

Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary Provided by Niagara County

**Pharmacy
Benefit
Dimensions®**



2027 Formulary (List of Covered Drugs or “Drug List”)

This document includes:
D0457-0464

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

HPMS Approved Formulary File Submission ID 27400.

This formulary was updated on October 1, 2026. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions PDP depends on contract renewal between Independent Health and CMS.

The formulary may change at any time. You will receive notice when necessary.

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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 Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions Prescription Drug Plan PDP.

This document includes the Drug List (formulary) for our plan which is current as of October 1, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary?

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

This document is a partial formulary and includes only some of the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. For a complete listing of all prescription drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Pharmacy Benefit Dimensions Prescription Drug Plan PDP may add or remove drugs on the Drug List (formulary) during the year, move them to different cost-sharing tiers, or add new restrictions. Pharmacy Benefit Dimensions Prescription Drug Plan PDP must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://www.pbdrx.com/medicare/formularies-and-pharmacies>.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.
 - We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that

can be substituted for an original biological product by a pharmacy without a new prescription).

- If you are currently taking that brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?”
- Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”
- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or efficacy reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 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 (formulary) for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1, 2026. To get updated information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/Medicare/Formularies-and-pharmacies and in printed form.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 13. 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 11. 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 Index Page 1. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Pharmacy Benefit Dimensions Prescription Drug Plan PDP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered”.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you or your prescriber to get prior authorization based on specific criteria for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions Prescription Drug Plan PDP before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 30 tablets per prescription for Nuplazid oral tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 13. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization, quantity limit 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?" on page VI for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Pharmacy Benefit Dimensions Prescription Drug Plan PDP offered by Niagara County pays for certain OTC drugs. These drugs include ZADITOR OTC and some additional products included in the chart below:

PREVENTATIVE SERVICES	
Prescription and OTC versions (where applicable) will be covered only with a prescription written by a licensed healthcare provider.	
Aspirin for Cardiovascular Disease Prevention	The USPSTF recommends initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take a low-dose aspirin for at least 10 years.
Contraceptive Coverage	All formulary generic and preferred brand name drugs (without a generic equivalent) will have a zero dollar (\$0) co-payment. Cervical caps, diaphragms, female condoms, and spermicides will have a zero dollar (\$0) copayment.
Folic Acid Supplements	Supplements containing 0.4mg and 0.8mg of folic acid will be covered for women who are planning or are capable of pregnancy.
Iron Supplementation for Children	Iron supplements will be covered for children aged six (6) months to twelve (12) months who are at high risk for iron deficiency anemia.
Tobacco Cessation Products (FDA Approved)	Covered for adults eighteen (18) years of age and older and for pregnant women with no age limit. The following products are covered: <i>bupropion sr</i> (generic ZYBAN), varenicline (generic CHANTIX), gums, inhalers, lozenges, nasal sprays, and patches.
Vitamin D	Covered for adults aged sixty-five (65) and older who are at an increased risk for falls.

The cost to Pharmacy Benefit Dimensions Prescription Drug Plan PDP of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

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

If you learn that Pharmacy Benefit Dimensions Prescription Drug Plan PDP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. When you receive the list, show it to your prescriber and ask them to prescribe a similar drug that is covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP.
- You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary?

You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or your prescriber asks us for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your prescriber determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. Long Term Care (LTC)

pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However, the E Box should be replenished from the patient's month prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Pharmacy Benefit Dimensions Prescription Drug Plan PDP will provide a supply of medication pursuant to CMS requirements in compliance with transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your prescriber to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your prescriber.

For more information

For more detailed information about your Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary

The formulary that begins on page 13 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. If you have trouble finding your drug in the list, turn to the Index that begins on Index Page 1.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID®) and generic drugs are listed in lower-case italics (e.g., *omeprazole*).

The information in the Requirements/Limits column tells you if Pharmacy Benefit Dimensions Prescription Drug Plan PDP has any special requirements for coverage of your drug.

Drugs listed with an **"AL"** in the Requirements/Limits column have age limitations.

Drugs listed with a **"BD"** in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in the drug list. Please refer to your Evidence of Coverage

for the cost of Part B drugs or contact Pharmacy Benefit Dimensions Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with an **“EDS”** in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended 90-day supply. Some generic drugs for high blood pressure, high cholesterol and diabetes may be prescribed and dispensed for an extended 100-day supply. These drugs will also contain **“100DS”** in the Requirements/Limits column.

Drugs listed with an **“EHS”** in the Requirements/Limits column are prescription drugs that are not normally covered under a Medicare Prescription Drug Plan. In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a **“LA”** in the Requirements/Limits column may be available only at certain pharmacies. For more information, please contact our Member Services Department. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Drugs listed with a **“PA”** in the Requirements/Limits column require prior authorization (see “Are there any restrictions to my coverage on page IV).

Drugs listed with a **“QL”** in the Requirements/Limits column have limits on the quantity of the drug that will be covered by the plan (see “Are there any restrictions to my coverage” on page IV).

Drugs listed with a **“ST”** in the Requirements/Limits column are restricted to step therapy requirements (see “Are there any restrictions on my coverage” on page IV).

Information for members with Diabetes

Abbott Freestyle blood glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require Prior Authorization. Test strips are limited to 100 strips per 30 days, for up to a 90-day supply.

Freestyle Libre reader device and sensors are our preferred continuous glucose monitoring system supplies and do not require Prior Authorization. Freestyle Libre products are available at retail pharmacies.

Information on Vaccines

Covered vaccinations will be available to you with a \$0 co-payment. Please show your Nova medical card and your Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription card to your provider when you are receiving a vaccination.

Table of Contents

Analgesics	13
Anesthetics	14
Anti-Addiction/ Substance Abuse Treatment Agents	15
Antibacterials	15
Anticonvulsants	19
Antidementia Agents	21
Antidepressants	22
Antiemetics	23
Antifungals	24
Antigout Agents	25
Antimigraine Agents	25
Antimyasthenic Agents	26
Antimycobacterials	26
Antineoplastics	26
Antiparasitics	32
Antiparkinson Agents	32
Antipsychotics	33
Antispasticity Agents	35
Antivirals	35
Anxiolytics	38
Bipolar Agents	38
Blood Glucose Regulators	39
Blood Products And Modifiers	42
Cardiovascular Agents	43
Central Nervous System Agents	48
Dental And Oral Agents	49
Dermatological Agents	50
Electrolytes/Minerals/Metals/Vitamins	53
Gastrointestinal Agents	55
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment	56
Genitourinary Agents	57
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	58
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	58
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	59
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	63
Hormonal Agents, Suppressant (Adrenal Or Pituitary)	64
Hormonal Agents, Suppressant (Thyroid)	64
Immunological Agents	64
Inflammatory Bowel Disease Agents	69
Metabolic Bone Disease Agents	69
Non-Frf	70
Ophthalmic Agents	74
Otic Agents	76
Respiratory Tract/ Pulmonary Agents	76
Skeletal Muscle Relaxants	80
Sleep Disorder Agents	80

CURRENT AS OF 1/1/2027

Drug Name	Tier	Requirements/Limits
Analgesics		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>butalbital-apap-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-aspirin-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butorphanol tartrate nasal solution</i>	1	
<i>celecoxib oral capsule</i>	1	EDS
<i>diclofenac epolamine external patch</i>	1	PA
<i>diclofenac potassium oral tablet 50 mg</i>	1	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>diclofenac sodium external solution 1.5 %</i>	1	QL (300 ML per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	QL (120 EA per 30 days); EDS
<i>diclofenac sodium oral tablet delayed release 50 mg, 75 mg</i>	1	EDS
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	EDS
<i>diflunisal oral tablet</i>	1	EDS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	
<i>etodolac oral capsule</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	QL (360 EA per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (180 EA per 30 days)
IBU ORAL TABLET 600 MG, 800 MG	1	EDS
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
<i>indomethacin er oral capsule extended release</i>	1	EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	EDS
<i>ketoprofen er oral capsule extended release 24 hour</i>	2	EDS

Drug Name	Tier	Requirements/Limits
<i>ketoprofen oral capsule 50 mg</i>	1	EDS
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate intravenous solution 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral solution</i>	1	
<i>morphine sulfate oral tablet</i>	1	
<i>nabumetone oral tablet</i>	1	EDS
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	EDS
<i>naproxen oral suspension</i>	1	EDS
<i>naproxen oral tablet</i>	1	EDS
<i>naproxen oral tablet delayed release 375 mg</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>oxaprozin oral tablet</i>	1	EDS
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (240 EA per 30 days)
PERCOCET ORAL TABLET 7.5-325 MG	3	
<i>piroxicam oral capsule</i>	1	EDS
<i>sulindac oral tablet</i>	1	EDS
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet</i>	1	
Anesthetics		
<i>lidocaine external ointment 5 %</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1	
<i>lidocaine viscous hcl mouth/throat solution</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
LIDOCAN EXTERNAL PATCH	1	PA
TRIDACAINE II EXTERNAL PATCH	1	PA
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release</i>	1	EDS
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	
<i>disulfiram oral tablet</i>	1	EDS
KLOXXADO NASAL LIQUID	2	
<i>lofexidine hcl oral tablet</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet</i>	1	
NICOTROL NS NASAL SOLUTION	2	
OPVEE NASAL SOLUTION	2	
<i>varenicline tartrate (starter) oral tablet therapy pack</i>	1	
<i>varenicline tartrate oral tablet</i>	1	
<i>varenicline tartrate(continue) oral tablet</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
Antibacterials		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE INHALATION SUSPENSION	3	PA; LA
<i>azithromycin intravenous solution reconstituted</i>	1	

Drug Name	Tier	Requirements/Limits
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftaroline fosamil intravenous solution reconstituted</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm, 2 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	2	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	

Drug Name	Tier	Requirements/Limits
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1	
<i>clindamycin phosphate in d5w intravenous solution</i>	1	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream</i>	1	EDS
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral tablet</i>	1	
<i>dicloxacillin sodium oral capsule</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>doxycycline hyclate intravenous solution reconstituted</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	
E.E.S. 400 ORAL TABLET	3	
<i>ertapenem sodium injection solution reconstituted</i>	1	
<i>erythromycin base oral capsule delayed release particles</i>	3	
<i>erythromycin base oral tablet</i>	3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin oral tablet delayed release</i>	1	
<i>fidaxomicin oral tablet</i>	1	
<i>fosfomycin tromethamine oral packet</i>	1	QL (1 EA per 30 days)
<i>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-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external cream</i>	1	
<i>gentamicin sulfate external ointment</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1	
<i>levofloxacin in d5w intravenous solution</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted</i>	1	

Drug Name	Tier	Requirements/Limits
<i>linezolid oral tablet</i>	1	
MACRODANTIN ORAL CAPSULE	3	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	1	
<i>methenamine hippurate oral tablet</i>	1	EDS
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1	
<i>moxifloxacin hcl oral tablet</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd macro oral capsule</i>	1	
NORITATE EXTERNAL CREAM	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection solution reconstituted</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	3	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	1	
<i>tetracycline hcl oral capsule</i>	1	
<i>tigecycline intravenous solution reconstituted</i>	1	
<i>tinidazole oral tablet</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
<i>trimethoprim oral tablet</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	1	
<i>vancomycin hcl oral capsule</i>	1	

Drug Name	Tier	Requirements/Limits
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml</i>	1	
VANDAZOLE VAGINAL GEL	1	
ZITHROMAX ORAL PACKET	3	
Anticonvulsants		
<i>brivaracetam oral solution</i>	1	EDS
<i>brivaracetam oral tablet 10 mg</i>	1	QL (240 EA per 30 days); EDS
<i>brivaracetam oral tablet 100 mg</i>	1	EDS
<i>brivaracetam oral tablet 25 mg, 50 mg, 75 mg</i>	1	QL (60 EA per 30 days); EDS
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	EDS
<i>carbamazepine oral tablet</i>	1	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	1	EDS
<i>clobazam oral suspension 2.5 mg/ml</i>	1	EDS
<i>clobazam oral tablet</i>	1	EDS
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	EDS
<i>clonazepam oral tablet dispersible</i>	1	EDS
<i>clorazepate dipotassium oral tablet</i>	1	
DIACOMIT ORAL CAPSULE	3	PA New Starts; LA; EDS
DIACOMIT ORAL PACKET	3	PA New Starts; LA; EDS
DIAZEPAM INTENSOL ORAL CONCENTRATE	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>diazepam rectal gel</i>	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
DILANTIN-125 ORAL SUSPENSION	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX ORAL SOLUTION	3	PA New Starts; LA; EDS
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>	1	QL (30 EA per 30 days); EDS
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>	1	QL (60 EA per 30 days); EDS
<i>ethosuximide oral capsule</i>	1	EDS
<i>ethosuximide oral solution</i>	1	EDS
<i>felbamate oral suspension</i>	1	EDS
<i>felbamate oral tablet</i>	1	EDS
FINTEPLA ORAL SOLUTION	3	PA New Starts; LA; EDS
<i>flurazepam hcl oral capsule</i>	1	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	EDS
<i>lacosamide oral solution 10 mg/ml</i>	1	EDS
<i>lacosamide oral tablet</i>	1	EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>levetiracetam er oral tablet extended release 24 hour</i>	1	EDS
<i>levetiracetam oral solution 100 mg/ml</i>	1	EDS
<i>levetiracetam oral tablet</i>	1	EDS
<i>lorazepam oral tablet</i>	1	
<i>methsuximide oral capsule</i>	1	EDS
NAYZILAM NASAL SOLUTION	3	PA New Starts; Prior authorization not required for neurologists.
<i>oxcarbazepine oral suspension</i>	1	EDS
<i>oxcarbazepine oral tablet</i>	1	EDS
<i>perampanel oral suspension</i>	1	EDS
<i>perampanel oral tablet</i>	1	QL (30 EA per 30 days); EDS
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	EDS
<i>phenobarbital oral tablet</i>	1	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended oral capsule</i>	1	EDS
<i>primidone oral tablet 250 mg, 50 mg</i>	1	EDS
ROWEEPRA ORAL TABLET 500 MG	1	EDS
<i>rufinamide oral suspension 40 mg/ml</i>	1	EDS
<i>rufinamide oral tablet</i>	1	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG, 500 MG	3	EDS
SUBVENITE ORAL SUSPENSION	3	EDS
SUBVENITE ORAL TABLET	1	EDS
SYMPAZAN ORAL FILM	3	ST; EDS
<i>tiagabine hcl oral tablet</i>	1	EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	EDS
<i>topiramate oral solution 25 mg/ml</i>	1	ST; EDS
<i>topiramate oral tablet</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	1	EDS
VALTOCO 10 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	3	PA New Starts; Prior authorization not required for neurologists.

