



**Keystone 65 Rx HMO,  
Personal Choice 65<sup>SM</sup> Rx PPO, Select  
Option<sup>®</sup> PDP  
2024 Formulary (List of Covered Drugs)**

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

This formulary was updated on **11/19/2024**. 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/formulary](http://www.ibxmedicare.com/formulary).



**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 **11/19/2024**. 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 in-network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, 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?**

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

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

**New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Independence Blue Cross Formulary?”

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

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or, we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Independence Blue Cross Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **11/19/2024**. 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 122. 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 the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects..

You should contact us to ask for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, 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](http://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 122.

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
<b>Antihistamine Drugs</b>		
<b>First Generation Antihistamines</b>		
carbinoxamine maleate oral solution	4	PA
carbinoxamine maleate oral tablet	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 solution	2	PA
promethazine hcl oral tablet	2	PA
promethazine hcl rectal suppository 12.5 mg, 25 mg	2	PA
promethazine vc oral syrup	4	PA
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	2	PA
RYCLORA ORAL SOLUTION	5	
RYVENT ORAL TABLET	4	PA
<b>Second Generation Antihistamines</b>		
cetirizine hcl oral solution 5 mg/5ml	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	
<b>Anti-Infective Agents</b>		
<b>Anthelmintics</b>		
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	
<b>Antibacterials</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE	4	QL (12 EA per 30 days)
amikacin sulfate injection solution 500 mg/2ml	2	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	

Drug Name	Tier	Requirements
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet chewable 400-57 mg	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
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	4	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
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 PREFILLED SYRINGE	4	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	PA

Drug Name	Tier	Requirements
cefaclor er oral tablet extended release 12 hour	2	
cefaclor oral capsule	2	
cefaclor oral suspension reconstituted 250 mg/5ml	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 1 gm	3	
cefepime hcl intravenous solution reconstituted 2 gm	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 250 mg, 500 mg, 750 mg	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 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 60 MG	5	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	
<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	
<i>erythromycin base oral capsule delayed release particles</i>	4	
<i>erythromycin base oral tablet</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml</i>	5	

Drug Name	Tier	Requirements
erythromycin ethylsuccinate oral tablet	3	
erythromycin oral tablet delayed release	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	
KITABIS PAK INHALATION NEBULIZATION SOLUTION	5	PA
levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	2	
linezolid intravenous solution 600 mg/300ml	4	
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 1 gm, 500 mg	4	
minocycline hcl er oral tablet extended release 24 hour	4	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
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 1 gm/50ml	2	
oxacillin sodium in dextrose intravenous solution 2 gm/50ml	4	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	2	
oxacillin sodium intravenous solution reconstituted	2	
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	2	
penicillin g potassium injection solution reconstituted 20000000 unit	2	
penicillin g sodium injection solution reconstituted	5	
penicillin v potassium oral solution reconstituted	2	
penicillin v potassium oral tablet	2	

Drug Name	Tier	Requirements
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)
streptomycin sulfate intramuscular solution reconstituted	5	
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	
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	5	
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	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	4	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
VANCOCIN ORAL CAPSULE	5	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg	2	
vancomycin hcl oral capsule	4	
vancomycin hcl oral solution reconstituted 25 mg/ml	4	
vancomycin hcl oral solution reconstituted 250 mg/5ml	2	
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 30 days)

Drug Name	Tier	Requirements
XIFAXAN ORAL TABLET 550 MG	5	PA
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	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)
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	4	PA
AMBI SOME INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA
<i>amphotericin b intravenous solution reconstituted</i>	2	PA
<i>amphotericin b liposome intravenous suspension reconstituted</i>	5	PA
ANCOBON ORAL CAPSULE	5	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>caspofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	3	
CRESEMBA ORAL CAPSULE	5	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML	4	
DIFLUCAN ORAL TABLET 100 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	

Drug Name	Tier	Requirements
<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	
MYCAMEINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	
NOXAFIL ORAL PACKET	5	PA
NOXAFIL ORAL SUSPENSION	5	PA
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>posaconazole oral suspension</i>	5	PA
<i>posaconazole oral tablet delayed release</i>	5	PA
SPORANOX ORAL CAPSULE	5	
SPORANOX ORAL SOLUTION	5	
<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	PA
<i>voriconazole intravenous solution reconstituted</i>	5	PA
<i>voriconazole oral suspension reconstituted</i>	5	
<i>voriconazole oral tablet</i>	4	
<b>Antimycobacterials</b>		
<i>cycloserine oral capsule</i>	5	
<i>dapsone oral tablet</i>	2	
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	
<i>isoniazid oral tablet</i>	2	
MYCOBUTIN ORAL CAPSULE	5	
<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	

Drug Name	Tier	Requirements
<b>Antiprotozoals</b>		
atovaquone oral suspension	5	
atovaquone-proguanil hcl oral tablet	3	
benznidazole oral tablet	4	
chloroquine phosphate oral tablet	2	
COARTEM ORAL TABLET	4	
DARAPRIM ORAL TABLET	5	
FLAGYL ORAL CAPSULE	4	
HUMATIN ORAL CAPSULE	5	
hydroxychloroquine sulfate oral tablet	2	
IMPAVIDO ORAL CAPSULE	5	QL (84 EA per 28 days)
KRINTAFEL ORAL TABLET	4	
LAMPIT ORAL TABLET	4	
MALARONE ORAL TABLET	4	
mefloquine hcl oral tablet	2	
MEPRON ORAL SUSPENSION	5	
metronidazole intravenous solution 500 mg/100ml	2	
metronidazole oral capsule	4	
metronidazole oral tablet	2	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	4	PA
nitazoxanide oral tablet	5	
PENTAM INJECTION SOLUTION RECONSTITUTED	4	
pentamidine isethionate inhalation solution reconstituted	2	PA
pentamidine isethionate injection solution reconstituted	2	
PLAQUENIL ORAL TABLET	4	
primaquine phosphate oral tablet 26.3 (15 base) mg	2	
pyrimethamine oral tablet	5	
QUALAQUIN ORAL CAPSULE	4	PA
quinine sulfate oral capsule	2	PA
SOLOSEC ORAL PACKET	4	
SOVUNA ORAL TABLET	4	
tinidazole oral tablet	2	
<b>Antivirals</b>		
abacavir sulfate oral solution	2	
abacavir sulfate oral tablet	2	QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet	2	QL (30 EA per 30 days)
acyclovir oral capsule	2	
acyclovir oral suspension	2	
acyclovir oral tablet	2	
acyclovir sodium intravenous solution	2	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>adefovir dipivoxil oral tablet</i>	4	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	4	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)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET	5	
DESCOVY ORAL TABLET	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET	5	
EDURANT ORAL TABLET	5	QL (30 EA per 30 days)
<i>efavirenz oral tablet</i>	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	4	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 100-150 mg, 200-300 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</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)
EPCLUSIA ORAL PACKET 150-37.5 MG	5	PA; QL (84 EA per 365 days)
EPCLUSIA ORAL PACKET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; QL (168 EA per 365 days)
EPCLUSIA ORAL TABLET 400-100 MG	5	PA; QL (84 EA per 365 days)
EPIVIR 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)

Drug Name	Tier	Requirements
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 EA per 30 days)
GENVOYA ORAL TABLET	5	QL (30 EA per 30 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; QL (168 EA per 365 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; QL (336 EA per 365 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; QL (168 EA per 365 days)
INTELENCE ORAL TABLET 100 MG	5	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)
LAGEVRIO ORAL CAPSULE	4	QL (40 EA per 5 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 TABLET	5	QL (120 EA per 30 days)
LIVTENCITY ORAL TABLET	5	PA; QL (360 EA per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (240 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 EA per 30 days)
<i>maraviroc oral tablet</i>	5	
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 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 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)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
oseltamivir phosphate oral capsule 45 mg, 75 mg	3	QL (30 EA per 30 days)
oseltamivir phosphate oral suspension reconstituted	3	QL (540 ML per 30 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	4	\$0 Copay; QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	4	\$0 Copay; QL (30 EA per 5 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)
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	
<i>sofosbuvir-velpatasvir oral tablet</i>	5	PA; QL (84 EA per 365 days)
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET	5	PA
STRIBILD ORAL TABLET	5	QL (30 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (4 EA per 28 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (5 EA per 28 days)
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
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	5	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET	5	QL (30 EA per 30 days)
<i>trumeq pd oral tablet soluble</i>	5	QL (180 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)
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	
<i>zidovudine oral capsule</i>	2	
<i>zidovudine oral syrup</i>	2	
<i>zidovudine oral tablet</i>	2	QL (60 EA per 30 days)
<b>Urinary Anti-Infectives</b>		
<i>fosfomycin tromethamine oral packet</i>	2	
HIPREX ORAL TABLET	4	
MACROBID ORAL CAPSULE	4	
MACRODANTIN ORAL CAPSULE	4	

Drug Name	Tier	Requirements
<i>methenamine hippurate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/5ml</i>	5	
<i>trimethoprim oral tablet</i>	2	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	4	PA
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA
<i>AFINITOR DISPERZ ORAL TABLET SOLUBLE</i>	5	PA
<i>AFINITOR ORAL TABLET</i>	5	PA
<i>AKEEGA ORAL TABLET</i>	5	PA
<i>ALECensa ORAL CAPSULE</i>	5	PA
<i>ALUNBRIG ORAL TABLET</i>	5	PA
<i>ALUNBRIG ORAL TABLET THERAPY PACK</i>	5	PA
<i>AUGTYRO ORAL CAPSULE 40 MG</i>	5	PA
<i>AYVAKIT ORAL TABLET</i>	5	PA; QL (30 EA per 30 days)
<i>BALVERSA ORAL TABLET</i>	5	PA
<i>BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE</i>	5	PA
<i>bexarotene oral capsule</i>	5	PA
<i>bicalutamide oral tablet</i>	2	
<i>BOSULIF ORAL CAPSULE</i>	5	PA
<i>BOSULIF ORAL TABLET</i>	5	PA
<i>BRAFTOVI ORAL CAPSULE 75 MG</i>	5	PA; QL (180 EA per 30 days)
<i>BRUKINSA ORAL CAPSULE</i>	5	PA
<i>CABOMETYX ORAL TABLET</i>	5	PA
<i>CALQUENCE ORAL CAPSULE</i>	5	PA
<i>CALQUENCE ORAL TABLET</i>	5	PA
<i>CAPRELSA ORAL TABLET</i>	5	PA
<i>CASODEX ORAL TABLET</i>	5	
<i>COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 &amp; 20 MG</i>	5	PA
<i>COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG &amp; 80 MG</i>	5	PA
<i>COMETRIQ (60 MG DAILY DOSE) ORAL KIT</i>	5	PA
<i>COPIKTRA ORAL CAPSULE</i>	5	PA
<i>COTELLIC ORAL TABLET</i>	5	PA
<i>cyclophosphamide oral capsule</i>	2	PA
<i>cyclophosphamide oral tablet</i>	4	PA
<i>dasatinib oral tablet</i>	5	PA

Drug Name	Tier	Requirements
DAURISMO ORAL TABLET	5	PA
DROXIA ORAL CAPSULE	4	
ERIVEDGE ORAL CAPSULE	5	PA
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 EA per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; QL (120 EA per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	4	PA
<i>erlotinib hcl oral tablet 150 mg</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
FOTIVDA ORAL CAPSULE	5	PA
FRUZAQLA ORAL CAPSULE	5	PA
<i>gefitinib oral tablet</i>	5	PA
GILOTRIF ORAL TABLET	5	PA
GLEEVEC ORAL TABLET	5	PA
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	PA
GLEOSTINE ORAL CAPSULE 100 MG	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>	3	PA
IMBRUVICA ORAL CAPSULE	5	PA
IMBRUVICA ORAL SUSPENSION	5	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA
INLYTA ORAL TABLET	5	PA
INQOVI ORAL TABLET	5	PA
INREBIC ORAL CAPSULE	5	PA
IRESSA ORAL TABLET	5	PA
IWLIFIN ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	PA
JAYPIRCA ORAL TABLET	5	PA
JYLMAMVO ORAL SOLUTION	4	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
KRAZATI ORAL TABLET	5	PA
<i>lapatinib ditosylate oral tablet</i>	5	PA

Drug Name	Tier	Requirements
LAZCLUZE ORAL TABLET	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 120 MG, 320 MG	5	PA
LYNPARZA ORAL TABLET	5	PA
LYSODREN ORAL TABLET	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA
MATULANE ORAL CAPSULE	5	
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA
MEKINIST ORAL TABLET	5	PA
MEKTOVI ORAL TABLET	5	PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet</i>	2	PA
NERLYNX ORAL TABLET	5	PA
NEXAVAR ORAL TABLET	5	PA
NILANDRON ORAL TABLET	5	
<i>nilutamide oral tablet</i>	5	

Drug Name	Tier	Requirements
NINLARO ORAL CAPSULE	5	PA
NUBEQA ORAL TABLET	5	PA
ODOMZO ORAL CAPSULE	5	PA
OGSIVEO ORAL TABLET	5	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED	5	PA
OJEMDA ORAL TABLET	5	PA
OJJAARA ORAL TABLET	5	PA
ONUREG ORAL TABLET	5	PA
ORSERDU ORAL TABLET	5	PA
<i>pazopanib hcl oral tablet</i>	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
RETEVMO ORAL TABLET	5	PA
REVLIMID ORAL CAPSULE	5	PA
REZLIDHIA ORAL CAPSULE	5	PA
ROZLYTREK ORAL CAPSULE	5	PA
ROZLYTREK ORAL PACKET	5	PA
RUBRACA ORAL TABLET	5	PA
RYDAPT ORAL CAPSULE	5	PA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
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
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
TAFINLAR ORAL CAPSULE	5	PA
TAFINLAR ORAL TABLET SOLUBLE	5	PA
TAGRISSO ORAL TABLET	5	PA
TALZENNA ORAL CAPSULE	5	PA
TARGETIN ORAL CAPSULE	5	PA
TASIGNA ORAL CAPSULE	5	PA
TAZVERIK ORAL TABLET	5	PA
TEPMETKO ORAL TABLET	5	PA
TIBSOVO ORAL TABLET	5	PA
TORPENZ ORAL TABLET	5	PA
<i>tretinoi oral capsule</i>	5	
TREXALL ORAL TABLET	4	PA
TRUQAP ORAL TABLET	5	PA
TUKYSA ORAL TABLET	5	PA
TURALIO ORAL CAPSULE 125 MG	5	PA
TYKERB ORAL TABLET	5	PA
VANFLYTA 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)
VORANIGO ORAL TABLET	5	PA
VOTRIENT ORAL TABLET	5	PA
WELIREG ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA
XALKORI ORAL CAPSULE SPRINKLE	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

Drug Name	Tier	Requirements
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA
XTANDI ORAL CAPSULE	5	PA
XTANDI ORAL TABLET	5	PA
YONSA ORAL TABLET	5	PA
ZEJULA ORAL TABLET	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	5	PA
<b>Antineoplastics</b>		
<b>Antineoplastics, Other</b>		
GAVRETO ORAL CAPSULE	5	PA
<b>Antitoxins, Immune Globulins, Toxoids, And Vaccines</b>		
<b>Allergenic Extracts</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	4	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	4	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA
<b>Antitoxins And Immune Globulins</b>		
BIVIGAM 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
<b>Toxoids</b>		
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	
<b>Vaccines</b>		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
AREXVY INTRAMUSCULAR SUSPENSION 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	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
IPOP INJECTION INJECTABLE	3	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
JYNNEOS SUBCUTANEOUS SUSPENSION	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	

Drug Name	Tier	Requirements
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIOS INTRAMUSCULAR SUSPENSION	3	PA
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION	3	PA
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	3	PA
ROTARIX ORAL SUSPENSION	3	
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 INJECTION SUSPENSION RECONSTITUTED	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
<b>Autonomic Drugs</b>		
<b>Anticholinergic Agents</b>		
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)

Drug Name	Tier	Requirements
<i>chlordiazepoxide-clidinium oral capsule</i>	4	PA
CUVPOSA ORAL SOLUTION	4	
<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>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>glycopyrrolate oral tablet 1.5 mg</i>	4	
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
<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)
<i>tiotropium bromide monohydrate inhalation capsule</i>	4	ST; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST
YUPELRI INHALATION SOLUTION	5	PA
<b>Autonomic Drugs, Miscellaneous</b>		
NICOTROL INHALATION INHALER	4	
NICOTROL NS NASAL SOLUTION	4	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	2	
<b>Parasympathomimetic (Cholinergic) Agents</b>		
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	

Drug Name	Tier	Requirements
galantamine hydrobromide er oral capsule extended release 24 hour	3	
galantamine hydrobromide oral solution	2	
galantamine hydrobromide oral tablet	2	
MESTINON ORAL SOLUTION	5	
MESTINON ORAL TABLET	5	
MESTINON ORAL TABLET EXTENDED RELEASE	5	
pilocarpine hcl oral tablet	2	
pyridostigmine bromide er oral tablet extended release	4	
pyridostigmine bromide oral solution	3	
pyridostigmine bromide oral tablet	3	
rivastigmine tartrate oral capsule	2	
rivastigmine transdermal patch 24 hour	4	
SALAGEN ORAL TABLET	4	
<b>Skeletal Muscle Relaxants</b>		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
baclofen oral solution 10 mg/5ml	5	ST
baclofen oral suspension	5	ST
baclofen oral tablet	2	
carisoprodol oral tablet	2	PA
chlorzoxazone oral tablet 250 mg	5	PA
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	4	PA
cyclobenzaprine hcl er oral capsule extended release 24 hour	2	PA
cyclobenzaprine hcl oral tablet	2	PA
DANTRIUM ORAL CAPSULE 25 MG	4	
dantrolene sodium oral capsule	2	
FEXMID ORAL TABLET	4	PA
FLEQSUHV ORAL SUSPENSION	5	ST
LORZONE ORAL TABLET	4	PA
LYVISPANH ORAL PACKET	4	ST; QL (90 EA per 30 days)
metaxalone oral tablet	4	PA
methocarbamol oral tablet 1000 mg	5	PA
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er oral tablet extended release 12 hour	4	PA
OZOBAX DS ORAL SOLUTION	5	ST
SOMA ORAL TABLET	4	PA
TANLOR ORAL TABLET	5	PA
tizanidine hcl oral capsule	2	
tizanidine hcl oral tablet	2	

