



**Keystone 65 Rx HMO,
Personal Choice 65SM Rx PPO,
Select Option[®] PDP**

**2023 Formulary (List of
Covered Drugs)**

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

This formulary was updated on 12/1/2023. For more recent information or other questions, please contact us at Keystone 65 Rx at 1-844-352-1699; Personal Choice 65 Rx at 1-888-879-4293; Select Option Rx at 1-888-678-7009; or, for TTY/TDD users, 711, seven days a week from 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.

Important Message About What You Pay for Vaccines — Our plan covers most Part D vaccines at no cost to you. Call our Member Help Team for more information.

Important Message About What You Pay for Insulin — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Group 5-tier open

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 Rx, Personal Choice 65 Rx, and Select Option Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of 12/1/2023. 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 Independence Blue Cross 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?

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 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 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. The enclosed formulary is current as of 12/1/2023. 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 6. 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 6. 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 118. 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 30 per prescription for Simvastatin 40mg. 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 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 Independence Blue Cross Formulary?" on page 3 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact our 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 Independence Blue Cross 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 an alternative drug would not be as effective in treating your condition and/or would cause you to have adverse medical effects. Some examples of these drugs might be formulary alternatives that are included on the plan's list of covered drugs and/or the lower cost-sharing drugs.

You should contact us to ask 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 another prescriber.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary, but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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 prescribed 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.

Independence Blue Cross's Formulary

The formulary below 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 120.

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 30 per prescription for Simvastatin 40mg. 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. OptumRx® Home Delivery requires that you must use 80 percent of your opioid medication before it may be refilled. Please note that other pharmacies may have additional limitations on opioid medications.

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
(10:00) Antineoplastic Agents		
Antineoplastic Agents		
ONUREG ORAL TABLET 300 MG	5	PA
Antihistamine Drugs		
First Generation Antihistamines		
carbinoxamine maleate oral solution	4	PA
carbinoxamine maleate oral tablet 4 mg	4	PA
clemastine fumarate oral syrup	5	PA
clemastine fumarate oral tablet 2.68 mg	4	PA
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	4	PA
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	PA
RYCLORA ORAL SOLUTION	5	
RYVENT ORAL TABLET	4	PA
Second Generation Antihistamines		
cetirizine hcl oral solution 1 mg/ml	4	
CLARINEX ORAL TABLET	4	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
desloratadine oral tablet	2	
desloratadine oral tablet dispersible	4	
levocetirizine dihydrochloride oral solution	2	
levocetirizine dihydrochloride oral tablet	2	
Anti-Infective Agents		
Anthelmintics		
albendazole oral tablet	5	
BILTRICIDE ORAL TABLET	4	
EMVERM ORAL TABLET CHEWABLE	5	
ivermectin oral tablet	2	
praziquantel oral tablet	2	
STROMECTOL ORAL TABLET	4	
Antibacterials		
ACTICLATE ORAL TABLET	4	ST
AEMCOLO ORAL TABLET DELAYED RELEASE	4	QL (12 EA per 30 days)
amikacin sulfate injection solution 500 mg/2ml	2	
amoxicillin oral capsule	1	

Drug Name	Tier	Requirements
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
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 1 GM	4	
AZACTAM INJECTION SOLUTION RECONSTITUTED 2 GM	5	
azithromycin intravenous solution reconstituted	2	
azithromycin oral packet	2	
azithromycin oral suspension reconstituted	2	
azithromycin oral tablet	2	
aztreonam injection solution reconstituted 1 gm	3	
aztreonam injection solution reconstituted 2 gm	5	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	4	
AZULFIDINE ORAL TABLET	4	
BACTRIM DS ORAL TABLET	4	
BACTRIM ORAL TABLET	4	
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	5	
BAXDELA ORAL TABLET	5	
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	

Drug Name	Tier	Requirements
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA
cefaclor er oral tablet extended release 12 hour	2	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted	2	
cefadroxil oral capsule	2	
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	
cefprozil oral suspension reconstituted	2	
cefprozil 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	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
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	4	

Drug Name	Tier	Requirements
CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<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	5	
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	4	ST
DORYX ORAL TABLET DELAYED RELEASE 200 MG	5	ST
DORYX ORAL TABLET DELAYED RELEASE 50 MG	4	ST
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>	4	ST
<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	4	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	4	
<i>ertapenem sodium injection solution reconstituted</i>	4	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	4	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	5	
ERY-TAB ORAL TABLET DELAYED RELEASE	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	4	

Drug Name	Tier	Requirements
erythromycin base oral tablet	4	
erythromycin base oral tablet delayed release 500 mg	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	3	
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	4	
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	4	
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	4	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
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	

Drug Name	Tier	Requirements
penicillin g potassium injection solution reconstituted 20000000 unit	2	
penicillin g procaine intramuscular suspension	2	
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	4	
SEYSARA ORAL TABLET	5	ST
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	5	ST
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, 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
TARGADOX ORAL TABLET	4	ST
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	5	PA
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	5	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2- 1) GM	4	

Drug Name	Tier	Requirements
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	4	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VANCOCIN ORAL CAPSULE	5	
<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	4	ST
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	ST
VIBRAMYCIN ORAL SYRUP	4	ST
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	4	ST
ZEMDRI INTRAVENOUS SOLUTION	5	PA
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	4	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK ORAL TABLET	4	
ZITHROMAX Z-PAK ORAL TABLET	4	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	4	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	4	
ZYVOX ORAL SUSPENSION RECONSTITUTED	5	QL (1680 ML per 28 days)
ZYVOX ORAL TABLET	5	QL (56 EA per 28 days)
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	4	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA
<i>amphotericin b intravenous solution reconstituted</i>	2	PA
ANCOBON ORAL CAPSULE	5	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	5	
<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	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 50 MG	4	
DIFLUCAN ORAL TABLET 200 MG	5	
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	5	
SPORANOX ORAL SOLUTION	4	
<i>terbinafine hcl oral tablet</i>	2	
<i>tolsura oral capsule</i>	5	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VFEND ORAL SUSPENSION RECONSTITUTED	5	
VFEND ORAL TABLET	4	
VIVJOA ORAL CAPSULE THERAPY PACK	4	
<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	

Drug Name	Tier	Requirements
<i>isoniazid oral syrup</i>	2	
<i>isoniazid oral tablet</i>	2	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE	5	
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	5	
FLAGYL ORAL CAPSULE	4	
HUMATIN ORAL CAPSULE	4	
<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	4	
<i>mefloquine hcl oral tablet</i>	2	
MEPRON ORAL SUSPENSION	5	
<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	4	PA
<i>nitazoxanide oral tablet</i>	5	
<i>paromomycin sulfate oral capsule</i>	2	
PENTAM INJECTION SOLUTION RECONSTITUTED	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	2	PA
<i>pentamidine isethionate injection solution reconstituted</i>	2	
PLAQUENIL ORAL TABLET	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	2	

Drug Name	Tier	Requirements
<i>pyrimethamine oral tablet</i>	5	
QUALAQUIN ORAL CAPSULE	4	PA
<i>quinine sulfate oral capsule</i>	2	PA
SOLLOSEC ORAL PACKET	4	
<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	5	QL (600 ML per 30 days)
BARACLUDE ORAL TABLET	5	QL (30 EA per 30 days)
BIKTARVY ORAL TABLET	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET	5	
COMBIVIR ORAL TABLET	5	QL (60 EA per 30 days)
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-emtricitab-tenofovir oral tablet</i>	5	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	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	4	
<i>entecavir oral tablet</i>	3	QL (30 EA per 30 days)
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (84 EA per 365 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (168 EA per 365 days)

Drug Name	Tier	Requirements
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (84 EA per 365 days)
EPIVIR HBV ORAL SOLUTION	4	
EPIVIR HBV ORAL TABLET	4	
EPIVIR ORAL SOLUTION	4	
EPIVIR ORAL TABLET 150 MG	4	QL (60 EA per 30 days)
EPIVIR ORAL TABLET 300 MG	4	QL (30 EA per 30 days)
EPZICOM ORAL TABLET	5	QL (30 EA per 30 days)
<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)
HEPSERA ORAL TABLET	5	QL (30 EA per 30 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	5	
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	5	QL (120 EA per 30 days)
LIVTENCITY ORAL TABLET	5	PA; QL (120 EA per 30 days)

Drug Name	Tier	Requirements
<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	
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	4	QL (360 EA per 30 days)
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	
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	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE 200 MG	5	QL (60 EA per 30 days)
REYATAZ ORAL CAPSULE 300 MG	5	QL (30 EA per 30 days)
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)

Drug Name	Tier	Requirements
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	
SITAVIG BUCCAL TABLET	4	
<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 200 MG	5	QL (120 EA per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	5	
SUSTIVA ORAL TABLET	5	QL (30 EA per 30 days)
SYMFY LO ORAL TABLET	5	
SYMFY ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TAMIFLU ORAL CAPSULE 30 MG	4	QL (60 EA per 30 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	4	QL (30 EA per 30 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	4	QL (540 ML per 30 days)
<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	5	
VALCYTE ORAL TABLET	5	
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	3	
VALTREX ORAL TABLET 1 GM	4	QL (90 EA per 30 days)
VALTREX ORAL TABLET 500 MG	4	QL (60 EA per 30 days)
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)

Drug Name	Tier	Requirements
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET	5	QL (30 EA per 30 days)
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)
ZEPATIER ORAL TABLET	5	PA; QL (112 EA per 365 days)
ZIAGEN ORAL SOLUTION	4	
ZIAGEN ORAL TABLET	4	QL (60 EA per 30 days)
<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	4	
Urinary Anti-Infectives		
<i>fosfomycin tromethamine oral packet</i>	2	
HIPREX ORAL TABLET	4	
MACROBID ORAL CAPSULE	4	
MACRODANTIN ORAL CAPSULE	4	
<i>methenamine hippurate oral tablet</i>	2	
MONUROL ORAL PACKET	4	
<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 250 mg</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

Drug Name	Tier	Requirements
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	5	
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	4	
<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

Drug Name	Tier	Requirements
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)
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	5	

Drug Name	Tier	Requirements
<i>nilutamide oral tablet</i>	5	
NINLARO ORAL CAPSULE	5	PA
NUBEQA ORAL TABLET	5	PA
ODOMZO ORAL CAPSULE	5	PA
ONUREG ORAL TABLET 200 MG	5	PA
PEMAZYRE ORAL TABLET	5	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
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	5	PA
TASIGNA ORAL CAPSULE	5	PA
TAZVERIK ORAL TABLET	5	PA
TEPMETKO ORAL TABLET	5	PA

Drug Name	Tier	Requirements
TIBSOVO ORAL TABLET	5	PA
<i>tretinoi</i> oral capsule	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
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

Drug Name	Tier	Requirements
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
ZYDELIG ORAL TABLET	5	PA
ZYKADIA ORAL TABLET	5	PA
ZYTIGA ORAL TABLET 250 MG	5	PA
Antineoplastic		
Antiandrogens		
ZYTIGA ORAL TABLET 500 MG	5	PA
Antineoplastics		
Antiandrogens		
abiraterone acetate oral tablet 500 mg	5	PA
Antineoplastics, Other		
GAVRETO ORAL CAPSULE	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	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	

Drug Name	Tier	Requirements
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	
TDVAX INTRAMUSCULAR SUSPENSION	3	
TENIVAC INTRAMUSCULAR INJECTABLE	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>prehevibrio intramuscular suspension</i>	3	PA
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	

Drug Name	Tier	Requirements
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	
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	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	4	QL (10.7 GM per 30 days)
<i>chlordiazepoxide-clidinium oral capsule</i>	4	PA
CUVPOSA ORAL SOLUTION	4	
DARTISLA ODT ORAL TABLET DISPERSIBLE	4	PA; QL (120 EA per 30 days)
<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	4	
<i>glycopyrrolate oral solution</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	4	

Drug Name	Tier	Requirements
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	4	
ROBINUL-FORTE ORAL TABLET	4	
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	4	ST
YUPELRI INHALATION SOLUTION	5	PA
<i>Autonomic Drugs, Miscellaneous</i>		
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	4	
<i>varenicline tartrate oral tablet</i>	2	
<i>varenicline tartrate oral tablet therapy pack</i>	2	
<i>Parasympathomimetic (Cholinergic) Agents</i>		
ADLARITY TRANSDERMAL PATCH WEEKLY	4	ST
ARICEPT ORAL TABLET	4	
<i>bethanechol chloride oral tablet</i>	2	
<i>cevimeline hcl oral capsule</i>	3	
<i>donepezil hcl oral tablet</i>	2	
<i>donepezil hcl oral tablet dispersible</i>	2	
EVOXAC ORAL CAPSULE	4	
EXELON TRANSDERMAL PATCH 24 HOUR	4	
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	3	
<i>galantamine hydrobromide oral solution</i>	2	
<i>galantamine hydrobromide oral tablet</i>	2	
MESTINON ORAL SOLUTION	5	
MESTINON ORAL TABLET	5	
MESTINON ORAL TABLET EXTENDED RELEASE	5	
<i>pilocarpine hcl oral tablet</i>	2	
<i>pyridostigmine bromide er oral tablet extended release</i>	4	
<i>pyridostigmine bromide oral solution</i>	3	
<i>pyridostigmine bromide oral tablet</i>	3	

Drug Name	Tier	Requirements
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	4	
SALAGEN ORAL TABLET	4	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
<i>baclofen oral tablet</i>	2	
<i>carisoprodol oral tablet</i>	2	PA
<i>chlorzoxazone oral tablet 250 mg</i>	5	PA
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	4	PA
<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	4	
<i>dantrolene sodium oral capsule</i>	2	
FEXMID ORAL TABLET	4	PA
FLEQSVY ORAL SUSPENSION	5	ST
LORZONE ORAL TABLET	4	PA
LYVISPAH ORAL PACKET 10 MG, 5 MG	4	ST; QL (90 EA per 30 days)
LYVISPAH ORAL PACKET 20 MG	5	ST; QL (90 EA per 30 days)
<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>	4	PA
SOMA ORAL TABLET 250 MG	4	PA
SOMA ORAL TABLET 350 MG	5	PA
<i>tizanidine hcl oral capsule</i>	2	
<i>tizanidine hcl oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE	4	
ZANAFLEX ORAL TABLET	4	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	
DIBENZYLINE ORAL CAPSULE	5	
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 28 days)
<i>ergoloid mesylates oral tablet</i>	2	
FLOMAX ORAL CAPSULE	4	
MIGRANAL NASAL SOLUTION	5	QL (8 ML per 28 days)
<i>phenoxybenzamine hcl oral capsule</i>	5	
RAPAFLO ORAL CAPSULE	4	
<i>silodosin oral capsule</i>	4	

Drug Name	Tier	Requirements
tamsulosin hcl oral capsule	2	
TRUDHESA NASAL AEROSOL SOLUTION	5	QL (12 ML per 28 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
Sympathomimetic (Adrenergic) Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	4	QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL	3	QL (12 GM per 30 days)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	QL (1 EA per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	4	ST; QL (36 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	5	
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 0.3 mg/0.3ml</i>	3	
<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

