30 DAYS)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 30 DAYS), NM
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	4	QL (15 PER 30 DAYS)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 30 DAYS), NM
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 30 DAYS), NM
<i>heparin 20,000 unit/500 ml-d5w</i>	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	3	
<i>jantoven 10mg tablet</i>	1	
<i>jantoven 1mg tablet</i>	1	
<i>jantoven 2.5mg tablet</i>	1	
<i>jantoven 2mg tablet</i>	1	
<i>jantoven 3mg tablet</i>	1	
<i>jantoven 4mg tablet</i>	1	
<i>jantoven 5mg tablet</i>	1	
<i>jantoven 6mg tablet</i>	1	
<i>jantoven 7.5mg tablet</i>	1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (1 PER 1 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (2 PER 1 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	QL (20 PER 1 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
BLOOD FORMATION MODIFIERS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/ML VIAL)	4	PA
ARANESP (60 MCG/0.3 ML SYRINGE, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, NM
NIVESTYM (300 MCG/0.5 ML SYRING, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	NM
<i>plerixafor 24 mg/1.2 ml vial</i>	5	PA, NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET)	5	PA, QL (30 PER 30 DAYS), NM
PROMACTA (50 MG TABLET, 75 MG TABLET)	5	PA, QL (60 PER 30 DAYS), NM
PROMACTA 25 MG SUSPENSION PCKT	5	PA, QL (90 PER 30 DAYS), NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL)	4	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA, NM
RUCONEST 2,100 UNIT VIAL	5	PA, NM
HEMATOLOGIC AGENTS, MISCELLANEOUS		
<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	3	
CABLIVI (11 MG KIT, 11 MG VIAL)	5	PA, NM
PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20 MG TAPER PACK, 20-5 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK, 50-20 MG TAPER PACK)	5	PA, QL (56 PER 28 DAYS), NM
<i>tranexamic acid 650 mg tablet</i>	3	QL (30 PER 30 DAYS)
PLATELET-AGGREGATION INHIBITORS		
<i>aspirin-dipyridam er 25-200 mg</i>	4	
BRILINTA (60 MG TABLET, 90 MG TABLET)	4	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	4	
<i>pentoxifylline er 400 mg tab</i>	2	
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	3	
CALORIC AGENTS		
CLINISOL 15% SOLUTION	4	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water iv soln, 10%-water iv solution)</i>	4	
DOJOLVI LIQUID	5	PA, NM
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - PART B VS D DETERMINATION
PROSOL 20% INJECTION	4	PA - PART B VS D DETERMINATION

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGENTS

<i>clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	4	PA
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	2	
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
<i>phenoxybenzamine hcl 10 mg cap</i>	5	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)</i>	3	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	
ENTRESTO SPRINKLE (6-6MG PELLETT, 15-16 MG PLT)	3	
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	2	
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	2	
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-12.5 mg tb, 80-25 mg tab)</i>	3	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)</i>	4	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	2	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	3	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
<i>trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	

ANTIARRHYTHMIC AGENTS

<i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i>	4	
<i>amiodarone hcl 200 mg tablet</i>	2	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	4	
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	4	
MULTAQ 400 MG TABLET	4	
NORPACE CR (CR 100 MG CAPSULE, CR 150 MG CAPSULE)	4	
PACERONE (100 MG TABLET, 400 MG TABLET)	4	
PACERONE 200 MG TABLET	2	
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	3	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	2	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	3	
--	---	--

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	2	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	3	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	3	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	4	
<i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	4	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	3	
<i>propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)</i>	3	
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	4	

CALCIUM-CHANNEL BLOCKING AGENTS

CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2	
---	---	--

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap)</i>	2	
<i>diltiazem 24hr er (24hr er 360 mg cap, 24hr er 420 mg cap)</i>	3	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)</i>	2	
<i>diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)</i>	2	
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	3	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	2	
MATZIM LA (180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 420 MG TABLET)	4	
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)	4	
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	2	
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	3	
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	2	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	3	
<i>verapamil sr 360 mg capsule</i>	4	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CORLANOR 5 MG/5 ML ORAL SOLN	4	PA
DIGITEK (125 MCG TABLET, 250 MCG TABLET)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	2	
<i>digoxin 0.05 mg/ml solution</i>	3	
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	3	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>icatibant 30 mg/3 ml syringe</i>	5	PA, QL (18 PER 30 DAYS), NM
<i>ivabradine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	PA
<i>metyrosine 250 mg capsule</i>	5	PA, NM
<i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>	3	
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	4	PA
VYNDAMAX 61 MG CAPSULE	5	PA, NM
VYNDAQEL 20 MG CAPSULE	5	PA, NM

DIHYDROPYRIDINES

<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	1	
<i>amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	2	
<i>amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)</i>	2	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>	4	
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	2	
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)</i>	2	
<i>nimodipine 30 mg capsule</i>	4	

DIURETICS

<i>amiloride hcl 5 mg tablet</i>	2	
----------------------------------	---	--

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>amiloride hcl-hctz 5-50 mg tab</i>	2	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	2	
DIURIL 250 MG/5 ML ORAL SUSP	4	
<i>furosemide (10 mg/ml solution, 40 mg/5 ml soln)</i>	2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	4	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	1	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone-hctz 25-25 tab</i>	3	
<i>torseamide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	

DYSLIPIDEMICS

<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>cholestyramine (packet, powder)</i>	4	
<i>cholestyramine light (packet, powder)</i>	4	
<i>colesevelam 625 mg tablet</i>	4	
<i>colestipol hcl 1 gm tablet</i>	4	
<i>ezetimibe 10 mg tablet</i>	1	
<i>ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>	3	
<i>fenofibrate (43 mg capsule, 134 mg capsule, 200 mg capsule)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 145 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	3	
<i>gemfibrozil 600 mg tablet</i>	1	
<i>icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)</i>	4	
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA, NM
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i>	4	
<i>omega-3 ethyl esters 1 gm cap</i>	3	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	
PREVALITE (PACKET, POWDER)	4	
REPATHA 140 MG/ML SURECLICK	3	QL (3 PER 28 DAYS)
REPATHA 140 MG/ML SYRINGE	3	QL (3 PER 28 DAYS)
REPATHA 420 MG/3.5ML PUSHTRONX	3	QL (3.5 PER 28 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	4	
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	3	
KERENDIA (10 MG TABLET, 20 MG TABLET)	4	PA
VASODILATORS		
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	3	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	2	
<i>nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)</i>	3	

CENTRAL NERVOUS SYSTEM AGENTS

CENTRAL NERVOUS SYSTEM AGENTS

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	4	QL (2 PER 1 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	4	QL (1 PER 1 DAYS)
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)	5	PA, NM
AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 18 MG TABLET, 24 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, NM
AUSTEDO XR TITRATION KT(WK1-4) (TITR(12-18-24-30MG), TITR KT(6-12-24 MG))	5	PA, NM
AVONEX 30 MCG/0.5 ML SYR (4PK)	5	PA, QL (1 PER 28 DAYS), NM
AVONEX 30 MCG/0.5 ML SYRINGE	5	PA, QL (1 PER 28 DAYS), NM
AVONEX PEN 30 MCG/0.5 ML (4PK)	5	PA, QL (1 PER 28 DAYS), NM
BAFIERTAM DR 95 MG CAPSULE	5	PA, QL (4 PER 1 DAYS), NM
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	5	PA, QL (14 PER 28 DAYS), NM
<i>clonidine hcl er 0.1 mg tablet</i>	4	QL (4 PER 1 DAYS)
<i>dalfampridine er 10 mg tablet</i>	3	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	QL (2 PER 1 DAYS)
<i>dextroamp-amphetamin 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er (er 5 mg cap, er 10 mg cap, er 15 mg cap)</i>	4	QL (4 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	3	QL (3 PER 1 DAYS)
<i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i>	5	QL (60 PER 30 DAYS), NM
ENSPRYNG 120 MG/ML SYRINGE	5	PA, NM
<i> fingolimod 0.5 mg capsule</i>	5	QL (30 PER 30 DAYS), NM
<i> glatiramer 20 mg/ml syringe</i>	5	QL (30 PER 30 DAYS), NM
<i> glatiramer 40 mg/ml syringe</i>	5	QL (12 PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 PER 28 DAYS), NM
KESIMPTA 20 MG/0.4 ML PEN	5	PA, QL (1.2 PER 28 DAYS), NM
<i> lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew)</i>	4	QL (2 PER 1 DAYS)
<i> lisdexamfetamine dimesylate (40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i>	4	QL (1 PER 1 DAYS)
<i> lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i> lithium carbonate 300 mg tab</i>	2	
<i> lithium carbonate er (er 300 mg tb, er 450 mg tb)</i>	2	
<i> lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)</i>	4	
MAYZENT (1 MG TABLET, 2 MG TABLET)	5	PA, QL (1 PER 1 DAYS), NM
MAYZENT 0.25 MG TABLET	5	PA, QL (4 PER 1 DAYS), NM
MAYZENT 0.25MG START-1MG MAINT	4	PA, QL (7 PER 4 DAYS)
MAYZENT 0.25MG START-2MG MAINT	5	PA, QL (12 PER 5 DAYS), NM
<i> methylphenidate 10 mg/5 ml sol</i>	4	QL (30 PER 1 DAYS)
<i> methylphenidate 5 mg/5 ml soln</i>	4	QL (60 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	4	QL (3 PER 1 DAYS)
<i>methylphenidate er (er 40 mg cap, er 50 mg cap, er 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er (la) (er(la) 40mg cp, er(la) 60mg cp)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	QL (3 PER 1 DAYS)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	4	QL (1 PER 1 DAYS)
NUEDEXTA 20-10 MG CAPSULE	5	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	5	PA, QL (1 PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	PA, QL (1 PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	PA, QL (6 PER 28 DAYS), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	PA, QL (6 PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	PA, QL (4.2 PER 28 DAYS), NM
REBIF TITRATION PACK	5	PA, QL (4.2 PER 28 DAYS), NM
<i>riluzole 50 mg tablet</i>	4	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4	PA
<i>teriflunomide (7 mg tablet, 14 mg tablet)</i>	5	QL (30 PER 30 DAYS), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VUMERITY DR 231 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), NM
CONTRACEPTIVES		
ALTAVERA-28 TABLET	2	
APRI 28 DAY TABLET	2	
AUBRA EQ-28 TABLET	2	
AUBRA-28 TABLET	2	
AVIANE-28 TABLET	2	
BLISOVI 24 FE TABLET	2	
BLISOVI FE 1.5-30 TABLET	2	
CAMILA 0.35 MG TABLET	2	
CAZIAN 28 DAY TABLET	2	
CRYSSELLE-28 TABLET	2	
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	
DEBLITANE 0.35 MG TABLET	2	
<i>drospirenone-ee 3-0.02 mg tab</i>	2	
ELURYNG VAGINAL RING	4	
ENPRESSE-28 TABLET	2	
<i>enskyce 28 tablet</i>	2	
ERRIN 0.35 MG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	2	
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	2	
<i>etonogestrel-ee vaginal ring</i>	3	
FALMINA-28 TABLET	2	
FEIRZA (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
HAILEY 24 FE 1 MG-20 MCG TAB	2	
ICLEVIA 0.15 MG-0.03 MG TABLET	2	
INCASSIA 0.35 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISIBLOOM 28 DAY TABLET	2	
<i>jasmiel 3 mg-0.02 mg tablet</i>	2	
JULEBER 28 DAY TABLET	2	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
KELNOR 1-35 28 TABLET	2	
KELNOR 1-50 TABLET	2	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2	
LESSINA-28 TABLET	2	
LEVONEST-28 TABLET	2	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>	2	
LEVORA-28 TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	
LORYNA 3 MG-0.02 MG TABLET	2	
LOW-OGESTREL-28 TABLET	2	
LUTERA-28 TABLET	2	
LYLEQ 0.35 MG TABLET	2	
LYZA 0.35 MG TABLET	2	
MARLISSA-28 TABLET	2	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	2	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	2	
MILI 0.25-0.035 MG TABLET	2	
MIRENA 52 MG SYSTEM	3	
NEXPLANON 68 MG IMPLANT	3	
NIKKI 3 MG-0.02 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORA-BE TABLET	2	
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	2	
<i>norethind-eth estrad 1-0.02 mg</i>	2	
<i>norethindrone 0.35 mg tablet</i>	2	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	2	
PORTIA-28 TABLET	2	
RECLIPSEN 28 DAY TABLET	2	
SETLAKIN 0.15 MG-0.03 MG TAB	2	
SHAROBEL 0.35 MG TABLET	2	
SPRINTEC 28 DAY TABLET	2	
SRONYX 0.10-0.02 MG TABLET	2	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	2	
TARINA FE 1-20 EQ TABLET	2	
TARINA FE 1-20 TABLET	2	
TILIA FE 28 TABLET	2	
TRI-ESTARYLLA TABLET	2	
TRI-LEGEST FE-28 DAY TABLET	2	
TRI-LO-ESTARYLLA TABLET	2	
TRI-LO-SPRINTEC TABLET	2	
TRI-MILI 28 TABLET	2	
TRI-SPRINTEC TABLET	2	
TRI-VYLIBRA 28 TABLET	2	
TRI-VYLIBRA LO TABLET	2	
TRIVORA-28 TABLET	2	
<i>turqoz-28 tablet</i>	2	
VALTYA 1 MG-50 MCG TABLET	2	
VELIVET 28 DAY TABLET	2	
VESTURA 3 MG-0.02 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIENVA-28 TABLET	2	
VYLIBRA 28 TABLET	2	
XARAH FE 1 MG/20-30-35 MCG TAB	2	
XULANE 150-35 MCG/DAY PATCH	3	
ZOVIA 1-35 TABLET	2	

