HealthPartners®

HealthPartners® Freedom Group (Cost)
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® Robin Group (PPO)
HealthPartners® Retiree National Choice (PDP)
(Collectively known as HealthPartners)

2020 Formulary I

(List of Covered Drugs)

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

Formulary ID 00020203, Version 20

This formulary was updated on 11/24/2020. For more recent information or other questions, please contact HealthPartners Member Services.

Freedom members: 952-883-7979 or 800-233-9645
Journey and Robin members: 952-883-6655 or 866-233-8734
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.

19-435554 12/20

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 list of the drugs (formulary) for our plan which is current as of November 24th, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

What is the HealthPartners Formulary?

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 (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
    - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the HealthPartners Formulary?"

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “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 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 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.

The enclosed formulary is current as of November 24th, 2020. To get updated information about the drugs covered by HealthPartners, please contact us. Our contact information appears on the front and back cover pages.

To find out what drugs might have changed, you can go to **healthpartners.com/medicarerx**. 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 mailed with your monthly 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 92. 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 cost less than brand name drugs.

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 physician 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-4 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 him or her 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 cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, 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.

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 additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for

a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 92.

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 at five levels of coverage: Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-preferred drugs), and Tier 5 (Specialty). 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.*

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 Pace	$8	$14	$47	50% of cost	27% of cost
Journey Stride	$6	$12	$47	50% of cost	27% of cost
Journey Dash	$5	$10	$47	50% of cost	27% of cost
Journey Steady	$4	$10	$47	50% of cost	27% of cost
Robin Birch	$2	$9	$47	$100	29% of cost
Robin Maple	$2**	$9**	$47	$100	29% of cost
Freedom Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers, cost sharing and drugs covered in the coverage gap.				
Journey Group					
Robin Group					
Retiree National Choice					

* Coverage level shown does not reflect deductibles, gap coverage, or catastrophic benefit coverage. Please refer to our Evidence of Coverage for details.

**We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

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.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)	2	QL (8 TABS PER 1 DAY)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	2	QL (120 ML PER 1 DAY)
buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)	4	PA, QL (4 EACH PER 28 DAYS)
butalb-acetamin-caff 50-325-40	2	QL (12 TABS PER 1 DAY)
butalb-aspirin-caffe 50-325-40	4	QL (6 TABS PER 1 DAY)
butalbital-acetaminophn 50-300 tablet	4	QL (12 TABS PER 1 DAY)
butalbital-acetaminophn 50-325 tablet	4	QL (12 TABS PER 1 DAY)
butalbital-asa-caffeine cap	3	QL (6 CAPS PER 1 DAY)
codeine sulfate (15 mg tablet, 30 mg tablet, 60 mg tablet)	3	QL (8 TABS PER 1 DAY)
ENDOCET (2.5-325 MG TABLET, 5-325 TABLET)	2	QL (8 TABS PER 1 DAY)
ENDOCET 10-325 MG TABLET	2	QL (5 TABS PER 1 DAY)
ENDOCET 7.5-325 MG TABLET	2	QL (7 TABS PER 1 DAY)
fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)	4	PA
fentanyl citrate (200 mcg, 400 mcg)	5	PA, NM
hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)	2	QL (8 TABS PER 1 DAY)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	4	QL (120 ML PER 1 DAY)
hydrocodone-ibuprofen 7.5-200	2	QL (8 TABS PER 1 DAY)
hydromorphone 2 mg tablet	2	QL (8 TABS PER 1 DAY)
hydromorphone 4 mg tablet	2	QL (5 TABS PER 1 DAY)
hydromorphone 8 mg tablet	2	QL (2 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
hydromorphone hcl (0.5 mg/0.5 ml, hcl 1 mg/ml amp, 1 mg/ml carpujct, 1 mg/ml syringe, 1 mg/ml vial, 2 mg/ml carpujct, 2 mg/ml vial, hcl 2 mg/ml amp, 2 mg/ml isecure, hcl 4 mg/ml amp, 4 mg/ml carpujct, 4 mg/ml vial, 10 mg/ml vial, 10 mg/ml ampule, 50 mg/5 ml vial, 50 mg/5 ml amp, 500 mg/50 ml vl)	4	QL (8 ML PER 1 DAY)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	3	QL (20 ML PER 1 DAY)
LAZANDA (100 MCG SPRAY, 300 MCG SPRAY, 400 MCG SPRAY)	5	PA, NM
LORCET 5-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
LORCET HD 10-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
LORCET PLUS 7.5-325 MG TABLET	2	QL (8 TABS PER 1 DAY)
methadone 10 mg/ml oral conc	4	PA
methadone hcl (5 mg tablet, 10 mg tablet)	2	PA
methadone hcl (5 mg/5 ml solution, 10 mg/5 ml solution)	3	PA
METHADONE INTENSOL 10 MG/ML	4	PA
morphine sulf 10 mg/5 ml soln	2	QL (45 ML PER 1 DAY)
morphine sulf 100 mg/5 ml conc	2	QL (4 ML PER 1 DAY)
morphine sulf 20 mg/5 ml soln	2	QL (20 ML PER 1 DAY)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)	3	PA
morphine sulfate ir 15 mg tab	3	QL (5 TABS PER 1 DAY)
morphine sulfate ir 30 mg tab	3	QL (2 TABS PER 1 DAY)
oxycodon-acetaminophen 7.5-325	2	QL (7 TABS PER 1 DAY)
oxycodone hcl 10 mg tablet	2	QL (5 TABS PER 1 DAY)
oxycodone hcl 100 mg/5 ml conc	4	QL (4 ML PER 1 DAY)
oxycodone hcl 15 mg tablet	2	QL (3 TABS PER 1 DAY)
oxycodone hcl 20 mg tablet	2	QL (4 TABS PER 1 DAY)
oxycodone hcl 5 mg capsule	4	QL (8 CAPS PER 1 DAY)
oxycodone hcl 5 mg tablet	2	QL (8 TABS PER 1 DAY)
oxycodone hcl 5 mg/5 ml soln	4	QL (40 ML PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oxycodone-acetaminophen (oxycodon-acetaminophen 2.5-325, oxycodone-acetaminophen 5-325)	2	QL (8 TABS PER 1 DAY)
oxycodone-acetaminophen 10-325	2	QL (5 TABS PER 1 DAY)
oxycodone-aspirin 4.8355-325	4	QL (8 TABS PER 1 DAY)
TENCON 50-325 MG TABLET	4	QL (12 TABS PER 1 DAY)
tramadol hcl 50 mg tablet	1	QL (8 TABS PER 1 DAY)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS		
celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)	2	
diclofenac pot 50 mg tablet	3	
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)	2	
diclofenac sodium 1% gel	3	
diclofenac sodium 3% gel	4	
ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)	2	
etodolac (200 mg capsule, 300 mg capsule)	4	
etodolac (400 mg tablet, 500 mg tablet)	3	
etodolac er (er 400 mg tablet, er 500 mg tablet, er 600 mg tablet)	4	
flurbiprofen (50 mg tablet, 100 mg tablet)	3	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)	1	
ibuprofen 100 mg/5 ml susp	2	
indomethacin (25 mg capsule, 50 mg capsule)	1	
ketorolac 10 mg tablet	3	QL (20 TABS PER 30 DAYS)
meloxicam (7.5 mg tablet, 15 mg tablet)	1	
nabumetone (500 mg tablet, 750 mg tablet)	2	
naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)	1	
naproxen (dr 375 mg tablet, dr 500 mg tablet)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
naproxen 125 mg/5 ml suspen	4	
piroxicam (10 mg capsule, 20 mg capsule)	3	
sulindac (150 mg tablet, 200 mg tablet)	2	
ANESTHETICS		
LOCAL ANESTHETICS		
agoneaze 2.5%-2.5% cream dress	3	
anodyne lpt 2.5-2.5% crm-dress	3	
dermacinrx empricaine kit	3	
GLYDO 2% JELLY SYRINGE	2	
leva set 2.5%-2.5% cream-dress	3	
lido-prilo caine pack	3	
lidocaine 2% viscous soln	2	
lidocaine 5% patch	4	PA, QL (90 EACH PER 30 DAYS)
lidocaine hcl (0.5% vial, 1% 50 mg/5 ml vl, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 20 mg/2 ml, 1% ampul, 1% vial, 1% 50 mg/5 ml)	1	
lidocaine hcl (2% jelly uro-jet, 2% jel urojet ac, 2% jelly, 4% solution)	2	
lidocaine-prilocaine cream	3	
lidopril 2.5%-2.5% cream-dress	3	
lidopril xr 2.5-2.5% crm-dress	3	
livixil pak 2.5-2.5% crm-dress	3	
prilolid 2.5-2.5% crm-dress	3	
prilovix 2.5%-2.5% cream dress	3	
prilovix lite 2.5%-2.5% cream	3	
prilovix lite plus 2.5%-2.5%	3	
prilovix plus 2.5%-2.5% cream	3	
prilovixil 2.5%-2.5% cream kit	3	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
acamprosate calc dr 333 mg tab	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bupreno-nalox 2-0.5 mg sl film	3	QL (360 FILMS PER 30 DAYS)
buprenor-nalox 12-3 mg sl film	3	QL (60 FILMS PER 30 DAYS)
buprenorp-nalox 4-1 mg sl film	3	QL (180 FILMS PER 30 DAYS)
buprenorp-nalox 8-2 mg sl film	3	QL (90 EACH PER 30 DAYS)
buprenorphin-naloxon 8-2 mg sl	2	QL (90 TABS PER 30 DAYS)
buprenorphine 2 mg tablet sl	2	QL (360 TABS PER 30 DAYS)
buprenorphine 8 mg tablet sl	2	QL (90 TABS PER 30 DAYS)
buprenorphn-naloxn 2-0.5 mg sl	2	QL (360 TABS PER 30 DAYS)
bupropion hcl sr 150 mg tablet	3	
CHANTIX (0.5 MG TABLET, 1 MG CONT MONTH BOX, 1 MG TABLET)	3	QL (2 TABS PER 1 DAY)
CHANTIX STARTING MONTH BOX	3	QL (53 TABS PER 28 DAYS)
disulfiram (250 mg tablet, 500 mg tablet)	3	
naloxone hcl (0.4 mg/ml vial, 0.4 mg/ml carpuject, 2 mg/2 ml syringe, 4 mg/10 ml vial)	2	
naltrexone 50 mg tablet	3	
NARCAN 4 MG NASAL SPRAY	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
CLEOCIN 100 MG VAGINAL OVULE	4	
clindamycin 2% vaginal cream	4	
metronidazole vaginal 0.75% gl	4	
terconazole (0.4% cream, 0.8% cream)	3	
terconazole 80 mg suppository	4	
ANTIANXIETY AGENTS		
BENZODIAZEPINES		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	1	QL (180 TABS PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
alprazolam er 0.5 mg tablet	2	QL (6 TABS PER 1 DAY)
alprazolam er 1 mg tablet	3	QL (6 TABS PER 1 DAY)
alprazolam er 2 mg tablet	3	QL (5 TABS PER 1 DAY)
alprazolam er 3 mg tablet	3	QL (3 TABS PER 1 DAY)
alprazolam xr 0.5 mg tablet	2	QL (6 TABS PER 1 DAY)
alprazolam xr 1 mg tablet	3	QL (6 TABS PER 1 DAY)
alprazolam xr 2 mg tablet	3	QL (5 TABS PER 1 DAY)
alprazolam xr 3 mg tablet	3	QL (3 TABS PER 1 DAY)
buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	2	
buspirone hcl 7.5 mg tablet	4	
chlordiazepoxide 25 mg capsule	2	QL (120 CAPS PER 30 DAYS)
chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)	2	QL (180 CAPS PER 30 DAYS)
clonazepam (0.125 mg odt, 0.125 mg dis tab, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt)	3	QL (180 TABS PER 30 DAYS)
clonazepam (1 mg odt, 1 mg dis tablet)	3	QL (120 TABS PER 30 DAYS)
clonazepam 0.5 mg tablet	1	QL (180 TABS PER 30 DAYS)
clonazepam 1 mg tablet	1	QL (120 TABS PER 30 DAYS)
clonazepam 2 mg odt	3	QL (300 TABS PER 30 DAYS)
clonazepam 2 mg tablet	1	QL (300 TABS PER 30 DAYS)
clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)	4	QL (180 TABS PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet)	1	QL (180 TABS PER 30 DAYS)
diazepam 10 mg tablet	1	QL (120 TABS PER 30 DAYS)
diazepam 5 mg/5 ml solution	2	QL (1200 ML PER 30 DAYS)
diazepam 5 mg/ml oral conc	2	QL (240 ML PER 30 DAYS)
lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	QL (180 TABS PER 30 DAYS)
lorazepam 2 mg/ml oral concent	3	QL (150 ML PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	3	QL (150 ML PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	2	QL (30 CAPS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIBACTERIALS		
AMINOGLYCOSIDES		
amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl)	4	PA
BETHKIS 300 MG/4 ML AMPULE	5	PA, QL (224 ML PER 30 DAYS), BvD, NM
gentamicin sulfate (10 mg/ml vial, 20 mg/2 ml vial, ped 20 mg/2 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	4	
gentamicin sulfate in ns (isoton 60 mg/50 ml, 70 mg/ns 50 ml pb, 90 mg/ns 100 ml pb, iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 80 mg/50 ml, isoton 80 mg/100 ml, isoton 100 mg/50 ml)	4	
neomycin 500 mg tablet	1	
streptomycin sulf 1 gm vial	4	
TOBI PODHALER 28 MG INHALE CAP	5	PA, QL (224 EACH PER 30 DAYS), NM
tobramycin 300 mg/4 ml ampule	5	PA, QL (280 ML PER 30 DAYS), BvD, NM
tobramycin 300 mg/5 ml ampule	5	PA, QL (280 ML PER 30 DAYS), BvD, NM
tobramycin sulfate (1.2 gram/30 ml vial, 1.2 gm vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)	4	PA
ANTIBACTERIALS, MISCELLANEOUS		
clindamycin (pedi) 75 mg/5 ml	4	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
clindamycin phosphate (ph 9 g/60 ml vial, ph 300 mg/2 ml vl, 300 mg/2 ml addvan, ph 600 mg/4 ml vl, 600 mg/4 ml addvan, ph 900 mg/6 ml vl, 900 mg/6 ml addvan)	4	
colistimethate 150 mg vial	5	PA, NM
daptomycin (350 mg vial, 500 mg vial)	5	PA, NM
FIRVANQ (25 MG/ML SOLUTION, 50 MG/ML SOLUTION)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fosfomycin 3 gm sachet	4	
linezolid 100 mg/5 ml susp	5	PA, NM
linezolid 600 mg tablet	4	PA
linezolid 600 mg/300 ml-d5w	5	PA, NM
linezolid 600mg/300ml-0.9%nacl	5	PA, NM
METRO IV 500 MG/100 ML	4	
metronidazole (250 mg tablet, 500 mg tablet)	2	
metronidazole 500 mg/100 ml	4	
MONUROL 3 GM SACHET	4	
nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)	2	
nitrofurantoin 25 mg/5 ml susp	4	
nitrofurantoin mono-mcr 100 mg	2	
polymyxin b sulfate vial	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM
trimethoprim 100 mg tablet	2	
vancomycin hcl (1 gm vial, 1 gm add-van vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, hcl 125 mg capsule, 250 mg/5 ml soln, hcl 250 mg capsule, hcl 250 mg vial, 500 mg add-van vial, 500 mg vial, hcl 750 mg vial, 750 mg add-van vial)	4	
XENLETA 600 MG TABLET	5	PA, NM
XIFAXAN (200 MG TABLET, 550 MG TABLET)	5	PA, NM
CEPHALOSPORINS		
cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)	3	
cefadroxil 1 gm tablet	1	
cefadroxil 500 mg capsule	2	
cefazolin 1 g/50 ml-dextrose	3	
cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)	3	
cefdinir 300 mg capsule	2	
cefepime (1 gm, 2 gm)	4	
cefepime hcl (1 gm vial, 2 gram vial)	4	
cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)	4	
cefixime 400 mg capsule	4	
cefoxitin (1 gm vial, 2 gm vial)	4	
cefoxitin sodium (1 gm piggyback bag, 2 gm piggyback bag)	4	
cefpodoxime proxetil (100 mg tablet, 200 mg tablet)	4	
cefprozil (125 mg/5 ml susp, 250 mg/5 ml susp)	3	
cefprozil (250 mg tablet, 500 mg tablet)	4	
ceftazidime (1 gm vial, 1 gm piggyback, 2 gm piggyback, 2 gm vial, 6 gm vial)	4	
ceftriaxone (1 gm add-vant vial, 1 gm-d5w bag, 1 gm vial, 1 gm piggyback, 2 gm-d5w bag, 2 gm vial, 2 gm piggyback, 2 gm add vial, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)	4	
cefuroxime (250 mg tab, 500 mg tab)	2	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	4	
cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)	3	
cephalexin (250 mg capsule, 500 mg capsule)	1	
SUPRAX 400 MG CAPSULE	4	
TEFLARO (400 MG VIAL, 600 MG VIAL)	5	NM
MACROLIDES		
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp)	3	
azithromycin (250 mg tablet, 500 mg tablet)	1	
azithromycin (500 mg add-van vl, i.v. 500 mg vial)	4	
azithromycin 600 mg tablet	2	
clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clarithromycin (250 mg tablet, 500 mg tablet)	3	
DIFICID 200 MG TABLET	5	PA, NM
ERYTHROCIN LACTOBIONATE (LACT 500 MG VIAL, 500 MG ADDVAN VIAL)	4	
erythromycin dr 250 mg cap	4	
MISCELLANEOUS B-LACTAM ANTIBIOTICS		
aztreonam (1 gm vial, 2 gm vial)	5	NM
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, QL (84 ML PER 30 DAYS), NM
ertapenem 1 gram vial	5	NM
imipenem-cilastatin sodium (250 mg vl, 500 mg vl)	4	
meropenem (iv 1 gm vial, iv 500 mg vial)	3	
meropenem-0.9% nacl (1 gram/50, 500 mg/50)	3	
PENICILLINS		
amoxicillin (125 mg/5 ml susp, 125 mg tab chew, 200 mg/5 ml susp, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp)	2	
amoxicillin (250 mg capsule, 500 mg tablet, 500 mg capsule, 875 mg tablet)	1	
amoxicillin-clavulanate potass (200-28.5 mg tab chew, 400-57 mg tab chew)	4	
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)	3	
amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)	2	
ampicillin sodium (1 gm vial, 1 gm add-vantage vl, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)	4	
ampicillin trihydrate (250 mg capsule, 500 mg capsule)	1	
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 vl)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
dicloxacillin sodium (250 mg capsule, 500 mg capsule)	3	
nafcillin (1 gm/ 50 ml inj, 2 gm/ 100 ml inj)	4	
nafcillin 10 gm bulk vial	5	NM
nafcillin sodium (1 gm vial, 1 gm add-van vial, 2 gm add-vant vial, 2 gm vial)	4	
penicillin g potassium (5 million unit, 20 million unit)	4	
penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)	4	
penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)	2	
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)	4	
QUINOLONES		
ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)	3	
ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)	1	
ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)	4	
levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)	4	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	2	
moxifloxacin hcl 400 mg tablet	3	
SULFONAMIDES		
sulfadiazine 500 mg tablet	4	
sulfamethoxazole-tmp susp	3	
sulfamethoxazole-trimethoprim (ds tablet, ss tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SULFATRIM PEDIATRIC SUSPENSION	3	
TETRACYCLINES		
demeclocycline hcl (150 mg tablet, 300 mg tablet)	4	
DOXY 100 VIAL	4	
doxycycline 25 mg/5 ml susp	4	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg tab, 100 mg cap)	2	
doxycycline monohydrate (50 mg cap, 100 mg cap)	2	
doxycycline monohydrate (50 mg tablet, 100 mg tablet)	3	
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	2	
NUZYRA (150 MG TABLET-7 DAY, 150 MG TABLET, 150 MG-7 DAY WITH LOAD)	5	PA, NM
tetracycline hcl (250 mg capsule, 500 mg capsule)	4	
tigecycline 50 mg vial	5	NM
ANTICANCER AGENTS		
abiraterone acetate 250 mg tab	5	PA - FOR NEW STARTS ONLY, NM
AFINITOR (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	NM
AFINITOR DISPERZ (2 MG TABLET, 3 MG TABLET, 5 MG TABLET)	5	NM