Drug Name	Tier	Requirements/Limits
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	3	PA New Starts; Prior authorization not required for neurologists.
VALTOCO 5 MG DOSE NASAL LIQUID	3	PA New Starts; Prior authorization not required for neurologists.
<i>vigabatrin oral packet</i>	1	LA; EDS
<i>vigabatrin oral tablet</i>	1	LA; EDS
VIGADRONE ORAL PACKET	1	EDS
VIGADRONE ORAL TABLET	1	EDS
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	3	QL (56 EA per 28 days); EDS
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	QL (56 EA per 28 days); EDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days); EDS
XCOPRI ORAL TABLET 150 MG, 200 MG	3	EDS
XCOPRI ORAL TABLET THERAPY PACK	3	QL (28 EA per 28 days)
ZONISADE ORAL SUSPENSION	3	EDS
<i>zonisamide oral capsule</i>	1	EDS
ZTALMY ORAL SUSPENSION	3	PA New Starts; LA; EDS
Antidementia Agents		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 8 mg</i>	1	QL (30 EA per 30 days); EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour 24 mg</i>	1	EDS
<i>galantamine hydrobromide oral solution</i>	1	EDS
<i>galantamine hydrobromide oral tablet</i>	1	EDS
LEQEMBI IQLIK (500 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; LA; QL (10 ML per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; LA; QL (7.2 ML per 28 days); EDS
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 7 mg</i>	1	QL (30 EA per 30 days); EDS
<i>memantine hcl er oral capsule extended release 24 hour 28 mg</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg</i>	1	PA New Starts; QL (30 EA per 30 days); EDS
<i>memantine hcl-donepezil hcl er oral capsule extended release 24 hour 21-10 mg, 28-10 mg</i>	1	PA New Starts; EDS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
<i>rivastigmine tartrate oral capsule</i>	1	EDS
<i>rivastigmine transdermal patch 24 hour</i>	1	EDS

Drug Name	Tier	Requirements/Limits
Antidepressants		
<i>amitriptyline hcl oral tablet</i>	1	EDS
<i>amoxapine oral tablet</i>	2	EDS
AUVELITY ORAL TABLET EXTENDED RELEASE	3	PA New Starts; EDS
<i>bupropion hcl er (sr) oral tablet extended release 12 hour</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	EDS
<i>bupropion hcl oral tablet</i>	1	EDS
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>clomipramine hcl oral capsule</i>	1	EDS
<i>desipramine hcl oral tablet</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>doxepin hcl oral capsule</i>	1	EDS
<i>doxepin hcl oral concentrate</i>	1	EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	EDS
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR	2	EDS
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	2	QL (30 EA per 30 days); EDS
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA New Starts; QL (30 EA per 30 days); EDS
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA New Starts; QL (32 EA per 32 days); EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG	3	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days); EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS
<i>fluoxetine hcl oral tablet</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>fluvoxamine maleate oral tablet</i>	1	EDS
<i>imipramine hcl oral tablet</i>	1	EDS

Drug Name	Tier	Requirements/Limits
LEXAPRO ORAL TABLET	3	EDS
MARPLAN ORAL TABLET	2	EDS
<i>mirtazapine oral tablet</i>	1	EDS
<i>mirtazapine oral tablet dispersible</i>	1	EDS
<i>nefazodone hcl oral tablet</i>	1	EDS
<i>nortriptyline hcl oral capsule</i>	1	EDS
<i>nortriptyline hcl oral solution</i>	1	EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>paroxetine hcl oral suspension</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate oral capsule</i>	1	EDS
PAXIL ORAL TABLET	3	EDS
<i>perphenazine-amitriptyline oral tablet</i>	1	EDS
<i>phenelzine sulfate oral tablet</i>	1	EDS
<i>protriptyline hcl oral tablet</i>	1	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	EDS
RALDESY ORAL SOLUTION	3	EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>tranylcypromine sulfate oral tablet</i>	1	EDS
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	EDS
<i>trimipramine maleate oral capsule</i>	1	EDS
TRINTELLIX ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days); EDS
TRINTELLIX ORAL TABLET 20 MG	3	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>venlafaxine hcl oral tablet</i>	1	EDS
<i>vilazodone hcl oral tablet</i>	1	EDS
ZURZUVAE ORAL CAPSULE	3	PA New Starts; LA
Antiemetics		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	BD
<i>aprepitant oral capsule therapy pack</i>	1	BD
<i>chlorpromazine hcl oral concentrate</i>	1	EDS
<i>chlorpromazine hcl oral tablet</i>	1	EDS
COMPRO RECTAL SUPPOSITORY	1	
<i>dronabinol oral capsule</i>	1	PA
<i>granisetron hcl oral tablet</i>	1	BD
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	

Drug Name	Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet</i>	1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	BD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	1	BD
<i>prochlorperazine maleate oral tablet</i>	1	EDS
<i>prochlorperazine rectal suppository</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	3	PA; PA does not apply to age less than 65.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	3	PA; PA does not apply to age less than 65.
<i>scopolamine transdermal patch 72 hour</i>	1	
<i>trimethobenzamide hcl oral capsule</i>	1	
Antifungals		
<i>amphotericin b intravenous solution reconstituted</i>	2	BD
<i>amphotericin b liposome intravenous suspension reconstituted</i>	1	BD
<i>caspofungin acetate intravenous solution reconstituted</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
ERTACZO EXTERNAL CREAM	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule</i>	1	
<i>itraconazole oral solution</i>	1	
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet</i>	1	
KETODAN EXTERNAL FOAM	1	
<i>micafungin sodium intravenous solution reconstituted</i>	1	
<i>miconazole 3 vaginal suppository</i>	3	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
<i>nystatin external powder</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	

Drug Name	Tier	Requirements/Limits
<i>nystatin oral tablet</i>	1	
NYSTOP EXTERNAL POWDER	1	
<i>posaconazole oral suspension</i>	1	EDS
<i>posaconazole oral tablet delayed release</i>	1	EDS
<i>sulconazole nitrate external cream</i>	1	
<i>sulconazole nitrate external solution</i>	1	
<i>terbinafine hcl oral tablet</i>	1	QL (90 EA per 365 days)
<i>terconazole vaginal cream</i>	1	
VIVJOA ORAL CAPSULE THERAPY PACK	3	PA; QL (18 EA per 84 days)
<i>voriconazole intravenous solution reconstituted</i>	1	BD
<i>voriconazole oral suspension reconstituted</i>	1	
<i>voriconazole oral tablet</i>	1	
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	EDS
<i>colchicine oral tablet</i>	1	EDS
<i>colchicine-probenecid oral tablet</i>	1	EDS
<i>febuxostat oral tablet</i>	1	ST; EDS
<i>probenecid oral tablet</i>	1	EDS
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
<i>dihydroergotamine mesylate nasal solution</i>	1	ST; QL (8 ML per 28 days)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide oral tablet</i>	1	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>ergotamine-caffeine oral tablet</i>	1	
<i>frovatriptan succinate oral tablet</i>	1	
<i>naratriptan hcl oral tablet</i>	1	
NURTEC ORAL TABLET DISPERSIBLE	2	PA
QULIPTA ORAL TABLET	2	PA; QL (30 EA per 30 days); EDS
<i>rizatriptan benzoate oral tablet</i>	1	
<i>rizatriptan benzoate oral tablet dispersible</i>	1	
<i>sumatriptan nasal solution</i>	1	
<i>sumatriptan succinate oral tablet</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1	

Drug Name	Tier	Requirements/Limits
<i>timolol maleate oral tablet</i>	1	100DS; EDS
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	EDS
<i>topiramate oral solution 25 mg/ml</i>	1	ST; EDS
<i>topiramate oral tablet</i>	1	EDS
UBRELVY ORAL TABLET	2	PA
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	1	EDS
<i>zolmitriptan oral tablet</i>	1	
Antimyasthenic Agents		
<i>pyridostigmine bromide er oral tablet extended release</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS
Antimycobacterials		
<i>dapsone oral tablet</i>	1	EDS
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid oral syrup</i>	1	EDS
<i>isoniazid oral tablet</i>	1	EDS
<i>pretomanid oral tablet</i>	3	PA
<i>pyrazinamide oral tablet</i>	1	
<i>rifabutin oral capsule</i>	1	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	1	
<i>rifapentine oral tablet</i>	1	
SIRTURO ORAL TABLET	3	PA
Antineoplastics		
<i>abiraterone acetate oral tablet 250 mg</i>	1	
ABIRTEGA ORAL TABLET	1	
AKEEGA ORAL TABLET	3	PA New Starts; LA
ALECENSA ORAL CAPSULE	3	PA New Starts
ALUNBRIG ORAL TABLET	3	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA New Starts; LA
<i>anastrozole oral tablet</i>	1	EDS
AUGTYRO ORAL CAPSULE	3	PA New Starts; LA
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	3	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	3	PA New Starts; LA
BALVERSA ORAL TABLET	3	PA New Starts; LA
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA New Starts; LA; EDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; LA; EDS
<i>bexarotene external gel</i>	1	PA New Starts
<i>bexarotene oral capsule</i>	1	

Drug Name	Tier	Requirements/Limits
<i>bicalutamide oral tablet</i>	1	
BOSULIF ORAL CAPSULE 100 MG	3	PA New Starts; LA
BOSULIF ORAL CAPSULE 50 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
BOSULIF ORAL TABLET 100 MG, 500 MG	3	PA New Starts; LA
<i>bosutinib oral tablet 400 mg</i>	1	PA New Starts
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
BRUKINSA ORAL CAPSULE	3	PA New Starts
BRUKINSA ORAL TABLET	3	PA New Starts
CABOMETYX ORAL TABLET	3	PA New Starts; LA
CALQUENCE ORAL TABLET	2	PA New Starts; LA
CAPRELSA ORAL TABLET	2	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC ORAL TABLET	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
<i>cyclophosphamide oral tablet 50 mg</i>	1	BD
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	1	PA New Starts; QL (30 EA per 30 days)
<i>dasatinib oral tablet 20 mg</i>	1	PA New Starts; QL (90 EA per 30 days)
<i>dasatinib oral tablet 50 mg, 70 mg</i>	1	PA New Starts; QL (60 EA per 30 days)
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
ENSACOVE ORAL CAPSULE	3	PA New Starts; LA
ERIVEDGE ORAL CAPSULE	2	PA New Starts
ERLEADA ORAL TABLET	2	PA New Starts
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	
<i>erlotinib hcl oral tablet 25 mg</i>	1	QL (90 EA per 30 days)
EULEXIN ORAL CAPSULE	3	
<i>exemestane oral tablet</i>	1	EDS
FOTIVDA ORAL CAPSULE	3	PA New Starts
FRUZAQLA ORAL CAPSULE 1 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
FRUZAQLA ORAL CAPSULE 5 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
GAVRETO ORAL CAPSULE	3	PA New Starts; LA
<i>gefitinib oral tablet</i>	1	PA New Starts
GILOTRIF ORAL TABLET	3	PA New Starts; LA
GOMEKLI ORAL CAPSULE	3	PA New Starts; LA
GOMEKLI ORAL TABLET SOLUBLE	3	PA New Starts; LA
HERNEXEOS ORAL TABLET	3	PA New Starts; LA
<i>hydroxyurea oral capsule</i>	1	EDS