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	4	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
<i>denta 5000 plus cream</i>	1	
<i>dentagel 1.1% gel</i>	1	
<i>just right 5000 1.1% toothpste</i>	1	
PAROEX 0.12% ORAL RINSE	1	
PERIOGARD 0.12% ORAL RINSE	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	
<i>sf 1.1% gel</i>	1	
<i>sf 5000 plus cream</i>	1	
<i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	1	
<i>sodium fluoride 5000 plus crm</i>	1	
<i>triamcinolone 0.1% paste</i>	3	

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS, OTHER

<i>accutane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	4	
<i>acyclovir 5% ointment</i>	4	QL (30 PER 30 DAYS)
<i>ammonium lactate (cream, lotion)</i>	2	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azelaic acid 15% gel</i>	4	
<i>calcipotriene (cream, ointment, solution)</i>	4	QL (120 PER 30 DAYS)
<i>calcitriol 3 mcg/g ointment</i>	4	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
<i>dapsone 5% gel</i>	4	
<i>fluorouracil (2% soln, 5% soln)</i>	4	
<i>fluorouracil 5% cream</i>	4	QL (40 PER 30 DAYS)
<i>imiquimod 5% cream packet</i>	3	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	
PANRETIN 0.1% GEL	5	NM
<i>podofilox 0.5% topical soln</i>	4	
REGRANEX 0.01% GEL	5	NM
SANTYL OINTMENT	4	
VALCHLOR 0.016% GEL	5	PA - FOR NEW STARTS ONLY, NM
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	

DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS

ALA-CORT 1% CREAM	2	
<i>alclometasone dipr 0.05% oint</i>	3	
<i>alclometasone dipro 0.05% crm</i>	2	
<i>betamethasone diprop augmented (gel, lot, oin)</i>	4	
<i>betamethasone dipropionate (crm, oint)</i>	4	
<i>betamethasone dp 0.05% lot</i>	3	
<i>betamethasone dp aug 0.05% crm</i>	3	
<i>betamethasone va 0.1% lotion</i>	2	
<i>betamethasone valerate (va cream, valer ointm)</i>	3	
<i>clobetasol emollient 0.05% crm</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobetasol propionate (cream, ointment)</i>	4	QL (120 PER 30 DAYS)
<i>clobetasol propionate (gel, solution)</i>	4	
<i>desonide (cream, lotion, ointment)</i>	4	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	4	
EUCRISA 2% OINTMENT	4	PA
<i>fluocinolone 0.01% solution</i>	4	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	4	
<i>fluocinonide (gel, ointment, solution)</i>	4	
<i>fluocinonide 0.05% cream</i>	3	
<i>fluocinonide-e 0.05% cream</i>	4	
<i>fluticasone prop 0.05% cream</i>	2	
<i>halobetasol propionate (cream, ointment)</i>	4	
<i>hydrocortisone (1% cream, 1% ointment, 2.5% cream)</i>	2	
<i>hydrocortisone 2.5% lotion</i>	3	
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone butyrate (hydrocort buty lipid cream, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	4	
<i>hydrocortisone val 0.2% ointment</i>	4	
<i>mometasone furoate (cream, oint, soln)</i>	2	
<i>pimecrolimus 1% cream</i>	4	QL (100 PER 30 DAYS)
PROCTO-MED HC 2.5% CREAM	2	
PROCTOFOAM-HC 1%-1% FOAM	4	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
<i>tacrolimus (0.03%, 0.1%)</i>	4	QL (100 PER 30 DAYS)
<i>triamcinolone 0.1% cream</i>	2	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.05% ointment, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion)</i>	3	
TRIDERM (0.1% CREAM, 0.5% CREAM)	2	
DERMATOLOGICAL ANTIBACTERIALS		
ALTABAX 1% OINTMENT	4	
<i>clind ph-benzoyl perox 1.2-5%</i>	4	
<i>clindamycin ph 1% solution</i>	3	QL (60 PER 30 DAYS)
<i>clindamycin phosphate (ph gel, phosp lotion, phosphate gel)</i>	4	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	3	
<i>erythromycin 2% gel</i>	4	
<i>erythromycin 2% solution</i>	3	QL (60 PER 30 DAYS)
<i>erythromycin-benzoyl gel</i>	4	
<i>gentamicin 0.1% cream</i>	3	
<i>gentamicin 0.1% ointment</i>	4	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	4	
<i>mupirocin 2% cream</i>	4	ST, QL (30 PER 30 DAYS)
<i>mupirocin 2% ointment</i>	1	QL (44 PER 30 DAYS)
ROSADAN 0.75% CREAM	4	
<i>selenium sulfide 2.5% lotion</i>	2	
<i>silver sulfadiazine 1% cream</i>	2	
SSD 1% CREAM	2	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	4	
DERMATOLOGICAL RETINOIDS		
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	4	
AVITA (CREAM, GEL)	4	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% gel)</i>	4	ST, QL (30 PER 30 DAYS)
<i>tazarotene 0.1% cream</i>	3	QL (30 PER 30 DAYS)
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SCABICIDES AND PEDICULICIDES		
EURAX 10% CREAM	4	
<i>malathion 0.5% lotion</i>	4	
<i>permethrin 5% cream</i>	3	
DEVICES		
ALCOHOL PREP PADS (70%, PHARM CHOICE, QC 70%, SAPS 70%, SWI 70%)	2	PA, ST
ALCOHOL SWABS (, GS)	2	PA, ST
DROPSAFE ALCOHOL 70% PREP PADS	2	PA, ST
FT STERILE PADS 2" X 2"	2	PA, ST
<i>gauze pads & dressings</i>	2	PA, ST
<i>insulin pen needle</i>	2	PA, ST
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	PA, ST
<i>insulin syringe (disp) u-100 1 ml</i>	2	PA, ST
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	PA, ST
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	2	PA, ST
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	3	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	3	
OMNIPOD CLASSIC PODS(GEN3) 5PK	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4) 5PK	3	
OMNIPOD GO PODS (10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY)	3	
STERILE GAUZE PADS 2" X 2"	2	PA, ST

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUE COMFORT PRO ALCOHOL PADS	2	PA, ST
V-GO 20 DISPOSABLE DEVICE	3	
V-GO 30 DISPOSABLE DEVICE	3	
V-GO 40 DISPOSABLE DEVICE	3	

ENZYME REPLACEMENT/MODIFIERS

CERDELGA 84 MG CAPSULE	5	PA, NM
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	3	
<i>miglustat 100 mg capsule</i>	5	NM
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>	5	PA, NM
ORFADIN 4 MG/ML SUSPENSION	5	PA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA, NM
REVCOVI 2.4 MG/1.5 ML VIAL	5	PA, NM
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	5	PA, NM
SUCRAID (8,500 UNIT/ML SOLN, 17,000 UNIT/2 ML SOLN)	5	PA, NM
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE)	3	

EYE, EAR, NOSE, THROAT AGENTS

EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS

<i>atropine 1% eye drops</i>	3	
<i>azelastine 0.15% nasal spray</i>	3	
<i>azelastine hcl (hcl 0.05% drops, 0.1% (137 mcg) spray)</i>	2	
<i>cromolyn 4% eye drops</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclopentolate hcl (drop, drops)</i>	2	
CYSTADROPS 0.37% EYE DROPS	5	PA, NM
CYSTARAN 0.44% EYE DROPS	5	PA, NM
<i>epinastine hcl 0.05% eye drops</i>	3	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	3	
<i>olopatadine 665 mcg nasal spry</i>	4	
<i>olopatadine hcl 0.1% eye drops</i>	3	
OXERVATE 0.002% EYE DROP	5	PA, NM

EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS

<i>acetic acid 2% ear solution</i>	3	
<i>bacitracin 500 unit/gm ophth</i>	4	
<i>bacitracin-polymyxin eye oint</i>	2	
BESIVANCE 0.6% SUSP	4	
<i>ciproflox-dexameth otic susp</i>	4	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	QL (7 PER 30 DAYS)
<i>gatifloxacin 0.5% eye drops</i>	4	
<i>gentamicin 0.3% eye drop</i>	2	
<i>hydrocortisone-acetic ear drop</i>	4	
<i>moxifloxacin 0.5% eye drops</i>	3	
<i>moxifloxacin 0.5% eye drops (generic for moxeza)</i>	3	
<i>neomyc-bacit-polymix eye oint</i>	3	
<i>neomyc-polym-gramicid eye drop</i>	2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
<i>neomycin-polymyxin-hc ear soln</i>	3	
<i>neomycin-polymyxin-hc ear susp</i>	4	
<i>ofloxacin 0.3% ear drops</i>	3	
<i>ofloxacin 0.3% eye drops</i>	2	
POLYCIN EYE OINTMENT	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>polymyxin b-tmp eye drops</i>	2	
<i>sulf-pred 10-0.23% eye drops</i>	2	
<i>sulfacetamide 10% eye drops</i>	3	
<i>tobramycin 0.3% eye drop</i>	2	
<i>tobramycin-dexameth ophth susp</i>	4	
<i>trifluridine 1% eye drops</i>	4	
XDEMVIY 0.25% DROP	4	PA
ZIRGAN 0.15% OPHTHALMIC GEL	4	

EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium 0.09% eye drp</i>	4	
<i>dexamethasone 0.1% eye drop</i>	3	
<i>diclofenac 0.1% eye drops</i>	2	
<i>flunisolide 0.025% spray</i>	3	
<i>fluocinolone oil 0.01% ear drp</i>	4	
<i>fluorometholone 0.1% eye drop</i>	3	
<i>flurbiprofen 0.03% eye drop</i>	2	
<i>fluticasone prop 50 mcg spray</i>	1	
<i>ketorolac 0.4% ophth solution</i>	3	
<i>ketorolac 0.5% ophth solution</i>	2	
<i>loteprednol etabonate (etabonate drp, ophthalmic gel)</i>	4	
<i>prednisolone ac 1% eye drop</i>	3	
<i>prednisolone sod 1% eye drop</i>	2	
RESTASIS MULTIDOSE 0.05% EYE	3	
XIIDRA 5% EYE DROPS	3	

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml cup, 800 mg tablet)</i>	3	
---	---	--

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	3	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	3	
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	1	
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	
<i>rabeprazole sod dr 20 mg tab</i>	2	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	4	PA
<i>sucralfate 1 gm tablet</i>	3	
TALICIA DR 10-250-12.5 MG CAP	4	PA

GASTROINTESTINAL AGENTS, OTHER

<i>carglumic acid 200 mg tab susp</i>	5	PA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	4	PA
<i>dicyclomine 10 mg/5 ml soln</i>	4	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	3	
<i>diphenoxylate-atrop 2.5-0.025</i>	4	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL)	5	PA, NM
GENERLAC 10 GM/15 ML SOLUTION	3	
GIMOTI 15 MG NASAL SPRAY	5	PA, NM
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	3	
KIONEX 15 GM/60 ML SUSPENSION	3	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 PER 1 DAYS)
LOKELMA (5 POWDER PACKET, 10 POWDER PACKET)	3	
<i>loperamide 2 mg capsule</i>	3	
<i>lubiprostone (8 mcg capsule, 24 mcg capsule)</i>	3	QL (2 PER 1 DAYS)
<i>methscopolamine bromide (2.5 mg tb, 5 mg tab)</i>	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	2	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	4	QL (30 PER 30 DAYS)
<i>sodium phenylbutyrate powder</i>	5	PA, NM
<i>sodium polystyrene sulf powder</i>	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	4	
<i>ursodiol 300 mg capsule</i>	3	
VELTASSA (1 GM POWDER PACKET, 8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	3	
XERMELO 250 MG TABLET	5	PA, NM

LAXATIVES

GAVILYTE-C SOLUTION	2	
GAVILYTE-G SOLUTION	2	
<i>peg 3350-electrolyte solution 420g</i>	3	
<i>peg-3350 and electrolytes soln 236-22.74g</i>	2	
<i>sod sul-potass sul-mag sul sol</i>	4	

PHOSPHATE BINDERS

<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	3	
<i>sevelamer carbonate 800 mg tab</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	QL (1 PER 1 DAYS)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	2	
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	2	
<i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i>	4	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3	
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	4	
<i>trospium chloride 20 mg tablet</i>	3	
<i>trospium chloride er 60 mg cap</i>	4	
GENITOURINARY AGENTS, MISCELLANEOUS		
<i>alfuzosin hcl er 10 mg tablet</i>	2	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4	
<i>dutasteride 0.5 mg capsule</i>	2	
<i>dutasteride-tamsulosin 0.5-0.4</i>	4	
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin (4 mg capsule, 8 mg capsule)</i>	4	
<i>tamsulosin hcl 0.4 mg capsule</i>	1	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
<i>tiopronin 100 mg tablet</i>	5	PA, NM
HEAVY METAL ANTAGONISTS		
D-PENAMINE 125 MG TABLET	5	PA, NM
<i>deferasirox (125 mg tb for susp, 180 mg tablet, 360 mg tablet)</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 250 mg tb for susp, 360 mg granule pkt, 500 mg tb for susp)</i>	5	PA, NM
<i>deferasirox 90 mg tablet</i>	3	PA
<i>deferiprone 1,000 mg tb(3x/dy)</i>	5	PA, NM
<i>deferiprone 500 mg tablet</i>	5	PA, NM
FERRIPROX 100 MG/ML SOLUTION	5	PA, NM
<i>penicillamine 250 mg tablet</i>	5	PA, NM
<i>trientine hcl (250 mg capsule, 500 mg capsule)</i>	5	PA, NM

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

ANDROGENS

<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	4	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 10 mg gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	4	PA - FOR NEW STARTS ONLY
<i>testosterone cypionate (200 mg/ml, 500 mg/2.5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	3	PA - FOR NEW STARTS ONLY
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	3	PA - FOR NEW STARTS ONLY

ESTROGENS AND ANTIESTROGENS

AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	4	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i>	4	
<i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol 0.01% cream</i>	3	
<i>estradiol 10 mcg vaginal insrt</i>	4	
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	4	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	4	
JINTELI 1 MG-5 MCG TABLET	4	
MIMVEY 1-0.5 MG TABLET	4	
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	4	
<i>raloxifene hcl 60 mg tablet</i>	3	
YUVAFEM 10 MCG VAGINAL INSERT	4	

GLUCOCORTICOIDS/MINERALOCORTICOIDS

<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq)</i>	3	
<i>dexamethasone 20 mg/2 ml-water</i>	2	
DEXAMETHASONE INTENSOL 1 MG/ML	3	
<i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	2	
<i>fludrocortisone 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>	2	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	2	PA - PART B VS D DETERMINATION
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	2	PA - PART B VS D DETERMINATION
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	PA - PART B VS D DETERMINATION
<i>prednisone (5 mg tab pack, 10 mg tab pack)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone 5 mg/5 ml solution</i>	4	PA - PART B VS D DETERMINATION
PREDNISONE INTENSOL 5 MG/ML	3	PA - PART B VS D DETERMINATION
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL)	4	

PITUITARY

<i>desmopressin acetate (0.01% solution, 10 mcg/0.1 ml spr)</i>	4	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, NM
LUPRON DEPOT (3.75 MG KIT, 11.25 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 30 MG 3MO KIT, 45 MG 6MO KIT)	5	PA, NM
MYFEMBREE 40 MG-1 MG-0.5 MG TB	5	PA, NM
NORDITROPIN FLEXPPO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	4	
<i>octreotide acetate (acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	5	NM
ORGOVYX 120 MG TABLET	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ORIAHNN 300-1-0.5MG/300MG CAPS	5	PA, NM
ORILISSA (150 MG TABLET, 200 MG TABLET)	5	PA, NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	5	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, NM
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM

PROGESTINS

DEPO-SUBQ PROVERA 104 SYRINGE	3	
<i>gallifrey 5 mg tablet</i>	3	
<i>medroxyprogesterone 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	4	
<i>norethindrone 5 mg tablet</i>	3	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	2	

THYROID AND ANTITHYROID AGENTS

<i>euthyrox (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet)</i>	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	3	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS		
IMMUNOLOGICAL AGENTS		
ARCALYST 220 MG VIAL	5	PA, NM
<i>azathioprine 50 mg tablet</i>	2	PA - PART B VS D DETERMINATION
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA, NM
BESREMI 500 MCG/ML SYRINGE	5	PA - FOR NEW STARTS ONLY, NM
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL)	5	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
COSENTYX SENSOREADY 150 MG PEN	5	PA, NM
COSENTYX SNRDY 300MG DOSE-2PEN	5	PA, NM
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	5	PA, NM
COSENTYX UNOREADY 300 MG PEN	5	PA, NM
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	PA - PART B VS D DETERMINATION
<i>cyclosporine 250 mg/5 ml ampul</i>	1	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	4	PA - PART B VS D DETERMINATION
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	5	PA, NM
DUPIXENT SYRINGE (200 MG/1.14 ML SYRING, 300 MG/2 ML SYRINGE)	5	PA, NM
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM
ENBREL 50 MG/ML SURECLICK	5	PA, NM
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	4	PA - PART B VS D DETERMINATION
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	PA - PART B VS D DETERMINATION, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus 0.25 mg tablet</i>	3	PA - PART B VS D DETERMINATION
GAMASTAN VIAL	3	PA
GAMMAGARD LIQUID 10% VIAL	5	PA, NM
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA, NM
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	PA, NM
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	4	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.8 ML SYRINGE	5	PA, NM
HADLIMA PUSHTOUCH 40 MG/0.8 ML	5	PA, NM
HADLIMA(CF) 40 MG/0.4 ML SYRNG	5	PA, NM
HADLIMA(CF) PUSHTOUCH 40MG/0.4	5	PA, NM
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML SYRINGE, 10 GRAM/50 ML VIAL)	5	PA, NM
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, NM
HUMIRA PEN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, NM
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	5	PA, NM
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	5	PA, NM
HUMIRA(CF) PEN (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, NM
KINERET 100 MG/0.67 ML SYRINGE	5	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	3	
<i>mycophenolate 200 mg/ml susp</i>	4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	3	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>	4	PA - PART B VS D DETERMINATION
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 14 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA, NM
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	PA - PART B VS D DETERMINATION
RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)	4	PA
REZUROCK 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RIDAURA 3 MG CAPSULE	5	NM
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	5	PA, NM
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, NM
SELARSDI (45 MG/0.5 ML SYRINGE, 90 MG/ML SYRINGE)	5	PA, NM
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml oral soln, 1 mg/ml solution, 2 mg tablet)</i>	4	PA - PART B VS D DETERMINATION
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA, NM
SKYRIZI 150 MG/ML PEN	5	PA, NM
SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	4	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAVNEOS 10 MG CAPSULE	5	PA, NM
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE, 200 MG/20 ML VIAL)	5	PA, NM
TREMFYA 200 MG/2 ML PEN	5	PA, NM
VARIZIG 125 UNIT/1.2 ML VIAL	3	
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	5	PA, NM
YESINTEK (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM

VACCINES

ABRYSVO (ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG)	3	
ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
AREXVY ANTIGEN COMPONENT	3	
AREXVY VIAL KIT	3	
<i>beg vaccine (tice strain) vial</i>	3	
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
DENGVAXIA (VIAL, VIAL WITH DILUENT)	3	
<i>diphtheria-tetanus toxoids-ped</i>	3	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	PA - PART B VS D DETERMINATION
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	PA - PART B VS D DETERMINATION
GARDASIL 9 (9 SYRINGE, 9 VIAL)	3	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	3	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HIBERIX (VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL)	3	
IMOVAX RABIES VACCINE VIAL	3	PA - PART B VS D DETERMINATION
INFANRIX DTAP SYRINGE	3	
IPOL VIAL	3	
IXCHIQ VIAL	3	
IXIARO 6 UNIT(6 MCG)/0.5ML SYR	3	
JYNNEOS 0.5 ML VIAL	3	
JYNNEOS 0.5 ML VIAL(STOCKPILE)	3	
KINRIX TIP-LOK SYRINGE	3	
M-M-R II VACCINE VIAL	3	
MENACTRA VIAL	3	
MENQUADFI VIAL	3	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	3	
MRESVIA 50 MCG/0.5 ML SYRINGE	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENBRAYA KIT	3	
PENBRAYA MENACWY COMPONENT	3	
PENBRAYA MENB COMPONENT	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	
PENTACEL VIAL KIT	3	
PREHEVBRIO 10 MCG/ML VIAL	3	PA - PART B VS D DETERMINATION
PRIORIX VIAL	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	3	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA - PART B VS D DETERMINATION
ROTARIX (ORAL SYRINGE, SUSPENSION)	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	1	
SHINGRIX VIAL KIT	1	
<i>tdvax vial</i>	3	
TENIVAC (SYRINGE, VIAL)	3	
TICOVAC (1.2 MCG/0.25 ML SYRINGE, 2.4 MCG/0.5 ML SYRINGE)	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TWINRIX VACCINE SYRINGE	3	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
VAXCHORA VACCINE	3	
VIMKUNYA 40 MCG/0.8 ML SYRINGE	3	
VIVOTIF EC CAPSULE	3	
YF-VAX (1 VIAL, 5 VIAL)	3	