Drug Name	Tier	Requirements
<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	4	ST; QL (13.4 GM per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	4	QL (4 GM per 30 days)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	4	
<i>terbutaline sulfate oral tablet</i>	2	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	4	ST; QL (36 GM per 30 days)
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	4	PA
XOPENEX HFA INHALATION AEROSOL	4	QL (30 GM per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION	4	PA
Blood Formation, Coagulation, & Thrombosis		
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 & Thrombosis		
Antihemorrhagic Agents		
LYSTEDA ORAL TABLET	4	
<i>tranexamic acid oral tablet</i>	2	
Antithrombotic Agents		
AGRYLIN ORAL CAPSULE	4	
<i>anagrelide hcl oral capsule</i>	2	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	
ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	4	

Drug Name	Tier	Requirements
<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	4	
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	
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	5	
PLAVIX ORAL TABLET 75 MG	4	
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	
<i>Blood Formation, Coagulation, And Thrombosis Agents Misc.</i>		
OXBRYTA ORAL TABLET SOLUBLE	5	PA; QL (240 EA per 30 days)
<i>Blood Formation, Coagulation, And Thrombosis Agents, Misc.</i>		
OXBRYTA ORAL TABLET	5	PA; QL (150 EA per 30 days)

Drug Name	Tier	Requirements
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	5	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
EPOGEN INJECTION SOLUTION 20000 UNIT/ML	5	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (2.4 ML per 28 days)
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)

Drug Name	Tier	Requirements
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 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	
Hemorrheologic Agents		
pentoxifylline er oral tablet extended release	2	
Cardiovascular Agents		
Calcium Channel Blocking Agents, Dihydropyridines		
CONJUPRI ORAL TABLET	4	ST
Cardiovascular Drugs		
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
doxazosin mesylate oral tablet	2	
MINIPRESS ORAL CAPSULE	4	
prazosin hcl oral capsule	2	
terazosin hcl oral capsule	1	
Antilipemic Agents		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	
atorvastatin calcium oral tablet	1	QL (30 EA per 30 days)
cholestyramine light oral packet	2	
cholestyramine oral packet	3	
colesevelam hcl oral packet	4	
colesevelam hcl oral tablet	3	
COLESTID ORAL PACKET	4	
COLESTID ORAL TABLET	4	
colestipol hcl oral packet	3	
colestipol hcl oral tablet	3	
CRESTOR ORAL TABLET	4	ST; QL (30 EA per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	4	ST; QL (30 EA per 30 days)
ezetimibe oral tablet	2	QL (30 EA per 30 days)
ezetimibe-rosuvastatin oral tablet	4	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<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>	4	
<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	4	
<i>flolipid oral suspension 20 mg/5ml</i>	4	ST; QL (225 ML per 30 days)
<i>flolipid oral suspension 40 mg/5ml</i>	4	ST; QL (150 ML per 30 days)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	
<i>fluvastatin sodium oral capsule</i>	1	
<i>gemfibrozil oral tablet</i>	2	
<i>icosapent ethyl oral capsule</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
LIPITOR ORAL TABLET	4	ST; QL (30 EA per 30 days)
LIPOFEN ORAL CAPSULE	4	
LIVALO ORAL TABLET	3	
LOPID ORAL TABLET	4	
<i>lovastatin oral tablet 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAPSULE	4	
NEXLETOL ORAL TABLET	4	PA
NEXLIZET ORAL TABLET	4	PA
<i>niacin (antihyperlipidemic) oral tablet</i>	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	4	
NIACOR ORAL TABLET	4	
<i>omega-3-acid ethyl esters oral capsule</i>	2	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet</i>	1	QL (30 EA per 30 days)
PREVALITE ORAL PACKET	2	
QUESTRAN LIGHT ORAL POWDER	4	
QUESTRAN ORAL POWDER	4	
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)

Drug Name	Tier	Requirements
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
ROSZET ORAL TABLET	4	ST; QL (30 EA per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (45 EA per 30 days)
<i>simvastatin oral tablet 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
TRICOR ORAL TABLET	4	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	4	
VASCEPA ORAL CAPSULE	3	
VYTORIN ORAL TABLET	4	QL (30 EA per 30 days)
WELCHOL ORAL PACKET	4	
WELCHOL ORAL TABLET	4	
ZETIA ORAL TABLET	4	QL (30 EA per 30 days)
ZOCOR ORAL TABLET 10 MG, 20 MG	4	ST; QL (45 EA per 30 days)
ZOCOR ORAL TABLET 40 MG	4	ST; QL (30 EA per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL (30 EA per 30 days)
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	2	
BETAPACE AF ORAL TABLET	4	
<i>betaxolol hcl oral tablet</i>	2	
<i>bisoprolol fumarate oral tablet</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	
BYSTOLIC ORAL TABLET	3	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	3	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
COREG ORAL TABLET	4	
CORGARD ORAL TABLET	4	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG	4	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG	5	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
<i>labetalol hcl oral tablet</i>	2	
LOPRESSOR ORAL TABLET	4	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	2	

Drug Name	Tier	Requirements
<i>metoprolol tartrate oral tablet</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl oral tablet</i>	2	
<i>pindolol oral tablet</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour</i>	3	
<i>propranolol hcl oral solution</i>	2	
<i>propranolol hcl oral tablet</i>	2	
SORINE ORAL TABLET	2	
<i>sotalol hcl (af) oral tablet</i>	2	
<i>sotalol hcl oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	5	
TENORETIC 100 ORAL TABLET	4	
TENORETIC 50 ORAL TABLET	4	
TENORMIN ORAL TABLET	4	
<i>timolol maleate oral tablet</i>	2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
ZIAC ORAL TABLET	4	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>levamlodipine maleate oral tablet</i>	4	ST
Calcium-Channel Blocking Agents		
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	
<i>amlodipine besylate oral tablet</i>	1	
<i>amlodipine besylate-valsartan oral tablet</i>	1	
<i>amlodipine-atorvastatin oral tablet</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	
AZOR ORAL TABLET	4	ST
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	4	
CALAN SR ORAL TABLET EXTENDED RELEASE	4	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 240 MG, 300 MG, 360 MG	5	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	

Drug Name	Tier	Requirements
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	4	ST
EXFORGE ORAL TABLET	4	ST
felodipine er oral tablet extended release 24 hour	2	
isradipine oral capsule	2	
KATERZIA ORAL SUSPENSION	4	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	4	
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
nicardipine hcl oral capsule	2	
nifedipine er oral tablet extended release 24 hour	2	
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	4	
NORLIQVA ORAL SOLUTION	4	ST
NORVASC ORAL TABLET	4	
NYMALIZE ORAL SOLUTION 6 MG/ML	5	
olmesartan-amlodipine-hctz oral tablet	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	4	
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
telmisartan-amlodipine oral tablet	1	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
TAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
trandolapril-verapamil hcl er oral tablet extended release	1	
TRIBENZOR ORAL TABLET	4	ST

Drug Name	Tier	Requirements
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	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
Cardiac Drugs		
amiodarone hcl oral tablet	2	
ASPRUZY SPRINKLE ORAL PACKET	4	
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	
disopyramide phosphate oral capsule	2	
dofetilide oral capsule	3	
flecainide acetate oral tablet	2	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	4	QL (30 EA per 30 days)
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	4	
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	4	
ranolazine er oral tablet extended release 12 hour	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG	4	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 325 MG, 425 MG	5	

Drug Name	Tier	Requirements
TIKOSYN ORAL CAPSULE	4	
VYNDAMAX ORAL CAPSULE	5	PA
VYndaqel Oral Capsule	5	PA
Hypotensive Agents		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	4	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	QL (120 EA per 30 days)
<i>clonidine hcl oral tablet</i>	2	
<i>clonidine transdermal patch weekly</i>	3	
<i>guanfacine hcl oral tablet</i>	2	
<i>hydralazine hcl oral tablet</i>	2	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	4	QL (120 EA per 30 days)
KEVEYIS ORAL TABLET	5	PA
<i>minoxidil oral tablet</i>	2	
VECAMYL ORAL TABLET	5	PA
Renin-Angiotensin-Aldosterone Sys Inhib		
ACCUPRIL ORAL TABLET	4	
ACCURETIC ORAL TABLET	4	
ALDACTAZIDE ORAL TABLET	4	
ALDACTONE ORAL TABLET	4	
<i>aliskiren fumarate oral tablet</i>	2	QL (30 EA per 30 days)
ALTACE ORAL CAPSULE	4	
ATACAND HCT ORAL TABLET	4	ST
ATACAND ORAL TABLET	4	ST
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	4	ST
AVAPRO ORAL TABLET	4	ST
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	4	ST
BENICAR ORAL TABLET	4	ST
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
CAROSPIR ORAL SUSPENSION	4	
COZAAR ORAL TABLET 100 MG	4	ST; QL (30 EA per 30 days)
COZAAR ORAL TABLET 25 MG, 50 MG	4	ST; QL (60 EA per 30 days)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 80-12.5 MG	4	ST; QL (60 EA per 30 days)
DIOVAN HCT ORAL TABLET 320-12.5 MG, 320-25 MG	4	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
DIOVAN ORAL TABLET 160 MG, 40 MG, 80 MG	4	ST; QL (60 EA per 30 days)
DIOVAN ORAL TABLET 320 MG	4	ST; QL (30 EA per 30 days)
EDARBI ORAL TABLET	4	ST
EDARBYCLOL ORAL TABLET	4	ST
<i>enalapril maleate oral solution</i>	4	
<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 100-12.5 MG, 100-25 MG	4	ST; QL (30 EA per 30 days)
HYZAAR ORAL TABLET 50-12.5 MG	4	ST; QL (60 EA per 30 days)
INSPRA ORAL TABLET	4	
<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	4	
MICARDIS HCT ORAL TABLET	4	ST; QL (30 EA per 30 days)
MICARDIS ORAL TABLET	4	ST; QL (30 EA per 30 days)
<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	5	
<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	4	ST; QL (30 EA per 30 days)
<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	

Drug Name	Tier	Requirements
valsartan oral solution	5	ST; QL (2400 ML per 30 days)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	1	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg	1	QL (60 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg	1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET	4	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
VASOTEC ORAL TABLET 20 MG	5	
ZESTORETIC ORAL TABLET	4	
ZESTRIL ORAL TABLET	4	
Vasodilating Agents		
ADCIRCA ORAL TABLET	5	PA
ALYQ ORAL TABLET	5	PA
BIDIL ORAL TABLET	4	
CIALIS ORAL TABLET 2.5 MG, 5 MG	4	PA; QL (30 EA per 30 days)
dipyridamole oral tablet	2	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG	5	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
isosorb dinitrate-hydralazine oral tablet	4	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	3	
isosorbide dinitrate oral tablet 40 mg	5	
isosorbide mononitrate er oral tablet extended release 24 hour	2	
isosorbide mononitrate oral tablet	2	
NITRO-BID TRANSDERMAL OINTMENT	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	4	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	5	
nitroglycerin sublingual tablet sublingual	2	
nitroglycerin transdermal patch 24 hour	2	
nitroglycerin translingual solution	2	
NITROLINGUAL TRANSLINGUAL SOLUTION	4	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	4	
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA; QL (180 ML per 30 days)
REVATIO ORAL TABLET	5	PA; QL (360 EA per 30 days)
sildenafil citrate oral suspension reconstituted	5	PA; QL (180 ML per 30 days)
sildenafil citrate oral tablet 20 mg	3	PA; QL (360 EA per 30 days)
tadalafil (pah) oral tablet	5	PA

Drug Name	Tier	Requirements
<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	5	PA; QL (120 EA per 30 days)
ALLZITAL ORAL TABLET	5	PA; QL (180 EA per 30 days)
<i>apap-caff-dihydrocodeine oral capsule</i>	2	NDS; QL (300 EA per 30 days)
ARTHROTEC ORAL TABLET DELAYED RELEASE	4	
ASCOMP-CODEINE ORAL CAPSULE	4	PA; NDS; QL (180 EA per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 75 MCG	4	NDS; QL (60 EA per 30 days)
BELBUCA BUCCAL FILM 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	4	PA; NDS; QL (60 EA per 30 days)
BUPAP ORAL TABLET 50-300 MG	5	PA; QL (180 EA per 30 days)
<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>	4	PA; NDS; QL (180 EA per 30 days)
<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)
BUTRANS TRANSDERMAL PATCH WEEKLY	4	NDS; QL (4 EA per 28 days)
CAMBIA ORAL PACKET	4	ST
CELEBREX ORAL CAPSULE	4	ST
<i>celecoxib oral capsule</i>	2	
<i>codeine sulfate oral tablet</i>	4	NDS; QL (180 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; NDS; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
DAYPRO ORAL TABLET	4	ST
DEMEROL INJECTION SOLUTION 25 MG/ML, 50 MG/ML	4	PA; NDS
<i>diclofenac epolamine external patch</i>	4	PA; QL (60 EA per 30 days)
<i>diclofenac potassium oral capsule</i>	5	
<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	4	ST; NDS; QL (1500 ML per 30 days)
DILAUDID ORAL TABLET 2 MG	4	ST; NDS; QL (240 EA per 30 days)
DILAUDID ORAL TABLET 4 MG, 8 MG	4	PA; NDS; QL (240 EA per 30 days)
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	4	NDS; QL (240 EA per 30 days)
ESGIC ORAL TABLET	4	PA; QL (180 EA per 30 days)
<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	4	ST
<i>fenoprofen calcium oral capsule 400 mg</i>	4	
<i>fenoprofen calcium oral tablet</i>	4	
<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)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
FIORICET ORAL CAPSULE	4	PA; QL (180 EA per 30 days)
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	4	PA; NDS; QL (180 EA per 30 days)
FLECTOR EXTERNAL PATCH	4	PA; QL (60 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	4	
GRALISE ORAL TABLET	4	PA
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	4	PA; NDS; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	4	PA; NDS; QL (30 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	NDS; QL (3600 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	4	NDS; QL (180 EA per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	NDS; QL (150 EA per 30 days)
hydromorphone hcl er oral tablet extended release 24 hour	4	PA; NDS; QL (120 EA per 30 days)
hydromorphone hcl oral liquid	2	NDS; QL (1500 ML per 30 days)
hydromorphone hcl oral tablet 2 mg	2	NDS; QL (240 EA per 30 days)
hydromorphone hcl oral tablet 4 mg, 8 mg	2	PA; NDS; QL (240 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	PA; NDS
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 80 MG	5	PA; NDS; QL (30 EA per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG, 30 MG, 40 MG, 60 MG	4	PA; NDS; QL (30 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	
ibuprofen oral suspension	2	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine oral tablet	4	PA
INDOCIN ORAL SUSPENSION	4	PA
INDOCIN RECTAL SUPPOSITORY	5	PA
indomethacin er oral capsule extended release	2	
indomethacin oral capsule 25 mg, 50 mg	2	
ketoprofen er oral capsule extended release 24 hour	4	
ketoprofen oral capsule 25 mg	2	
ketorolac tromethamine nasal solution	5	PA; QL (5 EA per 30 days)
ketorolac tromethamine oral tablet	2	PA; QL (20 EA per 30 days)
levorphanol tartrate oral tablet 2 mg	5	NDS; QL (180 EA per 30 days)
levorphanol tartrate oral tablet 3 mg	5	PA; NDS; QL (120 EA per 30 days)
LICART EXTERNAL PATCH 24 HOUR	4	PA; QL (30 EA per 30 days)
LODINE ORAL TABLET	4	ST
LOFENA ORAL TABLET	5	ST
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL (60 EA per 30 days)
meclofenamate sodium oral capsule	4	
mefenamic acid oral capsule	4	
meloxicam oral capsule	5	
meloxicam oral tablet	1	
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	4	PA; NDS