Drug Name	Tier	Requirements/Limits
HYRNUO ORAL TABLET	3	PA New Starts; LA
IBRANCE ORAL CAPSULE 100 MG, 125 MG	2	PA New Starts; LA
IBRANCE ORAL TABLET	2	PA New Starts; LA
IBTROZI ORAL CAPSULE	3	PA New Starts; LA
ICLUSIG ORAL TABLET	3	PA New Starts
IDHIFA ORAL TABLET	3	PA New Starts; LA
<i>imatinib mesylate oral tablet 100 mg</i>	1	QL (90 EA per 30 days); EDS
<i>imatinib mesylate oral tablet 400 mg</i>	1	EDS
IMBRUVICA ORAL CAPSULE	2	PA New Starts; LA
IMBRUVICA ORAL SUSPENSION	2	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	2	PA New Starts; LA
<i>imkeldi oral solution</i>	3	PA New Starts
INLURIYO ORAL TABLET	3	PA New Starts; LA; EDS
INLYTA ORAL TABLET	3	PA New Starts; LA
INQOVI ORAL TABLET	3	PA New Starts; LA
INREBIC ORAL CAPSULE	3	PA New Starts; LA
ITOVEBI ORAL TABLET 3 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
ITOVEBI ORAL TABLET 9 MG	3	PA New Starts; LA
IWILFIN ORAL TABLET	3	PA New Starts; LA; EDS
JAKAFI ORAL TABLET	2	PA New Starts; LA
JAYPIRCA ORAL TABLET	3	PA New Starts; LA
JIDEYTRO ORAL TABLET 100 MG	3	PA New Starts; LA; EDS
JIDEYTRO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (90 EA per 30 days); EDS
JYLAMVO ORAL SOLUTION	3	BD
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KOMZIFTI ORAL CAPSULE	3	PA New Starts; LA
KOSELUGO ORAL CAPSULE	3	PA New Starts; LA
KOSELUGO ORAL CAPSULE SPRINKLE	3	PA New Starts
KRAZATI ORAL TABLET	3	PA New Starts; LA
<i>lapatinib ditosylate oral tablet</i>	1	PA New Starts
LAZCLUZE ORAL TABLET 240 MG	3	PA New Starts
LAZCLUZE ORAL TABLET 80 MG	3	PA New Starts; QL (60 EA per 30 days)
<i>lenalidomide oral capsule</i>	1	PA New Starts
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA

Drug Name	Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
<i>letrozole oral tablet</i>	1	EDS
<i>leucovorin calcium oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts; LA
<i>lomustine oral capsule</i>	1	
LONSURF ORAL TABLET	3	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	3	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
LUMAKRAS ORAL TABLET	3	PA New Starts; LA
LYNPARZA ORAL TABLET	3	PA New Starts; LA
LYSODREN ORAL TABLET	2	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (84 EA per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (112 EA per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; QL (140 EA per 28 days)
MATULANE ORAL CAPSULE	2	LA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA New Starts
MEKINIST ORAL TABLET	3	PA New Starts
MEKTOVI ORAL TABLET	3	PA New Starts; LA
<i>mercaptopurine oral suspension</i>	1	
<i>mercaptopurine oral tablet</i>	1	EDS
<i>mesna oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet</i>	1	EDS
MODEYSO ORAL CAPSULE	3	PA New Starts; LA; EDS
NERLYNX ORAL TABLET	3	PA New Starts; LA
<i>nilotinib hcl oral capsule</i>	1	PA New Starts
<i>nilutamide oral tablet</i>	1	
NINLARO ORAL CAPSULE	3	PA New Starts; QL (3 EA per 28 days)
NUBEQA ORAL TABLET	3	PA New Starts; LA
ODOMZO ORAL CAPSULE	3	PA New Starts
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA New Starts; LA; QL (60 EA per 30 days)

Drug Name	Tier	Requirements/Limits
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG	3	PA New Starts; LA
OJEMDA ORAL TABLET 100 MG (16 PACK)	3	PA New Starts; LA; QL (16 EA per 28 days)
OJEMDA ORAL TABLET 100 MG (24 PACK)	3	PA New Starts; LA; QL (24 EA per 28 days)
OJJAARA ORAL TABLET 100 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
OJJAARA ORAL TABLET 150 MG, 200 MG	3	PA New Starts; LA
ONUREG ORAL TABLET	3	PA New Starts; QL (30 EA per 30 days)
ORGOVYX ORAL TABLET	3	PA New Starts; LA
ORSERDU ORAL TABLET	3	PA New Starts; LA
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA New Starts
PEMAZYRE ORAL TABLET 13.5 MG	3	PA New Starts; LA
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
<i>pomalidomide oral capsule</i>	1	PA New Starts
POMALYST ORAL CAPSULE	2	PA New Starts; LA
QINLOCK ORAL TABLET	3	PA New Starts; LA
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	3	PA New Starts; LA
RETEVMO ORAL TABLET 40 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	3	PA New Starts; LA
REVUFORJ ORAL TABLET 25 MG	3	PA New Starts; LA; QL (240 EA per 30 days)
REZLIDHIA ORAL CAPSULE	3	PA New Starts
ROMVIMZA ORAL CAPSULE	3	PA New Starts; LA
ROZLYTREK ORAL CAPSULE	3	PA New Starts; LA
ROZLYTREK ORAL PACKET	3	PA New Starts; LA
RUBRACA ORAL TABLET	3	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT ORAL CAPSULE	3	PA New Starts
SCEMBLIX ORAL TABLET 100 MG	3	PA New Starts
SCEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA New Starts; QL (60 EA per 30 days)
SOLTAMOX ORAL SOLUTION	2	EDS
<i>sorafenib tosylate oral tablet</i>	1	PA New Starts
STIVARGA ORAL TABLET	3	PA New Starts; LA
<i>sunitinib malate oral capsule</i>	1	PA New Starts
TABLOID ORAL TABLET	2	
TABRECTA ORAL TABLET	3	PA New Starts
TAFINLAR ORAL CAPSULE	3	PA New Starts
TAFINLAR ORAL TABLET SOLUBLE	3	PA New Starts
TAGRISSO ORAL TABLET	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA New Starts; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG	3	PA New Starts; LA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
<i>tamoxifen citrate oral tablet</i>	1	EDS
TEPMETKO ORAL TABLET	3	PA New Starts
THALOMID ORAL CAPSULE 100 MG, 50 MG	2	LA; EDS
TIBSOVO ORAL TABLET	3	PA New Starts; LA
<i>toremifene citrate oral tablet</i>	1	EDS
<i>tretinoin oral capsule</i>	1	
TRUQAP ORAL TABLET 200 MG	3	PA New Starts; LA
TRUQAP ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (64 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	3	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
TURALIO ORAL CAPSULE 125 MG	3	PA New Starts; LA
VALCHLOR EXTERNAL GEL	3	PA New Starts
VANFLYTA ORAL TABLET	3	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	3	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (42 EA per 28 days)
VERZENIO ORAL TABLET	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VONJO ORAL CAPSULE	3	PA New Starts; QL (120 EA per 30 days)
VORANIGO ORAL TABLET 10 MG	3	PA New Starts; QL (60 EA per 30 days)
VORANIGO ORAL TABLET 40 MG	3	PA New Starts
WELIREG ORAL TABLET	3	PA New Starts
XALKORI ORAL CAPSULE	3	PA New Starts; LA
XALKORI ORAL CAPSULE SPRINKLE	3	PA New Starts; LA
XOSPATA ORAL TABLET	3	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	3	PA New Starts; LA; QL (8 EA per 28 days)

Drug Name	Tier	Requirements/Limits
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	3	PA New Starts; LA; QL (4 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI ORAL CAPSULE	2	PA New Starts
XTANDI ORAL TABLET	2	PA New Starts
ZEJULA ORAL TABLET	2	PA New Starts; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TABLET	3	PA New Starts
ZENBEXUS ORAL CAPSULE	3	PA New Starts; LA; QL (21 EA per 28 days)
ZOLINZA ORAL CAPSULE	2	
ZYDELIG ORAL TABLET	3	PA New Starts
ZYKADIA ORAL TABLET	3	PA New Starts
Antiparasitics		
<i>albendazole oral tablet</i>	1	
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	1	
<i>chloroquine phosphate oral tablet</i>	1	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
EMVERM ORAL TABLET CHEWABLE	3	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	EDS
IMPAVIDO ORAL CAPSULE	3	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>mefloquine hcl oral tablet</i>	1	EDS
<i>nitazoxanide oral tablet</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	BD
<i>pentamidine isethionate injection solution reconstituted</i>	1	
<i>praziquantel oral tablet</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet</i>	1	
<i>quinine sulfate oral capsule</i>	1	
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
<i>benztropine mesylate oral tablet</i>	1	EDS
<i>bromocriptine mesylate oral tablet</i>	1	EDS
<i>carbidopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<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>	1	EDS
<i>entacapone oral tablet</i>	1	EDS
INBRIJA INHALATION CAPSULE	3	PA; LA; EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	QL (30 EA per 30 days); EDS
<i>pramipexole dihydrochloride oral tablet</i>	1	EDS
<i>rasagiline mesylate oral tablet</i>	1	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg</i>	1	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 6 mg</i>	1	QL (30 EA per 30 days); EDS
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>	1	QL (60 EA per 30 days); EDS
<i>ropinirole hcl oral tablet</i>	1	EDS
<i>selegiline hcl oral capsule</i>	1	EDS
<i>selegiline hcl oral tablet</i>	1	EDS
<i>tolcapone oral tablet</i>	1	EDS
<i>trihexyphenidyl hcl oral solution</i>	1	EDS
<i>trihexyphenidyl hcl oral tablet</i>	1	EDS
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet</i>	1	EDS
<i>aripiprazole oral tablet dispersible</i>	1	ST; QL (60 EA per 30 days); EDS
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	1	EDS
<i>asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg</i>	1	QL (60 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
CAPLYTA ORAL CAPSULE 42 MG	3	PA New Starts; EDS
<i>chlorpromazine hcl oral concentrate</i>	1	EDS
<i>chlorpromazine hcl oral tablet</i>	1	EDS
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	3	PA New Starts; EDS
COBENFY ORAL CAPSULE 50-20 MG	3	PA New Starts
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA New Starts; QL (56 EA per 28 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	PA New Starts; QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	PA New Starts; EDS

Drug Name	Tier	Requirements/Limits
FANAPT TITRATION PACK A ORAL TABLET	3	PA New Starts; QL (16 EA per 365 days)
FANAPT TITRATION PACK B ORAL TABLET	3	PA New Starts; QL (24 EA per 365 days)
FANAPT TITRATION PACK C ORAL TABLET	3	PA New Starts; QL (16 EA per 365 days)
<i>fluphenazine decanoate injection solution</i>	1	BD
<i>fluphenazine hcl injection solution</i>	1	BD
<i>fluphenazine hcl oral concentrate</i>	1	EDS
<i>fluphenazine hcl oral elixir</i>	1	EDS
<i>fluphenazine hcl oral tablet</i>	1	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection solution</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	EDS
<i>haloperidol oral tablet</i>	1	EDS
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	BD
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	3	PA New Starts; EDS
<i>loxapine succinate oral capsule</i>	1	EDS
<i>lurasidone hcl oral tablet</i>	1	EDS
LYBALVI ORAL TABLET	3	PA New Starts; EDS
<i>molindone hcl oral tablet</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
<i>olanzapine intramuscular solution reconstituted</i>	1	BD
<i>olanzapine oral tablet</i>	1	EDS
<i>olanzapine oral tablet dispersible</i>	1	EDS
OPIPZA ORAL FILM 10 MG	3	ST; EDS
OPIPZA ORAL FILM 2 MG	3	ST; QL (120 EA per 30 days); EDS
OPIPZA ORAL FILM 5 MG	3	ST; QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1	QL (30 EA per 30 days); EDS
<i>paliperidone er oral tablet extended release 24 hour 6 mg, 9 mg</i>	1	EDS
<i>perphenazine oral tablet</i>	1	EDS
<i>pimozide oral tablet</i>	1	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	PA New Starts; QL (30 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
REXULTI ORAL TABLET 4 MG	3	PA New Starts; EDS
<i>risperidone microspheres er intramuscular suspension reconstituted er</i>	1	BD
<i>risperidone oral solution 1 mg/ml</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	1	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	1	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	3	PA New Starts; QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	3	PA New Starts; EDS
<i>thioridazine hcl oral tablet</i>	1	EDS
<i>thiothixene oral capsule</i>	1	EDS
<i>trifluoperazine hcl oral tablet</i>	1	EDS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	PA New Starts
VERSACLOZ ORAL SUSPENSION	3	ST
VRAYLAR ORAL CAPSULE	2	QL (30 EA per 30 days); EDS
<i>ziprasidone hcl oral capsule</i>	1	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1	BD
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	EDS
<i>dantrolene sodium oral capsule</i>	1	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	EDS
<i>tizanidine hcl oral tablet</i>	1	EDS
Antivirals		
<i>abacavir sulfate oral solution</i>	1	EDS
<i>abacavir sulfate oral tablet</i>	1	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	1	EDS
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil oral tablet</i>	1	EDS
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
APTIVUS ORAL CAPSULE	3	EDS
<i>atazanavir sulfate oral capsule</i>	1	EDS
BIKTARVY ORAL TABLET	2	EDS
CIMDUO ORAL TABLET	2	EDS
<i>darunavir oral tablet</i>	1	EDS