Drug Name	Tier	Requirements
ZANAFLEX ORAL CAPSULE	4	
ZANAFLEX ORAL TABLET	4	
<b>Smoking Cessation Agents</b>		
varenicline tartrate oral tablet 1 mg (56 pack)	2	
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
alfuzosin hcl er oral tablet extended release 24 hour	2	
DIBENZYLINE ORAL CAPSULE	5	
dihydroergotamine mesylate nasal solution	4	QL (8 ML per 28 days)
ergoloid mesylates oral tablet	2	
FLOMAX ORAL CAPSULE	4	
MIGRAL NASAL SOLUTION	5	QL (8 ML per 28 days)
phenoxybenzamine hcl oral capsule	5	
RAPAFLO ORAL CAPSULE	4	
silodosin oral capsule	4	
tamsulosin hcl oral capsule	2	
TRUDHESA NASAL AEROSOL SOLUTION	5	QL (12 ML per 28 days)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<b>Sympathomimetic (Adrenergic) Agents</b>		
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 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)
AIRSUPRA INHALATION AEROSOL	4	QL (32.1 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	2	QL (17 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)	2	QL (13.4 GM per 30 days)
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)	4	ST; QL (36 GM per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	2	PA
albuterol sulfate oral syrup	2	
albuterol sulfate oral tablet	2	
arformoterol tartrate inhalation nebulization solution	4	PA

Drug Name	Tier	Requirements
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	4	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML	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	4	
<i>fluticasone-salmeterol inhalation aerosol</i>	4	PA; QL (12 GM per 30 days)
<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>	4	PA
<i>ipratropium-albuterol inhalation solution</i>	2	PA
<i>levalbuterol hcl inhalation nebulization solution</i>	2	PA
<i>levalbuterol tartrate inhalation aerosol</i>	4	QL (30 GM per 30 days)
<i>lofexidine hcl oral tablet</i>	5	QL (480 EA per 30 days)
LUCEMYRA ORAL TABLET	5	QL (480 EA per 30 days)
<i>midodrine hcl oral tablet</i>	2	
NEFFY NASAL SOLUTION	4	
NORTHERA ORAL CAPSULE	5	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	4	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (2 EA 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)
<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 HFA INHALATION AEROSOL	4	QL (30 GM per 30 days)

Drug Name	Tier	Requirements
<b>Blood Formation, Coagulation &amp; Thrombosis Agents</b>		
<b>Antithrombotic Agents</b>		
dabigatran etexilate mesylate oral capsule 110 mg	4	
<b>Hematopoietic Agents</b>		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; QL (30 EA per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; QL (60 EA per 30 days)
XOLREMDI ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
<b>Blood Formation, Coagulation &amp; Thrombosis</b>		
<b>Antihemorrhagic Agents</b>		
tranexamic acid oral tablet	2	
<b>Antithrombotic Agents</b>		
AGRYLIN ORAL CAPSULE	4	
anagrelide hcl oral capsule	2	
ARIXTA SUBCUTANEOUS SOLUTION	5	
aspirin-dipyridamole er oral capsule extended release 12 hour	3	
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	5	QL (30 EA per 30 days)
cilostazol oral tablet	2	
clopidogrel bisulfate oral tablet 75 mg	1	
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	4	
EFFIENT ORAL TABLET	4	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
enoxaparin sodium injection solution prefilled syringe	3	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	5	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	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, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
JANTOVEN ORAL TABLET	2	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	5	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
PLAVIX ORAL TABLET 75 MG	4	
PRADAXA ORAL CAPSULE	4	ST
<i>prasugrel hcl oral tablet</i>	3	
SAVAYSA ORAL TABLET	4	ST
<i>warfarin sodium oral tablet</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	QL (102 EA per 365 days)
ZONTIVITY ORAL TABLET	4	
<b><i>Blood Formation, Coagulation, And Thrombosis Agents, Misc.</i></b>		
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)
TAVALISSE ORAL TABLET	5	PA
<b><i>Hematopoietic Agents</i></b>		
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, 20000 UNIT/ML	5	PA
EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; 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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
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	ST
PROCIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
PROCIT 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)
<i>releuko subcutaneous solution prefilled syringe</i>	5	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	ST; QL (2.4 ML per 28 days)
<b>Hemorrhologic Agents</b>		
pentoxifylline er oral tablet extended release	2	
<b>Blood Formation, Coagulation + Thrombosis</b>		
<b>Antithrombotic Agents</b>		
PRADAXA ORAL PACKET	4	ST
<b>Hematopoietic Agents</b>		
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (2.4 ML per 28 days)
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA ORAL TABLET	4	

Drug Name	Tier	Requirements
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>doxazosin mesylate oral tablet</i>	2	
<i>prazosin hcl oral capsule</i>	2	
<i>terazosin hcl oral capsule</i>	1	
<b>Antilipemic Agents</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST; QL (30 EA per 30 days)
ATORVALIQ ORAL SUSPENSION	4	ST; QL (600 ML per 30 days)
<i>atorvastatin calcium oral tablet</i>	1	QL (30 EA per 30 days)
<i>cholestyramine light oral packet</i>	2	
<i>cholestyramine oral packet</i>	3	
<i>colesevelam hcl oral packet</i>	4	
<i>colesevelam hcl oral tablet</i>	3	
COLESTID ORAL TABLET	4	
<i>colestipol hcl oral packet</i>	3	
<i>colestipol hcl oral tablet</i>	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)
<i>ezetimibe oral tablet</i>	2	QL (30 EA per 30 days)
<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 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 120 MG	5	
FENOGLIDE ORAL TABLET 40 MG	4	
<i>flopipid oral suspension 20 mg/5ml</i>	4	ST; QL (225 ML per 30 days)
<i>flopipid 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	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<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	
<i>pitavastatin calcium oral tablet</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	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	3	PA; QL (3.5 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; QL (3 ML per 28 days)
<i>rosuvastatin calcium oral tablet</i>	1	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)
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)
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hcl oral capsule</i>	2	
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	2	
BETAPACE AF ORAL TABLET 120 MG, 160 MG	5	
BETAPACE AF ORAL TABLET 80 MG	4	
<i>betaxolol hcl oral tablet</i>	2	

Drug Name	Tier	Requirements
bisoprolol fumarate oral tablet	2	
bisoprolol-hydrochlorothiazide oral tablet	2	
BYSTOLIC ORAL TABLET	4	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	3	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
COREG ORAL TABLET	4	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
labetalol hcl oral tablet	2	
LOPRESSOR ORAL TABLET	4	
metoprolol succinate er oral tablet extended release 24 hour	2	
metoprolol tartrate oral tablet	1	
metoprolol-hydrochlorothiazide oral tablet	2	
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	
nebivolol hcl oral tablet	2	
pindolol oral tablet	2	
propranolol hcl er oral capsule extended release 24 hour	3	
propranolol hcl oral solution	2	
propranolol hcl oral tablet	2	
SORINE ORAL TABLET 120 MG, 160 MG	2	
sotalol hcl (af) oral tablet	2	
sotalol hcl oral tablet	2	
SOTYLIZE ORAL SOLUTION	5	
TENORETIC 100 ORAL TABLET	4	
TENORETIC 50 ORAL TABLET	4	
TENORMIN ORAL TABLET	4	
timolol maleate oral tablet	2	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
levamlodipine maleate oral tablet	4	ST
<b>Calcium-Channel Blocking Agents</b>		
amlodipine besy-benazepril hcl oral capsule	1	
amlodipine besylate oral tablet	1	
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	

Drug Name	Tier	Requirements
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan-hctz oral tablet	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	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
CARDIZEM ORAL TABLET 120 MG, 60 MG	5	
CARDIZEM ORAL TABLET 30 MG	4	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	4	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	2	
<i>dilt-xr oral capsule extended release 24 hour</i>	2	
EXFORGE HCT ORAL TABLET	4	ST
EXFORGE ORAL TABLET	4	ST
<i>felodipine er oral tablet extended release 24 hour</i>	2	
<i>isradipine oral capsule</i>	2	
KATERZIA ORAL SUSPENSION	4	ST
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	
<i>nicardipine hcl oral capsule</i>	2	
<i>nifedipine er oral tablet extended release 24 hour</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	2	
<i>nifedipine oral capsule</i>	2	
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine er oral tablet extended release 24 hour</i>	4	
NORLIQVA ORAL SOLUTION	4	ST
NORVASC ORAL TABLET	4	ST
NYMALIZE ORAL SOLUTION 6 MG/ML	5	

Drug Name	Tier	Requirements
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	
telmisartan-amlodipine oral tablet	1	
TIADYL T ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
trandolapril-verapamil hcl er oral tablet extended release	1	
TRIBENZOR ORAL TABLET	4	ST
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	
<b>Cardiac Drugs</b>		
amiodarone hcl oral tablet	2	
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)
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	
ivabradine hcl oral tablet	4	PA; QL (60 EA per 30 days)
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	

Drug Name	Tier	Requirements
<i>propafenone hcl er oral capsule extended release 12 hour</i>	4	
<i>propafenone hcl oral tablet</i>	2	
<i>quinidine gluconate er oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
<i>ranolazine er oral tablet extended release 12 hour</i>	2	
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG</b>	4	
<b>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG</b>	5	
<b>TIKOSYN ORAL CAPSULE</b>	4	
<b>VYNDAMAX ORAL CAPSULE</b>	5	PA
<b>VYndaqel Oral Capsule</b>	5	PA
<b>Hypotensive Agents</b>		
<i>clonidine er oral tablet extended release 24 hour</i>	4	ST
<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	
<i>minoxidil oral tablet</i>	2	
<b>NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	ST
<b>VECAMYL ORAL TABLET</b>	5	PA
<b>Renin-Angiotensin-Aldosterone Sys Inhib</b>		
<b>ALDACTONE ORAL TABLET</b>	4	
<i>aliskiren fumarate oral tablet</i>	2	QL (30 EA per 30 days)
<b>ALTACE ORAL CAPSULE</b>	4	
<b>ATACAND HCT ORAL TABLET</b>	4	ST
<b>ATACAND ORAL TABLET</b>	4	ST
<b>AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG</b>	4	ST
<b>AVAPRO ORAL TABLET</b>	4	ST
<i>benazepril hcl oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
<b>BENICAR HCT ORAL TABLET</b>	4	ST
<b>BENICAR ORAL TABLET</b>	4	ST
<i>candesartan cilexetil oral tablet</i>	1	
<i>candesartan cilexetil-hctz oral tablet</i>	1	
<i>captopril oral tablet</i>	1	
<b>CAROSPIR ORAL SUSPENSION</b>	4	
<b>COZAAR ORAL TABLET 100 MG</b>	4	ST; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
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)
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
EDARBYCLOR ORAL TABLET	4	ST
<i>enalapril maleate oral solution</i>	5	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
ENTRESTO ORAL CAPSULE SPRINKLE	3	QL (240 EA per 30 days)
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>ramipril oral capsule</i>	1	
<i>spironolactone oral suspension</i>	4	
<i>spironolactone oral tablet</i>	1	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<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	
<i>valsartan oral solution</i>	5	ST; QL (2400 ML per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>	1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET	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	
<b>Sodium-Glucose (SglT) Cotransportor Inhibitor</b>		
INPEFA ORAL TABLET 400 MG	4	ST; QL (30 EA per 30 days)
<b>Vasodilating Agents</b>		
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)
<i>dipyridamole oral tablet</i>	2	PA
ISORDIL TITRADOSE ORAL TABLET	5	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	
<i>isosorbide mononitrate oral tablet</i>	2	
LIQREV ORAL SUSPENSION	5	PA; QL (180 ML per 30 days)
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	
<i>nitroglycerin sublingual tablet sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual solution</i>	2	

Drug Name	Tier	Requirements
NITROLINGUAL TRANSLINGUAL SOLUTION	4	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	4	
REVATIO ORAL TABLET	5	PA; QL (360 EA per 30 days)
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; QL (180 ML per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (360 EA per 30 days)
<i>tadalafil (pah) oral tablet</i>	5	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL (30 EA per 30 days)
TADLIQ ORAL SUSPENSION	5	PA
VERQUVO ORAL TABLET	4	
<b>Central Nervous System Agents</b>		
<b>Analgesics And Antipyretics</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	NDS; QL (2700 ML per 30 days)
<i>acetaminophen-codeine oral tablet</i>	2	NDS; QL (180 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	4	PA; NDS; QL (60 EA per 30 days)
BELBUCA Buccal FILM 600 MCG, 750 MCG, 900 MCG	5	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>	4	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 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	4	NDS; QL (4 EA per 28 days)

Drug Name	Tier	Requirements
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	5	NDS; QL (4 EA per 28 days)
CAMBIA ORAL PACKET	5	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)
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	ST
<i>diclofenac potassium oral tablet 25 mg</i>	5	ST
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac potassium(migraine) oral packet</i>	5	ST
<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	4	PA; NDS; QL (240 EA per 30 days)
DILAUDID ORAL TABLET 8 MG	5	PA; NDS; QL (240 EA per 30 days)
ELYXYB ORAL SOLUTION	4	ST; QL (144 ML per 30 days)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 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	
<i>fenoprofen calcium oral capsule 400 mg</i>	4	
<i>fenoprofen calcium oral tablet</i>	4	
<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</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)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hr</i>	5	PA; NDS; QL (15 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	
<i>gabapentin (once-daily) oral tablet</i>	4	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
GRALISE ORAL TABLET	4	PA
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; NDS; QL (60 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	5	PA; NDS; QL (30 EA per 30 days)
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	4	PA; NDS; QL (30 EA per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	2	QL (3600 ML 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, 60 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	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	5	PA
INDOCIN RECTAL SUPPOSITORY	5	PA
indomethacin er oral capsule extended release	2	
indomethacin oral capsule 25 mg, 50 mg	2	
indomethacin oral suspension	5	PA
indomethacin rectal suppository 50 mg	5	PA
ketoprofen er oral capsule extended release 24 hour	4	
ketoprofen oral capsule 25 mg	5	
ketoprofen oral capsule 50 mg	2	
ketorolac tromethamine oral tablet	2	PA; QL (20 EA per 30 days)
KIPROFEN ORAL CAPSULE	5	ST
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	5	ST

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
LOFENA ORAL TABLET	5	ST
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA; QL (60 EA per 30 days)
<i>meclofenamate sodium oral capsule</i>	4	
<i>mefenamic acid oral capsule</i>	4	
<i>meloxicam oral capsule</i>	5	
<i>meloxicam oral tablet</i>	1	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	4	PA; NDS
<i>meperidine hcl oral solution</i>	4	PA; NDS; QL (2000 ML per 30 days)
<i>meperidine hcl oral tablet 50 mg</i>	4	PA; NDS; QL (180 EA per 30 days)
<i>methadone hcl oral solution</i>	4	PA; NDS
<i>methadone hcl oral tablet</i>	4	PA; NDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	NDS; QL (150 ML per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	4	PA; NDS; QL (30 EA per 30 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	NDS; QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg</i>	4	NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg, 60 mg, 80 mg</i>	4	PA; NDS; QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	3	PA; NDS; QL (90 EA per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	3	NDS; QL (90 EA per 30 days)
<i>morphine sulfate oral solution</i>	2	NDS; QL (1000 ML per 30 days)
<i>morphine sulfate oral tablet</i>	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)
<i>nabumetone oral tablet</i>	2	
NALFON ORAL CAPSULE 400 MG	4	ST
NALFON ORAL TABLET	4	ST
<i>nalocet oral tablet</i>	5	ST; NDS; QL (240 EA per 30 days)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	5	ST
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	4	ST
NAPROSYN ORAL SUSPENSION	5	ST
<i>naproxen dr oral tablet delayed release 500 mg</i>	2	
<i>naproxen oral suspension</i>	5	

Drug Name	Tier	Requirements
naproxen oral tablet	2	
naproxen oral tablet delayed release 375 mg	2	
naproxen sodium er oral tablet extended release 24 hour	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)
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)
orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg	5	PA
oxaprozin oral tablet	2	
oxycodone hcl er oral tablet er 12 hour abuse-deterrant 10 mg, 20 mg	4	NDS; QL (90 EA per 30 days)
oxycodone hcl oral capsule	2	NDS; QL (180 EA per 30 days)
oxycodone hcl oral concentrate 100 mg/5ml	3	NDS; QL (180 ML per 30 days)
oxycodone hcl oral solution	2	NDS; QL (900 ML per 30 days)
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 5 mg	3	NDS; QL (180 EA per 30 days)
oxycodone hcl oral tablet 30 mg	3	PA; NDS; QL (180 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	4	ST; NDS; QL (1800 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg	5	ST; NDS; QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	4	NDS; QL (240 EA per 30 days)
oxycodone-acetaminophen oral tablet 7.5-300 mg	5	NDS; QL (240 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG	4	PA; NDS; QL (90 EA per 30 days)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG, 60 MG, 80 MG	5	PA; NDS; QL (90 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg	4	NDS; QL (90 EA per 30 days)
oxymorphone hcl er oral tablet extended release 12 hour 20 mg, 30 mg, 40 mg	4	PA; NDS; QL (90 EA per 30 days)
oxymorphone hcl oral tablet 10 mg	4	PA; NDS; QL (180 EA per 30 days)
oxymorphone hcl oral tablet 5 mg	4	NDS; QL (180 EA per 30 days)
pentazocine-naloxone hcl oral tablet	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)

Drug Name	Tier	Requirements
<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 SOLUTION	5	ST; NDS; QL (900 ML per 30 days)
PROLATE ORAL TABLET	5	ST; NDS; QL (240 EA per 30 days)
QDOLO ORAL SOLUTION	5	ST; QL (2400 ML per 30 days)
RELAFEN DS ORAL TABLET	5	ST
ROXICODONE ORAL TABLET 15 MG	4	ST; NDS; QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	5	PA; NDS; QL (180 EA per 30 days)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG	5	PA; NDS; QL (180 EA per 30 days)
SEGLEN TIS ORAL TABLET	4	ST; NDS; 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)
TOLECTIN 600 ORAL TABLET	5	
<i>tolmetin sodium oral capsule</i>	4	
<i>tramadol hcl (er biphasic) 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 biphasic) oral tablet extended release 24 hour</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 solution</i>	5	ST; NDS; QL (2400 ML per 30 days)
<i>tramadol hcl oral tablet 100 mg</i>	2	NDS; QL (120 EA per 30 days)
<i>tramadol hcl oral tablet 25 mg</i>	2	QL (480 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)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	PA; NDS; QL (60 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)