Drug Name	Tier	Requirements
meperidine hcl oral solution	4	PA; NDS; QL (2000 ML per 30 days)
meperidine hcl oral tablet 50 mg	4	PA; NDS; QL (180 EA per 30 days)
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 100 MG, 200 MG, 60 MG	5	PA; NDS; QL (90 EA per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	4	ST; NDS; QL (90 EA per 30 days)
nabumetone oral tablet	2	
NALFON ORAL CAPSULE 400 MG	4	ST
NALFON ORAL TABLET	4	ST
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	5	ST
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	ST
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, 500 mg	4	
naproxen sodium oral tablet 275 mg, 550 mg	4	
naproxen-esomeprazole mg oral tablet delayed release	5	PA; QL (60 EA per 30 days)
norgesic forte oral tablet	5	PA
NORGESIC ORAL TABLET	5	PA
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG	4	PA; NDS; QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG	5	PA; NDS; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
NUCYNTA ORAL TABLET 100 MG	5	PA; NDS; QL (180 EA per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	ST; NDS; QL (180 EA per 30 days)
NUCYNTA ORAL TABLET 75 MG	4	PA; NDS; QL (180 EA per 30 days)
<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-deterrent 10 mg, 20 mg</i>	4	NDS; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 40 mg</i>	4	PA; NDS; QL (90 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 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>	4	ST; QL (1800 ML per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg</i>	5	ST; NDS; QL (240 EA per 30 days)
<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 5-300 mg</i>	4	ST; NDS; QL (240 EA per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-300 mg</i>	4	QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	4	PA; NDS; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	5	PA; NDS; QL (90 EA per 30 days)
<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>	4	PA; NDS
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	5	ST; NDS; QL (240 EA per 30 days)
PERCOCET ORAL TABLET 2.5-325 MG	4	ST; NDS; QL (240 EA per 30 days)
<i>piroxicam oral capsule</i>	2	
<i>pregabalin er oral tablet extended release 24 hour</i>	4	PA; QL (60 EA per 30 days)
PROLATE ORAL TABLET 10-300 MG	5	ST; NDS; QL (240 EA per 30 days)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG	4	ST; NDS; QL (240 EA per 30 days)
RELAFEN DS ORAL TABLET	5	ST
ROXICODONE ORAL TABLET 15 MG	4	ST; NDS; QL (180 EA per 30 days)

Drug Name	Tier	Requirements
ROXICODONE ORAL TABLET 30 MG	5	PA; NDS; QL (180 EA per 30 days)
SEGLENTIS ORAL TABLET	4	ST; QL (120 EA per 30 days)
SPRIX NASAL SOLUTION	5	PA; QL (5 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	QL (120 EA per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	4	QL (90 EA per 30 days)
<i>sulindac oral tablet</i>	2	
TENCON ORAL TABLET 50-325 MG	4	PA; QL (180 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	4	NDS; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	NDS; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	2	NDS; QL (30 EA per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	2	NDS; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	2	NDS; QL (240 EA per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	NDS; QL (240 EA per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	NDS; QL (300 EA per 30 days)
VIMOVO ORAL TABLET DELAYED RELEASE	5	PA; QL (60 EA per 30 days)
VTOL LQ ORAL SOLUTION	5	PA; QL (2700 ML 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	4	PA; QL (180 EA per 30 days)
ZIPSOR ORAL CAPSULE	5	ST
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	4	ST; QL (60 EA per 30 days)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	4	ST; QL (30 EA per 30 days)
<i>amphetamine sulfate oral tablet</i>	2	PA; QL (180 EA per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet</i>	3	QL (60 EA per 30 days)

Drug Name	Tier	Requirements
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
<i>armodafinil oral tablet</i>	4	PA
AZSTARYS ORAL CAPSULE	4	ST; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG	4	ST; QL (120 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 54 MG	4	ST; QL (30 EA per 30 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG	4	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG	4	ST; QL (90 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG	4	ST; QL (60 EA per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG	4	ST; QL (180 EA per 30 days)
DAYTRANA TRANSDERMAL PATCH	4	ST; QL (30 EA per 30 days)
DESOXYN ORAL TABLET	5	ST; QL (150 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	5	ST; QL (180 EA per 30 days)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	5	ST; QL (120 EA per 30 days)
<i>dexamphetamine hcl er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
<i>dexamphetamine hcl oral tablet</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (90 EA per 30 days)
<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	4	ST; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE	4	ST; QL (30 EA per 30 days)
EVEKEO ORAL TABLET	4	PA; QL (180 EA per 30 days)
FOCALIN ORAL TABLET	4	ST; QL (60 EA per 30 days)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
<i>methylamphetamine hcl oral tablet</i>	5	QL (150 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5ML	4	ST; QL (900 ML per 30 days)
METHYLIN ORAL SOLUTION 5 MG/5ML	4	ST; QL (1800 ML per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg</i>	4	QL (120 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 27 mg, 54 mg, 72 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<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 10 mg</i>	4	QL (180 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	4	QL (90 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg</i>	4	QL (120 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	4	QL (60 EA per 30 days)
<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>	4	QL (30 EA per 30 days)
<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	4	ST; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET	4	PA
PROCENTRA ORAL SOLUTION	4	QL (1800 ML per 30 days)
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)

Drug Name	Tier	Requirements
QUILLCHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG	4	ST; QL (60 EA per 30 days)
QUILLCHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG	4	ST; QL (30 EA per 30 days)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	ST; QL (360 ML per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	4	QL (30 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG	4	ST; QL (60 EA per 30 days)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	ST; QL (30 EA per 30 days)
RITALIN ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
RITALIN ORAL TABLET 20 MG, 5 MG	4	ST; QL (90 EA per 30 days)
SUNOSI ORAL TABLET	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
VYVANSE ORAL TABLET CHEWABLE	4	PA; QL (30 EA per 30 days)
WAKIX ORAL TABLET	5	PA; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 10 MG	4	ST; QL (180 EA per 30 days)
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 7.5 MG	4	ST; QL (90 EA per 30 days)
ZENZEDI ORAL TABLET 30 MG	4	ST; QL (60 EA per 30 days)
ZENZEDI ORAL TABLET 5 MG	4	ST; QL (150 EA per 30 days)
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	4	
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)

Drug Name	Tier	Requirements
clonazepam oral tablet dispersible 2 mg	2	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL PACKET	5	PA
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
<i>diazepam rectal gel</i>	2	
DILANTIN INFATABS ORAL TABLET CHEWABLE	4	
DILANTIN ORAL CAPSULE	4	
DILANTIN ORAL SUSPENSION	4	
<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	5	
FELBATOL ORAL TABLET	5	
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 12 MG, 16 MG	4	
GABITRIL ORAL TABLET 2 MG, 4 MG	5	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	PA
KEPPRA ORAL SOLUTION	5	
KEPPRA ORAL TABLET 1000 MG, 750 MG	5	

Drug Name	Tier	Requirements
KEPPRA ORAL TABLET 250 MG, 500 MG	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	5	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	4	ST; QL (270 EA per 30 days)
KLONOPIN ORAL TABLET 2 MG	4	ST; QL (300 EA per 30 days)
<i>lacosamide oral solution</i>	4	
<i>lacosamide oral tablet</i>	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	
LAMICTAL ORAL TABLET	5	
LAMICTAL ORAL TABLET CHEWABLE 25 MG	5	
LAMICTAL ORAL TABLET CHEWABLE 5 MG	4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	4	
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	5	
LAMICTAL XR ORAL KIT	4	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 250 MG, 300 MG, 50 MG	5	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	4	
<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 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	4	QL (90 EA per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	4	QL (60 EA per 30 days)
LYRICA ORAL SOLUTION	4	QL (900 ML per 30 days)
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	2	
MYSOLINE ORAL TABLET	5	
NAYZILAM NASAL SOLUTION	5	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE	4	

Drug Name	Tier	Requirements
NEURONTIN ORAL SOLUTION	4	
NEURONTIN ORAL TABLET	5	
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)
<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 100 MG, 200 MG, 25 MG, 50 MG	4	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG	5	
ROWEPPRA 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	5	
SABRIL ORAL TABLET	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
SYMPAZAN ORAL FILM	5	QL (60 EA per 30 days)
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>tiagabine hcl oral tablet</i>	4	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 50 MG	5	
TOPAMAX ORAL TABLET 25 MG	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	4	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	
<i>topiramate oral capsule sprinkle</i>	2	

Drug Name	Tier	Requirements
<i>topiramate oral tablet</i>	2	
TRILEPTAL ORAL SUSPENSION	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG	4	
TRILEPTAL ORAL TABLET 600 MG	5	
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
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	4	
ZARONTIN ORAL SOLUTION	4	
ZONEGRAN ORAL CAPSULE	5	
<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	4	

Drug Name	Tier	Requirements
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-Injector	4	PA
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
<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	4	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	2	QL (12 EA per 30 days)
IMITREX NASAL SOLUTION 20 MG/ACT	4	ST; QL (8 EA per 30 days)
IMITREX NASAL SOLUTION 5 MG/ACT	4	ST; QL (32 EA per 30 days)
IMITREX ORAL TABLET	4	ST; QL (8 EA per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	5	ST; QL (8 ML per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	4	ST; QL (8 ML per 30 days)
MAXALT ORAL TABLET 10 MG	4	ST; QL (12 EA per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	4	ST; QL (12 EA per 30 days)
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	4	ST; QL (8 EA per 30 days)
QULIPTA ORAL TABLET	5	PA; QL (30 EA per 30 days)
RELPAX ORAL TABLET	4	ST; QL (6 EA per 30 days)
REYVOW ORAL TABLET 100 MG	4	ST; QL (8 EA per 30 days)
REYVOW ORAL TABLET 50 MG	4	ST; QL (4 EA per 30 days)
<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)

Drug Name	Tier	Requirements
sumatriptan succinate subcutaneous solution auto-injector	4	QL (8 ML per 30 days)
sumatriptan-naproxen sodium oral tablet	2	QL (10 EA per 30 days)
TOSYMRA NASAL SOLUTION	4	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	5	ST; QL (10 EA per 30 days)
UBRELVY ORAL TABLET	5	ST; QL (16 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (4 ML per 30 days)
zolmitriptan nasal solution 5 mg	4	ST; QL (8 EA per 30 days)
zolmitriptan oral tablet	2	QL (6 EA per 30 days)
zolmitriptan oral tablet dispersible	2	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION	4	ST; QL (8 EA per 30 days)
ZOMIG ORAL TABLET	5	ST; QL (6 EA per 30 days)
Antiparkinsonian Agents		
amantadine hcl oral capsule	3	
amantadine hcl oral solution	2	
amantadine hcl oral tablet	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
apomorphine hcl subcutaneous solution cartridge	5	PA
AZILECT ORAL TABLET	4	
benztropine mesylate oral tablet	2	
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	4	
cabergoline oral tablet	2	
carbidopa oral tablet	2	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	2	
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	5	
DHIVY ORAL TABLET 25-100 MG	4	
DUOPA ENTERAL SUSPENSION	5	
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	5	

Drug Name	Tier	Requirements
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
ONGENTYS ORAL CAPSULE	4	PA
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	4	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA
PARLODEL ORAL CAPSULE	4	
PARLODEL ORAL TABLET	4	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	
<i>pramipexole dihydrochloride oral tablet</i>	2	
<i>rasagiline mesylate oral tablet</i>	4	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	
<i>ropinirole hcl oral tablet</i>	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE	4	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
STALEVO 100 ORAL TABLET	5	
STALEVO 125 ORAL TABLET	5	
STALEVO 150 ORAL TABLET	5	
STALEVO 200 ORAL TABLET	5	
STALEVO 50 ORAL TABLET	4	
STALEVO 75 ORAL TABLET	4	
TASMAR ORAL TABLET 100 MG	5	
<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>	4	QL (30 EA per 30 days)
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 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>alprazolam oral tablet dispersible 2 mg</i>	4	QL (150 EA per 30 days)
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG	4	PA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
AMBIEN CR ORAL TABLET EXTENDED RELEASE 6.25 MG	4	QL (30 EA per 30 days)
AMBIEN ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
AMBIEN ORAL TABLET 5 MG	4	QL (30 EA per 30 days)
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>	4	QL (120 EA per 30 days)
<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 10 MG	4	PA; QL (30 EA per 30 days)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 5 MG	4	QL (30 EA per 30 days)
<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>	4	QL (30 EA per 30 days)
HALCION ORAL TABLET	4	QL (10 EA per 30 days)
HETLIOZ LQ ORAL SUSPENSION	5	PA
HETLIOZ ORAL CAPSULE	5	PA
<i>hydroxyzine hcl oral syrup</i>	4	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral capsule</i>	4	
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 1 MG	4	ST; QL (30 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG, 2 MG	4	ST; QL (150 EA per 30 days)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 3 MG	4	ST; QL (90 EA per 30 days)
LUNESTA ORAL TABLET 1 MG, 2 MG	4	QL (30 EA per 30 days)
LUNESTA ORAL TABLET 3 MG	4	PA; QL (30 EA per 30 days)
<i>meprobamate oral tablet</i>	4	PA; QL (90 EA per 30 days)
<i>oxazepam oral capsule</i>	2	QL (120 EA per 30 days)
<i>phenobarbital oral elixir</i>	2	QL (1500 ML per 30 days)

Drug Name	Tier	Requirements
<i>phenobarbital oral tablet</i>	2	QL (90 EA per 30 days)
QUVIVIQ ORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet</i>	2	
RESTORIL ORAL CAPSULE 15 MG, 30 MG	5	ST; QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE 22.5 MG	4	ST; QL (30 EA per 30 days)
RESTORIL ORAL CAPSULE 7.5 MG	5	ST; QL (60 EA per 30 days)
ROZEREM ORAL TABLET	4	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	4	QL (60 EA per 30 days)
TRANXENE-T ORAL TABLET 7.5 MG	4	ST; QL (90 EA per 30 days)
<i>triazolam oral tablet</i>	2	QL (10 EA per 30 days)
VALIUM ORAL TABLET	4	ST; QL (120 EA per 30 days)
VISTARIL ORAL CAPSULE	4	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG	4	ST; QL (90 EA per 30 days)
XANAX ORAL TABLET 2 MG	4	ST; QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg</i>	2	PA; QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 5 mg</i>	2	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate sublingual tablet sublingual 3.5 mg</i>	4	PA; QL (30 EA per 30 days)
Central Nervous System Agents, Misc		
<i>acamprosate calcium oral tablet delayed release</i>	2	
<i>atomoxetine hcl oral capsule</i>	4	QL (30 EA per 30 days)
EXSERVAN ORAL FILM	5	
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	QL (30 EA per 30 days)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour</i>	4	
<i>memantine hcl oral solution 2 mg/ml</i>	2	
<i>memantine hcl oral tablet</i>	2	
NAMENDA ORAL TABLET	4	
NAMENDA TITRATION PAK ORAL TABLET	4	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	

