

Keystone 65 Rx

Personal Choice 65SM Rx

2022 Formulary

(List of Covered Drugs)

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER
IN THIS PLAN

FID 22408, Version 15

This formulary was updated on 12/5/2022. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** (TTY users should call **711**), seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit **www.ibxmedicare.com**.



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 Independence Blue Cross. When it refers to "plan" or "our plan," it means Keystone 65 Basic Rx HMO, Keystone 65 Select Rx HMO, Keystone 65 Preferred Rx HMO, Keystone 65 Focus Rx HMO-POS, Personal Choice 65 Rx PPO, Personal Choice 65 Prime Rx PPO, Personal Choice 65 Elite Rx PPO, or Personal Choice 65 Save Rx PPO.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/5/2022. 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, 2024, and from time to time during the year.

What is the Keystone 65 Rx, Personal Choice 65 Rx Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on 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 the 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 find information in the section below titled "*How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx's Formulary?*"
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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 the 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 both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "*How do I request an exception to the Keystone 65 Rx, Personal Choice 65 Rx's Formulary?*"

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/5/2022. To get updated information about the drugs covered by the plan, please contact us. Our contact information appears on the front and back cover pages. In the event of a midyear non-maintenance formulary change, all affected members will receive a notification of changes to the formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 115. The Index provides an alphabetical list of all 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?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan provides 60 per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 7. 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 restriction 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 the plan to make an exception to these restrictions or limits or for a list of other similar drugs that may treat your health condition. See the section, "*How do I request an exception to the Keystone 65 Rx and Personal Choice 65 Rx's Formulary?*" on page 4 for information about how to request an exception.

Other Special Coverage Rules:

PDSS - Insulin Savings Program

With the Insulin Savings Program, you will pay a \$35 copay for a 1-month supply of Select Insulins during the initial coverage, and coverage gap or "donut hole" stages of your benefit. Your cost may be less if you receive "Extra Help" from Medicare.

The Insulin Savings Program is available for Keystone 65 Focus HMO-POS, Keystone 65 Preferred HMO, and Keystone 65 Select HMO members. For more information on the Insulin Savings Program, please refer to your *Evidence of Coverage* document.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs, including bandages, cold and allergy medicines, pain relievers, vitamins, and more. Our plan will provide these OTC drugs at no cost to you. The cost to the plan of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our Member Help Team and ask if your drug is covered.

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

- You can ask our Member Help Team for a list of similar drugs that are covered by the plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by the plan.
- You can ask us 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 Keystone 65 Rx, Personal Choice 65 Rx's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a predetermined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is 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, the plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, we 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, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increments (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days if you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If a transition occurs due to a member changing setting, such as moving from a home residence to a long-term care facility and then back again, our plan has a method in place to ensure that you have access to your medication. If your change of setting cannot be identified by the automated system, the pharmacy can notify our plan of the setting change and provide you with your needed medications. You will receive notice that you must either switch to a therapeutically appropriate drug on the plan's formulary or request an exception to continue taking the requested drug.

For more information

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

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

If you have general questions about Medicare prescription drug coverage, please call Medicare at **1-800-MEDICARE (1-800-633-4227)** 24 hours a day/7 days a week. TTY users should call **1-877-486-2048**. Or, visit www.medicare.gov.

Keystone 65 Rx, Personal Choice 65 Rx's Formulary

The formulary provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR®) and generic drugs are listed in lowercase italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if the plan has any special requirements for coverage of your drug.

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, the plan limits the amount of the drug that we will cover. For example, our plan provides 60 per prescription for Glipizide ER 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Non-Extended Day Supply (NDS):** All prescription fills for opioid medications will be limited to a 30-day supply. FutureScripts® Home Delivery requires that you must use 90 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.
- **Non-Formulary (NF):** If your drug has a "Non-Formulary" status, this means that your drug is not covered under your plan. In this case, you may request a Formulary Exception.

The Drug Tier column of the chart lists the drug tier. The drug tier is the level of formulary cost-sharing for which the member is responsible. See your *Evidence of Coverage* for more information about cost-sharing amounts.

Drug Name	Tier	Requirements
Antihistamine Drugs		
First Generation Antihistamines		
carbinoxamine maleate oral solution		NF
carbinoxamine maleate oral tablet 4 mg		NF
clemastine fumarate oral syrup	5	PA
clemastine fumarate oral tablet 2.68 mg		NF
cyproheptadine hcl oral syrup		2
cyproheptadine hcl oral tablet		2
promethazine hcl oral syrup	2	PA
promethazine hcl oral tablet	2	PA
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	PA
promethazine-phenylephrine oral syrup		NF
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	PA
RYCLORA ORAL SOLUTION		NF
RYVENT ORAL TABLET		NF
Second Generation Antihistamines		
cetirizine hcl oral solution 1 mg/ml		NF
CLARINEX ORAL TABLET		NF
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR		NF
desloratadine oral tablet		2
desloratadine oral tablet dispersible		NF
levocetirizine dihydrochloride oral solution		2
levocetirizine dihydrochloride oral tablet		2
Anti-Infective Agents		
Anthelmintics		
albendazole oral tablet		5
BILTRICIDE ORAL TABLET		NF
EMVERM ORAL TABLET CHEWABLE		NF
ivermectin oral tablet		2
praziquantel oral tablet		2
STROMECTOL ORAL TABLET		NF
Antibacterials		
ACTICLATE ORAL TABLET		NF
AEMCOLO ORAL TABLET DELAYED RELEASE	4	QL (12 EA per 30 days)
amikacin sulfate injection solution 500 mg/2ml		2
amoxicillin oral capsule		1
amoxicillin oral suspension reconstituted		1
amoxicillin oral tablet		1
amoxicillin oral tablet chewable 125 mg, 250 mg		1

Drug Name	Tier	Requirements
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet chewable	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	
ampicillin sodium intravenous solution reconstituted 10 gm	2	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	
ARIKAYCE INHALATION SUSPENSION	5	PA
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	5	
AZACTAM INJECTION SOLUTION RECONSTITUTED	NF	
azithromycin intravenous solution reconstituted	2	
azithromycin oral packet	2	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	2	
aztreonam injection solution reconstituted 1 gm	3	
aztreonam injection solution reconstituted 2 gm	5	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	NF	
AZULFIDINE ORAL TABLET	NF	
BACTRIM DS ORAL TABLET	NF	
BACTRIM ORAL TABLET	NF	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
BAXDELA ORAL TABLET	NF	
BETHKIS INHALATION NEBULIZATION SOLUTION	5	PA
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
cefaclor er oral tablet extended release 12 hour	2	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml	2	
cefadroxil oral capsule	2	

Drug Name	Tier	Requirements
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	2	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg	2	
cefdinir oral capsule	2	
cefdinir oral suspension reconstituted	2	
cefepime hcl injection solution reconstituted	3	
cefixime oral capsule	2	
cefixime oral suspension reconstituted	2	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	2	
cefoxitin sodium intravenous solution reconstituted	2	
cefpodoxime proxetil oral suspension reconstituted	3	
cefpodoxime proxetil oral tablet	3	
ceprozil oral suspension reconstituted	2	
ceprozil oral tablet	2	
ceftazidime injection solution reconstituted 1 gm, 6 gm	3	
ceftazidime intravenous solution reconstituted	3	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	2	
ceftriaxone sodium intravenous solution reconstituted 10 gm	2	
cefuroxime axetil oral tablet	2	
cefuroxime sodium injection solution reconstituted 750 mg	2	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	2	
cephalexin oral capsule	2	
cephalexin oral suspension reconstituted	2	
cephalexin oral tablet	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	NF	
CIPRO ORAL TABLET 250 MG, 500 MG	NF	
ciprofloxacin hcl oral tablet	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
clarithromycin er oral tablet extended release 24 hour	3	
clarithromycin oral suspension reconstituted	3	
clarithromycin oral tablet	2	
CLEOCIN ORAL CAPSULE	NF	
CLEOCIN ORAL SOLUTION RECONSTITUTED	NF	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	NF	
clindamycin hcl oral capsule	2	
clindamycin palmitate hcl oral solution reconstituted	2	

Drug Name	Tier	Requirements
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	5	
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	NF	
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>daptomycin intravenous solution reconstituted</i>	5	
<i>demeclocycline hcl oral tablet</i>	2	
<i>dicloxacillin sodium oral capsule</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED	5	QL (408 ML per 30 days)
DIFICID ORAL TABLET	5	QL (60 EA per 30 days)
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	NF	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	NF	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet</i>	3	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline hyclate oral tablet delayed release 80 mg</i>	NF	
<i>doxycycline monohydrate oral capsule</i>	3	
<i>doxycycline monohydrate oral suspension reconstituted</i>	3	
<i>doxycycline monohydrate oral tablet</i>	3	
E.E.S. 400 ORAL TABLET	NF	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	NF	
<i>ertapenem sodium injection solution reconstituted</i>	4	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	NF	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	NF	
ERY-TAB ORAL TABLET DELAYED RELEASE	NF	
ERYTHROGIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROGIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin base oral tablet delayed release 500 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	3	

Drug Name	Tier	Requirements
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	5	
erythromycin ethylsuccinate oral tablet	3	
erythromycin oral tablet delayed release 250 mg, 333 mg	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML	4	
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML	NF	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%	2	
gentamicin sulfate injection solution 40 mg/ml	2	
imipenem-cilastatin intravenous solution reconstituted	3	
INVANZ INJECTION SOLUTION RECONSTITUTED	NF	
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin intravenous solution	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	2	
linezolid intravenous solution 600 mg/300ml	3	
linezolid oral suspension reconstituted	5	QL (1680 ML per 28 days)
linezolid oral tablet	3	QL (56 EA per 28 days)
meropenem intravenous solution reconstituted	4	
minocycline hcl er oral tablet extended release 24 hour	NF	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
moxifloxacin hcl in nacl intravenous solution	2	
moxifloxacin hcl oral tablet	2	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	2	
nafcillin sodium intravenous solution reconstituted 10 gm	2	
neomycin sulfate oral tablet	2	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
NUZYRA ORAL TABLET	5	PA
ofloxacin oral tablet 300 mg, 400 mg	2	
oxacillin sodium in dextrose intravenous solution	2	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	2	
oxacillin sodium intravenous solution reconstituted	2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	2	
penicillin g potassium injection solution reconstituted 20000000 unit	2	
penicillin g procaine intramuscular suspension	2	

Drug Name	Tier	Requirements
penicillin g sodium injection solution reconstituted	5	
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	2	
piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	4	
polymyxin b sulfate injection solution reconstituted	2	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	NF	
SEYSARA ORAL TABLET	NF	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET	5	PA; QL (6 EA per 30 days)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	NF	
streptomycin sulfate intramuscular solution reconstituted	2	
sulfadiazine oral tablet	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfasalazine oral tablet	2	
sulfasalazine oral tablet delayed release	2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	NF	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
TARGADOX ORAL TABLET	NF	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	5	
tetracycline hcl oral capsule	2	
tigecycline intravenous solution reconstituted	3	
TOBI INHALATION NEBULIZATION SOLUTION	NF	
TOBI PODHALER INHALATION CAPSULE	5	PA
tobramycin inhalation nebulization solution	5	PA
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	NF	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2- 1) GM	NF	

Drug Name	Tier	Requirements
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	NF	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	NF	
VANCOCIN ORAL CAPSULE	NF	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	4	
<i>vancomycin hcl oral solution reconstituted</i>	2	
VIBRAMYCIN ORAL CAPSULE	NF	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	NF	
VIBRAMYCIN ORAL SYRUP	NF	
XENLETA ORAL TABLET	5	PA; QL (10 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG	5	QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
ZEMDRI INTRAVENOUS SOLUTION	5	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	NF	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	NF	
ZITHROMAX ORAL PACKET	NF	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	NF	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	NF	
ZITHROMAX TRI-PAK ORAL TABLET	NF	
ZITHROMAX Z-PAK ORAL TABLET	NF	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	NF	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	NF	
ZYVOX ORAL SUSPENSION RECONSTITUTED	NF	
ZYVOX ORAL TABLET	NF	
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA
<i>amphotericin b intravenous solution reconstituted</i>	2	PA
ANCOBON ORAL CAPSULE	NF	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	NF	
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	

Drug Name	Tier	Requirements
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	3	
CRESEMBA ORAL CAPSULE	5	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	NF	
DIFLUCAN ORAL TABLET	NF	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	5	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosize oral tablet</i>	2	
<i>itraconazole oral capsule</i>	2	
<i>itraconazole oral solution</i>	5	
<i>ketoconazole oral tablet</i>	2	
<i>micafungin sodium intravenous solution reconstituted 100 mg</i>	3	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	5	
NOXAFIL ORAL SUSPENSION	5	PA
NOXAFIL ORAL TABLET DELAYED RELEASE	5	PA
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral tablet delayed release</i>	5	PA
SPORANOX ORAL CAPSULE	NF	
SPORANOX ORAL SOLUTION	NF	
<i>terbinafine hcl oral tablet</i>	2	
<i>tolsura oral capsule</i>	5	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	NF	
VFEND ORAL SUSPENSION RECONSTITUTED	NF	
VFEND ORAL TABLET	NF	
VIVJOA ORAL CAPSULE THERAPY PACK	NF	
<i>voriconazole intravenous solution reconstituted</i>	5	PA
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	4	
Antimycobacterials		
<i>dapsone oral tablet</i>	2	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	

Drug Name	Tier	Requirements
<i>isoniazid oral tablet</i>	2	
MYAMBUTOL ORAL TABLET 400 MG	NF	
MYCOBUTIN ORAL CAPSULE	NF	
PASER ORAL PACKET	4	
<i>pretomanid oral tablet</i>	4	PA
PRIFTIN ORAL TABLET	4	
<i>pyrazinamide oral tablet</i>	2	
<i>rifabutin oral capsule</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECATOR ORAL TABLET	4	
Antiprotozoals		
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	3	
<i>benznidazole oral tablet</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	
COARTEM ORAL TABLET	4	
DARAPRIM ORAL TABLET	NF	
FLAGYL ORAL CAPSULE	NF	
HUMATIN ORAL CAPSULE	NF	
<i>hydroxychloroquine sulfate oral tablet</i>	2	
IMPAVIDO ORAL CAPSULE	5	QL (84 EA per 28 days)
KRINTAFEL ORAL TABLET	4	
LAMPIT ORAL TABLET	4	
MALARONE ORAL TABLET	NF	
<i>mefloquine hcl oral tablet</i>	2	
MEPRON ORAL SUSPENSION	NF	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral capsule</i>	4	
<i>metronidazole oral tablet</i>	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	NF	
<i>nitazoxanide oral tablet</i>	5	
<i>paromomycin sulfate oral capsule</i>	2	
PENTAM INJECTION SOLUTION RECONSTITUTED	NF	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	PA
<i>pentamidine isethionate injection solution reconstituted</i>	2	
PLAQUENIL ORAL TABLET	NF	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	
<i>pyrimethamine oral tablet</i>	5	

Drug Name	Tier	Requirements
QUALAQUIN ORAL CAPSULE	NF	
<i>quinine sulfate oral capsule</i>	2	PA
SOLOSEC ORAL PACKET	NF	
<i>tinidazole oral tablet</i>	2	
Antivirals		
<i>abacavir sulfate oral solution</i>	2	
<i>abacavir sulfate oral tablet</i>	2	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet</i>	2	QL (30 EA per 30 days)
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	PA
<i>adefovir dipivoxil oral tablet</i>	3	QL (30 EA per 30 days)
APTIVUS ORAL CAPSULE	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	4	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
BARACLUDE ORAL SOLUTION	NF	
BARACLUDE ORAL TABLET	NF	
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	5	
COMBIVIR ORAL TABLET	NF	
COMPLERA ORAL TABLET	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	QL (30 EA per 30 days)
<i>efavirenz oral capsule 200 mg</i>	2	QL (120 EA per 30 days)
<i>efavirenz oral capsule 50 mg</i>	2	
<i>efavirenz oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	5	
<i>emtricitabine oral capsule</i>	2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL CAPSULE	NF	
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	3	QL (30 EA per 30 days)
EPCLUSIA ORAL PACKET 150-37.5 MG	5	PA; QL (84 EA per 365 days)
EPCLUSIA ORAL PACKET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSIA ORAL TABLET 400-100 MG	5	PA; QL (84 EA per 365 days)
EPIVIR HBV ORAL SOLUTION	4	

Drug Name	Tier	Requirements
EPIVIR HBV ORAL TABLET	NF	
EPIVIR ORAL SOLUTION	NF	
EPIVIR ORAL TABLET	NF	
EPZICOM ORAL TABLET	NF	
<i>etravirine oral tablet 100 mg</i>	5	QL (120 EA per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	QL (60 EA per 30 days)
EVOTAZ ORAL TABLET	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet</i>	4	
<i>fosamprenavir calcium oral tablet</i>	5	QL (120 EA per 30 days)
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 EA per 30 days)
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; QL (168 EA per 365 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (168 EA per 365 days)
INTELENCE ORAL TABLET 100 MG	4	QL (120 EA per 30 days)
INTELENCE ORAL TABLET 200 MG	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	4	
JULUCA ORAL TABLET	5	QL (30 EA per 30 days)
KALETRA ORAL SOLUTION	NF	
KALETRA ORAL TABLET 100-25 MG	4	QL (240 EA per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	QL (120 EA per 30 days)
<i>lamivudine oral solution</i>	2	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet</i>	4	QL (60 EA per 30 days)
<i>ledipasvir-sofosbuvir oral tablet</i>	5	PA; QL (168 EA per 365 days)
LEXIVA ORAL SUSPENSION	4	
LEXIVA ORAL TABLET	NF	
LIVTENCITY ORAL TABLET	5	PA; QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc oral tablet</i>	5	

Drug Name	Tier	Requirements
MAVYRET ORAL PACKET	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET	5	PA; QL (336 EA per 365 days)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	QL (90 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 EA per 30 days)
<i>nevirapine oral suspension</i>	2	
<i>nevirapine oral tablet</i>	2	QL (60 EA per 30 days)
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
NORVIR ORAL TABLET	NF	
ODEFSEY ORAL TABLET	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (60 EA per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	3	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	3	QL (540 ML per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PIFELTRO ORAL TABLET	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	QL (1 ML per 28 days)
PREVYMIS ORAL TABLET	5	
PREZCOBIX ORAL TABLET	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG	5	
PREZISTA ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	
PREZISTA ORAL TABLET 800 MG	5	QL (30 EA per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 EA per 180 days)
RETROVIR ORAL CAPSULE	NF	
RETROVIR ORAL SYRUP	NF	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	NF	
REYATAZ ORAL PACKET	5	
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>rimantadine hcl oral tablet</i>	2	
<i>ritonavir oral tablet</i>	3	QL (360 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	4	

Drug Name	Tier	Requirements
SITAVIG BUCCAL TABLET	NF	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days)
SUSTIVA ORAL CAPSULE	NF	
SUSTIVA ORAL TABLET	NF	
SYMFY LO ORAL TABLET	5	
SYMFY ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TAMIFLU ORAL CAPSULE	NF	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	NF	
<i>tenofovir disoproxil fumarate oral tablet</i>	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE	5	QL (180 EA per 30 days)
TRIZIVIR ORAL TABLET	5	QL (60 EA per 30 days)
TRUVADA ORAL TABLET	5	QL (30 EA per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	3	QL (90 EA per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	3	QL (60 EA per 30 days)
VALCYTE ORAL SOLUTION RECONSTITUTED	NF	
VALCYTE ORAL TABLET	NF	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	3	
VALTREX ORAL TABLET	NF	
VEMLIDY ORAL TABLET	5	
VIRACEPT ORAL TABLET 250 MG	5	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
VIREAD ORAL TABLET 300 MG	NF	
VOSEVI ORAL TABLET	5	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	QL (2 EA per 28 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	QL (1 EA per 28 days)

Drug Name	Tier	Requirements
ZEPATIER ORAL TABLET	5	PA; QL (112 EA per 365 days)
ZIAGEN ORAL SOLUTION	NF	
ZIAGEN ORAL TABLET	NF	
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)
ZOVIRAX ORAL SUSPENSION	NF	
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet</i>	2	
HIPREX ORAL TABLET	NF	
MACROBID ORAL CAPSULE	NF	
MACRODANTIN ORAL CAPSULE	NF	
<i>methenamine hippurate oral tablet</i>	2	
MONUROL ORAL PACKET	NF	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>nitrofurantoin oral suspension</i>	5	
<i>trimethoprim oral tablet</i>	2	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate oral tablet</i>	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA
AFINITOR ORAL TABLET	5	PA
ALECensa ORAL CAPSULE	5	PA
ALUNBRIG ORAL TABLET	5	PA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA
AYVAKIT ORAL TABLET	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>bexarotene oral capsule</i>	5	PA
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL TABLET	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 EA per 30 days)
BRUKINSA ORAL CAPSULE	5	PA
CABOMETYX ORAL TABLET	5	PA
CALQUENCE ORAL CAPSULE	5	PA
CALQUENCE ORAL TABLET	5	PA
CAPRELSA ORAL TABLET	5	PA
CASODEX ORAL TABLET	NF	