INFLAMMATORY BOWEL DISEASE AGENTS

<i>alosetron hcl (0.5 mg tablet, 1 mg tablet)</i>	4	PA
<i>balsalazide disodium 750 mg cp</i>	4	
<i>budesonide dr 3 mg capsule</i>	4	
<i>budesonide ec 3 mg capsule</i>	4	
<i>budesonide er 9 mg tablet</i>	5	NM
<i>hydrocortisone 100 mg/60 ml</i>	4	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine dr 400 mg capsule</i>	4	
<i>mesalamine er (er 0.375 gram cap, er 500 mg capsule)</i>	4	
<i>sulfasalazine 500 mg tablet</i>	3	
<i>sulfasalazine dr 500 mg tab</i>	3	

IRRIGATING SOLUTIONS

<i>acetic acid 0.25% irrig soln</i>	2	
<i>aqua care 0.9% nacl irrigation</i>	3	
RENACIDIN IRRIGATION SOLUTION	4	
<i>sodium chloride (irrig., prcss sol)</i>	3	
<i>sterile water for irrigation</i>	4	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>calcitonin-salmon 200 unit spr</i>	3	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	4	
<i>cinacalcet hcl 90 mg tablet</i>	5	NM
<i>ibandronate sodium 150 mg tab</i>	2	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	PA
PROLIA 60 MG/ML SYRINGE	4	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab, 35 mg tab, 150 mg tab)</i>	3	
<i>teriparatide (560mcg/2.24ml pen, 620 mcg/2.48 ml)</i>	5	PA, NM
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	3	QL (4 PER 30 DAYS)
<i>bupirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>bupirone hcl 7.5 mg tablet</i>	3	
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN)	4	
CARNITOR SF 100 MG/ML ORAL SOL	4	
<i>diazoxide 50 mg/ml oral susp</i>	4	
ELMIRON 100 MG CAPSULE	4	
EVRYSDI 60 MG/80 ML(0.75MG/ML)	5	PA, NM
<i>glucagon 1 mg vial</i>	3	QL (4 PER 30 DAYS)
<i>glucagon emergency kit (1 mg emergency kit, 1 mg vial)</i>	3	QL (4 PER 30 DAYS)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ISTURISA (1 MG TABLET, 5 MG TABLET)	5	PA, NM
<i>l-glutamine 5 gram powder pkt</i>	5	PA, NM
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine sf 1 g/10 ml sol</i>	4	
<i>mesna 400 mg tablet</i>	5	NM
MYHIBBIN 200 MG/ML SUSPENSION	5	PA - PART B VS D DETERMINATION, NM
<i>nitroglycerin 0.4% ointment</i>	4	
<i>pyridostigmine br 60 mg tablet</i>	3	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln)</i>	4	
<i>pyridostigmine er 180 mg tab</i>	4	
TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	5	PA, NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TYBOST 150 MG TABLET	3	
VISTOGARD 10 GRAM PACKET	5	PA, NM
VOWST CAPSULE	5	PA, NM

OPHTHALMIC AGENTS

ANTIGLAUCOMA AGENTS

<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	4	
<i>acetazolamide er 500 mg cap</i>	3	
<i>betaxolol hcl 0.5% eye drop</i>	3	
<i>bimatoprost 0.03% eye drops</i>	3	
<i>brimonidine 0.2% eye drop</i>	2	
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brimonidine tartrate 0.15% drp</i>	4	
<i>brinzolamide 1% eye drops</i>	3	
<i>carteolol hcl 1% eye drops</i>	2	
<i>dorzolamide 2% eye drop</i>	2	
<i>dorzolamide hcl 2% eye drops</i>	2	
<i>dorzolamide-timolol 2%-0.5%</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide-timolol eye drops</i>	2	
<i>latanoprost 0.005% eye drops</i>	1	
<i>levobunolol 0.5% eye drops</i>	2	
LUMIGAN 0.01% EYE DROPS	3	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	4	
PHOSPHOLINE IODIDE 0.125% DROP	4	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	4	
RHOPRESSA 0.02% OPHTH SOLUTION	4	
SIMBRINZA 1%-0.2% EYE DROP	3	
<i>timolol 0.5% eye drops</i>	1	
<i>timolol maleate (0.25%, 0.5%, 0.5% gfs)</i>	4	
<i>timolol maleate 0.25% eye drop</i>	1	
<i>timolol maleate 0.5% eye drops (generic for timoptic)</i>	1	
<i>travoprost 0.004% eye drop</i>	4	

REPLACEMENT PREPARATIONS

<i>dextrose 10%-0.45% nacl iv sol</i>	4	
<i>dextrose 2.5%-0.45% nacl iv</i>	4	
<i>dextrose 5%-0.45% nacl iv soln</i>	4	
<i>dextrose 5%-0.9% nacl iv soln</i>	4	
<i>dextrose 5%-lr iv solution</i>	4	
<i>glucose 5%-0.9% nacl 1000 ml</i>	4	
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4	
<i>kcl-d5w-0.45% nacl (10 meq/500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)</i>	4	
<i>kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)</i>	4	
KLOR-CON 20 MEQ PACKET	4	
KLOR-CON M10 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON M15 TABLET	2	
KLOR-CON M20 TABLET	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	4	
<i>potassium chloride (2 meq/ml conc, 10 meq/5 ml conc, 20 meq/10 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)</i>	1	
<i>potassium chloride (cl10%(20meq/15ml) cup, cl10%(40meq/30ml) cup, cl20%(40meq/15ml) cup, cl 10 meq/100 ml sol, cl 10 meq/50 ml sol, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20 meq/100 ml sol, cl 20 meq/50 ml sol, cl 20% (40 meq/15ml), cl 40 meq/100 ml sol)</i>	4	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 20 tablet)</i>	2	
<i>potassium chloride-dextrose 5% (10 meq/l in solution, 20 meq/l in solution)</i>	4	
<i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>	3	
<i>potassium cl 20meq/100ml-water</i>	4	
<i>potassium cl er 10 meq tablet (dissolvable tablet)</i>	2	
<i>potassium cl er 15 meq tab er prt</i>	2	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	2	
<i>sodium chloride (50 ml, 100 ml, 250 ml, 500 ml, 1,000 ml, sol-excel, soln, solution)</i>	2	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	4	
<i>sodium chloride 0.9%-water</i>	2	

RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	3
--	---

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	3	
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	3	
BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)	3	
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	4	PA - PART B VS D DETERMINATION
<i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>	3	
<i>fluticasone propionate (50 mcg diskus, 100mcg diskus, 250 mcg disk)</i>	3	
<i>fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg, hfa 220 mcg)</i>	3	
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	3	
QVAR REDIHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sod 4 mg granules</i>	4	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew)</i>	2	
<i>zafirlukast (10 mg tablet, 20 mg tablet)</i>	4	
BRONCHODILATORS		
<i>albuterol hfa 90 mcg inhaler</i>	3	
<i>albuterol sulf 2 mg/5 ml syrup</i>	2	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol, 2.5 mg/3 ml soln)</i>	3	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 15 mg/3 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA - PART B VS D DETERMINATION
ANORO ELLIPTA 62.5-25 MCG INH	3	
ATROVENT 17 MCG HFA INHALER	4	QL (25.8 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMBIVENT RESPIMAT 20-100 MCG	3	
INCRUSE ELLIPTA 62.5 MCG INH	3	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	2	PA - PART B VS D DETERMINATION
<i>ipratropium br 0.02% soln</i>	2	PA - PART B VS D DETERMINATION
<i>levalbuterol tar hfa 45mcg inh</i>	3	
SEREVENT DISKUS 50 MCG	3	
STRIVERDI RESPIMAT INHAL SPRAY	3	
<i>theophylline er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, er 450 mg tablet)</i>	4	
<i>theophylline er (er 400 mg tablet, er 600 mg tablet)</i>	2	
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	3	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10% vial, 20% vial)</i>	4	PA - PART B VS D DETERMINATION
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, NM
BRONCHITOL 40 MG INHALE CAP	5	PA, NM
<i>cromolyn 20 mg/2 ml neb soln</i>	3	PA - PART B VS D DETERMINATION
GLASSIA 1 GM/50 ML VIAL	5	PA, NM
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	5	PA, LA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	5	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	5	PA, NM
<i>roflumilast (250 mcg tablet, 500 mcg tablet)</i>	4	
TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT)	5	PA, NM
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA, NM
ZEMAIRA (1,000 MG VIAL, 4,000 MG VIAL, 5,000 MG VIAL)	5	PA, NM

SKELETAL MUSCLE RELAXANTS

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>carisoprodol 350 mg tablet</i>	2	QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	

SLEEP DISORDER AGENTS

<i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	3	
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	PA
<i>ramelteon 8 mg tablet</i>	4	QL (1 PER 1 DAYS)
<i>sodium oxybate 0.5 g/ml soln</i>	5	PA, NM
SUNOSI (75 MG TABLET, 150 MG TABLET)	4	PA, QL (1 PER 1 DAYS)
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	
Uncategorized		
Unclassified		
<i>lidocaine hcl 2% jelly</i>	2	
VASODILATING AGENTS		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	5	PA, NM
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	4	PA
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM
<i>sildenafil 20 mg tablet (generic for revatio)</i>	3	PA
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	4	PA
<i>tadalafil 5 mg tablet</i>	2	PA
VITAMINS AND MINERALS		
DERMACINRX PRENATRIX CAPLET	1	
DERMACINRX PRENATRYL CAPLET	1	
DERMACINRX PRETRATE CAPLET	1	
<i>fluoride (0.5 mg tablet chew, 1 mg tablet chewable)</i>	1	
MULTI-MAC TABLET	1	
NATAL PNV TABLET	1	
NEONATAL COMPLETE TABLET	1	
NEONATAL PLUS VITAMIN TABLET	1	
NEONATAL-DHA COMBO PACK	1	
<i>niva-plus tablet</i>	1	
PNV TABS 20-1 TABLET	1	
PREGEN DHA SOFTGEL	1	
<i>prenatal plus vitamin-mineral</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamins with minerals and folic acid greater than 0.8mg</i>	1	
<i>sodium fluoride 0.5 mg/ml drop</i>	1	
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg)</i>	1	
<i>wesnata dha complete</i>	1	
<i>wesnata dha softgel</i>	1	
<i>westab plus tablet</i>	1	
<i>ziphex tablet</i>	1	