ALECENSA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (30 MG TABLET, 90 MG-180 MG TAB PACK, 90 MG TABLET, 180 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
anastrozole 1 mg tablet	1	
AYVAKIT (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bexarotene 75 mg capsule	5	NM
bicalutamide 50 mg tablet	2	
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRAFTOVI (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
BRUKINSA 80 MG CAPSULE	5	PA, NM
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
CALQUENCE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	LA, NM
COMETRIQ (60 MG PACK, 100 MG PK, 140 MG PK)	5	PA - FOR NEW STARTS ONLY, LA, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
cyclophosphamide (25 mg capsule, 50 mg capsule)	4	PA - Part B vs D Determination
DARZALEX FASPRO 1,800MG-30,000	5	PA - FOR NEW STARTS ONLY, NM
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, LA, NM
ERLEADA 60 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)	5	NM
exemestane 25 mg tablet	4	
FARYDAK (10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
flutamide 125 mg capsule	4	
fulvestrant 250 mg/5 ml syring	5	PA - FOR NEW STARTS ONLY, NM
GAVRETO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	3	
GLEOSTINE 100 MG CAPSULE	5	NM
hydroxyurea 500 mg capsule	2	
IBRANCE (75 MG TABLET, 75 MG CAPSULE, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ICLUSIG (15 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
imatinib mesylate (100 mg tab, 400 mg tab)	5	NM
IMBRUVICA (70 MG CAPSULE, 140 MG TABLET, 140 MG CAPSULE, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, LA, 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
IRESSA 250 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	PA - FOR NEW STARTS ONLY, LA, NM
KANJINTI (150 MG VIAL, 420 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
KISQALI (200 MG DAILY, 400 MG DAILY, 600 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI FEMARA CO-PACK (200 MG, 400 MG, 600 MG)	5	PA - FOR NEW STARTS ONLY, NM
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
lapatinib 250 mg tablet	5	NM
LENVIMA (4 MG CAPSULE, 8 MG DAILY DOSE, 10 MG DAILY DOSE, 12 MG DAILY DOSE, 14 MG DAILY DOSE, 18 MG DAILY DOSE, 20 MG DAILY DOSE, 24 MG DAILY DOSE)	5	PA - FOR NEW STARTS ONLY, LA, NM
letrozole 2.5 mg tablet	1	
LEUKERAN 2 MG TABLET	5	NM
leuprolide acetate (1 mg/0.2 ml kit, 14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	4	
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
LUPRON DEPOT (DEPOT 3.75 MG KIT, DEPOT-4 MONTH KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA - FOR NEW STARTS ONLY, NM
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, LA, NM
megestrol acetate (20 mg tablet, 40 mg tablet)	2	
MEKINIST (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
mercaptopurine 50 mg tablet	3	
methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)	2	PA - Part B vs D Determination
methotrexate 2.5 mg tablet	3	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)	1	PA - Part B vs D Determination
MVASI (100 MG/4 ML VIAL, 400 MG/16 ML VIAL)	5	PA - FOR NEW STARTS ONLY, NM
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
NEXAVAR 200 MG TABLET	5	LA, NM
nilutamide 150 mg tablet	5	NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
NUBEQA 300 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ODOMZO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ONUREG (200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
PIQRAY (200 MG DAILY, 250 MG DAILY, 300 MG DAILY)	5	PA - FOR NEW STARTS ONLY, NM
POLIVY (30 MG VIAL, 140 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
PURIXAN 20 MG/ML ORAL SUSP	4	
QINLOCK 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RETEVMO (40 MG CAPSULE, 80 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE, 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	5	LA, NM
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYDAPT 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
SOLTAMOX 20 MG/10 ML SOLN	4	
SPRYCEL (20 MG TABLET, 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
SUTENT (12.5 MG CAPSULE, 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	NM
SYNRIBO 3.5 MG/ML VIAL	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 (50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISSO (40 MG TABLET, 80 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
tamoxifen citrate (10 mg tablet, 20 mg tablet)	3	
TARGRETIN 1% GEL	5	PA - FOR NEW STARTS ONLY, NM
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TAZVERIK 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
toremifene citrate 60 mg tab	5	NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
tretinoin 10 mg capsule	5	NM
TUKYSA (50 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TURALIO 200 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
TYKERB 250 MG TABLET	5	LA, NM
VENCLEXTA (10 MG TABLET, 10 MG TAB (10MG X 2))	4	PA - FOR NEW STARTS ONLY
VENCLEXTA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA STARTING PACK	5	PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VOTRIENT 200 MG TABLET	5	NM
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, LA, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY, BvD
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	5	PA - FOR NEW STARTS ONLY, LA, NM
YONSA 125 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZEJULA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, 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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYKADIA (150 MG CAPSULE, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYTIGA 500 MG TABLET	5	PA - FOR NEW STARTS ONLY, LA, NM
ANTICONVULSANTS		
APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BANZEL 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (16 TABS PER 1 DAY), NM
BANZEL 40 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, QL (80 ML PER 1 DAY), NM
BANZEL 400 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (8 TABS PER 1 DAY), NM
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
carbamazepine (100 mg tab chew, 200 mg tablet)	3	
carbamazepine 100 mg/5 ml susp	4	
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)	4	
CELONTIN 300 MG KAPSEAL	4	
clobazam 10 mg tablet	4	QL (120 TABS PER 30 DAYS)
clobazam 2.5 mg/ml suspension	4	QL (480 ML PER 30 DAYS)
clobazam 20 mg tablet	4	QL (60 TABS PER 30 DAYS)
DIASTAT 2.5 MG PEDI SYSTEM	4	QL (40 EACH PER 30 DAYS)
DIASTAT ACUDIAL 12.5-15-20 MG	4	QL (40 EACH PER 30 DAYS)
DIASTAT ACUDIAL 5-7.5-10 MG KT	4	QL (20 EACH PER 30 DAYS)
diazepam (2.5 mg gel sys, 20 mg gel syst)	4	QL (40 EACH PER 30 DAYS)
diazepam 10 mg rectal gel syst	4	QL (20 EACH PER 30 DAYS)
DILANTIN 30 MG CAPSULE	3	
divalproex dr 125 mg cap sprnk	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)	2	
divalproex sodium er (er 250 mg tab, er 500 mg tab)	3	
EPIDIOLEX 100 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET	3	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	4	
felbamate (400 mg tablet, 600 mg tablet)	4	
felbamate 600 mg/5 ml susp	5	NM
FINTEPLA 2.2 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 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
gabapentin (100 mg capsule, 300 mg capsule)	2	QL (12 CAPS PER 1 DAY)
gabapentin (250 mg/5 ml soln, 300 mg/6 ml soln)	3	QL (72 ML PER 1 DAY)
gabapentin 400 mg capsule	2	QL (9 CAPS PER 1 DAY)
gabapentin 600 mg tablet	2	QL (6 TABS PER 1 DAY)
gabapentin 800 mg tablet	2	QL (4 TABS PER 1 DAY)
lamotrigine (5 mg disper tablet, 25 mg disper tab, 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	2	
lamotrigine odt (odt 25 mg tablet, odt 50 mg tablet, odt 100 mg tablet, odt 200 mg tablet)	4	
levetiracetam (100 mg/ml soln, 500 mg/5 ml soln)	3	
levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)	2	
levetiracetam er (er 500 mg tablet, er 750 mg tablet)	3	
NAYZILAM 5 MG NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM
oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)	3	
oxcarbazepine 300 mg/5 ml susp	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEGANONE 250 MG TABLET	4	
phenobarbital (15 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)	2	
phenobarbital (16.2 mg tablet, 32.4 mg tablet, 64.8 mg tablet, 97.2 mg tablet)	3	
phenobarbital (20 mg/5 ml soln, 20 mg/5 ml elix)	4	
phenytoin (100 mg/4 ml susp, 125 mg/5 ml susp)	3	
phenytoin (50 mg infatab, 50 mg tablet chew)	2	
phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)	3	
pregabalin (225 mg capsule, 300 mg capsule)	3	QL (2 CAPS PER 1 DAY)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	3	QL (3 CAPS PER 1 DAY)
pregabalin 20 mg/ml solution	3	QL (30 ML PER 1 DAY)
primidone (50 mg tablet, 250 mg tablet)	2	
rufinamide 40 mg/ml suspension	5	PA - FOR NEW STARTS ONLY, QL (80 ML PER 1 DAYS), NM
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	
tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)	4	
topiramate (15 mg cap, 25 mg cap)	4	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	2	
valproic acid (250 mg/5 ml soln, 250 mg capsule, 500 mg/10 ml sol)	3	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)	4	PA - FOR NEW STARTS ONLY
vigabatrin (500 mg tablet, 500 mg powder packt)	5	PA - FOR NEW STARTS ONLY, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIGADRONE 500 MG POWDER PACKET	5	PA - FOR NEW STARTS ONLY, LA, NM
VIMPAT (150 MG TABLET, 200 MG TABLET)	3	QL (2 TABS PER 1 DAY)
VIMPAT 10 MG/ML SOLUTION	3	QL (40 ML PER 1 DAY)
VIMPAT 100 MG TABLET	3	QL (4 TABS PER 1 DAY)
VIMPAT 200 MG/20 ML VIAL	3	
VIMPAT 50 MG TABLET	3	QL (8 TABS PER 1 DAY)
XCOPRI (250 MG DAILY PACK, 350 MG DAILY PACK)	5	PA - FOR NEW STARTS ONLY, QL (56 TABS PER 28 DAYS), NM
XCOPRI (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (30 TABS PER 30 DAYS), NM
XCOPRI (50-100 MG PAK, 150-200 MG PK)	5	PA - FOR NEW STARTS ONLY, QL (28 TABS PER 28 DAYS), NM
XCOPRI 12.5-25 MG TITRATION PK	4	PA - FOR NEW STARTS ONLY, QL (28 TABS PER 28 DAYS)
XCOPRI 150 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (30 TABS PER 30 DAYS), NM
XCOPRI 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, QL (60 TABS PER 30 DAYS), NM
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	
ANTIDEMENTIA AGENTS		
donepezil hcl (5 mg tablet, 10 mg tablet)	2	
donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)	2	
galantamine 4 mg/ml oral soln	4	
galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)	4	
galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)	3	
memantine hcl (hcl 5 mg tablet, 5-10 mg titration pk, hcl 10 mg tablet)	3	
memantine hcl 2 mg/ml solution	4	
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)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
escitalopram oxalate 5 mg/5 ml	4	
FETZIMA (ER 20 MG CAPSULE, 20-40 MG TITRATION PAK, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
fluoxetine 20 mg/5 ml solution	3	
fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)	1	
fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)	3	
imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)	2	
maprotiline hcl (25 mg tablet, 50 mg tablet, 75 mg tablet)	4	
MARPLAN 10 MG TABLET	4	
mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)	3	
mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)	2	
nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)	4	
nortriptyline 10 mg/5 ml soln	4	
nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)	1	
paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
PAXIL 10 MG/5 ML SUSPENSION	4	
phenelzine sulfate 15 mg tab	3	
protriptyline hcl (5 mg tablet, 10 mg tablet)	4	
sertraline 20 mg/ml oral conc	4	
sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
SPRAVATO (28 MG NASAL SPRAY, 56 MG DOSE PACK, 84 MG DOSE PACK)	5	PA - FOR NEW STARTS ONLY, NM
tranylcypromine sulf 10 mg tab	4	
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 300 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)	4	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	PA - FOR NEW STARTS ONLY
venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)	2	
venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)	2	
VIIBRYD (10 MG TABLET, 10-20 MG STARTER PACK, 20 MG TABLET, 40 MG TABLET)	4	PA - FOR NEW STARTS ONLY
ZULRESSO 100 MG/20 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
ANTIDIABETIC AGENTS		
ANTIDIABETIC AGENTS, MISCELLANEOUS		
acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	
BYDUREON 2 MG PEN INJECT	3	QL (4 EACH PER 28 DAYS)
BYDUREON BCISE 2 MG AUTOINJECT	3	QL (3.4 ML PER 28 DAYS)
BYETTA 10 MCG DOSE PEN INJ	3	QL (2.4 ML PER 30 DAYS)
BYETTA 5 MCG DOSE PEN INJ	3	QL (1.2 ML PER 30 DAYS)
INVOKAMET (50-1,000 MG TABLET, 50-500 MG TABLET, 150-1,000 MG TABLET, 150-500 MG TABLET)	3	QL (60 TABS PER 30 DAYS)
INVOKAMET XR (50-1,000 MG TAB, 50-500 MG TABLET, 150-500 MG TABLET, 150-1,000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
INVOKANA (100 MG TABLET, 300 MG TABLET)	3	
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	
JENTADUETO (2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB, 2.5 MG-1000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 TABS PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KORLYM 300 MG TABLET	5	PA, NM
metformin hcl 1,000 mg tablet (generic for glucophage)	1	QL (75 TABS PER 30 DAYS)
metformin hcl 500 mg tablet (generic for glucophage)	1	QL (150 TABS PER 30 DAYS)
metformin hcl 850 mg tablet	1	QL (90 TABS PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 TABS PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 TABS PER 30 DAYS)
miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)	4	
nateglinide (60 mg tablet, 120 mg tablet)	4	
OZEMPIC 0.25-0.5 MG DOSE PEN	3	QL (1.5 ML PER 28 DAYS)
OZEMPIC 1 MG DOSE PEN	3	QL (3 ML PER 28 DAYS)
pioglitazone hcl (30 mg tablet, 45 mg tablet)	1	QL (30 TABS PER 30 DAYS)
pioglitazone hcl 15 mg tablet	1	QL (90 TABS PER 30 DAYS)
pioglitazone-glimepiride (30-2, 30-4)	4	QL (30 TABS PER 30 DAYS)
pioglitazone-metformin (15-850, 15-500)	4	QL (90 TABS PER 30 DAYS)
repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	3	
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	3	QL (30 TABS PER 30 DAYS)
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-500 MG TABLET, 12.5-1,000 MG TABLET)	3	QL (60 TABS PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 TABS PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 TABS PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 TABS PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	3	QL (1 TAB PER 1 DAYS)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	3	QL (2 TABS PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN)	3	QL (2 ML PER 28 DAYS)
TRULICITY (3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	3	QL (2 ML PER 28 DAYS)
VICTOZA 2-PAK 18 MG/3 ML PEN	3	QL (9 ML PER 30 DAYS)
VICTOZA 3-PAK 18 MG/3 ML PEN	3	QL (9 ML PER 30 DAYS)
INSULINS		
HUMALOG (100 UNIT/ML CARTRIDGE, 100 UNIT/ML VIAL)	3	
HUMALOG 100 UNIT/ML KWIKPEN	3	
HUMALOG 200 UNIT/ML KWIKPEN	3	
HUMALOG JR 100 UNIT/ML KWIKPEN	3	
HUMALOG MIX 50-50 KWIKPEN	3	
HUMALOG MIX 50-50 VIAL	3	
HUMALOG MIX 75-25 KWIKPEN	3	
HUMALOG MIX 75-25 VIAL	3	
HUMULIN 70-30 VIAL	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N 100 UNIT/ML KWIKPEN	3	
HUMULIN N 100 UNIT/ML VIAL	3	
HUMULIN R 100 UNIT/ML VIAL	3	
HUMULIN R 500 UNIT/ML KWIKPEN	5	NM
HUMULIN R 500 UNIT/ML VIAL	5	NM
insulin lispro 100 unit/ml pen	3	
insulin lispro 100 unit/ml vl	3	
insulin lispro jr 100 unit/ml	3	
insulin lispro mix 75-25 kwkpn	3	
LANTUS 100 UNIT/ML VIAL	3	
LANTUS SOLOSTAR 100 UNIT/ML	3	
SOLIQUA 100 UNIT-33 MCG/ML PEN	3	QL (15 ML PER 30 DAYS)
TOUJEO MAX SOLOSTR 300 UNIT/ML	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO SOLOSTAR 300 UNIT/ML	3	
XULTOPHY 100 UNIT-3.6MG/ML PEN	3	QL (15 ML PER 30 DAYS)
SULFONYLUREAS		
glimepiride 1 mg tablet	1	QL (240 TABS PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 TABS PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 TABS PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 TABS PER 30 DAYS)
glipizide 5 mg tablet	1	QL (240 TABS PER 30 DAYS)
glipizide er 10 mg tablet	2	QL (60 TABS PER 30 DAYS)
glipizide er 2.5 mg tablet	2	QL (240 TABS PER 30 DAYS)
glipizide er 5 mg tablet	2	QL (120 TABS PER 30 DAYS)
glipizide xl 10 mg tablet	2	QL (60 TABS PER 30 DAYS)
glipizide xl 2.5 mg tablet	2	QL (240 TABS PER 30 DAYS)
glipizide xl 5 mg tablet	2	QL (120 TABS PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	3	QL (120 TABS PER 30 DAYS)
glipizide-metformin 2.5-250 mg	3	QL (240 TABS PER 30 DAYS)
ANTIFUNGALS		
ABELCET 100 MG/20 ML VIAL	5	PA, BvD, NM
AMBISOME 50 MG VIAL	5	PA, BvD, NM
amphotericin b 50 mg vial	4	PA, BvD
caspofungin acetate (50 mg vial, 70 mg vial)	5	PA, NM
ciclopirox (gel, topical susp)	4	
ciclopirox 0.77% cream	3	
ciclopirox 8% solution	2	
clotrimazole 10 mg troche	3	
clotrimazole-betamethasone crm	2	
CRESEMBA 186 MG CAPSULE	5	PA, NM
ERAXIS(WATER DIL) 100 MG VIAL	5	PA, NM
ERAXIS(WATER DIL) 50 MG VIAL	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluconazole (10 mg/ml susp, 40 mg/ml susp)	3	
fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole in saline (100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml)	4	
fluconazole-nacl (100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml)	4	
flucytosine (250 mg capsule, 500 mg capsule)	5	NM
griseofulvin (125 mg/5 ml susp, micro 500 mg tab)	4	
griseofulvin ultramicrosize (125 mg tab, 250 mg tab)	4	
itraconazole (10 mg/ml solution, 100 mg capsule)	4	PA
ketoconazole (2% shampoo, 200 mg tablet)	2	
ketoconazole 2% cream	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET)	5	PA, NM
NYAMYC 100,000 UNITS/GM POWDER	3	
nystatin (100,000 unit/gm powd, 100,000 unit/gm oint, 100,000 unit/ml susp, 500,000 unit/5 ml sus)	3	
nystatin 100,000 unit/gm cream	2	
nystatin 500,000 unit oral tab	4	
NYSTOP 100,000 UNITS/GM POWDER	3	
posaconazole dr 100 mg tablet	5	PA, NM
terbinafine hcl 250 mg tablet	1	
voriconazole (200 mg vial, 200 mg tablet)	4	PA
voriconazole (40 mg/ml susp, 50 mg tablet)	5	PA, NM
ANTIGOUT AGENTS		
ANTIGOUT AGENTS, OTHER		
allopurinol (100 mg tablet, 300 mg tablet)	1	
colchicine (0.6 mg capsule, 0.6 mg tablet)	4	
febuxostat (40 mg tablet, 80 mg tablet)	3	ST