Drug Name	Tier	Requirements
NOURIANZ ORAL TABLET	5	PA
NUEDEXTA ORAL CAPSULE	3	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG	4	ST; QL (30 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
RILUTEK ORAL TABLET	5	
<i>riluzole oral tablet</i>	2	
STRATTERA ORAL CAPSULE	4	QL (30 EA per 30 days)
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	4	
<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	4	
Psychotherapeutic Agents		
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
ABILITY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG	5	PA; QL (30 EA per 30 days)
ABILITY MYCITE ORAL TABLET 2 MG, 5 MG	5	PA; QL (60 EA per 30 days)
ABILITY ORAL TABLET	5	ST
<i>amitriptyline hcl oral tablet</i>	2	
<i>amoxapine oral tablet</i>	2	
ANAFRANIL ORAL CAPSULE	5	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
<i>aripiprazole oral solution</i>	2	

Drug Name	Tier	Requirements
ariPIPrazole oral tablet	3	
ariPIPrazole oral tablet dispersible	5	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	5	
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	4	ST
chlordiazepoxide-amitriptyline oral tablet	4	
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, 200 MG	5	
CLOZARIL ORAL TABLET 25 MG, 50 MG	4	
COMPRO RECTAL SUPPOSITORY	2	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	4	ST
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

Drug Name	Tier	Requirements
duloxetine hcl oral capsule delayed release particles	2	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	2	
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
fluoxetine hcl (pmdd) oral tablet	2	
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	2	QL (4 EA per 28 days)
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet	2	
fluphenazine decanoate injection solution	2	
fluphenazine hcl injection solution	2	
fluphenazine hcl oral concentrate	2	
fluphenazine hcl oral elixir	2	
fluphenazine hcl oral tablet	2	
fluvoxamine maleate er oral capsule extended release 24 hour	2	
fluvoxamine maleate oral tablet	2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
GEODON ORAL CAPSULE	5	ST
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	4	
haloperidol decanoate intramuscular solution	2	
haloperidol lactate injection solution	2	
haloperidol lactate oral concentrate	2	
haloperidol oral tablet	2	
imipramine hcl oral tablet	2	
imipramine pamoate oral capsule	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)

Drug Name	Tier	Requirements
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
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	4	ST
<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	4	
<i>nefazodone hcl oral tablet</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	
<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	5	
PARNATE ORAL TABLET	5	
<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	4	ST
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST

Drug Name	Tier	Requirements
<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	4	ST
<i>phenelzine sulfate oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
<i>prochlorperazine maleate oral tablet</i>	2	
<i>prochlorperazine rectal suppository</i>	2	
<i>protriptyline hcl oral tablet</i>	2	
PROZAC ORAL CAPSULE 10 MG, 20 MG	4	ST
PROZAC ORAL CAPSULE 40 MG	5	ST
<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	4	
REMERON SOLTAB ORAL TABLET DISPERSIBLE	4	
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	5	ST
RISPERDAL ORAL TABLET 0.5 MG, 1 MG	4	ST
RISPERDAL ORAL TABLET 2 MG, 3 MG, 4 MG	5	ST
<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 100 MG, 200 MG, 25 MG, 50 MG	4	ST
SEROQUEL ORAL TABLET 300 MG, 400 MG	5	ST
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	4	ST
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	5	ST
<i>sertraline hcl oral capsule</i>	4	ST
<i>sertraline hcl oral concentrate</i>	1	

Drug Name	Tier	Requirements
<i>sertraline hcl oral tablet</i>	1	
SILENOR ORAL TABLET	4	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	
<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	
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	4	ST
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	4	ST
ZOLOFT ORAL TABLET	4	ST
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	ST
ZYPREXA ORAL TABLET 15 MG, 20 MG	5	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	4	ST
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 20 MG	5	ST
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)

Drug Name	Tier	Requirements
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	5	PA
Contraceptives		
Contraceptives		
PHEXXI VAGINAL GEL	4	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>cvs gauze sterile pad 2"x2"</i>	3	
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	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
Electrolytic, Caloric, And Water Balance		
Alkalinating Agents		
<i>potassium citrate er oral tablet extended release</i>	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	4	
Ammonia Detoxicants		
BUPHENYL ORAL POWDER 3 GM/TSP	5	
BUPHENYL ORAL TABLET	5	
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	4	
<i>lactulose oral packet</i>	4	
<i>lactulose oral solution 10 gm/15ml</i>	2	
LITHOSTAT ORAL TABLET	5	
PHEBURANE ORAL PELLET	5	
RAVICTI ORAL LIQUID	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
<i>sodium phenylbutyrate oral tablet</i>	5	

Drug Name	Tier	Requirements
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	
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	4	
EDECIN ORAL TABLET	5	
<i>ethacrynic acid oral tablet</i>	4	
<i>furosemide injection solution</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	

Drug Name	Tier	Requirements
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
JYNARQUE ORAL TABLET	5	PA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA
LASIX ORAL TABLET	4	
MAXZIDE ORAL TABLET	4	
MAXZIDE-25 ORAL TABLET	4	
metolazone oral tablet	2	
SAMSCA ORAL TABLET	5	PA
SOAANZ ORAL TABLET	4	ST
THALITONE ORAL TABLET	4	
tolvaptan oral tablet	5	PA
torsemide oral tablet	2	
triamterene oral capsule	2	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet	1	
Ion-Removing Agents		
AURYXIA ORAL TABLET	5	PA
FOSRENOL ORAL PACKET	5	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	5	
lanthanum carbonate oral tablet chewable	2	
LOKELMA ORAL PACKET	4	
RENAGEL ORAL TABLET 800 MG	5	
RENELA ORAL PACKET	5	
RENELA ORAL TABLET	5	
sevelamer carbonate oral packet	2	
sevelamer carbonate oral tablet	2	
sevelamer hcl oral tablet	4	
sodium polystyrene sulfonate oral powder	2	
SPS ORAL SUSPENSION	2	
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	5	
Irrigating Solutions		
sodium chloride irrigation solution 0.9 %	2	
Replacement Preparations		
calcium acetate (phos binder) oral capsule	2	
calcium acetate oral tablet 667 mg	2	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	

Drug Name	Tier	Requirements
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	4	
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	
<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>	4	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 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

Drug Name	Tier	Requirements
REVCovi INTRAMUSCULAR SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	
Eye, Ear, Nose & Throat Preparations		
Antiallergic Agents		
ALOCRIL OPHTHALMIC SOLUTION	4	
ALOMIDE OPHTHALMIC SOLUTION	4	
<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>	4	ST
BEPREVE OPHTHALMIC SOLUTION	4	ST
<i>cromolyn sodium ophthalmic solution</i>	2	
DYMISTA NASAL SUSPENSION	4	ST
<i>epinastine hcl ophthalmic solution</i>	2	
<i>olopatadine hcl nasal solution</i>	3	
<i>olopatadine hcl ophthalmic solution</i>	3	
PATANASE NASAL SOLUTION	4	
RYALTRIS NASAL SUSPENSION	4	
ZERVIADE OPHTHALMIC SOLUTION	4	ST
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	
<i>acetazolamide oral tablet</i>	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
AZOPT OPHTHALMIC SUSPENSION	3	
<i>betaxolol hcl ophthalmic solution</i>	4	
BETIMOL OPHTHALMIC SOLUTION	4	
BETOPTIC-S OPHTHALMIC SUSPENSION	4	
<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	4	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 %	4	
<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	

Drug Name	Tier	Requirements
ISOPTO CARPINE OPHTHALMIC SOLUTION 1 %	4	
ISTALOL OPHTHALMIC SOLUTION	4	
<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	
ROCKLATAN OPHTHALMIC SOLUTION	4	ST
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	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION	4	
TRAVATAN Z OPHTHALMIC SOLUTION	4	ST
<i>travoprost (bak free) ophthalmic solution</i>	2	
VUITY OPHTHALMIC SOLUTION	4	PA
VYZULTA OPHTHALMIC SOLUTION	4	ST
XALATAN OPHTHALMIC SOLUTION	4	ST
XELPROS OPHTHALMIC EMULSION	4	ST
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 %	4	ST
Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	4	
<i>bacitracin ophthalmic ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
BESIVANCE OPHTHALMIC SUSPENSION	4	
CETRAXAL OTIC SOLUTION	4	
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
CILOXAN OPHTHALMIC OINTMENT	4	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl otic solution</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	4	
<i>erythromycin ophthalmic ointment</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
GENTAK OPHTHALMIC OINTMENT	2	

Drug Name	Tier	Requirements
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	3	
NATACYN OPHTHALMIC SUSPENSION	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
OCUFLOX OPHTHALMIC SOLUTION	4	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin otic solution</i>	2	
OTOVEL OTIC SOLUTION	4	
PERIOGARD MOUTH/THROAT SOLUTION	1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
POLYTRIM OPHTHALMIC SOLUTION	4	
<i>sulfacetamide sodium ophthalmic ointment</i>	2	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>tobramycin ophthalmic solution</i>	2	
TOBREX OPHTHALMIC OINTMENT	4	
<i>trifluridine ophthalmic solution</i>	2	
VIGAMOX OPHTHALMIC SOLUTION	4	
ZIRGAN OPHTHALMIC GEL	4	
ZYMAXID OPHTHALMIC SOLUTION	4	
Anti-Inflammatory Agents		
ACULAR LS OPHTHALMIC SOLUTION	4	
ACULAR OPHTHALMIC SOLUTION	4	
ACUVAIL OPHTHALMIC SOLUTION	4	
ALREX OPHTHALMIC SUSPENSION	4	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BECONASE AQ NASAL SUSPENSION	4	ST
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	4	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	4	
BROMSITE OPHTHALMIC SOLUTION	4	
CEQUA OPHTHALMIC SOLUTION	4	ST; QL (60 EA per 30 days)
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>cyclosporine ophthalmic emulsion</i>	3	QL (60 EA per 30 days)
DERMOTIC OTIC OIL	4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	

Drug Name	Tier	Requirements
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
EYSUVIS OPHTHALMIC SUSPENSION	4	PA
FLAC OTIC OIL	2	
FLAREX OPHTHALMIC SUSPENSION	4	
<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	4	
FML LIQUIFILM OPHTHALMIC SUSPENSION	4	
<i>hydrocortisone-acetic acid otic solution</i>	2	
ILEVRO OPHTHALMIC SUSPENSION	4	
INVELTYS OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX OPHTHALMIC SUSPENSION	4	
LOTEMAX SM OPHTHALMIC GEL	4	
<i>loteprednol etabonate ophthalmic gel</i>	2	
<i>loteprednol etabonate ophthalmic suspension</i>	3	
MAXIDEX OPHTHALMIC SUSPENSION	4	
MAXITROL OPHTHALMIC OINTMENT	4	
MAXITROL OPHTHALMIC SUSPENSION	4	
<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	4	
OMNARIS NASAL SUSPENSION	4	ST
PRED FORTE OPHTHALMIC SUSPENSION	4	
PRED MILD OPHTHALMIC SUSPENSION	4	
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	4	

Drug Name	Tier	Requirements
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	ST
QNASL NASAL AEROSOL SOLUTION	4	ST
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	4	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST OPHTHALMIC SUSPENSION	4	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
VERKAZIA OPHTHALMIC EMULSION	5	PA; QL (120 EA per 30 days)
XHANCE NASAL EXHALER SUSPENSION	4	ST
XiDRA OPHTHALMIC SOLUTION	4	ST; QL (60 EA per 30 days)
ZETONNA NASAL AEROSOL SOLUTION	4	ST
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)
CYSTARAN OPHTHALMIC SOLUTION	5	PA; QL (60 ML per 28 days)
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
LACRISERT OPHTHALMIC INSERT	4	
OXERVATE OPHTHALMIC SOLUTION	5	PA
RHOPRESSA OPHTHALMIC SOLUTION	4	ST
TYRVAYA NASAL SOLUTION	4	PA; QL (8.4 ML per 30 days)
<i>Mydriatics</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>Eye, Ear, Nose + Throat Preparations</i>		
<i>Antiglaucoma Agents</i>		
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	4	
<i>Anti-Inflammatory Agents</i>		
<i>diluprednate ophthalmic emulsion</i>	4	
<i>Gastrointestinal Agents</i>		
<i>Gastrointestinal Agents, Other</i>		
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	
PLENUV ORAL SOLUTION RECONSTITUTED	4	
<i>Gastrointestinal Drugs</i>		
<i>Antidiarrhea Agents</i>		
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	

Drug Name	Tier	Requirements
LOMOTIL ORAL TABLET	4	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	5	PA
XERMELO ORAL TABLET	5	PA
Antiemetics		
ANTIVERT ORAL TABLET 50 MG	4	
ANTIVERT ORAL TABLET CHEWABLE	4	
ANZEMET ORAL TABLET 50 MG	4	QL (6 EA per 30 days)
<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	4	
DICLEGIS ORAL TABLET DELAYED RELEASE	4	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	2	
<i>dronabinol oral capsule</i>	4	PA
EMEND ORAL CAPSULE 80 MG	4	PA; QL (8 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	4	PA; QL (6 EA per 30 days)
EMEND TRI-PACK ORAL CAPSULE	4	PA; QL (12 EA per 30 days)
<i>gransetron hcl oral tablet</i>	2	PA; QL (60 EA per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	5	PA
MARINOL ORAL CAPSULE 2.5 MG	4	PA
<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	4	
<i>trimethobenzamide hcl oral capsule</i>	4	
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	4	
<i>balsalazide disodium oral capsule</i>	3	
CANASA RECTAL SUPPOSITORY	5	
COLAZAL ORAL CAPSULE	5	
DELZICOL ORAL CAPSULE DELAYED RELEASE	4	
DIPENTUM ORAL CAPSULE	5	