Index of Covered Drugs

In this section, you can find a drug by searching its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A

abacavir	39	aliskiren	53
abacavir-lamivudine	39	allopurinol	32
ABELCET	30	alosetron hcl	80
ABILIFY MAINTENA	36	alprazolam	5
abiraterone acetate	11	ALTABAX	63
ABRYSSVO	78	ALTAVERA	57
acamprosate calcium	4	ALUNBRIG	11
acarbose	27	AMABELZ	71
accutane	60	amantadine	35
acebutolol hcl	48	ambrisentan	89
acetaminophen-codeine	1	amikacin sulfate	6
acetazolamide	83	amiloride hcl	51
acetazolamide er	83	amiloride-hydrochlorothiazide	52
acetic acid	66,81	amiodarone hcl	48
acetylcysteine	87	amitriptyline hcl	25
acitretin	60	amlodipine besylate	51
ACTHIB	78	amlodipine besylate-benazepril	51
ACTIMMUNE	82	amlodipine-olmesartan	51
acyclovir	42,60	amlodipine-valsartan	51
acyclovir sodium	42	amlodipine-valsartan-hctz	51
ADACEL TDAP	78	ammonium lactate	60
adapalene	63	AMNESTEEM	60
adefovir dipivoxil	42	amoxapine	25
ADEMPAS	89	amoxicillin	9
ADVAIR HFA	85	amoxicillin-clavulanate potass	9
AJOVY AUTOINJECTOR	32	amphotericin b	30
AJOVY SYRINGE	32	amphotericin b liposome	30
AKEEGA	11	ampicillin sodium	9
ALA-CORT	61	ampicillin trihydrate	9
albendazole	34	ampicillin-sulbactam	9
albuterol sulfate	86	anagrelide hcl	45
albuterol sulfate hfa	86	anastrozole	11
alclometasone dipropionate	61	ANORO ELLIPTA	86
ALCOHOL PREP PADS	64	apomorphine hcl	35
ALCOHOL SWABS	64	aprepitant	33
ALECENSA	11	APRI	57
alendronate sodium	81	APTIOM	20
alfuzosin hcl er	70	APTIVUS	39
		aqua care sodium chloride	81
		ARALAST NP	87

ARANESP	44
ARCALYST	75
AREXVY	78
AREXVY ANTIGEN COMPONENT	78
ARIKAYCE	6
aripiprazole	36
aripiprazole odt	36
ARISTADA	36
ARISTADA INITIO	36
armodafinil	88
ARNUITY ELLIPTA	86
asenapine maleate	36
aspirin-dipyridamole er	45
atazanavir sulfate	39
atenolol	49
atenolol-chlorthalidone	49
atomoxetine hcl	54
atorvastatin calcium	52
atovaquone	34
atovaquone-proguanil hcl	34
atropine sulfate	65
ATROVENT HFA	86
AUBRA	57
AUBRA EQ	57
AUGTYRO	11
AUSTEDO	54
AUSTEDO XR	54
AUSTEDO XR TITRATION KT(WK1-4)	54
AUVELITY	25
AVIANE	57
AVITA	63
AVONEX	54
AVONEX (4 PACK)	54
AVONEX PEN (4 PACK)	54
AYVAKIT	11
azathioprine	75
azelaic acid	61
azelastine hcl	65
azithromycin	8
aztreonam	9

B

bacitracin	66
bacitracin-polymyxin	66
baclofen	88
BAFIERTAM	54
balsalazide disodium	80
BALVERSA	11
BAQSIMI	82
BARACLUDE	42
bcg vaccine (tice strain)	78
benazepril hcl	47
benazepril-hydrochlorothiazide	47
BENLYSTA	75
benztropine mesylate	35
BESIVANCE	66
BESREMI	75
betamethasone diprop augmented	61
betamethasone dipropionate	61
betamethasone valerate	61
BETASERON	54
betaxolol hcl	49,83
bethanechol chloride	70
bexarotene	11
BEXSERO	78
bicalutamide	11
BICILLIN C-R	9
BIKTARVY	39
bimatoprost	83
bisoprolol fumarate	49
bisoprolol-hydrochlorothiazide	49
BIVIGAM	75
BLISOVI 24 FE	57
BLISOVI FE	57
BOOSTRIX TDAP	78
bosentan	89
BOSULIF	11,12
BRAFTOVI	12
BREO ELLIPTA	86
BREYNA	86

BREZTRI AEROSPHERE.....	86	carbamazepine er.....	21
BRILINTA.....	45	carbidopa-levodopa.....	35
brimonidine tartrate.....	83	carbidopa-levodopa er.....	35
brinzolamide.....	83	carbidopa-levodopa-entacapone.....	35
BRIVIACT.....	21	carglumic acid.....	68
bromfenac sodium.....	67	carisoprodol.....	88
bromocriptine mesylate.....	35	CARNITOR.....	82
BRONCHITOL.....	87	CARNITOR SF.....	82
BRUKINSA.....	12	carteolol hcl.....	83
budesonide.....	86	CARTIA XT.....	49
budesonide dr.....	80	carvedilol.....	49
budesonide ec.....	80	caspofungin acetate.....	30
budesonide er.....	80	CAYSTON.....	9
budesonide-formoterol fumarate.....	86	CAZIAN.....	57
bumetanide.....	52	cefadroxil.....	7
buprenorphine.....	1	cefazolin sodium.....	7
buprenorphine hcl.....	4	cefazolin sodium-dextrose.....	7
buprenorphine-naloxone.....	4	cefdinir.....	7
bupropion hcl.....	25	cefepime.....	8
bupropion hcl sr.....	4,25	cefepime hcl.....	8
bupropion xl.....	25	cefepime-dextrose.....	8
buspiron hcl.....	82	cefixime.....	8
butalbital-acetaminophen-caffe.....	1	cefoxitin.....	8
		cefoxitin sodium.....	8
C		cefpodoxime proxetil.....	8
cabergoline.....	35	cefprozil.....	8
CABLIVI.....	45	ceftazidime.....	8
CABOMETYX.....	12	ceftriaxone.....	8
calcipotriene.....	61	cefuroxime.....	8
calcitonin-salmon.....	81	cefuroxime sodium.....	8
calcitriol.....	61,81	celecoxib.....	2
calcium acetate.....	69	cephalexin.....	8
CALQUENCE.....	12	CERDELGA.....	65
CAMILA.....	57	cetirizine hcl.....	32
candesartan cilexetil.....	46	cevimeline hcl.....	60
CAPLYTA.....	36	chlordiazepoxide hcl.....	5
CAPRELSA.....	12	chlorhexidine gluconate.....	60
captopril.....	47	chloroquine phosphate.....	34
captopril-hydrochlorothiazide.....	47	chlorpromazine hcl.....	37
carbamazepine.....	21	chlorthalidone.....	52

CHOLBAM.....	68	colesevelam hcl.....	52
cholestyramine.....	52	colestipol hcl.....	52
cholestyramine light.....	52	colistimethate.....	6
ciclopirox.....	30	COMBIPATCH.....	71
cilostazol.....	45	COMBIVENT RESPIMAT.....	87
CIMDUO.....	39	COMETRIQ.....	12
cimetidine.....	67	COMPLERA.....	39
cinacalcet hcl.....	81	COMPRO.....	33
ciprofloxacin.....	10	CONSTULOSE.....	68
ciprofloxacin hcl.....	10,66	COPIKTRA.....	12
ciprofloxacin-d5w.....	10	CORLANOR.....	50
ciprofloxacin-dexamethasone.....	66	COSENTYX (2 SYRINGES).....	75
citalopram hbr.....	25	COSENTYX SENSOREADY (2 PENS).....	75
CLARAVIS.....	61	COSENTYX SENSOREADY PEN.....	75
clarithromycin.....	8	COSENTYX SYRINGE.....	75
CLEOCIN.....	5	COSENTYX UNOREADY PEN.....	75
clindamycin (pediatric).....	6	COTELLIC.....	12
clindamycin hcl.....	6	CREON.....	65
clindamycin phos-benzoyl perox.....	63	cromolyn sodium.....	65,68,87
clindamycin phosphate.....	5,6,63	CRYSELLE.....	57
clindamycin-benzoyl peroxide.....	63	cyclobenzaprine hcl.....	88
CLINISOL.....	45	cyclopentolate hcl.....	66
clobazam.....	21	cyclophosphamide.....	12
clobetasol emollient.....	61	CYCLOPHOSPHAMIDE 25 MG	
clobetasol propionate.....	62	CAPSULE.....	12
clomipramine hcl.....	25	CYCLOPHOSPHAMIDE 50 MG	
clonazepam.....	5	CAPSULE.....	12
clonidine.....	46	cycloserine.....	33
clonidine hcl.....	46	cyclosporine.....	75
clonidine hcl er.....	54	cyclosporine modified.....	75
clopidogrel.....	45	cyproheptadine hcl.....	32
clorazepate dipotassium.....	5	CYRED.....	57
clotrimazole.....	30,31	CYRED EQ.....	57
clotrimazole-betamethasone.....	31	CYSTADROPS.....	66
clozapine.....	37	CYSTAGON.....	70
clozapine odt.....	37	CYSTARAN.....	66
COARTEM.....	34		
COBENFY.....	37	D	
COBENFY STARTER PACK.....	37	D-PENAMINE.....	70
colchicine.....	32	dabigatran etexilate.....	43

dalfampridine er	54	dextroamphetamine sulfate	54
danazol	71	dextroamphetamine sulfate er	54
dantrolene sodium	88	dextroamphetamine-amphet er	55
DANZITEN	12	dextroamphetamine-amphetamine	54,55
dapagliflozin	27	dextrose 10%-0.45% nacl	84
dapsone	33,61	dextrose 2.5%-0.45% nacl	84
DAPTACEL DTAP	78	dextrose 5%-0.45% nacl	84
daptomycin	6	dextrose 5%-0.9% nacl	84
darunavir	40	dextrose in lactated ringers	84
dasatinib	12	dextrose in water	46
DAURISMO	13	DIACOMIT	21
DEBLITANE	57	diazepam	5,21
deferasirox	70,71	diazoxide	82
deferiprone	71	diclofenac potassium	3
deferiprone (3 times a day)	71	diclofenac sodium	3,67
DELSTRIGO	40	dicloxacillin sodium	10
DENGVAXIA	78	dicyclomine hcl	68
denta 5000 plus	60	DIFICID	8
dentagel	60	DIGITEK	50
DEPO-SUBQ PROVERA 104	74	digoxin	51
DERMACINRX PRENATRIX	89	dihydroergotamine mesylate	32
DERMACINRX PRENATRYL	89	DILANTIN	21
DERMACINRX PRETRATE	89	DILT-XR	50
DESCOVY	40	diltiazem 24hr er	50
desipramine hcl	25	diltiazem 24hr er (cd)	50
desloratadine	32	diltiazem 24hr er (xr)	50
desmopressin acetate	73	diltiazem 24hr er 360 mg cap (generic for cardizem cd)	50
desonide	62	diltiazem hcl	50
desoximetasone	62	dimethyl fumarate	55
desvenlafaxine suc er 100 mg tablet (generic for Pristiq)	25	diphenhydramine hcl	32
desvenlafaxine suc er 25 mg tablet (generic for Pristiq)	25	diphenoxylate-atropine	68
desvenlafaxine suc er 50 mg tablet (generic for Pristiq)	25	diphtheria-tetanus toxoids-ped	78
dexamethasone	72	dipyridamole	45
DEXAMETHASONE INTENSOL	72	disopyramide phosphate	48
dexamethasone sod phos-water	72	disulfiram	4
dexamethasone sodium phosphate	67,72	DIURIL	52
dexmethylphenidate hcl	54	divalproex sodium	21
		divalproex sodium er	21
		dofetilide	48