Drug Name	Tier	Requirements/Limits
DELSTRIGO ORAL TABLET	3	EDS
DESCOVY ORAL TABLET	3	EDS
DOVATO ORAL TABLET	3	EDS
EDURANT PED ORAL TABLET SOLUBLE	3	EDS
<i>efavirenz oral tablet</i>	1	EDS
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	1	EDS
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1	EDS
<i>emtricitabine oral capsule</i>	1	EDS
<i>emtricitabine-tenofovir df oral tablet</i>	1	EDS
<i>emtricitab-rilpivir-tenofov df oral tablet</i>	1	EDS
EMTRIVA ORAL SOLUTION	3	EDS
<i>entecavir oral tablet</i>	1	EDS
<i>etravirine oral tablet</i>	1	EDS
EVOTAZ ORAL TABLET	3	EDS
<i>famciclovir oral tablet</i>	1	EDS
<i>fosamprenavir calcium oral tablet</i>	1	EDS
GENVOYA ORAL TABLET	2	EDS
IDVYNZO ORAL TABLET	3	EDS
INTELENCE ORAL TABLET 25 MG	2	EDS
ISENTRESS HD ORAL TABLET	3	EDS
ISENTRESS ORAL PACKET	3	EDS
ISENTRESS ORAL TABLET	3	EDS
ISENTRESS ORAL TABLET CHEWABLE	3	EDS
JULUCA ORAL TABLET	3	EDS
KALETRA ORAL SOLUTION	3	EDS
<i>lamivudine oral solution 10 mg/ml</i>	1	EDS
<i>lamivudine oral tablet</i>	1	EDS
<i>lamivudine-zidovudine oral tablet</i>	1	EDS
LIVTENCITY ORAL TABLET	3	PA; LA; EDS
<i>lopinavir-ritonavir oral tablet</i>	1	EDS
<i>maraviroc oral tablet</i>	1	EDS
MAVYRET ORAL PACKET	2	PA; QL (150 EA per 30 days)
MAVYRET ORAL TABLET	2	PA
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	EDS
<i>nevirapine oral suspension</i>	1	EDS
<i>nevirapine oral tablet</i>	1	EDS
NORVIR ORAL PACKET	3	EDS
ODEFSEY ORAL TABLET	3	EDS
<i>oseltamivir phosphate oral capsule</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	2	QL (80 EA per 365 days)

Drug Name	Tier	Requirements/Limits
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	2	QL (44 EA per 365 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	2	QL (120 EA per 365 days)
PIFELTRO ORAL TABLET	3	EDS
PREVYMIS ORAL TABLET	3	PA; EDS
PREZCOBIX ORAL TABLET	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 75 MG	2	EDS
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	2	
REYATAZ ORAL PACKET	2	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rilpivirine hcl oral tablet</i>	1	EDS
<i>rimantadine hcl oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	EDS
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS
SELZENTRY ORAL SOLUTION	2	EDS
<i>sofosbuvir-velpatasvir oral tablet</i>	1	PA
STRIBILD ORAL TABLET	2	EDS
SUNLENCA ORAL TABLET	3	LA
SUNLENCA ORAL TABLET THERAPY PACK	3	LA
SYM TUZA ORAL TABLET	3	EDS
<i>tenofovir disoproxil fumarate oral tablet</i>	1	EDS
TIVICAY ORAL TABLET 50 MG	2	EDS
TIVICAY PD ORAL TABLET SOLUBLE	2	EDS
TRIUMEQ ORAL TABLET	2	EDS
<i>trumeq pd oral tablet soluble</i>	3	EDS
<i>valacyclovir hcl oral tablet</i>	1	
<i>valganciclovir hcl oral solution reconstituted</i>	1	EDS
<i>valganciclovir hcl oral tablet</i>	1	EDS
VEMLIDY ORAL TABLET	2	EDS
VIRACEPT ORAL TABLET	2	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOCABRIA ORAL TABLET	3	LA; EDS
VOSEVI ORAL TABLET	3	PA; QL (30 EA per 30 days)
XOCOVA ORAL TABLET	3	QL (28 EA per 365 days); AL (Min 12 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	

Drug Name	Tier	Requirements/Limits
<i>zidovudine oral capsule</i>	1	EDS
<i>zidovudine oral syrup</i>	1	EDS
<i>zidovudine oral tablet</i>	1	EDS
Anxiolytics		
<i>alprazolam er oral tablet extended release 24 hour</i>	1	
ALPRAZOLAM INTENSOL ORAL CONCENTRATE	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet dispersible</i>	1	
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	EDS
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	EDS
<i>clonazepam oral tablet dispersible</i>	1	EDS
DIAZEPAM INTENSOL ORAL CONCENTRATE	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>flurazepam hcl oral capsule</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
LEXAPRO ORAL TABLET	3	EDS
<i>lorazepam oral tablet</i>	1	
<i>meprobamate oral tablet</i>	1	EDS
<i>oxazepam oral capsule</i>	1	
PAXIL ORAL TABLET	3	EDS
Bipolar Agents		
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	EDS
<i>carbamazepine oral tablet</i>	1	EDS
<i>carbamazepine oral tablet chewable 100 mg</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lithium carbonate er oral tablet extended release</i>	1	EDS
<i>lithium carbonate oral capsule</i>	1	EDS
<i>lithium carbonate oral tablet</i>	1	EDS
<i>lithium oral solution</i>	1	EDS
<i>lurasidone hcl oral tablet</i>	1	EDS
<i>olanzapine oral tablet</i>	1	EDS
<i>olanzapine oral tablet dispersible 10 mg</i>	1	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	EDS
<i>risperidone oral solution 1 mg/ml</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg</i>	1	QL (90 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 1 mg, 2 mg</i>	1	QL (30 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1	EDS
SUBVENITE ORAL SUSPENSION	3	EDS
SUBVENITE ORAL TABLET	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution 250 mg/5ml</i>	1	EDS
<i>ziprasidone hcl oral capsule</i>	1	EDS
Blood Glucose Regulators		
<i>acarbose oral tablet</i>	1	100DS; EDS
ACTOPLUS MET ORAL TABLET 15-850 MG	3	EDS
ACTOS ORAL TABLET	3	EDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	
BAQSIMI ONE PACK NASAL POWDER	1	
BAQSIMI TWO PACK NASAL POWDER	1	
<i>colesevelam hcl oral packet</i>	1	EDS
<i>colesevelam hcl oral tablet</i>	1	EDS
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
<i>dapaglifloz base-metformin er oral tablet extended release 24 hour</i>	1	EDS
<i>dapagliflozin oral tablet 10 mg</i>	2	EDS
<i>dapagliflozin oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>diazoxide oral suspension</i>	1	EDS
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	EDS
FARXIGA ORAL TABLET 10 MG	2	ST; EDS
FARXIGA ORAL TABLET 5 MG	2	ST; QL (30 EA per 30 days); EDS
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	100DS; EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	100DS; EDS
<i>glipizide-metformin hcl oral tablet</i>	1	100DS; EDS
<i>global alcohol prep ease pad</i>	1	
<i>glucagon emergency injection solution reconstituted 1 mg</i>	1	
<i>glyburide oral tablet</i>	1	EDS
<i>glyburide-metformin oral tablet</i>	1	EDS
GLYXAMBI ORAL TABLET	2	EDS
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	1	
GVOKE KIT SUBCUTANEOUS SOLUTION	1	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	1	

Drug Name	Tier	Requirements/Limits
HUMALOG INJECTION SOLUTION	2	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN R INJECTION SOLUTION	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
<i>insulin glargine max solostar subcutaneous solution pen-injector</i>	2	EDS
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	2	EDS
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	2	EDS
<i>insulin lispro injection solution</i>	2	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	2	EDS
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	2	EDS
JARDIANCE ORAL TABLET 10 MG	2	QL (30 EA per 30 days); EDS
JARDIANCE ORAL TABLET 25 MG	2	EDS
JENTADUETO ORAL TABLET	2	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LANTUS SUBCUTANEOUS SOLUTION	2	EDS
LYUMJEV INJECTION SOLUTION	2	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>metformin hcl oral solution</i>	1	100DS; EDS
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	100DS; EDS

Drug Name	Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	2	PA New Starts; QL (2 ML per 28 days); EDS
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	2	PA New Starts; QL (2 ML per 365 days)
<i>nateglinide oral tablet</i>	1	100DS; EDS
OMNIPOD 5 LIBRE INTRO KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE PODS	2	QL (15 EA per 30 days)
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	2	QL (1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	QL (15 EA per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (15 EA per 30 days); EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 4 MG/3ML	2	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	PA New Starts; QL (3 ML per 28 days); EDS
OZEMPIC ORAL TABLET 1.5 MG	2	PA New Starts; QL (60 EA per 365 days)
OZEMPIC ORAL TABLET 4 MG	2	PA New Starts; QL (30 EA per 30 days); EDS
OZEMPIC ORAL TABLET 9 MG	2	PA New Starts; EDS
<i>pioglitazone hcl oral tablet</i>	1	100DS; EDS
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1	100DS; EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	100DS; QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	1	100DS; EDS
RYBELSUS ORAL TABLET 14 MG	2	PA New Starts; EDS
RYBELSUS ORAL TABLET 3 MG	2	PA New Starts; QL (60 EA per 365 days)
RYBELSUS ORAL TABLET 7 MG	2	PA New Starts; QL (30 EA per 30 days); EDS
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg, 50-1000 mg</i>	1	EDS
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 50-500 mg</i>	1	QL (30 EA per 30 days); EDS
<i>sitagliptin phos-metformin hcl oral tablet</i>	1	EDS
<i>sitagliptin phosphate oral tablet 100 mg</i>	1	EDS
<i>sitagliptin phosphate oral tablet 25 mg, 50 mg</i>	1	QL (30 EA per 30 days); EDS
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (15 ML per 25 days); EDS
SYNJARDY ORAL TABLET	2	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN- INJECTOR	2	EDS

Drug Name	Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TRADJENTA ORAL TABLET	2	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA New Starts; QL (2 ML per 28 days); EDS
V-GO 20 KIT 20 UNIT/24HR	2	EDS
V-GO 30 KIT 30 UNIT/24HR	2	EDS
V-GO 40 KIT 40 UNIT/24HR	2	EDS
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; EHS; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 25 MG	2	PA; EHS; QL (30 EA per 30 days); EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2	PA; EHS; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	2	PA; EHS; QL (3 ML per 28 days); EDS
ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.6ML, 12.5 MG/0.6ML, 15 MG/0.6ML, 5 MG/0.6ML, 7.5 MG/0.6ML	3	PA; EHS; EDS
ZEPBOUND KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 2.5 MG/0.6ML	3	PA; EHS
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; EHS; EDS
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA; EHS
Blood Products And Modifiers		
<i>anagrelide hcl oral capsule</i>	1	EDS
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	EDS
CABLIVI INJECTION KIT	3	PA; LA
<i>cilostazol oral tablet</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dabigatran etexilate mesylate oral capsule</i>	1	EDS
DOPTELET ORAL TABLET 20 MG	3	PA; LA
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	2	QL (444 EA per 30 days); EDS
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	2	QL (590 EA per 30 days); EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	QL (148 EA per 365 days)
ELIQUIS ORAL CAPSULE SPRINKLE	2	QL (74 EA per 30 days); EDS
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days); EDS
ELIQUIS ORAL TABLET 5 MG	2	EDS
ELIQUIS ORAL TABLET SOLUBLE	2	QL (148 EA per 30 days); EDS
<i>eltrombopag olamine oral packet</i>	1	PA; EDS
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	1	PA; QL (30 EA per 30 days); EDS
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	1	PA; EDS