Drug Name	Tier	Requirements
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
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)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour</i>	4	QL (30 EA per 30 days)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	4	PA; QL (60 EA per 30 days)
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	5	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)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	5	ST; QL (180 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)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
dextroamphetamine sulfate oral tablet 30 mg	2	QL (60 EA per 30 days)
dextroamphetamine sulfate oral tablet 5 mg	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 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)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
lisdexamfetamine dimesylate oral capsule	4	PA; QL (30 EA per 30 days)
lisdexamfetamine dimesylate oral tablet chewable	4	PA; QL (30 EA per 30 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 10 MG, 20 MG, 30 MG	4	ST; QL (60 EA per 30 days)
METADATE CD ORAL CAPSULE EXTENDED RELEASE 40 MG, 50 MG, 60 MG	4	ST; QL (30 EA per 30 days)
methamphetamine hcl oral tablet	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)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg	4	QL (120 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 27 mg, 45 mg, 54 mg, 63 mg, 72 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	4	QL (60 EA per 30 days)
methylphenidate hcl er (xr) oral capsule extended release 24 hour	2	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 10 mg	4	QL (180 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	4	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg	4	QL (120 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 27 mg, 54 mg	4	QL (30 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	4	QL (60 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
methylphenidate hcl oral solution 10 mg/5ml	2	QL (900 ML per 30 days)
methylphenidate hcl oral solution 5 mg/5ml	2	QL (1800 ML per 30 days)
methylphenidate hcl oral tablet 10 mg	2	QL (180 EA per 30 days)
methylphenidate hcl oral tablet 20 mg, 5 mg	2	QL (90 EA per 30 days)
methylphenidate hcl oral tablet chewable	2	QL (180 EA per 30 days)
methylphenidate transdermal patch	4	QL (30 EA per 30 days)
modafinil oral tablet 100 mg	2	PA; QL (30 EA per 30 days)
modafinil oral tablet 200 mg	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 150 MG, 200 MG, 250 MG	5	PA; QL (30 EA per 30 days)
NUVIGIL ORAL TABLET 50 MG	4	PA; QL (60 EA per 30 days)
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)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG	4	ST; QL (60 EA per 30 days)
QUILLICHEW 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 18 MG	4	ST; QL (120 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 45 MG, 54 MG, 63 MG	4	ST; QL (30 EA per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	4	ST; QL (60 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)
XELSTRYM TRANSDERMAL PATCH	4	ST; QL (30 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)

Drug Name	Tier	Requirements
<b>Anticonvulsants</b>		
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 100 mg/5ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet chewable 100 mg</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)
<i>clonazepam oral tablet dispersible 2 mg</i>	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
<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	

Drug Name	Tier	Requirements
<i>ethosuximide oral solution</i>	2	
<i>felbamate oral suspension</i>	5	
<i>felbamate oral tablet</i>	4	
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	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	PA
KEPPRA ORAL SOLUTION	5	
KEPPRA ORAL TABLET 1000 MG, 500 MG, 750 MG	5	
KEPPRA ORAL TABLET 250 MG	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	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 10 mg/ml</i>	4	
<i> lacosamide oral tablet</i>	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	5	
LAMICTAL ORAL TABLET	5	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG	5	
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 21 x 25 mg &amp; 7 x 50 mg, 42 x 50 mg &amp; 14x100 mg</i>	4	
<i> lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	2	
<i> lamotrigine oral tablet</i>	2	
<i> lamotrigine oral tablet chewable</i>	2	
<i> lamotrigine oral tablet dispersible</i>	2	

Drug Name	Tier	Requirements
lamotrigine starter kit-blue oral kit	2	
lamotrigine starter kit-green oral kit	5	
lamotrigine starter kit-orange oral kit	2	
levetiracetam er oral tablet extended release 24 hour	2	
levetiracetam oral solution 100 mg/ml	2	
levetiracetam oral tablet	2	
LIBERVANT Buccal Film	4	PA; QL (10 EA per 30 days)
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)
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	2	
methsuximide oral capsule	4	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	ST; QL (60 EA per 30 days)
MYSOLINE ORAL TABLET	5	
NAYZILAM NASAL SOLUTION	5	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG	4	
NEURONTIN ORAL CAPSULE 400 MG	5	
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)
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg	4	
oxcarbazepine er oral tablet extended release 24 hour 600 mg	5	
oxcarbazepine oral suspension	2	
oxcarbazepine oral tablet	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	
phenytoin oral suspension 125 mg/5ml	2	
phenytoin oral tablet chewable	2	
phenytoin sodium extended oral capsule	2	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	QL (90 EA per 30 days)
pregabalin oral capsule 225 mg, 300 mg	2	QL (60 EA per 30 days)
pregabalin oral solution	2	QL (900 ML per 30 days)

Drug Name	Tier	Requirements
<i>primidone oral tablet</i>	2	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG	4	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG	5	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension</i>	5	
<i>rufinamide oral tablet 200 mg</i>	4	
<i>rufinamide oral tablet 400 mg</i>	5	
SABRIL ORAL PACKET	5	
SABRIL ORAL TABLET	5	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	
SUBVENITE ORAL TABLET	2	
SUBVENITE STARTER KIT-BLUE ORAL KIT	2	
SUBVENITE STARTER KIT-GREEN ORAL KIT	5	
SUBVENITE STARTER KIT-ORANGE ORAL KIT	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	QL (60 EA per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	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 15 MG	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 25 MG	5	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	4	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 25 mg, 50 mg</i>	4	
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	5	
<i>topiramate oral capsule sprinkle</i>	2	
<i>topiramate oral tablet</i>	2	
TRILEPTAL ORAL SUSPENSION	5	
TRILEPTAL ORAL TABLET 150 MG	4	
TRILEPTAL ORAL TABLET 300 MG, 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	

Drug Name	Tier	Requirements
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	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)
vigabatrin oral packet	5	
vigabatrin oral tablet	5	
VIGADRONE ORAL PACKET	5	
VIGADRONE ORAL TABLET	5	
VIGAFYDE ORAL SOLUTION	5	ST
VIGPODER 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	5	ST
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	ST
XCOPRI ORAL TABLET	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 X200 MG, 14 X 50 MG & 14 X100 MG	5	ST
ZARONTIN ORAL CAPSULE	4	
ZARONTIN ORAL SOLUTION	4	
ZONEGRAN ORAL CAPSULE	5	
ZONISADE ORAL SUSPENSION	4	ST
zonisamide oral capsule	2	
ZTALMY ORAL SUSPENSION	5	PA
<b>Antimanic Agents</b>		
lithium carbonate er oral tablet extended release	2	
lithium carbonate oral capsule	2	
lithium carbonate oral tablet	2	
lithium oral solution	2	
LITHOBID ORAL TABLET EXTENDED RELEASE	5	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA

Drug Name	Tier	Requirements
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 (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 30 days)
<i>ergotamine-caffeine oral tablet</i>	2	
FROVA ORAL TABLET	5	ST; QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet</i>	2	QL (12 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	5	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	PA; QL (18 EA per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER	5	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 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (8 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	4	QL (8 ML per 30 days)
<i>sumatriptan-naproxen sodium oral tablet</i>	2	QL (10 EA per 30 days)
TOSYMRA NASAL SOLUTION	4	ST; QL (12 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	5	ST; QL (10 EA per 30 days)
UBRELVY ORAL TABLET	5	PA; QL (16 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
ZAVZPRET NASAL SOLUTION	5	PA; QL (8 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	ST; QL (4 ML per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>	4	ST; QL (8 EA per 30 days)
<i>zolmitriptan oral tablet</i>	2	QL (6 EA per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	2	QL (6 EA per 30 days)
ZOMIG NASAL SOLUTION 5 MG	4	ST; QL (8 EA per 30 days)
ZOMIG ORAL TABLET	5	ST; QL (6 EA per 30 days)
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule</i>	3	
<i>amantadine hcl oral solution</i>	2	
<i>amantadine hcl oral tablet</i>	3	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
<i>apomorphine hcl subcutaneous solution cartridge</i>	5	PA
AZILECT ORAL TABLET	5	
<i>benztropine mesylate oral tablet</i>	2	
<i>bromocriptine mesylate oral capsule</i>	4	
<i>bromocriptine mesylate oral tablet</i>	4	
<i>cabergoline oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet dispersible</i>	2	
<i>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</i>	3	
COMTAN ORAL TABLET	4	
DHVY ORAL TABLET 25-100 MG	4	
DUOPA ENTERAL SUSPENSION	5	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	5	PA; QL (30 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	5	PA
<i>entacapone oral tablet</i>	2	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
INBRIJA INHALATION CAPSULE	5	PA
LODOSYN ORAL TABLET	5	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
ONGENTYS ORAL CAPSULE	4	PA

Drug Name	Tier	Requirements
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 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	
<b>Anxiolytics, Sedatives, And Hypnotics</b>		
<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)
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	3	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
<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)
<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, 22.5 MG, 30 MG	5	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	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
tasimelteon oral capsule	5	PA
temazepam oral capsule 15 mg, 22.5 mg, 30 mg	4	QL (30 EA per 30 days)
temazepam oral capsule 7.5 mg	4	QL (60 EA per 30 days)
triazolam oral tablet	2	QL (10 EA per 30 days)
VALIUM ORAL TABLET	4	ST; QL (120 EA per 30 days)
VISTARIL ORAL CAPSULE 25 MG	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	5	ST; QL (150 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG	4	ST; QL (30 EA per 30 days)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	5	ST; QL (30 EA per 30 days)
zaleplon oral capsule	2	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg	4	PA; QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 6.25 mg	4	QL (30 EA per 30 days)
zolpidem tartrate oral capsule	4	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	2	PA; QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	2	QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg	4	QL (30 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual 3.5 mg	4	PA; QL (30 EA per 30 days)
<b>Central Nervous System Agents, Misc</b>		
acamprosate calcium oral tablet delayed release	2	
atomoxetine hcl oral capsule	4	QL (30 EA per 30 days)
DAYBUE ORAL SOLUTION	5	PA; QL (3600 ML per 30 days)
guanfacine hcl er oral tablet extended release 24 hour	2	QL (30 EA per 30 days)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
LUMRYZ ORAL PACKET	5	PA; QL (30 EA per 30 days)
memantine hcl er oral capsule extended release 24 hour	4	
memantine hcl oral solution 2 mg/ml	2	
memantine hcl oral tablet	2	
NAMENDA TITRATION PAK ORAL TABLET	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
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)

Drug Name	Tier	Requirements
RADICAVA ORS STARTER KIT ORAL SUSPENSION	5	PA
<i>riluzole oral tablet</i>	2	
<i>sodium oxybate oral solution</i>	5	PA; QL (540 ML per 30 days)
STRATTERA ORAL CAPSULE	4	QL (30 EA per 30 days)
TEGLUTIK ORAL SUSPENSION	5	
VEOZAH ORAL TABLET	4	PA; QL (30 EA per 30 days)
XYREM ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
XYWAV ORAL SOLUTION	5	PA; QL (540 ML per 30 days)
<b>Fibromyalgia Agents</b>		
SAVELLA ORAL TABLET	4	ST
SAVELLA TITRATION PACK ORAL	4	ST
<b>Opiate Antagonists</b>		
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 2 mg/2ml</i>	2	
<i>naltrexone hcl oral tablet</i>	2	
OPVEE NASAL SOLUTION	4	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	4	
<b>Opioid Antagonists</b>		
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml</i>	2	
<b>Psychotherapeutic Agents</b>		
ABILITY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	5	PA
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
ABILITY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 15 MG, 20 MG, 30 MG	5	PA; QL (30 EA per 30 days)
ABILITY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 2 MG, 5 MG	5	PA; QL (60 EA per 30 days)
ABILITY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG	5	PA; QL (30 EA per 30 days)
ABILITY ORAL TABLET	4	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

Drug Name	Tier	Requirements
ariPIPrazole oral solution	2	
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	
AUVELITY ORAL TABLET EXTENDED RELEASE	4	PA; QL (60 EA per 30 days)
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	5	PA; QL (30 EA per 30 days)
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	5	
CLOZARIL ORAL TABLET 25 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	QL (30 EA per 30 days)

Drug Name	Tier	Requirements
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	4	ST
<i>duloxetine hcl oral capsule delayed release particles</i>	2	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST
<i>escitalopram oxalate oral solution</i>	2	
<i>escitalopram oxalate oral tablet</i>	2	
FANAPT ORAL TABLET	5	ST
FANAPT TITRATION PACK ORAL TABLET	4	ST
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	ST
<i>fluoxetine hcl (pmdd) oral tablet</i>	2	
<i>fluoxetine hcl oral capsule</i>	2	
<i>fluoxetine hcl oral capsule delayed release</i>	2	QL (4 EA per 28 days)
<i>fluoxetine hcl oral solution</i>	2	
<i>fluoxetine hcl oral tablet</i>	2	
<i>fluphenazine decanoate injection solution</i>	2	
<i>fluphenazine hcl injection solution</i>	2	
<i>fluphenazine hcl oral concentrate</i>	2	
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	
<i>fluvoxamine maleate oral tablet</i>	2	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
GEODON ORAL CAPSULE	5	ST
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	4	
<i>haloperidol decanoate intramuscular solution</i>	2	
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	2	
<i>imipramine pamoate oral capsule</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 ML per 180 days)

Drug Name	Tier	Requirements
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 ML per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG	5	ST; QL (30 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	ST; QL (60 EA per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG	4	ST; QL (30 EA per 30 days)
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 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	QL (60 EA per 30 days)
LEXAPRO ORAL TABLET	4	ST
<i>loxapine succinate oral capsule</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
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 1.5 mg, 3 mg, 9 mg</i>	3	QL (30 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	3	QL (60 EA per 30 days)
PAMELOR ORAL CAPSULE	5	
PARNATE ORAL TABLET	4	
<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
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	
<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	4	ST
PROZAC ORAL CAPSULE 20 MG, 40 MG	5	ST
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet</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	4	QL (2 EA per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG	5	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 MG	4	ST
RISPERDAL ORAL TABLET 2 MG, 3 MG	5	ST
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg</i>	4	QL (2 EA per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 25 mg</i>	5	QL (2 EA per 28 days)

Drug Name	Tier	Requirements
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	
<i>risperidone oral tablet dispersible</i>	4	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	4	ST
SECUADO TRANSDERMAL PATCH 24 HOUR	5	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 400 MG, 50 MG	4	ST
SEROQUEL ORAL TABLET 300 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	
<i>sertraline hcl oral tablet</i>	1	
SILENOR ORAL TABLET	4	QL (30 EA per 30 days)
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	QL (30 EA per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	ST; QL (0.28 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	ST; QL (0.35 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	ST; QL (0.42 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	ST; QL (0.56 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	ST; QL (0.7 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	ST; QL (0.14 ML per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	ST; QL (0.21 ML per 30 days)
<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	

Drug Name	Tier	Requirements
venlafaxine hcl er oral tablet extended release 24 hour	2	
venlafaxine hcl oral tablet	2	
VERSACLOZ ORAL SUSPENSION	5	
VIIBRYD ORAL TABLET	4	ST; QL (30 EA per 30 days)
vilazodone hcl oral tablet	4	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	5	ST
ziprasidone hcl oral capsule	2	
ziprasidone mesylate intramuscular solution reconstituted	2	
ZOLOFT ORAL CONCENTRATE	4	ST
ZOLOFT ORAL TABLET	4	ST
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (60 EA per 30 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (30 EA per 30 days)
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
<b>Vesicular Monoamine Transporter 2 (Vmat2) Inhibitors</b>		
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)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	5	PA; QL (56 EA per 365 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (84 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 EA per 365 days)
<i>tetrabenazine oral tablet</i>	4	PA
XENAZINE ORAL TABLET	5	PA
<b>Contraceptives</b>		
<b>Contraceptives</b>		
PHEXXI VAGINAL GEL	4	
<b>Devices</b>		
<b>Devices</b>		
BD INSULIN SYRINGE 29G X 1/2" 1 ML	3	
<i>gauze pads pad 2"x2"</i>	3	
<i>global alcohol prep ease pad</i>	3	
<i>insulin syringe-needle u-100 29g x 1/2" 1 ml</i>	3	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	3	
<i>qc pen needles 29g x 12mm</i>	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Alkalinating Agents</b>		
<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	
<b>Ammonia Detoxicants</b>		
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	4	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	5	ST; QL (300 EA per 30 days)
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	5	ST; QL (210 EA per 30 days)
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	5	ST; QL (150 EA per 30 days)
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	5	ST; QL (120 EA per 30 days)
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	5	ST; QL (90 EA per 30 days)
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	5	ST; QL (90 EA per 30 days)
PHEBURANE ORAL PELLET	5	QL (600 GM per 30 days)

Drug Name	Tier	Requirements
RAVICTI ORAL LIQUID	5	PA
sodium phenylbutyrate oral powder 3 gm/tsp	5	
sodium phenylbutyrate oral tablet	5	
<b>Caloric Agents</b>		
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
dextrose intravenous solution 10 %, 5 %	2	
DOJOLVI ORAL LIQUID	5	PA
INTRALIPID INTRAVENOUS EMULSION	4	PA
NUTRILIPID INTRAVENOUS EMULSION	4	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
<b>Diuretics</b>		
amiloride hcl oral tablet	2	
amiloride-hydrochlorothiazide oral tablet	1	
bumetanide injection solution	2	
bumetanide oral tablet	2	
chlorthalidone oral tablet 25 mg, 50 mg	2	
DIURIL ORAL SUSPENSION	4	
DYRENIUM ORAL CAPSULE	4	
EDECIN ORAL TABLET	5	
ethacrynic acid oral tablet	4	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	5	

Drug Name	Tier	Requirements
<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	
<i>hydrochlorothiazide oral tablet</i>	1	
<i>indapamide oral tablet</i>	1	
JYNARQUE ORAL TABLET	5	PA
JYNARQUE ORAL TABLET THERAPY PACK	5	PA
LASIX ORAL TABLET	4	
<i>metolazone oral tablet</i>	2	
SAMSCA ORAL TABLET	5	PA
SOAANZ ORAL TABLET	4	ST
THALITONE ORAL TABLET	4	
<i>tolvaptan oral tablet</i>	5	PA
<i>torsemide oral tablet</i>	2	
<i>triamterene oral capsule</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
<b><i>Ion-Removing Agents</i></b>		
AURYXIA ORAL TABLET	5	PA
FOSRENOL ORAL PACKET	5	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	5	
KIONEX COMBINATION SUSPENSION	4	
<i>lanthanum carbonate oral tablet chewable</i>	5	
LOKELMA ORAL PACKET	4	
RENELA ORAL PACKET	5	
RENELA ORAL TABLET	5	
<i>sevelamer carbonate oral packet</i>	4	
<i>sevelamer carbonate oral tablet</i>	2	
<i>sevelamer hcl oral tablet</i>	4	
<i>sodium polystyrene sulfonate oral powder</i>	2	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	2	
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	5	
<b><i>Irrigating Solutions</i></b>		
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<b><i>Replacement Preparations</i></b>		
<i>calcium acetate (phos binder) oral capsule</i>	2	