DOJOLVI	46	emtricitabine-tenofovir disop	40
donepezil hcl	24	EMTRIVA	40
donepezil hcl odt	24	enalapril maleate	47
dorzolamide	83	enalapril-hydrochlorothiazide	47
dorzolamide hcl	83	ENBREL	75
dorzolamide-timolol	83,84	ENBREL MINI	75
DOTTI	71	ENBREL SURECLICK	75
DOVATO	40	ENDOCET	1
doxazosin mesylate	46	ENGERIX-B ADULT	78
doxepin hcl	25	ENGERIX-B PEDIATRIC-ADOLESCENT	78
DOXY 100	11	enoxaparin sodium	43
doxycycline hyclate	11	ENPRESSE	57
doxycycline monohydrate	11	enskyce	57
DRIZALMA SPRINKLE	25	ENSPRYNG	55
dronabinol	33	entacapone	35
DROPSAFE PREP PADS	64	entecavir	43
drospirenone-ethinyl estradiol	57	ENTRESTO	46
droxidopa	46	ENTRESTO SPRINKLE	46
duloxetine hcl	25	ENULOSE	68
DUPIXENT PEN	75	ENVARUSUS XR	75
DUPIXENT SYRINGE	75	EPIDIOLEX	21
dutasteride	70	epinastine hcl	66
dutasteride-tamsulosin	70	epinephrine	51
E		EPITOL	21
ec-naproxen	3	eplerenone	53
econazole nitrate	31	EPRONTIA	21
EDURANT	40	ERAXIS	31
efavirenz	40	ergoloid mesylates	24
efavirenz-emtric-tenofov disop	40	ergotamine-caffeine	33
efavirenz-lamivu-tenofov disop	40	ERIVEDGE	13
ELIQUIS	43	ERLEADA	13
ELMIRON	82	erlotinib hcl	13
ELURYNG	57	ERRIN	57
EMCYT	13	ertapenem	9
EMEND	34	erythromycin	9,63,66
EMGALITY PEN	32	erythromycin lactobionate	9
EMGALITY SYRINGE	32	erythromycin-benzoyl peroxide	63
EMSAM	25	escitalopram oxalate	25,26
emtricitabine	40	esomeprazole magnesium	68
		ESTARYLLA	57

estradiol	71,72
estradiol (once weekly)	71
estradiol (twice weekly)	71
estradiol-norethindrone acetat	72
eszopiclone	88
ethambutol hcl	33
ethosuximide	21
ethynodiol-ethinyl estradiol	57
etodolac	3
etodolac er	3
etonogestrel-ethinyl estradiol	57
etravirine	40
EUCRISA	62
EURAX	64
euthyrox	74
everolimus	13,75,76
EVOTAZ	40
EVRYSDI	82
exemestane	13
EXKIVITY	13
ezetimibe	52
ezetimibe-simvastatin	52
F	
FALMINA	57
famciclovir	43
famotidine	68
FANAPT	37
febuxostat	32
FEIRZA	57
felbamate	21
felodipine er	51
fenofibrate	52,53
fenofibric acid	53
fentanyl	1
fentanyl citrate	1
FERRIPROX	71
FETZIMA	26
finasteride	70
fingolimod	55

FINTEPLA	21
FIRMAGON	13
flecainide acetate	48
fluconazole	31
fluconazole-nacl	31
flucytosine	31
fludrocortisone acetate	72
flunisolide	67
fluocinolone acetonide	62
fluocinolone acetonide oil	67
fluocinonide	62
fluocinonide-e	62
fluoride	89
fluorometholone	67
fluorouracil	61
fluoxetine hcl	26
fluphenazine decanoate	37
fluphenazine hcl	37
flurbiprofen	3
flurbiprofen sodium	67
fluticasone propionate	62,67,86
fluticasone propionate hfa	86
fluticasone-salmeterol	86
fluvoxamine maleate	26
fondaparinux sodium	43
fosamprenavir calcium	40
fosfomycin tromethamine	6
fosinopril sodium	47
fosinopril-hydrochlorothiazide	47
FOTIVDA	13
FRUZAQLA	13
furosemide	52
FUZEON	40
FYAVOLV	72
FYCOMPA	21,22
G	
gabapentin	22
galantamine er	24
galantamine hbr	24

galantamine hydrobromide	24	GLYXAMBI	27
gallifrey	74	GOMEKLI	13
GAMASTAN	76	granisetron hcl	34
GAMMAGARD LIQUID	76	griseofulvin	31
GAMMAKED	76	griseofulvin ultramicrosize	31
GAMUNEX-C	76	GVOKE	82
GARDASIL 9	78	GVOKE HYPOPEN 1-PACK	82
gatifloxacin	66	GVOKE HYPOPEN 2-PACK	82
GATTEX	68	GVOKE PFS 1-PACK SYRINGE	82
GAUZE PAD	64	GVOKE PFS 2-PACK SYRINGE	82
gauze pads & dressings	64		
GAVILYTE-C	69	H	
GAVILYTE-G	69	HADLIMA	76
GAVRETO	13	HADLIMA PUSH TOUCH	76
gefitinib	13	HADLIMA(CF)	76
gemfibrozil	53	HADLIMA(CF) PUSH TOUCH	76
GENERLAC	68	HAILEY 24 FE	57
GENGRAF	76	halobetasol propionate	62
gentamicin sulfate	6,63,66	haloperidol	37
gentamicin sulfate in ns	6	haloperidol decanoate	37
GENVOYA	40	haloperidol decanoate 100	37
GILOTRIF	13	haloperidol lactate	37
GIMOTI	68	HAVRIX	78
GLASSIA	87	heparin sodium	44
glatiramer acetate	55	heparin sodium-d5w	43
GLATOPA	55	HEPLISAV-B	78
GLEOSTINE	13	HIBERIX	79
glimepiride	30	HIZENTRA	76
glipizide	30	HUMALOG	29
glipizide er	30	HUMALOG KWIKPEN U-200	29
glipizide xl	30	HUMALOG MIX 50-50	29
glipizide-metformin	30	HUMALOG MIX 50-50 KWIKPEN	29
glucagon emergency kit	82	HUMALOG MIX 75-25	29
glucagon hcl	82	HUMIRA	76
glucose 5%-0.9% nacl	84	HUMIRA PEN	76
glyburide	30	HUMIRA PEN CROHN'S-UC-HS	76
glyburide micronized	30	HUMIRA(CF)	76
glyburide-metformin hcl	30	HUMIRA(CF) PEDIATRIC CROHN'S	76
glycopyrrolate	68	HUMIRA(CF) PEN	76
GLYDO	3	HUMIRA(CF) PEN CROHN'S-UC-HS	76

HUMIRA(CF) PEN PEDIATRIC UC.....	76	IMOVAX RABIES VACCINE.....	79
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	77	IMPAVIDO.....	34
HUMULIN 70-30.....	29	INBRIJA.....	35
HUMULIN 70/30 KWIKPEN.....	29	INCASSIA.....	57
HUMULIN N.....	29	INCRELEX.....	73
HUMULIN N KWIKPEN.....	29	INCRUSE ELLIPTA.....	87
HUMULIN R.....	29	indapamide.....	52
HUMULIN R U-500.....	29	indomethacin.....	3
HUMULIN R U-500 KWIKPEN.....	29	INFANRIX DTAP.....	79
hydralazine hcl.....	51	INLYTA.....	14
hydrochlorothiazide.....	52	INQOVI.....	14
hydrocodone-acetaminophen.....	1	INREBIC.....	14
hydrocodone-ibuprofen.....	1	insulin lispro.....	29
hydrocortisone.....	62,72,80	insulin lispro junior kwikpen.....	29
hydrocortisone butyrate.....	62	insulin lispro kwikpen u-100.....	29
hydrocortisone valerate.....	62	insulin lispro protamine mix.....	29
hydrocortisone-acetic acid.....	66	insulin pen needle.....	64
hydromorphone hcl.....	1,2	insulin syringe (disp) u-100 0.3 ml.....	64
hydromorphone hcl-water.....	1	insulin syringe (disp) u-100 1 ml.....	64
hydroxychloroquine sulfate.....	34	insulin syringe (disp) u-100 1/2 ml.....	64
hydroxyurea.....	14	INTELENCE.....	40
hydroxyzine hcl.....	32	INTRALIPID.....	46
hydroxyzine pamoate.....	82	INVEGA HAFYERA.....	37
I		INVEGA SUSTENNA.....	37
ibandronate sodium.....	81	INVEGA TRINZA.....	37
IBRANCE.....	14	IPOL.....	79
IBU.....	3	ipratropium bromide.....	66,87
ibuprofen.....	3	ipratropium-albuterol.....	87
icatibant.....	51	irbesartan.....	46
ICLEVIA.....	57	irbesartan-hydrochlorothiazide.....	46
ICLUSIG.....	14	ISENTRESS.....	40
icosapent ethyl.....	53	ISENTRESS HD.....	40
IDHIFA.....	14	ISIBLOOM.....	58
imatinib mesylate.....	14	ISOLYTE S.....	84
IMBRUVICA.....	14	isoniazid.....	33
imipenem-cilastatin sodium.....	9	isopropyl alcohol 0.7 ml/ml medicated pad... ..	64
imipramine hcl.....	26	isosorbide dinitrate.....	53
imiquimod.....	61	isosorbide mononitrate.....	53
IMKELDI.....	14	isosorbide mononitrate er.....	53
		isotretinoin.....	61

ISTURISA.....	82
ITOVEBI.....	14
itraconazole.....	31
ivabradine hcl.....	51
ivermectin.....	34
IWILFIN.....	14
IXCHIQ.....	79
IXIARO.....	79

J

JAKAFI.....	14
jantoven 10mg tablet.....	44
jantoven 1mg tablet.....	44
jantoven 2.5mg tablet.....	44
jantoven 2mg tablet.....	44
jantoven 3mg tablet.....	44
jantoven 4mg tablet.....	44
jantoven 5mg tablet.....	44
jantoven 6mg tablet.....	44
jantoven 7.5mg tablet.....	44
JANUMET.....	27
JANUMET XR.....	27
JANUVIA.....	27
JARDIANCE.....	27
jasmiel.....	58
JAYPIRCA.....	14
JENTADUETO.....	27
JENTADUETO XR.....	27
JINTELI.....	72
JULEBER.....	58
JULUCA.....	40
JUNEL.....	58
JUNEL FE.....	58
just right 5000.....	60
JUXTAPID.....	53
JYLAMVO.....	14
JYNNEOS.....	79
JYNNEOS (NATIONAL STOCKPILE).....	79

K

KALYDECO.....	87
kcl-d5w-0.45% nacl.....	84
kcl-d5w-0.9% nacl.....	84
KELNOR 1-35.....	58
KELNOR 1-50.....	58
KERENDIA.....	53
KESIMPTA PEN.....	55
ketoconazole.....	31
ketorolac tromethamine.....	67
KINERET.....	77
KINRIX.....	79
KIONEX.....	68
KISQALI.....	14,15
KISQALI FEMARA CO-PACK.....	15
KLAYESTA.....	31
KLOR-CON.....	84
KLOR-CON M10.....	84
KLOR-CON M15.....	85
KLOR-CON M20.....	85
KLOXXADO.....	4
KOSELUGO.....	15
KRAZATI.....	15

L

l-glutamine.....	82
labetalol hcl.....	49
lacosamide.....	22
lactulose.....	68
lamivudine.....	40
lamivudine hbv.....	40
lamivudine-zidovudine.....	40
lamotrigine.....	22
lamotrigine odt.....	22
lansoprazole.....	68
LANTUS.....	29
LANTUS SOLOSTAR.....	29
lapatinib.....	15
LARIN.....	58