Drug Name	Tier	Requirements/Limits
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe</i>	1	
<i>fondaparinux sodium subcutaneous solution</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	
JANTOVEN ORAL TABLET	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
<i>prasugrel hcl oral tablet</i>	1	EDS
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	PA
<i>rivaroxaban oral tablet</i>	1	QL (324 EA per 30 days); EDS
<i>ticagrelor oral tablet</i>	1	EDS
<i>tranexamic acid oral tablet</i>	1	
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL TABLET 10 MG	3	ST; QL (30 EA per 30 days); EDS
XARELTO ORAL TABLET 15 MG, 20 MG	3	ST; EDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	2	
Cardiovascular Agents		
<i>acebutolol hcl oral capsule</i>	1	100DS; EDS
<i>acetazolamide oral tablet</i>	1	EDS
<i>aliskiren fumarate oral tablet</i>	1	ST; 100DS; EDS
<i>amiloride hcl oral tablet</i>	1	100DS; EDS
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	EDS
<i>amiodarone hcl oral tablet</i>	1	EDS
<i>amlodipine besy-benazepril hcl oral capsule</i>	1	100DS; EDS
<i>amlodipine besylate oral tablet</i>	1	100DS; EDS
<i>amlodipine besylate-valsartan oral tablet</i>	1	100DS; EDS
<i>amlodipine-atorvastatin oral tablet</i>	1	EDS
<i>amlodipine-olmesartan oral tablet</i>	1	100DS; EDS
<i>amlodipine-valsartan-hctz oral tablet</i>	1	100DS; EDS
<i>atenolol oral tablet</i>	1	100DS; EDS
<i>atenolol-chlorthalidone oral tablet</i>	1	100DS; EDS
<i>atorvastatin calcium oral tablet</i>	1	100DS; EDS
<i>benazepril hcl oral tablet</i>	1	100DS; EDS
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>betaxolol hcl oral tablet</i>	1	100DS; EDS

Drug Name	Tier	Requirements/Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	100DS; EDS
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	EDS
CAMZYOS ORAL CAPSULE	3	PA; LA; QL (30 EA per 30 days); EDS
<i>candesartan cilexetil oral tablet</i>	1	100DS; EDS
<i>candesartan cilexetil-hctz oral tablet</i>	1	100DS; EDS
<i>captopril oral tablet</i>	1	100DS; EDS
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>carvedilol oral tablet</i>	1	100DS; EDS
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	100DS; QL (30 EA per 30 days); EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	100DS; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	100DS; EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	100DS; QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	100DS; EDS
<i>colesevelam hcl oral packet</i>	1	EDS
<i>colesevelam hcl oral tablet</i>	1	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
<i>digoxin oral solution</i>	1	EDS
<i>digoxin oral tablet 125 mcg</i>	1	QL (35 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA not required if under 65 years of age. PA not required for cardiologists.; EDS
<i>digoxin oral tablet 62.5 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	1	100DS; EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	100DS; EDS
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>diltiazem hcl oral tablet</i>	1	100DS; EDS
<i>dilt-xr oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>dofetilide oral capsule</i>	1	EDS
<i>doxazosin mesylate oral tablet</i>	1	100DS; EDS
<i>droxidopa oral capsule 100 mg</i>	1	QL (90 EA per 30 days)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	QL (180 EA per 30 days)
<i>enalapril maleate oral tablet</i>	1	100DS; EDS
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>eplerenone oral tablet</i>	1	100DS; EDS

Drug Name	Tier	Requirements/Limits
<i>ethacrynic acid oral tablet</i>	1	EDS
<i>ezetimibe oral tablet</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet</i>	1	EDS
<i>felodipine er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	EDS
<i>fenofibrate oral tablet 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	EDS
<i>fenofibric acid oral capsule delayed release</i>	1	EDS
FILSPARI ORAL TABLET	3	PA; LA; QL (30 EA per 30 days); EDS
<i>flecainide acetate oral tablet</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>fluvastatin sodium oral capsule</i>	1	100DS; EDS
<i>fosinopril sodium oral tablet</i>	1	100DS; EDS
<i>fosinopril sodium-hctz oral tablet</i>	1	100DS; EDS
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral tablet</i>	1	EDS
<i>guanfacine hcl oral tablet</i>	1	100DS; EDS
<i>hydralazine hcl oral tablet</i>	1	100DS; EDS
<i>hydrochlorothiazide oral capsule</i>	1	100DS; EDS
<i>hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>icosapent ethyl oral capsule 0.5 gm</i>	1	QL (120 EA per 30 days); EDS
<i>icosapent ethyl oral capsule 1 gm</i>	1	EDS
<i>indapamide oral tablet</i>	1	100DS; EDS
<i>irbesartan oral tablet</i>	1	100DS; EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	EDS
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	EDS
<i>ivabradine hcl oral tablet 5 mg</i>	1	PA; Prior authorization not required for cardiologists.; QL (60 EA per 30 days); EDS
<i>ivabradine hcl oral tablet 7.5 mg</i>	1	PA; Prior authorization not required for cardiologists.; EDS
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; QL (60 EA per 30 days); EDS
KERENDIA ORAL TABLET	3	PA; QL (30 EA per 30 days); EDS
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	100DS; EDS
LIPFENDRA ORAL TABLET	2	PA New Starts; QL (30 EA per 30 days); EDS
<i>lisinopril oral tablet</i>	1	100DS; EDS

Drug Name	Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>losartan potassium oral tablet</i>	1	100DS; EDS
<i>losartan potassium-hctz oral tablet</i>	1	100DS; EDS
LOTENSIN ORAL TABLET 10 MG	3	EDS
<i>lovastatin oral tablet</i>	1	100DS; EDS
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>metolazone oral tablet</i>	1	100DS; EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	100DS; EDS
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>metyrosine oral capsule</i>	1	
<i>mexiletine hcl oral capsule</i>	1	EDS
<i>midodrine hcl oral tablet</i>	1	EDS
<i>minoxidil oral tablet</i>	1	100DS; EDS
<i>moexipril hcl oral tablet</i>	1	100DS; EDS
MULTAQ ORAL TABLET	2	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	100DS; EDS
<i>nebivolol hcl oral tablet</i>	1	100DS; EDS
NEXLETOL ORAL TABLET	3	PA; EDS
NEXLIZET ORAL TABLET	3	PA; EDS
<i>niacin (antihyperlipidemic) oral tablet</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	1	EDS
<i>nicardipine hcl oral capsule</i>	1	100DS; EDS
<i>nifedipine er oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour</i>	1	100DS; EDS
<i>nimodipine oral capsule</i>	1	100DS; EDS
NITRO-BID TRANSDERMAL OINTMENT	3	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	1	EDS
<i>nitroglycerin transdermal ointment</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
<i>olmesartan medoxomil oral tablet</i>	1	100DS; EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	100DS; EDS
<i>olmesartan-amlodipine-hctz oral tablet</i>	1	100DS; EDS
<i>omega-3-acid ethyl esters oral capsule</i>	1	EDS
PACERONE ORAL TABLET 100 MG, 200 MG	1	EDS
<i>pentoxifylline er oral tablet extended release</i>	1	EDS
<i>perindopril erbumine oral tablet</i>	1	100DS; EDS
<i>pindolol oral tablet</i>	1	100DS; EDS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg</i>	1	100DS; QL (45 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
<i>pitavastatin calcium oral tablet 4 mg</i>	1	100DS; EDS
<i>pravastatin sodium oral tablet</i>	1	100DS; EDS
<i>prazosin hcl oral capsule</i>	1	100DS; EDS
PREVALITE ORAL PACKET	1	EDS
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>propafenone hcl oral tablet</i>	1	EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>propranolol hcl oral solution</i>	1	EDS
<i>propranolol hcl oral tablet</i>	1	100DS; EDS
<i>quinapril hcl oral tablet</i>	1	100DS; EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
<i>quinidine gluconate er oral tablet extended release</i>	1	EDS
<i>quinidine sulfate oral tablet</i>	1	EDS
<i>ramipril oral capsule</i>	1	100DS; EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	1	EDS
REDEMPLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; QL (0.5 ML per 90 days); EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA New Starts; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA New Starts; EDS
<i>rosuvastatin calcium oral tablet</i>	1	100DS; EDS
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	1	QL (180 EA per 30 days); EDS
<i>sacubitril-valsartan oral tablet 49-51 mg</i>	1	QL (60 EA per 30 days); EDS
<i>sacubitril-valsartan oral tablet 97-103 mg</i>	1	EDS
<i>simvastatin oral tablet</i>	1	100DS; EDS
<i>sotalol hcl (af) oral tablet</i>	1	100DS; EDS
<i>sotalol hcl oral tablet</i>	1	100DS; EDS
<i>spironolactone oral tablet</i>	1	100DS; EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
<i>telmisartan oral tablet</i>	1	100DS; EDS
<i>telmisartan-amlodipine oral tablet</i>	1	100DS; EDS
<i>telmisartan-hctz oral tablet</i>	1	100DS; EDS
<i>terazosin hcl oral capsule</i>	1	100DS; EDS
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	100DS; EDS
<i>timolol maleate oral tablet</i>	1	100DS; EDS
<i>torseamide oral tablet</i>	1	EDS
<i>trandolapril oral tablet</i>	1	100DS; EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	1	100DS; EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan oral tablet</i>	1	100DS; EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	100DS; EDS
VANRAFIA ORAL TABLET	3	PA; LA; QL (30 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
VASCEPA ORAL CAPSULE 0.5 GM	2	QL (120 EA per 30 days); EDS
VASCEPA ORAL CAPSULE 1 GM	2	EDS
<i>verapamil hcl er oral capsule extended release 24 hour</i>	1	100DS; EDS
<i>verapamil hcl er oral tablet extended release</i>	1	100DS; EDS
<i>verapamil hcl oral tablet</i>	1	100DS; EDS
VERQUVO ORAL TABLET 10 MG	3	PA; EDS
VERQUVO ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days); EDS
WEGOVY ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; EHS; QL (30 EA per 30 days)
WEGOVY ORAL TABLET 25 MG	2	PA; EHS; QL (30 EA per 30 days); EDS
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML	2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML	2	PA; QL (3 ML per 28 days); EDS
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days); EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	1	QL (60 EA per 30 days); EDS
<i>atomoxetine hcl oral capsule</i>	1	EDS
AUSTEDO ORAL TABLET 12 MG	2	PA; LA; EDS
AUSTEDO ORAL TABLET 6 MG	2	PA; LA; QL (60 EA per 30 days); EDS
AUSTEDO ORAL TABLET 9 MG	2	PA; LA; QL (120 EA per 30 days); EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG	2	PA; QL (30 EA per 30 days); EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG, 30 MG, 36 MG, 42 MG, 48 MG	2	PA; EDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	2	PA; QL (90 EA per 30 days); EDS
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA; QL (28 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	1	PA; EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days); EDS
<i>dexmethylphenidate hcl oral tablet</i>	1	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	1	EDS
<i>dextroamphetamine sulfate oral solution</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	EDS
<i>dextromethorphan-quinidine oral capsule</i>	1	PA; EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	EDS
<i>fingolimod hcl oral capsule</i>	1	EDS
<i>gabapentin (once-daily) oral tablet 300 mg</i>	1	QL (90 EA per 30 days); EDS
<i>gabapentin (once-daily) oral tablet 600 mg</i>	1	EDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	1	EDS
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	EDS
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>lisdexamfetamine dimesylate oral capsule</i>	1	QL (30 EA per 30 days); EDS
<i>lisdexamfetamine dimesylate oral tablet chewable</i>	1	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	1	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	1	EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg, 54 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	QL (90 EA per 30 days); EDS
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	EDS
<i>methylphenidate hcl oral tablet</i>	1	EDS
<i>milnacipran hcl oral</i>	1	ST
<i>milnacipran hcl oral tablet</i>	1	ST; QL (60 EA per 30 days); EDS
<i>pregabalin oral capsule</i>	1	EDS
<i>pregabalin oral solution</i>	1	EDS
RADICAVA ORS ORAL SUSPENSION	2	PA New Starts; LA; QL (50 ML per 28 days); EDS
RADICAVA ORS STARTER KIT ORAL SUSPENSION	2	PA New Starts; LA; QL (70 ML per 28 days); EDS
<i>riluzole oral tablet</i>	1	EDS
SKYCLARYS ORAL CAPSULE	3	PA; LA; EDS
<i>teriflunomide oral tablet 14 mg</i>	1	EDS
<i>teriflunomide oral tablet 7 mg</i>	1	QL (30 EA per 30 days); EDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	LA; QL (120 EA per 30 days); EDS
<i>tetrabenazine oral tablet 25 mg</i>	1	LA; EDS
TIGLUTIK ORAL SUSPENSION	3	EDS
VEOZAH ORAL TABLET	3	PA; EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>chlorhexidine gluconate mouth/throat solution</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
PERIOGARD MOUTH/THROAT SOLUTION	1	
<i>pilocarpine hcl oral tablet</i>	1	EDS
<i>triamcinolone acetonide mouth/throat paste</i>	1	EDS
Dermatological Agents		
<i>acitretin oral capsule</i>	1	
<i>acyclovir external cream</i>	1	
<i>acyclovir external ointment</i>	1	
<i>adapalene external cream</i>	1	PA
<i>adapalene external gel 0.3 %</i>	1	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>alclometasone dipropionate external ointment</i>	1	
<i>ammonium lactate external cream</i>	1	
<i>ammonium lactate external lotion</i>	1	
AMNESTEEM ORAL CAPSULE	1	
<i>azelaic acid external gel</i>	1	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	1	
<i>betamethasone valerate external lotion</i>	1	
<i>betamethasone valerate external ointment</i>	1	
<i>brimonidine tartrate external gel</i>	1	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external ointment</i>	1	
<i>calcitriol external ointment</i>	1	
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	1	
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</i>	1	
CLARAVIS ORAL CAPSULE	1	