Drug Name	Tier	Requirements
calcium acetate oral tablet 667 mg	2	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	4	
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-%-%	2	
kcl-lactated ringers-d5w intravenous solution	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	
multiple electro type 1 ph 5.5 intravenous solution	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
potassium chloride crys er oral tablet extended release	2	
potassium chloride er oral capsule extended release	2	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	2	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	2	
potassium chloride intravenous solution 10 meq/100ml, 20 meq/100ml, 40 meq/100ml	4	
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	3	
potassium chloride oral packet	2	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	3	
potassium cl in dextrose 5% intravenous solution 20 meq/l	2	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	2	
<b>Uricosuric Agents</b>		
colchicine-probenecid oral tablet	2	
probenecid oral tablet	2	

Drug Name	Tier	Requirements
<b>Enzymes</b>		
<b>Enzymes</b>		
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
REVCovi INTRAMUSCULAR SOLUTION	5	PA
SUCRAID ORAL SOLUTION	5	
<b>Eye, Ear, Nose &amp; Throat Preparations</b>		
<b>Antiallergic Agents</b>		
ALOMIDE OPHTHALMIC SOLUTION	4	
<i>azelastine hcl nasal solution 0.1 %</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	
RYALTRIS NASAL SUSPENSION	4	ST; QL (29 GM per 30 days)
ZERVIATE OPHTHALMIC SOLUTION	4	ST
<b>Antiglaucoma Agents</b>		
<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	4	
<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 0.1 %, 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	4	
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %	2	
ISTALOL OPHTHALMIC SOLUTION	4	
IYUZEH OPHTHALMIC SOLUTION	4	ST
latanoprost ophthalmic solution	2	
levobunolol hcl ophthalmic solution 0.5 %	2	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
methazolamide oral tablet	2	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	4	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
ROCKLATAN OPHTHALMIC SOLUTION	3	
SIMBRINZA OPHTHALMIC SUSPENSION	4	
tafluprost (pf) ophthalmic solution	4	
timolol maleate (once-daily) ophthalmic solution	2	
timolol maleate ophthalmic gel forming solution 0.25 %	1	
timolol maleate ophthalmic gel forming solution 0.5 %	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf ophthalmic solution 0.25 %	4	
timolol maleate pf ophthalmic solution 0.5 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	
TRAVATAN Z OPHTHALMIC SOLUTION	4	ST
travoprost (bak free) ophthalmic solution	2	
VURITY 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
<b>Anti-Infectives</b>		
AZASITE OPHTHALMIC SOLUTION	4	
bacitracin ophthalmic ointment	2	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	2	
BESIVANCE OPHTHALMIC SUSPENSION	4	
CETRAXAL OTIC SOLUTION	4	
chlorhexidine gluconate mouth/throat solution	1	
CILOXAN OPHTHALMIC OINTMENT	4	
ciprofloxacin hcl ophthalmic solution	2	
ciprofloxacin hcl otic solution	2	
ciprofloxacin-fluocinolone pf otic solution	4	
erythromycin ophthalmic ointment	2	

Drug Name	Tier	Requirements
<i>gatifloxacin ophthalmic solution</i>	2	
<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	
NEO-POLYCIN OPHTHALMIC OINTMENT	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	
POLYCIN OPHTHALMIC OINTMENT	2	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
<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	
XDEMVY OPHTHALMIC SOLUTION	5	PA; QL (10 ML per 30 days)
ZIRGAN OPHTHALMIC GEL	4	
<b>Anti-Inflammatory Agents</b>		
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	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	4	
BROMSITE OPHTHALMIC SOLUTION	4	
CEQUA OPHTHALMIC SOLUTION	4	ST; QL (60 EA per 30 days)
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>cyclosporine ophthalmic emulsion</i>	4	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	
<i>difluprednate ophthalmic emulsion</i>	4	
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 0.2 %</i>	4	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	3	
MAXIDEX OPHTHALMIC SUSPENSION	4	
MAXITROL OPHTHALMIC OINTMENT	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	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	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	2	
NEVANAC OPHTHALMIC SUSPENSION	4	
OMNARIS NASAL SUSPENSION	4	ST
PRED FORTE OPHTHALMIC SUSPENSION	4	
PRED MILD OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	3	

Drug Name	Tier	Requirements
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	4	
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 ST OPHTHALMIC SUSPENSION	4	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	4	
VERKAZIA OPHTHALMIC EMULSION	5	PA; QL (120 EA per 30 days)
VEVYE OPHTHALMIC SOLUTION	5	ST; QL (6 ML per 30 days)
XHANCE NASAL EXHALER SUSPENSION	4	ST
XiIDRA OPHTHALMIC SOLUTION	4	ST; QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION	4	
<b>Ent Drugs, Miscellaneous</b>		
<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	
MIEBO OPHTHALMIC SOLUTION	5	ST; QL (12 ML per 30 days)
OXERVATE OPHTHALMIC SOLUTION	5	PA
RHOPRESSA OPHTHALMIC SOLUTION	3	
TYRVAYA NASAL SOLUTION	4	PA; QL (8.4 ML per 30 days)
<b>Local Anesthetics</b>		
<i>lidocaine viscous hcl mouth/throat solution</i>	2	
<b>Mydriatics</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<b>Gastrointestinal Drugs</b>		
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	4	
LOMOTIL ORAL TABLET	4	
<i>loperamide hcl oral capsule</i>	2	
MYTESI ORAL TABLET DELAYED RELEASE	5	PA
XERMELO ORAL TABLET	5	PA
<b>Antiemetics</b>		
ANTIVERT ORAL TABLET 50 MG	4	

Drug Name	Tier	Requirements
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 &amp; 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 4 mg, 8 mg</i>	2	PA; QL (45 EA per 30 days)
SANCUSO TRANSDERMAL PATCH	5	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
<b>Anti-Inflammatory Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	
<i>alosetron hcl oral tablet 1 mg</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	
LIALDA ORAL TABLET DELAYED RELEASE	5	
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	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
mesalamine oral tablet delayed release	3	
mesalamine rectal enema	3	
mesalamine rectal suppository	4	
PENTASA ORAL CAPSULE EXTENDED RELEASE	4	
ROWASA RECTAL KIT	5	
<b>Antiulcer Agents And Acid Suppressants</b>		
ACIPHEX ORAL TABLET DELAYED RELEASE	4	ST; QL (30 EA per 30 days)
amoxicill-clarithro-lansopraz oral therapy pack	4	QL (112 EA per 180 days)
bismuth/metronidaz/tetracyclin oral capsule	4	
CARAFATE ORAL SUSPENSION	4	
CARAFATE ORAL TABLET	4	
cimetidine oral tablet	2	
CYTOTEC ORAL TABLET	4	
DEXILANT ORAL CAPSULE DELAYED RELEASE	4	ST; QL (30 EA per 30 days)
dexlansoprazole oral capsule delayed release	4	QL (30 EA per 30 days)
esomeprazole magnesium oral capsule delayed release	4	QL (60 EA per 30 days)
esomeprazole magnesium oral packet	4	QL (30 EA per 30 days)
famotidine oral suspension reconstituted	2	
famotidine oral tablet 20 mg, 40 mg	2	
HELIDAC THERAPY ORAL	5	
KONVOMEП ORAL SUSPENSION RECONSTITUTED	4	ST; QL (600 ML per 30 days)
lansoprazole oral capsule delayed release	3	QL (60 EA per 30 days)
lansoprazole oral tablet delayed release dispersible	4	QL (60 EA per 30 days)
misoprostol oral tablet	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)
nizatidine oral capsule	2	
omeprazole oral capsule delayed release	2	QL (60 EA per 30 days)
omeprazole-sodium bicarbonate oral capsule	5	ST; QL (30 EA per 30 days)
omeprazole-sodium bicarbonate oral packet	5	ST; QL (30 EA per 30 days)
pantoprazole sodium oral packet	2	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release	1	QL (60 EA per 30 days)
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)
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; QL (60 EA per 30 days)

Drug Name	Tier	Requirements
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)
VOQUEZNA DUAL PAK ORAL THERAPY PACK	4	PA; QL (112 EA per 180 days)
VOQUEZNA ORAL TABLET 10 MG	4	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	4	PA; QL (60 EA per 30 days)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	4	PA; QL (112 EA per 180 days)
ZEGERID ORAL CAPSULE	5	ST; QL (30 EA per 30 days)
<b>Cathartics And Laxatives</b>		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/175ML	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	2	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	
MOVIPREP ORAL SOLUTION RECONSTITUTED	4	
<i>na sulfate-k sulfate-mg sulf oral solution</i>	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	
PLENUV ORAL SOLUTION RECONSTITUTED	4	
SUFLAVE ORAL SOLUTION RECONSTITUTED	4	
SUPREP BOWEL PREP KIT ORAL SOLUTION	4	
SUTAB ORAL TABLET	3	
<b>Cholelitholytic Agents</b>		
CHENODAL ORAL TABLET	5	
IQIRVO ORAL TABLET	5	PA; QL (30 EA per 30 days)
LIVDELZI ORAL CAPSULE	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	
<b>Digestants</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	

Drug Name	Tier	Requirements
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	4	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 21000-54700 UNIT, 37000-97300 UNIT	5	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT	5	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT, 8000-28750 UNIT	4	
VIOKACE ORAL TABLET 10440-39150 UNIT	4	
VIOKACE ORAL TABLET 20880-78300 UNIT	5	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
<b>Gi Drugs, Miscellaneous</b>		
AMITIZA ORAL CAPSULE	4	QL (60 EA per 30 days)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	5	PA
BYLVAY ORAL CAPSULE	5	PA
CHOLBAM ORAL CAPSULE	5	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (1.36 ML per 28 days)
GATTEX SUBCUTANEOUS KIT	5	PA
IBSRELA ORAL TABLET	5	ST; QL (60 EA per 30 days)
LINZESS ORAL CAPSULE	3	QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 ML per 30 days)
<i>lubiprostone oral capsule</i>	3	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET	4	ST
MOVANTIK ORAL TABLET	4	
OCALIVA ORAL TABLET	5	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	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)
<b>Immunomodulatory Agents</b>		
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

Drug Name	Tier	Requirements
<b>Prokinetic Agents</b>		
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	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA ORAL CAPSULE	5	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET ORAL CAPSULE	5	
CUPRIMINE ORAL CAPSULE 250 MG	5	ST
CUVRIOR ORAL TABLET	5	PA
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</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
FERRIPROX TWICE-A-DAY 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 250 mg</i>	5	
<i>trientine hcl oral capsule 500 mg</i>	5	PA
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		
AGAMREE ORAL SUSPENSION	5	PA; QL (225 ML per 30 days)
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

Drug Name	Tier	Requirements
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, 50-25 MCG/INH	3	
BREYNA INHALATION AEROSOL	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL	3	QL (23.6 GM per 28 days)
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide inhalation suspension</i>	2	PA; QL (120 ML per 30 days)
<i>budesonide oral capsule delayed release particles</i>	3	
<i>budesonide-formoterol fumarate inhalation aerosol</i>	4	QL (13.8 GM per 30 days)
CORTEF ORAL TABLET	4	
<i>deflazacort oral suspension</i>	5	PA
<i>deflazacort oral tablet</i>	5	PA
<i>dexabliss oral tablet therapy pack</i>	4	
<i>dexamethasone oral solution</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack</i>	4	
DULERA INHALATION AEROSOL	4	QL (13 GM per 30 days)
EMFLAZA ORAL SUSPENSION	5	PA
EMFLAZA ORAL TABLET	5	PA
<i>fludrocortisone acetate oral tablet</i>	2	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	4	PA
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	4	ST; QL (120 EA per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	4	ST; QL (240 EA per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	4	ST; QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	4	ST; QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	4	ST; QL (10.6 GM per 30 days)
HEMADY ORAL TABLET	4	
<i>hydrocortisone oral tablet</i>	2	

Drug Name	Tier	Requirements
INTRAROSA VAGINAL INSERT	4	PA
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	PA
MEDROL ORAL TABLET THERAPY PACK	4	
<i>methylprednisolone oral tablet</i>	2	PA
<i>methylprednisolone oral tablet therapy pack</i>	2	
ORAPRED ODT ORAL TABLET DISPERSIBLE	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral tablet</i>	4	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISONE INTENSOL ORAL CONCENTRATE	2	PA
<i>prednisone oral solution</i>	2	PA
<i>prednisone oral tablet</i>	1	PA
<i>prednisone oral tablet therapy pack</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	ST
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML	4	PA; QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML	5	PA; QL (120 ML per 30 days)
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
<b>Androgens</b>		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	5	ST
AVEED INTRAMUSCULAR SOLUTION	5	PA
<i>danazol oral capsule</i>	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	4	PA
JATENZO ORAL CAPSULE 158 MG, 198 MG	4	PA
JATENZO ORAL CAPSULE 237 MG	5	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>methitest oral tablet</i>	5	
<i>methyltestosterone oral capsule</i>	5	
NATESTO NASAL GEL	4	ST
TESTIM TRANSDERMAL GEL	5	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
<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
<b>Antidiabetic Agents</b>		
<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)
ADMELOG INJECTION SOLUTION	4	ST
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
AFREZZA INHALATION POWDER 12 UNIT, 60X4 &60X8 & 60X12 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	5	PA
AFREZZA INHALATION POWDER 4 UNIT, 8 UNIT	4	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, 25-15 mg, 25-30 mg, 25-45 mg</i>	4	QL (30 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
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	4	ST; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (2.4 ML per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (1.2 ML per 30 days)
CYCLOSET ORAL TABLET	4	QL (180 EA per 30 days)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	4	PA; QL (30 EA per 30 days)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dapagliflozin propanediol oral tablet</i>	4	PA; QL (30 EA per 30 days)
DUETACT ORAL TABLET	4	QL (30 EA per 30 days)
FARXIGA ORAL TABLET	3	QL (30 EA per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
FIASP INJECTION SOLUTION	4	ST
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST
<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 2.5 mg</i>	1	QL (480 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 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)
GLYXAMBI ORAL TABLET	3	QL (30 EA per 30 days)
HUMALOG INJECTION SOLUTION	4	ST

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
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 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	4	ST
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	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
INPEFA ORAL TABLET 200 MG	4	ST; QL (60 EA per 30 days)
<i>insulin asp prot &amp; 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 &amp; aspart subcutaneous suspension</i>	4	ST
<i>insulin degludec flextouch subcutaneous solution pen-injector</i>	4	ST
<i>insulin degludec subcutaneous solution</i>	4	ST
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	4	PA
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	4	PA
<i>insulin glargine-yfgn subcutaneous solution</i>	4	ST
<i>insulin glargine-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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	4	ST
INVOKAMET ORAL TABLET	4	ST; QL (60 EA per 30 days)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	ST; QL (60 EA per 30 days)
INVOKANA ORAL TABLET	4	ST; QL (30 EA per 30 days)
JANUMET ORAL TABLET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	3	QL (60 EA per 30 days)
JANUVIA ORAL TABLET	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG	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)
KORLYM ORAL TABLET	5	PA
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LANTUS SUBCUTANEOUS SOLUTION	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR SUBCUTANEOUS SOLUTION	3	
<i>liraglutide subcutaneous solution pen-injector</i>	4	QL (9 ML per 30 days)
LYUMJEV INJECTION SOLUTION	4	ST
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	4	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<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>mifepristone oral tablet 300 mg</i>	5	PA
<i> miglitol oral tablet</i>	1	QL (90 EA per 30 days)
<b>MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR</b>	3	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)
<b>NESINA ORAL TABLET</b>	4	ST; QL (30 EA per 30 days)
<b>NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	
<b>NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION</b>	3	
<b>NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	
<b>NOVOLIN N SUBCUTANEOUS SUSPENSION</b>	3	
<b>NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR</b>	3	
<b>NOVOLIN R INJECTION SOLUTION</b>	3	
<b>NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	
<b>NOVOLOG INJECTION SOLUTION</b>	3	
<b>NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR</b>	3	
<b>NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION</b>	3	
<b>NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE</b>	3	
<b>OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG</b>	4	ST; QL (30 EA per 30 days)
<b>OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML</b>	3	ST; QL (3 ML per 28 days)
<b>OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML</b>	3	ST; QL (3 ML per 28 days)
<b>OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	ST; QL (3 ML per 28 days)
<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)
<b>QTERN ORAL TABLET</b>	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)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>repaglinide oral tablet 2 mg</i>	1	QL (240 EA per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
RYBELSUS ORAL TABLET	3	ST; QL (30 EA per 30 days)
<i>saxagliptin hcl oral tablet</i>	4	ST; QL (30 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	4	ST; QL (60 EA per 30 days)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	4	ST; 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
<i>sitagliptin base-metformin hcl oral tablet</i>	4	ST; QL (60 EA per 30 days)
<i>sitagliptin oral tablet</i>	4	ST; QL (30 EA per 30 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST; QL (18 ML per 28 days)
STEGLATRO ORAL TABLET	4	ST
STEGLUJAN ORAL TABLET	4	ST
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 AUTO-INJECTOR	3	ST; QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (9 ML per 30 days)

Drug Name	Tier	Requirements
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-500 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (60 EA per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; QL (15 ML per 30 days)
ZITUVIO ORAL TABLET	4	ST; QL (30 EA per 30 days)
<b>Antihypoglycemic Agents</b>		
BAQSIMI ONE PACK NASAL POWDER	3	
<i>diazoxide oral suspension</i>	5	
<i>glucagon emergency injection kit</i>	3	
GVOKE HYPOEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
GVOKE KIT SUBCUTANEOUS SOLUTION	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
PROGLYCEM ORAL SUSPENSION	4	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	ST
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	ST
<b>Contraceptives</b>		
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	
AZURETTE 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	

Drug Name	Tier	Requirements
CRYSELLE-28 ORAL TABLET	2	
CYRED EQ ORAL TABLET	2	
DEBLITANE ORAL TABLET	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
DOLISHALE ORAL TABLET	2	
<i>drospirene-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	
ELURYNG VAGINAL RING	2	
ENILLORING VAGINAL RING	2	
ENPRESSE-28 ORAL TABLET	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN ORAL TABLET	2	
ESTARYLLA ORAL TABLET	2	
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	
FALMINA ORAL TABLET	2	
FINZALA ORAL TABLET CHEWABLE	2	
GEMMILY ORAL CAPSULE	2	
HAILEY 24 FE ORAL TABLET	2	
HALOETTE VAGINAL RING	2	
HEATHER ORAL TABLET	2	
ICLEVIA ORAL TABLET	2	
INCASSIA ORAL TABLET	2	
INTROVALE ORAL TABLET	2	
ISIBLOOM ORAL TABLET	2	
JASMIEL ORAL TABLET	2	
JOYEUX ORAL TABLET	4	
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	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	4	
LARIN 1.5/30 ORAL TABLET	2	