Drug Name	Tier	Requirements
LIALDA ORAL TABLET DELAYED RELEASE	4	
LOTRONEX ORAL TABLET	5	
<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	5	
Antiulcer Agents And Acid Suppressants		
ACIPHEX ORAL TABLET DELAYED RELEASE	4	ST; QL (30 EA per 30 days)
<i>amoxicill-clarithro-lansopraz oral</i>	4	QL (112 EA per 180 days)
CARAFATE ORAL SUSPENSION	4	
CARAFATE ORAL TABLET	4	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	
<i>cimetidine oral tablet</i>	2	
CYTOTEC ORAL TABLET	4	
DEXILANT ORAL CAPSULE DELAYED RELEASE	4	ST; QL (30 EA per 30 days)
<i>dexlansoprazole oral capsule delayed release</i>	4	ST; QL (30 EA per 30 days)
<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	5	
<i>lansoprazole oral capsule delayed release</i>	3	QL (60 EA per 30 days)
<i>lansoprazole oral tablet delayed release dispersible</i>	4	QL (60 EA per 30 days)
<i>misoprostol oral tablet</i>	2	
NEXIUM ORAL CAPSULE DELAYED RELEASE	4	ST; QL (60 EA per 30 days)
NEXIUM ORAL PACKET	4	ST; QL (30 EA per 30 days)
<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>	5	ST; QL (30 EA per 30 days)
<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 20 MG	4	
PEPCID ORAL TABLET 40 MG	5	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	4	ST; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	4	ST; QL (60 EA per 30 days)
PRILOSEC ORAL PACKET	4	ST; QL (60 EA per 30 days)
PROTONIX ORAL PACKET	4	ST; QL (60 EA per 30 days)
PROTONIX ORAL TABLET DELAYED RELEASE	4	ST
PYLERA ORAL CAPSULE	5	
<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	5	ST; QL (30 EA per 30 days)
ZEGERID ORAL PACKET	5	ST; QL (30 EA per 30 days)
Cathartics And Laxatives		
CLENPIQ ORAL SOLUTION	4	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	4	
OSMOPREP ORAL TABLET	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	2	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
SUTAB ORAL TABLET	4	ST
Cholelitholytic Agents		
CHENODAL ORAL TABLET	5	
RELTONE ORAL CAPSULE	5	ST
URSO 250 ORAL TABLET	4	
URSO FORTE ORAL TABLET	4	
<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	

Drug Name	Tier	Requirements
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	
<i>Gi Drugs, Miscellaneous</i>		
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	5	ST; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	3	
LIVMARLI ORAL SOLUTION	5	PA; QL (90 ML per 30 days)
<i>lubiprostone oral capsule</i>	3	
MOTEGRITY ORAL TABLET	4	ST
MOVANTIK ORAL TABLET	4	
OCALIVA ORAL TABLET	5	PA
RELISTOR ORAL TABLET	5	ST
RELISTOR SUBCUTANEOUS SOLUTION	5	ST
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
SYMPROIC ORAL TABLET	4	ST
TRULANCE ORAL TABLET	4	ST
VIBERZI ORAL TABLET	5	QL (60 EA per 30 days)
<i>Prokinetic Agents</i>		
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>	4	
REGLAN ORAL TABLET	4	
<i>Gold Compounds</i>		
<i>Gold Compounds</i>		
RIDAURA ORAL CAPSULE	5	

Drug Name	Tier	Requirements
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	5	PA
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	5	
<i>trientine hcl oral capsule</i>	5	
Hormones And Synthetic Substitutes		
Adrenals		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG	4	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 1 MG, 2 MG, 5 MG	5	
ALVESCO INHALATION AEROSOL SOLUTION	4	ST
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST; QL (1 EA per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	4	ST
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	ST
ASMANEX HFA INHALATION AEROSOL	4	ST
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
BREZTRI AEROSPHERE INHALATION AEROSOL	4	ST; QL (10.7 GM per 30 days)

Drug Name	Tier	Requirements
budesonide er oral tablet extended release 24 hour	5	
budesonide inhalation suspension	2	PA
budesonide oral capsule delayed release particles	3	
budesonide-formoterol fumarate inhalation aerosol	4	QL (13.8 GM per 30 days)
CORTEF ORAL TABLET	4	
dexabliss oral tablet therapy pack	4	
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack	4	
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)
fludrocortisone acetate oral tablet	2	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	4	PA
fluticasone propionate hfa inhalation aerosol 110 mcg/act	4	PA; QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	4	PA; QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	4	PA; QL (10.6 GM per 30 days)
HEMADY ORAL TABLET	4	
hydrocortisone oral tablet	2	
INTRAROSA VAGINAL INSERT	4	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	PA
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet	2	PA
methylprednisolone oral tablet therapy pack	2	
MILLIPRED ORAL TABLET	4	PA
ORAPRED ODT ORAL TABLET DISPERSIBLE	4	
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	ST
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisolone sodium phosphate oral tablet dispersible	2	
PREDNISONE INTENSOL ORAL CONCENTRATE	2	PA

Drug Name	Tier	Requirements
<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	4	ST
PULMICORT INHALATION SUSPENSION	4	PA
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	4	ST
RAYOS ORAL TABLET DELAYED RELEASE	5	PA
SYMBICORT INHALATION AEROSOL	3	QL (13.8 GM per 30 days)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	4	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27)	4	
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	5	ST
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	4	ST
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	ST
AVEED INTRAMUSCULAR SOLUTION	5	PA
<i>danazol oral capsule</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	4	PA
FORTESTA TRANSDERMAL GEL	4	ST
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA
JATENZO ORAL CAPSULE 237 MG	5	PA
<i>methitest oral tablet</i>	4	
<i>methyltestosterone oral capsule</i>	5	
NATESTO NASAL GEL	4	ST
<i>oxandrolone oral tablet</i>	2	
TESTIM TRANSDERMAL GEL	4	ST
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 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

Drug Name	Tier	Requirements
<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	4	ST
VOGELXO TRANSDERMAL GEL	4	ST
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	4	QL (90 EA per 30 days)
ACTOS ORAL TABLET	4	QL (30 EA per 30 days)
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT	4	ST; QL (6 ML per 28 days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (6 ML per 28 days)
ADMELOG INJECTION SOLUTION	4	ST
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 &60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT	4	PA
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	5	PA
<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 1 MG, 2 MG	4	QL (120 EA per 30 days)
AMARYL ORAL TABLET 4 MG	4	QL (60 EA per 30 days)
APIDRA INJECTION SOLUTION	4	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
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	4	QL (30 EA per 30 days)
FARXIGA ORAL TABLET	4	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
FIASP INJECTION SOLUTION	4	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	
<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 10 MG	4	QL (60 EA per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG, 5 MG	4	QL (120 EA per 30 days)
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 1.5 MG	4	QL (240 EA per 30 days)
GLYNASE ORAL TABLET 3 MG	4	QL (120 EA per 30 days)
GLYNASE ORAL TABLET 6 MG	4	QL (60 EA per 30 days)
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
HUMALOG INJECTION SOLUTION	4	ST
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	4	ST
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST

Drug Name	Tier	Requirements
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	4	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	4	ST
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST
HUMULIN N SUBCUTANEOUS SUSPENSION	4	ST
HUMULIN R INJECTION SOLUTION	4	ST
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	5	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector</i>	4	ST
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	4	ST
<i>insulin aspart injection solution</i>	4	ST
<i>insulin aspart penfill subcutaneous solution cartridge</i>	4	ST
<i>insulin aspart prot & aspart subcutaneous suspension</i>	4	ST
<i>insulin degludec flextouch subcutaneous solution pen-injector</i>	4	
<i>insulin degludec subcutaneous solution</i>	4	
<i>insulin glargine solostar subcutaneous solution pen-injector</i>	4	PA
<i>insulin glargine subcutaneous solution</i>	4	PA
<i>insulin glargin-yfgn subcutaneous solution</i>	4	ST
<i>insulin glargin-yfgn subcutaneous solution pen-injector</i>	4	ST
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	4	ST
<i>insulin lispro injection solution</i>	4	ST
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	4	ST
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	4	ST
INVOKAMET ORAL TABLET	3	QL (60 EA per 30 days)
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)

Drug Name	Tier	Requirements
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET	4	ST; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
KAZANO ORAL TABLET	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	4	ST; QL (60 EA per 30 days)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
KORLYM ORAL TABLET	5	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	
LANTUS SUBCUTANEOUS SOLUTION	3	
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR SUBCUTANEOUS SOLUTION	3	
LYUMJEV INJECTION SOLUTION	4	ST
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	4	ST
<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 1000 mg</i>	4	ST; QL (60 EA per 30 days)
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	4	ST; QL (120 EA per 30 days)
<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	4	ST; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	QL (180 EA per 30 days)
NESINA ORAL TABLET	4	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	3	
NOVOLIN R INJECTION SOLUTION	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
NOVOLOG INJECTION SOLUTION	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
ONGLYZA ORAL TABLET	4	ST; QL (30 EA per 30 days)
OSENI ORAL TABLET	4	ST; QL (30 EA per 30 days)
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	5	
<i>pioglitazone hcl oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1	QL (30 EA per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	QL (90 EA per 30 days)
QTERN ORAL TABLET	4	ST; QL (30 EA per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (360 EA per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
RIOMET ORAL SOLUTION	5	QL (765 ML per 30 days)
RYBELSUS ORAL TABLET	3	QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET	4	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	4	ST
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (18 ML per 28 days)
STEGLATRO ORAL TABLET	4	ST
STEGLUJAN ORAL TABLET	4	ST

Drug Name	Tier	Requirements
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	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRADJENTA ORAL TABLET	4	ST; QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
TRESIBA SUBCUTANEOUS SOLUTION	3	
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 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	4	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	4	ST; QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (15 ML per 30 days)
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	4	ST

Drug Name	Tier	Requirements
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	ST
Contraceptives		
ALTAVERA ORAL TABLET	2	
<i>alyacen 1/35 oral tablet</i>	2	
AMETHIA ORAL TABLET	2	
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days)
APRI ORAL TABLET	2	
ARANELLE ORAL TABLET	2	
ASHLYNA ORAL TABLET	2	
AUBRA EQ ORAL TABLET	2	
AVIANE ORAL TABLET	2	
BALCOLTRA ORAL TABLET	4	
BALZIVA ORAL TABLET	2	
BEYAZ ORAL TABLET	4	
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	
EMOQUETTE ORAL TABLET	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	4	

Drug Name	Tier	Requirements
HAILEY 24 FE ORAL TABLET	2	
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-ethinyl estrad 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	4	
LOESTRIN 1.5/30 (21) ORAL TABLET	4	
LOESTRIN 1/20 (21) ORAL TABLET	4	
LOESTRIN FE 1.5/30 ORAL TABLET	4	
LOESTRIN FE 1/20 ORAL TABLET	4	
LORYNA ORAL TABLET	2	
LOSEASONIQUE ORAL TABLET	4	
LOW-OGESTREL ORAL TABLET	2	
LUTERA ORAL TABLET	2	

Drug Name	Tier	Requirements
LYLEQ ORAL TABLET	2	
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	4	
NATAZIA ORAL TABLET	4	
NECON 0.5/35 (28) ORAL TABLET	2	
NEXTSTELLIS ORAL TABLET	4	
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-ethinyl est oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone oral tablet</i>	2	
<i>norethindron-ethinyl estrad-fe 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	4	
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	4	
RECLIPSEN ORAL TABLET	2	
RIVELSA ORAL TABLET	2	

Drug Name	Tier	Requirements
SAFYRAL ORAL TABLET	4	
SEASONIQUE ORAL TABLET	4	
SETLAKIN ORAL TABLET	2	
SHAROBEL ORAL TABLET	2	
SLYND ORAL TABLET	4	
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	
TLILIA 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	4	
YAZ ORAL TABLET	4	
ZAFEMY TRANSDERMAL PATCH WEEKLY	2	
ZOVIA 1/35 (28) ORAL TABLET	2	
Estrogens And Antiestrogens		
ACTIVELLA ORAL TABLET 1-0.5 MG	4	PA
AMABELZ ORAL TABLET	2	PA
<i>anastrozole oral tablet</i>	2	
ANGELIQ ORAL TABLET	4	PA
ARIMIDEX ORAL TABLET	5	

Drug Name	Tier	Requirements
AROMASIN ORAL TABLET	5	
BIJUVA ORAL CAPSULE	4	PA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA
CLIMARA TRANSDERMAL PATCH WEEKLY	4	PA
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	4	PA
DELESTROGEN INTRAMUSCULAR OIL	4	
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	4	
ELESTRIN TRANSDERMAL GEL	4	PA
ESTRACE ORAL TABLET	4	PA
ESTRACE VAGINAL CREAM	4	
<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	4	PA
EVAMIST TRANSDERMAL SOLUTION	4	PA
EVISTA ORAL TABLET	4	
<i>exemestane oral tablet</i>	3	
FARESTON ORAL TABLET	5	
FEMARA ORAL TABLET	4	
FEMRING VAGINAL RING	4	
FYAVOLV ORAL TABLET	2	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	4	PA
IMVEXXY STARTER PACK VAGINAL INSERT	4	PA
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	4	PA
<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	4	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	4	PA
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 30 MG	4	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	
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	5	
desmopressin acetate oral tablet	2	
desmopressin acetate spray nasal solution	2	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	4	
SKYTROFA SUBCUTANEOUS CARTRIDGE	5	PA
Progestins		
AYGESTIN ORAL TABLET	4	
CRINONE VAGINAL GEL	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	
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	4	
PROVERA ORAL TABLET	4	

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	5	
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; QL (60 ML per 30 days)
Somatotropin Agonists And Antagonists		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
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	4	
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	4	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
ENTADFI ORAL CAPSULE	4	
<i>finasteride oral tablet 5 mg</i>	2	
JALYN ORAL CAPSULE	4	
PROSCAR ORAL TABLET	4	
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	4	
<i>febuxostat oral tablet</i>	3	ST
MITIGARE ORAL CAPSULE	4	
ULORIC ORAL TABLET	4	ST
ZYLOPRIM ORAL TABLET	4	ST
Antisense Oligonucleotides		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
Bone Resorption Inhibitors		
ACTONEL ORAL TABLET 150 MG	4	ST; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	4	ST; QL (4 EA per 28 days)
<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)

Drug Name	Tier	Requirements
alendronate sodium oral tablet 35 mg, 70 mg	1	QL (4 EA per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE	4	ST; QL (4 EA per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT	4	ST; QL (4 EA per 28 days)
FOSAMAX ORAL TABLET 70 MG	4	ST; QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TABLET	4	ST; QL (4 EA per 28 days)
<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, 35 mg (12 pack), 35 mg (4 pack)</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		
sodium fluoride oral tablet 2.2 (1 f) mg	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	5	PA
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	5	
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)

Drug Name	Tier	Requirements
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
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

Drug Name	Tier	Requirements
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
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA
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	5	ST; QL (15 EA per 30 days)
<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)

Drug Name	Tier	Requirements
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)
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 PEN-INJECTOR	5	QL (1 ML per 28 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