Drug Name	Tier	Requirements/Limits
<i>clindamycin phos (twice-daily) external gel</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clobetasol propionate e external cream</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLODAN EXTERNAL SHAMPOO	1	
<i>clotrimazole-betamethasone external cream</i>	1	
<i>clotrimazole-betamethasone external lotion</i>	1	
CROTAN EXTERNAL LOTION	1	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	
<i>desoximetasone external ointment 0.25 %</i>	1	
<i>diclofenac sodium external gel 3 %</i>	1	PA; EDS
<i>diflorasone diacetate external cream</i>	3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; EDS
<i>econazole nitrate external cream</i>	1	
ELIMITE EXTERNAL CREAM	3	
<i>ery external pad</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>fluocinolone acetonide body external oil</i>	1	
<i>fluocinolone acetonide external cream</i>	1	
<i>fluocinolone acetonide external ointment</i>	1	
<i>fluocinolone acetonide external solution</i>	1	
<i>fluocinolone acetonide scalp external oil</i>	1	
<i>fluocinonide emulsified base external cream</i>	1	
<i>fluocinonide external cream</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	

Drug Name	Tier	Requirements/Limits
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>global alcohol prep ease pad</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream</i>	1	
<i>hydrocortisone valerate external ointment</i>	1	
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin external cream</i>	1	
<i>malathion external lotion</i>	1	
<i>methoxsalen rapid oral capsule</i>	1	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole external lotion</i>	1	
<i>mometasone furoate external cream</i>	1	EDS
<i>mometasone furoate external ointment</i>	1	EDS
<i>mometasone furoate external solution</i>	1	EDS
<i>mupirocin calcium external cream</i>	1	
<i>mupirocin external ointment</i>	1	
<i>nystatin-triamcinolone external cream</i>	1	
<i>nystatin-triamcinolone external ointment</i>	1	
OTEZLA ORAL TABLET	2	QL (60 EA per 30 days); EDS
OTEZLA ORAL TABLET THERAPY PACK	2	QL (110 EA per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	QL (30 EA per 30 days); EDS
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	2	QL (82 EA per 365 days)
PANRETIN EXTERNAL GEL	2	PA New Starts
<i>permethrin external cream</i>	1	
<i>pimecrolimus external cream</i>	1	QL (100 GM per 30 days)
<i>podofilox external gel</i>	1	
<i>podofilox external solution</i>	1	
PROCTO-MED HC EXTERNAL CREAM	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	

Drug Name	Tier	Requirements/Limits
PRURADIK EXTERNAL LOTION	1	
SANTYL EXTERNAL OINTMENT	3	QL (180 GM per 30 days)
<i>selenium sulfide external lotion</i>	1	
<i>silver sulfadiazine external cream</i>	1	
SSD EXTERNAL CREAM	1	
<i>sulfacetamide sodium (acne) external lotion</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
SYNALAR EXTERNAL OINTMENT	3	
<i>tacrolimus external ointment</i>	1	EDS
<i>tavaborole external solution</i>	1	
<i>tazarotene external cream</i>	1	PA
<i>tazarotene external gel</i>	1	PA
<i>tretinoin external cream</i>	1	PA
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	PA
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment</i>	1	
TRILITAS EXTERNAL GEL	1	PA
VTAMA EXTERNAL CREAM	3	PA; QL (120 GM per 30 days)
ZENATANE ORAL CAPSULE	1	
ZORYVE EXTERNAL CREAM 0.3 %	3	PA; Prior authorization not required for dermatologists.
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate (phos binder) oral capsule</i>	1	BD; EDS
<i>calcium acetate (phos binder) oral tablet</i>	1	BD; EDS
<i>carglumic acid oral tablet soluble</i>	1	PA; EDS
CHEMET ORAL CAPSULE	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINISOL SF INTRAVENOUS SOLUTION	1	BD
<i>deferasirox oral tablet</i>	1	EDS
<i>deferasirox oral tablet soluble</i>	1	PA; EDS
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	

Drug Name	Tier	Requirements/Limits
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%, 20-5-0.2 meq/l-%, 20-5-0.45 meq/l-%, 20-5-0.9 meq/l-%, 30-5-0.45 meq/l-%, 40-5-0.45 meq/l-%, 40-5-0.9 meq/l-%</i>	1	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE	1	EDS
KLOR-CON ORAL PACKET 20 MEQ	1	EDS
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	EDS
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
LOKELMA ORAL PACKET	2	QL (90 EA per 30 days); EDS
<i>magnesium sulfate injection solution 50 %</i>	1	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1	
<i>penicillamine oral capsule</i>	1	EDS
<i>penicillamine oral tablet</i>	1	
<i>potassium chloride crys er oral tablet extended release</i>	1	EDS
<i>potassium chloride er oral capsule extended release</i>	1	EDS
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
<i>potassium citrate er oral tablet extended release</i>	1	EDS
PREMASOL INTRAVENOUS SOLUTION 10 %	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>sevelamer carbonate oral packet</i>	1	BD; EDS
<i>sevelamer carbonate oral tablet</i>	1	BD; EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate combination suspension</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	1	
<i>sterile water for irrigation irrigation solution</i>	1	
<i>tolvaptan (hyponatremia) oral tablet 15 mg</i>	1	PA; QL (30 EA per 30 days)

Drug Name	Tier	Requirements/Limits
<i>tolvaptan (hyponatremia) oral tablet 30 mg</i>	1	PA
<i>tolvaptan oral tablet 15 mg</i>	1	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	1	PA
<i>tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg</i>	3	PA; QL (60 EA per 30 days)
<i>tolvaptan oral tablet therapy pack 90 & 30 mg</i>	3	PA
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	1	
<i>trientine hcl oral capsule 250 mg</i>	1	EDS
Gastrointestinal Agents		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	EDS
<i>alosetron hcl oral tablet 0.5 mg</i>	1	QL (60 EA per 30 days); EDS
<i>alosetron hcl oral tablet 1 mg</i>	1	EDS
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	1	
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
<i>cimetidine oral tablet</i>	1	EDS
<i>constulose oral solution</i>	1	EDS
<i>dexlansoprazole oral capsule delayed release</i>	1	EDS
<i>dicyclomine hcl oral capsule</i>	1	EDS
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	EDS
<i>dicyclomine hcl oral tablet 20 mg</i>	1	EDS
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>enulose oral solution</i>	1	EDS
EOHILIA ORAL SUSPENSION	3	PA; QL (600 ML per 30 days)
<i>esomeprazole magnesium oral capsule delayed release</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX SUBCUTANEOUS KIT	3	PA; LA; EDS
GAVILYTE-C ORAL SOLUTION RECONSTITUTED	1	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED	1	
<i>generlac oral solution</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS
KRISTALOSE ORAL PACKET 20 GM	2	EDS
<i>lactulose oral packet 20 gm</i>	2	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
<i>lansoprazole oral tablet delayed release dispersible</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone oral capsule 24 mcg</i>	1	EDS
<i>lubiprostone oral capsule 8 mcg</i>	1	QL (60 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral tablet</i>	1	EDS
MOVANTIK ORAL TABLET 12.5 MG	2	QL (30 EA per 30 days)
MOVANTIK ORAL TABLET 25 MG	2	
MYTESI ORAL TABLET DELAYED RELEASE	2	PA; EDS
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	EDS
<i>nitroglycerin rectal ointment</i>	1	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	EDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1	
PEPCID ORAL TABLET 20 MG	3	EDS
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG	3	EDS
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	EDS
PROTONIX ORAL TABLET DELAYED RELEASE	3	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
REZDIFFRA ORAL TABLET	3	PA; LA
<i>sucralfate oral suspension</i>	1	EDS
<i>sucralfate oral tablet</i>	1	EDS
SUTAB ORAL TABLET	2	
<i>ursodiol oral capsule 300 mg</i>	1	EDS
<i>ursodiol oral tablet</i>	1	EDS
VELSIPITY ORAL TABLET	3	PA; EDS
VIBERZI ORAL TABLET	3	PA; EDS
VOQUEZNA ORAL TABLET 10 MG	3	PA; QL (30 EA per 30 days)
VOQUEZNA ORAL TABLET 20 MG	3	PA
VOWST ORAL CAPSULE	3	PA; LA; QL (12 EA per 90 days)
XERMELO ORAL TABLET	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	2	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; EDS
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment		
ATTRUBY ORAL TABLET THERAPY PACK	3	PA New Starts; LA; QL (112 EA per 28 days); EDS
<i>betaine oral powder</i>	1	EDS
CERDELGA ORAL CAPSULE	3	PA; LA; QL (60 EA per 30 days); EDS
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	EDS
<i>cromolyn sodium oral concentrate</i>	1	EDS

Drug Name	Tier	Requirements/Limits
CYSTAGON ORAL CAPSULE	2	LA; EDS
<i>dichlorphenamide oral tablet</i>	1	PA
DROXIA ORAL CAPSULE	2	EDS
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA New Starts; LA; EDS
EVRYSDI ORAL TABLET	3	PA New Starts; LA; EDS
JAVYGTOR ORAL PACKET	1	PA; EDS
JAVYGTOR ORAL TABLET	1	PA; EDS
JOENJA ORAL TABLET 70 MG	3	PA; LA; EDS
<i>l-glutamine oral packet</i>	1	PA New Starts
<i>miglustat oral capsule</i>	1	PA; EDS
<i>nitisinone oral capsule</i>	1	PA; EDS
ORMALVI ORAL TABLET	1	PA
PLENAMINE INTRAVENOUS SOLUTION	2	BD
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA; LA
<i>sapropterin dihydrochloride oral packet</i>	1	PA; EDS
<i>sapropterin dihydrochloride oral tablet</i>	1	PA; EDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	EDS
<i>sodium phenylbutyrate oral tablet</i>	1	EDS
SUCRAID ORAL SOLUTION	2	PA; LA; EDS
VIJOICE ORAL PACKET	3	PA; QL (28 EA per 28 days); EDS
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	3	PA; QL (28 EA per 28 days); EDS
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	3	PA; QL (56 EA per 28 days); EDS
YARGESA ORAL CAPSULE	1	PA; EDS
ZELVYSIA ORAL PACKET	1	PA; EDS
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	2	EDS
Genitourinary Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>bethanechol chloride oral tablet</i>	1	EDS
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	QL (30 EA per 30 days); EDS
<i>doxazosin mesylate oral tablet</i>	1	100DS; EDS
<i>dutasteride oral capsule</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	1	EDS
ELMIRON ORAL CAPSULE	2	QL (540 EA per 365 days)
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl oral tablet</i>	1	EDS
GEMTESA ORAL TABLET	2	QL (30 EA per 30 days); EDS
METHERGINE ORAL TABLET	1	
<i>methylegonovine maleate oral tablet</i>	1	
<i>mirabegron er oral tablet extended release 24 hour 25 mg</i>	1	QL (30 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
<i>mirabegron er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	EDS
<i>oxybutynin chloride oral tablet 5 mg</i>	1	EDS
<i>potassium citrate er oral tablet extended release</i>	1	EDS
<i>prazosin hcl oral capsule</i>	1	100DS; EDS
PROSCAR ORAL TABLET	3	EDS
RENACIDIN IRRIGATION SOLUTION	2	
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA; EDS
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>silodosin oral capsule</i>	1	EDS
<i>solifenacin succinate oral tablet</i>	1	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	EHS; QL (30 EA per 30 days); EDS
<i>tamsulosin hcl oral capsule</i>	1	EDS
<i>terazosin hcl oral capsule</i>	1	100DS; EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	EDS
<i>tolterodine tartrate oral tablet</i>	1	EDS
<i>tropium chloride er oral capsule extended release 24 hour</i>	1	QL (30 EA per 30 days); EDS
<i>tropium chloride oral tablet</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral capsule delayed release particles</i>	1	
<i>budesonide rectal foam 2 mg</i>	1	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	3	PA
CORTROPHIN INJECTION GEL	3	PA
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone acetate oral tablet</i>	1	EDS
<i>hydrocortisone oral tablet</i>	1	
<i>methylprednisolone oral tablet</i>	1	EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	EDS
<i>prednisone oral tablet therapy pack</i>	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE	3	PA; LA; QL (120 EA per 30 days)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>desmopressin acetate oral tablet</i>	1	EDS
<i>desmopressin acetate spray nasal solution</i>	1	EDS
INCRELEX SUBCUTANEOUS SOLUTION	2	PA; LA; EDS