Drug Name	Tier	Requirements
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA
COPIKTRA ORAL CAPSULE	5	PA
COTELLIC ORAL TABLET	5	PA
<i>cyclophosphamide oral capsule</i>	2	PA
<i>cyclophosphamide oral tablet</i>	4	PA
DAURISMO ORAL TABLET	5	PA
DROXIA ORAL CAPSULE	4	
EMCYT ORAL CAPSULE	5	
ERIVEDGE ORAL CAPSULE	5	PA
ERLEADA ORAL TABLET	5	PA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet</i>	5	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA
<i>everolimus oral tablet soluble</i>	5	PA
EXKIVITY ORAL CAPSULE	5	PA
FOTIVDA ORAL CAPSULE	5	PA
GILOTRIF ORAL TABLET	5	PA
GLEEVEC ORAL TABLET	5	PA
HYDREA ORAL CAPSULE	NF	
<i>hydroxyurea oral capsule</i>	2	
IBRANCE ORAL CAPSULE	5	PA
IBRANCE ORAL TABLET	5	PA
ICLUSIG ORAL TABLET	5	PA
IDHIFA ORAL TABLET	5	PA
<i>imatinib mesylate oral tablet</i>	5	PA
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET	5	PA
INLYTA ORAL TABLET	5	PA
INQOVI ORAL TABLET	5	PA
INREBIC ORAL CAPSULE	5	PA
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 50000000 UNIT	5	PA
IRESSA ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (63 EA per 28 days)

Drug Name	Tier	Requirements
KOSELUGO ORAL CAPSULE	5	PA
<i>lapatinib ditosylate oral tablet</i>	5	PA
<i>lenalidomide oral capsule</i>	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
LEUKERAN ORAL TABLET	5	
LONSURF ORAL TABLET	5	PA
LORBRENA ORAL TABLET	5	PA
LUMAKRAS ORAL TABLET	5	PA
LYNPARZA ORAL TABLET	5	PA
LYSODREN ORAL TABLET	5	
MATULANE ORAL CAPSULE	5	
MEKINIST ORAL TABLET	5	PA
MEKTOVI ORAL TABLET	5	PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate oral tablet</i>	2	PA
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
NERLYNX ORAL TABLET	5	PA
NEXAVAR ORAL TABLET	5	PA
NILANDRON ORAL TABLET	NF	
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA
NUBEQA ORAL TABLET	5	PA
ODOMZO ORAL CAPSULE	5	PA
PEMAZYRE ORAL TABLET	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA

Drug Name	Tier	Requirements
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
POMALYST ORAL CAPSULE	5	PA
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA
RETEVMO ORAL CAPSULE	5	PA
REVLIMID ORAL CAPSULE	5	PA
ROZLYTREK ORAL CAPSULE	5	PA
RUBRACA ORAL TABLET	5	PA
RYDAPT ORAL CAPSULE	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA
SIKLOS ORAL TABLET 100 MG	4	
SIKLOS ORAL TABLET 1000 MG	5	
<i>sorafenib tosylate oral tablet</i>	5	PA
SPRYCEL ORAL TABLET	5	PA
STIVARGA ORAL TABLET	5	PA
<i>sunitinib malate oral capsule</i>	5	PA
SUTENT ORAL CAPSULE	5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA
TAFINLAR ORAL CAPSULE	5	PA
TAGRISSO ORAL TABLET	5	PA
TALZENNA ORAL CAPSULE	5	PA
TARCEVA ORAL TABLET	5	PA
TARGETIN ORAL CAPSULE	NF	
TASIGNA ORAL CAPSULE	5	PA
TAZVERIK ORAL TABLET	5	PA
TEPMETKO ORAL TABLET	5	PA
TIBSOVO ORAL TABLET	5	PA
<i>tretinoin oral capsule</i>	5	
TREXALL ORAL TABLET	4	PA
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA

Drug Name	Tier	Requirements
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA
TUKYSA ORAL TABLET	5	PA
TURALIO ORAL CAPSULE	5	PA
TYKERB ORAL TABLET	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA; QL (84 EA per 365 days)
VERZENIO ORAL TABLET	5	PA
VITRAKVI ORAL CAPSULE	5	PA
VITRAKVI ORAL SOLUTION	5	PA
VIZIMPRO ORAL TABLET	5	PA
VONJO ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
VOTRIENT ORAL TABLET	5	PA
WELIREG ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA
XATMEP ORAL SOLUTION	4	PA
XOSPATA ORAL TABLET	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XTANDI ORAL CAPSULE	5	PA
XTANDI ORAL TABLET	5	PA
YONSA ORAL TABLET	5	PA
ZEJULA ORAL CAPSULE	5	PA
ZELBORAF ORAL TABLET	5	PA
ZOLINZA ORAL CAPSULE	5	PA

Drug Name	Tier	Requirements
ZYDELIG ORAL TABLET	5	PA
ZYKADIA ORAL TABLET	5	PA
ZYTIGA ORAL TABLET	5	PA
Antineoplastics - Drugs Used To Treat/Manage Cancer		
Antineoplastics, Other		
GAVRETO ORAL CAPSULE	5	PA
ONUREG ORAL TABLET	5	PA
Antitoxins, Immune Globulins, Toxoids, And Vaccines		
Allergenic Extracts		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	4	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA
Antitoxins And Immune Globulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PANZYGA INTRAVENOUS SOLUTION	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	2	
INFANRIX INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	

Drug Name	Tier	Requirements
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	3	
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
<i>bcg vaccine injection solution reconstituted</i>	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOP INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
<i>prehevbrio intramuscular suspension</i>	3	PA
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION	3	PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	PA
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	

Drug Name	Tier	Requirements
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	
VARIVAX SUBCUTANEOUS INJECTABLE	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION	4	QL (25.8 GM per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL	NF	
<i>chlordiazepoxide-clidinium oral capsule</i>	4	PA
CUVPOSA ORAL SOLUTION	4	
DARTISLA ODT ORAL TABLET DISPERSIBLE	NF	
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	5	QL (2 EA per 30 days)
GLYCATE ORAL TABLET	NF	
<i>glycopyrrolate oral solution</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	NF	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution</i>	2	PA
<i>ipratropium bromide nasal solution</i>	2	
LIBRAX ORAL CAPSULE	5	PA
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	5	ST
<i>methscopolamine bromide oral tablet</i>	2	
ROBINUL ORAL TABLET	NF	

Drug Name	Tier	Requirements
ROBINUL-FORTE ORAL TABLET	NF	
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (4 GM per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	NF	
YUPELRI INHALATION SOLUTION	5	PA
Autonomic Drugs, Miscellaneous		
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	4	
varenicline tartrate oral tablet	2	
varenicline tartrate oral tablet therapy pack	2	
Parasympathomimetic (Cholinergic) Agents		
ADLARITY TRANSDERMAL PATCH WEEKLY	NF	
ARICEPT ORAL TABLET	NF	
bethanechol chloride oral tablet	2	
cevimeline hcl oral capsule	3	
donepezil hcl oral tablet	2	
donepezil hcl oral tablet dispersible	2	
EVOXAC ORAL CAPSULE	NF	
EXELON TRANSDERMAL PATCH 24 HOUR	NF	
galantamine hydrobromide er oral capsule extended release 24 hour	3	
galantamine hydrobromide oral solution	2	
galantamine hydrobromide oral tablet	2	
MESTINON ORAL SOLUTION	NF	
MESTINON ORAL TABLET	NF	
MESTINON ORAL TABLET EXTENDED RELEASE	NF	
pilocarpine hcl oral tablet	2	
pyridostigmine bromide er oral tablet extended release	4	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet	3	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
rivastigmine tartrate oral capsule	2	
rivastigmine transdermal patch 24 hour	4	
SALAGEN ORAL TABLET	NF	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
baclofen oral tablet	2	

Drug Name	Tier	Requirements
<i>carisoprodol oral tablet</i>	2	PA
<i>chlorzoxazone oral tablet</i>		NF
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	2	PA
<i>cyclobenzaprine hcl oral tablet</i>	2	PA
DANTRIUM ORAL CAPSULE 25 MG		NF
<i>dantrolene sodium oral capsule</i>	2	
FEXMID ORAL TABLET		NF
FLEQSUHV ORAL SUSPENSION		NF
LORZONE ORAL TABLET		NF
LYVISPANH ORAL PACKET		NF
<i>metaxalone oral tablet</i>	4	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>		NF
SOMA ORAL TABLET		NF
<i>tizanidine hcl oral capsule</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE		NF
ZANAFLEX ORAL TABLET		NF
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	
DIBENZYLINE ORAL CAPSULE		NF
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 28 days)
<i>ergoloid mesylates oral tablet</i>	2	
FLOMAX ORAL CAPSULE		NF
MIGRANAL NASAL SOLUTION		NF
<i>phenoxybenzamine hcl oral capsule</i>	5	
RAPAFLO ORAL CAPSULE		NF
<i>silodosin oral capsule</i>	4	
<i>tamsulosin hcl oral capsule</i>	2	
TRUDHESA NASAL AEROSOL SOLUTION	5	QL (12 ML per 28 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
Sympathomimetic (Adrenergic) Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER		
BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT		NF
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days)
AIRDUO DIGITALER INHALATION AEROSOL POWDER BREATH ACTIVATED		NF

Drug Name	Tier	Requirements
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	PA
<i>albuterol sulfate oral syrup</i>	2	
<i>albuterol sulfate oral tablet</i>	2	
<i>arformoterol tartrate inhalation nebulization solution</i>	4	PA
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	5	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	NF	
BROVANA INHALATION NEBULIZATION SOLUTION	5	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (8 GM per 30 days)
<i>droxidopa oral capsule</i>	5	
<i>epinephrine injection solution auto-injector</i>	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	4	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution</i>	5	PA
<i>ipratropium-albuterol inhalation solution</i>	2	PA
<i>levalbuterol hcl inhalation nebulization solution</i>	2	PA
<i>levalbuterol tartrate inhalation aerosol</i>	4	QL (30 GM per 30 days)
LUCEMYRA ORAL TABLET	5	QL (480 EA per 30 days)
<i>midodrine hcl oral tablet</i>	2	
NORTHERA ORAL CAPSULE	5	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	PA
PROAIR DIGITALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	4	ST; QL (2 EA per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION	NF	

Drug Name	Tier	Requirements
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	NF	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	NF	
<i>terbutaline sulfate oral tablet</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	NF	
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION	NF	
XOPENEX HFA INHALATION AEROSOL	NF	
XOPENEX INHALATION NEBULIZATION SOLUTION	NF	
Blood Formation, Coagulation & Thrombosis		
Antihemorrhagic Agents		
LYSTEDA ORAL TABLET	NF	
<i>tranexamic acid oral tablet</i>	2	
Antithrombotic Agents		
AGRYLIN ORAL CAPSULE	NF	
<i>anagrelide hcl oral capsule</i>	2	
ARIXTRA SUBCUTANEOUS SOLUTION	NF	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	3	
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	QL (58 EA per 365 days)
<i>cilostazol oral tablet</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule</i>	4	
EFFIENT ORAL TABLET	NF	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	
ELIQUIS ORAL TABLET	3	
<i>enoxaparin sodium injection solution prefilled syringe</i>	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	5	

Drug Name	Tier	Requirements
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
JANTOVEN ORAL TABLET	2	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	NF	
PLAVIX ORAL TABLET 75 MG	NF	
PRADAXA ORAL CAPSULE	4	
<i>prasugrel hcl oral tablet</i>	3	
SAVAYSA ORAL TABLET	4	
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	
XARELTO ORAL TABLET	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
ZONTIVITY ORAL TABLET	4	
Blood Formation, Coagulation, And Thrombosis Agents		
Misc.		
PYRUKYND ORAL TABLET	5	PA; QL (60 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	5	PA; QL (30 EA per 30 days)
Blood Formation, Coagulation, And Thrombosis Agents, Misc.		
OXBRYTA ORAL TABLET	5	PA; QL (150 EA per 30 days)
TAVALISSE ORAL TABLET	5	PA
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA
DOPTELET ORAL TABLET 20 MG	5	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML	NF	
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)

Drug Name	Tier	Requirements
GRANIX SUBCUTANEOUS SOLUTION	5	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	
MULPLETA ORAL TABLET	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	
NIVESTYM INJECTION SOLUTION	5	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (360 EA per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
Hemorrhologic Agents		
pentoxifylline er oral tablet extended release	2	
Blood Formation, Coagulation + Thrombosis		
Blood Formation, Coagulation, And Thrombosis Agents		
Misc.		
OXBRYTA ORAL TABLET SOLUBLE	5	PA; QL (240 EA per 30 days)

Drug Name	Tier	Requirements
Cardiovascular Agents - Drugs Used To Treat Conditions Associated With The Heart		
Calcium Channel Blocking Agents, Dihydropyridines		
CONJUPRI ORAL TABLET	NF	
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET	NF	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>doxazosin mesylate oral tablet</i>	2	
MINIPRESS ORAL CAPSULE	NF	
<i>prazosin hcl oral capsule</i>	2	
<i>terazosin hcl oral capsule</i>	1	
Antilipemic Agents		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
ANTARA ORAL CAPSULE 30 MG, 90 MG	NF	
<i>atorvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine oral packet</i>	3	
<i>colesevelam hcl oral packet</i>	NF	
<i>colesevelam hcl oral tablet</i>	3	
COLESTID ORAL PACKET	NF	
COLESTID ORAL TABLET	NF	
<i>colestipol hcl oral packet</i>	3	
<i>colestipol hcl oral tablet</i>	3	
CRESTOR ORAL TABLET	NF	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	NF	
<i>ezetimibe oral tablet</i>	2	QL (30 EA per 30 days)
<i>ezetimibe-rosuvastatin oral tablet</i>	NF	
<i>ezetimibe-simvastatin oral tablet</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	3	
<i>fenofibrate micronized oral capsule 30 mg, 90 mg</i>	NF	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet</i>	2	
<i>fenofibric acid oral capsule delayed release</i>	3	
FENOGLIDE ORAL TABLET	NF	
<i>flolipid oral suspension</i>	NF	
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	

Drug Name	Tier	Requirements
gemfibrozil oral tablet	2	
icosapent ethyl oral capsule	2	
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
LIPITOR ORAL TABLET	NF	
LIPOFEN ORAL CAPSULE	NF	
LIVALO ORAL TABLET	3	
LOPID ORAL TABLET	NF	
lovastatin oral tablet 10 mg	1	QL (30 EA per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE	NF	
NEXLETOL ORAL TABLET	4	PA
NEXLIZET ORAL TABLET	4	PA
niacin er (antihyperlipidemic) oral tablet extended release	4	
NIACOR ORAL TABLET	4	
omega-3-acid ethyl esters oral capsule	2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 ML per 28 days)
pravastatin sodium oral tablet	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	2	
QUESTRAN LIGHT ORAL POWDER	NF	
QUESTRAN ORAL POWDER	NF	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA; QL (3 ML per 28 days)
rosuvastatin calcium oral tablet	1	QL (30 EA per 30 days)
ROSZET ORAL TABLET	NF	
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1	QL (45 EA per 30 days)
simvastatin oral tablet 40 mg, 80 mg	1	QL (30 EA per 30 days)
TRICOR ORAL TABLET	NF	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	NF	
VASCEPA ORAL CAPSULE	3	
VYTORIN ORAL TABLET	NF	
WELCHOL ORAL PACKET	NF	
WELCHOL ORAL TABLET	NF	
ZETIA ORAL TABLET	NF	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	NF	

Drug Name	Tier	Requirements
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	NF	
Beta-Adrenergic Blocking Agents		
acebutolol hcl oral capsule	2	
atenolol oral tablet	1	
atenolol-chlorthalidone oral tablet	2	
BETAPACE AF ORAL TABLET	NF	
betaxolol hcl oral tablet	2	
bisoprolol fumarate oral tablet	2	
bisoprolol-hydrochlorothiazide oral tablet	2	
BYSTOLIC ORAL TABLET	3	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	3	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
COREG ORAL TABLET	NF	
CORGARD ORAL TABLET	NF	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
labetalol hcl oral tablet	2	
LOPRESSOR ORAL TABLET	NF	
metoprolol succinate er oral tablet extended release 24 hour	2	
metoprolol tartrate oral tablet	1	
metoprolol-hydrochlorothiazide oral tablet	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet	2	
pindolol oral tablet	2	
propranolol hcl er oral capsule extended release 24 hour	3	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	2	
SORINE ORAL TABLET	2	
sotalol hcl (af) oral tablet	2	
sotalol hcl oral tablet	2	
SOTYLIZE ORAL SOLUTION	NF	
TENORETIC 100 ORAL TABLET	NF	
TENORETIC 50 ORAL TABLET	NF	
TENORMIN ORAL TABLET	NF	
timolol maleate oral tablet	2	

Drug Name	Tier	Requirements
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
ZIAC ORAL TABLET		NF
Calcium Channel Blocking Agents, Dihydropyridines		
levamlodipine maleate oral tablet		NF
Calcium-Channel Blocking Agents		
amlodipine besy-benazepril hcl oral capsule	1	
amlodipine besylate oral tablet	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-olmesartan oral tablet	1	
AZOR ORAL TABLET		NF
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG		NF
CALAN SR ORAL TABLET EXTENDED RELEASE		NF
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR		NF
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG		NF
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl er oral capsule extended release 12 hour	2	
diltiazem hcl oral tablet	2	
dilt-xr oral capsule extended release 24 hour	2	
EXFORGE HCT ORAL TABLET		NF
EXFORGE ORAL TABLET		NF
felodipine er oral tablet extended release 24 hour	2	
isradipine oral capsule	2	
KATERZIA ORAL SUSPENSION		NF
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG		NF
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
nicardipine hcl oral capsule	2	
nifedipine er oral tablet extended release 24 hour	2	

Drug Name	Tier	Requirements
nifedipine er osmotic release oral tablet extended release 24 hour	2	
nifedipine oral capsule	2	
nimodipine oral capsule	2	
nisoldipine er oral tablet extended release 24 hour	NF	
NORLIQVA ORAL SOLUTION	NF	
NORVASC ORAL TABLET	NF	
NYMALIZE ORAL SOLUTION 6 MG/ML	5	
olmesartan-amldipine-hctz oral tablet	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	NF	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
telmisartan-amldipine oral tablet	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
trandolapril-verapamil hcl er oral tablet extended release	1	
TRIBENZOR ORAL TABLET	NF	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	2	
verapamil hcl er oral capsule extended release 24 hour 360 mg	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral tablet	2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
Cardiac Drugs		
amiodarone hcl oral tablet	2	
ASPRUZY SPRINKLE ORAL PACKET	NF	
CAMZYOS ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
CORLANOR ORAL SOLUTION	4	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET	4	PA; QL (60 EA per 30 days)
DIGITEK ORAL TABLET	2	QL (30 EA per 30 days)
digoxin oral solution	2	QL (150 ML per 30 days)
digoxin oral tablet 125 mcg, 250 mcg	2	QL (30 EA per 30 days)
digoxin oral tablet 62.5 mcg	4	

Drug Name	Tier	Requirements
disopyramide phosphate oral capsule	2	
dofetilide oral capsule	3	
flecainide acetate oral tablet	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	NF	
LANOXIN ORAL TABLET 62.5 MCG	4	
mexiletine hcl oral capsule	2	
MULTAQ ORAL TABLET	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
NORPACE ORAL CAPSULE	NF	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	2	
propafenone hcl er oral capsule extended release 12 hour	4	
propafenone hcl oral tablet	2	
quinidine gluconate er oral tablet extended release	2	
quinidine sulfate oral tablet	2	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
ranolazine er oral tablet extended release 12 hour	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	
TIKOSYN ORAL CAPSULE	NF	
VYNDAMAX ORAL CAPSULE	5	PA
VYNDAQEL ORAL CAPSULE	5	PA
Hypotensive Agents		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	NF	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	NF	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	NF	
clonidine hcl er oral tablet extended release 12 hour	2	QL (120 EA per 30 days)
clonidine hcl oral tablet	2	
clonidine transdermal patch weekly	3	
guanfacine hcl oral tablet	2	
hydralazine hcl oral tablet	2	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
KEVEYIS ORAL TABLET	5	PA
minoxidil oral tablet	2	
VECAMYL ORAL TABLET	5	PA
Renin-Angiotensin-Aldosterone Sys Inhib		
ACCUPRIL ORAL TABLET	NF	
ACCURETIC ORAL TABLET	NF	
ALDACTAZIDE ORAL TABLET 25-25 MG	NF	
ALDACTONE ORAL TABLET	NF	

Drug Name	Tier	Requirements
<i>aliskiren fumarate oral tablet</i>	2	QL (30 EA per 30 days)
ALTACE ORAL CAPSULE	NF	
ATACAND HCT ORAL TABLET	NF	
ATACAND ORAL TABLET	NF	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	NF	
AVAPRO ORAL TABLET	NF	
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	NF	
BENICAR ORAL TABLET	NF	
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captotril oral tablet</i>	1	
CAROSPIR ORAL SUSPENSION	NF	
COZAAR ORAL TABLET	NF	
DIOVAN HCT ORAL TABLET	NF	
DIOVAN ORAL TABLET	NF	
EDARBI ORAL TABLET	NF	
EDARBYCLOR ORAL TABLET	NF	
<i>enalapril maleate oral solution</i>	NF	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL TABLET	3	QL (60 EA per 30 days)
<i>eplerenone oral tablet</i>	3	
<i>fosinopril sodium oral tablet</i>	1	
<i>fosinopril sodium-hctz oral tablet</i>	1	
HYZAAR ORAL TABLET	NF	
INSPRA ORAL TABLET	NF	
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
KERENDIA ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
<i>losartan potassium oral tablet 100 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	NF	
MICARDIS HCT ORAL TABLET	NF	
MICARDIS ORAL TABLET	NF	