LARIN FE.....	58	lisinopril-hydrochlorothiazide.....	47
latanoprost.....	84	lithium carbonate.....	55
LAZCLUZE.....	15	lithium carbonate er.....	55
leflunomide.....	77	lithium citrate.....	55
lenalidomide.....	15	LIVTENCITY.....	42
LENVIMA.....	15	LO-ZUMANDIMINE.....	58
LESSINA.....	58	LOKELMA.....	69
letrozole.....	15	LONSURF.....	15
leucovorin calcium.....	82	loperamide.....	69
LEUKERAN.....	15	lopinavir-ritonavir.....	40
leuprolide acetate.....	15	lorazepam.....	5,6
leuprolide depot.....	15	LORAZEPAM INTENSOL.....	6
levabuterol tartrate hfa.....	87	LORBRENA.....	15
levetiracetam.....	22	LORYNA.....	58
levetiracetam er.....	22	losartan potassium.....	47
levobunolol hcl.....	84	losartan-hydrochlorothiazide.....	47
levocarnitine.....	82	loteprednol etabonate.....	67
levocarnitine sf.....	83	lovastatin.....	53
levocetirizine dihydrochloride.....	32	LOW-OGESTREL.....	58
levofloxacin.....	10	loxapine.....	38
levofloxacin-d5w.....	10	lubiprostone.....	69
LEVONEST.....	58	LUMAKRAS.....	15
levonorgestrel-eth estradiol.....	58	LUMIGAN.....	84
LEVORA-28.....	58	LUPRON DEPOT.....	15,73
levothyroxine sodium.....	74	LUPRON DEPOT-PED.....	73
LEXIVA.....	40	lurasidone hcl.....	38
LIBERVANT.....	22	LUTERA.....	58
lidocaine.....	3	LYBALVI.....	38
lidocaine hcl.....	3,4,89	LYLEQ.....	58
lidocaine hcl 1% 100 mg/10 ml (ampul).....	4	LYNPARZA.....	16
lidocaine hcl 1% 100 mg/10 ml (vial).....	4	LYSODREN.....	16
lidocaine hcl viscous.....	4	LYTGOBI.....	16
lidocaine-prilocaine.....	4	LYZA.....	58
linezolid.....	6		
linezolid-0.9% nacl.....	7	M	
linezolid-d5w.....	7	M-M-R II VACCINE.....	79
LINZESS.....	69	magnesium sulfate.....	85
liothyronine sodium.....	74	malathion.....	64
lisdexamfetamine dimesylate.....	55	maraviroc.....	41
lisinopril.....	47	MARLISSA.....	58

MARPLAN.....	26	methsuximide.....	22
MATULANE.....	16	methyl dopa.....	46
MATZIM LA.....	50	methylphenidate er.....	56
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA).....	50	methylphenidate er (la).....	56
MAVYRET.....	42	methylphenidate hcl.....	55,56
MAYZENT.....	55	methylphenidate hcl cd.....	56
meclizine hcl.....	34	methylphenidate hcl er (cd).....	56
medroxyprogesterone acetate.....	74	methylprednisolone.....	72
mefloquine hcl.....	34	metoclopramide hcl.....	69
megestrol acetate.....	16,74	metolazone.....	52
MEKINIST.....	16	metoprolol succinate.....	49
MEKTOVI.....	16	metoprolol tartrate.....	49
meloxicam.....	3	metoprolol-hydrochlorothiazide.....	49
memantine hcl.....	24	METRO IV.....	7
MENACTRA.....	79	metronidazole.....	5,7,63
MENQUADFI.....	79	metyrosine.....	51
MENVEO A-C-Y-W-135-DIP.....	79	mexiletine hcl.....	48
mercaptapurine.....	16	micafungin.....	31
meropenem.....	9	MICROGESTIN.....	58
meropenem-0.9% nacl.....	9	MICROGESTIN FE.....	58
mesalamine.....	80	midodrine hcl.....	46
mesalamine dr.....	81	mifepristone.....	28
mesalamine er.....	81	miglitol.....	28
mesna.....	83	miglustat.....	65
metformin hcl.....	28	MILI.....	58
metformin hcl 1,000 mg tablet (generic for glucophage).....	16,27,48	MIMVEY.....	72
metformin hcl 500 mg tablet (generic for glucophage).....	16,24,27	minocycline hcl.....	11
metformin hcl er.....	28	minoxidil.....	54
methadone hcl.....	2	MIRENA.....	58
METHADONE INTENSOL.....	2	mirtazapine.....	26
methazolamide.....	84	misoprostol.....	68
methenamine hippurate.....	7	modafinil.....	88
methimazole.....	74	moexipril hcl.....	48
methocarbamol.....	88	molindone hcl.....	38
methotrexate.....	16	mometasone furoate.....	62
methotrexate sodium.....	16	montelukast sodium.....	86
methscopolamine bromide.....	69	morphine sulfate.....	2
		morphine sulfate er.....	2
		MOUNJARO.....	28
		MOVANTIK.....	69

moxifloxacin	10,66
moxifloxacin 0.5% eye drops (generic for moxeza)	66
moxifloxacin hcl	10
MRESVIA	79
MULTAQ	48
MULTI-MAC	89
mupirocin	63
mycophenolate mofetil	77
mycophenolic acid	77
MYFEMBREE	73
MYHIBBIN	83
MYRBETRIQ	70

N

nabumetone	3
nadolol	49
nafcillin	10
nafcillin sodium	10
naloxone hcl	4
naltrexone hcl	4
naproxen	3
naratriptan hcl	33
NATAL PNV	89
nateglinide	28
NAYZILAM	22
nebivolol hcl	49
nefazodone hcl	26
neomycin sulfate	6
neomycin-bacitracin-polymyxin	66
neomycin-polymyxin-dexameth	66
neomycin-polymyxin-gramicidin	66
neomycin-polymyxin-hc	66
neomycin-polymyxin-hydrocort	66
NEONATAL COMPLETE	89
NEONATAL PLUS	89
NEONATAL-DHA	89
NERLYNX	16
NEUPRO	35
nevirapine	41

nevirapine er	41
NEXPLANON	58
niacin er	53
NICOTROL	4
NICOTROL NS	4
nifedipine er	51
NIKKI	58
nilutamide	16
nimodipine	51
NINLARO	16
nitazoxanide	35
nitisinone	65
nitrofurantoin	7
nitrofurantoin mono-macro	7
nitroglycerin	54,83
nitroglycerin patch	54
niva-plus	89
NIVESTYM	44
NORA-BE	59
NORDITROPIN FLEXPRO	73
norethindron-ethinyl estradiol	59,72
norethindrone	59
norethindrone acetate	74
norethindrone-e.estradiol-iron	59
norgestimate-ethinyl estradiol	59
NORPACE CR	48
nortriptyline hcl	26
NORVIR	41
NUBEQA	16
NUCALA	87
NUEDEXTA	56
NUPLAZID	38
NURTEC ODT	33
NYAMYC	31
nystatin	31
NYSTOP	31
NYVEPRIA	45

O

octreotide acetate	73
--------------------	----

ODEFSEY	41	oxybutynin chloride	70
ODOMZO	16	oxybutynin chloride er	70
OFEV	87	oxycodone hcl	2
ofloxacin	66	oxycodone-acetaminophen	2
OGSIVEO	16	OZEMPIC	28
OJEMDA	17	OZEMPIC .25 OR 0.5 PEN INJCTR (DOSE 3 ML)	28
OJJAARA	17	OZEMPIC 0.25 OR .5 PEN INJCTR (DOSE 1.5 ML)	28
olanzapine	38		
olanzapine odt	38		
olmesartan medoxomil	47		
olmesartan-hydrochlorothiazide	47		
olopatadine hcl	66		
omega-3 acid ethyl esters	53		
omeprazole	68		
OMNIPOD 5 (G6/LIBRE 2 PLUS)	64		
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	64		
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	64		
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	64		
OMNIPOD 5 G6-G7 PODS (GEN 5)	64		
OMNIPOD 5 INTRO(G6/LIBRE2PLUS)	64		
OMNIPOD CLASSIC PODS (GEN 3)	64		
OMNIPOD DASH INTRO KIT (GEN 4)	64		
OMNIPOD DASH PDM KIT (GEN 4)	64		
OMNIPOD DASH PODS (GEN 4)	64		
OMNIPOD GO PODS	64		
ondansetron hcl	34		
ondansetron odt	34		
ONUREG	17		
OPDIVO QVANTIG	17		
OPSUMIT	89		
ORFADIN	65		
ORGOVYX	73		
ORIAHNN	73		
ORLISSA	73		
ORKAMBI	87		
ORSERDU	17		
oseltamivir phosphate	42		
OTEZLA	77		
oxcarbazepine	22		
OXERVATE	66		
		P	
		PACERONE	48
		paliperidone er	38
		PANRETIN	61
		pantoprazole sodium	68
		paricalcitol	81
		PAROEX	60
		paroxetine hcl	26
		PAXLOVID	42
		PAXLOVID (EUA)	42
		pazopanib hcl	17
		PEDIARIX	79
		PEDVAXHIB	79
		peg 3350-electrolyte solution 420g	69
		peg-3350 and electrolytes soln 236-22.74g	69
		PEGASYS	42
		PEMAZYRE	17
		PENBRAYA	79
		PENBRAYA MENACWY COMPONENT	79
		PENBRAYA MENB COMPONENT	79
		penicillamine	71
		penicillin g potassium	10
		penicillin gk-iso-osm dextrose	10
		penicillin v potassium	10
		PENTACEL	79
		PENTACEL ACTHIB COMPONENT	79
		PENTACEL DTAP-IPV COMPONENT	79
		pentamidine isethionate	35
		pentoxifylline	45
		perindopril erbumine	48

PERIOGARD.....	60	potassium cl er 20 meq tablet (dissolvable tablet).....	17,26,35,85
permethrin.....	64	pramipexole dihydrochloride.....	36
perphenazine.....	38	pramipexole er.....	36
PERSERIS.....	38	prasugrel hcl.....	45
phenelzine sulfate.....	26	pravastatin sodium.....	53
phenobarbital.....	22,23	praziquantel.....	35
phenoxybenzamine hcl.....	46	prazosin hcl.....	46
PHENYTEK.....	23	prednisolone.....	72
phenytoin.....	23	prednisolone acetate.....	67
phenytoin sodium extended.....	23	prednisolone sodium phosphate.....	67,72
PHOSPHOLINE IODIDE.....	84	prednisone.....	72,73
PIFELTRO.....	41	PREDNISONE INTENSOL.....	73
pilocarpine hcl.....	60,84	pregabalin.....	23
pimecrolimus.....	62	PREGEN DHA.....	89
pimozide.....	38	PREHEVBRIO.....	79
pioglitazone hcl.....	28	prenatal plus vitamin-mineral.....	89
pioglitazone-glimepiride.....	28	prenatal vitamin plus low iron.....	90
pioglitazone-metformin.....	28	prenatal vitamins with minerals and folic acid greater than 0.8mg.....	90
piperacillin-tazobactam.....	10	pretomanid.....	33
PIQRAY.....	17	PREVALITE.....	53
pirfenidone.....	88	PREVYMIS.....	42
piroxicam.....	3	PREZCOBIX.....	41
PLEGRIDY.....	56	PREZISTA.....	41
PLEGRIDY PEN.....	56	PRIFTIN.....	33
plerixafor.....	45	primaquine.....	35
PNV TABS 20-1.....	89	primidone.....	23
podofilox.....	61	PRIORIX.....	79
POLYCIN.....	66	probenecid.....	32
polymyxin b sul-trimethoprim.....	67	probenecid-colchicine.....	32
polymyxin b sulfate.....	7	prochlorperazine.....	34
POMALYST.....	17	prochlorperazine maleate.....	34
PORTIA.....	59	PROCTO-MED HC.....	62
posaconazole.....	31	PROCTOFOAM-HC.....	62
potassium chloride.....	85	PROCTOSOL-HC.....	62
potassium chloride-dextrose 5%.....	85	PROCTOZONE-HC.....	62
potassium chloride-water.....	85	progesterone.....	74
potassium citrate er.....	85	PROGRAF.....	77
potassium cl er 10 meq tablet (dissolvable tablet).....	85	PROLASTIN C.....	88
potassium cl er 15 meq tab er prt.....	85		