Drug Name	Tier	Requirements/Limits
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA; LA; EDS
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	2	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ABIGALE LO ORAL TABLET	1	EDS
ABIGALE ORAL TABLET	1	EDS
ALTAVERA ORAL TABLET	1	EDS
<i>alyacen 1/35 oral tablet</i>	1	EDS
APRI ORAL TABLET	1	EDS
ARANELLE ORAL TABLET	1	EDS
ASHLYNA ORAL TABLET	1	EDS
AVIANE ORAL TABLET	1	EDS
AZURETTE ORAL TABLET	1	EDS
BALZIVA ORAL TABLET	1	EDS
BLISOVI 24 FE ORAL TABLET	1	EDS
BLISOVI FE 1.5/30 ORAL TABLET	1	EDS
BLISOVI FE 1/20 ORAL TABLET	1	EDS
<i>briellyn oral tablet</i>	1	EDS
CAMILA ORAL TABLET	1	EDS
CAMRESE LO ORAL TABLET	1	EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	QL (8 EA per 28 days); EDS
CRYSELLE ORAL TABLET	1	EDS
CYRED EQ ORAL TABLET	1	EDS
<i>danazol oral capsule</i>	1	
DEBLITANE ORAL TABLET	1	EDS
DELYLA ORAL TABLET	1	EDS
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	EDS
DOLISHALE ORAL TABLET	1	EDS
DOTTI TRANSDERMAL PATCH TWICE WEEKLY	1	QL (8 EA per 28 days); EDS
<i>drospiren-eth estrad-levomefol oral tablet</i>	1	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	EDS
DUAVEE ORAL TABLET	3	EDS
ELURYNG VAGINAL RING	1	EDS
ENILLORING VAGINAL RING	1	EDS
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	EDS
ERRIN ORAL TABLET	1	EDS

Drug Name	Tier	Requirements/Limits
ESTARYLLA ORAL TABLET	1	EDS
<i>estradiol oral tablet</i>	1	EDS
<i>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</i>	1	EDS
<i>estradiol transdermal patch twice weekly</i>	1	QL (8 EA per 28 days); EDS
<i>estradiol transdermal patch weekly</i>	1	QL (4 EA per 28 days); EDS
<i>estradiol vaginal cream 0.01 %</i>	1	EDS
<i>estradiol vaginal tablet</i>	1	EDS
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	EDS
ESTRING VAGINAL RING 7.5 MCG/24HR	2	EDS
<i>estrogens conjugated oral tablet</i>	1	EDS
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1	EDS
EVISTA ORAL TABLET	3	EDS
FALMINA ORAL TABLET	1	EDS
FEIRZA 1.5/30 ORAL TABLET	1	EDS
FEIRZA 1/20 ORAL TABLET	1	EDS
FINZALA ORAL TABLET CHEWABLE	1	EDS
FYAVOLV ORAL TABLET	1	EDS
GALBRIELA ORAL TABLET CHEWABLE	1	EDS
GALLIFREY ORAL TABLET	1	EDS
GEMMILY ORAL CAPSULE	1	EDS
HAILEY 24 FE ORAL TABLET	1	EDS
HAILEY FE 1/20 ORAL TABLET	1	EDS
HEATHER ORAL TABLET	1	EDS
ICLEVIA ORAL TABLET	1	EDS
INCASSIA ORAL TABLET	1	EDS
INTROVALE ORAL TABLET	1	EDS
ISIBLOOM ORAL TABLET	1	EDS
JAIMIESS ORAL TABLET	1	EDS
JASMIEL ORAL TABLET	1	EDS
JINTELI ORAL TABLET	1	EDS
JOYEAUX ORAL TABLET	1	EDS
JULEBER ORAL TABLET	1	EDS
JUNEL 1.5/30 ORAL TABLET	1	EDS
JUNEL 1/20 ORAL TABLET	1	EDS
JUNEL FE 1.5/30 ORAL TABLET	1	EDS
JUNEL FE 1/20 ORAL TABLET	1	EDS
JUNEL FE 24 ORAL TABLET	1	EDS
KAITLIB FE ORAL TABLET CHEWABLE	1	EDS
KARIVA ORAL TABLET	1	EDS
KELNOR 1/35 ORAL TABLET	1	EDS

Drug Name	Tier	Requirements/Limits
KURVELO ORAL TABLET	1	EDS
LARIN 1.5/30 ORAL TABLET	1	EDS
LARIN 1/20 ORAL TABLET	1	EDS
LARIN FE 1.5/30 ORAL TABLET	1	EDS
LARIN FE 1/20 ORAL TABLET	1	EDS
LESSINA ORAL TABLET	1	EDS
LEVONEST ORAL TABLET	1	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	1	EDS
<i>levonorgest-eth estradiol-iron oral tablet</i>	1	EDS
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	EDS
LEVORA 0.15/30 (28) ORAL TABLET	1	EDS
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	2	
LOJAIMIESS ORAL TABLET	1	EDS
LORYNA ORAL TABLET	1	EDS
LOW-OGESTREL ORAL TABLET	1	EDS
LUIZZA 1.5/30 ORAL TABLET	1	EDS
LUIZZA 1/20 ORAL TABLET	1	EDS
LYLEQ ORAL TABLET	1	EDS
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY	1	QL (8 EA per 28 days); EDS
LYZA ORAL TABLET	1	EDS
<i>marlissa oral tablet</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular suspension</i>	1	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	PA; PA not required if under 65 years of age. Prior authorization not required for hematologists or oncologists.
<i>megestrol acetate oral tablet</i>	1	EDS
MELEYA ORAL TABLET	1	EDS
MIBELAS 24 FE ORAL TABLET CHEWABLE	1	EDS
MICROGESTIN 1.5/30 ORAL TABLET	1	EDS
MICROGESTIN 1/20 ORAL TABLET	1	EDS
MICROGESTIN FE 1.5/30 ORAL TABLET	1	EDS
MICROGESTIN FE 1/20 ORAL TABLET	1	EDS
MILI ORAL TABLET	1	EDS
MIMVEY ORAL TABLET	1	EDS
MINZOYA ORAL TABLET	1	EDS

Drug Name	Tier	Requirements/Limits
NECON 0.5/35 (28) ORAL TABLET	1	EDS
NECON 1/35 (28) ORAL TABLET	1	EDS
NEXPLANON SUBCUTANEOUS IMPLANT	2	
NIKKI ORAL TABLET	1	EDS
NORA-BE ORAL TABLET	1	EDS
<i>norelgestromin-eth estradiol transdermal patch weekly</i>	1	EDS
<i>norethin ace-eth estrad-fe oral capsule</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>norethindrone acetate oral tablet</i>	1	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethindrone oral tablet</i>	1	EDS
<i>norethindrone-eth estradiol oral tablet</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	1	EDS
NORLYROC ORAL TABLET	1	EDS
NORTREL 0.5/35 (28) ORAL TABLET	1	EDS
NORTREL 1/35 (21) ORAL TABLET	1	EDS
NORTREL 1/35 (28) ORAL TABLET	1	EDS
NORTREL 7/7/7 ORAL TABLET	1	EDS
NYLIA 1/35 ORAL TABLET	1	EDS
NYLIA 7/7/7 ORAL TABLET	1	EDS
ORQUIDEA ORAL TABLET	1	EDS
PIMTREA ORAL TABLET	1	EDS
PORTIA-28 ORAL TABLET	1	EDS
PREMARIN VAGINAL CREAM	2	EDS
PREMPHASE ORAL TABLET	2	EDS
PREMPRO ORAL TABLET	2	EDS
<i>progesterone oral capsule</i>	1	EDS
PROMETRIUM ORAL CAPSULE	3	EDS
<i>raloxifene hcl oral tablet</i>	1	EDS
RECLIPSEN ORAL TABLET	1	EDS
RIVELSA ORAL TABLET	1	EDS
ROSYRAH ORAL TABLET	1	EDS
SETLAKIN ORAL TABLET	1	EDS
SHAROBEL ORAL TABLET	1	EDS
SPRINTEC 28 ORAL TABLET	1	EDS
SRONYX ORAL TABLET	1	EDS
SYEDA ORAL TABLET	1	EDS
TARINA 24 FE ORAL TABLET	1	EDS
TARINA FE 1/20 EQ ORAL TABLET	1	EDS
TAYSOFY ORAL CAPSULE	1	EDS
<i>testosterone cypionate injection solution 200 mg/ml</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	EDS
<i>testosterone enanthate intramuscular solution</i>	1	EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	1	PA; EDS
<i>testosterone transdermal solution</i>	3	PA; EDS
TILIA FE ORAL TABLET	1	EDS
TRI-ESTARYLLA ORAL TABLET	1	EDS
TRI-LEGEST FE ORAL TABLET	1	EDS
TRI-LO-ESTARYLLA ORAL TABLET	1	EDS
TRI-LO-SPRINTEC ORAL TABLET	1	EDS
TRI-MILI ORAL TABLET	1	EDS
TRINESSA (28) ORAL TABLET	1	EDS
TRI-SPRINTEC ORAL TABLET	1	EDS
TRIVORA (28) ORAL TABLET	1	EDS
TRI-VYLIBRA LO ORAL TABLET	1	EDS
TRI-VYLIBRA ORAL TABLET	1	EDS
TURQOZ ORAL TABLET	1	EDS
TYBLUME ORAL TABLET CHEWABLE	1	EDS
TYDEMY ORAL TABLET	1	EDS
VALTYA 1/35 ORAL TABLET	1	EDS
VALTYA 1/50 ORAL TABLET	1	EDS
VELIVET ORAL TABLET	1	EDS
VESTURA ORAL TABLET	1	EDS
VIENVA ORAL TABLET	1	EDS
<i>violele oral tablet</i>	1	EDS
VYFEMLA ORAL TABLET	1	EDS
VYLIBRA ORAL TABLET	1	EDS
WYMZYA FE ORAL TABLET CHEWABLE	1	EDS
XARAH FE ORAL TABLET	1	EDS
XELRIA FE ORAL TABLET CHEWABLE	1	EDS
XULANE TRANSDERMAL PATCH WEEKLY	1	EDS
YUVAFEM VAGINAL TABLET	1	EDS
ZAFEMY TRANSDERMAL PATCH WEEKLY	1	EDS
ZOVIA 1/35 (28) ORAL TABLET	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine sodium oral tablet</i>	1	EDS
LEVOXYL ORAL TABLET	1	EDS
LIOMNY ORAL TABLET	1	EDS
<i>liothyronine sodium oral tablet</i>	1	EDS
SYNTHROID ORAL TABLET	2	EDS

Drug Name	Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal Or Pituitary)		
<i>bromocriptine mesylate oral tablet</i>	1	EDS
<i>cabergoline oral tablet</i>	1	
ELIGARD SUBCUTANEOUS KIT	2	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	2	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	
<i>leuprolide acetate injection kit</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	2	
<i>mifepristone oral tablet 300 mg</i>	1	PA New Starts; EDS
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	EDS
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	1	EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	3	PA
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	ST
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral tablet</i>	1	EDS
<i>propylthiouracil oral tablet</i>	1	EDS
Immunological Agents		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
ADACEL INTRAMUSCULAR SUSPENSION	1	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>adalimumab-adaz subcutaneous solution auto-injector</i>	2	EDS
<i>adalimumab-adaz subcutaneous solution prefilled syringe</i>	2	EDS
<i>adalimumab-adbm (2 pen) subcutaneous auto-injector kit</i>	2	EDS
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit</i>	2	EDS
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
<i>auranofin oral capsule</i>	1	EDS
AVTOZMA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	EDS
AVTOZMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>azathioprine oral tablet 50 mg</i>	1	BD; EDS
<i>bcg vaccine injection solution reconstituted</i>	2	

Drug Name	Tier	Requirements/Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; LA; EDS
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>cyclosporine modified oral capsule</i>	1	BD; EDS
<i>cyclosporine modified oral solution</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	1	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	BD
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	BD
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	BD; QL (60 EA per 30 days); EDS
<i>everolimus oral tablet 1 mg</i>	1	BD; EDS
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	1	PA New Starts; QL (60 EA per 30 days)
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	1	PA New Starts; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg</i>	1	PA New Starts; QL (60 EA per 30 days)
<i>everolimus oral tablet soluble 3 mg</i>	1	PA New Starts; QL (90 EA per 30 days)
<i>everolimus oral tablet soluble 5 mg</i>	1	PA New Starts; QL (120 EA per 30 days)
GAMMAGARD ERC INJECTION SOLUTION	2	PA
GAMMAGARD INJECTION SOLUTION	2	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	

Drug Name	Tier	Requirements/Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	1	BD; EDS
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	BD
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	1	PA New Starts
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD
INFANRIX INTRAMUSCULAR SUSPENSION	1	
IPOL INJECTION INJECTABLE	1	
IPOL INJECTION SUSPENSION	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	1	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>leflunomide oral tablet</i>	1	EDS
MENACTRA INTRAMUSCULAR SOLUTION	1	
MENQUADFI INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION	1	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
<i>methotrexate sodium (pf) injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium oral tablet</i>	1	EDS
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>mycophenolate mofetil oral capsule</i>	1	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	1	BD; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	1	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML	2	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
PEDVAXHIB INTRAMUSCULAR SUSPENSION	1	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.