Drug Name	Tier	Requirements
<i>moexipril hcl oral tablet</i>	1	
<i>olmesartan medoxomil oral tablet</i>	1	
<i>olmesartan medoxomil-hctz oral tablet</i>	1	
<i>perindopril erbumine oral tablet</i>	1	
QBRELIS ORAL SOLUTION	NF	
<i>quinapril hcl oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz oral tablet</i>	2	
TEKTURNA ORAL TABLET	NF	
<i>telmisartan oral tablet</i>	1	QL (30 EA per 30 days)
<i>telmisartan-hctz oral tablet</i>	1	QL (30 EA per 30 days)
<i>trandolapril oral tablet</i>	1	
<i>valsartan oral solution</i>	NF	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET	NF	
VASOTEC ORAL TABLET	NF	
ZESTORETIC ORAL TABLET	NF	
ZESTRIL ORAL TABLET	NF	
Vasodilating Agents		
ADCIRCA ORAL TABLET	5	PA
ALYQ ORAL TABLET	5	PA
BIDIL ORAL TABLET	4	
CIALIS ORAL TABLET 2.5 MG, 5 MG	NF	
<i>dipyridamole oral tablet</i>	2	PA
ISORDIL TITRADOSE ORAL TABLET	NF	
<i>isosorb dinitrate-hydralazine oral tablet</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 40 mg</i>	5	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
NITRO-BID TRANSDERMAL OINTMENT	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	NF	

Drug Name	Tier	Requirements
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	
NITROLINGUAL TRANSLINGUAL SOLUTION	NF	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	4	
REVATIO ORAL SUSPENSION RECONSTITUTED	NF	
REVATIO ORAL TABLET	NF	
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	5	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
VERQUVO ORAL TABLET	4	
Central Nervous System Agents		
Analgesics And Antipyretics		
<i>acetaminophen-codeine #3 oral tablet</i>	2	NDS; QL (180 EA per 30 days)
<i>acetaminophen-codeine oral solution</i>	2	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	NDS; QL (180 EA per 30 days)
ACTIQ BUCCAL LOZENGE ON A HANDLE	NF	
ALLZITAL ORAL TABLET	NF	
<i>apap-caff-dihydrocodeine oral capsule</i>	2	NDS; QL (300 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	NF	
ASCOMP-CODEINE ORAL CAPSULE	NF	NDS
BELBUCA BUCCAL FILM	NF	NDS
BUPAP ORAL TABLET 50-300 MG	NF	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	2	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (120 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>buprenorphine transdermal patch weekly</i>	4	NDS; QL (4 EA per 28 days)
<i>butalbital-acetaminophen oral capsule</i>	5	PA; QL (180 EA per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	4	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; QL (180 EA per 30 days)
<i>butalbital-asa-caff-codeine oral capsule</i>	NF	NDS

Drug Name	Tier	Requirements
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; QL (180 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	2	NDS; QL (7.5 ML per 30 days)
BUTTRANS TRANSDERMAL PATCH WEEKLY	NF	NDS
CAMBIA ORAL PACKET	NF	
CELEBREX ORAL CAPSULE	NF	
<i>celecoxib oral capsule</i>	2	
<i>codeine sulfate oral tablet</i>	NF	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	NDS
DAYPRO ORAL TABLET	NF	
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	NF	NDS
<i>diclofenac epolamine external patch</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral capsule</i>	NF	
<i>diclofenac potassium oral tablet 25 mg</i>	5	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	
<i>diclofenac sodium oral tablet delayed release</i>	2	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral tablet</i>	2	
DILAUDID ORAL LIQUID	NF	NDS
DILAUDID ORAL TABLET	NF	NDS
DUEXIS ORAL TABLET	5	PA
ELYXYB ORAL SOLUTION	4	ST; QL (144 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
ESGIC ORAL TABLET	NF	
<i>etodolac er oral tablet extended release 24 hour</i>	4	
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
FELDENE ORAL CAPSULE	NF	
<i>fenoprofen calcium oral capsule 400 mg</i>	NF	
<i>fenoprofen calcium oral tablet</i>	NF	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	2	PA; NDS; QL (15 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	2	NDS; QL (15 EA per 30 days)

Drug Name	Tier	Requirements
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
FIORICET ORAL CAPSULE	NF	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	NF	NDS
FLECTOR EXTERNAL PATCH	NF	
<i>flurbiprofen oral tablet 100 mg</i>	NF	
GRALISE ORAL TABLET	NF	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	4	PA; NDS; QL (60 EA per 30 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	NF	NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	NDS; QL (3600 ML per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	4	NDS; QL (180 EA per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	NDS; QL (150 EA per 30 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	4	PA; NDS; QL (120 EA per 30 days)
<i>hydromorphone hcl oral liquid</i>	2	NDS; QL (1500 ML per 30 days)
<i>hydromorphone hcl oral tablet 2 mg</i>	2	NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl oral tablet 4 mg, 8 mg</i>	2	PA; NDS; QL (240 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	PA; NDS
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	NF	NDS
IBU ORAL TABLET 600 MG, 800 MG	1	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	4	PA
INDOCIN ORAL SUSPENSION	4	PA
INDOCIN RECTAL SUPPOSITORY	NF	
<i>indomethacin er oral capsule extended release</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketoprofen er oral capsule extended release 24 hour</i>	NF	
<i>ketoprofen oral capsule 25 mg</i>	2	
<i>ketorolac tromethamine nasal solution</i>	NF	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 30 days)
<i>levorphanol tartrate oral tablet</i>	NF	NDS
LICART EXTERNAL PATCH 24 HOUR	NF	
LODINE ORAL TABLET	NF	
LOFENA ORAL TABLET	5	ST
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	

Drug Name	Tier	Requirements
meclofenamate sodium oral capsule	NF	
mefenamic acid oral capsule	NF	
meloxicam oral capsule	NF	
meloxicam oral tablet	1	
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	NF	NDS
meperidine hcl oral solution	NF	NDS
meperidine hcl oral tablet 50 mg	NF	NDS
methadone hcl oral solution	4	PA; NDS
methadone hcl oral tablet	4	PA; NDS
morphine sulfate (concentrate) oral solution 20 mg/ml	2	NDS; QL (150 ML per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour 120 mg	4	PA; NDS; QL (30 EA per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	4	NDS; QL (30 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg	4	NDS; QL (60 EA per 30 days)
morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg	4	PA; NDS; QL (60 EA per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg	3	PA; NDS; QL (90 EA per 30 days)
morphine sulfate er oral tablet extended release 15 mg, 30 mg	3	NDS; QL (90 EA per 30 days)
morphine sulfate oral solution	2	NDS; QL (1000 ML per 30 days)
morphine sulfate oral tablet	3	NDS; QL (180 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE	NF	NDS
nabumetone oral tablet	2	
NALFON ORAL CAPSULE 400 MG	NF	
NALFON ORAL TABLET	NF	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	NF	
naproxen oral suspension	5	
naproxen oral tablet	2	
naproxen oral tablet delayed release	2	
naproxen sodium er oral tablet extended release 24 hour 375 mg	4	
naproxen sodium er oral tablet extended release 24 hour 500 mg	NF	
naproxen sodium oral tablet 275 mg, 550 mg	NF	
naproxen-esomeprazole mg oral tablet delayed release	5	PA; QL (60 EA per 30 days)
norgesic forte oral tablet	NF	
NORGESIC ORAL TABLET	5	PA

Drug Name	Tier	Requirements
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	NDS
NUCYNTA ORAL TABLET	NF	NDS
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	5	PA
<i>oxaprozin oral tablet</i>	2	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant 10 mg, 20 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant 40 mg</i>	4	PA; NDS; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant 80 mg</i>	5	PA; NDS; QL (90 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	3	NDS; QL (180 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	NDS; QL (900 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	3	NDS; QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 30 mg</i>	3	PA; NDS; QL (180 EA per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>	NF	
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg</i>	NF	NDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	4	NDS; QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	NF	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	NF	NDS
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg</i>	4	PA; NDS; QL (90 EA per 30 days)
<i>oxymorphone hcl oral tablet 10 mg</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>oxymorphone hcl oral tablet 5 mg</i>	4	NDS; QL (180 EA per 30 days)
<i>pentazocine-naloxone hcl oral tablet</i>	NF	NDS
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	NF	NDS
<i>piroxicam oral capsule</i>	2	
<i>pregabalin er oral tablet extended release 24 hour</i>	NF	
PROLATE ORAL TABLET	NF	NDS
RELAFEN DS ORAL TABLET	5	ST
ROXICODONE ORAL TABLET 15 MG, 30 MG	NF	NDS
SEGLENTIS ORAL TABLET	NF	
SPRIX NASAL SOLUTION	NF	
SUBOXONE SUBLINGUAL FILM	NF	
<i>sulindac oral tablet</i>	2	
TENCON ORAL TABLET 50-325 MG	NF	

Drug Name	Tier	Requirements
tramadol hcl er (biphasic) oral tablet extended release 24 hour	NF	NDS
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	NF	NDS
tramadol hcl er oral tablet extended release 24 hour	2	NDS; QL (30 EA per 30 days)
tramadol hcl oral tablet 100 mg	2	NDS; QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	NDS; QL (240 EA per 30 days)
tramadol-acetaminophen oral tablet	2	NDS; QL (240 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	NF	NDS
VIMOVO ORAL TABLET DELAYED RELEASE	5	PA; QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; NDS; QL (60 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	NF	
ZIPSOR ORAL CAPSULE	NF	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG	4	QL (90 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 2.9-0.71 MG	4	QL (120 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG	4	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	4	QL (60 EA per 30 days)
Anorexigenic Agents And Respiratory And Cns Stimulants		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	NF	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	NF	
amphetamine sulfate oral tablet	2	PA; QL (180 EA per 30 days)
amphetamine-dextroamphetamine oral capsule extended release 24 hour	4	QL (30 EA per 30 days)
amphetamine-dextroamphetamine oral tablet	3	QL (60 EA per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
armodafinil oral tablet	4	PA
AZSTARYS ORAL CAPSULE	NF	
CONCERTA ORAL TABLET EXTENDED RELEASE	NF	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	NF	
DAYTRANA TRANSDERMAL PATCH	NF	
DESOXYN ORAL TABLET	NF	

Drug Name	Tier	Requirements
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG	NF	
<i>dexamphetamine hcl er oral capsule extended release 24 hour</i>	NF	
<i>dexamphetamine hcl oral tablet</i>	NF	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	NF	
<i>dextroamphetamine sulfate oral solution</i>	2	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg</i>	2	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	2	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	2	QL (150 EA per 30 days)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	NF	
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	NF	
EVEKEO ORAL TABLET	NF	
FOCALIN ORAL TABLET	NF	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>methamphetamine hcl oral tablet</i>	NF	
METHYLIN ORAL SOLUTION	NF	
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	NF	
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	NF	
<i>methylphenidate hcl er (osm) oral tablet extended release</i>	NF	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	2	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release</i>	NF	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	NF	
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	QL (900 ML per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	QL (1800 ML per 30 days)
<i>methylphenidate hcl oral tablet 10 mg</i>	2	QL (180 EA per 30 days)
<i>methylphenidate hcl oral tablet 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet chewable</i>	2	QL (180 EA per 30 days)
<i>methylphenidate transdermal patch</i>	NF	
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 EA per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 EA per 30 days)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	

Drug Name	Tier	Requirements
NUVIGIL ORAL TABLET	NF	
PROCENTRA ORAL SOLUTION	NF	
PROVIGIL ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
PROVIGIL ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	NF	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	NF	
RELEXXII ORAL TABLET EXTENDED RELEASE	NF	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG	NF	
RITALIN ORAL TABLET	NF	
SUNOSI ORAL TABLET	NF	
VYVANSE ORAL CAPSULE	NF	
VYVANSE ORAL TABLET CHEWABLE	NF	
WAKIX ORAL TABLET	5	PA; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET	NF	
Anticonvulsants		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
BRIVIACT ORAL SOLUTION	5	
BRIVIACT ORAL TABLET	5	QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	
<i>carbamazepine oral suspension</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable</i>	2	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	NF	
CELONTIN ORAL CAPSULE	4	
<i>clobazam oral suspension</i>	4	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	4	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (270 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
DEPAKOTE ORAL TABLET DELAYED RELEASE	NF	

Drug Name	Tier	Requirements
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE		NF
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL PACKET	5	PA
DIASTAT ACUDIAL RECTAL GEL		NF
DIASTAT PEDIATRIC RECTAL GEL		NF
<i>diazepam rectal gel</i>	2	
DILANTIN INFATABS ORAL TABLET CHEWABLE		NF
DILANTIN ORAL CAPSULE	4	
DILANTIN ORAL SUSPENSION		NF
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	
<i>divalproex sodium oral tablet delayed release</i>	2	
EPIDIOLEX ORAL SOLUTION	5	PA
EPITOL ORAL TABLET	2	
EPRONTIA ORAL SOLUTION	4	ST
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	
<i>ethosuximide oral capsule</i>	2	
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	5	
<i>felbamate oral tablet</i>	4	
FELBATOL ORAL SUSPENSION		NF
FELBATOL ORAL TABLET		NF
FINTEPLA ORAL SOLUTION	5	PA
FYCOMPA ORAL SUSPENSION	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin oral capsule</i>	2	
<i>gabapentin oral solution 250 mg/5ml</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
GABITRIL ORAL TABLET		NF
HORIZANT ORAL TABLET EXTENDED RELEASE		NF
KEPPRA ORAL SOLUTION		NF
KEPPRA ORAL TABLET		NF
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
KLONOPIN ORAL TABLET		NF
<i>lacosamide oral solution</i>	4	
<i>lacosamide oral tablet</i>	4	

Drug Name	Tier	Requirements
LAMICTAL ODT ORAL TABLET DISPERSIBLE	NF	
LAMICTAL ORAL TABLET	NF	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	NF	
LAMICTAL STARTER ORAL KIT	NF	
LAMICTAL XR ORAL KIT	NF	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	
<i>lamotrigine oral tablet chewable</i>	2	
<i>lamotrigine oral tablet dispersible</i>	2	
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	
<i>levetiracetam oral solution</i>	2	
<i>levetiracetam oral tablet</i>	2	
LYRICA ORAL CAPSULE	NF	
LYRICA ORAL SOLUTION	NF	
<i>magnesium sulfate injection solution 50 %</i>	2	
MYSOLINE ORAL TABLET	NF	
NAYZILAM NASAL SOLUTION	5	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE	NF	
NEURONTIN ORAL SOLUTION	NF	
NEURONTIN ORAL TABLET	NF	
ONFI ORAL SUSPENSION	5	QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG	4	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG	5	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
<i>pregabalin oral solution</i>	2	QL (900 ML per 30 days)
<i>primidone oral tablet</i>	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	NF	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SABRIL ORAL PACKET	NF	
SABRIL ORAL TABLET	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
SYMPAZAN ORAL FILM	5	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	NF	
TEGRETOL ORAL TABLET	NF	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
<i>tiagabine hcl oral tablet</i>	4	
TOPAMAX ORAL TABLET	NF	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	NF	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	
<i>topiramate oral capsule sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
TRILEPTAL ORAL SUSPENSION	NF	
TRILEPTAL ORAL TABLET	NF	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	5	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	
<i>valproic acid oral capsule</i>	2	
<i>valproic acid oral solution</i>	2	
VALTOCO 10 MG DOSE NASAL LIQUID	5	PA; QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	5	PA; QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	5	PA; QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID	5	PA; QL (10 EA per 30 days)
<i>vigabatrin oral packet</i>	5	
<i>vigabatrin oral tablet</i>	5	
VIGADRONE ORAL PACKET	5	
VIMPAT ORAL SOLUTION	5	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	
VIMPAT ORAL TABLET 50 MG	4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST

Drug Name	Tier	Requirements
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG	4	ST
XCOPRI ORAL TABLET 200 MG	5	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	ST
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG	5	ST
ZARONTIN ORAL CAPSULE	NF	
ZARONTIN ORAL SOLUTION	NF	
ZONEGRAN ORAL CAPSULE	NF	
<i>zonisamide oral capsule</i>	2	
Antimanic Agents		
<i>lithium carbonate er oral tablet extended release</i>	2	
<i>lithium carbonate oral capsule</i>	2	
<i>lithium carbonate oral tablet</i>	2	
LITHOBID ORAL TABLET EXTENDED RELEASE	NF	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-Injector	NF	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
<i>almotriptan malate oral tablet</i>	2	QL (8 EA per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	2	QL (6 EA per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (9 ML per 180 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>ergotamine-caffeine oral tablet</i>	2	
FROVA ORAL TABLET	NF	
<i>frovatriptan succinate oral tablet</i>	2	QL (12 EA per 30 days)
IMITREX NASAL SOLUTION	NF	
IMITREX ORAL TABLET	NF	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	NF	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-Injector 4 MG/0.5ML	NF	
MAXALT ORAL TABLET 10 MG	NF	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	NF	

Drug Name	Tier	Requirements
MIGERGOT RECTAL SUPPOSITORY	5	
<i>naratriptan hcl oral tablet</i>	2	QL (8 EA per 30 days)
NURTEC ORAL TABLET DISPERSIBLE	5	ST; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	NF	
QULIPTA ORAL TABLET	NF	
RELPAX ORAL TABLET	NF	
REYVOW ORAL TABLET	NF	
<i>rizatriptan benzoate oral tablet</i>	2	QL (12 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	2	QL (12 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act</i>	4	QL (8 EA per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>	4	QL (32 EA per 30 days)
<i>sumatriptan succinate oral tablet</i>	2	QL (8 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	2	QL (10 EA per 30 days)
TOSYMRA NASAL SOLUTION	4	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	NF	
UBRELVY ORAL TABLET	5	ST; QL (16 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	
<i>zolmitriptan nasal solution 5 mg</i>	NF	
<i>zolmitriptan oral tablet</i>	2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	2	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION	NF	
ZOMIG ORAL TABLET	NF	
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
<i>apomorphine hcl subcutaneous solution cartridge</i>	5	PA
AZILECT ORAL TABLET	NF	
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>cabergoline oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	

Drug Name	Tier	Requirements
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	2	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg	3	
COMTAN ORAL TABLET	NF	
DHIVY ORAL TABLET 25-100 MG	NF	
DUOPA ENTERAL SUSPENSION	NF	
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA
entacapone oral tablet	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
INBRIJA INHALATION CAPSULE	5	PA
KYNMOBI SUBLINGUAL FILM	5	PA; QL (150 EA per 30 days)
LODOSYN ORAL TABLET	NF	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
ONGENTYS ORAL CAPSULE	NF	
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	NF	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	NF	
PARLODEL ORAL CAPSULE	NF	
PARLODEL ORAL TABLET	NF	
pramipexole dihydrochloride er oral tablet extended release 24 hour	2	
pramipexole dihydrochloride oral tablet	2	
rasagiline mesylate oral tablet	4	
ropinirole hcl er oral tablet extended release 24 hour	2	
ropinirole hcl oral tablet	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE	NF	
selegiline hcl oral capsule	2	
selegiline hcl oral tablet	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	NF	
STALEVO 100 ORAL TABLET	NF	
STALEVO 125 ORAL TABLET	NF	
STALEVO 150 ORAL TABLET	NF	
STALEVO 200 ORAL TABLET	NF	
STALEVO 50 ORAL TABLET	NF	
STALEVO 75 ORAL TABLET	NF	

Drug Name	Tier	Requirements
TASMAR ORAL TABLET 100 MG	NF	
<i>tolcapone oral tablet</i>	5	
<i>trihexyphenidyl hcl oral solution</i>	2	
<i>trihexyphenidyl hcl oral tablet</i>	2	
ZELAPAR ORAL TABLET DISPERSIBLE	5	
Anxiolytics, Sedatives, And Hypnotics		
<i>alprazolam er oral tablet extended release 24 hour</i>	NF	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	2	QL (300 ML per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>alprazolam oral tablet dispersible</i>	NF	
AMBIEN CR ORAL TABLET EXTENDED RELEASE	NF	
AMBIEN ORAL TABLET	NF	
ATIVAN ORAL TABLET 0.5 MG, 1 MG	5	ST; QL (90 EA per 30 days)
ATIVAN ORAL TABLET 2 MG	5	ST; QL (150 EA per 30 days)
BELSOMRA ORAL TABLET	4	QL (30 EA per 30 days)
<i>buspirone hcl oral tablet</i>	2	
<i>chlordiazepoxide hcl oral capsule</i>	NF	
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
DAYVIGO ORAL TABLET	4	PA; QL (30 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	2	QL (120 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	NF	
<i>estazolam oral tablet</i>	2	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg</i>	4	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 3 mg</i>	4	PA; QL (30 EA per 30 days)
<i>flurazepam hcl oral capsule</i>	NF	
HALCION ORAL TABLET	NF	
HETLIOZ LQ ORAL SUSPENSION	5	PA
HETLIOZ ORAL CAPSULE	5	PA
<i>hydroxyzine hcl oral syrup</i>	NF	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral capsule</i>	NF	
LORAZEPAM INTENSOL ORAL CONCENTRATE	2	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	NF	
LUNESTA ORAL TABLET	NF	

Drug Name	Tier	Requirements
meprobamate oral tablet	NF	
oxazepam oral capsule	2	QL (120 EA per 30 days)
phenobarbital oral elixir	2	QL (1500 ML per 30 days)
phenobarbital oral tablet	2	QL (90 EA per 30 days)
QUVIVIQ ORAL TABLET	NF	
ramelteon oral tablet	2	
RESTORIL ORAL CAPSULE	NF	
ROZEREM ORAL TABLET	NF	
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	4	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	QL (60 EA per 30 days)
TRANXENE-T ORAL TABLET 7.5 MG	NF	
triazolam oral tablet	2	QL (10 EA per 30 days)
VALIUM ORAL TABLET	NF	
VISTARIL ORAL CAPSULE	NF	
XANAX ORAL TABLET	NF	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
zaleplon oral capsule	2	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg	4	PA; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 6.25 mg	4	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	2	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	2	QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual	NF	
Central Nervous System Agents, Misc		
acamprosate calcium oral tablet delayed release	2	
atomoxetine hcl oral capsule	4	QL (30 EA per 30 days)
EXSERVAN ORAL FILM	5	
guanfacine hcl er oral tablet extended release 24 hour	2	QL (30 EA per 30 days)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
memantine hcl er oral capsule extended release 24 hour	4	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet	2	
NAMENDA ORAL TABLET	NF	
NAMENDA TITRATION PAK ORAL TABLET	NF	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NOURIANZ ORAL TABLET	5	PA