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
probenecid 500 mg tablet	3	
probenecid-colchicine tablet	2	
ULORIC (40 MG TABLET, 80 MG TABLET)	3	ST
ANTIHISTAMINES		
cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)	1	
cyproheptadine hcl (2 mg/5 ml syrup, 2 mg/5 ml soln, 4 mg tablet, 4 mg/10 ml syrp)	3	
diphenhydramine 50 mg/ml vial	1	
hydroxyzine hcl (hcl 10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, hcl 25 mg tablet, hcl 50 mg tablet, 50 mg/25 ml syrup)	2	
levocetirizine 2.5 mg/5 ml sol	4	
levocetirizine 5 mg tablet	2	
promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp)	1	
ANTIMIGRAINE AGENTS		
AIMOVIG 140 MG DOSE-2 AUTOINJ	4	PA, QL (2 ML PER 30 DAYS)
AIMOVIG AUTOINJECTOR (70 MG/ML, 140 MG/ML)	4	PA, QL (2 ML PER 30 DAYS)
AJOVY 225 MG/1.5 ML AUTOINJECT	3	PA, QL (1.5 ML PER 30 DAYS)
AJOVY 225 MG/1.5 ML SYRINGE	3	PA, QL (1.5 ML PER 30 DAYS)
dihydroergotamine mesylate (1 mg/ml amp, 4 mg/ml spry)	5	PA, NM
EMGALITY 120 MG/ML PEN	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 ML PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 SYRINGES PER 30 DAYS)
ERGOMAR 2 MG TABLET SL	4	QL (22 TABS PER 30 DAYS)
ergotamine-caffeine 1-100mg tb	4	
naratriptan hcl (1 mg tablet, 2.5 mg tablet)	3	QL (12 TABS PER 30 DAYS)
NURTEC ODT 75 MG TABLET	3	PA, QL (8 TABS PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REYVOW (50 MG TABLET, 100 MG TABLET)	3	PA, QL (8 TABS PER 30 DAYS)
rizatriptan (5 mg odt, 10 mg odt)	3	QL (12 TABS PER 30 DAYS)
rizatriptan (5 mg tablet, 10 mg tablet)	2	QL (12 TABS PER 30 DAYS)
sumatriptan (5 mg spray, 20 mg spray)	4	QL (12 EACH PER 30 DAYS)
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	QL (12 TABS PER 30 DAYS)
sumatriptan succinate (4 mg/0.5 ml inject, 4 mg/0.5 ml cart, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5 ml inject)	4	QL (5 ML PER 30 DAYS)
ANTIMYCOBACTERIALS		
cycloserine 250 mg capsule	5	PA, NM
dapsone (25 mg tablet, 100 mg tablet)	3	
ethambutol hcl (100 mg tablet, 400 mg tablet)	3	
isoniazid (100 mg tablet, 300 mg tablet)	1	
isoniazid 50 mg/5 ml solution	4	
PASER GRANULES 4 GM PACKET	3	
pretomanid 200 mg tablet	4	PA
PRIFTIN 150 MG TABLET	4	
pyrazinamide 500 mg tablet	4	
rifabutin 150 mg capsule	4	
rifampin (150 mg capsule, 300 mg capsule)	4	
rifampin iv 600 mg vial	4	PA
SIRTURO (20 MG TABLET, 100 MG TABLET)	5	PA, NM
TRECATOR 250 MG TABLET	3	
ANTINAUSEA AGENTS		
aprepitant (40 mg capsule, 80 mg capsule, 125-80-80 mg pack, 125 mg capsule)	4	PA - Part B vs D Determination
COMPRO 25 MG SUPPOSITORY	4	
dronabinol (2.5 mg capsule, 5 mg capsule)	4	PA - Part B vs D Determination, QL (6 CAPS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dronabinol 10 mg capsule	4	PA - Part B vs D Determination, QL (4 CAPS PER 1 DAY)
EMEND 125 MG POWDER PACKET	4	PA - Part B vs D Determination
granisetron hcl 1 mg tablet	4	PA - Part B vs D Determination
meclizine 25 mg tablet	1	
ondansetron 4 mg/5 ml solution	4	PA - Part B vs D Determination
ondansetron hcl (4 mg tablet, 8 mg tablet, 24 mg tablet)	2	PA - Part B vs D Determination
ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)	2	PA - Part B vs D Determination
PHENADOZ (12.5 MG, 25 MG)	4	
prochlorperazine 25 mg supp	4	
prochlorperazine maleate (5 mg tablet, 10 mg tab)	2	
promethazine hcl (12.5 mg suppos, 25 mg suppository, 50 mg suppository)	4	
promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)	1	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	4	
scopolamine 1 mg/3 day patch	4	
trimethobenzamide 300 mg cap	4	PA - Part B vs D Determination
ANTIPARASITE AGENTS		
albendazole 200 mg tablet	5	NM
ALINIA 100 MG/5 ML SUSPENSION	4	
ALINIA 500 MG TABLET	5	NM
atovaquone 750 mg/5 ml susp	5	NM
atovaquone-proguanil hcl (62.5-25, 250-100)	4	
chloroquine phosphate (250 mg tablet, 500 mg tablet)	3	
COARTEM TABLETS	3	
DARAPRIM 25 MG TABLET	3	
hydroxychloroquine 200 mg tab	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ivermectin 3 mg tablet	3	
mefloquine hcl 250 mg tablet	2	
NEBUPENT 300 MG INHAL POWDER	3	PA - Part B vs D Determination
paromomycin 250 mg capsule	4	
PENTAM 300 VIAL	4	
pentamidine 300 mg inhal powdr	3	PA - Part B vs D Determination
pentamidine 300 mg vial	4	
praziquantel 600 mg tablet	3	
primaquine 26.3 mg tablet	3	
pyrimethamine 25 mg tablet	3	
quinine sulfate 324 mg capsule	4	PA
ANTIPARKINSONIAN AGENTS		
amantadine (100 mg capsule, 100 mg tablet)	3	
amantadine (50 mg/5 ml solution, 100 mg/10 ml soln)	1	
APOKYN 30 MG/3 ML CARTRIDGE	5	PA, LA, NM
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	2	
bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)	4	
cabergoline 0.5 mg tablet	3	
carbidopa 25 mg tablet	4	
carbidopa-levodopa (10-100 mg odt, 25-250 mg odt, 25-100 mg odt)	4	
carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)	2	
carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)	3	
carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)	4	
entacapone 200 mg tablet	4	
INBRIJA 42 MG INHALATION CAP	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	PA
NOURIANZ (20 MG TABLET, 40 MG TABLET)	5	PA, NM
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)	1	
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)	4	
rasagiline mesylate (0.5 mg tab, 1 mg tab)	4	
ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)	4	
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)	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)	3	ST
selegiline hcl 5 mg capsule	4	
selegiline hcl 5 mg tablet	3	
trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml elx, 5 mg tablet)	2	
ANTIPSYCHOTIC AGENTS		
ABILIFY MAINTENA (ER 300 MG VL, ER 300 MG SYR, ER 400 MG SYR, ER 400 MG VL)	5	PA - FOR NEW STARTS ONLY, NM
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	3	
aripiprazole 1 mg/ml solution	4	
aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)	4	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	PA - FOR NEW STARTS ONLY, NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	PA - FOR NEW STARTS ONLY
ARISTADA INITIO ER 675 MG/2.4	5	PA - FOR NEW STARTS ONLY, NM
CAPLYTA 42 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	4	
clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	3	
clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)	4	PA - FOR NEW STARTS ONLY
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, TITRATION PACK)	4	PA - FOR NEW STARTS ONLY
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
fluphenazine dec 125 mg/5 ml	4	
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg/ml conc, 5 mg tablet, 10 mg tablet)	4	
GEODON 20 MG/ML VIAL	4	
haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
haloperidol dec 100 mg/ml amp	3	
haloperidol decanoate (dec 50 mg/ml vial, dec 100 mg/ml amp, dec 100 mg/ml vial, dec 250 mg/5 ml vl, dec 500 mg/5 ml vl, decan 50 mg/ml amp)	3	
haloperidol lac 2 mg/ml conc	3	
haloperidol lactate (5 mg/ml ampul, 5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)	4	
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	PA - FOR NEW STARTS ONLY, NM
INVEGA SUSTENNA 39 MG/0.25 ML	4	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA TRINZA (273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML)	5	PA - FOR NEW STARTS ONLY, NM
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 80 MG TABLET, 120 MG TABLET)	5	PA - FOR NEW STARTS ONLY, QL (1 TAB PER 1 DAY), NM
loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)	2	
molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)	4	
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)	3	
olanzapine 10 mg vial	4	
olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)	4	PA - FOR NEW STARTS ONLY
paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 6 mg tablet, er 9 mg tablet)	4	PA - FOR NEW STARTS ONLY
perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)	4	
PERSERIS (ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	5	PA - FOR NEW STARTS ONLY, NM
pimozide (1 mg tablet, 2 mg tablet)	4	
quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)	2	
quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet)	4	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL)	3	
RISPERDAL CONSTA (37.5 MG VIAL, 50 MG VIAL)	5	NM
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risperidone 1 mg/ml solution	4	
risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)	4	PA - FOR NEW STARTS ONLY
SAPHRIS (2.5 MG TAB, 5 MG TAB)	4	PA - FOR NEW STARTS ONLY
SAPHRIS 10 MG TAB SUBLINGUAL	5	PA - FOR NEW STARTS ONLY, NM
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
thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	3	
thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	4	
trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)	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
ziprasidone 20 mg/ml vial	4	
ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)	3	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV (300 MG VL KIT, 300 MG VIAL, 405 MG VL KIT, 405 MG VIAL)	5	PA - FOR NEW STARTS ONLY, NM
ANTIVIRALS (SYSTEMIC)		
ANTIRETROVIRALS		
abacavir (20 mg/ml solution, 300 mg tablet)	4	
abacavir-lamivudine 600-300 mg	4	
abacavir-lamivudine-zidov tab	5	NM
APTIVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
atazanavir sulfate (150 mg cap, 300 mg cap)	5	NM
atazanavir sulfate 200 mg cap	4	
ATRIPLA TABLET	5	NM
BIKTARVY 50-200-25 MG TABLET	5	NM
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM
CRIXIVAN (200 MG CAPSULE, 400 MG CAPSULE)	3	
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY 200-25 MG TABLET	5	NM
didanosine (dr 125 mg capsule, dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)	4	
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
efavir-emtri-tenof 600-200-300	5	NM
efavirenz (50 mg capsule, 200 mg capsule)	4	
efavirenz 600 mg tablet	5	NM
efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)	5	NM
emtricitabine 200 mg capsule	4	
emtricitabine-tenofv 200-300mg	5	NM
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
EPIVIR HBV 25 MG/5 ML SOLN	4	
EVOTAZ 300 MG-150 MG TABLET	5	NM
fosamprenavir 700 mg tablet	5	NM
FUZEON 90 MG VIAL	5	NM
GENVOYA TABLET	5	NM
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	NM
INTELENCE 25 MG TABLET	4	
INVIRASE 500 MG TABLET	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
KALETRA 100-25 MG TABLET	4	
KALETRA 200-50 MG TABLET	5	NM
lamivudine (10 mg/ml oral soln, 100 mg tablet, 150 mg tablet, 300 mg tablet)	4	
lamivudine hbv 100 mg tablet	4	
lamivudine-zidovudine tablet	4	
LEXIVA 50 MG/ML SUSPENSION	4	
lopinavir-ritonavir 80-20mg/ml	4	
nevirapine 200 mg tablet	3	
nevirapine 50 mg/5 ml susp	4	
nevirapine er (er 100 mg tablet, er 400 mg tablet)	4	
NORVIR (80 MG/ML SOLUTION, 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, 600 MG TABLET, 800 MG TABLET)	5	NM
PREZISTA 75 MG TABLET	4	
RESCRIPTOR 200 MG TABLET	4	
REYATAZ 50 MG POWDER PACKET	5	NM
ritonavir 100 mg tablet	3	
RUKOBIA ER 600 MG TABLET	5	NM
SELZENTRY (20 MG/ML ORAL SOLN, 25 MG TABLET)	4	
SELZENTRY (75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
stavudine (15 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)	3	
STRIBILD TABLET	5	NM
SYMFI 600-300-300 MG TABLET	5	NM
SYMFI LO 400-300-300 MG TABLET	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
TEMIXYS 300-300 MG TABLET	5	NM
tenofovir disop fum 300 mg tb	3	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	
TIVICAY PD 5 MG TAB FOR SUSP	4	
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRUVADA (100 MG-150 MG TABLET, 133 MG-200 MG TABLET, 167 MG-250 MG TABLET, 200 MG-300 MG TABLET)	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIDEX (2 GM SOLN, 4 GM SOLN)	4	
VIDEX EC 125 MG CAPSULE	4	
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM
zidovudine (100 mg capsule, 300 mg tablet)	3	
zidovudine 50 mg/5 ml syrup	4	
ANTIVIRALS, MISCELLANEOUS		
oseltamivir 6 mg/ml suspension	4	
oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)	3	
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	NM
RELENZA 5 MG DISKHALER	3	
rimantadine hcl 100 mg tablet	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HCV ANTIVIRALS		
DAKLINZA (30 MG TABLET, 60 MG TABLET)	5	PA, NM
HARVONI (33.75-150 MG PELLET PK, 45-200 MG PELLET PACKT, 45-200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ledipasvir-sofosbuvir 90-400mg	5	PA, NM
MAVYRET 100-40 MG TABLET	5	PA, NM
sofosbuvir-velpatasvir 400-100	5	PA, NM
VIEKIRA PAK	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM
INTERFERONS		
INTRON A (10 MILLION UNITS VIL, 18 MILLION UNITS VIL, 18 MILLION UNIT/3 ML, 25 MILLION UNIT/2.5ML, 50 MILLION UNITS VIL)	5	NM
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
PEGASYS PROCLICK 180 MCG/0.5	5	PA, NM
PEGINTRON 50 MCG KIT	5	PA, NM
SYLATRON (200 MCG KIT, 300 MCG KIT, 600 MCG KIT)	5	NM
NUCLEOSIDES AND NUCLEOTIDES		
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	1	
acyclovir 200 mg/5 ml susp	4	
acyclovir sodium (sodium 1 gm vial, sodium 500 mg vial, 500 mg/10 ml vial, 1,000 mg/20 ml vial)	4	PA - Part B vs D Determination
adefovir dipivoxil 10 mg tab	5	NM
BARACLUDE 0.05 MG/ML SOLUTION	4	
entecavir (0.5 mg tablet, 1 mg tablet)	4	
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	3	
REBETOL 40 MG/ML SOLUTION	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RIBASPHERE (200 MG CAPSULE, 600 MG TABLET)	3	
RIBASPHERE RIBAPAK (600-400 MG, 600-600 MG)	5	NM
ribavirin (200 mg capsule, 200 mg tablet)	3	
ribavirin 6 gm inhalation vial	5	PA, NM
valacyclovir (1 gram tablet, 500 mg tablet)	2	
valganciclovir hcl (hcl 50 mg/ml, 450 mg tablet)	5	NM
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
ANTICOAGULANTS		
ELIQUIS (2.5 MG TABLET, DVT-PE TREAT START 5MG, 5 MG TABLET)	3	
enoxaparin sodium (30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr, 100 mg/ml syringe, 120 mg/0.8 ml syr, 150 mg/ml syringe, 300 mg/3 ml vial)	4	
fondaparinux 2.5 mg/0.5 ml syr	4	PA
fondaparinux sodium (5 mg/0.4 ml syr, 7.5 mg/0.6 ml syr, 10 mg/0.8 ml syr)	5	PA, NM
heparin 20,000 unit/500 ml-d5w	2	PA - Part B vs D Determination
heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, sod 10,000 unit/ml vl, 10,000 unit/10 ml vial, 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)	2	
jantoven 10mg tablet	1	
jantoven 1mg tablet	1	
jantoven 2.5mg tablet	1	
jantoven 2mg tablet	1	
jantoven 3mg tablet	1	
jantoven 4mg tablet	1	
jantoven 5mg tablet	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
jantoven 6mg tablet	1	
jantoven 7.5mg tablet	1	
PRADAXA (75 MG CAPSULE, 110 MG CAPSULE, 150 MG CAPSULE)	4	PA
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)	1	
XARELTO (2.5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, DVT-PE TREAT START 30D)	3	
BLOOD FORMATION MODIFIERS		
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/ML VIAL, 25 MCG/0.42 ML SYRING, 40 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 60 MCG/ML VIAL)	4	PA, BvD
ARANESP (60 MCG/0.3 ML SYRINGE, 100 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 150 MCG/0.3 ML SYRINGE, 150 MCG/0.75 ML VIAL, 200 MCG/ML VIAL, 200 MCG/0.4 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, BvD, NM
BERINERT (500 UNIT KIT, 500 UNIT VIAL)	5	PA, LA, NM
CINRYZE 500 UNIT VIAL	5	PA, LA, NM
FULPHILA 6 MG/0.6 ML SYRINGE	5	NM
GRANIX (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 300 MCG/0.5 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/1.6 ML VIAL)	5	NM
HAEGARDA (2,000 UNIT VIAL, 3,000 UNIT VIAL)	5	PA, LA, NM
LEUKINE 250 MCG VIAL	5	NM
MOZOBIL 24 MG/1.2 ML VIAL	5	PA, NM
NEULASTA 6 MG/0.6 ML SYRINGE	5	NM
NEULASTA ONPRO 6 MG/0.6 ML KIT	5	NM
NEUPOGEN (300 MCG/0.5 ML SYR, 300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL, 480 MCG/0.8 ML SYR)	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	4	PA, BvD
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA, BvD, NM
PROCRIT 20,000 UNITS/2 ML VIAL	5	PA, BvD, NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET, 25 MG SUSPENSION PCKT, 50 MG TABLET, 75 MG TABLET)	5	PA, LA, NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL)	4	PA, BvD
RETACRIT 40,000 UNIT/ML VIAL	5	PA, BvD, NM
RUCONEST 2,100 UNIT VIAL	5	PA, NM
UDENYCA 6 MG/0.6 ML SYRINGE	5	NM
ZARXIO (300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SYRINGE)	5	NM
ZIEXTENZO 6 MG/0.6 ML SYRINGE	5	NM
HEMATOLOGIC AGENTS, MISCELLANEOUS		
anagrelide hcl (0.5 mg capsule, 1 mg capsule)	3	
OXBRYTA 500 MG TABLET	5	PA, QL (3 TABS PER 1 DAYS), NM
tranexamic acid 650 mg tablet	3	QL (30 TABS PER 30 DAYS)
PLATELET-AGGREGATION INHIBITORS		
aspirin-dipyridam er 25-200 mg	4	
BRILINTA (60 MG TABLET, 90 MG TABLET)	3	
cilostazol (50 mg tablet, 100 mg tablet)	2	
clopidogrel 75 mg tablet	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	3	
pentoxifylline er 400 mg tab	2	
prasugrel hcl (5 mg tablet, 10 mg tablet)	3	
ZONTIVITY 2.08 MG TABLET	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALORIC AGENTS		
AMINOSYN 8.5%-ELECTROLYTES SOL	3	PA - Part B vs D Determination
AMINOSYN II (7% IV SOLUTION, 8.5% IV SOLUTION, 10% IV SOLUTION, 15% IV SOLUTION)	3	PA - Part B vs D Determination
AMINOSYN II 8.5%-ELECTROLYTES	3	PA - Part B vs D Determination
AMINOSYN M 3.5% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-HBC 7% IV SOLUTION	3	PA - Part B vs D Determination
AMINOSYN-PF (7% IV SOLUTION, 10% IV SOLUTION)	3	PA - Part B vs D Determination
dextrose in water (5%-water iv soln, 5%-water vial, 5%-water 100 ml, 10%-water iv solution)	4	
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - Part B vs D Determination
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGENTS		
clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)	4	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1	
doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)	2	
guanfacine hcl (1 mg tablet, 2 mg tablet)	1	
methyldopa (250 mg tablet, 500 mg tablet)	2	
midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	3	
NORTHERA (100 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (90 CAPS PER 30 DAYS), NM
NORTHERA 300 MG CAPSULE	5	PA, QL (180 CAPS PER 30 DAYS), NM
phenoxybenzamine hcl 10 mg cap	5	PA, NM
prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	
irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)	2	
irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)	2	
losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)	1	
losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)	1	
olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)	2	
olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)	3	
telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)	2	
valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)	2	
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)	2	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS		
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)	3	
captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	4	
captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)	4	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	2	
enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)	2	
fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)	3	
lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)	1	
lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)	1	
moexipril hcl (7.5 mg tablet, 15 mg tablet)	3	
perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)	2	
quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-25 mg tab, 20-12.5 mg tab)	2	
ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)	1	
trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)	1	
ANTIARRHYTHMIC AGENTS		
amiodarone hcl (100 mg tablet, 400 mg tablet)	4	
amiodarone hcl 200 mg tablet	2	
disopyramide phosphate (100 mg capsule, 150 mg capsule)	4	
dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)	4	
flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)	3	
mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)	4	
MULTAQ 400 MG TABLET	4	PA
NORPACE CR (CR 100 MG CAPSULE, CR 150 MG CAPSULE)	4	
PACERONE (100 MG TABLET, 400 MG TABLET)	4	
PACERONE 200 MG TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)	3	
quinidine gluc er 324 mg tab	4	
quinidine sulfate (200 mg tab, 300 mg tab)	2	
BETA-ADRENERGIC BLOCKING AGENTS		
atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
atenolol-chlorthalidone (50-25, 100-25)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)	2	
carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)	1	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	3	
metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)	2	
metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)	1	
metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)	3	
nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)	4	
propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg/5 ml soln, 40 mg tablet, 60 mg tablet, 80 mg tablet)	2	
propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)	3	
propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)	3	
sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)	2	
sotalol af (80 mg tablet, 120 mg tablet, 160 mg tablet)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CALCIUM-CHANNEL BLOCKING AGENTS		
CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
diltiazem 24hr er (24hr er 300 mg cap, 24hr er 240 mg cap, 24hr er 120 mg cap, 24hr er 180 mg cap)	2	
diltiazem 24hr er (24hr er 420 mg cap, 24hr er 360 mg cap)	3	
diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 300 mg cp)	2	
diltiazem 24hr er (xr) (24h er(xr) 240 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 120 mg cp)	2	
diltiazem 24hr er 360 mg cap (generic for cardizem cd)	3	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	3	
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	
TAZTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE, 360 MG CAPSULE)	3	
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)	3	
verapamil 360 mg cap pellet	4	
verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)	3	
verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)	2	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)	3	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CORLANOR (5 MG/5 ML ORAL SOLN, 5 MG TABLET, 7.5 MG TABLET)	4	PA
DEMSER 250 MG CAPSULE	5	PA, NM
DIGITEK 125 MCG TABLET	2	QL (30 TABS PER 30 DAYS)
DIGITEK 250 MCG TABLET	2	PA
DIGOX 125 MCG TABLET	2	QL (30 TABS PER 30 DAYS)
DIGOX 250 MCG TABLET	2	PA
digoxin (0.125 mg tablet, 125 mcg tablet)	2	QL (30 TABS PER 30 DAYS)
digoxin (0.25 mg tablet, 250 mcg tablet)	2	PA
digoxin 0.05 mg/ml solution	3	
epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)	3	
FIRAZYR 30 MG/3 ML SYRINGE	5	PA, QL (18 ML PER 30 DAYS), NM
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	2	
icatibant 30 mg/3 ml syringe	5	PA, QL (18 ML PER 30 DAYS), NM
metyrosine 250 mg capsule	5	PA, NM
ranolazine er (er 500 mg tablet, er 1,000 mg tablet)	4	PA
VYNDAMAX 61 MG CAPSULE	5	PA, NM
VYNDAQEL 20 MG CAPSULE	5	PA, NM
DIHYDROPYRIDINES		
AFEDITAB CR 30 MG TABLET	2	
amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
amlodipine besylate-benazepril (2.5-10, 5-40 mg, 5-10 mg, 5-20 mg, 10-40 mg, 10-20 mg)	2	
amlodipine-valsartan (5-320 mg, 5-160 mg, 10-320 mg, 10-160 mg)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)	4	
felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)	1	
nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)	2	
nimodipine 30 mg capsule	4	
DIURETICS		
amiloride hcl 5 mg tablet	3	
amiloride hcl-hctz 5-50 mg tab	2	
bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	3	
chlorothiazide (250 mg tablet, 500 mg tablet)	2	
chlorthalidone (25 mg tablet, 50 mg tablet)	2	
DIURIL 250 MG/5 ML ORAL SUSP	4	
furosemide (10 mg/ml solution, 20 mg tablet, 40 mg/5 ml soln, 40 mg tablet, 80 mg tablet)	1	
furosemide (20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 100 mg/10 ml vial, 100 mg/10 ml syring)	4	
hydrochlorothiazide (12.5 mg tb, 12.5 mg cp, 25 mg tab, 50 mg tab)	1	
indapamide (1.25 mg tablet, 2.5 mg tablet)	2	
metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)	3	
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
spironolactone-hctz 25-25 tab	3	
torsemide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)	2	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 50-25 mg cap, 75-50 mg tab)	1	
DYSLIPIDEMICS		
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cholestyramine (packet, powder)	4	
cholestyramine light (packet, powder)	4	
colestipol hcl (hcl 1 gm tablet, micronized 1 gm tab)	4	
ezetimibe 10 mg tablet	2	
fenofibrate (43 mg capsule, 130 mg capsule, 134 mg capsule, 200 mg capsule)	3	
fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 145 mg tablet, 160 mg tablet)	2	
gemfibrozil 600 mg tablet	1	
icosapent ethyl 1 gram capsule	4	PA
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	PA, LA, NM
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)	4	
omega-3 ethyl esters 1 gm cap	3	
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)	1	
PREVALITE (PACKET, POWDER)	4	
REPATHA 140 MG/ML SURECLICK	3	PA
REPATHA 140 MG/ML SYRINGE	3	PA
REPATHA 420 MG/3.5ML PUSHTRONX	3	PA
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)	2	
simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	
TRIKLO 1 GM CAPSULE	3	
VASCEPA (0.5 GM CAPSULE, 1 GM CAPSULE)	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
aliskiren (150 mg tablet, 300 mg tablet)	4	
eplerenone (25 mg tablet, 50 mg tablet)	3	
VASODILATORS		
isosorbide dinitr er 40 mg tab	4	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	4	
isosorbide mononitrate (10 mg tab, 20 mg tab)	2	
isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)	2	
MINITRAN (0.1 MG/HR PATCH, 0.2 MG/HR PATCH, 0.4 MG/HR PATCH, 0.6 MG/HR PATCH)	3	
minoxidil (2.5 mg tablet, 10 mg tablet)	3	
nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)	3	
nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)	3	
CENTRAL NERVOUS SYSTEM AGENTS		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	4	QL (2 CAPS PER 1 DAY)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	4	QL (1 CAP PER 1 DAY)
AUBAGIO (7 MG TABLET, 14 MG TABLET)	5	QL (30 TABS PER 30 DAYS), NM
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)	5	PA, NM
AVONEX 30 MCG VIAL KIT	5	QL (4 EACH PER 28 DAYS), NM
AVONEX PEN 30 MCG/0.5 ML KIT	5	QL (1 EACH PER 28 DAYS), NM
AVONEX PREFILLED SYR 30 MCG KT	5	QL (1 EACH PER 28 DAYS), NM
BETASERON (0.3 MG VIAL, 0.3 MG KIT)	5	QL (14 DOSES PER 28 DAYS), NM
clonidine hcl er 0.1 mg tablet	4	PA, QL (4 TABS PER 1 DAY)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dalfampridine er 10 mg tablet	5	PA, QL (2 TABS PER 1 DAY), NM
dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)	3	QL (2 TABS PER 1 DAY)
dexmethylphenidate hcl er (er 25 mg cp, er 30 mg cp, er 35 mg cp, er 40 mg cp)	4	QL (1 CAP PER 1 DAY)
dexmethylphenidate hcl er (er 5 mg cap, er 10 mg cp, er 15 mg cp, er 20 mg cp)	4	QL (2 CAPS PER 1 DAY)
dextroamp-amphetamin 30 mg tab	3	QL (2 TABS PER 1 DAY)
dextroamphetamine sulfate (5 mg tab, 10 mg tab)	4	QL (6 TABS PER 1 DAY)
dextroamphetamine sulfate er (er 5 mg cap, er 10 mg cap, er 15 mg cap)	4	QL (4 CAPS PER 1 DAY)
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)	4	QL (2 CAPS PER 1 DAY)
dextroamphetamine-amphetamine (15 mg tab, 20 mg tab)	3	QL (3 TABS PER 1 DAYS)
dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamine 5 mg tab)	3	QL (3 TABS PER 1 DAY)
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	5	QL (60 CAPS PER 30 DAYS), NM
dimethyl fumarate 30d start pk	5	QL (60 CAPS PER 30 DAYS), NM
GILENYA (0.25 MG CAPSULE, 0.5 MG CAPSULE)	5	QL (30 CAPS PER 30 DAYS), NM
glatiramer 20 mg/ml syringe	5	QL (30 ML PER 30 DAYS), NM
glatiramer 40 mg/ml syringe	5	QL (12 ML PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 ML PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 ML PER 28 DAYS), NM
guanfacine hcl er (er 3 mg tablet, er 4 mg tablet)	2	QL (1 TAB PER 1 DAY)
guanfacine hcl er 1 mg tablet	2	QL (3 TABS PER 1 DAY)
guanfacine hcl er 2 mg tablet	2	QL (2 TABS PER 1 DAY)
INGREZZA (40 MG CAPSULE, 80 MG CAPSULE)	5	PA, NM
INGREZZA INITIATION PACK	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lithium 8 meq/5 ml solution	2	
lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)	1	
lithium carbonate 300 mg tab	2	
lithium carbonate er (er 300 mg tb, er 450 mg tb)	2	
MAVENCLAD (10 MG 10 TABLET PK, 10 MG 6 TABLET PK, 10 MG 4 TABLET PK, 10 MG 9 TABLET PK, 10 MG 8 TABLET PK, 10 MG 5 TABLET PK, 10 MG 7 TABLET PK)	5	PA, NM
MAYZENT (0.25 MG STARTER PACK, 0.25 MG TABLET)	5	QL (4 TABS PER 1 DAY), NM
MAYZENT 2 MG TABLET	5	QL (30 TABS PER 30 DAYS), NM
methylphenidate er (er 10 mg tab, er 20 mg tab)	4	QL (3 TABS PER 1 DAY)
methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp)	4	QL (2 CAPS PER 1 DAY)
methylphenidate er(la) 40mg cp	4	QL (1 CAP PER 1 DAY)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	3	QL (3 TABS PER 1 DAY)
methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)	4	QL (2 CAPS PER 1 DAY)
methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)	4	QL (1 CAP PER 1 DAY)
methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp)	4	QL (2 CAPS PER 1 DAY)
methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)	4	QL (1 CAP PER 1 DAY)
methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap)	4	QL (2 CAPS PER 1 DAY)
methylphenidate la (40 mg cap, 60 mg cap)	4	QL (1 CAP PER 1 DAY)
NUEDEXTA 20-10 MG CAPSULE	5	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRING, SYRINGE STARTER PACK)	5	QL (1 ML PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	QL (1 ML PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	QL (6 ML PER 28 DAYS), NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	QL (6 ML PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	QL (4.2 ML PER 28 DAYS), NM
REBIF TITRATION PACK	5	QL (4.2 ML PER 28 DAYS), NM
riluzole 50 mg tablet	3	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4	
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE, STARTER PACK)	5	QL (60 CAPS PER 30 DAYS), NM
tetrabenazine (12.5 mg tablet, 25 mg tablet)	5	PA, LA, NM
VUMERITY DR 231 MG CAPSULE	5	QL (120 CAPSULES PER 30 DAYS), NM
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	4	QL (2 CAPS PER 1 DAY)
VYVANSE (10 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	QL (2 TABS PER 1 DAY)
VYVANSE (40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (1 CAP PER 1 DAY)
VYVANSE (40 MG TABLET, 50 MG TABLET, 60 MG TABLET)	4	QL (1 TAB PER 1 DAY)
CONTRACEPTIVES		
AFIRMELLE-28 TABLET	2	
ALTAVERA-28 TABLET	2	
ALYACEN (1-35 28 TABLET, 7-7-7-28 TABLET)	3	
AMETHIA 0.15-0.03-0.01 MG TAB	3	
AMETHIA LO TABLET	3	
APRI 28 DAY TABLET	2	
ARANELLE 28 TABLET	3	
ASHLYNA 0.15-0.03-0.01 MG TAB	3	
AUBRA EQ-28 TABLET	2	
AUBRA-28 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVIANE-28 TABLET	2	
AYUNA-28 TABLET	2	
AZURETTE 28 DAY TABLET	3	
BALZIVA 28 TABLET	3	
BEKYREE 28 DAY TABLET	3	
BLISOVI 24 FE TABLET	2	
BLISOVI FE (1-20 TABLET, 1.5-30 TABLET)	2	
BRIELLYN TABLET	3	
CAMILA 0.35 MG TABLET	2	
CAMRESE 0.15-0.03-0.01 MG TAB	3	
CAMRESE LO TABLET	3	
CAZIANT 28 DAY TABLET	2	
CHATEAL EQ-28 TABLET	2	
CHATEAL-28 TABLET	2	
CRYSELLE-28 TABLET	2	
CYCLAFEM (1-35-28 TABLET, 7-7-7-28 TABLET)	3	
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	
DASETTA (1-35-28 TABLET, 7/7/7-28 TABLET)	3	
DAYSEE 0.15-0.03-0.01 MG TAB	3	
DEBLITANE 0.35 MG TABLET	2	
DELYLA-28 TABLET	2	
desogest-eth estra 0.15-0.03mg	2	
desogestr-eth estrad eth estra	3	
drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)	3	
ELINEST-28 TABLET	2	
ELLA 30 MG TABLET	3	
emoquette 28 day tablet	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENPRESSE-28 TABLET	2	
enskyce 28 tablet	2	
ERRIN 0.35 MG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	2	
ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)	2	
FALMINA-28 TABLET	2	
FEMYNOR 28 TABLET	2	
GIANVI 3 MG-0.02 MG TABLET	3	
HAILEY 21 1.5 MG-30 MCG TAB	2	
HAILEY 24 FE 1 MG-20 MCG TAB	2	
HAILEY FE (1-20 TABLET, 1.5-30 TABLET)	2	
heather 0.35 mg tablet	2	
INCASSIA 0.35 MG TABLET	2	
INTROVALE 0.15-0.03 MG TABLET	2	
ISIBLOOM 28 DAY TABLET	2	
JAIMIESS 0.15-0.03-0.01 MG TAB	3	
jasmiel 3 mg-0.02 mg tablet	3	
JENCYCLA 0.35 MG TABLET	2	
JOLESSA 0.15 MG-0.03 MG TABLET	2	
JOLIVETTE TABLET	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	
KALLIGA 28 DAY TABLET	2	
KARIVA 28 DAY TABLET	3	
KELNOR 1-35 28 TABLET	2	
KELNOR 1-50 TABLET	2	
KURVELO-28 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2	
LARISSIA-28 TABLET	2	
LEENA 28 TABLET	3	
LESSINA-28 TABLET	2	
LEVONEST-28 TABLET	2	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	3	
levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)	2	
LEVORA-28 TABLET	2	
LILLOW-28 TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	3	
LOJAIMIESS 0.1-0.02-0.01 TAB	3	
LORYNA 3 MG-0.02 MG TABLET	3	
LOW-OGESTREL-28 TABLET	2	
LUTERA-28 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	
MONO-LINYAH 28 TABLET	2	
MONONESSA 28 TABLET	2	
MYZILRA-28 TABLET	2	
NECON 0.5-35-28 TABLET	3	
NIKKI 3 MG-0.02 MG TABLET	3	
NORA-BE TABLET	2	
norethin-eth estra-ferrous fum (1-0.02(24)-75, 1-0.02(21)-75)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)	2	
norethindrone 0.35 mg tablet	1	
norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.035, norg-ee 0.18-0.215-0.25/0.025, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)	2	
NORLYDA 0.35 MG TABLET	2	
NORLYROC 0.35 MG TABLET	2	
NORTREL (0.5-35-28 TABLET, 1-35 21 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	3	
OCELLA 3 MG-0.03 MG TABLET	3	
OGESTREL TABLET	2	
ORSYTHIA-28 TABLET	2	
PHILITH 0.4-0.035 MG TABLET	3	
PIMTREA 28 DAY TABLET	3	
PIRMELLA (1-35-28 TABLET, 1-35 28 TABLET, 7-7-7-28 TABLET)	3	
PORTIA-28 TABLET	2	
PREVIFEM TABLET	2	
RECLIPSEN 28 DAY TABLET	2	
SETLAKIN 0.15 MG-0.03 MG TAB	2	
SHAROBEL 0.35 MG TABLET	2	
SIMLIYA 28 DAY TABLET	3	
SIMPESSE 0.15-0.03-0.01 MG TAB	3	
SPRINTEC 28 DAY TABLET	2	
SRONYX 0.10-0.02 MG TABLET	2	
SYEDA 28 TABLET	3	
tarina 24 fe 1 mg-20 mcg tab	2	
TARINA FE 1-20 EQ TABLET	2	
TARINA FE 1-20 TABLET	2	
TILIA FE 28 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI FEMYNOR 28 TABLET	2	
TRI-ESTARYLLA TABLET	2	
TRI-LEGEST FE-28 DAY TABLET	2	
TRI-LINYAH TABLET	2	
TRI-LO-ESTARYLLA TABLET	2	
tri-lo-marzia tablet	2	
TRI-LO-MILI TABLET	2	
TRI-LO-SPRINTEC TABLET	2	
TRI-MILI 28 TABLET	2	
TRI-PREVIFEM TABLET	2	
TRI-SPRINTEC TABLET	2	
TRI-VYLIBRA 28 TABLET	2	
TRI-VYLIBRA LO TABLET	2	
TRIVORA-28 TABLET	2	
TULANA 0.35 MG TABLET	2	
VELIVET 28 DAY TABLET	2	
VIENVA-28 TABLET	2	
VIORELE 28 DAY TABLET	3	
VOLNEA 0.15-0.02-0.01 MG TAB	3	
VYFEMLA 28 TABLET	3	
VYLIBRA 28 TABLET	2	
WERA 0.5/0.035 MG 28 TABLET	3	
XULANE PATCH	4	
ZARAH TABLET	3	
ZOVIA 1-35E TABLET	2	
ZUMANDIMINE 3 MG-0.03 MG TAB	3	
DENTAL AND ORAL AGENTS		
cevimeline hcl 30 mg capsule	4	
chlorhexidine 0.12% rinse	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
denta 5000 plus cream	1	
dentagel 1.1% gel	1	
PAROEX 0.12% ORAL RINSE	1	
PERIOGARD 0.12% ORAL RINSE	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	4	
sf 1.1% gel	1	
sf 5000 plus cream	1	
sodium fluoride 1.1% gel	1	
sodium fluoride 5000 plus crm	1	
triamcinolone 0.1% paste	4	
DERMATOLOGICAL AGENTS		
DERMATOLOGICAL AGENTS, OTHER		
acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)	4	
ammonium lactate (cream, lotion)	3	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	4	
azelaic acid 15% gel	4	
calcipotriene (ointment, solution)	4	
calcipotriene 0.005% cream	3	
CALCITRENE 0.005% OINTMENT	4	
calcitriol 3 mcg/g ointment	4	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
CONDYLOX 0.5% GEL	4	
FINACEA 15% FOAM	4	
fluorouracil (2% topical soln, 5% cream, 5% topical soln)	4	
fluorouracil 0.5% cream	5	NM
imiquimod 5% cream packet	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
isopropyl alcohol 0.7 ml/ml medicated pad	2	
methoxsalen (10 mg capsule, 10 mg softgel)	5	PA - FOR NEW STARTS ONLY, NM
MYORISAN (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
PANRETIN 0.1% GEL	5	NM
PICATO (0.015% GEL, 0.05% GEL)	5	NM
podofilox 0.5% topical soln	4	
REGRANEX 0.01% GEL	5	NM
VALCHLOR 0.016% GEL	5	PA - FOR NEW STARTS ONLY, QL (120 GM PER 30 DAYS), NM
VEREGEN 15% OINTMENT	4	
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS		
alclometasone dipr 0.05% oint	3	
alclometasone dipro 0.05% crm	2	
betamethasone diprop augmented (gel, lot, oin)	4	
betamethasone dipropionate (crm, oint)	4	
betamethasone dp 0.05% lot	3	
betamethasone dp aug 0.05% crm	3	
betamethasone va 0.1% lotion	2	
betamethasone valerate (va cream, valer ointm)	3	
clobetasol emollient 0.05% crm	4	
clobetasol propionate (cream, gel, ointment, solution)	4	
CORDRAN 4 MCG/SQ CM TAPE LARGE	4	
desonide (cream, lotion)	4	
desonide 0.05% ointment	3	
desoximetasone (0.05% gel, 0.05% cream, 0.05% ointment, 0.25% cream, 0.25% ointment)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EUCRISA 2% OINTMENT	4	PA, QL (60 GM PER 30 DAYS)
fluocinolone acetonide (0.01% scalp oil, 0.01% body oil, 0.01% cream, 0.025% cream, 0.025% ointment)	4	
fluocinonide (cream, ointment)	3	
fluocinonide (gel, solution)	4	
fluocinonide-e 0.05% cream	4	
fluticasone prop 0.005% oint	3	
fluticasone prop 0.05% cream	2	
hydrocortisone 2.5% cream	2	
hydrocortisone 2.5% lotion	3	
hydrocortisone 2.5% ointment	1	
hydrocortisone val 0.2% cream	3	
hydrocortisone val 0.2% ointmt	4	
mometasone furoate (cream, oint)	3	
mometasone furoate 0.1% soln	2	
pimecrolimus 1% cream	3	
PROCTO-MED HC 2.5% CREAM	2	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
tacrolimus (0.03%, 0.1%)	4	
triamcinolone acetonide (0.025% lotion, 0.1% lotion)	3	
triamcinolone acetonide (0.025% oint, 0.025% cream, 0.05% ointment, 0.1% cream, 0.1% ointment, 0.5% ointment, 0.5% cream)	2	
trianex 0.05% ointment	4	
TRIDERM (0.1% CREAM, 0.5% CREAM)	2	
TRIDESILON 0.05% CREAM	4	
DERMATOLOGICAL ANTIBACTERIALS		
ALTABAX 1% OINTMENT	4	
clind ph-benzoyl perox 1.2-5%	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin phosphate (ph gel, phosp lotion, phosphate gel)	4	
clindamycin phosphate (ph solution, phos pledget)	3	
clindamycin-benzoyl perox 1-5%	4	
erythromycin 2% gel	4	
erythromycin 2% solution	3	
gentamicin sulfate (cream, ointment)	3	
metronidazole (0.75% lotion, topical 0.75% gl, 0.75% cream, top 1% gel pump, topical 1% gel)	4	
mupirocin 2% cream	4	
mupirocin 2% ointment	1	
ROSADAN 0.75% CREAM	4	
selenium sulfide 2.5% lotion	2	
silver sulfadiazine 1% cream	2	
SSD 1% CREAM	2	
sulfacetamide sodium (sod top susp, sodium lotn)	4	
DERMATOLOGICAL RETINOIDS		
adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)	4	
adapalene 0.1% gel	2	
AVITA 0.025% GEL	4	
tazarotene 0.1% cream	4	
TAZORAC (0.05% GEL, 0.1% GEL)	4	QL (30 GM PER 30 DAYS)
TAZORAC 0.05% CREAM	4	
tretinoin (0.01% gel, 0.025% gel, 0.025% cream, 0.05% cream, 0.05% emollient crm, 0.1% cream)	4	
SCABICIDES AND PEDICULICIDES		
EURAX (CREAM, LOTION)	4	
malathion 0.5% lotion	4	
permethrin 5% cream	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEVICES		
gauze pads & dressings	2	
HUMAPEN LUXURA HD	2	
insulin pen needle	2	
insulin syringe (disp) u-100 0.3 ml	2	
insulin syringe (disp) u-100 1 ml	2	
insulin syringe (disp) u-100 1/2 ml	2	
NOVOPEN ECHO INSULIN DEVICE	2	
OMNIPOD (5 PACK POD, STARTER KIT)	2	
OMNIPOD DASH 5 PACK POD	2	
OMNIPOD DASH PDM KIT	2	
V-GO 20 DISPOSABLE DEVICE	2	
V-GO 30 DISPOSABLE DEVICE	2	
V-GO 40 DISPOSABLE DEVICE	2	
VGO 20 DISPOSABLE DEVICE	2	
VGO 30 DISPOSABLE DEVICE	2	
VGO 40 DISPOSABLE DEVICE	2	
XEROFORM NON-OCCLUSIVE 4"X9'	2	
ENZYME REPLACEMENT/MODIFIERS		
CERDELGA 84 MG CAPSULE	5	PA, NM
CREON (DR 3,000 CAPSULE, DR 6,000 CAPSULE, DR 12,000 CAPSULE, DR 24,000 CAPSULE, DR 36,000 CAPSULE)	3	
GALAFOLD 123 MG CAPSULE	5	PA, QL (14 CAPS PER 28 DAYS), NM
KUVAN (100 MG TABLET, 100 MG POWDER PACKET, 500 MG POWDER PACKET)	5	PA, LA, NM
miglustat 100 mg capsule	5	LA, NM
nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	PA, LA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA, QL (150 ML PER 30 DAYS), BvD, NM
REVCOVI 2.4 MG/1.5 ML VIAL	5	PA, NM
sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)	5	PA, NM
STRENSIQ (18 MG/0.45 ML VIAL, 28 MG/0.7 ML VIAL, 40 MG/ML VIAL, 80 MG/0.8 ML VIAL)	5	PA, NM
SUCRAID 8,500 UNITS/ML SOLN	5	PA, LA, NM
EYE, EAR, NOSE, THROAT AGENTS		
EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS		
atropine 1% eye drops	3	
azelastine 0.1% (137 mcg) spry	2	
azelastine hcl 0.05% drops	3	
cromolyn 4% eye drops	1	
CYSTADROPS 0.37% EYE DROPS	5	PA, NM
CYSTARAN 0.44% EYE DROPS	5	PA, NM
epinastine hcl 0.05% eye drops	3	
ipratropium bromide (0.03% spray, 0.06% spray)	3	
LACRISERT 5 MG EYE INSERT	4	
olopatadine hcl 0.1% eye drops	3	
olopatadine hcl 0.2% eye drop	4	
OXERVATE 0.002% EYE DROP	5	PA, NM
EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS		
acetic acid 2% ear solution	3	
AK-POLY-BAC EYE OINTMENT	2	
bacitracin 500 unit/gm ophth	4	
bacitracin-polymyxin eye oint	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BESIVANCE 0.6% SUSP	4	
BLEPHAMIDE EYE OINTMENT	4	
CILOXAN 0.3% OINTMENT	3	
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	3	
ciprofloxacin 0.3% eye drop	2	
erythromycin 0.5% eye ointment	2	
gatifloxacin 0.5% eye drops	4	
moxifloxacin 0.5% eye drops	3	
NATACYN EYE DROPS	4	
neomyc-bacit-polymix eye oint	3	
neomyc-polym-dexamet eye ointm	3	
neomyc-polym-dexameth eye drop	2	
neomyc-polym-gramicid eye drop	2	
neomycin-polymyxin-hc ear soln	3	
neomycin-polymyxin-hc ear susp	4	
ofloxacin 0.3% ear drops	3	
ofloxacin 0.3% eye drops	2	
POLYCIN EYE OINTMENT	2	
polymyxin b-tmp eye drops	2	
sulf-pred 10-0.23% eye drops	2	
sulfacetamide 10% eye drops	3	
TOBRADEX EYE OINTMENT	3	
tobramycin 0.3% eye drop	2	
tobramycin-dexameth ophth susp	4	
TOBREX 0.3% EYE OINTMENT	3	
trifluridine 1% eye drops	4	
ZIRGAN 0.15% OPHTHALMIC GEL	3	

EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

bromfenac sodium 0.09% eye drp	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexamethasone 0.1% eye drop	3	
diclofenac 0.1% eye drops	2	
DUREZOL 0.05% EYE DROPS	3	
flunisolide 0.025% spray	4	
fluocinolone oil 0.01% ear drp	4	
fluorometholone 0.1% drops	3	
flurbiprofen 0.03% eye drop	1	
fluticasone prop 50 mcg spray	1	
FML S.O.P. 0.1% OINTMENT	3	
ketorolac 0.4% ophth solution	3	
ketorolac 0.5% ophth solution	2	
LOTEMAX (EYE OINTMENT, OPHTHALMIC GEL)	4	
LOTEMAX SM 0.38% OPHTH GEL	4	
loteprednol etabonate 0.5% drp	4	
PRED MILD 0.12% EYE DROPS	3	
prednisolone ac 1% eye drop	3	
prednisolone sod 1% eye drop	2	
QNASL 80 MCG NASAL SPRAY	4	
QNASL CHILDREN'S 40 MCG SPRAY	4	
RESTASIS 0.05% EYE EMULSION	4	
RESTASIS MULTIDOSE 0.05% EYE	4	

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

CARAFATE 1 GM/10 ML SUSP	4	
cimetidine (200 mg tablet, 300 mg/5 ml soln, 300 mg tablet, 400 mg tablet, 800 mg tablet)	3	
esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)	3	
famotidine (20 mg tablet, 40 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	2	
misoprostol (100 mcg tablet, 200 mcg tablet)	3	
omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)	1	
pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)	1	
rabeprazole sod dr 20 mg tab	3	
ranitidine hcl (15 mg/ml syrup, 150 mg/10 ml syrup)	3	
ranitidine hcl (150 mg tablet, 300 mg tablet)	1	
sucralfate 1 gm tablet	3	
sucralfate 1 gm/10 ml susp	4	
TALICIA DR 10-250-12.5 MG CAP	4	PA
GASTROINTESTINAL AGENTS, OTHER		
AMITIZA (8 MCG CAPSULE, 24 MCG CAPSULES)	3	QL (2 CAPS PER 1 DAY)
CARBAGLU 200 MG DISPER TABLET	5	PA, LA, NM
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
cromolyn 100 mg/5 ml oral conc	4	PA
dicyclomine 10 mg/5 ml soln	4	
dicyclomine hcl (10 mg capsule, 20 mg tablet)	2	
diphenoxylat-atrop 2.5-0.025/5	3	
diphenoxylate-atrop 2.5-0.025	4	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG ONE-VIAL KIT, 5 MG 30-VIAL KIT)	5	PA, NM
GENERLAC 10 GM/15 ML SOLUTION	3	
glycopyrrolate (1 mg tablet, 2 mg tablet)	3	
KIONEX 15 GM/60 ML SUSPENSION	3	
lactulose (10 gm/15 ml solution, 20 gm/30 ml solution)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 CAP PER 1 DAY)
loperamide 2 mg capsule	3	
methscopolamine bromide (2.5 mg tb, 5 mg tab)	4	
metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg/10 ml sol, 10 mg tablet)	1	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	4	PA, QL (30 TABS PER 30 DAYS)
MYTESI 125 MG DR TABLET	3	PA
OCALIVA (5 MG TABLET, 10 MG TABLET)	5	PA, NM
propantheline 15 mg tablet	3	
RAVICTI 1.1 GRAM/ML LIQUID	5	PA, LA, NM
sodium phenylbutyrate 500mg tb	5	PA, NM
sodium polystyrene sulf powder	4	
sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	
SYMPROIC 0.2 MG TABLET	4	PA
ursodiol (250 mg tablet, 500 mg tablet)	3	
ursodiol 300 mg capsule	4	
XERMELO 250 MG TABLET	5	PA, NM
LAXATIVES		
GAVILYTE-C SOLUTION	2	
GAVILYTE-G SOLUTION	2	
GAVILYTE-N SOLUTION	3	
MOVIPREP POWDER PACKET	3	
peg 3350 electrolyte soln	2	
peg 3350-electrolyte solution	3	
peg-3350 and electrolytes soln	2	
SUPREP BOWEL PREP KIT	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRILYTE WITH FLAVOR PACKETS	3	
PHOSPHATE BINDERS		
calcium acetate (667 mg capsule, 667 mg gelcap)	3	
PHOSLYRA 667 MG/5 ML SOLUTION	3	
sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet)	5	NM
sevelamer carbonate 800 mg tab	4	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	
oxybutynin 5 mg tablet	2	
oxybutynin 5 mg/5 ml syrup	3	
oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)	2	
solifenacin succinate (5 mg tablet, 10 mg tablet)	4	
tolterodine tartrate (1 mg tab, 2 mg tab)	3	
tolterodine tartrate er (er 2 mg cap, er 4 mg cap)	4	
trospium chloride 20 mg tablet	3	
GENITOURINARY AGENTS, MISCELLANEOUS		
alfuzosin hcl er 10 mg tablet	2	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4	
dutasteride 0.5 mg capsule	2	
dutasteride-tamsulosin 0.5-0.4	4	
finasteride 5 mg tablet	1	
tamsulosin hcl 0.4 mg capsule	1	
terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THIOLA 100 MG TABLET	5	PA, NM
THIOLA EC (EC 100 MG TABLET, EC 300 MG TABLET)	5	PA, NM
HEAVY METAL ANTAGONISTS		
CHEMET 100 MG CAPSULE	3	
D-PENAMINE 125 MG TABLET	5	PA, NM
deferasirox (90 mg tablet, 90 mg granule, 125 mg tb for susp, 180 mg granule, 180 mg tablet, 250 mg tb for susp, 360 mg granule, 360 mg tablet, 500 mg tb for susp)	5	PA, NM
deferiprone 500 mg tablet	5	PA, NM
DEPEN 250 MG TITRATAB	5	PA, NM
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	PA, LA, NM
FERRIPROX 1,000 MG TAB(2X/DAY)	5	PA, NM
JADENU (90 MG TABLET, 180 MG TABLET, 360 MG TABLET)	5	PA, NM
JADENU SPRINKLE (90 MG GRANULE, 180 MG GRANULE, 360 MG GRANULE)	5	PA, NM
penicillamine 250 mg tablet	5	PA, NM
trientine hcl 250 mg capsule	5	PA, NM
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
ANDROGENS		
ANADROL-50 TABLET	3	PA
danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)	4	
oxandrolone 10 mg tablet	4	PA, QL (2 TABS PER 1 DAY)
oxandrolone 2.5 mg tablet	4	PA, QL (4 TABS PER 1 DAY)
testosterone (1% (50 mg/5 g) pk, 1% (25mg/2.5g) 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)	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
testosterone cypionate (testosteron 1,000 mg/10 ml, testosteron 2,000 mg/10 ml, testosterone 100 mg/ml, testosterone 200 mg/ml, testosterone 500 mg/5 ml, testosterone 500 mg/2.5 ml, testosterone 1,000 mg/5 ml, testosterone 6,000 mg/30ml)	3	PA
testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)	3	PA
ESTROGENS AND ANTIESTROGENS		
AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
CLIMARA PRO PATCH	3	
COMBIPATCH (0.05-0.25 MG, 0.05-0.14 MG)	3	
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4	
estradiol (0.01% cream, 10 mcg vaginal insrt)	4	
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
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))	4	
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))	4	
estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)	4	
ESTRING 2 MG VAGINAL RING	4	
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	4	
JINTELI 1 MG-5 MCG TABLET	4	
LOPREEZA (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4	
MIMVEY 1-0.5 MG TABLET	4	
MIMVEY LO 0.5-0.1 MG TABLET	4	
norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREMPHASE 0.625-5 MG TABLET	3	
PREMPRO (0.3 MG-1.5 MG TABLET, 0.45-1.5 MG TABLET, 0.625-5 MG TABLET, 0.625-2.5 MG TABLET)	3	
raloxifene hcl 60 mg tablet	3	
YUVAFEM (10 MCG INSERT, 10 MCG TABLET)	4	
GLUCOCORTICOIDS/MINERALOCORTICOIDS		
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)	2	PA - Part B vs D Determination
dexamethasone 0.5 mg/5 ml elx	3	PA - Part B vs D Determination
DEXAMETHASONE INTENSOL 1 MG/ML	3	
dexamethasone sodium phosphate (4 mg/ml vial, 4 mg/ml syringe, 10 mg/ml vial, 10 mg/ml syring, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)	2	
fludrocortisone 0.1 mg tablet	2	
hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)	3	
methylprednisolone (4 mg tablet, 8 mg tab, 16 mg tab, 32 mg tab)	3	PA - Part B vs D Determination
methylprednisolone 4 mg dosepk	2	
MILLIPRED 5 MG TABLET	3	PA - Part B vs D Determination
MILLIPRED DP (5 MG 12-DAY PACK, 5 MG 6-DAY PACK)	3	
prednisolone 15 mg/5 ml soln	2	PA - Part B vs D Determination
prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 20 mg/5 ml soln, sod ph 25 mg/5 ml)	2	PA - Part B vs D Determination
prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)	1	PA - Part B vs D Determination
prednisone (5 mg tab pack, 10 mg tab pack)	2	
prednisone 5 mg/5 ml solution	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)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PITUITARY		
desmopressin acetate (0.01% spray, 0.01% solution, 10 mcg/0.1 ml spr)	4	
desmopressin acetate (0.1 mg tb, 0.2 mg tb)	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, LA, NM
LUPRON DEPO 11.25MG (LUPANETA)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (7.5 MG KIT, 11.25 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 11.25 MG 3MO, 15 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED 30 MG 3MO KIT	5	PA, NM
NORDITROPIN FLEXPRO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM
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 vl, acet 100 mcg/ml syr, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)	4	
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)	5	NM
ORILISSA 150 MG TABLET	5	PA, QL (28 TABS PER 28 DAYS), NM
ORILISSA 200 MG TABLET	5	PA, QL (56 TABS PER 28 DAYS), NM
SANDOSTATIN LAR DEPOT (10 MG KT, 10 MG VL, 20 MG KT, 20 MG VL, 30 MG KT, 30 MG VL)	5	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
SOMATULINE DEPOT (60 MG/0.2 ML, 90 MG/0.3 ML)	5	PA, NM
SOMATULINE DEPOT 120 MG/0.5 ML	5	PA - FOR NEW STARTS ONLY, NM
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STIMATE 1.5 MG/ML NASAL SPRAY	4	
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM
ZORBTIVE 8.8 MG VIAL	5	PA, NM
PROGESTINS		
DEPO-PROVERA 400 MG/ML VIAL	4	PA - FOR NEW STARTS ONLY
medroxyprogesterone 150 mg/ml	3	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
megestrol acetate (40 mg/ml susp, 400 mg/10 ml)	4	
norethindrn 5 mg tb (lupaneta)	4	
norethindrone 5 mg tablet	4	
progesterone (100 mg capsule, 200 mg capsule)	3	
THYROID AND ANTITHYROID AGENTS		
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)	2	
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)	2	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
methimazole (5 mg tablet, 10 mg tablet)	1	
propylthiouracil 50 mg tablet	4	
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)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMMUNOLOGICAL AGENTS		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA, NM
ACTEMRA ACTPEN 162 MG/0.9 ML	5	PA, NM
ARCALYST 220 MG INJECTION	5	PA, LA, NM
ASCENIV 10% VIAL	5	PA - Part B vs D Determination, NM
AZASAN (75 MG TABLET, 100 MG TABLET)	4	PA - Part B vs D Determination
azathioprine 50 mg tablet	3	PA - Part B vs D Determination
BIVIGAM (LIQUID VIAL, VIAL)	5	PA, LA, BvD, NM
CIMZIA (2X200 MG/ML SYRINGE KIT, 2X200 MG/ML(X3)START KT, 200 MG VIAL KIT)	5	PA, NM
COSENTYX 150 MG/ML PEN INJECT	5	PA, NM
COSENTYX 150 MG/ML SYRINGE	5	PA, NM
COSENTYX 300 MG DOSE-2 PENS	5	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
CUTAQUIG ((1 G/6 ML) VIAL, (1.65 G/10 ML), (2 G/12 ML) VL, (3.3 G/20 ML), (4 G/24 ML) VL, (8 G/48 ML) VL)	5	PA, BvD, NM
CUVITRU (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 8 GRAM/ 40 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA, BvD, NM
cyclosporine (25 mg capsule, 100 mg capsule)	4	PA - Part B vs D Determination
cyclosporine 250 mg/5 ml ampul	1	PA - Part B vs D Determination
cyclosporine modified (25 mg, 50 mg, 100mg/ml, 100 mg)	4	PA - Part B vs D Determination
DUPIXENT 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 KIT, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL 50 MG/ML SURECLICK	5	PA, NM
everolimus (0.5 mg tablet, 0.75 mg tablet)	5	PA - FOR NEW STARTS ONLY, BvD, NM
everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)	5	NM
everolimus 0.25 mg tablet	3	PA - FOR NEW STARTS ONLY, BvD
FLEBOGAMMA DIF (5% VIAL, 10% VIAL)	5	PA, BvD, NM
GAMASTAN S-D VIAL	3	PA, BvD
GAMASTAN VIAL	3	PA, BvD
GAMMAGARD LIQUID 10% VIAL	5	PA, BvD, NM
GAMMAGARD S-D (5 G (IGA<1) SOLN, 10 G (IGA<1) SOL)	5	PA, BvD, NM
GAMMAKED (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)	5	PA, BvD, NM
GAMMAPLEX (5 GRAM/100 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 10 GRAM/200 ML VIAL, 20 GRAM/200 ML VIAL, 20 GRAM/400 ML VIAL)	5	PA, BvD, 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, BvD, NM
GENGRAF (25 MG CAPSULE, 100 MG/ML SOLUTION, 100 MG CAPSULE)	4	PA - Part B vs D Determination
HIZENTRA (1 GRAM/5 ML SYRINGE, 2 GRAM/10 ML SYRINGE, 4 GRAM/20 ML SYRINGE)	5	PA - Part B vs D Determination, NM
HIZENTRA (1 GRAM/5 ML VIAL, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA - Part B vs D Determination, LA, BvD, NM
HUMIRA (10 MG/0.2 ML SYRINGE, 20 MG/0.4 ML SYRINGE, 40 MG/0.8 ML SYRINGE)	5	PA, NM
HUMIRA PEDI CROHN 40 MG/0.8 ML	5	PA, NM
HUMIRA PEN 40 MG/0.8 ML	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, NM
HUMIRA PEN PS-UV-ADOL 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 40 MG/0.4 ML	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, NM
HYQVIA (2.5 GM-200 UNIT PACK, 5 GM-400 UNIT PACK, 10 GM-800 UNIT PACK, 20 GM-1,600 UNIT PACK, 30 GM-2,400 UNIT PACK)	5	PA, BvD, NM
ILARIS 150 MG/ML VIAL	5	PA, LA, NM
KEVZARA (150 MG/1.14 ML PEN INJ, 150 MG/1.14 ML SYRINGE, 200 MG/1.14 ML PEN INJ, 200 MG/1.14 ML SYRINGE)	5	PA, NM
KINERET 100 MG/0.67 ML SYRINGE	5	PA, NM
leflunomide (10 mg tablet, 20 mg tablet)	3	
mycophenolate 200 mg/ml susp	5	PA - Part B vs D Determination, NM
mycophenolate 250 mg capsule	3	PA - Part B vs D Determination
mycophenolate 500 mg tablet	4	PA - Part B vs D Determination
OCTAGAM (5% VIAL, 10% VIAL)	5	PA, BvD, NM
OLUMIANT (1 MG TABLET, 2 MG TABLET)	5	PA, NM
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA, NM
ORENCIA CLICKJECT 125 MG/ML	5	PA, NM
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET, STARTER PACK)	5	PA, NM
PANZYGA ((1 G/10 ML) VIAL, (5 G/50 ML) VIAL, (10 G/100 ML) VIAL, (20 G/200 ML) VIAL, (30 G/300 ML) VIAL, (2.5 G/25 ML) VIAL)	5	PA, BvD, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIVIGEN 10% VIAL	5	PA, BvD, NM
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	5	PA - Part B vs D Determination, NM
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
RIDAURA 3 MG CAPSULE	5	NM
RINVOQ ER 15 MG TABLET	5	PA, NM
SILIQ 210 MG/1.5 ML SYRINGE	5	PA, NM
SIMPONI (50 MG/0.5 ML PEN INJEC, 50 MG/0.5 ML SYRINGE, 100 MG/ML PEN INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM
sirolimus (0.5 mg tablet, 1 mg tablet)	4	PA - Part B vs D Determination
sirolimus (1 mg/ml solution, 2 mg tablet)	5	PA - Part B vs D Determination, NM
SKYRIZI 150 MG DOSE KIT-2 SYRN	5	PA, NM
SKYRIZI 75 MG/0.83 ML SYRINGE	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM
tacrolimus (0.5 mg capsule, 1 mg capsule, 5 mg capsule)	4	PA - Part B vs D Determination
VARIZIG 125 UNIT/1.2 ML VIAL	3	
XELJANZ (5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	5	PA, NM
XEMBIFY ((1 G/5 ML) VIAL, (2 G/10 ML) VIAL, (4 G/20 ML) VIAL, (10 G/50 ML) VIAL)	5	PA - Part B vs D Determination, NM
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5	PA - FOR NEW STARTS ONLY, BvD, NM
ZORTRESS 0.25 MG TABLET	3	PA - FOR NEW STARTS ONLY, BvD
VACCINES		
ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bcg vaccine (tice strain) vial	3	PA - Part B vs D Determination
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
diphtheria-tetanus toxoids-ped	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 UNITS/0.5 ML VIAL, 720 UNIT/0.5 ML SYRINGE, 1,440 UNITS/ML SYRINGE, 1,440 UNITS/ML VIAL)	3	
HIBERIX (VIAL, WITH DILUENT)	3	
IMOVAX RABIES VACCINE VIAL	3	PA - Part B vs D Determination
INFANRIX DTAP (SYRINGE, VIAL)	3	
IPOL VIAL	3	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	3	
KINRIX (TIP-LOK SYRINGE, VIAL)	3	
M-M-R II VACCINE VIAL	3	
MENACTRA VIAL	3	
MENQUADFI VIAL	3	
MENVEO A-C-Y-W-135-DIP VIAL KT	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	
PENTACEL VIAL KIT	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV 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 VL, 5 MCG/0.5 ML SYR, 10 MCG/ML VIAL, 10 MCG/ML SYR, 40 MCG/ML VIAL)	3	PA - Part B vs D Determination
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	3	
SHINGRIX VIAL KIT	3	
tdvax vial	3	
TENIVAC (SYRINGE, VIAL)	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 VIAL, 25 UNITS/0.5 ML SYRINGE, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
YF-VAX (1 VIAL, 5 VIAL)	3	
ZOSTAVAX VIAL	3	
INFLAMMATORY BOWEL DISEASE AGENTS		
alosetron hcl (0.5 mg tablet, 1 mg tablet)	5	PA, NM
balsalazide disodium 750 mg cp	3	
budesonide ec 3 mg capsule	4	
COLOCORT 100 MG/60 ML ENEMA	4	
hydrocortisone 100 mg/60 ml	4	
mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet)	4	
mesalamine 1,000 mg supp	5	NM
mesalamine dr 400 mg capsule	4	
mesalamine er 0.375 gram cap	4	
sulfasalazine 500 mg tablet	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sulfasalazine dr 500 mg tab	3	
Irrigating Solutions		
aqua care sterile water irrig	4	
sterile water for irrigation	4	
METABOLIC BONE DISEASE AGENTS		
alendronate sod 70 mg/75 ml	4	
alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 40 mg tab, 70 mg tab)	1	
calcitonin-salmon 200 units sp	3	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule)	2	
calcitriol 1 mcg/ml solution	4	
cinacalcet hcl (60 mg tablet, 90 mg tablet)	5	NM
cinacalcet hcl 30 mg tablet	4	
etidronate disodium (200 mg tab, 400 mg tab)	2	
FORTEO 600 MCG/2.4 ML PEN INJ	5	PA, NM
ibandronate sodium 150 mg tab	2	
NATPARA (25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE)	5	PA, NM
paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)	4	PA, BvD
risedronate sodium (5 mg tablet, 30 mg tab, 35 mg tab, 150 mg tab)	4	
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BAQSIMI (3 MG SPRAY TWO PACK, 3 MG SPRAY, 3 MG SPRAY ONE PACK)	3	
BENLYSTA (200 MG/ML SYRINGE, 200 MG/ML AUTOINJECT)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABLIVI (11 MG VIAL, 11 MG KIT)	5	PA, NM
CYSTADANE 1 GRAM/1.7 ML POWDER	5	LA, NM
diazoxide 50 mg/ml oral susp	5	NM
ELMIRON 100 MG CAPSULE	5	NM
FIRDAPSE 10 MG TABLET	5	PA, NM
GLUCAGEN (DIAGNOSTIC 1 MG VIAL, 1 MG HYPOKIT)	3	
GLUCAGON 1 MG EMERGENCY KIT	3	
glucagon 1 mg vial	3	
guanidine hcl 125 mg tablet	2	
GVOKE HYPOPEN 1-PACK (1PK 0.5MG/0.1 ML, 1-PK 1 MG/0.2 ML)	3	
GVOKE HYPOPEN 2-PACK (2-PK 1 MG/0.2 ML, 2PK 0.5MG/0.1 ML)	3	
GVOKE PFS 1-PACK SYRINGE (1-PK 1 MG/0.2 ML SYR, 1PK 0.5MG/0.1 ML SYR)	3	
GVOKE PFS 2-PACK SYRINGE (2-PK 1 MG/0.2 ML SYR, 2PK 0.5MG/0.1 ML SYR)	3	
hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)	1	
ISTURISA (1 MG TABLET, 5 MG TABLET, 10 MG TABLET)	5	PA, NM
KALBITOR 10 MG/ML VIAL	5	PA, LA, NM
leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)	2	
levocarnitine 1 g/10 ml soln	4	
levocarnitine 330 mg tablet	3	
MESNEX 400 MG TABLET	5	NM
PROGLYCEM 50 MG/ML ORAL SUSP	5	NM
pyridostigmine 60 mg/5 ml soln	4	
pyridostigmine bromide (30 mg tablet, 60 mg tablet)	3	
pyridostigmine er 180 mg tab	4	
RECTIV 0.4% OINTMENT	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RUZURGI 10 MG TABLET	5	PA, NM
TAKHZYRO 300 MG/2 ML VIAL	5	PA, LA, QL (4 ML PER 30 DAYS), 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
OPHTHALMIC AGENTS		
ANTIGLAUCOMA AGENTS		
acetazolamide (125 mg tablet, 250 mg tablet)	4	
acetazolamide er 500 mg cap	3	
ALPHAGAN P 0.1% DROPS	4	
AZOPT 1% EYE DROPS	4	
betaxolol hcl 0.5% eye drop	3	
BETOPTIC S 0.25% EYE DROPS	4	
bimatoprost 0.03% eye drops	3	
brimonidine 0.2% eye drop	2	
brimonidine tartrate 0.15% drp	4	
carteolol hcl 1% eye drops	1	
COMBIGAN 0.2%-0.5% EYE DROPS	3	
dorzolamide hcl 2% eye drops	2	
dorzolamide-timolol 2%-0.5%	4	
dorzolamide-timolol eye drops	2	
latanoprost 0.005% eye drops	1	
levobunolol 0.5% eye drops	1	
LUMIGAN 0.01% EYE DROPS	3	
methazolamide (25 mg tablet, 50 mg tablet)	4	
PHOSPHOLINE IODIDE 0.125%	4	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIMBRINZA 1%-0.2% EYE DROPS	3	
timolol maleate (0.25% drop, 0.5% drops)	1	
timolol maleate (0.25% gfs gel-solution, 0.25% gel-solution, 0.5% eye drop, 0.5% gfs gel-solution, 0.5% gel-solution)	4	
TRAVATAN Z 0.004% EYE DROP	3	
travoprost 0.004% eye drop	3	
REPLACEMENT PREPARATIONS		
dextrose 10%-0.45% nacl iv sol	4	
dextrose 2.5%-0.45% nacl iv	4	
dextrose 5%-0.45% nacl iv soln	4	
dextrose 5%-0.45% nacl-kcl (10 meq/500ml-d5w-0.45%nacl, 20 meq in d5w-0.45% nacl)	4	
dextrose 5%-0.9% nacl iv soln	4	
dextrose 5%-1/2ns-kcl (d5%-1/2ns-kcl 40 meq/l iv sol, d5%-1/2ns-kcl 30 meq/l iv sol, d5%-1/2ns-kcl 10 meq/l iv sol)	4	
dextrose 5%-lr iv solution	4	
dextrose 5%-ns-kcl (20 in d5w-ns, 40 in d5w-nacl 0.9%)	4	
dextrose 5%-potassium chloride (d5w-kcl 30 meq/l iv solution, kcl 20 meq/l in d5w solution, kcl 40 meq in d5w solution)	4	
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4	
kcl 40 meq in d5w-lact ringer	4	
KLOR-CON M10 TABLET	2	
KLOR-CON M15 TABLET	2	
KLOR-CON M20 TABLET	2	
KLOR-CON SPRINKLE ER 8 MEQ CAP	3	
magnesium sulfate (syringe, vial)	4	
potassium chloride (10 meq/100 ml sol, 10 meq/50 ml sol, 10% (20 meq/15ml), 10% (40 meq/30ml), 20 meq/100 ml sol, 20% (40 meq/15ml), 20 meq packet, 20 meq/50 ml sol, 40 meq/100 ml sol)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	1	
potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet)	3	
potassium citrate er (er 5 tab, er 10 tb, er 15 tb)	4	
potassium cl 20 meq/10 ml conc	1	
potassium cl 20meq/100ml-water	4	
potassium cl er 20 meq tablet	2	
sodium chloride (50 ml, 100 ml, 250 ml, 500 ml, 1,000 ml, sol-excel, soln, solution, vial)	2	
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 3% iv soln, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml)	4	
sodium chloride 0.9%-water	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	
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	3	
ASMANEX (TWISTHALER 110 MCG #30, TWISTHALER 220 MCG #30, TWISTHALER 220 MCG #60, TWISTHALR 220 MCG #120)	3	
ASMANEX HFA (HFA 50 MCG INHALER, HFA 100 MCG INHALER, HFA 200 MCG INHALER)	3	
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	4	PA - Part B vs D Determination
budesonide-formoterol fumarate (80-4.5, 160-4.5)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DULERA (50 MCG INHALER, 100 MCG INHALER, 200 MCG INHALER)	4	PA
FLOVENT DISKUS (50 MCG, 100 MCG, 250 MCG)	3	
FLOVENT HFA (HFA 44 MCG INHALER, HFA 110 MCG INHALER, HFA 220 MCG INHALER)	3	
fluticasone-salmeterol (55-14, 100-50, 113-14, 232-14, 250-50, 500-50)	3	
PULMICORT FLEXHALER (90 MCG, 180 MCG)	3	
QVAR REDIHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
montelukast sod 10 mg tablet	1	
montelukast sod 4 mg granules	4	
montelukast sodium (4 mg tab chew, 5 mg tab chew)	3	
zileuton er 600 mg tablet	5	PA, NM
BRONCHODILATORS		
albuterol hfa 90 mcg inhaler	3	
albuterol sulf 2 mg/5 ml syrup	2	
albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol, 2.5 mg/3 ml soln)	3	PA - Part B vs D Determination
albuterol sulfate (2 mg tab, 4 mg tab)	4	
albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 100 mg/20 ml soln)	2	PA - Part B vs D Determination
albuterol sulfate (er 4 mg tab, er 8 mg tab)	3	
ANORO ELLIPTA 62.5-25 MCG INH	3	
ATROVENT 17 MCG HFA INHALER	4	
COMBIVENT RESPIMAT 20-100 MCG	3	
INCRUSE ELLIPTA 62.5 MCG INH	3	
iprat-albut 0.5-3(2.5) mg/3 ml	3	PA - Part B vs D Determination