Drug Name	Tier	Requirements
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 &amp; eth est oral tablet</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	
<i>levonorgestrel-ethynodiol dihydrogenetic steroid 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	
ILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	4	
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	
LOW-OGESTREL ORAL TABLET	2	
LUTERA ORAL TABLET	2	
LYLEQ ORAL TABLET	2	
LYZA ORAL TABLET	2	
<i>marlissa oral tablet</i>	2	
MERZEE ORAL CAPSULE	2	
MIBELAS 24 FE ORAL TABLET CHEWABLE	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	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
NATAZIA ORAL TABLET	4	
NECON 0.5/35 (28) ORAL TABLET	2	
NEXPLANON SUBCUTANEOUS IMPLANT	4	
NEXTSTELLIS ORAL TABLET	4	

Drug Name	Tier	Requirements
NIKKI ORAL TABLET	2	
NORA-BE ORAL TABLET	2	
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	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	
PORTIA-28 ORAL TABLET	2	
QUARTETTE ORAL TABLET	4	
RECLIPSEN ORAL TABLET	2	
RIVELSA ORAL TABLET	2	
SAFYRAL ORAL TABLET	4	
SETLAKIN ORAL TABLET	2	
SHAROBEL ORAL TABLET	2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	4	
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	
TILIA FE ORAL TABLET	2	
TRI-ESTARYLLA ORAL TABLET	2	
TRI-LEGEST FE ORAL TABLET	2	
TRI-LO-ESTARYLLA ORAL TABLET	2	

Drug Name	Tier	Requirements
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	
TURQOZ ORAL TABLET	2	
TYBLUME ORAL TABLET CHEWABLE	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	
<b>Estrogens And Antiestrogens</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG	4	PA
<i>anastrozole oral tablet</i>	2	
ANGELIQ ORAL TABLET	4	PA
ARIMIDEX ORAL TABLET	5	
AROMASIN ORAL TABLET	5	
BIJUVA ORAL CAPSULE 1-100 MG	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 10 MG/ML, 20 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DIVIGEL TRANSDERMAL GEL	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	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
estradiol oral tablet	2	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	4	PA
estradiol transdermal patch twice weekly	2	PA
estradiol transdermal patch weekly	2	PA
estradiol vaginal cream	2	
estradiol vaginal tablet	2	
estradiol valerate intramuscular oil 10 mg/ml	4	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	2	
estradiol-norethindrone acet oral tablet	2	PA
ESTRING VAGINAL RING 7.5 MCG/24HR	4	
ESTROGEL TRANSDERMAL GEL	4	PA
EVAMIST TRANSDERMAL SOLUTION	4	PA
EVISTA ORAL TABLET	4	
exemestane oral tablet	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 (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA; QL (91 EA per 28 days)
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)
letrozole oral tablet	2	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	2	PA
MENEST ORAL TABLET	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	PA
MIMVEY ORAL TABLET	2	PA
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	4	PA
norethindrone-eth estradiol oral tablet	2	PA
OSPHENA ORAL TABLET	4	PA
PREMARIN ORAL TABLET	3	PA
PREMARIN VAGINAL CREAM	3	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
raloxifene hcl oral tablet	2	

Drug Name	Tier	Requirements
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	
<b><i>Estrogens, Antiestrogens &amp; Estrogen Agonist-Antagonists</i></b>		
<i>estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)</i>	4	PA
<b><i>Estrogens, Antiestrogens + Estrogen Agonist-Antagonists</i></b>		
BIJUVA ORAL CAPSULE 0.5-100 MG	4	PA
<b><i>Gonadotropins And Antigonadotropins</i></b>		
ELIGARD SUBCUTANEOUS KIT	4	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	
<i>leuprolide acetate (3 month) intramuscular injectable</i>	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	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	
LUPRON DEPOT-PED (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	4	PA
<b><i>Leptins</i></b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<b><i>Parathyroid And Antiparathyroid Agents</i></b>		
<i>calcitonin (salmon) nasal solution</i>	3	

Drug Name	Tier	Requirements
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	
<i>cinacalcet hcl oral tablet 90 mg</i>	5	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (2.4 ML per 28 days)
SENSIPAR ORAL TABLET	5	
<i>teriparatide subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA; QL (2.48 ML per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<b>Pituitary</b>		
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR	5	PA
ACTHAR INJECTION GEL	5	PA
CORTROPHIN INJECTION GEL	5	PA
DDAVP ORAL TABLET 0.1 MG	5	
DDAVP ORAL TABLET 0.2 MG	4	
<i>desmopressin ace spray refrig nasal solution</i>	2	
<i>desmopressin acetate oral tablet</i>	2	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	5	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN- INJECTOR	5	PA
<b>Progestins</b>		
CRINONE VAGINAL GEL	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	3	
<i>megestrol acetate oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	
<i>progesterone oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	4	
PROVERA ORAL TABLET	4	
<b>Somatostatin Agonists And Antagonists</b>		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA

Drug Name	Tier	Requirements
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	4	
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	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)
<b><i>Somatotropin Agonists And Antagonists</i></b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	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
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA
<b><i>Thyroid And Antithyroid Agents</i></b>		
CYTOMEL ORAL TABLET	4	
ERMEZA ORAL SOLUTION	4	
EUTHYROX ORAL TABLET	1	
levothyroxine sodium oral capsule	4	
levothyroxine sodium oral tablet	1	
LEVOXYL ORAL TABLET	1	

Drug Name	Tier	Requirements
<i>liothyronine sodium oral tablet</i>	2	
<i>methimazole oral tablet</i>	1	
<i>propylthiouracil oral tablet</i>	2	
REZDIFFRA ORAL TABLET	5	PA; QL (30 EA per 30 days)
SYNTHROID ORAL TABLET	3	
THYQUIDITY ORAL SOLUTION	4	
TIROSINT ORAL CAPSULE	4	
TIROSINT-SOL ORAL SOLUTION	4	
UNITHROID ORAL TABLET	1	
<b>Immunomodulatory Agents</b>		
<b>Disease-Modifying Antirheumatic Drugs</b>		
<i>adalimumab-ryvk (2 syringe) subcutaneous prefilled syringe kit</i>	5	PA
OTEZLA ORAL TABLET 20 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG	5	PA
RINVOQ LQ ORAL SOLUTION	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML	5	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
AVODART ORAL CAPSULE	4	
<i>dutasteride oral capsule</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule</i>	4	
ENTADFI ORAL CAPSULE	4	PA; QL (30 EA per 30 days)
<i>finasteride oral tablet 5 mg</i>	2	
PROSCAR ORAL TABLET	4	
<b>Alcohol Deterrents</b>		
<i>disulfiram oral tablet</i>	2	
<b>Antidotes</b>		
<i>acetylcysteine inhalation solution</i>	2	PA
<i>leucovorin calcium oral tablet</i>	2	
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol oral tablet 200 mg</i>	4	ST
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	4	
COLCRYS ORAL TABLET	4	

Drug Name	Tier	Requirements
<i>febuxostat oral tablet</i>	3	ST
GLOPERBA ORAL SOLUTION	4	ST
MITIGARE ORAL CAPSULE	4	
ULORIC ORAL TABLET	4	ST
<b>Antisense Oligonucleotides</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (0.8 ML per 28 days)
<b>Bone Resorption Inhibitors</b>		
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)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	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
<b>Carbonic Anhydrase Inhibitors</b>		
KEVEYIS ORAL TABLET	5	PA
ORMALVI ORAL TABLET	5	PA
<b>Cariostatic Agents</b>		
<i>sodium fluoride oral tablet chewable 2.2 (1 f) mg</i>	2	
<b>Complement Inhibitors</b>		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (27 ML per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	5	PA; QL (27 ML per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
ORLADEYO ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (27 ML per 30 days)
TAVNEOS ORAL CAPSULE	5	PA; QL (180 EA per 30 days)
<b>Disease-Modifying Antirheumatic Drugs</b>		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>adalimumab-aacf (2 pen) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml</i>	5	PA
<i>adalimumab-aaty (2 pen) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit</i>	5	PA
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	5	PA
<i>adalimumab-adaz subcutaneous solution prefilled syringe 40 mg/0.4ml</i>	5	PA
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	5	PA
<i>adalimumab-adbm(cdl/uc/hs strt) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-adbm(ps/uv starter) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-fkjp (2 pen) subcutaneous auto-injector kit</i>	5	PA
<i>adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit</i>	5	PA
<i>adalimumab-ryvk (2 pen) subcutaneous auto-injector kit</i>	5	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	5	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ARAVA ORAL TABLET	5	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
CIBINQO ORAL TABLET	5	PA; QL (30 EA per 30 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (8 ML per 28 days)
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)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 EA per 365 days)
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (8 EA per 365 days)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (6 EA per 365 days)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA

Drug Name	Tier	Requirements
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT	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	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
OTEZLA ORAL TABLET 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	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

Drug Name	Tier	Requirements
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	5	PA; QL (2 EA per 28 days)
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; QL (2 EA per 28 days)
<b>Immunomodulatory Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	
AUBAGIO ORAL TABLET	5	ST; 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>	4	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 capsule delayed release therapy pack</i>	5	QL (120 EA per 365 days)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>fingolimod hcl oral capsule</i>	5	QL (30 EA per 30 days)
GILENYA ORAL CAPSULE	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)
JOENJA ORAL TABLET	5	PA; QL (60 EA per 30 days)

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
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 12 X 0.25 MG	5	ST; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	ST; QL (14 EA per 365 days)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-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)
TASCENO ODT ORAL TABLET DISPERSIBLE	5	ST; QL (30 EA per 30 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)
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	QL (120 EA per 365 days)
<i>teriflunomide oral tablet</i>	4	QL (30 EA per 30 days)
THALOMID ORAL CAPSULE	5	PA
VELSIPITY ORAL TABLET	5	PA; QL (30 EA per 30 days)
VUMERTY ORAL CAPSULE DELAYED RELEASE	5	ST
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	5	PA; QL (56 EA per 365 days)
<b>Immunosuppressive Agents</b>		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA
AZASAN ORAL TABLET	4	PA
<i>azathioprine oral tablet</i>	2	PA

Drug Name	Tier	Requirements
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
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, 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>	5	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
MYHIBBIN ORAL SUSPENSION	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	4	PA
RAPAMUNE ORAL SOLUTION	5	PA
RAPAMUNE ORAL TABLET 1 MG, 2 MG	5	PA
SANDIMMUNE ORAL CAPSULE	4	PA
<i>sirolimus oral solution</i>	4	PA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>sirolimus oral tablet</i>	4	PA
<i>tacrolimus oral capsule</i>	2	PA
ZORTRESS ORAL TABLET	5	PA
<b>Kallikrein-Kinin System Inhibitors</b>		
FABHALTA ORAL CAPSULE	5	PA; QL (60 EA per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VOYDEYA ORAL TABLET	5	PA; QL (180 EA per 30 days)
VOYDEYA ORAL TABLET THERAPY PACK	5	PA; QL (90 EA per 30 days)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<b>Other Miscellaneous Therapeutic Agents</b>		
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>	3	PA; QL (60 EA per 30 days)
DEMSER ORAL CAPSULE	5	
DUVYZAT ORAL SUSPENSION	5	PA; QL (360 ML per 30 days)
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
FILSPARI ORAL TABLET	5	PA; QL (30 EA per 30 days)
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 5 MG	5	PA; QL (60 EA per 30 days)
JAVYGTOR ORAL PACKET	5	
JAVYGTOR ORAL TABLET	5	
KUVAN ORAL PACKET	5	
KUVAN ORAL TABLET	5	
<i>levocarnitine oral solution</i>	2	
<i>levocarnitine oral tablet</i>	2	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>l-glutamine oral packet</i>	5	PA
LODOCORAL TABLET	4	PA; QL (30 EA per 30 days)
<i>metyrosine oral capsule</i>	5	
<i>miglustat oral capsule</i>	5	PA
<i>nitisinone oral capsule</i>	5	
NITYR ORAL TABLET	5	
ORFADIN ORAL CAPSULE 10 MG, 20 MG, 5 MG	5	
ORFADIN ORAL CAPSULE 2 MG	4	
ORFADIN ORAL SUSPENSION	5	
PROSYSBI 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)
RIVFLOZA SUBCUTANEOUS SOLUTION	5	PA; QL (1 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	5	PA; QL (0.8 ML per 28 days)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	5	PA; QL (1 ML per 28 days)
<i>sapropterin dihydrochloride oral packet</i>	5	
<i>sapropterin dihydrochloride oral tablet</i>	5	
SKYCLARYS ORAL CAPSULE	5	PA; QL (90 EA per 30 days)
SOHONOS ORAL CAPSULE	5	PA
THIOLA EC ORAL TABLET DELAYED RELEASE	5	
THIOLA ORAL TABLET	5	
<i>tiopronin oral tablet</i>	5	
<i>tiopronin oral tablet delayed release</i>	5	
TYBOST ORAL TABLET	3	QL (30 EA per 30 days)
VIJOICE ORAL PACKET	5	PA; 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)
VOWST ORAL CAPSULE	5	PA; QL (24 EA per 365 days)
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
XURIDEN ORAL PACKET	5	
YARGESA ORAL CAPSULE	5	PA
ZAVESCA ORAL CAPSULE	5	PA
ZOKINVY ORAL CAPSULE	5	PA; QL (120 EA per 30 days)
<b>Protective Agents</b>		
MESNEX ORAL TABLET	5	

Drug Name	Tier	Requirements
<b>Respiratory Tract Agents</b>		
<b>Antifibrotic Agents</b>		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA
<i>pirfenidone oral capsule</i>	5	PA
<i>pirfenidone oral tablet</i>	5	PA
<b>Anti-Inflammatory Agents</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	5	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 10 MG/0.5ML	4	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	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
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)
<b>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</b>		
KALYDECO ORAL PACKET	5	PA
KALYDECO ORAL TABLET	5	PA
ORKAMBI ORAL PACKET	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

Drug Name	Tier	Requirements
TRIKAFTA ORAL THERAPY PACK	5	PA
<b>Dual Phosphodiesterase Inhibitors</b>		
OHTUVAYRE INHALATION SUSPENSION	5	
<b>Mucolytic Agents</b>		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA
<b>Phosphodiesterase Type 4 Inhibitors</b>		
DALIRESP ORAL TABLET	4	
<i>roflumilast oral tablet</i>	4	
<b>Respiratory Tract Agents, Miscellaneous</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
BRONCHITOL INHALATION CAPSULE	5	
GLASSIA INTRAVENOUS SOLUTION	5	PA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA
WINREVAIR SUBCUTANEOUS KIT	5	PA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
<b>Vasodilating Agents</b>		
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
OPSYNVI ORAL TABLET	5	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	5	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
TRACLEER ORAL TABLET	5	PA
TRACLEER ORAL TABLET SOLUBLE	5	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	5	PA; QL (224 EA per 28 days)

Drug Name	Tier	Requirements
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 16 & 32 & 48 MCG	5	PA; QL (504 EA per 365 days)
UPTRAVI ORAL TABLET 1000 MCG, 400 MCG, 800 MCG	5	PA
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 600 MCG	5	PA; QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	5	PA
<b>Skin And Mucous Membrane Agents</b>		
<b>Anti-Infectives</b>		
CABTREO EXTERNAL GEL	4	PA
<i>clindamycin phos-benzoyl peroxy external gel 1.2-3.75 %</i>	4	
<i>clindamycin phosphate external gel 1 % (twice daily)</i>	3	
<b>Anti-Inflammatory Agents</b>		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>hydrocortisone external lotion 2 %</i>	5	
KOURZEQ MOUTH/THROAT PASTE	2	
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	5	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (4 ML per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	5	PA
ZORYVE EXTERNAL CREAM 0.15 %	4	PA
<b>Antipruritics And Local Anesthetics</b>		
LIDOCAN EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
TRIDACAIN II EXTERNAL PATCH	3	PA; QL (90 EA per 30 days)
<b>Cell Stimulants And Proliferants</b>		
<i>tretinoin microsphere pump external gel 0.08 %</i>	4	PA
<b>Keratolytic Agents</b>		
<i>tazarotene external cream 0.05 %</i>	4	
<b>Skin And Mucous Membrane Agents, Misc</b>		
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
FILSUVET EXTERNAL GEL	5	PA
LITFULO ORAL CAPSULE	5	PA; QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment</i>	4	

Drug Name	Tier	Requirements
<i>podofilox external gel</i>	4	
ZORYVE EXTERNAL FOAM	4	PA
<b>Skin And Mucous Membrane Preparations</b>		
<b>Anti-Infectives</b>		
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	
<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 ETZ EXTERNAL SWAB	3	
CLINDACIN EXTERNAL FOAM	3	
CLINDAGEL EXTERNAL GEL	5	
<i>clindamycin phos-benzoyl peroxy external gel 1.2-2.5 %, 1.2-5 %</i>	4	
<i>clindamycin phos-benzoyl peroxy external gel 1-5 %</i>	3	
<i>clindamycin phosphate external foam</i>	3	
<i>clindamycin phosphate external gel 1 %</i>	3	
<i>clindamycin phosphate external lotion</i>	3	
<i>clindamycin phosphate external solution</i>	3	
<i>clindamycin phosphate external swab</i>	3	
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM	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	4	QL (5 GM per 30 days)
<i>econazole nitrate external cream</i>	4	

Drug Name	Tier	Requirements
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	
EXELDERM EXTERNAL CREAM	4	
EXELDERM EXTERNAL SOLUTION	4	
<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	QL (45 GM per 30 days)
JUBLIA 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 SHAMPOO	4	
<i>luliconazole external cream</i>	4	
LUZU EXTERNAL CREAM	4	
<i>mafénide acetate external packet</i>	4	
<i>malathion external lotion</i>	4	
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	QL (110 GM per 30 days)
<i>naftifine hcl external cream</i>	4	
<i>naftifine hcl external gel 2 %</i>	4	
NAFTIN EXTERNAL GEL	4	
NATROBA EXTERNAL SUSPENSION	4	
NEUAC EXTERNAL GEL	4	
NORITATE EXTERNAL CREAM	5	

Drug Name	Tier	Requirements
NUVESSA VAGINAL GEL	4	
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 LOTION	4	
<i>penciclovir external cream</i>	4	QL (5 GM per 30 days)
<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	QL (45 GM per 30 days)
<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>	4	PA
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	2	
VANDAZOLE VAGINAL GEL	2	
XACIATO VAGINAL GEL	4	
XERESE EXTERNAL CREAM	5	
ZILXI EXTERNAL FOAM	4	
ZOVIRAX EXTERNAL CREAM	4	QL (5 GM per 30 days)
ZOVIRAX EXTERNAL OINTMENT	4	QL (30 GM per 30 days)
<b>Anti-Inflammatory Agents</b>		
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 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	

Drug Name	Tier	Requirements
<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>budesonide rectal foam 2 mg</i>	4	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	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	5	
CLOBEX EXTERNAL SHAMPOO	5	
CLOBEX SPRAY EXTERNAL LIQUID	4	
<i>clocortolone pivalate external cream</i>	2	
CLODAN EXTERNAL SHAMPOO	4	
CORDRAN EXTERNAL CREAM 0.05 %	5	
CORDRAN EXTERNAL LOTION	5	
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	