Drug Name	Tier	Requirements
NUEDEXTA ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
RILUTEK ORAL TABLET	NF	
<i>riluzole oral tablet</i>	2	
STRATTERA ORAL CAPSULE	NF	
TIGLUTIK ORAL SUSPENSION	5	
XYREM ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
Fibromyalgia Agents		
SAVELLA ORAL TABLET	4	ST
SAVELLA TITRATION PACK ORAL	4	ST
Opiate Antagonists		
KLOXXADO NASAL LIQUID	NF	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>naloxone hcl nasal liquid</i>	2	
<i>naltrexone hcl oral tablet</i>	2	
NARCAN NASAL LIQUID	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	NF	
Psychotherapeutic Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
ABILIFY ORAL TABLET	5	ST
<i>amitriptyline hcl oral tablet</i>	2	
<i>amoxapine oral tablet</i>	2	
ANAFRANIL ORAL CAPSULE	NF	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	3	
<i>aripiprazole oral tablet dispersible</i>	5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	

Drug Name	Tier	Requirements
asenapine maleate sublingual tablet sublingual	4	
bupropion hcl er (smoking det) oral tablet extended release 12 hour	2	
bupropion hcl er (sr) oral tablet extended release 12 hour	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	3	
bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg	4	
bupropion hcl oral tablet	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	5	ST; QL (30 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	ST
CELEXA ORAL TABLET	NF	
chlordiazepoxide-amitriptyline oral tablet	NF	
chlorpromazine hcl oral concentrate	2	
chlorpromazine hcl oral tablet	4	
citalopram hydrobromide oral capsule	4	ST
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral capsule	4	
clozapine oral tablet	2	
clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 25 mg	4	
clozapine oral tablet dispersible 200 mg	5	
CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG	NF	
CLOZARIL ORAL TABLET 200 MG	5	
COMPRO RECTAL SUPPOSITORY	2	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	NF	
desipramine hcl oral tablet	2	
desvenlafaxine er oral tablet extended release 24 hour	4	
desvenlafaxine succinate er oral tablet extended release 24 hour	2	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
doxepin hcl oral tablet	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	ST
duloxetine hcl oral capsule delayed release particles	2	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	2	

Drug Name	Tier	Requirements
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 6 MG, 8 MG	5	ST
FANAPT ORAL TABLET 4 MG	4	ST
FANAPT TITRATION PACK ORAL TABLET	4	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST
<i>fluoxetine hcl (pmdd) oral tablet</i>	2	
<i>fluoxetine hcl oral capsule</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	2	
<i>fluoxetine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection solution</i>	2	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	
<i>fluvoxamine maleate oral tablet</i>	2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED		NF
GEODON ORAL CAPSULE		NF
HALDOL DECANOATE INTRAMUSCULAR SOLUTION		NF
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	2	
<i>imipramine pamoate oral capsule</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	

Drug Name	Tier	Requirements
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (1 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
LATUDA ORAL TABLET	5	
LEXAPRO ORAL TABLET	NF	
<i>loxapine succinate oral capsule</i>	2	
LYBALVI ORAL TABLET	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET	4	
<i>mirtazapine oral tablet</i>	2	
<i>mirtazapine oral tablet dispersible</i>	2	
<i>molindone hcl oral tablet</i>	2	
NARDIL ORAL TABLET	NF	
<i>nefazodone hcl oral tablet</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	NF	
<i>nortriptyline hcl oral capsule</i>	2	
<i>nortriptyline hcl oral solution</i>	2	
NUPLAZID ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	2	
<i>olanzapine oral tablet</i>	2	
<i>olanzapine oral tablet dispersible</i>	2	
<i>olanzapine-fluoxetine hcl oral capsule</i>	4	
<i>paliperidone er oral tablet extended release 24 hour</i>	3	
PAMELOR ORAL CAPSULE	NF	
PARNATE ORAL TABLET	NF	
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	4	
<i>paroxetine hcl oral suspension</i>	4	
<i>paroxetine hcl oral tablet</i>	2	
<i>paroxetine mesylate oral capsule</i>	2	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
PAXIL ORAL SUSPENSION	4	
PAXIL ORAL TABLET	NF	
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG	NF	

Drug Name	Tier	Requirements
<i>phenelzine sulfate oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>protriptyline hcl oral tablet</i>	2	
PROZAC ORAL CAPSULE	NF	
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	
REMERON ORAL TABLET 15 MG, 30 MG	NF	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	NF	
REXULTI ORAL TABLET	5	ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	
RISPERDAL ORAL SOLUTION	NF	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	NF	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG	5	ST
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG	4	ST
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST
SEROQUEL ORAL TABLET	NF	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
<i>sertraline hcl oral capsule</i>	4	ST
<i>sertraline hcl oral concentrate</i>	1	
<i>sertraline hcl oral tablet</i>	1	
SILENOR ORAL TABLET	NF	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	NF	
<i>thioridazine hcl oral tablet</i>	2	
<i>thiothixene oral capsule</i>	2	
<i>tranylcypromine sulfate oral tablet</i>	2	
<i>trazodone hcl oral tablet</i>	2	
<i>trifluoperazine hcl oral tablet</i>	2	
<i>trimipramine maleate oral capsule</i>	2	

Drug Name	Tier	Requirements
TRINTELLIX ORAL TABLET	4	
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	4	ST; QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	
<i>venlafaxine hcl oral tablet</i>	2	
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLET	4	ST
VIIBRYD STARTER PACK ORAL KIT	4	ST
<i>vilazodone hcl oral tablet</i>	4	
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	ST; QL (14 EA per 365 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	NF	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
<i>ziprasidone hcl oral capsule</i>	2	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	2	
ZOLOFT ORAL CONCENTRATE	NF	
ZOLOFT ORAL TABLET	NF	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	NF	
ZYPREXA ORAL TABLET	NF	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	NF	
Vesicular Monoamine Transporter 2 (VmAT2) Inhibitors		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days)
<i>tetrabenazine oral tablet</i>	5	PA
XENAZINE ORAL TABLET	NF	
Contraceptives		
Contraceptives		
PHEXXI VAGINAL GEL	NF	
Devices		
Devices		
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
<i>global alcohol prep ease pad</i>	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	

Drug Name	Tier	Requirements
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>potassium citrate er oral tablet extended release</i>	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	NF	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	NF	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	NF	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	NF	
BUPHENYL ORAL TABLET	NF	
CARBAGLU ORAL TABLET SOLUBLE	5	PA
<i>carglumic acid oral tablet soluble</i>	5	PA
<i>constulose oral solution</i>	2	
<i>enulose oral solution</i>	2	
<i>generlac oral solution</i>	2	
KRISTALOSE ORAL PACKET	NF	
<i>lactulose oral packet</i>	NF	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LITHOSTAT ORAL TABLET	5	
PHEBURANE ORAL PELLET	NF	
RAVICTI ORAL LIQUID	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	NF	
Caloric Agents		
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	PA
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	4	PA
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	4	PA
CLINISOL SF INTRAVENOUS SOLUTION	4	PA
<i>dextrose intravenous solution 10 %, 5 %</i>	2	

Drug Name	Tier	Requirements
DOJOLVI ORAL LIQUID	5	PA
INTRALIPID INTRAVENOUS EMULSION	4	PA
NUTRILIPID INTRAVENOUS EMULSION	2	PA
PLENAMINE INTRAVENOUS SOLUTION	4	PA
PREMASOL INTRAVENOUS SOLUTION 10 %	4	PA
PROSOL INTRAVENOUS SOLUTION	4	PA
TRAVASOL INTRAVENOUS SOLUTION	4	PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	4	PA
Diuretics		
<i>amiloride hcl oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
DIURIL ORAL SUSPENSION	4	
DYRENIUM ORAL CAPSULE	NF	
EDECIN ORAL TABLET	NF	
<i>ethacrynic acid oral tablet</i>	4	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	
<i>furosemide oral tablet</i>	2	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
JYNARQUE ORAL TABLET	5	PA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA
LASIX ORAL TABLET	NF	
MAXZIDE ORAL TABLET	NF	
MAXZIDE-25 ORAL TABLET	NF	
<i>metolazone oral tablet</i>	2	
SAMSCA ORAL TABLET	5	PA
SOAANZ ORAL TABLET	NF	
THALITONE ORAL TABLET	NF	
<i>tolvaptan oral tablet</i>	5	PA
<i>torsemide oral tablet</i>	2	
<i>triamterene oral capsule</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
Ion-Removing Agents		
AURYXIA ORAL TABLET	5	PA

Drug Name	Tier	Requirements
FOSRENOL ORAL PACKET	NF	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	NF	
<i>lanthanum carbonate oral tablet chewable</i>	2	
LOKELMA ORAL PACKET	4	
RENAGEL ORAL TABLET 800 MG	5	
RENVELA ORAL PACKET	NF	
RENVELA ORAL TABLET	NF	
<i>sevelamer carbonate oral packet</i>	2	
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS ORAL SUSPENSION	2	
VELPHORO ORAL TABLET CHEWABLE	NF	
VELTASSA ORAL PACKET	5	
Irrigating Solutions		
<i>sodium chloride irrigation solution 0.9 %</i>	2	
Replacement Preparations		
<i>calcium acetate (phos binder) oral capsule</i>	2	
<i>calcium acetate oral tablet 667 mg</i>	2	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	
<i>kcl-lactated ringers-d5w intravenous solution</i>	2	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	2	
KLOR-CON ORAL PACKET 20 MEQ	2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	NF	
PHOSLYRA ORAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride crys er oral tablet extended release</i>	2	

Drug Name	Tier	Requirements
<i>potassium chloride er oral capsule extended release</i>	2	
<i>potassium chloride er oral tablet extended release</i>	2	
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml</i>	NF	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	3	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	
Uricosuric Agents		
<i>colchicine-probenecid oral tablet</i>	2	
<i>probenecid oral tablet</i>	2	
Enzymes		
Enzymes		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
REVCovi INTRAMUSCULAR SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
ALOCRIL OPHTHALMIC SOLUTION	4	
ALOMIDE OPHTHALMIC SOLUTION	NF	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	3	
<i>azelastine hcl ophthalmic solution</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	2	ST
<i>bepotastine besilate ophthalmic solution</i>	NF	
BEPREVE OPHTHALMIC SOLUTION	NF	
<i>cromolyn sodium ophthalmic solution</i>	2	
DYMISTA NASAL SUSPENSION	NF	
<i>epinastine hcl ophthalmic solution</i>	2	
<i>olopatadine hcl nasal solution</i>	3	
<i>olopatadine hcl ophthalmic solution</i>	3	
PATANASE NASAL SOLUTION	NF	
RYALTRIS NASAL SUSPENSION	NF	
ZERVIATE OPHTHALMIC SOLUTION	NF	

Drug Name	Tier	Requirements
Antiglaucoma Agents		
acetazolamide er oral capsule extended release 12 hour	2	
acetazolamide oral tablet	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	NF	
AZOPT OPHTHALMIC SUSPENSION	3	
<i>betaxolol hcl ophthalmic solution</i>	4	
BETIMOL OPHTHALMIC SOLUTION	NF	
BETOPTIC-S OPHTHALMIC SUSPENSION	NF	
<i>bimatoprost ophthalmic solution</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution</i>	3	
<i>brinzolamide ophthalmic suspension</i>	2	
<i>carteolol hcl ophthalmic solution</i>	2	
COMBIGAN OPHTHALMIC SOLUTION	3	
COSOPT OPHTHALMIC SOLUTION	NF	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	NF	
<i>dorzolamide hcl ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	2	
ISTALOL OPHTHALMIC SOLUTION	NF	
<i>latanoprost ophthalmic solution</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral tablet</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
RHOPRESSA OPHTHALMIC SOLUTION	4	ST
ROCKLATAN OPHTHALMIC SOLUTION	NF	
SIMBRINZA OPHTHALMIC SUSPENSION	4	
<i>timolol maleate (once-daily) ophthalmic solution</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	NF	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	NF	
TRAVATAN Z OPHTHALMIC SOLUTION	NF	

Drug Name	Tier	Requirements
travoprost (bak free) ophthalmic solution	2	
VUITY OPHTHALMIC SOLUTION	4	PA
VYZULTA OPHTHALMIC SOLUTION	NF	
XALATAN OPHTHALMIC SOLUTION	NF	
XELPROS OPHTHALMIC EMULSION	NF	
ZIOPTAN OPHTHALMIC SOLUTION	NF	
Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	NF	
bacitracin ophthalmic ointment	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
BESIVANCE OPHTHALMIC SUSPENSION	NF	
CETRAXAL OTIC SOLUTION	NF	
chlorhexidine gluconate mouth/throat solution	1	
CILOXAN OPHTHALMIC OINTMENT	4	
ciprofloxacin hcl ophthalmic solution	2	
ciprofloxacin hcl otic solution	2	
ciprofloxacin-fluocinolone pf otic solution	NF	
erythromycin ophthalmic ointment	2	
gatifloxacin ophthalmic solution	2	
GENTAK OPHTHALMIC OINTMENT	2	
gentamicin sulfate ophthalmic solution	2	
levofloxacin ophthalmic solution 0.5 %	2	
moxifloxacin hcl ophthalmic solution	3	
NATACYN OPHTHALMIC SUSPENSION	4	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	2	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	2	
OCUFLOX OPHTHALMIC SOLUTION	NF	
ofloxacin ophthalmic solution	2	
ofloxacin otic solution	2	
OTOVEL OTIC SOLUTION	NF	
PERIOGARD MOUTH/THROAT SOLUTION	1	
polymyxin b-trimethoprim ophthalmic solution	2	
POLYTRIM OPHTHALMIC SOLUTION	NF	
sulfacetamide sodium ophthalmic ointment	2	
sulfacetamide sodium ophthalmic solution	2	
tobramycin ophthalmic solution	2	
TOBREX OPHTHALMIC OINTMENT	4	

Drug Name	Tier	Requirements
<i>trifluridine ophthalmic solution</i>	2	
VIGAMOX OPHTHALMIC SOLUTION	NF	
ZIRGAN OPHTHALMIC GEL	4	
ZYMAXID OPHTHALMIC SOLUTION	NF	
Anti-Inflammatory Agents		
ACULAR LS OPHTHALMIC SOLUTION	NF	
ACULAR OPHTHALMIC SOLUTION	NF	
ACUVAIL OPHTHALMIC SOLUTION	NF	
ALREX OPHTHALMIC SUSPENSION	NF	
<i>bacitrac-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BECONASE AQ NASAL SUSPENSION	NF	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	NF	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	NF	
BROMSITE OPHTHALMIC SOLUTION	NF	
CEQUA OPHTHALMIC SOLUTION	NF	
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	NF	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>cyclosporine ophthalmic emulsion</i>	3	QL (60 EA per 30 days)
DERMOTIC OTIC OIL	NF	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
EYSUVIS OPHTHALMIC SUSPENSION	4	PA
FLAC OTIC OIL	2	
FLAREX OPHTHALMIC SUSPENSION	NF	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	
<i>fluocinolone acetonide otic oil</i>	2	
<i>fluorometholone ophthalmic suspension</i>	3	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
<i>fluticasone propionate nasal suspension</i>	3	
FML FORTE OPHTHALMIC SUSPENSION	NF	
FML LIQUIFILM OPHTHALMIC SUSPENSION	NF	
<i>hydrocortisone-acetic acid otic solution</i>	2	
ILEVRO OPHTHALMIC SUSPENSION	4	
INVELTYS OPHTHALMIC SUSPENSION	NF	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	NF	

Drug Name	Tier	Requirements
LOTEMAX SM OPHTHALMIC GEL	4	
<i>loteprednol etabonate ophthalmic gel</i>	2	
<i>loteprednol etabonate ophthalmic suspension</i>	3	
MAXIDEX OPHTHALMIC SUSPENSION	NF	
MAXITROL OPHTHALMIC OINTMENT	NF	
MAXITROL OPHTHALMIC SUSPENSION	NF	
<i>mometasone furoate nasal suspension</i>	4	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension</i>	3	
NEVANAC OPHTHALMIC SUSPENSION	NF	
OMNARIS NASAL SUSPENSION	NF	
PRED FORTE OPHTHALMIC SUSPENSION	NF	
PRED MILD OPHTHALMIC SUSPENSION	NF	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	
<i>prednisolone acetate ophthalmic suspension</i>	3	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	NF	
QNASL CHILDRENS NASAL AEROSOL SOLUTION	NF	
QNASL NASAL AEROSOL SOLUTION	NF	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (60 ML per 30 days)
RESTASIS OPHTHALMIC EMULSION	3	QL (60 EA per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX OPHTHALMIC OINTMENT	NF	
TOBRADEX OPHTHALMIC SUSPENSION	NF	
TOBRADEX ST OPHTHALMIC SUSPENSION	NF	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
VERKAZIA OPHTHALMIC EMULSION	NF	
XHANCE NASAL EXHALER SUSPENSION	NF	
IIDRA OPHTHALMIC SOLUTION	NF	
ZETONNA NASAL AEROSOL SOLUTION	NF	
ZYLET OPHTHALMIC SUSPENSION	4	
<i>Eent Drugs, Miscellaneous</i>		
<i>acetic acid otic solution</i>	2	
<i>apraclonidine hcl ophthalmic solution</i>	2	
CYSTADROPS OPHTHALMIC SOLUTION	5	PA; QL (20 ML per 28 days)

Drug Name	Tier	Requirements
CYSTARAN OPHTHALMIC SOLUTION	5	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	NF	
LACRISERT OPHTHALMIC INSERT	4	
OXERVATE OPHTHALMIC SOLUTION	5	PA
TYRVAYA NASAL SOLUTION	NF	
Local Anesthetics		
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
Eye, Ear, Nose + Throat Preparations		
Antiglaucoma Agents		
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	NF	
Anti-Inflammatory Agents		
<i>difluprednate ophthalmic emulsion</i>	4	
Gastrointestinal Agents - Drugs Used To Treat Conditions Associated With The Digestive System (E.G., Stomach, Intestine)		
Gastrointestinal Agents, Other		
MOVIPREP ORAL SOLUTION RECONSTITUTED	NF	
PLENUV ORAL SOLUTION RECONSTITUTED	NF	
Gastrointestinal Drugs		
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	NF	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
LOMOTIL ORAL TABLET	NF	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	NF	
XERMELO ORAL TABLET	5	PA
Antiemetics		
ANTIVERT ORAL TABLET 50 MG	NF	
ANTIVERT ORAL TABLET CHEWABLE	NF	
ANZEMET ORAL TABLET 50 MG	NF	
<i>aprepitant oral capsule 125 mg</i>	2	PA; QL (4 EA per 30 days)
<i>aprepitant oral capsule 40 mg, 80 mg</i>	2	PA; QL (8 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	PA; QL (12 EA per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE	NF	
DICLEGIS ORAL TABLET DELAYED RELEASE	NF	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	2	
<i>dronabinol oral capsule</i>	4	PA
EMEND ORAL CAPSULE 80 MG	NF	

Drug Name	Tier	Requirements
EMEND ORAL SUSPENSION RECONSTITUTED	4	PA; QL (6 EA per 30 days)
EMEND TRI-PACK ORAL CAPSULE	NF	
<i>granisetron hcl oral tablet</i>	2	PA; QL (60 EA per 30 days)
MARINOL ORAL CAPSULE 2.5 MG	NF	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	2	
<i>ondansetron hcl oral solution</i>	2	PA
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)
<i>ondansetron oral tablet dispersible</i>	2	PA; QL (45 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	4	ST; QL (4 EA per 28 days)
<i>scopolamine transdermal patch 72 hour</i>	2	
SYNDROS ORAL SOLUTION	5	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	NF	
<i>trimethobenzamide hcl oral capsule</i>	NF	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	PA
Anti-Inflammatory Agents		
<i>alosetron hcl oral tablet</i>	5	
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>balsalazide disodium oral capsule</i>	3	
CANASA RECTAL SUPPOSITORY	5	
COLAZAL ORAL CAPSULE	NF	
DELZICOL ORAL CAPSULE DELAYED RELEASE	NF	
DIPENTUM ORAL CAPSULE	5	
LIALDA ORAL TABLET DELAYED RELEASE	NF	
LOTRONEX ORAL TABLET	NF	
<i>mesalamine er oral capsule extended release</i>	4	
<i>mesalamine er oral capsule extended release 24 hour</i>	3	
<i>mesalamine oral capsule delayed release</i>	3	
<i>mesalamine oral tablet delayed release</i>	3	
<i>mesalamine rectal enema</i>	3	
<i>mesalamine rectal suppository</i>	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE	4	
ROWASA RECTAL KIT	NF	
Antiuclcer Agents And Acid Suppressants		
ACIPHEX ORAL TABLET DELAYED RELEASE	NF	
<i>amoxicill-clarithro-lansopraz oral</i>	NF	
CARAFATE ORAL SUSPENSION	NF	
CARAFATE ORAL TABLET	NF	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet</i>	2	