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ipratropium br 0.02% soln	2	PA - Part B vs D Determination
levalbuterol tar hfa 45mcg inh	3	
SEREVENT DISKUS 50 MCG	3	
STRIVERDI RESPIMAT INHAL SPRAY	3	
theophylline (er 400 mg tablet, er 600 mg tablet)	2	
theophylline anhydrous (er 100 mg tablet, er 200 mg tablet, er 300 mg tab, er 450 mg tab)	4	
TRELEGY ELLIPTA 100-62.5-25	3	
RESPIRATORY TRACT AGENTS, OTHER		
acetylcysteine (10% vial, 20% vial)	4	PA - Part B vs D Determination
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, LA, NM
cromolyn 20 mg/2 ml neb soln	4	PA - Part B vs D Determination
DALIRESP (250 MCG TABLET, 500 MCG TABLET)	3	PA
ESBRIET (267 MG TABLET, 267 MG CAPSULE, 801 MG TABLET)	5	PA, NM
GLASSIA 1 GM/50 ML VIAL	5	PA, LA, NM
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
NUCALA (100 MG/ML SYRINGE, 100 MG VIAL, 100 MG/ML AUTO-INJECTOR)	5	PA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (100-125 MG GRANULE PKT, 100 MG-125 MG TABLET, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	5	PA, NM
SYMDEKO (50/75 MG-75 MG TABLETS, 100/150 MG-150 MG TABS)	5	PA, NM
TRIKAFTA 100/50/75 MG-150 MG	5	PA, NM
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE, 150 MG VIAL)	5	PA, LA, NM
ZEMAIRA 1,000 MG VIAL	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKELETAL MUSCLE RELAXANTS		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	3	
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	1	PA
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	4	
tizanidine hcl (2 mg tablet, 4 mg tablet)	2	
SLEEP DISORDER AGENTS		
armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)	4	PA, QL (30 TABS PER 30 DAYS)
armodafinil 50 mg tablet	4	PA, QL (60 TABS PER 30 DAYS)
BELSOMRA (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET)	4	
eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)	2	
HETLIOZ 20 MG CAPSULE	5	PA, NM
modafinil (100 mg tablet, 200 mg tablet)	3	PA, QL (60 TABS PER 30 DAYS)
SUNOSI (75 MG TABLET, 150 MG TABLET)	4	PA, QL (1 TABLET PER 1 DAYS)
XYREM 500 MG/ML ORAL SOLUTION	5	PA, LA, QL (18 ML PER 1 DAY), NM
zaleplon (5 mg capsule, 10 mg capsule)	2	
zolpidem tartrate (5 mg tablet, 10 mg tablet)	1	
zolpidem tartrate er (er 6.25 mg tab, er 12.5 mg tab)	3	ST
Uncategorized		
Unclassified		
ACCU-CHEK (AVIVA SOLUTION, MULTICLIX LANCET KIT, MULTICLIX LANCETS)	6	
ACCU-CHEK AVIVA PLUS (METER, TEST STRP)	6	
ACCU-CHEK COMPACT PLUS CONTROL	6	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACCU-CHEK COMPACT PLUS STRIPS	6	
ACCU-CHEK FASTCLIX LANCING DEV	6	
ACCU-CHEK GUIDE L1-L2 CTRL SOL	6	
ACCU-CHEK GUIDE ME GLUCOSE MTR	6	
ACCU-CHEK GUIDE MONITOR SYSTEM	6	
ACCU-CHEK GUIDE TEST STRIP	6	
ACCU-CHEK NANO SMARTVIEW METER	6	
ACCU-CHEK SMARTVIEW (CONTRL SOL, TEST STRIP)	6	
ACCU-CHEK SOFTCLIX (LANCET KIT, LANCETS)	6	
ACETEST REAGENT TABLET	7	
ALBUSTIX REAGENT STRIPS	7	
BREEZE 2 DISC TEST STRIP	7	
CHEMSTRIP MICRAL TEST STRIP	7	
CONTOUR (, SYSTEM)	7	
CONTOUR NEXT EZ (, SYSTEM)	7	
CONTOUR NEXT METER	7	
CONTOUR NEXT ONE METER	7	
CONTOUR NEXT TEST STRIP	7	
CONTOUR TEST STRIP	7	
DARIO BLOOD GLUCOSE TEST STRIP	7	
DIASTIX REAGENT STRIPS	6	
ENBREL 25 MG/0.5 ML VIAL	5	PA, NM
FORA G20 (BLOOD SYSTEM, TEST STRIPS)	7	
FORA V10-V12-D10-D20 STRIPS	7	
GLUCO NAVII GLUCOSE TEST STRIP	7	
GLUCOCARD EXPRESSION (METER, METER KIT, TEST STRP)	7	
GLUCOCARD SHINE (METER, METER KIT, TEST STRIPS)	7	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOCARD SHINE XL METER	7	
KETOSTIX REAGENT STRIP	6	
MICRO-BUMINTEST KIT	7	
NOVA MAX GLUCOSE TEST STRIP	7	
NOVAMAX PLUS KETONE TEST STRIP	7	
PRECISION XTRA (XTR B-KETONE STRIP, XTRA MONITOR, XTRA TEST STRIPS)	7	
PRECISION XTRA KETONE-GLUC KIT	7	
PRODIGY AUTOCODE METER KIT	7	
PRODIGY AUTOCODE MONITOR SYST	7	
PRODIGY NO CODING TEST STRIPS	7	
PRODIGY POCKET METER KIT	7	
PRODIGY VOICE METER KIT	7	
RELION ULTIMA TEST STRIPS	7	
sodium chloride 0.9% ampule	2	
SOFT TOUCH LANCETS	6	
TRUE METRIX (1 SOLN, 2 SOLN, 3 SOLN)	6	
TRUE METRIX AIR GLUCOSE METER (GLUCOSE METER, HUMANA GLU MTR)	6	
TRUE METRIX BLOOD GLUCOSE MTR	6	
TRUE METRIX GLUCOSE TEST STRIP (GLUCOSE STRIP, HUMANA STRIP)	6	
TRUE METRIX GO GLUCOSE METER	6	
TRUEPLUS KETONE TEST STRIP	6	
WAVESENSE PRESTO (SYSTEM KIT, TEST STRIPS)	7	
VASODILATING AGENTS		
ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	5	PA, NM
ambrisentan (5 mg tablet, 10 mg tablet)	5	PA, LA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bosentan (62.5 mg tablet, 125 mg tablet)	5	PA, LA, NM
LETAIRIS (5 MG TABLET, 10 MG TABLET)	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM
ORENITRAM ER (ER 0.25 MG TABLET, ER 1 MG TABLET, ER 2.5 MG TABLET, ER 5 MG TABLET)	5	PA, NM
ORENITRAM ER 0.125 MG TABLET	4	PA
sildenafil 20 mg tablet (generic for revatio)	3	PA
tadalafil 20 mg tablet	5	PA, NM
tadalafil 20 mg tablet (generic for adcirca)	5	PA, NM
TRACLEER 32 MG TABLET FOR SUSP	5	PA, LA, NM
TYVASO 1.74 MG/2.9 ML SOLUTION	5	PA, LA, NM
UPTRAVI (200 MCG TABLET, 200-800 TITRATION PACK, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	PA, NM
VENTAVIS (10 MCG/1 ML SOLUTION, 20 MCG/1 ML SOLUTION)	5	PA, LA, BvD, NM
VITAMINS AND MINERALS		
ESCAVITE D TABLET CHEWABLE	1	
ESCAVITE LQ DROPS	1	
ESCAVITE TABLET CHEWABLE	1	
FLORIVA (0.25 MG/ML DROPS, 0.25 MG CHEW TABLET, 0.5 MG CHEWABLE TABLET, 1 MG CHEWABLE TABLET)	1	
FLUORABON 0.25 MG/0.6 ML DROPS	1	
flura-drops 0.25 mg/drop	1	
multivit-fluor-iron 0.25 mg/ml	1	
multivit-iron-fluor 0.25 mg/ml	1	
multivitamin with fluoride (multivit-fluor 0.25 mg/ml drop, multivit-fluor 0.25 mg tab chw, multivit-fluor 0.5 mg/ml drop, multivit-fluor 0.5 mg tab chew, multivit-fluoride 1 mg tab chw)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MVC-FLUORIDE (0.25 MG TAB CHEW, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	1	
niva-plus tablet	1	
POLY-VI-FLOR (0.25 MG TAB CHEW, 0.25 MG DROPS, 0.5 MG TAB CHEW, 1 MG TAB CHEW)	1	
POLY-VI-FLOR WITH IRON (0.25 MG, 0.5 MG)	1	
prenatal vitamins with minerals and folic acid greater than 0.8mg	1	
PUREFE PLUS CAPSULE	1	
QUFLORA (0.25 MG/ML DROP, 0.25 MG CHEW TAB, 0.5 MG/ML DROP, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	1	
QUFLORA FE (PED 0.25 MG/ML DROP, 0.25 MG CHEW TABLET)	1	
sodium fluoride 0.5 mg/ml drop	1	
sodium fluoride 2.2 mg (fluoride ion 1 mg)	1	
TRI-VI-FLOR (0.25 MG DROPS, 0.5 MG DROPS)	1	
tri-vitamin with fluoride (0.25 mg/ml drop, 0.5 mg/ml drop)	1	
vit a,c,d-fluoride 0.25 mg/ml	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....37
abacavir-lamivudine....37
abacavir-lamivudine-zidovudine....37
ABELCET....28
ABILIFY MAINTENA....34
ABILIFY MYCITE....34
abiraterone acetate....12
acamprosate calcium....4
acarbose....25
ACCU-CHEK....91
ACCU-CHEK AVIVA PLUS....91
ACCU-CHEK COMPACT PLUS CONTROL....91
ACCU-CHEK COMPACT PLUS STRIPS....92
ACCU-CHEK FASTCLIX LANCING DEV....92
ACCU-CHEK GUIDE CONTROL SOLN....92
ACCU-CHEK GUIDE ME GLUCOSE MTR....92
ACCU-CHEK GUIDE MONITOR SYSTEM....92
ACCU-CHEK GUIDE TEST STRIP....92
ACCU-CHEK NANO SMARTVIEW....92
ACCU-CHEK SMARTVIEW....92
ACCU-CHEK SOFTCLIX....92
acetaminophen-codeine....1
acetazolamide....86
acetazolamide er....86
ACETEST REAGENT....92
acetic acid....67
acetylcysteine....90
acitretin....62
ACTEMRA....78
ACTEMRA ACTPEN....78
ACTHIB....81
ACTIMMUNE....84
acyclovir....41
acyclovir sodium....41
ADACEL TDAP....81
adapalene....65
adefovir dipivoxil....41
ADEMPAS....93
ADVAIR HFA....88
AFEDITAB CR....50
AFINITOR....12
AFINITOR DISPERZ....12
AFIRMELLE....56
agoneaze....4
AIMOVIG AUTOINJECTOR....30
AIMOVIG AUTOINJECTOR (2 PACK)....30
AJOVY AUTOINJECTOR....30
AJOVY SYRINGE....30
AK-POLY-BAC....67
albendazole....32
ALBUSTIX REAGENT....92
albuterol sulfate....89
albuterol sulfate hfa....89
alclometasone dipropionate....63
ALECENSA....12
alendronate sodium....84
alfuzosin hcl er....72
ALINIA....32
aliskiren....53
allopurinol....29
alosetron hcl....83
ALPHAGAN P....86
alprazolam....5
alprazolam er....6
alprazolam xr....6
ALTABAX....64
ALTAVERA....56
ALUNBRIG....12
ALYACEN....56
AMABELZ....74
amantadine....33
AMBISOME....28
ambrisentan....93
AMETHIA....56

AMETHIA LO....56
amikacin sulfate....7
amiloride hcl....51
amiloride-hydrochlorothiazide....51
AMINOSYN II....45
AMINOSYN II WITH ELECTROLYTES....45
AMINOSYN M....45
AMINOSYN WITH ELECTROLYTES....45
AMINOSYN-HBC....45
AMINOSYN-PF....45
amiodarone hcl....47
AMITIZA....70
amitriptyline hcl....23
amlodipine besylate....50
amlodipine besylate-benazepril....50
amlodipine-valsartan....50
amlodipine-valsartan-hctz....51
ammonium lactate....62
AMNESTEEM....62
amoxapine....23
amoxicillin....10
amoxicillin-clavulanate potass....10
amphotericin b....28
ampicillin sodium....10
ampicillin trihydrate....10
ampicillin-sulbactam....10
ANADROL-50....73
anagrelide hcl....44
anastrozole....12
anodyne lpt....4
ANORO ELLIPTA....89
APOKYN....33
aprepitant....31
APRI....56
APTIOM....19
APTIVUS....37
aqua care sterile water irrig....84
ARALAST NP....90
ARANELLE....56
ARANESP....43
ARCALYST....78
aripiprazole....34
aripiprazole odt....34
ARISTADA....35
ARISTADA INITIO....35
armodafinil....91
ARNUITY ELLIPTA....88
ASCENIV....78
ASHLYNA....56
ASMANEX....88
ASMANEX HFA....88
aspirin-dipyridamole er....44
atazanavir sulfate....38
atenolol....48
atenolol-chlorthalidone....48
atomoxetine hcl....53
atorvastatin calcium....51
atovaquone....32
atovaquone-proguanil hcl....32
ATRIPLA....38
atropine sulfate....67
ATROVENT HFA....89
AUBAGIO....53
AUBRA....56
AUBRA EQ....56
AUSTEDO....53
AVIANE....57
AVITA....65
AVONEX....53
AVONEX PEN....53
AYUNA....57
AYVAKIT....12
AZASAN....78
azathioprine....78
azelaic acid....62
azelastine hcl....67
azithromycin....9
AZOPT....86
aztreonam....10
AZURETTE....57

B

bacitracin....67
bacitracin-polymyxin....67
baclofen....91
balsalazide disodium....83
BALVERSA....12
BALZIVA....57
BANZEL....19
BAQSIMI....84
BARACLUDE....41
bcg vaccine (tice strain)....82
BEKYREE....57
BELSOMRA....91
benazepril hcl....46
benazepril-hydrochlorothiazide....46
BENLYSTA....84
benztropine mesylate....33
BERINERT....43
BESIVANCE....68
betamethasone diprop augmented....63
betamethasone dipropionate....63
betamethasone valerate....63
BETASERON....53
betaxolol hcl....86
bethanechol chloride....72
BETHKIS....7
BETOPTIC S....86
bexarotene....13
BEXSERO....82
bicalutamide....13
BICILLIN C-R....11
BIKTARVY....38
bimatoprost....86
bisoprolol fumarate....48
bisoprolol-hydrochlorothiazide....48
BIVIGAM....78
BLEPHAMIDE S.O.P....68
BLISOVI 24 FE....57
BLISOVI FE....57
BOOSTRIX TDAP....82
bosentan....94
BOSULIF....13
BRAFTOVI....13
BREEZE 2....92
BREO ELLIPTA....88
BRIELLYN....57
BRILINTA....44
brimonidine tartrate....86
BRIVIACT....19
bromfenac sodium....68
bromocriptine mesylate....33
BRUKINSA....13
budesonide....88
budesonide ec....83
budesonide-formoterol fumarate....88
bumetanide....51
buprenorphine....1
buprenorphine hcl....5
buprenorphine-naloxone....5
bupropion hcl....23
bupropion hcl sr....5,23
bupropion xl....23
buspirone hcl....6
butalbital-acetaminophen-caffe....1
butalbital-acetaminophn 50-300 tablet....1
butalbital-acetaminophn 50-325 tablet....1
butalbital-aspirin-caffeine....1
BYDUREON BCISE....25
BYDUREON PEN....25
BYETTA....25