Drug Name	Tier	Requirements
<i>desoximetasone external ointment</i>	2	
<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	
<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>	4	
<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	

Drug Name	Tier	Requirements
<i>hydrocortisone rectal enema</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
KENALOG EXTERNAL AEROSOL SOLUTION	5	
LEXETTE EXTERNAL FOAM	5	
LOCOID EXTERNAL LOTION	5	
<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	5	
<i>nystatin-triamcinolone external cream</i>	4	
<i>nystatin-triamcinolone external ointment</i>	2	
PANDEL EXTERNAL CREAM	5	
PENNSAID EXTERNAL SOLUTION	5	
PROCTO-MED HC EXTERNAL CREAM	2	
PROCTOSOL HC EXTERNAL CREAM	2	
PROCTOZONE-HC EXTERNAL CREAM	2	
SYNALAR EXTERNAL CREAM	4	
SYNALAR EXTERNAL OINTMENT	4	
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 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	
TRIDERM EXTERNAL CREAM	2	
UCERIS RECTAL FOAM	4	
ULTRAVATE EXTERNAL LOTION	4	
VANOS EXTERNAL CREAM	5	
VERDESO EXTERNAL FOAM	5	
<b>Antipruritics And Local Anesthetics</b>		
<i>doxepin hcl external cream</i>	4	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	4	

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements</b>
<i>lidocaine external ointment 5 %</i>	4	QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	3	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 GM per 30 days)
LIDODERM EXTERNAL PATCH	5	PA; QL (90 EA per 30 days)
PLIAGLIS EXTERNAL CREAM	4	
PROCTOFOAM HC EXTERNAL FOAM	4	
PRUDOXIN EXTERNAL CREAM	5	
ZONALON EXTERNAL CREAM	5	
ZTLIDO EXTERNAL PATCH	4	PA; QL (90 EA per 30 days)
<b>Cell Stimulants And Proliferants</b>		
ALTRENO EXTERNAL LOTION	4	PA
ATRALIN EXTERNAL GEL	4	PA
RETIN-A EXTERNAL CREAM	4	PA
RETIN-A EXTERNAL GEL	4	PA
RETIN-A MICRO EXTERNAL GEL	5	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	4	PA
<i>tretinoin external cream</i>	4	PA
<i>tretinoin external gel</i>	4	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	4	PA
TWYNEO EXTERNAL CREAM	4	PA
<b>Depigmenting And Pigmenting Agents</b>		
<i>methoxsalen rapid oral capsule</i>	5	
<b>Emollients, Demulcents, And Protectants</b>		
ammonium lactate external cream	2	
ammonium lactate external lotion	2	
<b>Skin And Mucous Membrane Agents, Misc</b>		
ABSORICA LD ORAL CAPSULE	5	
ABSORICA ORAL CAPSULE	5	
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
<i>acitretin oral capsule</i>	4	
ACZONE EXTERNAL GEL 5 %	5	
ACZONE EXTERNAL GEL 7.5 %	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

Drug Name	Tier	Requirements
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>brimonidine tartrate external gel</i>	4	
<i>calcipotriene external cream</i>	4	
<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
<i>doxycycline oral capsule delayed release</i>	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO- 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 5 %</i>	3	
<i>fluorouracil external solution</i>	4	
HYFTOR EXTERNAL GEL	5	PA

Drug Name	Tier	Requirements
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>imiquimod external cream 5 %</i>	2	
<i>imiquimod pump external cream</i>	5	
<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	
MIRVASO EXTERNAL GEL	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	
QBREXZA EXTERNAL PAD	4	PA; QL (30 EA per 30 days)
RECTIV RECTAL OINTMENT	4	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	4	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SORILUX EXTERNAL FOAM	5	
SOTYKTU ORAL TABLET	5	PA
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 80 MG/ML	5	PA
TARGRETIN EXTERNAL GEL	5	PA
<i>tazarotene external cream 0.1 %</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 AUTO-Injector 100 MG/ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA

Drug Name	Tier	Requirements
VALCHLOR EXTERNAL GEL	5	PA
VECTICAL EXTERNAL OINTMENT	5	
VELTIN EXTERNAL GEL	4	PA
VEREGEN EXTERNAL OINTMENT	5	
VTAMA EXTERNAL CREAM	5	PA
WINLEVI EXTERNAL CREAM	4	
ZENATANE ORAL CAPSULE	4	
ZIANA EXTERNAL GEL	4	PA
ZORYVE EXTERNAL CREAM 0.3 %	4	PA
ZYCLARA PUMP EXTERNAL CREAM	5	
<b>Smooth Muscle Relaxants</b>		
<b>Genitourinary Smooth Muscle Relaxants</b>		
<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
<i>fesoterodine fumarate er oral tablet extended release 24 hour</i>	4	
<i>flavoxate hcl oral tablet</i>	4	
GEMTESA ORAL TABLET	4	
<i>mirabegron er oral tablet extended release 24 hour</i>	4	PA
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 solution</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	4	ST
<i>solifenacin succinate oral tablet</i>	3	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	4	
<i>tolterodine tartrate oral tablet</i>	3	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	
<i>trospium chloride oral tablet</i>	2	
VESICARE LS ORAL SUSPENSION	4	ST
VESICARE ORAL TABLET	4	ST
<b>Respiratory Smooth Muscle Relaxants</b>		
<i>THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	4	
<i>theophylline er oral tablet extended release 12 hour</i>	2	

Drug Name	Tier	Requirements
<i>theophylline er oral tablet extended release 24 hour</i>	2	
<i>theophylline oral solution</i>	2	
<b>Vitamins</b>		
<b>Multivitamin Preparations</b>		
<i>prenatal oral tablet 27-1 mg</i>	2	
<b>Vitamin D</b>		
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
<i>doxercalciferol oral capsule</i>	2	
<i>paricalcitol oral capsule</i>	2	
<b>RAYALDEE ORAL CAPSULE EXTENDED RELEASE</b>	5	
<b>ROCALTROL ORAL CAPSULE</b>	4	
<b>ROCALTROL ORAL SOLUTION</b>	4	
<b>ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG</b>	4	



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<i>hydroxyzine hcl</i> .....	59	<i>indapamide</i> .....	70	ISOLYTE-P IN D5W .....	71
<i>hydroxyzine pamoate</i> .....	59	INDERAL LA .....	36	ISOLYTE-S PH 7.4 .....	71
HYFTOR.....	119	INDOCIN .....	44	<i>isoniazid</i> .....	13
HYRIMOZ.....	102	<i>indomethacin</i> .....	44	ISORDIL TITRADOSE .....	41
HYRIMOZ-CROHNS/UC STARTER.....	102	<i>indomethacin er</i> .....	44	<i>isosorb dinitrate-hydralazine</i> .....	41
HYRIMOZ-PED<40KG CROHN STARTER .....	103	INFANRIX .....	25	<i>isosorbide dinitrate</i> .....	41
HYRIMOZ-PED>/=40KG CROHN START .....	103	INGREZZA .....	67, 68	<i>isosorbide mononitrate</i> .....	41
HYRIMOZ-PLAQ PSOR/UVEIT START .....	103	INLYTA .....	20	<i>isosorbide mononitrate er</i> .....	41
HYSINGLA ER.....	44	INNOPRAN XL .....	36	<i>isotretinoin</i> .....	120
HYZAAR.....	40	INPEFA .....	41, 86	<i>isradipine</i> .....	37
<i>ibandronate sodium</i> .....	100	INQOVI .....	20	ISTALOL .....	73
IBRANCE.....	20	INREBIC .....	20	ISTURISA .....	107
IBSRELA.....	80	INSPRA .....	40	<i>itraconazole</i> .....	13
IBU.....	44	<i>insulin asp prot &amp; asp flexpen</i> .....	86	<i>ivabradine hcl</i> .....	38
<i>ibuprofen</i> .....	44	<i>insulin aspart</i> .....	86	<i>ivermectin</i> .....	6, 113
<i>ibuprofen-famotidine</i> .....	44	<i>insulin aspart flexpen</i> .....	86	IWILFIN .....	20
<i>icatibant acetate</i> .....	100	<i>insulin aspart penfill</i> .....	86	IXCHIQ .....	25
ICLEVIA.....	91	<i>insulin aspart prot &amp; aspart</i> .....	86	IXIARO .....	25
		<i>insulin degludec</i> .....	86	IXUZEH .....	73
		<i>insulin degludec flextouch</i> .....	86	JADENU .....	81
		<i>insulin glargine max solostar</i> .....	86	JADENU SPRINKLE .....	81
		<i>insulin glargine solostar</i> .....	86	JAKAFI .....	20
		<i>insulin glargine-yfgn</i> .....	86	JANTOVEN .....	31
		<i>insulin lispro</i> .....	86	JANUMET .....	87
				JANUMET XR .....	87
				JANUVIA .....	87

JARDIANCE	87	KISQALI FEMARA (400 MG DOSE)	95	<i>ledipasvir-sofosbuvir</i>	16
JASMIEL	91	KISQALI FEMARA (600 MG DOSE)	95	LEENA	92
JATENZO	83	KITABIS PAK	10	<i>leflunomide</i>	103
JAVYGTOR	107	KLARON	113	<i>lenalidomide</i>	21
JAYPIRCA	20	KLISYRI	120	LENVIMA (10 MG DAILY DOSE)	21
JENTADUETO	87	KLONOPIN	52	LENVIMA (12 MG DAILY DOSE)	21
JENTADUETO XR	87	KLOR-CON	71	LENVIMA (14 MG DAILY DOSE)	21
JINTELI	95	KLOR-CON 10	71	LENVIMA (18 MG DAILY DOSE)	21
JOENJA	104	KLOR-CON M10	71	LENVIMA (20 MG DAILY DOSE)	21
JORNAY PM	49	KLOR-CON M15	71	LENVIMA (24 MG DAILY DOSE)	21
JOYEAUX	91	KLOR-CON M20	71	LESCOL XL	34
JUBLIA	113	KLOXXADO	61	LESSINA	92
JULEBER	91	KONVOMEП	78	LETAIRIS	110
JULUCA	16	KORLYM	87	<i>letrozole</i>	95
JUNEL 1.5/30	91	KOSELUGO	20	<i>leucovorin calcium</i>	99
JUNEL 1/20	91	KOURZEQ	111	LEUKERAN	21
JUNEL FE 1.5/30	91	KRAZATI	20	LEUKINE	32
JUNEL FE 1/20	91	KRINTAFEL	14	<i>leuprolide acetate</i>	96
JUNEL FE 24	91	KRISTALOSE	68	<i>leuprolide acetate (3 month)</i>	96
JUXTAPID	34	KURVELO	91	<i>levabuterol hcl</i>	30
JYLAMVO	20	KUVAN	107	<i>levabuterol tartrate</i>	30
JYNARQUE	70	KYLEENA	91	<i>levam洛dipine maleate</i>	36
JYNNEOS	25	<i>labetalol hcl</i>	36	LEVEMIR	87
KAITLIB FE	91	<i>lacosamide</i>	52	LEVEMIR FLEXPEN	87
KALETTRA	16	<i>lactulose</i>	68	<i>levetiracetam</i>	53
KALYDECO	109	LAGEVRIO	16	<i>levetiracetam er</i>	53
KARIVA	91	LAMICTAL	52	<i>levobunolol hcl</i>	73
KATERZIA	37	LAMICTAL ODT	52	<i>levocarnitine</i>	107
KAZANO	87	LAMICTAL STARTER	52	<i>levocetirizine dihydrochloride</i>	6
<i>kcl in dextrose-nacl</i>	71	LAMICTAL XR	52	<i>levofloxacin</i>	10, 74
<i>kcl-lactated ringers-d5w</i>	71	<i>lamivudine</i>	16	<i>levofloxacin in d5w</i>	10
KELNOR 1/35	91	<i>lamivudine-zidovudine</i>	16	LEVONEST	92
KELNOR 1/50	91	<i>lamotrigine</i>	52	<i>levonorgest-eth est &amp; eth est</i>	92
KENALOG	117	<i>lamotrigine er</i>	52	<i>levonorgest-eth estrad 91-day</i>	92
KEPPRA	52	<i>lamotrigine starter kit-blue</i>	53	<i>levonorgestrel-ethynodiol estrad</i>	92
KEPPRA XR	52	<i>lamotrigine starter kit-green</i>	53	<i>levonorg-eth estrad triphasic</i>	92
KERENDIA	40	<i>lamotrigine starter kit-orange</i>	53	LEVORA 0.15/30 (28)	92
KESIMPTA	105	LAMPIT	14	<i>levorphanol tartrate</i>	44
<i>ketoconazole</i>	13, 113	LANOXIN	38	<i>levothyroxine sodium</i>	98
KETODAN	113	<i>lansoprazole</i>	78	LEVOXYL	98
<i>ketoprofen</i>	44	<i>lanthanum carbonate</i>	70	LEXAPRO	64
<i>ketoprofen er</i>	44	LANTUS	87	LEXETTE	117
<i>ketorolac tromethamine</i>	44, 75	LANTUS SOLOSTAR	87	LEXIVA	16
KEVEYIS	100	<i>lapatinib ditosylate</i>	20	<i>l-glutamine</i>	108
KEVZARA	103	LARIN 1.5/30	91	LIALDA	77
KINERET	103	LARIN 1/20	92	LIBERVANT	53
KINRIX	25	LARIN FE 1.5/30	92	LIBRAX	27
KIONEX	70	LARIN FE 1/20	92		
KIPROFEN	44	LASIX	70		
KISQALI (200 MG DOSE)	20	<i>latanoprost</i>	73		
KISQALI (400 MG DOSE)	20	LATUDA	64		
KISQALI (600 MG DOSE)	20	LAYOLIS FE	92		
KISQALI FEMARA (200 MG DOSE)	95	LAZCLUZE	21		

LICART .....	44	LOTEMAX .....	75	<i>malathion</i> .....	113
<i>lidocaine</i> .....	118	LOTEMAX SM .....	75	<i>maraviroc</i> .....	16
<i>lidocaine hcl</i> .....	118	LOTENSIN .....	40	MARINOL .....	77
<i>lidocaine viscous hcl</i> .....	76	<i>loteprednol etabonate</i> .....	75	<i>marlissa</i> .....	92
<i>lidocaine-prilocaine</i> .....	118	LOTREL .....	37	MARPLAN .....	64
LIDOCAN .....	111	LOTRONEX .....	77	MATULANE .....	21
LIDODERM .....	118	<i>lovastatin</i> .....	35	MATZIM LA .....	37
LILETTA (52 MG) .....	92	LOVAZA .....	35	MAVENCLAD (10 TABS) .....	106
linezolid .....	10	LOVENOX .....	31	MAVENCLAD (4 TABS) .....	106
LINZESS .....	80	LOW-OGESTREL .....	92	MAVENCLAD (5 TABS) .....	106
<i>liothyronine sodium</i> .....	99	<i>loxapine succinate</i> .....	64	MAVENCLAD (6 TABS) .....	106
LIPITOR .....	34	<i>lubiprostone</i> .....	80	MAVENCLAD (7 TABS) .....	106
LIPOFEN .....	34	LUCEMYRA .....	30	MAVENCLAD (8 TABS) .....	106
LIQREV .....	41	<i>luliconazole</i> .....	113	MAVENCLAD (9 TABS) .....	106
<i>liraglutide</i> .....	87	LUMAKRAS .....	21	MAVYRET .....	16
<i>lisdexamfetamine dimesylate</i> .....	49	LUMIGAN .....	73	MAXALT .....	56
<i>lisinopril</i> .....	40	LUMRYZ .....	60	MAXALT-MLT .....	56
<i>lisinopril-hydrochlorothiazide</i> .....	40	LUNESTA .....	59	MAXIDEX .....	75
LITFULO .....	111	LUPKYNIS .....	106	MAXITROL .....	75
<i>lithium</i> .....	55	LUPRON DEPOT (1-MONTH) .....	96	MAYZENT .....	105
<i>lithium carbonate</i> .....	55	LUPRON DEPOT (3-MONTH) .....	96	MAYZENT STARTER PACK .....	105
<i>lithium carbonate er</i> .....	55	LUPRON DEPOT (4-MONTH) .....	96	<i>meclizine hcl</i> .....	77
LITHOBID .....	55	LUPRON DEPOT (6-MONTH) .....	96	<i>meclofenamate sodium</i> .....	45
LITHOSTAT .....	68	LUPRON DEPOT-PED (1-MONTH) .....	96	MEDROL .....	83
LIVALO .....	34	LUPRON DEPOT-PED (3-MONTH) .....	96	<i>medroxyprogesterone acetate</i> .....	97
LIVDELZI .....	79	LUPRON DEPOT-PED (6-MONTH) .....	96	<i>mefenamic acid</i> .....	45
LIVMARLI .....	80	<i>Iurasidone hcl</i> .....	64	<i>mefloquine hcl</i> .....	14
LIVTENCITY .....	16	LUTERA .....	92	<i>megestrol acetate</i> .....	97
LO LOESTRIN FE .....	92	LUZU .....	113	MEKINIST .....	21
LOCOID .....	117	LYBALVI .....	64	MEKTOVI .....	21
LODINE .....	44	LYLEQ .....	92	<i>meloxicam</i> .....	45
LODOCOCO .....	108	LYLLANA .....	95	<i>memantine hcl</i> .....	60
LODOSYN .....	57	LYNPARZA .....	21	<i>memantine hcl er</i> .....	60
LOESTRIN 1.5/30 (21) .....	92	LYRICA .....	53	MENACTRA .....	25
LOESTRIN 1/20 (21) .....	92	LYRICA CR .....	45	MENEST .....	95
LOESTRIN FE 1.5/30 .....	92	LYSODREN .....	21	MENOSTAR .....	95
LOESTRIN FE 1/20 .....	92	LYTGOBI (12 MG DAILY DOSE) .....	21	MENQUADFI .....	25
LOFENA .....	45	LYTGOBI (16 MG DAILY DOSE) .....	21	MENVEO .....	25
<i>lofexidine hcl</i> .....	30	LYTGOBI (20 MG DAILY DOSE) .....	21	<i>meperidine hcl</i> .....	45
LOKELMA .....	70	LYUMJEV .....	87	<i>meprobamate</i> .....	59
LOMOTIL .....	76	LYUMJEV KWIKPEN .....	87	MEPRON .....	14
LONSURF .....	21	LYUMJEV TEMPO PEN .....	87	<i>mercaptopurine</i> .....	21
<i>loperamide hcl</i> .....	76	LYVISPAH .....	28	<i>meropenem</i> .....	10
LOPID .....	34	LYZA .....	92	MERZEE .....	92
<i>lopinavir-ritonavir</i> .....	16	MACROBID .....	18	<i>mesalamine</i> .....	77, 78
LOPRESSOR .....	36	MACRODANTIN .....	18	<i>mesalamine er</i> .....	77
LOPROX .....	113	<i>mafenide acetate</i> .....	113	MESNEX .....	108
<i>lorazepam</i> .....	59	<i>magnesium sulfate</i> .....	53	MESTINON .....	28
LORAZEPAM INTENSOL .....	59	MALARONE .....	14	METADATE CD .....	49
LORBRENA .....	21			<i>metaxalone</i> .....	28
LOREEV XR .....	59			<i>metformin hcl</i> .....	87, 88
LORYNA .....	92			<i>metformin hcl er</i> .....	87
LORZONE .....	28			<i>metformin hcl er (mod)</i> .....	87
<i>losartan potassium</i> .....	40			<i>metformin hcl er (osm)</i> .....	87
<i>losartan potassium-hctz</i> .....	40			<i>methadone hcl</i> .....	45