Drug Name	Tier	Requirements
CYTOTEC ORAL TABLET	NF	
DEXILANT ORAL CAPSULE DELAYED RELEASE	NF	
<i>dexlansoprazole oral capsule delayed release</i>	NF	
<i>esomeprazole magnesium oral capsule delayed release</i>	4	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral packet</i>	4	QL (30 EA per 30 days)
<i>famotidine oral suspension reconstituted</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
HELIDAC THERAPY ORAL	NF	
<i>lansoprazole oral capsule delayed release</i>	3	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	NF	
<i>misoprostol oral tablet</i>	2	
NEXIUM ORAL CAPSULE DELAYED RELEASE	NF	
NEXIUM ORAL PACKET	NF	
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule delayed release</i>	2	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	NF	
<i>omeprazole-sodium bicarbonate oral packet</i>	5	ST; QL (30 EA per 30 days)
<i>pantoprazole sodium oral packet</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release</i>	1	
PEPCID ORAL TABLET	NF	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	NF	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	NF	
PRILOSEC ORAL PACKET	NF	
PROTONIX ORAL PACKET	NF	
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA ORAL CAPSULE	NF	
<i>rabeprazole sodium oral tablet delayed release</i>	4	ST; QL (30 EA per 30 days)
<i>sucralfate oral suspension</i>	3	
<i>sucralfate oral tablet</i>	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	4	QL (168 EA per 180 days)
ZEGERID ORAL CAPSULE	NF	
ZEGERID ORAL PACKET	NF	
Cathartics And Laxatives		
CLENPIQ ORAL SOLUTION	NF	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	NF	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	4	
OSMOPREP ORAL TABLET	4	

Drug Name	Tier	Requirements
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	2	
peg-3350/electrolytes oral solution reconstituted	2	
peg-3350/electrolytes/ascorbat oral solution reconstituted	2	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
SUTAB ORAL TABLET	NF	
Cholelitholytic Agents		
CHENODAL ORAL TABLET	5	
RELTONE ORAL CAPSULE	5	ST
URSO 250 ORAL TABLET	NF	
URSO FORTE ORAL TABLET	NF	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	5	
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet</i>	3	
Digestants		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	4	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT, 37000-97300 UNIT	5	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT	5	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT	4	
VIOKACE ORAL TABLET 10440-39150 UNIT	4	
VIOKACE ORAL TABLET 20880-78300 UNIT	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
Gi Drugs, Miscellaneous		
AMITIZA ORAL CAPSULE	3	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	5	PA
BYLVAY ORAL CAPSULE	5	PA
CHOLBAM ORAL CAPSULE	5	PA
GATTEX SUBCUTANEOUS KIT	5	PA
IBSRELA ORAL TABLET	NF	
LINZESS ORAL CAPSULE	3	
LIVMARLI ORAL SOLUTION	5	PA; QL (90 ML per 30 days)
<i>lubiprostone oral capsule</i>	3	

Drug Name	Tier	Requirements
MOTEGRITY ORAL TABLET	NF	
MOVANTIK ORAL TABLET	NF	
OCALIVA ORAL TABLET	5	PA
RELISTOR ORAL TABLET	5	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	ST
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
SYMPROIC ORAL TABLET	NF	
TRULANCE ORAL TABLET	4	ST
VIBERZI ORAL TABLET	5	QL (60 EA per 30 days)
Prokinetic Agents		
GIMOTI NASAL SOLUTION	5	ST
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	NF	
REGLAN ORAL TABLET	NF	
Gold Compounds		
Gold Compounds		
RIDAURA ORAL CAPSULE	NF	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE	5	
CUPRIMINE ORAL CAPSULE 250 MG	5	ST
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA
<i>deferasirox oral tablet soluble</i>	5	PA
<i>deferiprone oral tablet</i>	5	PA
DEPEN TITRATABS ORAL TABLET	5	
EXJADE ORAL TABLET SOLUBLE	NF	
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA
JADENU ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
<i>penicillamine oral capsule</i>	5	
<i>penicillamine oral tablet</i>	5	
SYPRINE ORAL CAPSULE	NF	
<i>trientine hcl oral capsule</i>	5	
Hormones And Synthetic Substitutes		
Adrenals		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG	4	

Drug Name	Tier	Requirements
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 1 MG, 2 MG, 5 MG	5	
ALVESCO INHALATION AEROSOL SOLUTION	NF	
ARMONAIR DIGITALER INHALATION AEROSOL POWDER BREATH ACTIVATED	NF	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	NF	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	NF	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	NF	
ASMANEX HFA INHALATION AEROSOL	NF	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
BREZTRI AEROSPHERE INHALATION AEROSOL	NF	
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide inhalation suspension</i>	2	PA
<i>budesonide oral capsule delayed release particles</i>	3	
<i>budesonide-formoterol fumarate inhalation aerosol</i>	NF	
CORTEF ORAL TABLET	NF	
<i>dexabli ss oral tablet therapy pack</i>	NF	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	NF	
DULERA INHALATION AEROSOL	4	QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	5	PA
EMFLAZA ORAL TABLET	5	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	3	QL (120 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (10.6 GM per 30 days)
<i>fludrocortisone acetate oral tablet</i>	2	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	NF	

Drug Name	Tier	Requirements
<i>fluticasone propionate hfa inhalation aerosol</i>		NF
HEMADY ORAL TABLET		NF
<i>hydrocortisone oral tablet</i>	2	
INTRAROSA VAGINAL INSERT	4	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG		NF
MEDROL ORAL TABLET THERAPY PACK		NF
<i>methylprednisolone oral tablet</i>	2	PA
<i>methylprednisolone oral tablet therapy pack</i>	2	
MILLIPRED ORAL TABLET		NF
ORAPRED ODT ORAL TABLET DISPERSIBLE		NF
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	ST
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE	2	PA
<i>prednisone oral solution</i>	2	PA
<i>prednisone oral tablet</i>	1	PA
<i>prednisone oral tablet therapy pack</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED		NF
PULMICORT INHALATION SUSPENSION		NF
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED		NF
RAYOS ORAL TABLET DELAYED RELEASE		NF
SYMBICORT INHALATION AEROSOL	3	QL (13.8 GM per 30 days)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK		NF
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)		NF
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)		NF
TARPEYO ORAL CAPSULE DELAYED RELEASE	5	PA; QL (120 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR		NF
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)		NF
AVEED INTRAMUSCULAR SOLUTION		NF

Drug Name	Tier	Requirements
<i>danazol oral capsule</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	NF	
FORTESTA TRANSDERMAL GEL	NF	
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA
JATENZO ORAL CAPSULE 237 MG	5	PA
<i>methitest oral tablet</i>	NF	
<i>methyltestosterone oral capsule</i>	5	
NATESTO NASAL GEL	NF	
<i>oxandrolone oral tablet</i>	2	
TESTIM TRANSDERMAL GEL	NF	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular solution</i>	2	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 25 mg/2.5gm (1%)</i>	2	PA
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA
<i>testosterone transdermal solution</i>	2	PA
TLANDO ORAL CAPSULE	4	PA
VOGELXO PUMP TRANSDERMAL GEL	NF	
VOGELXO TRANSDERMAL GEL	NF	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
Antidiabetic Agents		
<i>acarbose oral tablet</i>	1	QL (90 EA per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	NF	
ACTOS ORAL TABLET	NF	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-Injector KIT	NF	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-Injector	NF	
ADMELOG INJECTION SOLUTION	NF	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-Injector	NF	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NF	
<i>alogliptin benzoate oral tablet</i>	4	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl oral tablet</i>	4	QL (60 EA per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	4	QL (30 EA per 30 days)
AMARYL ORAL TABLET	NF	

Drug Name	Tier	Requirements
APIDRA INJECTION SOLUTION		NF
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR		NF
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	4	QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	QL (180 EA per 30 days)
DUETACT ORAL TABLET		NF
FARXIGA ORAL TABLET		NF
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR		NF
FIASP INJECTION SOLUTION		NF
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE		NF
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	QL (180 EA per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	5	PA; QL (60 EA per 30 days)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	5	PA; QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	1	QL (60 EA per 30 days)
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glyburide oral tablet 5 mg</i>	1	QL (120 EA per 30 days)
<i>glyburide-metformin oral tablet</i>	1	QL (120 EA per 30 days)
GLYNASE ORAL TABLET		NF
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
HUMALOG INJECTION SOLUTION		NF

Drug Name	Tier	Requirements
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	NF	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	NF	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	NF	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	NF	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	NF	
HUMULIN N SUBCUTANEOUS SUSPENSION	NF	
HUMULIN R INJECTION SOLUTION	NF	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	NF	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector</i>	NF	
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	NF	
<i>insulin aspart injection solution</i>	NF	
<i>insulin aspart penfill subcutaneous solution cartridge</i>	NF	
<i>insulin aspart prot & aspart subcutaneous suspension</i>	NF	
<i>insulin degludec flextouch subcutaneous solution pen-injector</i>	NF	
<i>insulin degludec subcutaneous solution</i>	NF	
<i>insulin glargine solostar subcutaneous solution pen-injector</i>	NF	
<i>insulin glargine subcutaneous solution</i>	NF	
<i>insulin glargin-yfgn subcutaneous solution</i>	NF	
<i>insulin glargin-yfgn subcutaneous solution pen-injector</i>	NF	
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	NF	
<i>insulin lispro injection solution</i>	NF	
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	NF	
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	NF	
INVOKAMET ORAL TABLET	3	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	QL (60 EA per 30 days)
INVOKANA ORAL TABLET	3	QL (30 EA per 30 days)
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	NF	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
KAZANO ORAL TABLET	NF	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	NF	
KORLYM ORAL TABLET	5	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PDSS
LANTUS SUBCUTANEOUS SOLUTION	3	PDSS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PDSS
LEVEMIR SUBCUTANEOUS SOLUTION	3	PDSS
LYUMJEV INJECTION SOLUTION	NF	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	5	PA; QL (60 EA per 30 days)
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	4	PA; QL (120 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour</i>	NF	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral solution</i>	2	QL (765 ML per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin hcl oral tablet 625 mg</i>	5	PA; QL (120 EA per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tablet</i>	1	QL (90 EA per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	

Drug Name	Tier	Requirements
nateglinide oral tablet 120 mg	1	QL (90 EA per 30 days)
nateglinide oral tablet 60 mg	1	QL (180 EA per 30 days)
NESINA ORAL TABLET	NF	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	PDSS
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	PDSS
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	PDSS
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	PDSS
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	PDSS
NOVOLIN R INJECTION SOLUTION	3	PDSS
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PDSS
NOVOLOG INJECTION SOLUTION	3	PDSS
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	PDSS
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	PDSS
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	PDSS
ONGLYZA ORAL TABLET	NF	
OSENI ORAL TABLET	NF	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
pioglitazone hcl oral tablet	1	QL (30 EA per 30 days)
pioglitazone hcl-glimepiride oral tablet	1	QL (30 EA per 30 days)
pioglitazone hcl-metformin hcl oral tablet	1	QL (90 EA per 30 days)
QTERN ORAL TABLET	NF	
repaglinide oral tablet 0.5 mg	1	QL (360 EA per 30 days)
repaglinide oral tablet 1 mg	1	QL (480 EA per 30 days)
repaglinide oral tablet 2 mg	1	QL (240 EA per 30 days)
RIOMET ORAL SOLUTION	NF	
RYBELSUS ORAL TABLET	3	QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	NF	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	NF	

Drug Name	Tier	Requirements
STEGLATRO ORAL TABLET		NF
STEGLUJAN ORAL TABLET		NF
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG	3	QL (60 EA per 30 days)
SYNJARDY ORAL TABLET 5-500 MG	3	QL (120 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PDSS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PDSS
TRADJENTA ORAL TABLET		NF
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PDSS
TRESIBA SUBCUTANEOUS SOLUTION	3	PDSS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR		NF
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR		NF
Antihypoglycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	3	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
<i>glucagon emergency injection kit</i>	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-Injector	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
PROGLYCEM ORAL SUSPENSION	4	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-Injector		NF

Drug Name	Tier	Requirements
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
Contraceptives		
ALTAVERA ORAL TABLET	2	
<i>alyacen 1/35 oral tablet</i>	2	
AMETHIA ORAL TABLET	2	
ANNOVERA VAGINAL RING	NF	
APRI ORAL TABLET	2	
ARANELLE ORAL TABLET	2	
ASHLYNA ORAL TABLET	2	
AUBRA EQ ORAL TABLET	2	
AVIANE ORAL TABLET	2	
BALCOLTRA ORAL TABLET	NF	
BALZIVA ORAL TABLET	2	
BEYAZ ORAL TABLET	NF	
BLISOVI 24 FE ORAL TABLET	2	
BLISOVI FE 1.5/30 ORAL TABLET	2	
<i>brielllyn oral tablet</i>	2	
CAMILA ORAL TABLET	2	
CAMRESE LO ORAL TABLET	2	
CRYSELLE-28 ORAL TABLET	2	
CYRED EQ ORAL TABLET	2	
DEBLITANE ORAL TABLET	2	
<i>desogestrel-ethynodiol estradiol oral tablet</i>	2	
DOLISHALE ORAL TABLET	2	
<i>drospirenone-ethynodiol estradiol oral tablet 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethynodiol estradiol oral tablet</i>	2	
ELURYNG VAGINAL RING	2	
ENPRESSE-28 ORAL TABLET	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN ORAL TABLET	2	
ESTARYLLA ORAL TABLET	2	
<i>ethynodiol diacetate-ethynodiol estradiol oral tablet</i>	2	
<i>etonogestrel-ethynodiol estradiol vaginal ring</i>	2	
FALMINA ORAL TABLET	2	
FEMYNOR ORAL TABLET	2	
FINZALA ORAL TABLET CHEWABLE	2	
GEMMILY ORAL CAPSULE	2	
GENERESS FE ORAL TABLET CHEWABLE	NF	
HAILEY 24 FE ORAL TABLET	2	

Drug Name	Tier	Requirements
ICLEVIA ORAL TABLET	2	
INCASSIA ORAL TABLET	2	
INTROVALE ORAL TABLET	2	
ISIBLOOM ORAL TABLET	2	
JASMIEL ORAL TABLET	2	
JULEBER ORAL TABLET	2	
JUNEL 1.5/30 ORAL TABLET	2	
JUNEL 1/20 ORAL TABLET	2	
JUNEL FE 1.5/30 ORAL TABLET	2	
JUNEL FE 1/20 ORAL TABLET	2	
JUNEL FE 24 ORAL TABLET	2	
KAITLIB FE ORAL TABLET CHEWABLE	2	
KARIVA ORAL TABLET	2	
KELNOR 1/35 ORAL TABLET	2	
KELNOR 1/50 ORAL TABLET	2	
KURVELO ORAL TABLET	2	
LARIN 1.5/30 ORAL TABLET	2	
LARIN 1/20 ORAL TABLET	2	
LARIN FE 1.5/30 ORAL TABLET	2	
LARIN FE 1/20 ORAL TABLET	2	
LAYOLIS FE ORAL TABLET CHEWABLE	2	
LEENA ORAL TABLET	2	
LESSINA ORAL TABLET	2	
LEVONEST ORAL TABLET	2	
<i>levonorgest-eth est & eth est oral tablet</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	
<i>levonorgestrel-ethynodiol dihydrogen phosphate oral tablet</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	
LEVORA 0.15/30 (28) ORAL TABLET	2	
LO LOESTRIN FE ORAL TABLET	NF	
LOESTRIN 1.5/30 (21) ORAL TABLET	NF	
LOESTRIN 1/20 (21) ORAL TABLET	NF	
LOESTRIN FE 1.5/30 ORAL TABLET	NF	
LOESTRIN FE 1/20 ORAL TABLET	NF	
LORYNA ORAL TABLET	2	
LOSEASONIQUE ORAL TABLET	NF	
LOW-OGESTREL ORAL TABLET	2	
LUTERA ORAL TABLET	2	
LYLEQ ORAL TABLET	2	

Drug Name	Tier	Requirements
LYZA ORAL TABLET	2	
<i>marlissa oral tablet</i>	2	
MERZEE ORAL CAPSULE	2	
MICROGESTIN 1.5/30 ORAL TABLET	2	
MICROGESTIN 1/20 ORAL TABLET	2	
MICROGESTIN 24 FE ORAL TABLET	2	
MICROGESTIN FE 1.5/30 ORAL TABLET	2	
MICROGESTIN FE 1/20 ORAL TABLET	2	
MILI ORAL TABLET	2	
MINASTRIN 24 FE ORAL TABLET CHEWABLE	NF	
NATAZIA ORAL TABLET	NF	
NECON 0.5/35 (28) ORAL TABLET	2	
NEXTSTELLIS ORAL TABLET	NF	
NIKKI ORAL TABLET	2	
NORA-BE ORAL TABLET	2	
<i>norethin ace-eth estrad-fe oral capsule</i>	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	2	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	
<i>norethindrone acet-ethynodiol est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone oral tablet</i>	2	
<i>norethindron-ethynodiol est oral tablet</i>	2	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norgestim-eth estrad triphasic oral tablet</i>	2	
NORTREL 0.5/35 (28) ORAL TABLET	2	
NORTREL 1/35 (21) ORAL TABLET	2	
NORTREL 1/35 (28) ORAL TABLET	2	
NORTREL 7/7/7 ORAL TABLET	2	
NUVARING VAGINAL RING	NF	
NYLIA 1/35 ORAL TABLET	2	
NYLIA 7/7/7 ORAL TABLET	2	
NYMYO ORAL TABLET	2	
OCELLA ORAL TABLET	2	
PIMTREA ORAL TABLET	2	
PIRMELLA 1/35 ORAL TABLET	2	
PORTIA-28 ORAL TABLET	2	
QUARTETTE ORAL TABLET	NF	
RECLIPSEN ORAL TABLET	2	
RIVELSA ORAL TABLET	2	
SAFYRAL ORAL TABLET	NF	

Drug Name	Tier	Requirements
SEASONIQUE ORAL TABLET	NF	
SETLAKIN ORAL TABLET	2	
SHAROBEL ORAL TABLET	2	
SLYND ORAL TABLET	NF	
SPRINTEC 28 ORAL TABLET	2	
SRONYX ORAL TABLET	2	
SYEDA ORAL TABLET	2	
TARINA 24 FE ORAL TABLET	2	
TARINA FE 1/20 EQ ORAL TABLET	2	
TAYSOFY ORAL CAPSULE	2	
TILIA FE ORAL TABLET	2	
TRI-ESTARYLLA ORAL TABLET	2	
TRI-LEGEST FE ORAL TABLET	2	
TRI-LO-ESTARYLLA ORAL TABLET	2	
TRI-LO-SPRINTEC ORAL TABLET	2	
TRI-MILI ORAL TABLET	2	
TRI-NYMYO ORAL TABLET	2	
TRI-SPRINTEC ORAL TABLET	2	
TRIVORA (28) ORAL TABLET	2	
TRI-VYLIBRA LO ORAL TABLET	2	
TRI-VYLIBRA ORAL TABLET	2	
TYDEMY ORAL TABLET	2	
VELIVET ORAL TABLET	2	
VESTURA ORAL TABLET	2	
VIENVA ORAL TABLET	2	
VYFEMLA ORAL TABLET	2	
VYLIBRA ORAL TABLET	2	
WYMZYA FE ORAL TABLET CHEWABLE	2	
XULANE TRANSDERMAL PATCH WEEKLY	2	
YASMIN 28 ORAL TABLET	NF	
YAZ ORAL TABLET	NF	
ZAFEMY TRANSDERMAL PATCH WEEKLY	2	
ZOVIA 1/35 (28) ORAL TABLET	2	
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	NF	
AMABELZ ORAL TABLET	2	PA
<i>anastrozole oral tablet</i>	2	
ANGELIQ ORAL TABLET	NF	
ARIMIDEX ORAL TABLET	NF	
AROMASIN ORAL TABLET	NF	

Drug Name	Tier	Requirements
BIJUVA ORAL CAPSULE	4	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA
CLIMARA TRANSDERMAL PATCH WEEKLY	NF	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	PA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DELESTROGEN INTRAMUSCULAR OIL 20 MG/ML, 40 MG/ML	NF	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	PA
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	2	PA
DUAVEE ORAL TABLET	NF	
ELESTRIN TRANSDERMAL GEL	NF	
ESTRACE ORAL TABLET	NF	
ESTRACE VAGINAL CREAM	NF	
<i>estradiol oral tablet</i>	2	PA
<i>estradiol transdermal patch twice weekly</i>	2	PA
<i>estradiol transdermal patch weekly</i>	2	PA
<i>estradiol vaginal cream</i>	2	
<i>estradiol vaginal tablet</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	PA
ESTRING VAGINAL RING	4	
ESTROGEL TRANSDERMAL GEL	NF	
EVAMIST TRANSDERMAL SOLUTION	NF	
EVISTA ORAL TABLET	NF	
<i>exemestane oral tablet</i>	3	
FARESTON ORAL TABLET	5	
FEMARA ORAL TABLET	NF	
FEMRING VAGINAL RING	4	
FYAVOLV ORAL TABLET	2	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	NF	
IMVEXXY STARTER PACK VAGINAL INSERT	NF	
JINTELI ORAL TABLET	2	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
<i>letrozole oral tablet</i>	2	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	2	PA

Drug Name	Tier	Requirements
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	PA
MIMVEY ORAL TABLET	2	PA
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	NF	
<i>norethindrone-eth estradiol oral tablet</i>	2	PA
OSPHENA ORAL TABLET	4	PA
PREFEST ORAL TABLET	4	PA
PREMARIN ORAL TABLET	3	PA
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
<i>raloxifene hcl oral tablet</i>	2	
SOLTAMOX ORAL SOLUTION	5	
<i>tamoxifen citrate oral tablet</i>	2	
<i>toremifene citrate oral tablet</i>	5	
VAGIFEM VAGINAL TABLET 10 MCG	NF	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	NF	
YUVAFEM VAGINAL TABLET	2	
Gonadotropins And Antigonadotropins		
ELIGARD SUBCUTANEOUS KIT	4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate injection kit</i>	5	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	
MYFEMBREE ORAL TABLET	5	PA; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	5	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
SYNAREL NASAL SOLUTION	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG, 3.75 MG	5	PA