C

cabergoline....33
CABLIVI....85
CABOMETYX....13
calcipotriene....62
calcitonin-salmon....84
CALCITRENE....62
calcitriol....62,84

calcium acetate . . . 72
CALQUENCE . . . 13
CAMILA . . . 57
CAMRESE . . . 57
CAMRESE LO . . . 57
CAPLYTA . . . 35
CAPRELSA . . . 13
captopril . . . 46
captopril-hydrochlorothiazide . . . 46
CARAFATE . . . 69
CARBAGLU . . . 70
carbamazepine . . . 19
carbamazepine er . . . 19
carbidopa . . . 33
carbidopa-levodopa . . . 33
carbidopa-levodopa er . . . 33
carbidopa-levodopa-entacapone . . . 33
carteolol hcl . . . 86
CARTIA XT . . . 49
carvedilol . . . 48
caspofungin acetate . . . 28
CAYSTON . . . 10
CAZIANT . . . 57
cefadroxil . . . 8
cefazolin sodium . . . 8
cefazolin sodium-dextrose . . . 8
cefdinir . . . 9
cefepime . . . 9
cefepime hcl . . . 9
cefepime-dextrose . . . 9
cefixime . . . 9
cefoxitin . . . 9
cefoxitin sodium . . . 9
cefpodoxime proxetil . . . 9
cefprozil . . . 9
ceftazidime . . . 9
ceftriaxone . . . 9
cefuroxime . . . 9
cefuroxime sodium . . . 9
celecoxib . . . 3
CELONTIN . . . 19
cephalexin . . . 9
CERDELGA . . . 66
cetirizine hcl . . . 30
cevimeline hcl . . . 61
CHANTIX . . . 5
CHATEAL . . . 57
CHATEAL EQ . . . 57
CHEMET . . . 73
CHEMSTRIP MICRAL . . . 92
chlordiazepoxide hcl . . . 6
chlorhexidine gluconate . . . 61
chloroquine phosphate . . . 32
chlorothiazide . . . 51
chlorpromazine hcl . . . 35
chlorthalidone . . . 51
CHOLBAM . . . 70
cholestyramine . . . 52
cholestyramine light . . . 52
ciclopirox . . . 28
cilostazol . . . 44
CILOXAN . . . 68
CIMDUO . . . 38
cimetidine . . . 69
CIMZIA . . . 78
cinacalcet hcl . . . 84
CINRYZE . . . 43
CIPRO HC . . . 68
CIPRODEX . . . 68
ciprofloxacin . . . 11
ciprofloxacin hcl . . . 11,68
ciprofloxacin-d5w . . . 11
citalopram hbr . . . 23
CLARAVIS . . . 62
clarithromycin . . . 9,10
CLEOCIN . . . 5
CLIMARA PRO . . . 74
clindamycin (pediatric) . . . 7
clindamycin hcl . . . 7
clindamycin phos-benzoyl perox . . . 64

clindamycin phosphate....5,7,65
clindamycin-benzoyl peroxide....65
clobazam....19
clobetasol emollient....63
clobetasol propionate....63
clomipramine hcl....23
clonazepam....6
clonidine....45
clonidine hcl....45
clonidine hcl er....53
clopidogrel....44
clorazepate dipotassium....6
clotrimazole....28
clotrimazole-betamethasone....28
clozapine....35
clozapine odt....35
COARTEM....32
codeine sulfate....1
colchicine....29
colestipol hcl....52
colistimethate....7
COLOCORT....83
COMBIGAN....86
COMBIPATCH....74
COMBIVENT RESPIMAT....89
COMETRIQ....13
COMPLERA....38
COMPRO....31
CONDYLOX....62
CONSTULOSE....70
CONTOUR....92
CONTOUR NEXT....92
CONTOUR NEXT EZ....92
CONTOUR NEXT ONE....92
CONTOUR NEXT TEST STRIP....92
CONTOUR TEST STRIP....92
COPIKTRA....13
CORDRAN....63
CORLANOR....50
COSENTYX (2 SYRINGES)....78
COSENTYX PEN....78
COSENTYX PEN (2 PENS)....78
COSENTYX SYRINGE....78
COTELLIC....13
CREON....66
CRESEMBA....28
CRIXIVAN....38
cromolyn sodium....67,70,90
CRYSELLE....57
CUTAQUIG....78
CUVITRU....78
CYCLAFEM....57
cyclobenzaprine hcl....91
cyclophosphamide....13
cycloserine....31
cyclosporine....78
cyclosporine modified....78
cyproheptadine hcl....30
CYRED....57
CYRED EQ....57
CYSTADANE....85
CYSTADROPS....67
CYSTAGON....72
CYSTARAN....67

D

D-PENAMINE....73
DAKLINZA....41
dalfampridine er....54
DALIRESP....90
danazol....73
dantrolene sodium....91
dapsone....31
DAPTACEL DTAP....82
daptomycin....7
DARAPRIM....32
DARIO BLOOD GLUCOSE TEST STRIP....92
DARZALEX FASPRO....13
DASETTA....57
DAURISMO....13

DAYSEE....57
DEBLITANE....57
deferasirox....73
deferiprone....73
DELSTRIGO....38
DELYLA....57
demeclocycline hcl....12
DEMSER....50
denta 5000 plus....62
dentagel....62
DEPEN....73
DEPO-PROVERA....77
dermacinrx empricaine....4
DESCOVY....38
desipramine hcl....23
desmopressin acetate....76
desogestr-eth estrad eth estra....57
desogestrel-ethinyl estradiol....57
desonide....63
desoximetasone....63
desvenlafaxine suc er 100 mg tablet (generic for Pristiq)....23
desvenlafaxine suc er 25 mg tablet (generic for Pristiq)....23
desvenlafaxine suc er 50 mg tablet (generic for Pristiq)....23
dexamethasone....75
DEXAMETHASONE INTENSOL....75
dexamethasone sodium phosphate....69,75
dexmethylphenidate hcl....54
dexmethylphenidate hcl er....54
dextroamphetamine sulfate....54
dextroamphetamine sulfate er....54
dextroamphetamine-amphet er....54
dextroamphetamine-amphetamine....54
dextrose 10%-0.45% nacl....87
dextrose 2.5%-0.45% nacl....87
dextrose 5%-0.45% nacl....87
dextrose 5%-0.45% nacl-kcl....87
dextrose 5%-0.9% nacl....87
dextrose 5%-1/2ns-kcl....87
dextrose 5%-ns-kcl....87
dextrose 5%-potassium chloride....87
dextrose in lactated ringers....87
dextrose in water....45
DIASTAT....19
DIASTAT ACUDIAL....19
DIASTIX REAGENT....92
diazepam....6,19
diazoxide....85
diclofenac potassium....3
diclofenac sodium....3,69
dicloxacillin sodium....11
dicyclomine hcl....70
didanosine....38
DIFICID....10
DIGITEK....50
DIGOX....50
digoxin....50
dihydroergotamine mesylate....30
DILANTIN....19
DILT-XR....49
diltiazem 24hr er....49
diltiazem 24hr er (cd)....49
diltiazem 24hr er (xr)....49
diltiazem 24hr er 360 mg cap (generic for cardizem cd)....49
diltiazem hcl....49
dimethyl fumarate....54
diphenhydramine hcl....30
diphenoxylate-atropine....70
diphtheria-tetanus toxoids-ped....82
dipyridamole....44
disopyramide phosphate....47
disulfiram....5
DIURIL....51
divalproex sodium....19,20
divalproex sodium er....20
dofetilide....47
donepezil hcl....22

donepezil hcl odt . . . 22
dorzolamide hcl . . . 86
dorzolamide-timolol . . . 86
DOTTI . . . 74
DOVATO . . . 38
doxazosin mesylate . . . 45
doxepin hcl . . . 23
DOXY 100 . . . 12
doxycycline hyclate . . . 12
doxycycline monohydrate . . . 12
DRIZALMA SPRINKLE . . . 23
dronabinol . . . 31,32
drospirenone-ethinyl estradiol . . . 57
DULERA . . . 89
duloxetine hcl . . . 23
DUPIXENT PEN . . . 78
DUPIXENT SYRINGE . . . 78
DUREZOL . . . 69
dutasteride . . . 72
dutasteride-tamsulosin . . . 72

E

ec-naproxen . . . 3
EDURANT . . . 38
efavirenz . . . 38
efavirenz-emtric-tenofov disop . . . 38
efavirenz-lamivu-tenofov disop . . . 38
ELINEST . . . 57
ELIQUIS . . . 42
ELLA . . . 57
ELMIRON . . . 85
EMCYT . . . 13
EMEND . . . 32
EMGALITY PEN . . . 30
EMGALITY SYRINGE . . . 30
emoquette . . . 57
EMSAM . . . 23
emtricitabine . . . 38
emtricitabine-tenofovir disop . . . 38
EMTRIVA . . . 38
enalapril maleate . . . 46
enalapril-hydrochlorothiazide . . . 46
ENBREL . . . 78,92
ENBREL MINI . . . 78
ENBREL SURECLICK . . . 79
ENDOCET . . . 1
ENGERIX-B ADULT . . . 82
ENGERIX-B PEDIATRIC-ADOLESCENT 82
enoxaparin sodium . . . 42
ENPRESSE . . . 58
enskyce . . . 58
entacapone . . . 33
entecavir . . . 41
ENTRESTO . . . 46
ENULOSE . . . 70
EPIDIOLEX . . . 20
epinastine hcl . . . 67
epinephrine . . . 50
EPITOL . . . 20
EPIVIR HBV . . . 38
eplerenone . . . 53
ERAXIS (WATER DILUENT) . . . 28
ERGOMAR . . . 30
ergotamine-caffeine . . . 30
ERIVEDGE . . . 13
ERLEADA . . . 13
erlotinib hcl . . . 13
ERRIN . . . 58
ertapenem . . . 10
ERYTHROCIN LACTOBIONATE . . . 10
erythromycin . . . 10,65,68
ESBRIET . . . 90
ESCAVITE . . . 94
ESCAVITE D . . . 94
ESCAVITE LQ . . . 94
escitalopram oxalate . . . 23,24
esomeprazole magnesium . . . 69
ESTARYLLA . . . 58
estradiol . . . 74
estradiol (once weekly) . . . 74

estradiol (twice weekly) 74
estradiol-norethindrone acetat 74
ESTRING 74
eszopiclone 91
ethambutol hcl 31
ethosuximide 20
ethynodiol-ethinyl estradiol 58
etidronate disodium 84
etodolac 3
etodolac er 3
EUCRISA 64
EURAX 65
EUTHYROX 77
everolimus 79
EVOTAZ 38
exemestane 13
ezetimibe 52

F

FALMINA 58
famciclovir 41
famotidine 69
FANAPT 35
FARYDAK 13
febuxostat 29
felbamate 20
felodipine er 51
FEMYNOR 58
fenofibrate 52
fentanyl 1
fentanyl citrate 1
FERRIPROX 73
FERRIPROX (2 TIMES A DAY) 73
FETZIMA 24
FINACEA 62
finasteride 72
FINTEPLA 20
FIRAZYR 50
FIRDAPSE 85
FIRMAGON 13
FIRVANQ 7
FLEBOGAMMA DIF 79
flecainide acetate 47
FLORIVA 94
FLOVENT DISKUS 89
FLOVENT HFA 89
fluconazole 29
fluconazole in saline 29
fluconazole-nacl 29
flucytosine 29
fludrocortisone acetate 75
flunisolide 69
fluocinolone acetonide 64
fluocinolone acetonide oil 69
fluocinonide 64
fluocinonide-e 64
FLUORABON 94
fluorometholone 69
fluorouracil 62
fluoxetine hcl 24
fluphenazine decanoate 35
fluphenazine hcl 35
flura-drops 94
flurbiprofen 3
flurbiprofen sodium 69
flutamide 14
fluticasone propionate 64,69
fluticasone-salmeterol 89
fluvoxamine maleate 24
FML S.O.P. 69
fondaparinux sodium 42
FORA G20 92
FORA V10-V12-D10-D20 92
FORTEO 84
fosamprenavir calcium 38
fosfomycin tromethamine 8
fosinopril sodium 47
fosinopril-hydrochlorothiazide 47
FULPHILA 43
fulvestrant 14

furosemide....51
FUZEON....38
FYAVOLV....74
FYCOMPA....20

G

gabapentin....20
GALAFOLD....66
galantamine er....22
galantamine hbr....22
galantamine hydrobromide....22
GAMASTAN....79
GAMASTAN S-D....79
GAMMAGARD LIQUID....79
GAMMAGARD S-D....79
GAMMAKED....79
GAMMAPLEX....79
GAMUNEX-C....79
GARDASIL 9....82
gatifloxacin....68
GATTEX....70
gauze pads & dressings....66
GAVILYTE-C....71
GAVILYTE-G....71
GAVILYTE-N....71
GAVRETO....14
gemfibrozil....52
GENERLAC....70
GENGRAF....79
gentamicin sulfate....7,65
gentamicin sulfate in ns....7
GENVOYA....38
GEODON....35
GIANVI....58
GILENYA....54
GILOTRIF....14
GLASSIA....90
glatiramer acetate....54
GLATOPA....54
GLEOSTINE....14
glimepiride....28
glipizide....28
glipizide er....28
glipizide xl....28
glipizide-metformin....28
GLUCAGEN....85
GLUCAGON EMERGENCY KIT....85
glucagon hcl....85
GLUCO NAVII....92
GLUCOCARD EXPRESSION....92
GLUCOCARD SHINE....92
GLUCOCARD SHINE XL....93
glycopyrrolate....70
GLYDO....4
granisetron hcl....32
GRANIX....43
griseofulvin....29
griseofulvin ultramicrosize....29
guanfacine hcl....45
guanfacine hcl er....54
guanidine hcl....85
GVOKE HYPOPEN 1-PACK....85
GVOKE HYPOPEN 2-PACK....85
GVOKE PFS 1-PACK SYRINGE....85
GVOKE PFS 2-PACK SYRINGE....85

H

HAEGARDA....43
HAILEY....58
HAILEY 24 FE....58
HAILEY FE....58
haloperidol....35
haloperidol decanoate....35
haloperidol decanoate 100....35
haloperidol lactate....35
HARVONI....41
HAVRIX....82
heather....58
heparin sodium....42
heparin sodium-d5w....42

HETLIOZ....91
HIBERIX....82
HIZENTRA....79
HUMALOG....27
HUMALOG JUNIOR KWIKPEN....27
HUMALOG KWIKPEN U-100....27
HUMALOG KWIKPEN U-200....27
HUMALOG MIX 50-50....27
HUMALOG MIX 50-50 KWIKPEN....27
HUMALOG MIX 75-25....27
HUMALOG MIX 75-25 KWIKPEN....27
HUMAPEN LUXURA HD....66
HUMIRA....79
HUMIRA PEDIATRIC CROHN'S....79
HUMIRA PEN....79
HUMIRA PEN CROHN'S-UC-HS....80
HUMIRA PEN PSOR-UVEITS-ADOL HS....80
HUMIRA(CF)....80
HUMIRA(CF) PEDIATRIC CROHN'S....80
HUMIRA(CF) PEN....80
HUMIRA(CF) PEN CROHN'S-UC-HS....80
HUMIRA(CF) PEN PSOR-UV-ADOL HS....80
HUMULIN 70-30....27
HUMULIN 70/30 KWIKPEN....27
HUMULIN N....27
HUMULIN N KWIKPEN....27
HUMULIN R....27
HUMULIN R U-500....27
HUMULIN R U-500 KWIKPEN....27
hydralazine hcl....50
hydrochlorothiazide....51
hydrocodone-acetaminophen....1
hydrocodone-ibuprofen....1
hydrocortisone....64,75,83
hydrocortisone valerate....64
hydromorphone hcl....1,2
hydroxychloroquine sulfate....32
hydroxyurea....14
hydroxyzine hcl....30
hydroxyzine pamoate....85
HYQVIA....80

I

ibandronate sodium....84
IBRANCE....14
IBU....3
ibuprofen....3
icatibant....50
ICLUSIG....14
icosapent ethyl....52
IDHIFA....14
ILARIS....80
imatinib mesylate....14
IMBRUVICA....14
imipenem-cilastatin sodium....10
imipramine hcl....24
imiquimod....62
IMOVAX RABIES VACCINE....82
INBRIJA....33
INCASSIA....58
INCRELEX....76
INCRUSE ELLIPTA....89
indapamide....51
indomethacin....3
INFANRIX DTAP....82
INGREZZA....54
INGREZZA INITIATION PACK....54
INLYTA....14
INQOVI....14
INREBIC....14
insulin lispro....27
insulin lispro junior kwikpen....27
insulin lispro kwikpen u-100....27
insulin lispro protamine mix....27
insulin pen needle....66
insulin syringe (disp) u-100 0.3 ml....66
insulin syringe (disp) u-100 1 ml....66
insulin syringe (disp) u-100 1/2 ml....66
INTELENCE....38
INTRALIPID....45

INTRON A....41
INTROVALE....58
INVEGA SUSTENNA....35
INVEGA TRINZA....36
INVIRASE....38
INVOKAMET....25
INVOKAMET XR....25
INVOKANA....25
IPOL....82
ipratropium bromide....67,90
ipratropium-albuterol....89
irbesartan....46
irbesartan-hydrochlorothiazide....46
IRESSA....14
ISENTRESS....39
ISENTRESS HD....39
ISIBLOOM....58
ISOLYTE S....87
isoniazid....31
isopropyl alcohol 0.7 ml/ml medicated pad....63
isosorbide dinitrate....53
isosorbide dinitrate er....53
isosorbide mononitrate....53
isosorbide mononitrate er....53
ISTURISA....85
itraconazole....29
ivermectin....33
IXIARO....82

J

JADENU....73
JADENU SPRINKLE....73
JAIMIESS....58
JAKAFI....14
jantoven 10mg tablet....42
jantoven 1mg tablet....42
jantoven 2.5mg tablet....42
jantoven 2mg tablet....42
jantoven 3mg tablet....42
jantoven 4mg tablet....42
jantoven 5mg tablet....42
jantoven 6mg tablet....43
jantoven 7.5mg tablet....43
JARDIANCE....25
jasmiel....58
JENCYCLA....58
JENTADUETO....25
JENTADUETO XR....25
JINTELI....74
JOLESSA....58
JOLIVETTE....58
JULEBER....58
JULUCA....39
JUNEL....58
JUNEL FE....58
JUXTAPID....52

K

KALBITOR....85
KALETRA....39
KALLIGA....58
KALYDECO....90
KANJINTI....14
KARIVA....58
KELNOR 1-35....58
KELNOR 1-50....58
ketoconazole....29
ketorolac tromethamine....3,69
KETOSTIX REAGENT....93
KEVZARA....80
KINERET....80
KINRIX....82
KIONEX....70
KISQALI....14
KISQALI FEMARA CO-PACK....15
KLOR-CON M10....87
KLOR-CON M15....87
KLOR-CON M20....87
KLOR-CON SPRINKLE....87
KORLYM....26

KOSELUGO....15
KURVELO....58
KUVAN....66

L

labetalol hcl....48
LACRISERT....67
lactulose....70
lamivudine....39
lamivudine hbv....39
lamivudine-zidovudine....39
lamotrigine....20
lamotrigine odt....20
lansoprazole....70
LANTUS....27
LANTUS SOLOSTAR....27
lapatinib....15
LARIN....59
LARIN FE....59
LARISSIA....59
latanoprost....86
LATUDA....36
LAZANDA....2
ledipasvir-sofosbuvir....41
LEENA....59
leflunomide....80
LENVIMA....15
LESSINA....59
LETAIRIS....94
letrozole....15
leucovorin calcium....85
LEUKERAN....15
LEUKINE....43
leuprolide acetate....15
leva set....4
levalbuterol tartrate hfa....90
levetiracetam....20
levetiracetam er....20
levobunolol hcl....86
levocarnitine....85
levocetirizine dihydrochloride....30
levofloxacin....11
LEVONEST....59
levonorg-eth estrad eth estrad....59
levonorgestrel-eth estradiol....59
LEVORA-28....59
levothyroxine sodium....77
LEXIVA....39
lido-prilo caine pack....4
lidocaine....4
lidocaine hcl....4
lidocaine hcl viscous....4
lidocaine-prilocaine....4
lidopril....4
lidopril xr....4
LILLOW....59
linezolid....8
linezolid-0.9% nacl....8
linezolid-d5w....8
LINZESS....71
liothyronine sodium....77
lisinopril....47
lisinopril-hydrochlorothiazide....47
lithium....55
lithium carbonate....55
lithium carbonate er....55
livixil pak....4
LO-ZUMANDIMINE....59
LOJAIMIESS....59
LONSURF....15
loperamide....71
lopinavir-ritonavir....39
LOPREEZA....74
lorazepam....6
LORAZEPAM INTENSOL....6
LORBRENA....15
LORCET....2
LORCET HD....2
LORCET PLUS....2
LORYNA....59

losartan potassium....46
losartan-hydrochlorothiazide....46
LOTEMAX....69
LOTEMAX SM....69
loteprednol etabonate....69
lovastatin....52
LOW-OGESTREL....59
loxapine....36
LUMIGAN....86
LUPRON DEPOT....15,76
LUPRON DEPOT (LUPANETA)....15,76
LUPRON DEPOT-PED....76
LUTERA....59
LYNPARZA....15
LYSODREN....15
LYZA....59