<i>methamphetamine hcl</i>	49	<i>mirabegron er</i>	121	NAPRELAN	45
<i>methazolamide</i>	73	MIRENA (52 MG)	92	NAPROSYN	45
<i>methenamine hippurate</i>	19	<i>mirtazapine</i>	64	<i>naproxen</i>	45, 46
<i>methimazole</i>	99	MIRVASO	120	<i>naproxen dr</i>	45
<i>methitest</i>	84	<i>misoprostol</i>	78	<i>naproxen sodium</i>	46
<i>methocarbamol</i>	28	MITIGARE	100	<i>naproxen sodium er</i>	46
<i>methotrexate sodium</i>	21	M-M-R II	25	<i>naproxen-esomeprazole mg</i>	46
<i>methotrexate sodium (pf)</i>	21	<i>modafinil</i>	50	<i>naratriptan hcl</i>	56
<i>methoxsalen rapid</i>	118	<i>moexipril hcl</i>	40	NARDIL	64
<i>methscopolamine bromide</i>	27	<i>molindone hcl</i>	64	NATACYN	74
<i>methsuximide</i>	53	<i>mometasone furoate</i>	75, 117	NATAZIA	92
METHYLIN	49	<i>montelukast sodium</i>	109	<i>nateglinide</i>	88
<i>methylphenidate</i>	50	<i>morphine sulfate</i>	45	NATESTO	84
<i>methylphenidate hcl</i>	50	<i>morphine sulfate (concentrate)</i>	45	NATROBA	113
<i>methylphenidate hcl er</i>	49	<i>morphine sulfate er</i>	45	NAYZILAM	53
<i>methylphenidate hcl er (cd)</i>	49	<i>morphine sulfate er beads</i>	45	<i>nebivolol hcl</i>	36
<i>methylphenidate hcl er (la)</i>	49	MOTEGRITY	80	NEBUPENT	14
<i>methylphenidate hcl er (osm)</i>	49	MOTPOLY XR	53	NECON 0.5/35 (28)	92
<i>methylphenidate hcl er (xr)</i>	49	MOUNJARO	88	<i>nefazodone hcl</i>	64
<i>methylprednisolone</i>	83	MOVANTIK	80	NEFFY	30
<i>methyltestosterone</i>	84	MOVIPREP	79	NEMLUVIO	111
<i>metoclopramide hcl</i>	81	<i>moxifloxacin hcl</i>	10, 74	<i>neomycin sulfate</i>	10
<i>metolazone</i>	70	<i>moxifloxacin hcl in nacl</i>	10	<i>neomycin-bacitracin zn-polymyx</i>	74
<i>metoprolol succinate er</i>	36	MRESVIA	26	<i>neomycin-polymyxin-dexameth</i>	75
<i>metoprolol tartrate</i>	36	MS CONTIN	45	<i>neomycin-polymyxin-gramicidin</i>	74
<i>metoprolol-hydrochlorothiazide</i>	36	MULPLETA	32	<i>neomycin-polymyxin-hc</i>	75
METROCREAM	113	MULTAQ	38	NEO-POLYCIN	74
METROGEL	113	<i>multiple electro type 1 ph 5.5</i>	71	NEO-POLYCIN HC	75
METROLOTION	113	<i>mupirocin</i>	113	NEORAL	106
<i>metronidazole</i>	14, 113	<i>mupirocin calcium</i>	113	NEO-SYNALAR	117
<i>metyrosine</i>	108	MYALEPT	96	NERLYNX	21
<i>mexiletine hcl</i>	38	MYCAMINE	13	NESINA	88
MIBELAS 24 FE	92	MYCAPSSA	97	MYCOBUTIN	13
<i>micafungin sodium</i>	13	<i>mycophenolate mofetil</i>	106	NEUAC	113
MICARDIS	40	<i>mycophenolate sodium</i>	106	NEULASTA	33
MICARDIS HCT	40	MYDAYIS	50	NEUPOGEN	33
<i>miconazole 3</i>	113	MYFEMBREE	96	NEUPRO	57
MICROGESTIN 1.5/30	92	MYFORTIC	106	NEURONTIN	53
MICROGESTIN 1/20	92	MYHIBBIN	106	NEVANAC	75
MICROGESTIN 24 FE	92	MYRBETRIQ	121	<i>nevirapine</i>	16
MICROGESTIN FE 1.5/30	92	mysoline	53	<i>nevirapine er</i>	16
MICROGESTIN FE 1/20	92	MYTESI	76	NEXAVAR	21
<i>midodrine hcl</i>	30	<i>na sulfate-k sulfate-mg sulf</i>	79	NEXICLON XR	39
MIEBO	76	<i>nabumetone</i>	45	NEXIUM	78
<i>mifepristone</i>	88	<i>nadolol</i>	36	NEXLETOL	35
MIGERGOT	56	<i>nafcillin sodium</i>	10	NEXLIZET	35
<i>miglitol</i>	88	<i>naftifine hcl</i>	113	NEXPLANON	92
<i>mililustat</i>	108	<i>naloxone hcl</i>	61	NEXTSTELLIS	92
MIGRANAL	29	NAFTIN	113	NGENLA	97
MILI	92	NALFON	45	<i>niacin (antihyperlipidemic)</i>	35
MIMVEY	95	<i>nalocet</i>	45	<i>niacin er (antihyperlipidemic)</i>	35
MINIVELLE	95	<i>naltrexone hcl</i>	61	NIACOR	35
<i>minocycline hcl</i>	10	<i>nicardipine hcl</i>	37	NICOTROL	27
<i>minocycline hcl er</i>	10	NAMENDA TITRATION PAK	60	NICOTROL NS	27
<i>minoxidil</i>	39	NAMZARIC	60		

<i>nifedipine</i>	37	NOVOLIN R FLEXPEN	88	OLPRUVA (5 GM DOSE)	68
<i>nifedipine er</i>	37	NOVOLOG	88	OLPRUVA (6 GM DOSE)	68
<i>nifedipine er osmotic release</i>	37	NOVOLOG FLEXPEN	88	OLPRUVA (6.67 GM DOSE)	68
NIKKI	93	NOVOLOG MIX 70/30	88	OLUMIANT	103
NILANDRON	21	NOVOLOG MIX 70/30		<i>omega-3-acid ethyl esters</i>	35
<i>nilutamide</i>	21	FLEXPEN	88	<i>omeprazole</i>	78
<i>nimodipine</i>	37	NOVOLOG PENFILL	88	<i>omeprazole-sodium</i>	
NINLARO	22	NOXAFL	13	<i>bicarbonate</i>	78
<i>nisoldipine er</i>	37	NUBEQA	22	OMNARIS	75
<i>nitazoxanide</i>	14	NUCALA	109	OMNITROPE	98
<i>nitisinone</i>	108	NUCYNTA	46	OMVOH	80
NITRO-BID	41	NUCYNTA ER	46	<i>ondansetron</i>	77
NITRO-DUR	41	NUEDEXTA	60	<i>ondansetron hcl</i>	77
<i>nitrofurantoin</i>	19	NUPLAZID	64	ONEXTON	114
<i>nitrofurantoin macrocrystal</i>	19	NURTEC	56	ONFI	53
<i>nitrofurantoin monohyd macro</i>	19	NUTRILIPID	69	ONGENTYS	57
<i>nitroglycerin</i>	41, 111	NUTROPIN AQ NUSPIN 10	98	ONUREG	22
NITROLINGUAL	42	NUTROPIN AQ NUSPIN 20	98	ONYDA XR	30
NITROSTAT	42	NUTROPIN AQ NUSPIN 5	98	ONZETRA XSAIL	56
NITYR	108	NUVARING	93	OPSUMIT	110
NIVESTYM	33	NUVESSA	114	OPSYNVI	110
<i>nizatidine</i>	78	NUVIGIL	50	OPVEE	61
NORA-BE	93	NUZYRA	10	OPZELURA	120
NORDITROPIN FLEXPRO	98	NYAMYC	114	ORACEA	120
<i>norelgestromin-eth estradiol</i>	93	NYLIA 1/35	93	ORALAIR	24
<i>norethin ace-eth estrad-fe</i>	93	NYLIA 7/7/7	93	ORAPRED ODT	83
<i>norethindrone</i>	93	NYMALIZE	37	ORENCIA	103
<i>norethindrone acetate</i>	97	NYMYO	93	ORENCIA CLICKJECT	103
<i>norethindrone acet-ethinyl est</i>	93	<i>nystatin</i>	13, 114	ORENITRAM	110
<i>norethindrone-eth estradiol</i>	95	<i>nystatin-triamcinolone</i>	117	ORENITRAM MONTH 1	110
<i>norethindron-ethinyl estrad-fe</i>	93	NYSTOP	114	ORENITRAM MONTH 2	110
<i>norethin-eth estradiol-fe</i>	93	NYVEPRIA	33	ORENITRAM MONTH 3	110
NORGESIC	46	OCALIVA	80	ORFADIN	108
<i>norgesic forte</i>	46	OCELLA	93	ORGOVYX	96
<i>norgestimate-eth estradiol</i>	93	OCTAGAM	24	ORIAHNN	96
<i>norgestim-eth estrad triphasic</i>	93	<i>octreotide acetate</i>	98	ORILISSA	96
NORITATE	113	OCUFLOX	74	ORKAMBI	109
NORLIQVA	37	ODACTRA	24	ORLADEYO	101
NORPACE	38	ODEFSEY	16	ORMALVI	100
NORPACE CR	38	ODOMZO	22	<i>orphenadrine citrate er</i>	28
NORPRAMIN	64	OFEV	109	<i>orphenadrine-aspirin-caffeine</i>	46
NORTHERA	30	<i>ofloxacin</i>	10, 74	ORSERDU	22
NORTREL 0.5/35 (28)	93	OGSIVEO	22	<i>oseltamivir phosphate</i>	16, 17
NORTREL 1/35 (21)	93	OHTUVAYRE	110	OSENI	88
NORTREL 1/35 (28)	93	OJEMDA	22	OSMOLEX ER	58
NORTREL 7/7/7	93	OJJAARA	22	OSPHENA	95
<i>nortriptyline hcl</i>	64	olanzapine	64	OTEZLA	99, 103
NORVASC	37	olanzapine-fluoxetine hcl	64	OTOVEL	74
NORVIR	16	olmesartan medoxomil	40	OTREXUP	103
NOURIANZ	60	olmesartan medoxomil-hctz	40	OVIDE	114
NOVOLIN 70/30	88	olmesartan-amlodipine-hctz	38	oxacillin sodium	10
NOVOLIN 70/30 FLEXPEN	88	olopatadine hcl	72	oxacillin sodium in dextrose	10
NOVOLIN N	88	OLPRUVA (2 GM DOSE)	68	oxaprozin	46
NOVOLIN N FLEXPEN	88	OLPRUVA (3 GM DOSE)	68	oxazepam	59
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OXERVATE.....	76	pentamidine isethionate.....	14	PONVORY.....	105
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oxybutynin chloride er.....	121	PERCOCET.....	46	potassium chloride crys er.....	71
oxycodone hcl.....	46	PERFOROMIST.....	30	potassium chloride er.....	71
oxycodone hcl er.....	46	perindopril erbumine.....	40	potassium chloride in nacl.....	71
oxycodone-acetaminophen.....	46	PERIOGARD.....	74	potassium citrate er.....	68
OXYCONTIN.....	46	permethrin.....	114	potassium cl in dextrose 5%.....	71
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oxymorphone hcl er.....	46	perphenazine-amitriptyline.....	65	PRALUENT.....	35
OXYTROL.....	121	PERSERIS.....	65	pramipexole dihydrochloride.....	58
OZEMPIK (0.25 OR 0.5 MG/DOSE).....	88	PERTZYE.....	80	pramipexole dihydrochloride er.....	58
OZEMPIK (1 MG/DOSE).....	88	PHEBURANE.....	68	prasugrel hcl.....	32
OZEMPIK (2 MG/DOSE).....	88	phenelzine sulfate.....	65	pravastatin sodium.....	35
OZOBAX DS.....	28	phenobarbital.....	59	praziquantel.....	6
PACERONE.....	38	phenoxybenzamine hcl.....	29	prazosin hcl.....	34
paliperidone er.....	64, 65	PHENYTEK.....	53	PRED FORTE.....	75
PALYNZIQ.....	72	phenytoin.....	53	PRED MILD.....	75
PAMELOR.....	65	phenytoin sodium extended.....	53	prednisolone.....	83
PANCREAZE.....	80	PHEXXI.....	68	prednisolone acetate.....	75
PANDEL.....	117	PHOSPHOLINE IODIDE.....	73	prednisolone sodium phosphate.....	
PANRETIN.....	120	PIFELTRO.....	17	76, 83	
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PANZYGA.....	24	pimecrolimus.....	120	PREDNISONE INTENSOL.....	83
paricalcitol.....	122	pimozide.....	65	preferred plus insulin syringe.....	68
PARLODEL.....	58	PIMTREA.....	93	pregabalin.....	53
PARNATE.....	65	pindolol.....	36	pregabalin er.....	47
paroxetine hcl.....	65	pioglitazone hcl.....	88	PREHEVBARIO.....	26
paroxetine hcl er.....	65	pioglitazone hcl-glimepiride.....	88	PREMARIN.....	95
paroxetine mesylate.....	65	pioglitazone hcl-metformin hcl.....	88	PREMASOL.....	69
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peg-3350/electrolytes/ascorbat..	79	PLASMA-LYTE 148.....	71	PREZISTA.....	17
PEGASYS.....	17	PLASMA-LYTE A.....	71	PRIFTIN.....	13
PEMAZYRE.....	22	PLAVIX.....	32	PRILOSEC.....	78
PENBRAYA.....	26	PLEGRIDY.....	105	primaquine phosphate.....	14
penciclovir.....	114	PLENAMINE.....	69	PRIMAXIN IV.....	11
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penicillin g sodium.....	10	POLYCIN.....	74	PRIVIGEN.....	24
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PENNSAID.....	117	polymyxin b-trimethoprim.....	74	probenecid.....	71
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				PROCENTRA.....	50