Drug Name	Tier	Requirements
Leptins		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Parathyroid And Antiparathyroid Agents		
calcitonin (salmon) nasal solution	3	
cinacalcet hcl oral tablet 30 mg, 60 mg	4	
cinacalcet hcl oral tablet 90 mg	5	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (2.4 ML per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA
SENSIPAR ORAL TABLET	NF	
teriparatide (recombinant) subcutaneous solution pen-injector	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
Pituitary		
ACTHAR INJECTION GEL	5	PA
CORTROPHIN INJECTION GEL	5	PA
DDAVP ORAL TABLET	NF	
desmopressin acetate oral tablet	2	
desmopressin acetate spray nasal solution	2	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	NF	
SKYTROFA SUBCUTANEOUS CARTRIDGE	5	PA
Progestins		
AYGESTIN ORAL TABLET	NF	
CRINONE VAGINAL GEL	NF	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	NF	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
medroxyprogesterone acetate intramuscular suspension	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	
medroxyprogesterone acetate oral tablet	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	3	
megestrol acetate oral tablet	2	
norethindrone acetate oral tablet	2	
progesterone oral capsule	2	
PROMETRIUM ORAL CAPSULE	NF	
PROVERA ORAL TABLET	NF	

Drug Name	Tier	Requirements
Somatostatin Agonists And Antagonists		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	
<i>octreotide acetate injection solution 500 mcg/ml</i>	5	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	NF	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)
Somatotropin Agonists And Antagonists		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA
HUMATROPE INJECTION CARTRIDGE	5	PA
INCRELEX SUBCUTANEOUS SOLUTION	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	5	PA
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
Thyroid And Antithyroid Agents		
CYTOMEL ORAL TABLET	NF	
EUTHYROX ORAL TABLET	1	
LEVO-T ORAL TABLET	1	
<i>levothyroxine sodium oral capsule</i>	4	
<i>levothyroxine sodium oral tablet</i>	1	

Drug Name	Tier	Requirements
LEVOXYL ORAL TABLET	1	
<i>liothyronine sodium oral tablet</i>	2	
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	2	
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	4	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	4	
UNITHROID ORAL TABLET	1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
AVODART ORAL CAPSULE	NF	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
ENTADFI ORAL CAPSULE	NF	
<i>finasteride oral tablet 5 mg</i>	2	
JALYN ORAL CAPSULE	NF	
PROSCAR ORAL TABLET	NF	
Alcohol Deterrents		
<i>disulfiram oral tablet</i>	2	
Antidotes		
<i>acetylcysteine inhalation solution</i>	2	PA
<i>leucovorin calcium oral tablet</i>	2	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	4	
COLCRYS ORAL TABLET	NF	
<i>febuxostat oral tablet</i>	3	ST
MITIGARE ORAL CAPSULE	NF	
ULORIC ORAL TABLET	NF	
ZYLOPRIM ORAL TABLET	NF	
Antisense Oligonucleotides		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG, 35 MG	NF	
<i>alendronate sodium oral solution</i>	1	QL (300 ML per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)

Drug Name	Tier	Requirements
ATELVIA ORAL TABLET DELAYED RELEASE	NF	
BINOSTO ORAL TABLET EFFERVESCENT	NF	
FOSAMAX ORAL TABLET 70 MG	NF	
FOSAMAX PLUS D ORAL TABLET	NF	
<i>ibandronate sodium oral tablet</i>	2	QL (1 EA per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<i>risedronate sodium oral tablet 150 mg</i>	3	QL (1 EA per 30 days)
<i>risedronate sodium oral tablet 30 mg</i>	2	QL (120 EA per 365 days)
<i>risedronate sodium oral tablet 35 mg</i>	3	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	2	QL (4 EA per 28 days)
XGEVA SUBCUTANEOUS SOLUTION	5	PA
Cariostatic Agents		
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	
Complement Inhibitors		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
FIRAZYR SUBCUTANEOUS SOLUTION	5	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>icatibant acetate subcutaneous solution</i>	5	PA; QL (27 ML per 30 days)
ORLADEYO ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	NF	
SAJAZIR SUBCUTANEOUS SOLUTION	5	PA; QL (27 ML per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
Disease-Modifying Antirheumatic Drugs		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ARAVA ORAL TABLET	NF	
CIBINQO ORAL TABLET	5	PA; QL (30 EA per 30 days)
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)

Drug Name	Tier	Requirements
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; QL (8 ML per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 EA per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 EA per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (12 EA per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 EA per 365 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (8 EA per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (8 EA per 365 days)
HUMIRA PEN-PSOR/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (6 EA per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>leflunomide oral tablet</i>	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTEZLA ORAL TABLET	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA

Drug Name	Tier	Requirements
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XELJANZ ORAL SOLUTION	5	PA
XELJANZ ORAL TABLET	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
AUBAGIO ORAL TABLET	5	QL (30 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	ST; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT	5	QL (15 EA per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	ST; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	ST; QL (12 ML per 28 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	QL (14 EA per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral</i>	5	QL (120 EA per 365 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EXTAVIA SUBCUTANEOUS KIT	NF	
<i>fingolimod hcl oral capsule</i>	5	QL (30 EA per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	5	QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	QL (12 ML per 28 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (6 ML per 365 days)
MAYZENT ORAL TABLET 0.25 MG	5	ST; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	ST; QL (14 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	ST; QL (24 EA per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (1 ML per 28 days)
PONVORY ORAL TABLET	5	ST; QL (30 EA per 30 days)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	5	ST; QL (28 EA per 365 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (8.4 ML per 365 days)
TECFIDERA ORAL	5	QL (120 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	QL (14 EA per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	QL (60 EA per 30 days)
THALOMID ORAL CAPSULE	5	PA
VUMERTY ORAL CAPSULE DELAYED RELEASE	5	ST
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	ST; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	ST; QL (74 EA per 365 days)
Immunosuppressive Agents		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	PA
AZASAN ORAL TABLET	4	PA
<i>azathioprine oral tablet</i>	2	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
CELLCEPT ORAL CAPSULE	NF	
CELLCEPT ORAL SUSPENSION RECONSTITUTED	NF	
CELLCEPT ORAL TABLET	NF	
<i>cyclosporine modified oral capsule</i>	2	PA

Drug Name	Tier	Requirements
cyclosporine modified oral solution	2	PA
cyclosporine oral capsule	2	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	PA
everolimus oral tablet 0.25 mg	2	PA
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	PA
GENGRAF ORAL SOLUTION	2	PA
IMURAN ORAL TABLET	NF	
LUPKYNIS ORAL CAPSULE	5	
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	ST
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	ST
mycophenolate mofetil oral capsule	2	PA
mycophenolate mofetil oral suspension reconstituted	2	PA
mycophenolate mofetil oral tablet	2	PA
mycophenolate sodium oral tablet delayed release	2	PA
MYFORTIC ORAL TABLET DELAYED RELEASE	NF	
NEORAL ORAL CAPSULE	NF	
NEORAL ORAL SOLUTION	NF	
PROGRAF ORAL CAPSULE	NF	
PROGRAF ORAL PACKET 0.2 MG	4	PA
PROGRAF ORAL PACKET 1 MG	5	PA
RAPAMUNE ORAL SOLUTION	NF	
RAPAMUNE ORAL TABLET	NF	
SANDIMMUNE ORAL CAPSULE	NF	
SANDIMMUNE ORAL SOLUTION	4	PA
sirolimus oral solution	5	PA
sirolimus oral tablet 0.5 mg, 1 mg	4	PA
sirolimus oral tablet 2 mg	5	PA
tacrolimus oral capsule	2	PA
ZORTRESS ORAL TABLET	5	PA

Drug Name	Tier	Requirements
Kallikrein-Kinin System Inhibitors		
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
Other Miscellaneous Therapeutic Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA; QL (60 EA per 30 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
<i>betaine oral powder</i>	5	
CARNITOR ORAL SOLUTION	NF	
CARNITOR ORAL TABLET	NF	
CERDELGA ORAL CAPSULE	5	PA
CYSTADANE ORAL POWDER	5	
CYSTAGON ORAL CAPSULE	4	
<i>dalfampridine er oral tablet extended release 12 hour</i>	5	PA; QL (60 EA per 30 days)
DEMSER ORAL CAPSULE	5	
ELMIRON ORAL CAPSULE	5	
ENDARI ORAL PACKET	5	PA
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (2.34 ML per 28 days)
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA
FIRDAPSE ORAL TABLET	5	PA
GALAFOLD ORAL CAPSULE	5	PA; QL (14 EA per 28 days)
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 10 MG	5	PA; QL (180 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (60 EA per 30 days)
JAVYGTOR ORAL PACKET 100 MG	5	
KUVAN ORAL PACKET	5	
KUVAN ORAL TABLET	5	
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>metyrosine oral capsule</i>	5	
<i>miglustat oral capsule</i>	5	PA
<i>nitisinone oral capsule</i>	5	
NITYR ORAL TABLET	5	
ORFADIN ORAL CAPSULE	5	
ORFADIN ORAL SUSPENSION	5	
PROCYSBI ORAL PACKET	5	PA
RECORLEV ORAL TABLET	5	PA; QL (240 EA per 30 days)
REZUROCK ORAL TABLET	5	PA; QL (30 EA per 30 days)
<i>sapropterin dihydrochloride oral packet</i>	5	

Drug Name	Tier	Requirements
sapropterin dihydrochloride oral tablet	5	
THIOLA EC ORAL TABLET DELAYED RELEASE	5	
THIOLA ORAL TABLET	5	
<i>tiopronin oral tablet</i>	5	
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (30 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (60 EA per 30 days)
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
XURIDEN ORAL PACKET	5	
ZAVESCA ORAL CAPSULE	NF	
Protective Agents		
MESNEX ORAL TABLET	5	
Respiratory Tract Agents		
Antifibrotic Agents		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA
Anti-Inflammatory Agents		
ACCOLATE ORAL TABLET	NF	
<i>cromolyn sodium inhalation nebulization solution</i>	2	PA
<i>cromolyn sodium oral concentrate</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML	5	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
GASTROCROM ORAL CONCENTRATE	NF	
<i>montelukast sodium oral packet</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet</i>	2	QL (30 EA per 30 days)
<i>montelukast sodium oral tablet chewable</i>	2	QL (30 EA per 30 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SINGULAIR ORAL PACKET	NF	
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	

Drug Name	Tier	Requirements
zafirlukast oral tablet	2	QL (60 EA per 30 days)
zileuton er oral tablet extended release 12 hour	NF	
ZYFLO ORAL TABLET	NF	
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK	5	PA
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA
Mucolytic Agents		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA
Phosphodiesterase Type 4 Inhibitors		
DALIRESP ORAL TABLET	4	
Respiratory Tract Agents, Miscellaneous		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	4	PA
BRONCHITOL INHALATION CAPSULE	5	
GLASSIA INTRAVENOUS SOLUTION	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
Vasodilating Agents		
ADEMPAS ORAL TABLET	5	PA
ambrisentan oral tablet	5	PA
bosentan oral tablet	5	PA
LETAIRIS ORAL TABLET	5	PA
OPSUMIT ORAL TABLET	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	5	PA; QL (224 EA per 28 days)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; QL (112 EA per 28 days)

Drug Name	Tier	Requirements
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG	5	PA; QL (392 EA per 365 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	5	PA; QL (504 EA per 365 days)
UPTRAVI ORAL TABLET	5	PA
UPTRAVI ORAL TABLET THERAPY PACK	5	PA
VENTAVIS INHALATION SOLUTION	5	PA; QL (270 ML per 30 days)
Skin And Mucous Membrane Preparations		
Anti-Infectives		
ACANYA EXTERNAL GEL	NF	
<i>acyclovir external cream</i>	4	QL (5 GM per 30 days)
<i>acyclovir external ointment</i>	2	QL (30 GM per 30 days)
ALTABAX EXTERNAL OINTMENT	4	ST
AMZEEQ EXTERNAL FOAM	NF	
BENZAMYCIN EXTERNAL GEL	NF	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
CENTANY EXTERNAL OINTMENT	NF	
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	3	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
CLEOCIN VAGINAL CREAM	NF	
CLEOCIN VAGINAL SUPPOSITORY	NF	
CLEOCIN-T EXTERNAL LOTION	NF	
CLINDACIN-P EXTERNAL SWAB	3	
CLINDAGEL EXTERNAL GEL	NF	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %</i>	NF	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	3	
<i>clindamycin phosphate external foam</i>	3	
<i>clindamycin phosphate external gel</i>	3	
<i>clindamycin phosphate external lotion</i>	3	
<i>clindamycin phosphate external solution</i>	3	
<i>clindamycin phosphate external swab</i>	3	
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM	NF	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	

Drug Name	Tier	Requirements
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CROTAN EXTERNAL LOTION	2	
DENAVIR EXTERNAL CREAM	5	QL (5 GM per 30 days)
<i>econazole nitrate external cream</i>	4	
EPSOLAY EXTERNAL CREAM	NF	
ERTACZO EXTERNAL CREAM	NF	
<i>ery external pad</i>	2	
ERYGEL EXTERNAL GEL	NF	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
EVOCLIN EXTERNAL FOAM	NF	
EXELDERM EXTERNAL CREAM	4	
EXELDERM EXTERNAL SOLUTION	4	
EXTINA EXTERNAL FOAM	NF	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
GYNAZOLE-1 VAGINAL CREAM	2	
<i>ivermectin external cream</i>	2	
JUBLIA EXTERNAL SOLUTION	5	PA
KERYDIN EXTERNAL SOLUTION	5	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external foam</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
KETODAN EXTERNAL FOAM	2	
KLARON EXTERNAL LOTION	NF	
LOPROX EXTERNAL CREAM	NF	
LOPROX EXTERNAL SHAMPOO	NF	
<i>luliconazole external cream</i>	NF	
LUZU EXTERNAL CREAM	NF	
<i>mafenide acetate external packet</i>	2	
<i>malathion external lotion</i>	4	
MENTAX EXTERNAL CREAM	NF	
METROCREAM EXTERNAL CREAM	NF	
METROGEL EXTERNAL GEL	NF	
METROLOTION EXTERNAL LOTION	NF	
<i>metronidazole external cream</i>	3	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	3	
<i>metronidazole external lotion</i>	3	

Drug Name	Tier	Requirements
<i>metronidazole vaginal gel</i>	2	
<i>miconazole 3 vaginal suppository</i>	NF	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	
<i>naftifine hcl external cream</i>	4	
NAFTIN EXTERNAL GEL	NF	
NATROBA EXTERNAL SUSPENSION	NF	
NEUAC EXTERNAL GEL	NF	
NORITATE EXTERNAL CREAM	5	
NYAMYC EXTERNAL POWDER	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
NYSTOP EXTERNAL POWDER	2	
ONEXTON EXTERNAL GEL	NF	
OVIDE EXTERNAL LOTION	NF	
<i>oxiconazole nitrate external cream</i>	4	
OXISTAT EXTERNAL CREAM	NF	
OXISTAT EXTERNAL LOTION	NF	
<i>permethrin external cream</i>	2	
<i>selenium sulfide external lotion</i>	2	
SILVADENE EXTERNAL CREAM	NF	
<i>silver sulfadiazine external cream</i>	2	
SOOLANTRA EXTERNAL CREAM	NF	
<i>spinosad external suspension</i>	2	
SSD EXTERNAL CREAM	2	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
SULFAMYLYON EXTERNAL CREAM	NF	
<i>tavaborole external solution</i>	5	PA
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
VANDAZOLE VAGINAL GEL	2	
XERESE EXTERNAL CREAM	NF	
XOLEGEL EXTERNAL GEL	NF	
ZILXI EXTERNAL FOAM	NF	
ZOVIRAX EXTERNAL CREAM	NF	
ZOVIRAX EXTERNAL OINTMENT	NF	
Anti-Inflammatory Agents		
ALA SCALP EXTERNAL LOTION	NF	
<i>ala-cort external cream</i>	2	

Drug Name	Tier	Requirements
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external lotion</i>	2	
<i>amcinonide external ointment</i>	2	
ANUSOL-HC EXTERNAL CREAM	NF	
APEXICON E EXTERNAL CREAM	5	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	3	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	3	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	NF	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BRYHALI EXTERNAL LOTION	NF	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	5	
CAPEX EXTERNAL SHAMPOO	4	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate emulsion external foam</i>	4	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external foam</i>	4	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external liquid</i>	4	
<i>clobetasol propionate external lotion</i>	4	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
CLOBEX EXTERNAL LOTION	NF	
CLOBEX EXTERNAL SHAMPOO	NF	
CLOBEX SPRAY EXTERNAL LIQUID	NF	
<i>clocortolone pivalate external cream</i>	2	
CLODAN EXTERNAL SHAMPOO	2	
CLODERM EXTERNAL CREAM	NF	
CORDRAN EXTERNAL CREAM	NF	
CORDRAN EXTERNAL LOTION	NF	
CORDRAN EXTERNAL OINTMENT	NF	

Drug Name	Tier	Requirements
CORDRAN EXTERNAL TAPE	NF	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	NF	
<i>desonide external cream</i>	2	
<i>desonide external gel</i>	2	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
DESOWEN EXTERNAL CREAM	NF	
<i>desoximetasone external cream</i>	2	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment</i>	2	
DESRX EXTERNAL GEL	2	
<i>diclofenac sodium external gel 1 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	4	PA
<i>diclofenac sodium external solution 1.5 %</i>	4	
<i>diclofenac sodium external solution 2 %</i>	5	
<i>diflorasone diacetate external cream</i>	4	
<i>diflorasone diacetate external ointment</i>	4	
DIPROLENE EXTERNAL OINTMENT	NF	
DUOBRII EXTERNAL LOTION	5	
ENSTILAR EXTERNAL FOAM	NF	
EUCRISA EXTERNAL OINTMENT	4	PA
<i>fluocinolone acetonide external cream</i>	2	
<i>fluocinolone acetonide external ointment</i>	2	
<i>fluocinolone acetonide external solution</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
<i>fluocinonide emulsified base external cream</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>fluocinonide external cream 0.1 %</i>	NF	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	
<i>flurandrenolide external cream</i>	NF	
<i>flurandrenolide external lotion</i>	NF	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>halcinonide external cream</i>	2	
<i>halobetasol propionate external cream</i>	3	
<i>halobetasol propionate external foam</i>	NF	

Drug Name	Tier	Requirements
halobetasol propionate external ointment	3	
HALOG EXTERNAL CREAM	NF	
HALOG EXTERNAL OINTMENT	NF	
HALOG EXTERNAL SOLUTION	NF	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone butyrate external cream	NF	
hydrocortisone butyrate external lotion	NF	
hydrocortisone butyrate external ointment	NF	
hydrocortisone butyrate external solution	NF	
hydrocortisone external cream 1 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone rectal enema	2	
hydrocortisone valerate external cream	2	
hydrocortisone valerate external ointment	2	
IMPEKLO EXTERNAL LOTION	NF	
KENALOG EXTERNAL AEROSOL SOLUTION	NF	
LEXETTE EXTERNAL FOAM	NF	
LOCOID EXTERNAL LOTION	NF	
LOCOID LIPOCREAM EXTERNAL CREAM	NF	
LUXIQ EXTERNAL FOAM	NF	
mometasone furoate external cream	2	
mometasone furoate external ointment	2	
mometasone furoate external solution	2	
NEO-SYNALAR EXTERNAL CREAM	NF	
nystatin-triamcinolone external cream	4	
nystatin-triamcinolone external ointment	2	
OLUX EXTERNAL FOAM	NF	
OLUX-E EXTERNAL FOAM	NF	
PANDEL EXTERNAL CREAM	NF	
PENNSAID EXTERNAL SOLUTION	5	
prednicarbate external ointment	NF	
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTO-PAK EXTERNAL CREAM	2	
PROCTOSOL HC EXTERNAL CREAM	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
SYNALAR EXTERNAL CREAM	NF	
SYNALAR EXTERNAL SOLUTION	NF	
TACLONEX EXTERNAL OINTMENT	NF	
TACLONEX EXTERNAL SUSPENSION	NF	

Drug Name	Tier	Requirements
TEXACORT EXTERNAL SOLUTION	NF	
TOPICORT EXTERNAL CREAM	NF	
TOPICORT EXTERNAL GEL	NF	
TOPICORT EXTERNAL OINTMENT 0.05 %	NF	
TOPICORT SPRAY EXTERNAL LIQUID	NF	
TOVET EXTERNAL FOAM	4	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external ointment 0.05 %</i>	4	
<i>triamcinolone acetonide mouth/throat paste</i>	2	
TRIANEX EXTERNAL OINTMENT	NF	
TRIDERM EXTERNAL CREAM	2	
TRITOCIN EXTERNAL OINTMENT	4	
UCERIS RECTAL FOAM	NF	
ULTRAVATE EXTERNAL LOTION	NF	
VANOS EXTERNAL CREAM	NF	
VERDESO EXTERNAL FOAM	NF	
Antipruritics And Local Anesthetics		
<i>doxepin hcl external cream</i>	4	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	NF	
<i>lidocaine external ointment 5 %</i>	4	
<i>lidocaine external patch 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
LIDODERM EXTERNAL PATCH	NF	
PLIAGLIS EXTERNAL CREAM	NF	
PRUDOXIN EXTERNAL CREAM	NF	
ZONALON EXTERNAL CREAM	NF	
ZTLIDO EXTERNAL PATCH	NF	
Cell Stimulants And Proliferants		
ALTRENO EXTERNAL LOTION	NF	
ATRALIN EXTERNAL GEL	NF	
AVITA EXTERNAL CREAM	NF	
AVITA EXTERNAL GEL	NF	
RETIN-A EXTERNAL CREAM	NF	
RETIN-A EXTERNAL GEL	NF	
RETIN-A MICRO EXTERNAL GEL	NF	