Drug Name	Tier	Requirements
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
CELLCEPT ORAL CAPSULE	5	PA
CELLCEPT ORAL SUSPENSION RECONSTITUTED	5	PA
CELLCEPT ORAL TABLET	5	PA
<i>cyclosporine modified oral capsule</i>	2	PA
<i>cyclosporine modified oral solution</i>	2	PA
<i>cyclosporine oral capsule</i>	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
<i>everolimus oral tablet 0.25 mg</i>	2	PA
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	PA
GENGRAF ORAL SOLUTION	2	PA
IMURAN ORAL TABLET	4	PA
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
<i>mycophenolate mofetil oral capsule</i>	2	PA
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	PA
<i>mycophenolate mofetil oral tablet</i>	2	PA
<i>mycophenolate sodium oral tablet delayed release</i>	2	PA
MYFORTIC ORAL TABLET DELAYED RELEASE	5	PA
NEORAL ORAL CAPSULE	4	PA
NEORAL ORAL SOLUTION	4	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	4	PA
PROGRAF ORAL CAPSULE 5 MG	5	PA
PROGRAF ORAL PACKET 0.2 MG	4	PA
PROGRAF ORAL PACKET 1 MG	5	PA
RAPAMUNE ORAL SOLUTION	5	PA
RAPAMUNE ORAL TABLET 0.5 MG	4	PA
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	PA
SANDIMMUNE ORAL CAPSULE 100 MG	5	PA

Drug Name	Tier	Requirements
SANDIMMUNE ORAL CAPSULE 25 MG	4	PA
SANDIMMUNE ORAL SOLUTION	4	PA
<i>sirolimus oral solution</i>	5	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	PA
<i>sirolimus oral tablet 2 mg</i>	5	PA
<i>tacrolimus oral capsule</i>	2	PA
ZORTRESS ORAL TABLET	5	PA
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	4	
CARNITOR ORAL TABLET	4	
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	

Drug Name	Tier	Requirements
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	
<i>sapropterin dihydrochloride oral tablet</i>	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	5	PA
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	4	QL (60 EA per 30 days)
<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	5	
<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

Drug Name	Tier	Requirements
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SINGULAIR ORAL PACKET	4	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET	4	QL (30 EA per 30 days)
SINGULAIR ORAL TABLET CHEWABLE	4	QL (30 EA per 30 days)
<i>zafirlukast oral tablet</i>	2	QL (60 EA per 30 days)
<i>zileuton er oral tablet extended release 12 hour</i>	5	QL (120 EA per 30 days)
ZYFLO ORAL TABLET	5	QL (120 EA per 30 days)
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
<i>ambrisentan oral tablet</i>	5	PA
<i>bosentan oral tablet</i>	5	PA
LETAIRIS ORAL TABLET	5	PA
OPSUMIT ORAL TABLET	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA

Drug Name	Tier	Requirements
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)
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	4	
<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	4	
BENZAMYCIN EXTERNAL GEL	4	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
CENTANY EXTERNAL OINTMENT	4	ST
<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	4	
CLEOCIN VAGINAL SUPPOSITORY	4	
CLEOCIN-T EXTERNAL LOTION	4	
CLINDACIN-P EXTERNAL SWAB	3	
CLINDAGEL EXTERNAL GEL	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %, 1.2-5 %</i>	4	
<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	

Drug Name	Tier	Requirements
<i>clindamycin phosphate external solution</i>	3	
<i>clindamycin phosphate external swab</i>	3	
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM	4	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<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	4	PA
ERTACZO EXTERNAL CREAM	5	
<i>ery external pad</i>	2	
ERYGEL EXTERNAL GEL	4	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
EVOCLIN EXTERNAL FOAM	4	
EXELDERM EXTERNAL CREAM	4	
EXELDERM EXTERNAL SOLUTION	4	
EXTINA EXTERNAL FOAM	5	
<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	4	
LOPROX EXTERNAL CREAM	4	
LOPROX EXTERNAL SHAMPOO	4	
<i>luliconazole external cream</i>	4	
LUZU EXTERNAL CREAM	4	
<i>mafenide acetate external packet</i>	2	
<i>malathion external lotion</i>	4	
MENTAX EXTERNAL CREAM	4	

Drug Name	Tier	Requirements
METROCREAM EXTERNAL CREAM	4	
METROGEL EXTERNAL GEL	4	
METROLOTION EXTERNAL LOTION	5	
<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	
<i>metronidazole vaginal gel</i>	2	
<i>miconazole 3 vaginal suppository</i>	4	
<i>mupirocin calcium external cream</i>	4	
<i>mupirocin external ointment</i>	2	
<i>naftifine hcl external cream</i>	4	
NAFTIN EXTERNAL GEL	4	
NATROBA EXTERNAL SUSPENSION	4	
NEUAC EXTERNAL GEL	4	
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	4	
OVIDE EXTERNAL LOTION	4	
<i>oxiconazole nitrate external cream</i>	4	
OXISTAT EXTERNAL CREAM	4	
OXISTAT EXTERNAL LOTION	4	
<i>permethrin external cream</i>	2	
<i>selenium sulfide external lotion</i>	2	
SILVADENE EXTERNAL CREAM	4	
<i>silver sulfadiazine external cream</i>	2	
SOOLANTRA EXTERNAL CREAM	4	
<i>spinosad external suspension</i>	2	
SSD EXTERNAL CREAM	2	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
SULFAMYLYON EXTERNAL CREAM	4	
<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	5	

Drug Name	Tier	Requirements
XOLEGEL EXTERNAL GEL	5	
ZILXI EXTERNAL FOAM	4	
ZOVIRAX EXTERNAL CREAM	5	QL (5 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT	5	QL (30 GM per 30 days)
Anti-Inflammatory Agents		
ALA SCALP EXTERNAL LOTION	4	
<i>ala-cort external cream</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	2	
<i>amcinonide external lotion</i>	2	
<i>amcinonide external ointment</i>	2	
ANUSOL-HC EXTERNAL CREAM	4	
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>	4	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BRYHALI EXTERNAL LOTION	4	
<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	4	

Drug Name	Tier	Requirements
CLOBEX EXTERNAL SHAMPOO	4	
CLOBEX SPRAY EXTERNAL LIQUID	4	
<i>clocortolone pivalate external cream</i>	2	
CLODAN EXTERNAL SHAMPOO	2	
CLODERM EXTERNAL CREAM	4	
CORDRAN EXTERNAL CREAM	4	
CORDRAN EXTERNAL LOTION	4	
CORDRAN EXTERNAL OINTMENT	4	
CORDRAN EXTERNAL TAPE	5	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL	4	
<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	4	
<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	4	
DUOBRII EXTERNAL LOTION	5	
ENSTILAR EXTERNAL FOAM	5	
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>	5	
<i>fluocinonide external gel</i>	2	
<i>fluocinonide external ointment</i>	2	
<i>fluocinonide external solution</i>	2	

Drug Name	Tier	Requirements
<i>flurandrenolide external cream</i>	4	
<i>flurandrenolide external lotion</i>	4	
<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>	5	
<i>halobetasol propionate external ointment</i>	3	
HALOG EXTERNAL CREAM	5	
HALOG EXTERNAL OINTMENT	4	
HALOG EXTERNAL SOLUTION	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone butyrate external cream</i>	4	
<i>hydrocortisone butyrate external lotion</i>	4	
<i>hydrocortisone butyrate external ointment</i>	4	
<i>hydrocortisone butyrate external solution</i>	4	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
IMPEKLO EXTERNAL LOTION	4	
KENALOG EXTERNAL AEROSOL SOLUTION	4	
LEXETTE EXTERNAL FOAM	5	
LOCOID EXTERNAL LOTION	4	
LOCOID LIPOCREAM EXTERNAL CREAM	4	
LUXIQ EXTERNAL FOAM	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>nystatin-triamcinolone external cream</i>	4	
<i>nystatin-triamcinolone external ointment</i>	2	
OLUX EXTERNAL FOAM	4	
OLUX-E EXTERNAL FOAM	4	
PANDEL EXTERNAL CREAM	5	
PENNSAID EXTERNAL SOLUTION	5	
<i>prednicarbate external ointment</i>	4	

Drug Name	Tier	Requirements
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTO-PAK EXTERNAL CREAM	2	
PROCTOSOL HC EXTERNAL CREAM	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
PSORCON EXTERNAL CREAM	4	
SYNALAR EXTERNAL CREAM	4	
SYNALAR EXTERNAL SOLUTION	4	
TACLONEX EXTERNAL OINTMENT	5	
TACLONEX EXTERNAL SUSPENSION	5	
TEXACORT EXTERNAL SOLUTION	4	
TOPICORT EXTERNAL CREAM	4	
TOPICORT EXTERNAL GEL	4	
TOPICORT EXTERNAL OINTMENT 0.05 %	4	
TOPICORT SPRAY EXTERNAL LIQUID	4	
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	5	
TRIDERM EXTERNAL CREAM	2	
TRITOCIN EXTERNAL OINTMENT	4	
UCERIS RECTAL FOAM	4	
ULTRAVATE EXTERNAL LOTION	5	
VANOS EXTERNAL CREAM	5	
VERDESO EXTERNAL FOAM	5	
Antipruritics And Local Anesthetics		
<i>doxepin hcl external cream</i>	4	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	4	
<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 viscous hcl mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
LIDODERM EXTERNAL PATCH	4	PA; QL (90 EA per 30 days)
PLIAGLIS EXTERNAL CREAM	4	
PRUDOXIN EXTERNAL CREAM	4	

Drug Name	Tier	Requirements
ZONALON EXTERNAL CREAM	4	
ZTLIDO EXTERNAL PATCH	4	PA; QL (90 EA per 30 days)
Cell Stimulants And Proliferants		
ALTRENO EXTERNAL LOTION	4	PA
ATRALIN EXTERNAL GEL	4	PA
AVITA EXTERNAL CREAM	4	PA
AVITA EXTERNAL GEL	4	PA
RETIN-A EXTERNAL CREAM	4	PA
RETIN-A EXTERNAL GEL	4	PA
RETIN-A MICRO EXTERNAL GEL	4	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	5	PA
<i>tretinoin external cream</i>	4	PA
<i>tretinoin external gel</i>	4	PA
<i>tretinoin microsphere external gel</i>	4	PA
TWYNEO EXTERNAL CREAM	4	PA
Depigmenting And Pigmenting Agents		
<i>methoxsalen rapid oral capsule</i>	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	5	
ABSORICA ORAL CAPSULE	5	
ACCUTANE ORAL CAPSULE	4	
<i>acitretin oral capsule</i>	4	
ACZONE EXTERNAL GEL	4	
<i>adapalene external cream</i>	4	PA
<i>adapalene external gel 0.3 %</i>	4	PA
<i>adapalene external pad</i>	5	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	2	PA
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	4	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AKLIEF EXTERNAL CREAM	4	PA
AMNESTEEM ORAL CAPSULE	4	
ARAZLO EXTERNAL LOTION	4	
<i>azelaic acid external gel</i>	2	
AZELEX EXTERNAL CREAM	4	
<i>bexarotene external gel</i>	5	PA
<i>calcipotriene external cream</i>	4	

Drug Name	Tier	Requirements
<i>calcipotriene external foam</i>	5	
<i>calcipotriene external ointment</i>	4	
<i>calcipotriene external solution</i>	4	
<i>calcitriol external ointment</i>	2	
CARAC EXTERNAL CREAM	5	
CLARAVIS ORAL CAPSULE	4	
<i>clindamycin-tretinoin external gel</i>	3	PA
CONDYLOX EXTERNAL GEL	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
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	4	PA
DIFFERIN EXTERNAL GEL 0.3 %	4	PA
DIFFERIN EXTERNAL LOTION	4	PA
DOVONEX EXTERNAL CREAM	5	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA
EFUDEX EXTERNAL CREAM	4	
ELIDEL EXTERNAL CREAM	4	
EPIDUO EXTERNAL GEL	4	PA
EPIDUO FORTE EXTERNAL GEL	4	PA
FABIOR EXTERNAL FOAM	4	
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	4	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	3	
<i>fluorouracil external solution</i>	4	
HYFTOR EXTERNAL GEL	5	
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>	5	
KLISYRI EXTERNAL OINTMENT	5	

Drug Name	Tier	Requirements
MIRVASO EXTERNAL GEL	4	
MYORISAN ORAL CAPSULE	4	
OPZELURA EXTERNAL CREAM	5	PA; QL (240 GM per 28 days)
ORACEA ORAL CAPSULE DELAYED RELEASE	4	ST
PANRETIN EXTERNAL GEL	5	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external solution</i>	2	
PROTOPIC EXTERNAL OINTMENT	4	
QBREXZA EXTERNAL PAD	4	PA; QL (30 EA per 30 days)
RECTIV RECTAL OINTMENT	4	
REGRANEX EXTERNAL GEL	5	
RHOFADE EXTERNAL CREAM	4	
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	5	
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>	4	
<i>tazarotene external gel</i>	4	
TAZORAC EXTERNAL CREAM	4	
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	4	
VELTIN EXTERNAL GEL	4	PA

Drug Name	Tier	Requirements
VEREGEN EXTERNAL OINTMENT	5	
VTAMA EXTERNAL CREAM	5	PA
WINLEVI EXTERNAL CREAM	4	
ZENATANE ORAL CAPSULE	4	
ZIANA EXTERNAL GEL	4	PA
ZYCLARA EXTERNAL CREAM	5	
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5	
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	4	ST
DETROL ORAL TABLET	4	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	4	ST
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>flavoxate hcl oral tablet</i>	4	
GELNIQUE TRANSDERMAL GEL 10 %	4	ST
GEMTESA ORAL TABLET	4	ST
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	4	ST
<i>solifenacain 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	4	ST
VESICARE ORAL TABLET	4	ST
Respiratory Smooth Muscle Relaxants		
<i>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	4	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	2	

Drug Name	Tier	Requirements
<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 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	4	
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desonide	109	dimethyl fumarate	99	DYMISTA	70
DESOWEN	109	dimethyl fumarate starter pack	99	DYRENium	67
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DESOXYN	48	DIOVAN HCT	39	E.E.S. GRANULES	9
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desvenlafaxine succinate er	61	diphtheria-tetanus toxoids dt	25	EDARBYCLOR	40
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dicloxacillin sodium	9	doxylamine-pyridoxine	75	emtricitabine-tenofovir df	15
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hydrocortisone valerate	110	INREBIC	20	ivermectin	6, 106
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hydroxyurea	20	insulin aspart prot & aspart	84	JANTOVEN	31
hydroxyzine hcl	58	insulin degludec	84	JANUMET	84
hydroxyzine pamoate	58	insulin degludec flextouch	84	JANUMET XR	84
HYFTOR	113	insulin glargine	84	JANUVIA	84
HYSINGLA ER	44	insulin glargine solostar	84	JARDIANC	85
HYZAAR	40	insulin glargin-yfgn	84	JASMIEL	89
ibandronate sodium	97	insulin lispro	84	JATENZO	81
IBRANCE	20	insulin lispro (1 unit dial)	84	JAVYGTOR	102
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IBU	44	insulin lispro prot & lispro	84	JENTADUETO XR	85
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IDHIFA	20	INVANZ	10	JUNEL 1/20	89
ILEVRO	73	INVEGA	63	JUNEL FE 1.5/30	89
ILUMYA	113	INVEGA HAFYERA	62	JUNEL FE 1/20	89
imatinib mesylate	20	INVEGA SUSTENNA	63	JUNEL FE 24	89
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imipramine hcl	62	INVOKAMET	84	KAITLIB FE	89
imipramine pamoate	62	INVOKAMET XR	84	KALETRA	16
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IMEPEKLO	110	irbesartan-hydrochlorothiazide	40	kcl-lactated ringers-d5w	69
IMURAN	101	IRESSA	21	KELNOR 1/35	89
IMVEXXY MAINTENANCE PACK	92	ISENTRESS	16	KELNOR 1/50	89
IMVEXXY STARTER PACK	92	ISENTRESS HD	16	KENALOG	110
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INCRELEX	95	ISOLYTE-S PH 7.4	69	KERENDIA	40
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		isradipine	37	KEVZARA	98