<i>prochlorperazine</i>	65	QUALAQUIN	14	REPATHA PUSHTRONEX	
<i>prochlorperazine maleate</i>	65	QUARTETTE	93	SYSTEM	35
PROCIT	33	QUDEXY XR	54	REPATHA SURECLICK	35
PROCTOFOAM HC	118	QUESTRAN	35	RESTASIS	76
PROCTO-MED HC	117	QUESTRAN LIGHT	35	RESTASIS MULTIDOSE	76
PROCTOSOL HC	117	<i>quetiapine fumarate</i>	65	RESTORIL	59
PROCTOZONE-HC	117	<i>quetiapine fumarate er</i>	65	RETACRIT	33
PROCYSB1	108	QUILLICHEW ER	50	RETEVMO	22
<i>progesterone</i>	97	QUILLIVANT XR	50	RETIN-A	118
PROGLYCEM	90	<i>quinapril hcl</i>	40	RETIN-A MICRO	118
PROGRAF	106	<i>quinidine gluconate er</i>	39	RETIN-A MICRO PUMP	118
PROLASTIN-C	110	<i>quinidine sulfate</i>	39	RETROVIR	17
PROLATE	47	<i>quinine sulfate</i>	14	REVATIO	42
PROLENSA	76	QULIPTA	56	REVCovi	72
PROLIA	100	QUVIVIQ	59	REVLIMID	22
PROMACTA	33	QVAR REDIHALER	83	REXULTI	65
<i>promethazine hcl</i>	6	RABAVERT	26	REYATAZ	17
<i>promethazine vc</i>	6	<i>rabeprazole sodium</i>	79	REYVOW	56
PROMETHEGAN	6	RADICAVA ORS STARTER		REZDIFRA	99
PROMETRIUM	97	KIT	61	REZLIDHIA	22
<i>propafenone hcl</i>	39	<i>raloxifene hcl</i>	95	REZUROCK	108
<i>propafenone hcl er</i>	39	ramelteon	59	REZVOGLAR KWIKPEN	89
<i>propranolol hcl</i>	36	<i>ramipril</i>	40	RHOPRESSA	76
<i>propranolol hcl er</i>	36	<i>ranolazine er</i>	39	<i>ribavirin</i>	17
<i>propylthiouracil</i>	99	RAPAFLO	29	RIDAURA	81
PROQUAD	26	RAPAMUNE	106	<i>rifabutin</i>	13
PROSCAR	99	<i>rasagiline mesylate</i>	58	<i>rifampin</i>	13
PROSOL	69	RASUVO	103	<i>riluzole</i>	61
PROTONIX	78	RAVICTI	69	<i>rimantadine hcl</i>	17
<i>protriptyline hcl</i>	65	RAYALDEE	122	RINVOQ	103
PROVERA	97	RAYOS	83	RINVOQ LQ	99
PROVIGIL	50	REBIF	105	<i>risedronate sodium</i>	100
PROZAC	65	REBIF REBIDOSE	105	RISPERDAL	65
PRUDOXIN	118	REBIF REBIDOSE TITRATION		RISPERDAL CONSTA	65
PULMICORT	83	PACK	105	<i>risperidone</i>	66
PULMICORT FLEXHALER	83	REBIF TITRATION PACK	105	<i>risperidone microspheres er</i>	65, 66
PULMOZYME	110	RECLIPSEN	93	RITALIN	50
PURIXAN	22	RECOMBIVAX HB	26	RITALIN LA	50
PYLERA	79	RECORLEV	108	<i>ritonavir</i>	17
<i>pyrazinamide</i>	13	RECTIV	120	<i>rivastigmine</i>	28
<i>pyridostigmine bromide</i>	28	REGLAN	81	<i>rivastigmine tartrate</i>	28
<i>pyridostigmine bromide er</i>	28	REGRANEX	120	RIVELSA	93
<i>pyrimethamine</i>	14	RELAFEN DS	47	RIVFLOZA	108
PYRUKYND	32	RELENZA DISKHALER	17	<i>rizatriptan benzoate</i>	56
PYRUKYND TAPER PACK	32	releuko	33	ROBINUL	27
QBRELIS	40	RELEXXII	50	ROBINUL-FORTE	27
QBREXZA	120	RELI-ON INSULIN SYRINGE	68	ROCALTROL	122
<i>qc pen needles</i>	68	RELISTOR	80	ROCKLATAN	73
QDOLO	47	RELPAX	56	<i>roflumilast</i>	110
QUELBREE	60	RELTONE	79	<i>ropinirole hcl</i>	58
QINLOCK	22	REMERON	65	<i>ropinirole hcl er</i>	58
QNDSL	76	REMERON SOLTAB	65	<i>rosuvastatin calcium</i>	35
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QTERN	88	<i>repaglinide</i>	88, 89	ROTATEQ	26
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ROWEERPA	54	<i>sildenafil citrate</i>	42	SPRINTEC 28	93
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ROXYBOND	47	SILIQ	120	SPRIX	47
ROZEREM	59	<i>silodosin</i>	29	SPRYCEL	22
ROZLYTREK	22	SILVADENE	114	SPS (SODIUM POLYSTYRENE SULF)	70
RUBRACA	22	<i>silver sulfadiazine</i>	114	SRONYX	93
RUCONEST	101	SIMBRINZA	73	SSD	114
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RUKOBIA	17	SIMPONI	103	STALEVO 125	58
RYALTRIS	72	<i>simvastatin</i>	35	STALEVO 150	58
RYBELSUS	89	SINEMET	58	STALEVO 200	58
RYCLORA	6	SINGULAIR	109	STALEVO 50	58
RYDAPT	22	<i>sirolimus</i>	106, 107	STALEVO 75	58
RYTARY	58	SIRTURO	13	STALEVO	58
RYTHMOL SR	39	<i>sitagliptin</i>	89	STEGLATRO	89
RYVENT	6	<i>sitagliptin base-metformin hcl</i>	89	STEGLUJAN	89
SABRIL	54	SIVEXTRO	11	STELARA	120
SAFYRAL	93	SKYCLARYS	108	STIMUFEND	33
SAJAZIR	101	SKYLA	93	STIOLTO RESPIMAT	27
SALAGEN	28	SKYRIZI	80, 120	STIVARGA	22
SAMSCA	70	SKYRIZI PEN	120	STRATTERA	61
SANCUSO	77	SKYTROFA	97	<i>streptomycin sulfate</i>	11
SANDIMMUNE	106	SLYND	93	STRIBILD	17
SANDOSTATIN	98	SOAANZ	70	STRIVERDI RESPIMAT	30
SANTYL	120	<i>sodium chloride</i>	70, 71	STROMECTOL	6
SAPHRIS	66	<i>sodium fluoride</i>	100	SUBOXONE	47
sapropterin dihydrochloride	108	<i>sodium oxybate</i>	61	SUBVENITE	54
SAVAYSA	32	<i>sodium phenylbutyrate</i>	69	SUBVENITE STARTER KIT-	
SAVELLA	61	<i>sodium polystyrene sulfonate</i>	70	BLUE	54
SAVELLA TITRATION PACK	61	<i>sofosbuvir-velpatasvir</i>	17	SUBVENITE STARTER KIT-	
saxagliptin hcl	89	SOGROYA	97	GREEN	54
saxagliptin-metformin er	89	SOHONOS	108	SUBVENITE STARTER KIT-	
SCEMBLIX	22	<i>solifenacin succinate</i>	121	ORANGE	54
scopolamine	77	SOLIQUA	89	SUCRAID	72
SECUADO	66	SOLOSEC	14	<i>sucralfate</i>	79
SEGLENTIS	47	SOLTAMOX	96	SUFLAVE	79
SEGLUROMET	89	SOMA	28	SULAR	38
selegiline hcl	58	SOMAVERT	98	<i>sulfacetamide sodium</i>	74
selenium sulfide	114	SOOLANTRA	114	<i>sulfacetamide sodium (acne)</i>	114
SELZENTRY	17	<i>sorafenib tosylate</i>	22	<i>sulfacetamide-prednisolone</i>	76
SEMGLEE (YFGN)	89	SORILUX	120	<i>sulfadiazine</i>	11
SENSIPAR	97	SORINE	36	<i>sulfamethoxazole-trimethoprim</i>	11
SEREVENT DISKUS	30	<i>sotalol hcl</i>	36	SULFAMYLYON	114
SEROQUEL	66	<i>sotalol hcl (af)</i>	36	<i>sulfasalazine</i>	11
SEROQUEL XR	66	SOTYKTU	120	<i>sulindac</i>	47
SEROSTIM	98	SOTYLIZE	36	<i>sumatriptan</i>	56
sertraline hcl	66	SOVALDI	17	<i>sumatriptan succinate</i>	56
SETLAKIN	93	SOVUNA	14	<i>sumatriptan succinate refill</i>	56
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sevelamer hcl	70	<i>spinosad</i>	114	<i>sunitinib malate</i>	22
SEYSARA	11	SPIRIVA HANDIHALER	27	SUNLENCA	17
SHAROBEL	93	SPIRIVA RESPIMAT	27	SUNOSI	50
SHINGRIX	26	<i>spironolactone</i>	40	SUPREP BOWEL PREP KIT	79
SIGNIFOR	98	<i>spironolactone-hctz</i>	41	SUTAB	79
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SYMFI.....	17	TEGRETOL.....	54	TIROSINT-SOL.....	99
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SYMPAZAN.....	54	<i>telmisartan</i> .....	41	TLANDO.....	84
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SYMTUZA.....	17	<i>telmisartan-hctz</i> .....	41	TOBI PODHALER.....	11
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SYNJARDY XR.....	89	TENORETIC 100.....	36	<i>tobramycin-dexamethasone</i> .....	76
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TABRECTA.....	22	<i>terazosin hcl</i> .....	34	<i>tolmetin sodium</i> .....	47
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<i>tacrolimus</i> .....	107, 120	<i>terbutaline sulfate</i> .....	30	<i>tolterodine tartrate</i> .....	121
<i>tadalafil</i> .....	42	<i>terconazole</i> .....	114	<i>tolterodine tartrate er</i> .....	121
<i>tadalafil (pah)</i> .....	42	<i>teriflunomide</i> .....	105	<i>tolvaptan</i> .....	70
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<i>tamoxifen citrate</i> .....	96	THALOMID.....	105	<i>torsemide</i> .....	70
<i>tamsulosin hcl</i> .....	29	THEO-24.....	121	TOSYMRA.....	56
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TASCENSO ODT.....	105	TIAZAC.....	38	<i>tramadol hcl er</i> .....	47
TASIGNA.....	23	TIBSOVO.....	23	<i>tramadol-acetaminophen</i> .....	47
<i>tasimelteon</i> .....	60	TICOVAC.....	26	<i>trandolapril</i> .....	41
TASMAR.....	58	<i>tigecycline</i> .....	11	<i>trandolapril-verapamil hcl er</i> .....	38
<i>tavaborole</i> .....	114	TIKOSYN.....	39	<i>tranexamic acid</i> .....	31
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<i>tazarotene</i> .....	111, 120	<i>timolol maleate (once-daily)</i> .....	73	TRAVASOL.....	69
TAZICEF.....	11	<i>timolol maleate pf</i> .....	73	TRAVATAN Z.....	73
TAZORAC.....	120	TIMOPTIC OCUDOSE.....	73	<i>travoprost (bak free)</i> .....	73
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<i>tretinoin microsphere pump</i>	111	TYGACIL	11	VECTICAL	121
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TREXIMET	56	TYMLOS	97	VELPHORO	70
TREZIX	47	TYPHIM VI	26	VELSIPITY	105
<i>triamcinolone acetonide</i>	117	TYRVAYA	76	VELTASSA	70
<i>triamterene</i>	70	TYVASO DPI MAINTENANCE		VELTIN	121
<i>triamterene-hctz</i>	70	KIT	110, 111	VELMLIDY	18
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<i>trientine hcl</i>	81	ULORIC	100	<i>venlafaxine hcl</i>	67
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<i>trifluoperazine hcl</i>	66	UNASYN	11	VENTOLIN HFA	30
<i>trifluridine</i>	74	UNITHROID	99	VEOZAH	61
<i>trihexyphenidyl hcl</i>	58	UPTRAVI	111	<i>verapamil hcl</i>	38
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TRILIPIX	35	UROXATRAL	29	VERELAN PM	38
TRI-LO-ESTARYLLA	93	URSO 250	79	VERKAZIA	76
TRI-LO-SPRINTEC	94	URSO FORTE	79	VERQUVO	42
<i>trimethobenzamide hcl</i>	77	<i>ursodiol</i>	79	VERSACLOZ	67
<i>trimethoprim</i>	19	UZEDY	66	VERZENIO	23
TRI-MILI	94	VABOMERE	11	VESICARE	121
<i>trimipramine maleate</i>	66	VAGIFEM	96	VESICARE LS	121
TRINTELLIX	66	<i>valacyclovir hcl</i>	18	VESTURA	94
TRI-NYMYO	94	VALCHLOR	121	VEVYE	76
TRI-SPRINTEC	94	VALCYTE	18	VFEND	13
TRIUMEQ	18	<i>valganciclovir hcl</i>	18	VFEND IV	13
<i>trumeq pd</i>	18	VALIUM	60	VIBERZI	80
TRIVORA (28)	94	<i>valproic acid</i>	55	VICTOZA	89
TRI-VYLIBRA	94	valsartan	41	VIENVA	94
TRI-VYLIBRA LO	94	<i>valsartan-hydrochlorothiazide</i>	41	<i>vigabatrin</i>	55
TROKENDI XR	54	VALTOCO 10 MG DOSE	55	VIGADRONE	55
TROPHAMINE	69	VALTOCO 15 MG DOSE	55	VIGAFYDE	55
<i>trospium chloride</i>	121	VALTOCO 20 MG DOSE	55	VIGAMOX	74
<i>trospium chloride er</i>	121	VALTOCO 5 MG DOSE	55	VIGPODER	55
TRUDHESA	29	VALTREX	18	VIIBRYD	67
TRULANCE	80	VANCOCIN	11	VIJOICE	108
TRULICITY	89	<i>vancomycin hcl</i>	11	<i>vilazodone hcl</i>	67
TRUMENBA	26	VANDAZOLE	114	VIMOVO	47
TRUQAP	23	VANFLYTA	23	VIMPAT	55
TRUVADA	18	VANOS	117	VIOKACE	80
TUDORZA PRESSAIR	27	VAQTA	26	VIRACEPT	18
TUKYSA	23	<i>varenicline tartrate</i>	27, 29	VIREAD	18

VISTARIL.....	60	XDEMVY.....	74	zaleplon.....	60
VITRAKVI.....	23	XELJANZ.....	103	ZANAFLEX.....	29
VIVELLE-DOT.....	96	XELJANZ XR.....	104	ZARONTIN.....	55
VIVITROL.....	61	XELPROS.....	73	ZARXIO.....	33
VIVJOA.....	13	XELSTRYM.....	50	ZAVESCA.....	108
VIZIMPRO.....	23	XENAZINE.....	68	ZAVZPRET.....	57
VOGELXO.....	84	XERESE.....	114	ZEGALOGUE.....	90
VOGELXO PUMP.....	84	XERMELO.....	76	ZEGERID.....	79
VONJO.....	23	XGEVA.....	100	ZEJULA.....	24
VOQUEZNA.....	79	XHANCE.....	76	ZELAPAR.....	58
VOQUEZNA DUAL PAK.....	79	XIFAXAN.....	11, 12	ZELBORAF.....	24
VOQUEZNA TRIPLE PAK.....	79	XIGDUO XR.....	90	ZEMAIRA.....	110
VORANIGO.....	23	XiIDRA.....	76	ZEMBRACE SYMTOUCH.....	57
voriconazole.....	13	XOFLUZA (40 MG DOSE).....	18	ZEMDRI.....	12
VOSEVI.....	18	XOFLUZA (80 MG DOSE).....	18	ZEMPLAR.....	122
VOTRIENT.....	23	XOLAIR.....	110	ZENATANE.....	121
VOWST.....	108	XOLREMDI.....	31	ZENPEP.....	80
VOXZOGO.....	108	XOPENEX HFA.....	30	ZENZEDI.....	50
VOYDEYA.....	107	XOSPATA.....	23	ZEPATIER.....	18
VRAYLAR.....	67	XPOVIO (100 MG ONCE WEEKLY).....	23	ZEPOSIA.....	105
VTAMA.....	121	XPOVIO (40 MG ONCE WEEKLY).....	23	ZEPOSIA 7-DAY STARTER PACK.....	105
VUITY.....	73	XPOVIO (40 MG TWICE WEEKLY).....	23	ZEPOSIA STARTER KIT.....	105
VUMERTY.....	105	XPOVIO (60 MG ONCE WEEKLY).....	24	ZERBAXA.....	12
VYFEMLA.....	94	XPOVIO (60 MG TWICE WEEKLY).....	23	ZERVIASTE.....	72
VYLIBRA.....	94	XPOVIO (60 MG TWICE WEEKLY).....	24	ZESTORETIC.....	41
VYNDAMAX.....	39	XPOVIO (60 MG TWICE WEEKLY).....	24	ZESTRIL.....	41
VYNDAQEL.....	39	XPOVIO (60 MG TWICE WEEKLY).....	24	ZETIA.....	35
VYTORIN.....	35	XPOVIO (80 MG ONCE WEEKLY).....	24	ZIAGEN.....	18
VYVANSE.....	50	XPOVIO (80 MG ONCE WEEKLY).....	24	ZIANA.....	121
VYZULTA.....	73	XPOVIO (80 MG ONCE WEEKLY).....	24	zidovudine.....	18
WAINUA.....	100	XPOVIO (80 MG TWICE WEEKLY).....	24	ZIEXTENZO.....	33
WAKIX.....	50	XPOVIO (80 MG TWICE WEEKLY).....	24	ZILBRYSQ.....	107
warfarin sodium.....	32	XTAMPZA ER.....	47	zileuton er.....	109
WEGOVY.....	90	XTANDI.....	24	ZILXI.....	114
WELCHOL.....	35	XULANE.....	94	ZIMHI.....	61
WELIREG.....	23	XULTOPHY.....	90	ZIOPTAN.....	73
WELLBUTRIN SR.....	67	XURIDEN.....	108	ziprasidone hcl.....	67
WELLBUTRIN XL.....	67	XYOSTED.....	84	ziprasidone mesylate.....	67
WINLEVI.....	121	XYREM.....	61	ZIPSOR.....	47
WINREVAIR.....	110	XYWAV.....	61	ZIRGAN.....	74
WIXELA INHUB.....	30	YARGESA.....	108	ZITHROMAX.....	12
WYMZYA FE.....	94	YASMIN 28.....	94	ZITHROMAX TRI-PAK.....	12
XACIATO.....	114	YAZ.....	94	ZITHROMAX Z-PAK.....	12
XALATAN.....	73	YF-VAX.....	26	ZITUVIO.....	90
XALKORI.....	23	YONSA.....	24	ZOCOR.....	35
XANAX.....	60	YUFLYMA (1 PEN).....	104	ZOKINVY.....	108
XANAX XR.....	60	YUFLYMA (2 SYRINGE).....	104	ZOLINZA.....	24
XARELTO.....	32	YUFLYMA-CD/UC/HS STARTER.....	104	zolmitriptan.....	57
XARELTO STARTER PACK.....	32	YUFLYMA-CD/UC/HS STARTER.....	104	ZOLOFT.....	67
XATMEP.....	23	YUPELRI.....	27	zolpidem tartrate.....	60
XCOPRI.....	55	YUSIMRY.....	104	zolpidem tartrate er.....	60
XCOPRI (250 MG DAILY DOSE).....	55	YUVAFEM.....	96	ZOMACTON.....	98
XCOPRI (350 MG DAILY DOSE).....	55	ZAFEMY.....	94	ZOMIG.....	57
		zafirlukast.....	109	ZONALON.....	118

ZONEGRAN.....	55
ZONISADE.....	55
<i>zonisamide</i> .....	55
ZONTIVITY.....	32
ZORTRESS.....	107
ZORYVE.....	111, 112, 121
ZOSYN.....	12
ZOVIA 1/35 (28).....	94
ZOVIRAX.....	114
ZTALMY.....	55
ZTLIDO.....	118
ZUBSOLV.....	47
ZURZUVAE.....	67
ZYCLARA PUMP.....	121
ZYDELIG.....	24
ZYFLO.....	109
ZYKADIA.....	24
ZYLET.....	76
ZYMFENTRA (2 PEN).....	104
ZYMFENTRA (2 SYRINGE).....	104
ZYPITAMAG.....	35
ZYPREXA.....	67
ZYPREXA RELPREVV.....	67
ZYPREXA ZYDIS.....	67
ZYTIGA.....	24
ZYVOX.....	12

## Multi-Language Insert

### 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. 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. 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。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。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. 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. 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 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. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 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. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

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

**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 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. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** 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. 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. 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. 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、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 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。

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**Gujarati:** અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય શકે તેવા કોઈપણ પ્રક્ષોના જવાબ આપવા માટે અમારી પાસે નિઃશુલ્ક દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-800-275-2583 પર કોલ કરો. ગુજરાતી ખૂલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક નિઃશુલ્ક સેવા છે.

**Urdu:** آپ کی صحت یا دوا کے متعلق کسی بھی سوال کا جواب لیے بمارے کے لیے مفت سروں 1-800-275-2583 پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروں ہے۔

**Khmer:** យើងមានអ្នកជំនាញសេវាកម្មអ្នកបកច្បាប់ដែលមានតំបន់ភាគីទាំងឡាយ ដើម្បីផ្តល់ព័ត៌មាន មួយដែលអ្នកបារើបរាយបានអំពីការប្រាកដសុខភាព បុន្ណោះបានអ្នកបកច្បាប់ដែលមានតំបន់ភាគីទាំងឡាយ 1-800-275-2583 ។

**Telugu:** మా అరోగ్యం లేదా ఛోషధ ప్రణాళిక గురించి మీకు ఏవైనా ప్రశ్నలకు సమాధానం ఇవ్వడానికి మాకు ఉచిత ఇంటర్వెటర్ సర్వీస్లు అందుబాటులో ఉన్నాయి. అనువాదకుడిని పొందడానికి, 1-800-275-2583 ద్వారా మాకు కాల్ చేయండి. తెలుగు మాట్లాడగలిగే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సర్వీస్.

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## **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](mailto: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 **11/19/2024**. 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/formulary](http://www.ibxmedicare.com/formulary).

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.

IBX13528 (12/24)