Drug Name	Tier	Requirements
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	NF	
<i>tretinoi</i> n external cream	4	PA
<i>tretinoi</i> n external gel	4	PA
<i>tretinoi</i> n microsphere external gel	NF	
TWYNEO EXTERNAL CREAM	NF	
Depigmenting And Pigmenting Agents		
<i>methoxsalen</i> rapid oral capsule	5	
Emollients, Demulcents, And Protectants		
ammonium lactate external cream	2	
ammonium lactate external lotion	2	
Skin And Mucous Membrane Agents, Misc		
ABSORICA LD ORAL CAPSULE	NF	
ABSORICA ORAL CAPSULE	NF	
ACUTANE ORAL CAPSULE	4	
<i>acitretin</i> oral capsule	4	
ACZONE EXTERNAL GEL	NF	
<i>adapalene</i> external cream	4	PA
<i>adapalene</i> external gel 0.3 %	4	PA
<i>adapalene</i> external pad	5	PA
<i>adapalene-benzoyl peroxide</i> external gel 0.1-2.5 %	2	PA
<i>adapalene-benzoyl peroxide</i> external gel 0.3-2.5 %	4	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AKLIEF EXTERNAL CREAM	NF	
AMNESTEEM ORAL CAPSULE	4	
ARAZLO EXTERNAL LOTION	NF	
<i>azelaic acid</i> external gel	2	
AZELEX EXTERNAL CREAM	4	
<i>bexarotene</i> external gel	5	PA
<i>calcipotriene</i> external cream	4	
<i>calcipotriene</i> external foam	NF	
<i>calcipotriene</i> external ointment	4	
<i>calcipotriene</i> external solution	4	
<i>calcitriol</i> external ointment	2	
CARAC EXTERNAL CREAM	NF	
CLARAVIS ORAL CAPSULE	4	
<i>clindamycin-tretinoi</i> n external gel	3	PA
CONDYLOX EXTERNAL GEL	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Drug Name	Tier	Requirements
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
<i>dapsone external gel</i>	4	
DIFFERIN EXTERNAL CREAM	NF	
DIFFERIN EXTERNAL GEL 0.3 %	NF	
DIFFERIN EXTERNAL LOTION	NF	
DOVONEX EXTERNAL CREAM	NF	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA
EFUDEX EXTERNAL CREAM	NF	
ELIDEL EXTERNAL CREAM	NF	
EPIDUO EXTERNAL GEL	NF	
EPIDUO FORTE EXTERNAL GEL	4	PA
FABIOR EXTERNAL FOAM	NF	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	NF	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution</i>	4	
HYFTOR EXTERNAL GEL	NF	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>imiquimod external cream 3.75 %</i>	5	
<i>imiquimod external cream 5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	NF	
KLISYRI EXTERNAL OINTMENT	5	
MIRVASO EXTERNAL GEL	NF	
MYORISAN ORAL CAPSULE	4	
OPZELURA EXTERNAL CREAM	5	PA; QL (240 GM per 28 days)
ORACEA ORAL CAPSULE DELAYED RELEASE	NF	
PANRETIN EXTERNAL GEL	5	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external solution</i>	2	
PROTOPIC EXTERNAL OINTMENT	NF	
QBREXZA EXTERNAL PAD	4	PA; QL (30 EA per 30 days)
RECTIV RECTAL OINTMENT	4	

Drug Name	Tier	Requirements
REGRANEX EXTERNAL GEL	5	
RHOFADE EXTERNAL CREAM	NF	
SANTYL EXTERNAL OINTMENT	4	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SORILUX EXTERNAL FOAM	NF	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tacrolimus external ointment</i>	4	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TARGRETIN EXTERNAL GEL	5	PA
<i>tazarotene external cream</i>	2	
<i>tazarotene external foam</i>	NF	
<i>tazarotene external gel</i>	4	
TAZORAC EXTERNAL CREAM 0.05 %	4	
TAZORAC EXTERNAL CREAM 0.1 %	NF	
TAZORAC EXTERNAL GEL	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VALCHLOR EXTERNAL GEL	5	PA
VECTICAL EXTERNAL OINTMENT	NF	
VELTIN EXTERNAL GEL	NF	
VEREGEN EXTERNAL OINTMENT	5	
VTAMA EXTERNAL CREAM	NF	
WINLEVI EXTERNAL CREAM	NF	
ZENATANE ORAL CAPSULE	4	
ZIANA EXTERNAL GEL	NF	
ZYCLARA EXTERNAL CREAM	NF	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	NF	

Drug Name	Tier	Requirements
Smooth Muscle Relaxants		
Genitourinary Smooth Muscle Relaxants		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
DETROL ORAL TABLET	NF	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	NF	
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>flavoxate hcl oral tablet</i>	NF	
GELNIQUE TRANSDERMAL GEL 10 %	NF	
GEMTESA ORAL TABLET	NF	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	NF	
<i>solifenacin succinate oral tablet</i>	3	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	4	
<i>tolterodine tartrate oral tablet</i>	3	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	
<i>trospium chloride oral tablet</i>	2	
VESICARE LS ORAL SUSPENSION	NF	
VESICARE ORAL TABLET	NF	
Respiratory Smooth Muscle Relaxants		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	NF	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral solution</i>	2	
Vitamins		
Multivitamin Preparations		
<i>prenatal oral tablet 27-1 mg</i>	2	
Vitamin B Complex		
<i>niacin (antihyperlipidemic) oral tablet</i>	4	

Drug Name	Tier	Requirements
Vitamin D		
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
<i>doxercalciferol oral capsule</i>	2	
<i>paricalcitol oral capsule</i>	2	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	
ROCALTROL ORAL CAPSULE	NF	
ROCALTROL ORAL SOLUTION	NF	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	NF	

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				<i>desogestrel-ethinyl estradiol</i>	85
				<i>desonide</i>	106
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DESOXYN	47	DIOVAN HCT	40	E.E.S. GRANULES	10
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desvenlafaxine er	59	diphenoxylate-atropine	72	EDARBI	40
desvenlafaxine succinate er	59	diphtheria-tetanus toxoids dt	25	EDARBYCLOR	40
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dexamethasone	77	disulfiram	93	efavirenz	16
dexamethasone sodium phosphate	70	DITROPAN XL	112	efavirenz-lamivudine-tenofovir	16
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dextmethylphenidate hcl	48	DIVIGEL	89	EGRIFTA SV	92
dextmethylphenidate hcl er	48	dofetilide	39	ELESTRIN	89
dextroamphetamine sulfate	48	DOJOLVI	65	eletriptan hydrobromide	53
dextroamphetamine sulfate er	48	DOLISHALE	85	ELIDEL	110
dextrose	64	donepezil hcl	28	ELIGARD	90
dextrose-nacl	66	DOPTELET	32	ELIQUIS	31
DHIVY	55	DORYX	10	ELIQUIS DVT/PE STARTER	
DIACOMIT	50	DORYX MPC	10	PACK	31
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DIASTAT PEDIATRIC	50	dorzolamide hcl-timolol mal	68	ELURYNG	85
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diclofenac sodium er	43	doxycycline hyclate	10	emtricitabine	16
diclofenac-misoprostol	43	doxycycline monohydrate	10	emtricitabine-tenofovir df	16
dicloxacillin sodium	10	doxylamine-pyridoxine	72	EMTRIVA	16
dicyclomine hcl	27	DRIZALMA SPRINKLE	59	EMVERM	7
DIFFERIN	110	dronabinol	72	enalapril maleate	40
DIFCID	10	drospiren-eth estrad-levomefol	85	enalapril-hydrochlorothiazide	40
diflorasone diacetate	106	drospirenone-ethinyl estradiol	85	ENBREL	94, 95
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diflunisal	43	droxidopa	30	ENBREL SURECLICK	95
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DIGITEK	38	DUAVEE	89	ENDOCET	43
digoxin	38	DUETACT	80	ENGERIX-B	26
dihydroergotamine mesylate	29	DUEXIS	43	enoxaparin sodium	31
DILANTIN	50	DULERA	77	ENPRESSE-28	85
DILANTIN INFATABS	50	duloxetine hcl	59	ENSKYCE	85
DILAUDID	43	DUOBRII	106	ENSPRYNG	96
diltiazem hcl	37	DUOPA	55	ENSTILAR	106
diltiazem hcl er	37	DUPIXENT	100, 110	entacapone	55
diltiazem hcl er beads	37	DUREZOL	70	ENTADFI	93
diltiazem hcl er coated beads	37	dutasteride	93	entecavir	16
dilt-xr	37	dutasteride-tamsulosin hcl	93	ENTRESTO	40
dimethyl fumarate	96	DYANAVEL XR	48	enulose	64
dimethyl fumarate starter pack	96	DYMISTA	67	ENVARSUS XR	98
		DYRENIUM	65	EPCLUSIA	16

EPIDIOLEX	50	etronogestrel-ethynodiol estradiol	85	FENTORA	44
EPIDUO	110	etravirine	17	FERRIPROX	76
EPIDUO FORTE	110	EUCRISA	106	fesoterodine fumarate er	112
epinastine hcl	67	EUTHYROX	92	FETZIMA	60
epinephrine	30	EVAMIST	89	FETZIMA TITRATION	60
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EPIPEN JR 2-PAK	30	EVENITY	99	FIASP	80
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EPIVIR	17	EVISTA	89	FIASP PENFILL	80
EPIVIR HBV	16, 17	EVOCLIN	103	FINACEA	110
erplerenone	40	EVOTAZ	17	finasteride	93
EPOGEN	32	EVOXAC	28	figolimod hcl	96
EPRONTIA	50	EVYRSIDI	99	FINTEPLA	50
EPSOLAY	103	EXEL COMFORT POINT PEN		FINZALA	85
EPZICOM	17	NEEDLE	63	FIORICET	44
EQUETRO	50	EXELDERM	103	FIORICET/CODEINE	44
ERAXIS	14	EXELON	28	FIRAZYR	94
ergoloid mesylates	29	exemestane	89	FIRDAPSE	99
ergotamine-caffeine	53	EXFORGE	37	FIRMAGON	90
ERIVEDGE	21	EXFORGE HCT	37	FIRMAGON (240 MG DOSE)	90
ERLEADA	21	EXJADE	76	FIRVANQ	11
erlotinib hcl	21	EXKIVITY	21	FLAC	70
ERRIN	85	EXSERVAN	57	FLAGYL	15
ERTACZO	103	EXTAVIA	96	FLAREX	70
ertapenem sodium	10	EXTINA	103	flavoxate hcl	112
ery	103	EYSUVIS	70	FLEBOGAMMA DIF	25
ERYGEL	103	EZALLOR SPRINKLE	34	flecainide acetate	39
ERYPED 200	10	ezetimibe	34	FLECTOR	44
ERYPED 400	10	ezetimibe-rosuvastatin	34	FLEQSVY	29
ERY-TAB	10	ezetimibe-simvastatin	34	fololid	34
ERYTHROCIN		FABIOR	110	FLOMAX	29
LACTOBIONATE	10	FALMINA	85	FLOVENT DISKUS	77
ERYTHROCIN STEARATE	10	famciclovir	17	FLOVENT HFA	77
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erythromycin base	10	FANAPT	60	fluconazole in sodium chloride	14
erythromycin ethylsuccinate	10, 11	FANAPT TITRATION PACK	60	flucytosine	14
ESBRIET	100	FARESTON	89	fludrocortisone acetate	77
escitalopram oxalate	59	FARXIGA	80	flunisolide	70
ESGIC	43	FASENRA	100	fluocinolone acetonide	70, 106
esomeprazole magnesium	74	FASENRA PEN	100	fluocinolone acetonide scalp	106
ESTARYLLA	85	febuxostat	93	fluocinonide	106
estazolam	56	felbamate	50	fluocinonide emulsified base	106
ESTRACE	89	FELBATOL	50	fluorometholone	70
estradiol	89	FELDENE	43	fluorouracil	110
estradiol valerate	89	felodipine er	37	fluoxetine hcl	60
estradiol-norethindrone acet	89	FEMARA	89	fluoxetine hcl (pmdd)	60
ESTRING	89	FEMRING	89	fluphenazine decanoate	60
ESTROGEL	89	FEMYNOR	85	fluphenazine hcl	60
eszopiclone	56	fenofibrate	34	flurandrenolide	106
ethacrynic acid	65	fenofibrate micronized	34	flurazepam hcl	56
ethambutol hcl	14	fenofibric acid	34	flurbiprofen	44
ethosuximide	50	FENOGLIDE	34	flurbiprofen sodium	70
ethynodiol diac-eth estradiol	85	fenoprofen calcium	43	fluticasone furoate-vilanterol	77
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<i>fluticasone-salmeterol</i>	30	GENOTROPIN MINIQUICK	92	HELDAC THERAPY	74
<i>fluvastatin sodium</i>	34	GENTAK	69	HEMADY	78
<i>fluvastatin sodium er</i>	34	<i>gentamicin in saline</i>	11	<i>heparin sodium (porcine)</i>	32
<i>fluvoxamine maleate</i>	60	<i>gentamicin sulfate</i>	11, 69, 103	HETLIOZ	56
<i>fluvoxamine maleate er</i>	60	GENVOYA	17	HETLIOZ LQ	56
FML FORTE	70	GEODON	60	HIBERIX	26
FML LIQUIFILM	70	GILENYA	96	HIPREX	20
FOCALIN	48	GILOTrif	21	HORIZANT	50
FOCALIN XR	48	GIMOTI	76	HUMALOG	80, 81
<i>fondaparinux sodium</i>	31	GLASSIA	101	HUMALOG JUNIOR KWIKPEN	81
FORFIVO XL	60	<i>glatiramer acetate</i>	96	HUMALOG KWIKPEN	81
<i>formoterol fumarate</i>	30	GLATOPA	96	HUMALOG MIX 50/50	81
FORTEO	91	GLEEVEC	21	HUMALOG MIX 50/50	
FORTESTA	79	<i>glimepiride</i>	80	KWIKPEN	81
FOSAMAX	94	<i>glipizide</i>	80	HUMALOG MIX 75/25	81
FOSAMAX PLUS D	94	<i>glipizide er</i>	80	HUMALOG MIX 75/25	
<i>fosamprenavir calcium</i>	17	<i>glipizide-metformin hcl</i>	80	KWIKPEN	81
<i>fosfomycin tromethamine</i>	20	<i>global alcohol prep ease</i>	63	HUMATIN	15
<i>fosinopril sodium</i>	40	GLUCAGEN HYPOKIT	84	HUMATROPE	92
<i>fosinopril sodium-hctz</i>	40	<i>glucagon emergency</i>	84	HUMIRA	95
FOSRENOL	66	GLUCOTROL XL	80	HUMIRA PEDIATRIC CROHNS	
FOTIVDA	21	GLUMETZA	80	START	95
FRAGMIN	31, 32	<i>glyburide</i>	80	HUMIRA PEN	95
FROVA	53	<i>glyburide micronized</i>	80	HUMIRA PEN-CD/UC/HS	
<i>frovatriptan succinate</i>	53	<i>glyburide-metformin</i>	80	STARTER	95
FULPHILA	32	GLYCATE	27	HUMIRA PEN-PEDIATRIC UC	
<i>furosemide</i>	65	<i>glycopyrrolate</i>	27	START	95
FUZEON	17	GLYNASE	80	HUMIRA PEN-PS/UV/ADOL	
FYAVOLV	89	GLYXAMBI	80	HS START	95
FYCOMPA	50	GOCOVRI	55	HUMIRA PEN-PSOR/UVEIT	
<i> gabapentin</i>	50	GOLYTELY	74	STARTER	95
GABITRIL	50	GRALISE	44	HUMULIN 70/30	81
GALAFOLD	99	<i>granisetron hcl</i>	73	HUMULIN 70/30 KWIKPEN	81
<i>galantamine hydrobromide</i>	28	GRANIX	33	HUMULIN N	81
<i>galantamine hydrobromide er</i>	28	GRASTEK	25	HUMULIN N KWIKPEN	81
GAMMAGARD	25	<i>griseofulvin microsize</i>	14	HUMULIN R	81
GAMMAGARD S/D LESS IGA	25	<i>griseofulvin ultramicrosize</i>	14	HUMULIN R U-500	
GAMMAKED	25	<i>guanfacine hcl</i>	39	(CONCENTRATED)	81
GAMMAPLEX	25	<i>guanfacine hcl er</i>	57	HUMULIN R U-500 KWIKPEN	81
GAMUNEX-C	25	GVOKE HYOPEN 2-PACK	84	<i>hydralazine hcl</i>	39
GARDASIL 9	26	GVOKE KIT	84	HYDREA	21
GASTROCROM	100	GVOKE PFS	84	<i>hydrochlorothiazide</i>	65
<i>gatifloxacin</i>	69	GYNAZOLE-1	103	<i>hydrocodone bitartrate er</i>	44
GATTEX	75	HAEGARDA	94	<i>hydrocodone-acetaminophen</i>	44
GAVILYTE-C	74	HAILEY 24 FE	85	<i>hydrocodone-ibuprofen</i>	44
GAVILYTE-G	74	<i>halcinonide</i>	106	<i>hydrocortisone</i>	78, 107
GAVRETO	25	HALCION	56	<i>hydrocortisone (perianal)</i>	107
GELNIQUE	112	HALDOL DECANOATE	60	<i>hydrocortisone ace-pramoxine</i>	108
<i>gemfibrozil</i>	35	<i>halobetasol propionate</i>	106, 107	<i>hydrocortisone butyrate</i>	107
GEMMILY	85	HALOG	107	<i>hydrocortisone valerate</i>	107
GEMTESA	112	<i>haloperidol</i>	60	<i>hydrocortisone-acetic acid</i>	70
GENERESS FE	85	<i>haloperidol decanoate</i>	60	<i>hydromorphone hcl</i>	44
<i>generlac</i>	64	<i>haloperidol lactate</i>	60	<i>hydromorphone hcl er</i>	44
GENGRAF	98	HARVONI	17	<i>hydromorphone hcl pf</i>	44
GENOTROPIN	92	HAVRIX	26	<i>hydroxychloroquine sulfate</i>	15

hydroxyurea	21	insulin aspart prot & aspart	81	JANUMET	82
hydroxyzine hcl	56	insulin degludec	81	JANUMET XR	82
hydroxyzine pamoate	56	insulin degludec flextouch	81	JANUVIA	82
HYFTOR	110	insulin glargine	81	JARDIANCE	82
HYSINGLA ER	44	insulin glargine solostar	81	JASMIEL	86
HYZAAR	40	insulin glargine-yfgn	81	JATENZO	79
ibandronate sodium	94	insulin lispro	81	JAVYGTOR	99
IBRANCE	21	insulin lispro (1 unit dial)	81	JENTADUETO	82
IBSRELA	75	insulin lispro junior kwikpen	81	JENTADUETO XR	82
IBU	44	insulin lispro prot & lispro	81	JINTELI	89
ibuprofen	44	INTELENCE	17	JORNAY PM	48
ibuprofen-famotidine	44	INTRALIPID	65	JUBLIA	103
icatibant acetate	94	INTRAROSA	78	JULEBER	86
ICLEVIA	86	INTRON A	21	JULUCA	17
ICLUSIG	21	INTROVALE	86	JUNEL 1.5/30	86
icosapent ethyl	35	INTUNIV	57	JUNEL 1/20	86
IDHIFA	21	INVANZ	11	JUNEL FE 1.5/30	86
ILEVRO	70	INVEGA	60	JUNEL FE 1/20	86
ILUMYA	110	INVEGA HAFYERA	60	JUNEL FE 24	86
imatinib mesylate	21	INVEGA SUSTENNA	60, 61	JUXTAPID	35
IMBRUVICA	21	INVEGA TRINZA	61	JYNARQUE	65
imipenem-cilastatin	11	INVELTYS	70	KAITLIB FE	86
imipramine hcl	60	INVOKAMET	81	KALETRA	17
imipramine pamoate	60	INVOKAMET XR	82	KALYDECO	101
imiquimod	110	INVOKANA	82	KAPVAY	39
IMITREX	53	IOPIDINE	72	KARIVA	86
IMITREX STATDOSE REFILL	53	IPOL	26	KATERZIA	37
IMITREX STATDOSE SYSTEM	53	ipratropium bromide	27	KAZANO	82
IMOVAX RABIES	26	ipratropium-albuterol	30	kcl in dextrose-nacl	66
IMPAVIDO	15	irbesartan	40	kcl-lactated ringers-d5w	66
IMPEKLO	107	irbesartan-hydrochlorothiazide	40	KELNOR 1/35	86
IMURAN	98	IRESSA	21	KELNOR 1/50	86
IMVEXXY MAINTENANCE		ISENTRESS	17	KENALOG	107
PACK	89	ISENTRESS HD	17	KEPPRA	50
IMVEXXY STARTER PACK	89	ISIBLOOM	86	KEPPRA XR	50
INBRIJA	55	ISOLYTE-P IN D5W	66	KERENDIA	40
INCASSIA	86	ISOLYTE-S PH 7.4	66	KERYDIN	103
INCRELEX	92	isoniazid	14, 15	KESIMPTA	96
INCRUSE ELLIPTA	27	ISORDIL TITRADOSE	41	ketoconazole	14, 103
indapamide	65	isosorb dinitrate-hydralazine	41	KETODAN	103
INDERAL LA	36	isosorbide dinitrate	41	ketoprofen	44
INDOCIN	44	isosorbide mononitrate	41	ketoprofen er	44
indomethacin	44	isosorbide mononitrate er	41	ketorolac tromethamine	44, 70
indomethacin er	44	isotretinoin	110	KEVEYIS	39
INFANRIX	25	isradipine	37	KEVZARA	95
INGREZZA	63	ISTALOL	68	KINERET	95
INLYTA	21	ISTURISA	99	KINRIX	25
INNOPRAN XL	36	itraconazole	14	KISQALI (200 MG DOSE)	21
INQOVI	21	ivermectin	7, 103	KISQALI (400 MG DOSE)	21
INREBIC	21	IXIARO	26	KISQALI (600 MG DOSE)	21
INSPRA	40	JADENU	76	KISQALI FEMARA (400 MG	
insulin asp prot & asp flexpen	81	JADENU SPRINKLE	76	DOSE)	89
insulin aspart	81	JAKAFI	21	KISQALI FEMARA (600 MG	
insulin aspart flexpen	81	JALYN	93	DOSE)	89
insulin aspart penfill	81	JANTOVEN	32		