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KINRIX	25	<i>latanoprost</i>	71	LIBRAX	27
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KISQALI (400 MG DOSE)	21	LAYOLIS FE	89	<i>lidocaine</i>	111
KISQALI (600 MG DOSE)	21	<i>ledipasvir-sofosbuvir</i>	16	<i>lidocaine hcl</i>	111
KISQALI FEMARA (400 MG DOSE)	92	LEENA	89	<i>lidocaine viscous hcl</i>	111
KISQALI FEMARA (600 MG DOSE)	92	<i>leflunomide</i>	98	<i>lidocaine-prilocaine</i>	111
KISQALI FEMARA(200 MG DOSE)	92	<i>lenalidomide</i>	21	LIDODERM	111
KLARON	106	LENVIMA (10 MG DAILY DOSE)	21	<i>linezolid</i>	10
KLISYRI	113	LENVIMA (12 MG DAILY DOSE)	21	LINZESS	78
KLONOPIN	52	LENVIMA (14 MG DAILY DOSE)	21	<i>liothyronine sodium</i>	96
KLOR-CON	69	LENVIMA (18 MG DAILY DOSE)	21	LIPITOR	34
KLOR-CON 10	69	LENVIMA (20 MG DAILY DOSE)	21	LIPOFEN	34
KLOR-CON M10	69	LENVIMA (24 MG DAILY DOSE)	21	<i>lisinopril</i>	40
KLOR-CON M15	69	LENVIMA (4 MG DAILY DOSE)	21	<i>lisinopril-hydrochlorothiazide</i>	40
KLOR-CON M20	69	LENVIMA (8 MG DAILY DOSE)	21	<i>lithium carbonate</i>	54
KLOXXADO	60	LESCOL XL	34	<i>lithium carbonate er</i>	54
KOMBIGLYZE XR	85	LESSINA	89	LITHOBID	54
KORLYM	85	LETAIRIS	104	LITHOSTAT	66
KOSELUGO	21	<i>letrozole</i>	92	LIVALO	34
KRINTAFEL	14	<i>leucovorin calcium</i>	96	LIVMARLI	78
KRISTALOSE	66	LEUKERAN	21	LIVTENCITY	16
K-TAB	69	LEUKINE	32	LO LOESTRIN FE	89
KURVELO	89	<i>leuprolide acetate</i>	93	LOCOID	110
KUVAN	102	<i>levalbuterol hcl</i>	30	LOCOID LIPOCREAM	110
KYNMOBI	56	<i>levalbuterol tartrate</i>	30	LODINE	44
<i>labetalol hcl</i>	35	<i>levamiodipine maleate</i>	36	LODOSYN	56
<i>lacosamide</i>	52	LEVEMIR	85	LOESTRIN 1.5/30 (21)	89
LACRISERT	74	LEVEMIR FLEXTOUCH	85	LOESTRIN 1/20 (21)	89
<i>lactulose</i>	66	<i>levetiracetam</i>	52	LOESTRIN FE 1.5/30	89
LAMICTAL	52	<i>levetiracetam er</i>	52	LOESTRIN FE 1/20	89
LAMICTAL ODT	52	<i>levobunolol hcl</i>	71	LOFENA	44
LAMICTAL STARTER	52	<i>levocarnitine</i>	102	LOKELMA	68
LAMICTAL XR	52	<i>levocetirizine dihydrochloride</i>	6	LOMOTIL	75
<i>lamivudine</i>	16	<i>levofloxacin</i>	10, 72	LONHALA MAGNAIR REFILL	
<i>lamivudine-zidovudine</i>	16	<i>levofloxacin in d5w</i>	10	KIT	27
<i>lamotrigine</i>	52	LEVONEST	89	LONSURF	21
<i>lamotrigine er</i>	52	<i>levonorgest-eth est & eth est</i>	89	<i>loperamide hcl</i>	75
<i>lamotrigine starter kit-blue</i>	52	<i>levonorgest-eth estrad 91-day</i>	89	LOPID	34
<i>lamotrigine starter kit-green</i>	52	LEVORA 0.15/30 (28)	89	<i>lopinavir-ritonavir</i>	17
<i>lamotrigine starter kit-orange</i>	52	<i>levorphanol tartrate</i>	44	LOPRESSOR	35
LAMPIT	14	LEVO-T	95	LOPROX	106
LANOXIN	38	<i>levothyroxine sodium</i>	95	lorazepam	58
<i>lansoprazole</i>	76	LEVOXYL	96	LORAZEPAM INTENSOL	58
<i>lanthanum carbonate</i>	68	LEXAPRO	63	LORBRENA	21
LANTUS	85	LEXETTE	110	LOREEV XR	58
LANTUS SOLOSTAR	85	LEXIVA	16	LORYNA	89
<i>lapatinib ditosylate</i>	21			LORZONE	28
LARIN 1.5/30	89			<i>losartan potassium</i>	40
LARIN 1/20	89			<i>losartan potassium-hctz</i>	40
LARIN FE 1.5/30	89			LOSEASONIQUE	89
LARIN FE 1/20	89			LOTEMAX	73
				LOTEMAX SM	73
				LOTENSIN	40
				<i>loteprednol etabonate</i>	73

LOTREL.....	37	MAXIDEX.....	73	methylphenidate hcl er (cd).....	49
LOTRONEX.....	76	MAXITROL.....	73	methylphenidate hcl er (la).....	49
lovastatin.....	34	MAXZIDE.....	68	methylphenidate hcl er (osm).....	49
LOVAZA.....	34	MAXZIDE-25.....	68	methylphenidate hcl er (xr).....	49
LOVENOX.....	31	MAYZENT.....	100	methylprednisolone.....	80
LOW-OGESTREL.....	89	MAYZENT STARTER PACK....	100	methyltestosterone.....	81
loxapine succinate.....	63	meclizine hcl.....	75	metoclopramide hcl.....	78
lubiprostone.....	78	meclofenamate sodium.....	44	metolazone.....	68
LUCEMYRA.....	30	MEDROL.....	80	metoprolol succinate er.....	35
luliconazole.....	106	medroxyprogesterone acetate....	94	metoprolol tartrate.....	36
LUMAKRAS.....	21	mefenamic acid.....	44	metoprolol-hydrochlorothiazide..	36
LUMIGAN.....	71	mefloquine hcl.....	14	METROCREAM.....	107
LUNESTA.....	58	megestrol acetate.....	94	METROGEL.....	107
LUPKYNIS.....	101	MEKINIST.....	21	METROLOTION.....	107
LUPRON DEPOT (1-MONTH)...	93	MEKTOVI.....	21	metronidazole.....	14, 107
LUPRON DEPOT (3-MONTH)...	93	meloxicam.....	44	metyrosine.....	102
LUPRON DEPOT (4-MONTH)...	93	memantine hcl.....	59	mexiletine hcl.....	38
LUPRON DEPOT (6-MONTH)...	93	memantine hcl er.....	59	micafungin sodium.....	13
LUTERA.....	89	MENACTRA.....	25	MICARDIS.....	40
LUXIQ.....	110	MENEST.....	93	MICARDIS HCT.....	40
LUZU.....	106	MENOSTAR.....	93	miconazole 3.....	107
LYBALVI.....	63	MENQUADFI.....	25	MICROGESTIN 1.5/30.....	90
LYLEQ.....	90	MENTAX.....	106	MICROGESTIN 1/20.....	90
LYLLANA.....	92	MENVEO.....	25	MICROGESTIN 24 FE.....	90
LYNPARZA.....	21	meperidine hcl.....	44, 45	MICROGESTIN FE 1.5/30.....	90
LYRICA.....	52	meprobamate.....	58	MICROGESTIN FE 1/20.....	90
LYRICA CR.....	44	MEPRON.....	14	midodrine hcl.....	30
LYSODREN.....	21	mercaptopurine.....	21	MIGERGOT.....	55
LYSTEDA.....	30	meropenem.....	10	miglitol.....	85
LYUMJEV.....	85	MERZEE.....	90	miglustat.....	102
LYUMJEV KWIKPEN.....	85	mesalamine.....	76	MIGRAL.....	28
LYVISPAH.....	28	mesalamine er.....	76	MILI.....	90
LYZA.....	90	MESNEX.....	103	MILLIPRED.....	80
MACROBID.....	19	MESTINON.....	27	MIMVEY.....	93
MACRODANTIN.....	19	metaxalone.....	28	MINASTRIN 24 FE.....	90
mafенide acetate.....	106	metformin hcl.....	85	MINIPRESS.....	33
magnesium sulfate.....	52	metformin hcl er.....	85	MINIVELLE.....	93
MALARONE.....	14	metformin hcl er (mod).....	85	minocycline hcl.....	10
malathion.....	106	metformin hcl er (osm).....	85	minocycline hcl er.....	10
maraviroc.....	17	methadone hcl.....	45	MINOLIRA.....	10
MARINOL.....	75	methamphetamine hcl.....	49	minoxidil.....	39
marlissa.....	90	methazolamide.....	71	MIRAPEX ER.....	57
MARPLAN.....	63	methenamine hippurate.....	19	mirtazapine.....	63
MATULANE.....	21	methimazole.....	96	MIRVASO.....	114
MATZIM LA.....	37	methitest.....	81	misoprostol.....	76
MAVENCLAD (10 TABS).....	101	methocarbamol.....	28	MITIGARE.....	96
MAVENCLAD (4 TABS).....	101	methotrexate.....	21	M-M-R II.....	25
MAVENCLAD (5 TABS).....	101	methotrexate sodium.....	21	modafinil.....	49
MAVENCLAD (6 TABS).....	101	methotrexate sodium (pf).....	21	moexipril hcl.....	40
MAVENCLAD (7 TABS).....	101	methoxsalen rapid.....	112	molindone hcl.....	63
MAVENCLAD (8 TABS).....	101	methscopolamine bromide.....	27	mometasone furoate.....	73, 110
MAVENCLAD (9 TABS).....	101	METHYLIN.....	49	montelukast sodium.....	103
MAVYRET.....	17	methylphenidate.....	49	MONUROL.....	19
MAXALT.....	55	methylphenidate hcl.....	49	morphine sulfate.....	45
MAXALT-MLT.....	55	methylphenidate hcl er.....	49	morphine sulfate (concentrate).....	45

<i>morphine sulfate er</i>	45	NEBUPENT	14	NORA-BE	90
<i>morphine sulfate er beads</i>	45	NECON 0.5/35 (28)	90	NORDITROPIN FLEXPRO	95
MOTEGRITY	78	<i>nefazodone hcl</i>	63	<i>norethin ace-eth estrad-fe</i>	90
MOUNJARO	85	<i>neomycin sulfate</i>	10	<i>norethindrone</i>	90
MOVANTIK	78	<i>neomycin-bacitracin zn-</i>		<i>norethindrone acetate</i>	94
MOVIPREP	74	<i>polymyx</i>	72	<i>norethindrone acet-ethinyl est</i>	90
<i>moxifloxacin hcl</i>	10, 72	<i>neomycin-polymyxin-dexameth</i>	73	<i>norethindrone-eth estradiol</i>	93
<i>moxifloxacin hcl in nacl</i>	10	<i>neomycin-polymyxin-gramicidin</i>	72	<i>norethindron-ethinyl estrad-fe</i>	90
MS CONTIN	45	<i>neomycin-polymyxin-hc</i>	73	<i>norethin-eth estradiol-fe</i>	90
MULPLETA	32	NEORAL	101	NORGESIC	45
MULTAQ	38	NEO-SYNALAR	110	<i>norgesic forte</i>	45
<i>mupirocin</i>	107	NERLYNX	21	<i>norgestimate-eth estradiol</i>	90
<i>mupirocin calcium</i>	107	NESINA	85	<i>norgestim-eth estrad triphasic</i>	90
MYALEPT	94	NEUAC	107	NORITATE	107
MYAMBUTOL	14	NEULASTA	32	NORLIQVA	37
MYCAPSSA	95	NEUPOGEN	32	NORPACE	38
MYCOBUTIN	14	NEUPRO	57	NORPACE CR	38
<i>mycophenolate mofetil</i>	101	NEURONTIN	52, 53	NORPRAMIN	63
<i>mycophenolate sodium</i>	101	NEVANAC	73	NORTHERA	30
MYDAYIS	49	<i>nevirapine</i>	17	NORTREL 0.5/35 (28)	90
MYFEMBREE	93	<i>nevirapine er</i>	17	NORTREL 1/35 (21)	90
MYFORTIC	101	NEXAVAR	21	NORTREL 1/35 (28)	90
MYORISAN	114	NEXIUM	76	NORTREL 7/7/7	90
MYRBETRIQ	115	NEXLETOL	34	<i>nortriptyline hcl</i>	63
MYSOLINE	52	NEXLIZET	34	NORVASC	37
MYTESI	75	NEXTSTELLIS	90	NORVIR	17
<i>na sulfate-k sulfate-mg sulf</i>	77	<i>niacin (antihyperlipidemic)</i>	34	NOURIANZ	60
<i>nabumetone</i>	45	<i>niacin er (antihyperlipidemic)</i>	34	NOVOLIN 70/30	86
<i>nadolol</i>	36	NIACOR	34	NOVOLIN 70/30 FLEXPEN	86
<i>nafcillin sodium</i>	10	<i>nicardipine hcl</i>	37	NOVOLIN N	86
<i>naftifine hcl</i>	107	NICOTROL	27	NOVOLIN N FLEXPEN	86
NAFTIN	107	NICOTROL NS	27	NOVOLIN R	86
NALFON	45	<i>nifedipine</i>	37	NOVOLIN R FLEXPEN	86
<i>naloxone hcl</i>	60	<i>nifedipine er</i>	37	NOVOLOG	86
<i>naltrexone hcl</i>	60	<i>nifedipine er osmotic release</i>	37	NOVOLOG FLEXPEN	86
NAMENDA	59	NIKKI	90	NOVOLOG MIX 70/30	86
NAMENDA TITRATION PAK	59	NILANDRON	21	NOVOLOG MIX 70/30	
NAMENDA XR	59	<i>nilutamide</i>	22	FLEXPEN	86
NAMZARIC	59	<i>nimodipine</i>	37	NOVOLOG PENFILL	86
NAPRELAN	45	NINLARO	22	NOXAFL	13
<i>naproxen</i>	45	<i>nisoldipine er</i>	37	NUBEQA	22
<i>naproxen sodium</i>	45	<i>nitazoxanide</i>	14	NUCALA	103, 104
<i>naproxen sodium er</i>	45	<i>nitisinone</i>	102	NUCYNTA	46
<i>naproxen-esomeprazole mg</i>	45	NITRO-BID	41	NUCYNTA ER	45
<i>naratriptan hcl</i>	55	NITRO-DUR	41	NUEDEXTA	60
NARCAN	60	<i>nitrofurantoin</i>	19	NUPLAZID	63
NARDIL	63	<i>nitrofurantoin macrocrystal</i>	19	NURTEC	55
NATACYN	72	<i>nitrofurantoin monohyd macro</i>	19	NUTRILIPID	67
NATAZIA	90	<i>nitroglycerin</i>	41	NUTROPIN AQ NUSPIN 10	95
<i>nateglinide</i>	85	NITROLINGUAL	41	NUTROPIN AQ NUSPIN 20	95
NATESTO	81	NITROSTAT	41	NUTROPIN AQ NUSPIN 5	95
NATPARA	94	NITYR	103	NUVARING	90
NATROBA	107	NIVESTYM	32	NUVIGIL	49
NAYZILAM	52	<i>nizatidine</i>	76	NUZYRA	10
<i>nebivolol hcl</i>	36	NOCDURNA	94	NYAMYC	107