PROLIA	81	RASUVO	77
PROMACTA	45	REBIF	56
promethazine hcl	32,34	REBIF REBIDOSE	56
PROMETHEGAN	34	RECLIPSEN	59
propafenone hcl	48	RECOMBIVAX HB	80
propranolol hcl	49	REGRANEX	61
propranolol hcl er	49	RELENZA	42
propranolol-hydrochlorothiazid	49	RENACIDIN	81
propylthiouracil	74	repaglinide	28
PROQUAD	79	REPATHA PUSHTRONEX	53
PROSOL	46	REPATHA SURECLICK	53
protriptyline hcl	26	REPATHA SYRINGE	53
PULMOZYME	65	RESTASIS MULTIDOSE	67
PURIXAN	17	RETACRIT	45
pyrazinamide	33	RETEVMO	17
pyridostigmine bromide	83	REVCIVI	65
pyridostigmine bromide er	83	REVUFORJ	17
pyrimethamine	35	REXULTI	38
PYRUKYND	45	REYATAZ	41
Q		REZLIDHIA	17
QINLOCK	17	REZUROCK	77
QUADRACEL DTAP-IPV	79	RHOPRESSA	84
quetiapine fumarate	38	ribavirin	43
quetiapine fumarate er	38	RIDAURA	77
quinapril hcl	48	rifabutin	33
quinapril-hydrochlorothiazide	48	rifampin	33
quinidine sulfate	48	riluzole	56
quinine sulfate	35	rimantadine hcl	42
QVAR REDIHALER	86	RINVOQ	77
R		RINVOQ LQ	77
RABAVERT	79	risedronate sodium	81
rabeprazole sodium	68	risperidone	38
RALDESY	26	risperidone er	38
raloxifene hcl	72	risperidone odt	39
ramelteon	88	ritonavir	41
ramipril	48	rivastigmine	24
ranolazine er	51	rizatRIPTAN	33
rasagiline mesylate	36	roflumilast	88
		ROMVIMZA	17
		ropinirole er	36

ropinirole hcl.....	36	simvastatin.....	53
ROSADAN.....	63	sirolimus.....	77
rosuvastatin calcium.....	53	SIRTURO.....	33
ROTARIX.....	80	SIVEXTRO.....	7
ROTATEQ.....	80	SKYRIZI.....	77
ROZLYTREK.....	17,18	SKYRIZI ON-BODY.....	77
RUBRACA.....	18	SKYRIZI PEN.....	77
RUCONEST.....	45	sod sulf-potass sulf-mag sulf.....	69
rufinamide.....	23	sodium chloride.....	81,85
RUKOBIA.....	41	sodium chloride-water.....	85
RYBELSUS.....	28	sodium fluoride.....	60,90
RYDAPT.....	18	sodium fluoride 2.2 mg (fluoride ion 1 mg)....	90
RYTARY.....	36	sodium fluoride 5000 dry mouth.....	60
S			
SANTYL.....	61	sodium fluoride 5000 plus.....	60
sapropterin dihydrochloride.....	65	sodium oxybate.....	88
SAVELLA.....	56	sodium phenylbutyrate.....	69
SCSEMBLIX.....	18	sodium polystyrene sulfonate.....	69
scopolamine.....	34	solifenacin succinate.....	70
SECUADO.....	39	SOLTAMOX.....	18
SELARSDI.....	77	SOLU-CORTEF.....	73
selegiline hcl.....	36	SOMAVERT.....	74
selenium sulfide.....	63	sorafenib.....	18
SELZENTRY.....	41	sotalol.....	49
SEREVENT DISKUS.....	87	SOTALOL AF.....	49
SEROSTIM.....	73	spironolactone.....	52
sertraline hcl.....	26	spironolactone-hctz.....	52
SETLAKIN.....	59	SPRINTEC.....	59
sevelamer carbonate.....	69	SPRITAM.....	23
sf.....	60	SPS.....	69
sf 5000 plus.....	60	SRONYX.....	59
SHAROBEL.....	59	SSD.....	63
SHINGRIX.....	80	STELARA.....	77
SHINGRIX GE ANTIGEN COMPONENT.....	80	STERILE PADS.....	64
SIGNIFOR.....	73	STIVARGA.....	18
sildenafil 20 mg tablet (generic for revatio)....	89	streptomycin sulfate.....	6
silodosin.....	70	STRIBILD.....	41
silver sulfadiazine.....	63	STRIVERDI RESPIMAT.....	87
SIMBRINZA.....	84	SUBVENITE.....	23
		SUCRAID.....	65
		sucralfate.....	68

sulfacetamide sodium	63,67	TAZVERIK	19
sulfacetamide-prednisolone	67	tdvax	80
sulfadiazine	10	TECENTRIQ HYBREZA	19
sulfamethoxazole-trimethoprim	10	TEFLARO	8
sulfasalazine	81	telmisartan	47
sulfasalazine dr	81	telmisartan-hydrochlorothiazid	47
sulindac	3	temazepam	6
sumatriptan	33	TENCON	2
sumatriptan succinate	33	TENIVAC	80
sunitinib malate	18	tenofovir disoproxil fumarate	41
SUNLENCA	41	TEPMETKO	19
SUNOSI	88	terazosin hcl	70
SYMLINPEN 120	28	terbinafine hcl	31
SYMLINPEN 60	28	terconazole	5
SYMPAZAN	23	teriflunomide	56
SYMTUZA	41	teriparatide	81
SYNAREL	74	testosterone	71
SYNJARDY	28	testosterone cypionate	71
SYNJARDY XR	29	testosterone enanthate	71
SYNTHROID	74	tetrabenazine	56
		tetracycline hcl	11
T		THALOMID	83
TABLOID	18	theophylline er	87
TABRECTA	18	thioridazine hcl	39
tacrolimus	62,77	thiothixene	39
tadalafil	89	TIADYLT ER	50
tadalafil 20 mg tablet (generic for adcirca)	89	tiagabine hcl	23
TAFINLAR	18	TIBSOVO	19
TAGRISSO	18	TICOVAC	80
TAKHZYRO	83	tigecycline	11
TALICIA	68	TILIA FE	59
TALZENNA	18	timolol	84
tamoxifen citrate	18	timolol maleate	49,84
tamsulosin hcl	70	timolol maleate 0.5% eye drops (generic for timoptic)	3,84
tarina 24 fe	59	tinidazole	35
TARINA FE	59	tiopronin	70
TARINA FE 1-20 EQ	59	TIVICAY	41
TASIGNA	18	TIVICAY PD	41
TAVNEOS	78	tizanidine hcl	88
tazarotene	63		

TOBI PODHALER	6	trihexyphenidyl hcl	36
tobramycin	6,67	TRIJARDY XR	29
tobramycin sulfate	6	TRIKAFTA	88
tobramycin-dexamethasone	67	trimethobenzamide hcl	34
tolterodine tartrate	70	trimethoprim	7
tolterodine tartrate er	70	trimipramine maleate	27
topiramate	23	TRINTELLIX	27
toremifene citrate	19	TRIUMEQ	41
TORPENZ	19	TRIUMEQ PD	41
torseamide	52	TRIVORA-28	59
TOUJEO MAX SOLOSTAR	29	TRIZIVIR	41
TOUJEO SOLOSTAR	30	trospium chloride	70
TRADJENTA	29	trospium chloride er	70
tramadol hcl	2	TRUE COMFORT PRO ALCOHOL PADS	65
tramadol hcl-acetaminophen	2	TRULICITY	29
trandolapril	48	TRUMENBA	80
tranexamic acid	45	TRUQAP	19
tranylcypromine sulfate	26	TUKYSA	19
travoprost	84	TURALIO	19
trazodone hcl	26	turqoz	59
TRECTOR	33	TWINRIX	80
TRELEGY ELLIPTA	87	TYBOST	83
TRELSTAR	19	TYMLOS	81
TREMFYA	78	TYPHIM VI	80
TREMFYA PEN	78		
tretinoin	19,63	U	
TRI-ESTARYLLA	59	ursodiol	69
TRI-LEGEST FE	59		
TRI-LO-ESTARYLLA	59	V	
TRI-LO-SPRINTEC	59	V-GO 20	65
TRI-MILI	59	V-GO 30	65
TRI-SPRINTEC	59	V-GO 40	65
TRI-VYLIBRA	59	valacyclovir	43
TRI-VYLIBRA LO	59	VALCHLOR	61
triamcinolone acetonide	60,62,63	valganciclovir hcl	43
triamterene-hydrochlorothiazid	52	valproic acid	23,24
TRIDERM	63	valsartan	47
trientine hcl	71	valsartan-hydrochlorothiazide	47
trifluoperazine hcl	39	VALTOCO	24
trifluridine	67	VALTYA	59

vancomycin hcl	7	VRAYLAR	39
VANFLYTA	19	VUMERITY	57
VAQTA	80	VYLIBRA	60
varenicline tartrate	4	VYNDAMAX	51
VARIVAX VACCINE	80	VYNDAQEL	51
VARIZIG	78		
VAXCHORA VACCINE	80	W	
VELIVET	59	warfarin sodium	44
VELTASSA	69	water	81
VEMLIDY	41	WELIREG	20
VENCLEXTA	19	wesnatal dha complete	90
VENCLEXTA STARTING PACK	19	wesnate dha	90
venlafaxine besylate er	27	westab plus	90
venlafaxine hcl	27	WIXELA INHUB	86
venlafaxine hcl er	27		
verapamil er	50	X	
verapamil hcl	50	XALKORI	20
verapamil sr	50	XARAH FE	60
VERQUVO	51	XARELTO	44
VERSACLOZ	39	XATMEP	20
VERZENIO	19	XCOPRI	24
VESTURA	59	XDEMVY	67
VIENVA	60	XELJANZ	78
vigabatrin	24	XELJANZ XR	78
VIGADRONE	24	XENLETA	7
VIGPODER	24	XERMELO	69
vilazodone hcl	27	XGEVA	81
VIMKUNYA	80	XIFAXAN	7
VIRACEPT	41	XIIDRA	67
VIREAD	41	XOLAIR	88
VISTOGARD	83	XOSPATA	20
VITRAKVI	19,20	XPOVIO	20
VIVOTIF	80	XTANDI	20
VIZIMPRO	20	XULANE	60
VOCABRIA	42		
VONJO	20	Y	
VORANIGO	20	YESINTEK	78
voriconazole	31,32	YF-VAX	80
VOSEVI	42	YUVAFEM	72
VOWST	83		

Z

zafirlukast.....	86
zaleplon.....	88
ZEJULA.....	20
ZELBORAF.....	20
ZEMAIRA.....	88
ZENATANE.....	61
ZENPEP.....	65
zidovudine.....	42
ZIMHI.....	4
ziphex.....	90
ziprasidone hcl.....	39
ziprasidone mesylate.....	39
ZIRGAN.....	67
ZOLINZA.....	20
zolpidem tartrate.....	89
ZONISADE.....	24
zonisamide.....	24
ZOVIA 1-35.....	60
ZTALMY.....	24
ZURZUVAE.....	27
ZYDELIG.....	20
ZYKADIA.....	20
ZYPREXA RELPREVV.....	39

This formulary was updated on 03/19/2025. For more recent information or other questions, please contact HealthPartners Member Services.

Journey members: 952-883-6655 or 866-233-8734

Robin members: 866-233-8734

Freedom members: 800-233-9645

Medicare Group Part D plan members: 844-440-1900

Retiree National Choice members: 952-883-7373 or 877-816-9539

TTY users: 711

Or visit healthpartners.com/medicarerx.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.