KISQALI FEMARA(200 MG DOSE).....	89	LENVIMA (10 MG DAILY DOSE).....	22	<i>linezolid</i>	11
KLARON.....	103	LENVIMA (12 MG DAILY DOSE).....	22	LINZESS.....	75
KLISYRI.....	110	LENVIMA (14 MG DAILY DOSE).....	22	<i>liothyronine sodium</i>	93
KLONOPIN.....	50	LENVIMA (18 MG DAILY DOSE).....	22	LIPITOR.....	35
KLOR-CON.....	66	LENVIMA (20 MG DAILY DOSE).....	22	LIPOFEN.....	35
KLOR-CON 10.....	66	LENVIMA (24 MG DAILY DOSE).....	22	<i>lisinopril</i>	40
KLOR-CON M10.....	66	LENVIMA (4 MG DAILY DOSE).....	22	<i>lisinopril-hydrochlorothiazide</i>	40
KLOR-CON M15.....	66	LENVIMA (8 MG DAILY DOSE).....	22	<i>lithium carbonate</i>	53
KLOR-CON M20.....	66	LETAIRIS.....	101	<i>lithium carbonate er</i>	53
KLOXXADO.....	58	LEUKERAN.....	22	LITHOBID.....	53
KOMBIGLYZE XR.....	82	LEUKINE.....	33	LITHOSTAT.....	64
KORLYM.....	82	LEUPROLIDE acetate.....	90	LIVALO.....	35
KOSELUGO.....	22	LEVAMLODIPINE maleate.....	37	LIVMARLI.....	75
KRINTAFEL.....	15	LEVEMIR.....	82	LIVTENCITY.....	17
KRISTALOSE.....	64	LEVEMIR FLEXTOUCH.....	82	LO LOESTRIN FE.....	86
K-TAB.....	66	LEVETIRACETAM.....	51	LOCOID.....	107
KURVELO.....	86	LEVETIRACETAM er.....	51	LOCOID LIPOCREAM.....	107
KUVAN.....	99	LEVOBUNOLOL hcl.....	68	LODINE.....	44
KYNMOBI.....	55	LEVOCARNITINE.....	99	LODOSYN.....	55
<i>labetalol hcl</i>	36	LEVOCETIRIZINE dihydrochloride.....	7	LOESTRIN 1.5/30 (21).....	86
<i>lacosamide</i>	50	LEVOFLOXACIN.....	11, 69	LOESTRIN 1/20 (21).....	86
LACRISERT.....	72	LEVOFLOXACIN in d5w.....	11	LOESTRIN FE 1.5/30.....	86
<i>lactulose</i>	64	LEVONEST.....	86	LOESTRIN FE 1/20.....	86
LAMICTAL.....	51	LEVONORGEST-eth est & eth est.....	86	LOFENA.....	44
LAMICTAL ODT.....	51	LEVONORGEST-eth estrad 91-day.....	86	LOKELMA.....	66
LAMICTAL STARTER.....	51	LEVONORGESTREL-ethinyl estrad.....	86	LOMOTIL.....	72
LAMICTAL XR.....	51	LEVONORG-eth estrad triphasic.....	86	LONHALA MAGNAIR REFILL KIT.....	27
<i>lamivudine</i>	17	LEVORA 0.15/30 (28).....	86	LONSURF.....	22
<i>lamivudine-zidovudine</i>	17	LEVORPHANOL tartrate.....	44	<i>loperamide hcl</i>	72
<i>lamotrigine</i>	51	LEVO-T.....	92	LOPID.....	35
<i>lamotrigine er</i>	51	LEVOthyroxine sodium.....	92	<i>lopinavir-ritonavir</i>	17
<i>lamotrigine starter kit-blue</i>	51	LEVOXYL.....	93	LOPRESSOR.....	36
<i>lamotrigine starter kit-green</i>	51	LEXAPRO.....	61	LOPROX.....	103
<i>lamotrigine starter kit-orange</i>	51	LEXETTE.....	107	<i>lorazepam</i>	56
LAMPIT.....	15	LEXIVA.....	17	LORAZEPAM INTENSOL.....	56
LANOXIN.....	39	LIALDA.....	73	LORBRENA.....	22
<i>lansoprazole</i>	74	LIBRAX.....	27	LOREEV XR.....	56
<i>lanthanum carbonate</i>	66	LICART.....	44	LORYNA.....	86
LANTUS.....	82	<i>lidocaine</i>	108	LORZONE.....	29
LANTUS SOLOSTAR.....	82	<i>lidocaine hcl</i>	108	<i>losartan potassium</i>	40
<i>lapatinib ditosylate</i>	22	<i>lidocaine viscous hcl</i>	72	<i>losartan potassium-hctz</i>	40
LARIN 1.5/30.....	86	<i>lidocaine-prilocaine</i>	108	LOSEASONIQUE.....	86
LARIN 1/20.....	86	LIDODERM.....	108	LOTEMAX.....	70
LARIN FE 1.5/30.....	86			LOTEMAX SM.....	71
LARIN FE 1/20.....	86			LOTENSIN.....	40
LASIX.....	65			<i>loteprednol etabonate</i>	71
<i>latanoprost</i>	68			LOTREL.....	37
LATUDA.....	61			LOTRONEX.....	73
LAYOLIS FE.....	86			<i>lovastatin</i>	35
<i>ledipasvir-sofosbuvir</i>	17			LOVAZA.....	35
LEENA.....	86			LOVENOX.....	32
<i>leflunomide</i>	95			LOW-OGESTREL.....	86
<i>lenalidomide</i>	22			<i>loxapine succinate</i>	61
				<i>lubiprostone</i>	75

LUCEMYRA	30	MEDROL	78	metoprolol succinate er	36
luliconazole	103	medroxyprogesterone acetate	91	metoprolol tartrate	36
LUMAKRAS	22	mefenamic acid	45	metoprolol-hydrochlorothiazide	36
LUMIGAN	68	mefloquine hcl	15	METROCREAM	103
LUNESTA	56	megestrol acetate	91	METROGEL	103
LUPKYNIS	98	MEKINIST	22	METROLOTION	103
LUPRON DEPOT (1-MONTH)	90	MEKTOVI	22	metronidazole	15, 103, 104
LUPRON DEPOT (3-MONTH)	90	meloxicam	45	metyrosine	99
LUPRON DEPOT (4-MONTH)	90	memantine hcl	57	mexiletine hcl	39
LUPRON DEPOT (6-MONTH)	90	memantine hcl er	57	micafungin sodium	14
LUTERA	86	MENACTRA	26	MICARDIS	40
LUXIQ	107	MENEST	90	MICARDIS HCT	40
LUZU	103	MENOSTAR	90	miconazole 3	104
LYBALVI	61	MENQUADFI	26	MICROGESTIN 1.5/30	87
LYLEQ	86	MENTAX	103	MICROGESTIN 1/20	87
LYLLANA	89	MENVEO	26	MICROGESTIN 24 FE	87
LYNPARZA	22	meperidine hcl	45	MICROGESTIN FE 1.5/30	87
LYRICA	51	meprobamate	57	MICROGESTIN FE 1/20	87
LYRICA CR	44	MEPRON	15	midodrine hcl	30
LYSODREN	22	mercaptopurine	22	MIGERGOT	54
LYSTEDA	31	meropenem	11	miglitol	82
LYUMJEV	82	MERZEE	87	miglustat	99
LYUMJEV KWIKPEN	82	mesalamine	73	MIGRALAN	29
LYVISPAH	29	mesalamine er	73	MILI	87
LYZA	87	MESNEX	100	MILLIPRED	78
MACROBID	20	MESTINON	28	MIMVEY	90
MACRODANTIN	20	metaxalone	29	MINASTRIN 24 FE	87
mafénide acetate	103	metformin hcl	82	MINIPRESS	34
magnesium sulfate	51	metformin hcl er	82	MINIVELLE	90
MALARONE	15	metformin hcl er (mod)	82	minocycline hcl	11
malathion	103	metformin hcl er (osm)	82	minocycline hcl er	11
maraviroc	17	methadone hcl	45	MINOLIRA	11
MARINOL	73	methamphetamine hcl	48	minoxidil	39
marlissa	87	methazolamide	68	MIRAPEX ER	55
MARPLAN	61	methenamine hippurate	20	mirtazapine	61
MATULANE	22	methimazole	93	MIRVASO	110
MATZIM LA	37	methitest	79	misoprostol	74
MAVENCLAD (10 TABS)	98	methocarbamol	29	MITIGARE	93
MAVENCLAD (4 TABS)	98	methotrexate	22	M-M-R II	26
MAVENCLAD (5 TABS)	98	methotrexate sodium	22	modafinil	48
MAVENCLAD (6 TABS)	98	methotrexate sodium (pf)	22	moexipril hcl	41
MAVENCLAD (7 TABS)	98	methoxsalen rapid	109	molindone hcl	61
MAVENCLAD (8 TABS)	98	methscopolamine bromide	27	mometasone furoate	71, 107
MAVENCLAD (9 TABS)	98	METHYLIN	48	montelukast sodium	100
MAVYRET	18	methylphenidate	48	MONUROL	20
MAXALT	53	methylphenidate hcl	48	morphine sulfate	45
MAXALT-MLT	53	methylphenidate hcl er	48	morphine sulfate (concentrate)	45
MAXIDEX	71	methylphenidate hcl er (cd)	48	morphine sulfate er	45
MAXITROL	71	methylphenidate hcl er (la)	48	morphine sulfate er beads	45
MAXZIDE	65	methylphenidate hcl er (osm)	48	MOTEGRITY	76
MAXZIDE-25	65	methylphenidate hcl er (xr)	48	MOUNJARO	82
MAYZENT	96	methylprednisolone	78	MOVANTIK	76
MAYZENT STARTER PACK	97	methyltestosterone	79	MOVIPREP	72
meclizine hcl	73	metoclopramide hcl	76	moxifloxacin hcl	11, 69
meclofenamate sodium	45	metolazone	65	moxifloxacin hcl in nacl	11

MS CONTIN	45	neomycin-polymyxin-hc	71	norethrin-eth estradiol-fe	87
MULPLETA	33	NEORAL	98	NORGESIC	45
MULTAQ	39	NEO-SYNALAR	107	norgesic forte	45
mupirocin	104	NERLYNX	22	norgestimate-eth estradiol	87
mupirocin calcium	104	NESINA	83	norgestim-eth estrad triphasic	87
MYALEPT	91	NEUAC	104	NORITATE	104
MYAMBUTOL	15	NEULASTA	33	NORLIQVA	38
MYCAPSSA	92	NEUPOGEN	33	NORPACE	39
MYCOBUTIN	15	NEUPRO	55	NORPACE CR	39
mycophenolate mofetil	98	NEURONTIN	51	NORPRAMIN	61
mycophenolate sodium	98	NEVANAC	71	NORTHERA	30
MYDAYIS	48	nevirapine	18	NORTREL 0.5/35 (28)	87
MYFEMBREE	90	nevirapine er	18	NORTREL 1/35 (21)	87
MYFORTIC	98	NEXAVAR	22	NORTREL 1/35 (28)	87
MYORISAN	110	NEXIUM	74	NORTREL 7/7/7	87
MYRBETRIQ	112	NEXLETOL	35	nortriptyline hcl	61
MYSOLINE	51	NEXLIZET	35	NORVASC	38
MYTESI	72	NEXTSTELLIS	87	NORVIR	18
na sulfate-k sulfate-mg sulf	74	niacin (antihyperlipidemic)	112	NOURIANZ	57
nabumetone	45	niacin er (antihyperlipidemic)	35	NOVOLIN 70/30	83
nadolol	36	NIACOR	35	NOVOLIN 70/30 FLEXPEN	83
nafcillin sodium	11	nicardipine hcl	37	NOVOLIN N	83
naftifine hcl	104	NICOTROL	28	NOVOLIN N FLEXPEN	83
NAFTIN	104	NICOTROL NS	28	NOVOLIN R	83
NALFON	45	nifedipine	38	NOVOLIN R FLEXPEN	83
naloxone hcl	58	nifedipine er	37	NOVOLOG	83
naltrexone hcl	58	nifedipine er osmotic release	38	NOVOLOG FLEXPEN	83
NAMENDA	57	NIKKI	87	NOVOLOG MIX 70/30	83
NAMENDA TITRATION PAK	57	NILANDRON	22	NOVOLOG MIX 70/30	
NAMENDA XR	57	nilutamide	22	FLEXPEN	83
NAMZARIC	57	nimodipine	38	NOVOLOG PENFILL	83
NAPRELAN	45	NINLARO	22	NOXAFL	14
naproxen	45	nisoldipine er	38	NUBEQA	22
naproxen sodium	45	nitazoxanide	15	NUCALA	100
naproxen sodium er	45	nitisinone	99	NUCYNTA	46
naproxen-esomeprazole mg	45	NITRO-BID	41	NUCYNTA ER	46
naratriptan hcl	54	NITRO-DUR	41	NUEDEXTA	58
NARCAN	58	nitrofurantoin	20	NUPLAZID	61
NARDIL	61	nitrofurantoin macrocrystal	20	NURTEC	54
NATACYN	69	nitrofurantoin monohyd macro	20	NUTRILIPID	65
NATAZIA	87	nitroglycerin	42	NUTROPIN AQ NUSPIN 10	92
nateglinide	83	NITROLINGUAL	42	NUTROPIN AQ NUSPIN 20	92
NATESTO	79	NITROSTAT	42	NUTROPIN AQ NUSPIN 5	92
NATPARA	91	NITYR	99	NUVARING	87
NATROBA	104	NIVESTYM	33	NUVIGIL	49
NAYZILAM	51	nizatidine	74	NUZYRA	11
nebivolol hcl	36	NOCDURNA	91	NYAMYC	104
NEBUPENT	15	NORA-BE	87	NYLIA 1/35	87
NECON 0.5/35 (28)	87	NORDITROPIN FLEXPRO	92	NYLIA 7/7/7	87
nefazodone hcl	61	norethrin ace-eth estrad-fe	87	NYMALIZE	38
neomycin sulfate	11	norethindrone	87	NYMYO	87
neomycin-bacitracin zn-polymer	69	norethindrone acetate	91	nystatin	14, 104
neomycin-polymyxin-dexameth	71	norethindrone acet-ethinyl est	87	nystatin-triamcinolone	107
neomycin-polymyxin-gramicidin	69	norethindrone-eth estradiol	90	NYSTOP	104
		norethindron-ethinyl estrad-fe	87	NYVEPRIA	33

OCALIVA.....	76	OTEZLA.....	95	penicillamine.....	76
OCELLA.....	87	OTOVEL.....	69	penicillin g pot in dextrose.....	11
OCTAGAM.....	25	OTREXUP.....	95	penicillin g potassium.....	11
octreotide acetate.....	92	OVIDE.....	104	penicillin g procaine.....	11
OCUFLOX.....	69	oxacillin sodium.....	11	penicillin g sodium.....	12
ODACTRA.....	25	oxacillin sodium in dextrose.....	11	penicillin v potassium.....	12
ODEFSEY.....	18	oxandrolone.....	79	PENNSAID.....	107
ODOMZO.....	22	oxaprozin.....	46	PENTACEL.....	26
OFEV.....	100	oxazepam.....	57	PENTAM.....	15
ofloxacin.....	11, 69	OXBRYTA.....	32, 33	pentamidine isethionate.....	15
olanzapine.....	61	oxcarbazepine.....	51	PENTASA.....	73
olanzapine-fluoxetine hcl.....	61	OXERVATE.....	72	pentazocine-naloxone hcl.....	46
olmesartan medoxomil.....	41	oxiconazole nitrate.....	104	pentoxifylline er.....	33
olmesartan medoxomil-hctz.....	41	OXISTAT.....	104	PEPCID.....	74
olmesartan-amlodipine-hctz.....	38	OXTELLAR XR.....	51	PERCOCET.....	46
olopatadine hcl.....	67	oxybutynin chloride.....	112	PERFOROMIST.....	30
OLUMIANT.....	95	oxybutynin chloride er.....	112	perindopril erbumine.....	41
OLUX.....	107	oxycodone hcl.....	46	PERIOGARD.....	69
OLUX-E.....	107	oxycodone hcl er.....	46	permethrin.....	104
omega-3-acid ethyl esters.....	35	oxycodone-acetaminophen.....	46	perphenazine.....	61
omeprazole.....	74	OXYCONTIN.....	46	perphenazine-amitriptyline.....	61
omeprazole-sodium bicarbonate.....	74	oxymorphone hcl.....	46	PERSERIS.....	61
OMNARIS.....	71	oxymorphone hcl er.....	46	PERTZYE.....	75
OMNITROPE.....	92	OXYTROL.....	112	PEXEVA.....	61
ondansetron.....	73	OZEMPIK (0.25 OR 0.5 MG/DOSE).....	83	PHEBURANE.....	64
ondansetron hcl.....	73	OZEMPIK (1 MG/DOSE).....	83	phenelzine sulfate.....	62
ONEXTON.....	104	OZEMPIK (2 MG/DOSE).....	83	phenobarbital.....	57
ONFI.....	51	PACERONE.....	39	phenoxybenzamine hcl.....	29
ONGENTYS.....	55	paliperidone er.....	61	PHENYTEK.....	51
ONGLYZA.....	83	PALYNZIQ.....	67	phenytoin.....	51
ONUREG.....	25	PAMELOR.....	61	phenytoin sodium extended.....	51
ONZETRA XSAIL.....	54	PANCREAZE.....	75	PHEXXI.....	63
OPSUMIT.....	101	PANDEL.....	107	PHOSLYRA.....	66
OPZELURA.....	110	PANRETIN.....	110	PHOSPHOLINE IODIDE.....	68
ORACEA.....	110	pantoprazole sodium.....	74	PIFELTRO.....	18
ORALAIR.....	25	PANZYGA.....	25	pilocarpine hcl.....	28, 68
ORAPRED ODT.....	78	paricalcitol.....	113	pimecrolimus.....	110
ORENCIA.....	95	PARLODEL.....	55	pimozide.....	62
ORENCIA CLICKJECT.....	95	PARNATE.....	61	PIMTREA.....	87
ORENITRAM.....	101	paramomycin sulfate.....	15	pindolol.....	36
ORFADIN.....	99	paroxetine hcl.....	61	pioglitazone hcl.....	83
ORGOVYX.....	90	paroxetine hcl er.....	61	pioglitazone hcl-glimepiride.....	83
ORIAHNN.....	90	paroxetine mesylate.....	61	pioglitazone hcl-metformin hcl.....	83
ORILISSA.....	90	PASER.....	15	piperacillin sod-tazobactam so...12	
ORKAMBI.....	101	PATANASE.....	67	PIQRAY (200 MG DAILY DOSE).....	22
ORLADEYKO.....	94	PAXIL.....	61	PIQRAY (250 MG DAILY DOSE).....	23
orphenadrine citrate er.....	29	PAXIL CR.....	61	PIQRAY (300 MG DAILY DOSE).....	23
orphenadrine-aspirin-caffeine.....	46	PEDIARIX.....	26	PIRMELLA 1/35.....	87
ORTIKOS.....	78	PEDVAX HIB.....	26	pirfenidone.....	100
oseltamivir phosphate.....	18	peg 3350-kcl-na bicarb-nacl.....	75	PIRMELLA 1/35.....	87
OSENI.....	83	peg-3350/electrolytes.....	75	piroxicam.....	46
OSMOLEX ER.....	55	peg-3350/electrolytes/ascorbat.....	75	PLAQUENIL.....	15
OSMOPREP.....	74	PEGASYS.....	18	PLASMA-LYTE 148.....	66
OSPHENA.....	90	PEMAZYRE.....	22		

PLASMA-LYTE A.....	66	PREZISTA.....	18	pyrazinamide.....	15
PLAVIX.....	32	PRIFTIN.....	15	pyridostigmine bromide.....	28
PLEGRIDY.....	18, 97	PRILOSEC.....	74	pyridostigmine bromide er.....	28
PLENAMINE.....	65	primaquine phosphate.....	15	pyrimethamine.....	15
PLENVU.....	72	PRIMAXIN IV.....	12	PYRUKYND.....	32
PLIAGLIS.....	108	primidone.....	52	PYRUKYND TAPER PACK.....	32
podofilox.....	110	PRIORIX.....	26	QBRELIS.....	41
polymyxin b sulfate.....	12	PRISTIQ.....	62	QBREXZA.....	110
polymyxin b-trimethoprim.....	69	PRIVIGEN.....	25	QELBREE.....	58
POLYTRIM.....	69	PROAIR DIGITALER.....	30	QINLOCK.....	23
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Vietnamese: LUU Y: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetscht, kannsch du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考：母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。
1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yániłti'go Diné Bizaad, saad bee áka'ánida'áwo'déé', t'áá jiik'eh. Hódíílnih kojí' 1-800-275-2583.

Urdu:

توجه درکاربے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនឹងយាយភាសាមន-ខ្មែរ បុរាណខ្មែរ នៅ៖ ដំឡូលដីការសានីជមានផ្តល់ជូនដល់លោកអ្នកដោយពីតិចថ្មី។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

This formulary was updated on 12/5/2022. For more recent information or other questions, please contact Keystone 65 Rx at **1-800-645-3965** or Personal Choice 65 Rx at **1-888-718-3333** or, for TTY users, **711**, seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit **www.ibxmedicare.com**.

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