NYLIA 1/35	90	orphenadrine citrate er	28	PAXIL CR	63
NYLIA 7/7/7	90	orphenadrine-aspirin-caffeine	46	PEDIARIX	25
NYMALIZE	37	ORTIKOS	80	PEDVAX HIB	25
NYMYO	90	oseltamivir phosphate	17	peg 3350-kcl-na bicarb-nacl	77
nystatin	13, 107	OSENI	86	peg-3350/electrolytes	77
nystatin-triamcinolone	110	OSMOLEX ER	57	peg-3350/electrolytes/ascorbat ..	77
NYSTOP	107	OSMOPREP	77	PEGASYS	17
NYVEPRIA	32	OSPHENA	93	PEMAZYRE	22
OCALIVA	78	OTEZLA	98	penicillamine	79
OCELLA	90	OTOVEL	72	penicillin g pot in dextrose	10
OCTAGAM	24	OTREXUP	98	penicillin g potassium	11
octreotide acetate	95	OVIDE	107	penicillin g procaine	11
OCUFLOX	72	oxacillin sodium	10	penicillin g sodium	11
ODACTRA	24	oxacillin sodium in dextrose	10	penicillin v potassium	11
ODEFSEY	17	oxandrolone	81	PENNSAID	110
ODOMZO	22	oxaprozin	46	PENTACEL	25
OFEV	103	oxazepam	58	PENTAM	14
ofloxacin	10, 72	OXBRYTA	31	pentamidine isethionate	14
olanzapine	63	oxcarbazepine	53	PENTASA	76
olanzapine-fluoxetine hcl	63	OXERVATE	74	pentazocine-naloxone hcl	46
olmesartan medoxomil	40	oxiconazole nitrate	107	pentoxifylline er	33
olmesartan medoxomil-hctz	40	OXISTAT	107	PEPCID	76
olmesartan-amlodipine-hctz	37	OXTELLAR XR	53	PERCOCET	46
olopatadine hcl	70	oxybutynin chloride	115	PERFOROMIST	30
OLUMIANT	98	oxybutynin chloride er	115	perindopril erbumine	40
OLUX	110	oxycodone hcl	46	PERIOGARD	72
OLUX-E	110	oxycodone hcl er	46	permethrin	107
omega-3-acid ethyl esters	34	oxycodone-acetaminophen	46	perphenazine	64
omeprazole	76	OXYCONTIN	46	perphenazine-amitriptyline	64
omeprazole-sodium bicarbonate	76	oxymorphone hcl	46	PERSERIS	64
OMNARIS	73	oxymorphone hcl er	46	PERTZYE	78
OMNITROPE	95	OXYTROL	115	PEXEVA	64
ondansetron	75	OZEMPIC (0.25 OR 0.5 MG/DOSE)	86	PHEBURANE	66
ondansetron hcl	75	OZEMPIC (1 MG/DOSE)	86	phenelzine sulfate	64
ONEXTON	107	OZEMPIC (2 MG/DOSE)	86	phenobarbital	58, 59
ONFI	53	PACERONE	38	phenoxybenzamine hcl	28
ONGENTYS	57	paliperidone er	63	PHENYTEK	53
ONGLYZA	86	PALYNZIQ	69	phenytoin	53
ONUREG	6, 22	PAMELOR	63	phenytoin sodium extended	53
ONZETRA XSAIL	55	PANCREAZE	77	PHEXXI	66
OPSUMIT	104	PANDEL	110	PHOSLYRA	69
OPZELURA	114	PANRETIN	114	PHOSPHOLINE IODIDE	71
ORACEA	114	pantoprazole sodium	76	PIFELTRO	17
ORALAIR	24	PANZYGA	24	pilocarpine hcl	27, 71
ORAPRED ODT	80	paricalcitol	116	pimecrolimus	114
ORENCIA	98	PARLODEL	57	pimozide	64
ORENCIA CLICKJECT	98	PARNATE	63	PIMTREA	90
ORENITRAM	104, 105	paramomycin sulfate	14	pindolol	36
ORFADIN	103	paroxetine hcl	63	pioglitazone hcl	86
ORGOVYX	93	paroxetine hcl er	63	pioglitazone hcl-glimepiride	86
ORIAHNN	93	paroxetine mesylate	63	pioglitazone hcl-metformin hcl	86
ORILISSA	93	PASER	14	piperacillin sod-tazobactam so ..	11
ORKAMBI	104	PATANASE	70	PIQRAY (200 MG DAILY DOSE)	22
ORLADEYEO	97	PAXIL	63		

PIQRAY (250 MG DAILY DOSE).....	22	PREMPHASE.....	93	PROVERA.....	94
PIQRAY (300 MG DAILY DOSE).....	22	PREMPRO.....	93	PROVIGIL.....	49
pirfenidone.....	103	prenatal.....	116	PROZAC.....	64
PIRMELLA 1/35.....	90	pretomanid.....	14	PRUDOXIN.....	111
piroxicam.....	46	PREVACID.....	76	PSORCON.....	111
PLAQUENIL.....	14	PREVACID SOLUTAB.....	77	PULMICORT.....	81
PLASMA-LYTE 148.....	69	PREVALITE.....	34	PULMICORT FLEXHALER.....	81
PLASMA-LYTE A.....	69	PREVYMIS.....	17	PULMOZYME.....	104
PLAVIX.....	31	PREZCOBIX.....	17	PURIXAN.....	22
PLEGRIDY.....	100	PREZISTA.....	17	PYLERA.....	77
PLENAMINE.....	67	PRIFTIN.....	14	pyrazinamide.....	14
PLENVU.....	74	PRILOSEC.....	77	pyridostigmine bromide.....	27
PLIAGLIS.....	111	primaquine phosphate.....	14	pyridostigmine bromide er.....	27
podofilox.....	114	PRIMAXIN IV.....	11	pyrimethamine.....	15
polymyxin b sulfate.....	11	primidone.....	53	PYRUKYND.....	30
polymyxin b-trimethoprim.....	72	PRIORIX.....	25	PYRUKYND TAPER PACK.....	30
POLYTRIM.....	72	PRISTIQ.....	64	QBRELIS.....	40
POMALYST.....	22	PRIVIGEN.....	24	QBREXZA.....	114
PONVORY.....	100	PROAIR DIGITALER.....	30	QELBREE.....	60
PONVORY STARTER PACK...100		PROAIR RESPICLICK.....	30	QINLOCK.....	22
PORTIA-28.....	90	probenecid.....	69	QNDSL.....	74
posaconazole.....	13	PROCARDIA XL.....	37	QNDSL CHILDRENS.....	74
potassium chloride.....	69	PROCENTRA.....	49	QTERN.....	86
potassium chloride crys er.....	69	prochlorperazine.....	64	QUADRACEL.....	25
potassium chloride er.....	69	prochlorperazine maleate.....	64	QUALAQUIN.....	15
potassium chloride in dextrose.....	69	PROCRIT.....	32	QUARTETTE.....	90
potassium chloride in nacl.....	69	PROCTO-MED HC.....	111	QUDEXY XR.....	53
potassium citrate er.....	66	PROCTO-PAK.....	111	QUESTRAN.....	34
PRADAXA.....	31	PROCTOSOL HC.....	111	QUESTRAN LIGHT.....	34
PRALUENT.....	34	PROCTOZONE-HC.....	111	quetiapine fumarate.....	64
pramipexole dihydrochloride.....	57	PROCYSB.....	103	quetiapine fumarate er.....	64
pramipexole dihydrochloride er..57		progesterone.....	94	QUILLICHEW ER.....	50
prasugrel hcl.....	31	PROGLYCEM.....	87	QUILLIVANT XR.....	50
pravastatin sodium.....	34	PROGRAF.....	101	quinapril hcl.....	40
praziquantel.....	6	PROLASTIN-C.....	104	quinapril-hydrochlorothiazide.....	40
prazosin hcl.....	33	PROLATE.....	46	quinidine gluconate er.....	38
PRED FORTE.....	73	PROLENSA.....	73	quinidine sulfate.....	38
PRED MILD.....	73	PROLIA.....	97	quinine sulfate.....	15
PRED-G S.O.P.....	73	PROMACTA.....	32	QULIPTA.....	55
prednicarbate.....	110	promethazine hcl.....	6	QUVIVIQ.....	59
prednisolone.....	80	promethazine-phenylephrine.....	6	QVAR REDIHALER.....	81
prednisolone acetate.....	73	PROMETHEGAN.....	6	RABAVERT.....	26
prednisolone sodium phosphate	73, 80	PROMETRIUM.....	94	rabeprazole sodium.....	77
prednisone.....	81	propafenone hcl.....	38	RADICAVA ORS STARTER KIT.....	60
PREDNISONE INTENSOL.....	80	propafenone hcl er.....	38	raloxifene hcl.....	93
preferred plus insulin syringe.....	66	propranolol hcl.....	36	ramelteon.....	59
PREFEST.....	93	propranolol hcl er.....	36	ramipril.....	40
pregabalin.....	53	propylthiouracil.....	96	RANEXA.....	38
pregabalin er.....	46	PROQUAD.....	26	ranolazine er.....	38
prehevbrio.....	25	PROSCAR.....	96	RAPAFLO.....	28
PREMARIN.....	93	PROSOL.....	67	RAPAMUNE.....	101
PREMASOL.....	67	PROTONIX.....	77	rasagiline mesylate.....	57
		PROTOPIC.....	114	RASUVO.....	99
		protriptyline hcl.....	64	RAVICTI.....	66
		PROVENTIL HFA.....	30		

RAYALDEE	116	<i>rimantadine hcl</i>	17	SAVELLA TITRATION PACK	60
RAYOS	81	RINVOQ	99	SCEMBLIX	22
RAZADYNE ER	28	RIOMET	86	scopolamine	75
REBIF	100	<i>risedronate sodium</i>	97	SEASONIQUE	91
REBIF REBIDOSE	100	RISPERDAL	64	SECUADO	64
REBIF REBIDOSE TITRATION PACK	100	RISPERDAL CONSTA	64	SEGLENTIS	47
REBIF TITRATION PACK	100	<i>risperidone</i>	64	SEGLUROMET	86
RECLIPSEN	90	RITALIN	50	<i>selegiline hcl</i>	57
RECOMBIVAX HB	26	RITALIN LA	50	<i>selenium sulfide</i>	107
RECORLEV	103	<i>ritonavir</i>	17	SELZENTRY	18
RECTIV	114	<i>rivastigmine</i>	28	SEMGLEE (YFGN)	86
RREDITREX	99	<i>rivastigmine tartrate</i>	28	SENSIPAR	94
REGLAN	78	RIVELSA	90	SEREVENT DISKUS	30
REGRANEX	114	<i>rizatriptan benzoate</i>	55	SEROQUEL	64
RELAFEN DS	46	ROBINUL	27	SEROQUEL XR	64
RELENZA DISKHALER	17	ROBINUL-FORTE	27	SEROSTIM	95
RELEXXII	50	ROCALTROL	116	<i>sertraline hcl</i>	64, 65
RELI-ON INSULIN SYRINGE	66	ROCKLATAN	71	SETLAKIN	91
RELISTOR	78	<i>ropinirole hcl</i>	57	<i>sevelamer carbonate</i>	68
RELPAX	55	<i>ropinirole hcl er</i>	57	<i>sevelamer hcl</i>	68
RELTONE	77	<i>rosuvastatin calcium</i>	35	SEYSARA	11
REMERON	64	ROSZET	35	SHAROBEL	91
REMERON SOLTAB	64	ROTARIX	26	SHINGRIX	26
RENAGEL	68	ROTATEQ	26	SIGNIFOR	95
RENELVA	68	ROWASA	76	SIKLOS	22
<i>repaglinide</i>	86	ROWEEPRA	53	<i>sildenafil citrate</i>	41
REPATHA	34	ROXICODONE	46, 47	SILENOR	65
REPATHA PUSHTRONEX SYSTEM	34	ROZEREM	59	SILIQ	114
REPATHA SURECLICK	35	ROZLYTREK	22	<i>silodosin</i>	28
RESTASIS	74	RUBRACA	22	SILVADENE	107
RESTASIS MULTIDOSE	74	RUCONEST	97	<i>silver sulfadiazine</i>	107
RESTORIL	59	<i>rufinamide</i>	53	SIMBRINZA	71
RETACRIT	33	RUKOBIA	18	SIMPONI	99
RETEVMO	22	RYALTRIS	70	<i>simvastatin</i>	35
RETIN-A	112	RYBELSUS	86	SINEMET	57
RETIN-A MICRO	112	RYCLORA	6	SINGULAIR	104
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Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-2583 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-275-2583 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-275-2583 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-275-2583 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-275-2583 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-275-2583 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-275-2583 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-275-2583 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس سيقوم (1-800-275-2583 (TTY: 711) عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية شخص ما يتحدث العربية.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-275-2583 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-275-2583 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-275-2583 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-275-2583 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-275-2583 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-275-2583 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-275-2583 (TTY: 711)にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

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 12/1/2023. For more recent information or other questions, please contact Keystone 65 Rx at 1-844-352-1699; Personal Choice 65 Rx at 1-888-879-4293; Select Option Rx at 1-888-678-7009; or, for TTY/TDD users, 711, seven days a week from 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.

Personal Choice 65 PPO is underwritten by QCC Insurance Company. Keystone 65 HMO is underwritten or administered by Keystone Health Plan East. QCC Insurance Company and Keystone Health Plan East are subsidiaries of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Select Option PDP: Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

OptumRx is an Optum® company — an independent company that provides home delivery, specialty, and infusion pharmacy services.

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