M

M-M-R II VACCINE....82
magnesium sulfate....87
malathion....65
maprotiline hcl....24
MARLISSA....59
MARPLAN....24
MATULANE....15
MATZIM LA....49
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)....49
MAVENCLAD....55
MAVYRET....41
MAYZENT....55
meclizine hcl....32
medroxyprogesterone acetate....77
mefloquine hcl....33
megestrol acetate....15,77
MEKINIST....15
MEKTOVI....15
meloxicam....3
memantine hcl....22
MENACTRA....82
MENQUADFI....82
MENVEO A-C-Y-W-135-DIP....82
mercaptopurine....15
meropenem....10
meropenem-0.9% nacl....10
mesalamine....83
mesalamine dr....83
mesalamine er....83
MESNEX....85
metformin hcl....26
metformin hcl 1,000 mg tablet (generic for glucophage)....26
metformin hcl 500 mg tablet (generic for glucophage)....26
metformin hcl er....26
methadone hcl....2
METHADONE INTENSOL....2
methazolamide....86
methimazole....77
methotrexate....15
methotrexate sodium....16
methoxsalen....63
methscopolamine bromide....71
methyldopa....45
methylphenidate er....55
methylphenidate er (la)....55
methylphenidate hcl....55
methylphenidate hcl cd....55
methylphenidate hcl er (cd)....55
methylphenidate la....55
methylprednisolone....75
metoclopramide hcl....71
metolazone....51
metoprolol succinate....48
metoprolol tartrate....48
metoprolol-hydrochlorothiazide....48
METRO IV....8
metronidazole....5,8,65
metyrosine....50
mexiletine hcl....47

MICRO-BUMINTEST....93
MICROGESTIN....59
microgestin fe....59
midodrine hcl....45
miglitol....26
miglustat....66
MILI....59
MILLIPRED....75
MILLIPRED DP....75
MIMVEY....74
MIMVEY LO....74
MINITRAN....53
minocycline hcl....12
minoxidil....53
mirtazapine....24
misoprostol....70
modafinil....91
moexipril hcl....47
molindone hcl....36
mometasone furoate....64
MONO-LINYAH....59
MONONESSA....59
montelukast sodium....89
MONUROL....8
morphine sulfate....2
morphine sulfate er....2
MOVANTIK....71
MOVIPREP....71
moxifloxacin....68
moxifloxacin hcl....11
MOZOBIL....43
MULTAQ....47
multi-vitamin w-fluoride-iron....94
multivitamin with fluoride....94
multivitamin-iron-fluoride....94
mupirocin....65
MVASI....16
MVC-FLUORIDE....95
mycophenolate mofetil....80
MYORISAN....63
MYRBETRIQ....72
MYTESI....71
MYZILRA....59

N

nabumetone....3
nadolol....48
nafcillin....11
nafcillin sodium....11
naloxone hcl....5
naltrexone hcl....5
naproxen....3,4
naratriptan hcl....30
NARCAN....5
NATACYN....68
nateglinide....26
NATPARA....84
NAYZILAM....20
NEBUPENT....33
NECON....59
nefazodone hcl....24
neomycin sulfate....7
neomycin-bacitracin-polymyxin....68
neomycin-polymyxin-dexameth....68
neomycin-polymyxin-gramicidin....68
neomycin-polymyxin-hc....68
neomycin-polymyxin-hydrocort....68
NERLYNX....16
NEULASTA....43
NEULASTA ONPRO....43
NEUPOGEN....43
NEUPRO....34
nevirapine....39
nevirapine er....39
NEXAVAR....16
niacin er....52
NICOTROL....5
NICOTROL NS....5
nifedipine er....51
NIKKI....59

nilutamide....16
nimodipine....51
NINLARO....16
nitisinone....66
nitrofurantoin....8
nitrofurantoin mono-macro....8
nitroglycerin....53
nitroglycerin patch....53
niva-plus....95
NORA-BE....59
NORDITROPIN FLEXPRO....76
norethin-eth estra-ferrous fum....59
norethindron-ethinyl estradiol....60,74
norethindrone....60
norethindrone ac (lupaneta)....77
norethindrone acetate....77
norgestimate-ethinyl estradiol....60
NORLYDA....60
NORLYROC....60
NORPACE CR....47
NORTHERA....45
NORTREL....60
nortriptyline hcl....24
NORVIR....39
NOURIANZ....34
NOVA MAX GLUCOSE TEST STRIPS....93
NOVAMAX PLUS....93
NOVOPEN ECHO....66
NOXAFIL....29
NUBEQA....16
NUCALA....90
NUEDEXTA....55
NUPLAZID....36
NURTEC ODT....30
NUZYRA....12
NYAMYC....29
nystatin....29
NYSTOP....29

O

OCALIVA....71
OCELLA....60
OCTAGAM....80
octreotide acetate....76
ODEFSEY....39
ODOMZO....16
OFEV....90
ofloxacin....68
OGESTREL....60
olanzapine....36
olanzapine odt....36
olmesartan medoxomil....46
olmesartan-hydrochlorothiazide....46
olopatadine hcl....67
OLUMIANT....80
omega-3 acid ethyl esters....52
omeprazole....70
OMNIPOD....66
OMNIPOD DASH 5 PACK POD....66
OMNIPOD DASH PDM KIT....66
ondansetron hcl....32
ondansetron odt....32
ONUREG....16
OPSUMIT....94
ORENCIA....80
ORENCIA CLICKJECT....80
ORENITRAM ER....94
ORFADIN....67
ORILISSA....76
ORKAMBI....90
ORSYTHIA....60
oseltamivir phosphate....40
OTEZLA....80
oxandrolone....73
OXBRYTA....44
oxcarbazepine....20
OXERVATE....67
oxybutynin chloride....72

oxybutynin chloride er....72
oxycodone hcl....2
oxycodone hcl-aspirin....3
oxycodone-acetaminophen....2,3
OZEMPIC....26

P

PACERONE....47
paliperidone er....36
PANRETIN....63
pantoprazole sodium....70
PANZYGA....80
paricalcitol....84
PAROEX....62
paromomycin sulfate....33
paroxetine hcl....24
PASER....31
PAXIL....24
PEDIARIX....82
PEDVAXHIB....82
peg 3350-electrolyte....71
peg-3350 and electrolytes....71
PEGANONE....21
PEGASYS....41
PEGASYS PROCLICK....41
PEGINTRON....41
PEMAZYRE....16
penicillamine....73
penicillin g potassium....11
penicillin gk-iso-osm dextrose....11
penicillin v potassium....11
PENTACEL....82
PENTACEL ACTHIB COMPONENT....82
PENTACEL DTAP-IPV COMPONENT....82
PENTAM 300....33
pentamidine isethionate....33
pentoxifylline....44
perindopril erbumine....47
PERIOGARD....62
permethrin....65
perphenazine....36
PERSERIS....36
PHENADOZ....32
phenelzine sulfate....24
phenobarbital....21
phenoxybenzamine hcl....45
phenytoin....21
phenytoin sodium extended....21
PHILITH....60
PHOSLYRA....72
PHOSPHOLINE IODIDE....86
PICATO....63
PIFELTRO....39
pilocarpine hcl....62,86
pimecrolimus....64
pimozide....36
PIMTREA....60
pioglitazone hcl....26
pioglitazone-glimepiride....26
pioglitazone-metformin....26
piperacillin-tazobactam....11
PIQRAY....16
PIRMELLA....60
piroxicam....4
PLEGRIDY....55
PLEGRIDY PEN....55
podofilox....63
POLIVY....16
POLY-VI-FLOR....95
POLY-VI-FLOR WITH IRON....95
POLYCIN....68
polymyxin b sul-trimethoprim....68
polymyxin b sulfate....8
POMALYST....16
PORTIA....60
posaconazole....29
potassium chloride....87,88
potassium chloride in d5lr....87
potassium chloride proamp....88
potassium chloride-water....88

potassium citrate er....88
PRADAXA....43
pramipexole dihydrochloride....34
pramipexole er....34
prasugrel hcl....44
pravastatin sodium....52
praziquantel....33
prazosin hcl....45
PRECISION XTRA....93
PRECISION XTRA KETONE-GLUCOSE....93
PRED MILD....69
prednisolone....75
prednisolone acetate....69
prednisolone sodium phosphate....69,75
prednisone....75
PREDNISONE INTENSOL....75
pregabalin....21
PREMARIN....74
PREMPHASE....75
PREMPRO....75
prenatal vitamins with minerals and folic acid greater than 0.8mg....95
pretomanid....31
PREVALITE....52
PREVIFEM....60
PREVYMIS....40
PREZCOBIX....39
PREZISTA....39
PRIFTIN....31
prilolid....4
prilovix....4
prilovix lite....4
prilovix lite plus....4
prilovix plus....4
prilovixil....4
primaquine....33
primidone....21
PRIVIGEN....81
probenecid....30
probenecid-colchicine....30
prochlorperazine....32
prochlorperazine maleate....32
PROCRIT....44
PROCRIT 20,000 UNITS/2 ML VIAL....44
PROCTO-MED HC....64
PROCTOSOL-HC....64
PROCTOZONE-HC....64
PRODIGY....93
PRODIGY AUTOCODE....93
PRODIGY NO CODING....93
PRODIGY POCKET....93
PRODIGY VOICE....93
progesterone....77
PROGLYCEM....85
PROGRAF....81
PROLASTIN C....90
PROMACTA....44
promethazine hcl....30,32
PROMETHEGAN....32
propafenone hcl....48
propantheline bromide....71
propranolol hcl....48
propranolol hcl er....48
propranolol-hydrochlorothiazid....48
propylthiouracil....77
PROQUAD....82
protriptyline hcl....24
PULMICORT FLEXHALER....89
PULMOZYME....67
PUREFE PLUS....95
PURIXAN....16
pyrazinamide....31
pyridostigmine bromide....85
pyridostigmine bromide er....85
pyrimethamine....33

Q

QINLOCK....16
QNASL....69
QNASL CHILDREN....69

QUADRACEL DTAP-IPV....82
quetiapine fumarate....36
quetiapine fumarate er....36
QUFLORA....95
QUFLORA FE....95
quinapril hcl....47
quinapril-hydrochlorothiazide....47
quinidine gluconate....48
quinidine sulfate....48
quinine sulfate....33
QVAR REDIHALER....89

R

RABAVERT....82
rabeprazole sodium....70
raloxifene hcl....75
ramipril....47
ranitidine hcl....70
ranolazine er....50
rasagiline mesylate....34
RASUVO....81
RAVICTI....71
REBETOL....41
REBIF....55,56
REBIF REBIDOSE....56
RECLIPSEN....60
RECOMBIVAX HB....83
RECTIV....85
REGRANEX....63
RELENZA....40
repaglinide....26
REPATHA PUSHTRONEX....52
REPATHA SURECLICK....52
REPATHA SYRINGE....52
RESCRIPTOR....39
RESTASIS....69
RESTASIS MULTIDOSE....69
RETACRIT....44
RETEVMO....16
REVCOVI....67
REVLIMID....16
REXULTI....36
REYATAZ....39
REYVOW....31
RIBASPHERE....42
RIBASPHERE RIBAPAK....42
ribavirin....42
RIDAURA....81
rifabutin....31
rifampin....31
riluzole....56
rimantadine hcl....40
RINVOQ....81
risedronate sodium....84
RISPERDAL CONSTA....36
risperidone....36,37
risperidone odt....37
ritonavir....39
rivastigmine....22
rizatriptan....31
ropinirole er....34
ropinirole hcl....34
ROSADAN....65
rosuvastatin calcium....52
ROTARIX....83
ROTATEQ....83
ROZLYTREK....16
RUBRACA....16
RUCONEST....44
rufinamide....21
RUKOBIA....39
RUZURGI....86
RYBELSUS....26
RYDAPT....17
RYTARY....34

S

SANDOSTATIN LAR DEPOT....76
SAPHRIS....37
sapropterin dihydrochloride....67

SAVELLA . . . 56
scopolamine . . . 32
SECUADO . . . 37
selegiline hcl . . . 34
selenium sulfide . . . 65
SELZENTRY . . . 39
SEREVENT DISKUS . . . 90
SEROSTIM . . . 76
sertraline hcl . . . 24
SETLAKIN . . . 60
sevelamer carbonate . . . 72
sf . . . 62
sf 5000 plus . . . 62
SHAROBEL . . . 60
SHINGRIX . . . 83
SHINGRIX GE ANTIGEN COMPONENT 83
SIGNIFOR . . . 76
sildenafil 20 mg tablet (generic for revatio) . . . 94
SILIQ . . . 81
silver sulfadiazine . . . 65
SIMBRINZA . . . 87
SIMLIYA . . . 60
SIMPESSE . . . 60
SIMPONI . . . 81
simvastatin . . . 52
sirolimus . . . 81
SIRTURO . . . 31
SIVEXTRO . . . 8
SKYRIZI . . . 81
SKYRIZI (2 SYRINGES) KIT . . . 81
sodium chloride . . . 88,93
sodium chloride-water . . . 88
sodium fluoride . . . 62,95
sodium fluoride 2.2 mg (fluoride ion 1 mg) . . . 95
sodium fluoride 5000 plus . . . 62
sodium phenylbutyrate . . . 71
sodium polystyrene sulfonate . . . 71
sofosbuvir-velpatasvir . . . 41
SOFT TOUCH . . . 93
solifenacin succinate . . . 72
SOLIQUA 100-33 . . . 27
SOLTAMOX . . . 17
SOLU-CORTEF . . . 75
SOMATULINE DEPOT . . . 76
SOMAVERT . . . 76
sotalol . . . 48
sotalol af . . . 48
spironolactone . . . 51
spironolactone-hctz . . . 51
SPRAVATO . . . 24
SPRINTEC . . . 60
SPRITAM . . . 21
SPRYCEL . . . 17
SPS . . . 71
SRONYX . . . 60
SSD . . . 65
stavudine . . . 40
STELARA . . . 81
STIMATE . . . 77
STIVARGA . . . 17
STRENSIQ . . . 67
streptomycin sulfate . . . 7
STRIBILD . . . 40
STRIVERDI RESPIMAT . . . 90
SUBVENITE . . . 21
SUCRAID . . . 67
sucralfate . . . 70
sulfacetamide sodium . . . 65,68
sulfacetamide-prednisolone . . . 68
sulfadiazine . . . 11
sulfamethoxazole-trimethoprim . . . 11
sulfasalazine . . . 83
sulfasalazine dr . . . 84
SULFATRIM . . . 12
sulindac . . . 4
sumatriptan . . . 31
sumatriptan succinate . . . 31
SUNOSI . . . 91
SUPRAX . . . 9
SUPREP . . . 71

SUTENT....17
SYEDA....60
SYLATRON....41
SYMDEKO....90
SYMFI....40
SYMFI LO....40
SYMLINPEN 120....26
SYMLINPEN 60....26
SYMPAZAN....21
SYMPROIC....71
SYMTUZA....40
SYNAREL....77
SYNJARDY....26
SYNJARDY XR....26
SYNRIBO....17
SYNTHROID....77

T

TABLOID....17
TABRECTA....17
tacrolimus....64,81
tadalafil....94
tadalafil 20 mg tablet (generic for adcirca)....94
TAFINLAR....17
TAGRISSO....17
TAKHZYRO....86
TALICIA....70
TALZENNA....17
tamoxifen citrate....17
tamsulosin hcl....72
TARGRETIN....17
tarina 24 fe....60
TARINA FE....60
TARINA FE 1-20 EQ....60
TASIGNA....17
tazarotene....65
TAZORAC....65
TAZTIA XT....49
TAZVERIK....17
tdvax....83
TECFIDERA....56
TEFLARO....9
telmisartan....46
temazepam....6
TEMIXYS....40
TENCON....3
TENIVAC....83
tenofovir disoproxil fumarate....40
terazosin hcl....72
terbinafine hcl....29
terconazole....5
testosterone....73
testosterone cypionate....74
testosterone enanthate....74
tetrabenazine....56
tetracycline hcl....12
THALOMID....86
theophylline....90
theophylline anhydrous....90
THIOLA....73
THIOLA EC....73
thioridazine hcl....37
thiothixene....37
TIADYLT ER....49
tiagabine hcl....21
TIBSOVO....17
tigecycline....12
TILIA FE....60
timolol maleate....87
TIVICAY....40
TIVICAY PD....40
tizanidine hcl....91
TOBI PODHALER....7
TOBRADEX....68
tobramycin....7,68
tobramycin sulfate....7
tobramycin-dexamethasone....68
TOBREX....68
tolterodine tartrate....72
tolterodine tartrate er....72

topiramate....21
toremifene citrate....17
torsemide....51
TOUJEO MAX SOLOSTAR....27
TOUJEO SOLOSTAR....28
TRACLEER....94
TRADJENTA....26
tramadol hcl....3
trandolapril....47
tranexamic acid....44
tranylcypromine sulfate....24
TRAVATAN Z....87
travoprost....87
trazodone hcl....24
TRECATOR....31
TRELEGY ELLIPTA....90
TRELSTAR....17
tretinoin....17,65
TRI FEMYNOR....61
TRI-ESTARYLLA....61
TRI-LEGEST FE....61
TRI-LINYAH....61
TRI-LO-ESTARYLLA....61
tri-lo-marzia....61
TRI-LO-MILI....61
TRI-LO-SPRINTEC....61
TRI-MILI....61
TRI-PREVIFEM....61
TRI-SPRINTEC....61
TRI-VI-FLOR....95
tri-vitamin with fluoride....95
TRI-VYLIBRA....61
TRI-VYLIBRA LO....61
triamcinolone acetonide....62,64
triamterene-hydrochlorothiazid....51
trianex....64
TRIDERM....64
TRIDESILON....64
trientine hcl....73
trifluoperazine hcl....37
trifluridine....68
trihexyphenidyl hcl....34
TRIJARDY XR....26
TRIKAFTA....90
TRIKLO....52
TRILYTE WITH FLAVOR PACKETS....72
trimethobenzamide hcl....32
trimethoprim....8
trimipramine maleate....25
TRINTELLIX....25
TRIUMEQ....40
TRIVORA-28....61
trospium chloride....72
TRUE METRIX....93
TRUE METRIX AIR GLUCOSE METER....93
TRUE METRIX BLOOD GLUCOSE MTR....93
TRUE METRIX GLUCOSE TEST STRIP....93
TRUE METRIX GO....93
TRUEPLUS KETONE TEST STRIP....93
TRULICITY....27
TRUMENBA....83
TRUVADA....40
TUKYSA....17
TULANA....61
TURALIO....18
TWINRIX....83
TYBOST....86
TYKERB....18
TYMLOS....84
TYPHIM VI....83
TYVASO....94

U

UDENYCA....44
ULORIC....30
ULTIMA....93
UPTRAVI....94
ursodiol....71

V

V-GO 20 66
V-GO 30 66
V-GO 40 66
valacyclovir 42
VALCHLOR 63
valganciclovir hcl 42
valproic acid 21
valsartan 46
valsartan-hydrochlorothiazide 46
VALTOCO 21
vancomycin hcl 8
VAQTA 83
VARIVAX VACCINE 83
VARIZIG 81
VASCEPA 52
VELIVET 61
VEMLIDY 40
VENCLEXTA 18
VENCLEXTA STARTING PACK 18
venlafaxine hcl 25
venlafaxine hcl er 25
VENTAVIS 94
verapamil er 49
verapamil hcl 49
verapamil sr 50
VEREGEN 63
VERSACLOZ 37
VERZENIO 18
VGO 20 66
VGO 30 66
VGO 40 66
VICTOZA 2-PAK 27
VICTOZA 3-PAK 27
VIDEX 40
VIDEX EC 40
VIEKIRA PAK 41
VIENVA 61
vigabatrin 21
VIGADRONE 22
VIIBRYD 25
VIMPAT 22
VIORELE 61
VIRACEPT 40
VIREAD 40
VISTOGARD 86
vitamins a,c,d and fluoride 95
VITRAKVI 18
VIZIMPRO 18
VOLNEA 61
voriconazole 29
VOSEVI 41
VOTRIENT 18
VRAYLAR 37
VUMERITY 56
VYFEMLA 61
VYLIBRA 61
VYNDAMAX 50
VYNDAQEL 50
VYVANSE 56

W

warfarin sodium 43
water 84
WAVESENSE PRESTO 93
WERA 61
WIXELA INHUB 89

X

XALKORI 18
XARELTO 43
XATMEP 18
XCOPRI 22
XELJANZ 81
XELJANZ XR 81
XEMBIFY 81
XENLETA 8
XERMELO 71

XEROFORM NON-OCCLUSIVE DRESSNG....66
XGEVA....84
XIFAXAN....8
XOLAIR....90
XOSPATA....18
XPOVIO....18
XTANDI....18
XULANE....61
XULTOPHY 100-3.6....28
XYREM....91

Y

YF-VAX....83
YONSA....18
YUVAFEM....75

Z

zaleplon....91
ZARAH....61
ZARXIO....44
ZEJULA....18
ZELBORAF....18
ZEMAIRA....90
ZENATANE....63
zidovudine....40
ZIEXTENZO....44
zileuton er....89
ziprasidone hcl....37
ziprasidone mesylate....37
ZIRGAN....68
ZOLINZA....18
zolpidem tartrate....91
zolpidem tartrate er....91
zonisamide....22
ZONTIVITY....44
ZORBTIVE....77
ZORTRESS....81
ZOSTAVAX....83
ZOVIA 1-35E....61
ZULRESSO....25
ZUMANDIMINE....61
ZYDELIG....18
ZYKADIA....19
ZYPREXA RELPREVV....37
ZYTIGA....19

This formulary was updated on 11/24/2020. For more recent information or other questions, please contact HealthPartners Member Services.

Freedom members: 952-883-7979 or 800-233-9645

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

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.

H2462 H4882 S1822_117188_C IR 09/2019