Drug Name	Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; Prior authorization not required for gastroenterologists, hepatologists, or infectious disease specialists.
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
<i>penmenvy intramuscular suspension reconstituted</i>	1	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROGRAF ORAL PACKET	3	BD; EDS
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
QUADRACEL INTRAMUSCULAR SUSPENSION	1	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	BD
RECOMBIVAX HB INJECTION SUSPENSION	1	BD
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	BD
REVCovi INTRAMUSCULAR SOLUTION	3	PA; LA
REZUROCK ORAL TABLET	3	PA New Starts; LA; EDS
RINVOQ LQ ORAL SOLUTION	2	QL (450 ML per 30 days); EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	2	QL (30 EA per 30 days); EDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 45 MG	2	EDS
ROTARIX ORAL SUSPENSION	1	
ROTATEQ ORAL SOLUTION	1	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	1	PA New Starts
SELARSDI SUBCUTANEOUS SOLUTION	2	EDS
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	2	EDS
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
<i>sirolimus oral solution</i>	1	BD; EDS
<i>sirolimus oral tablet</i>	1	BD; EDS
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	2	EDS
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 55 MG/0.37ML	2	QL (0.37 ML per 28 days); EDS

Drug Name	Tier	Requirements/Limits
SOTYKTU ORAL TABLET	3	PA; EDS
STARJEMZA SUBCUTANEOUS SOLUTION	2	EDS
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>tacrolimus er oral capsule extended release 24 hour</i>	1	BD; EDS
<i>tacrolimus oral capsule</i>	1	BD; EDS
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	3	PA New Starts; LA; EDS
TENIVAC INTRAMUSCULAR INJECTABLE	1	
TENIVAC INTRAMUSCULAR SUSPENSION	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
<i>tofacitinib citrate er oral tablet extended release 24 hour 11 mg</i>	1	QL (30 EA per 30 days); EDS
<i>tofacitinib citrate er oral tablet extended release 24 hour 22 mg</i>	1	EDS
<i>tofacitinib citrate oral solution</i>	1	EDS
<i>tofacitinib citrate oral tablet 10 mg</i>	1	EDS
<i>tofacitinib citrate oral tablet 5 mg</i>	1	QL (60 EA per 30 days); EDS
TORPENZ ORAL TABLET 10 MG, 7.5 MG	1	PA New Starts; QL (60 EA per 30 days)
TORPENZ ORAL TABLET 2.5 MG, 5 MG	1	PA New Starts; QL (30 EA per 30 days)
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	EDS
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
<i>ustekinumab subcutaneous solution</i>	2	PA; EDS
<i>ustekinumab subcutaneous solution prefilled syringe</i>	2	PA; EDS
VAQTA INTRAMUSCULAR SUSPENSION	1	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	
VARIZIG INTRAMUSCULAR SOLUTION	1	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	
VOYXACT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA
YF-VAX SUBCUTANEOUS INJECTABLE	1	

Drug Name	Tier	Requirements/Limits
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
YULITHIRA ORAL TABLET 10 MG, 7.5 MG	1	PA New Starts; QL (60 EA per 30 days)
YULITHIRA ORAL TABLET 2.5 MG, 5 MG	1	PA New Starts; QL (30 EA per 30 days)
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
Inflammatory Bowel Disease Agents		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	EDS
<i>balsalazide disodium oral capsule</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral capsule delayed release particles</i>	1	
<i>budesonide rectal foam 2 mg</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>mesalamine er oral capsule extended release</i>	1	EDS
<i>mesalamine er oral capsule extended release 24 hour</i>	1	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisone oral tablet therapy pack</i>	1	
<i>sulfasalazine oral tablet</i>	1	EDS
<i>sulfasalazine oral tablet delayed release</i>	1	EDS
Metabolic Bone Disease Agents		
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	EDS
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
BILPREVDA SUBCUTANEOUS SOLUTION	2	
<i>calcitonin (salmon) nasal solution</i>	1	EDS
<i>calcitriol oral capsule</i>	1	EDS
<i>calcitriol oral solution</i>	1	EDS
<i>cinacalcet hcl oral tablet</i>	1	EDS
<i>doxercalciferol oral capsule</i>	1	ST; EDS
<i>ibandronate sodium oral tablet</i>	1	EDS
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>	1	EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml, 620 mcg/2.48ml</i>	1	PA; EDS

Drug Name	Tier	Requirements/Limits
WYOST SUBCUTANEOUS SOLUTION	2	
Non-Frf		
ACTOPLUS MET ORAL TABLET 15-500 MG	3	EDS
ADIPEX-P ORAL CAPSULE	3	PA; EHS
ADIPEX-P ORAL TABLET	3	PA; EHS
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	2	EHS; EDS
AFLURIA INTRAMUSCULAR SUSPENSION	1	EHS
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
<i>alprazolam xr oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg</i>	1	
<i>anucort-hc rectal suppository</i>	1	EHS
ANUSOL-HC RECTAL SUPPOSITORY	1	EHS
ARMOUR THYROID ORAL TABLET	2	EHS; EDS
AUDENZ INTRAMUSCULAR EMULSION	1	EHS
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE	1	EHS
AUGMENTIN ORAL TABLET 500-125 MG	3	
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; QL (102 EA per 365 days)
<i>belladonna-opium rectal suppository</i>	1	
BENZACLIN WITH PUMP EXTERNAL GEL	3	
<i>benzonatate oral capsule</i>	1	EHS; QL (30 EA per 10 days)
BIXLENVO ORAL TABLET	3	EDS
<i>bosutinib oral tablet 100 mg, 500 mg</i>	1	PA New Starts
<i>capecitabine oral tablet</i>	1	EHS
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	EHS
CARNITOR INTRAVENOUS SOLUTION	3	
CENTANY EXTERNAL OINTMENT	3	
<i>chlorpromazine hcl injection solution 25 mg/ml</i>	3	
<i>chlorpropamide oral tablet 100 mg</i>	1	EDS
CICLODAN EXTERNAL SOLUTION	1	
CLINPRO 5000 DENTAL PASTE	1	EHS; EDS
COLAZAL ORAL CAPSULE	3	
CONTRACE ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; EHS
COVARYX HS ORAL TABLET	1	EDS
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	EHS; QL (4 ML per 28 days)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
DENTA 5000 PLUS DENTAL CREAM	1	EHS; EDS
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	1	
DIALYVITE ORAL TABLET	1	EHS
DILANTIN ORAL SUSPENSION	3	EDS

Drug Name	Tier	Requirements/Limits
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
DONNATAL ORAL TABLET	3	
EEMT HS ORAL TABLET	1	EDS
<i>ergocalciferol oral capsule</i>	1	EHS; EDS
<i>est estrogens-methyltest hs oral tablet</i>	1	EDS
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
FERREX 150 FORTE PLUS ORAL CAPSULE	3	EHS
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	EHS
FLUCELVAX INTRAMUSCULAR SUSPENSION	1	EHS
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUMIST NASAL LIQUID	1	EHS
FLUORIDEX DENTAL PASTE	1	EHS; EDS
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	1	EHS; EDS
FLUORIDEX SENSITIVITY RELIEF DENTAL GEL	1	EHS; EDS
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	1	EHS; EDS
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
FLUZONE INTRAMUSCULAR SUSPENSION	1	EHS
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
<i>folic acid oral tablet 1 mg</i>	1	EDS
FOUNDAYO ORAL TABLET 0.8 MG, 2.5 MG	3	PA; EHS; QL (30 EA per 30 days)
FOUNDAYO ORAL TABLET 14.5 MG, 17.2 MG, 5.5 MG, 9 MG	3	PA; EHS; QL (30 EA per 30 days); EDS
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	PA; EHS
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>guaifenesin ac oral syrup</i>	1	
<i>guaifenesin ac oral syrup</i>	1	
<i>guaifenesin-codeine oral solution</i>	1	
<i>guaifenesin-codeine oral syrup</i>	1	

Drug Name	Tier	Requirements/Limits
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	1	EHS
<i>hemorrhoidal-hc rectal suppository</i>	1	EHS
HYALGAN INTRA-ARTICULAR SOLUTION	2	PA; EHS
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
HYCANTIN ORAL CAPSULE	3	
<i>hydralazine hcl injection solution</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution</i>	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	1	
<i>hydrocodone-homatropine oral syrup</i>	1	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	1	EHS
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	EHS
<i>hydrocort-pramoxine (perianal) external cream</i>	1	EHS
<i>hydromet oral solution</i>	1	
<i>hydromet oral syrup</i>	1	
<i>hydromorphone hcl oral liquid 5 mg/5ml</i>	1	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
HYMOVIS ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	1	
<i>k 100 oral tablet</i>	1	EHS
KEFLEX ORAL CAPSULE 250 MG, 500 MG	3	
<i>labetalol hcl intravenous solution</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	EDS
<i>lactulose oral solution 20 gm/30ml</i>	1	EDS
LARIN 24 FE ORAL TABLET	1	EDS
LEVAQUIN ORAL TABLET	3	
LEVITRA ORAL TABLET 10 MG, 20 MG	3	EHS; QL (6 EA per 30 days)
<i>levothyroxine-liothyronine oral tablet</i>	1	EHS; EDS
<i>liraglutide -weight management subcutaneous solution pen-injector</i>	1	PA; EDS
<i>melphalan oral tablet</i>	1	EHS
MEPHYTON ORAL TABLET	2	EHS
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
MFLUSIVA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml</i>	1	
MYLERAN ORAL TABLET	3	EHS
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	EHS; EDS
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	1	

Drug Name	Tier	Requirements/Limits
NEPHRONEX ORAL TABLET	1	EHS
NIASPAN ORAL TABLET EXTENDED RELEASE	3	EDS
<i>niva thyroid oral tablet</i>	2	EHS; EDS
NP THYROID ORAL TABLET	1	EHS; EDS
<i>omeprazole magnesium oral capsule delayed release</i>	1	
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
PEDVAX HIB INTRAMUSCULAR SUSPENSION	1	
PENLAC EXTERNAL SOLUTION	3	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PHENOHYTRO ORAL TABLET	1	
<i>phentermine hcl oral capsule</i>	1	PA; EHS
<i>phentermine hcl oral tablet 37.5 mg</i>	1	PA; EHS
<i>phentermine-topiramate er oral capsule extended release 24 hour</i>	1	PA; EHS
<i>phytonadione oral tablet</i>	1	EHS
PNEUMOVAX 23 INJECTION INJECTABLE	1	EHS
PNEUMOVAX 23 INJECTION SOLUTION	1	EHS
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	1	EHS
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	3	
PREVACID ORAL CAPSULE DELAYED RELEASE 15 MG	3	EDS
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	EHS; EDS
PREVIDENT 5000 PLUS DENTAL CREAM	3	EHS; EDS
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	EHS; EDS
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	EHS; EDS
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
PROCTOZONE-HC RECTAL CREAM	1	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>propranolol hcl intravenous solution</i>	1	
ROSADAN EXTERNAL CREAM	1	
<i>sf 5000 plus dental cream</i>	1	EHS; EDS
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; Max QTY 72 per 365 days; QL (6 EA per 30 days)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	EHS; EDS
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	EHS
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	EHS
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS

Drug Name	Tier	Requirements/Limits
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	EHS; QL (6 EA per 30 days)
TEMODAR ORAL CAPSULE	3	EHS
<i>temozolomide oral capsule</i>	1	EHS
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 65 mg, 90 mg</i>	2	EHS; EDS
<i>urea external cream 40 %</i>	1	
URIBEL ORAL CAPSULE	1	
<i>uroav-b oral capsule</i>	1	
<i>uro-mp oral capsule</i>	1	
<i>vardeafil hcl oral tablet</i>	1	EHS; QL (6 EA per 30 days)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	EHS
VEPPANU ORAL TABLET	3	PA New Starts; LA; QL (30 EA per 30 days)
<i>verapamil hcl intravenous solution</i>	1	
VIAGRA ORAL TABLET	2	EHS; Max QTY 72 per 365 days; QL (6 EA per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	EHS; EDS
<i>vitamin k (phytonadione) oral tablet</i>	1	EHS
<i>vol-care rx oral tablet</i>	1	EHS
<i>vp-vite rx oral tablet</i>	1	EHS
WEGOVY HD SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EHS; QL (3 ML per 28 days); EDS
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	2	EHS; EDS
WP THYROID ORAL TABLET	2	EHS; EDS
XELODA ORAL TABLET	3	EHS
ZEGERID ORAL CAPSULE	3	EDS
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; EHS; EDS
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML	3	PA; EHS
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	PA; EHS
ZOVIRAX ORAL TABLET 800 MG	3	
Ophthalmic Agents		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	EDS
<i>apraclonidine hcl ophthalmic solution</i>	1	EDS
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>azelastine hcl ophthalmic solution</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	
<i>betaxolol hcl ophthalmic solution</i>	1	EDS

Drug Name	Tier	Requirements/Limits
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	EDS
<i>brimonidine tartrate ophthalmic solution</i>	1	EDS
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1	EDS
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	
<i>carteolol hcl ophthalmic solution</i>	1	EDS
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
<i>cromolyn sodium ophthalmic solution</i>	1	EDS
<i>cyclosporine (pf) ophthalmic emulsion</i>	1	EDS
CYSTADROPS OPHTHALMIC SOLUTION	3	PA; EDS
CYSTARAN OPHTHALMIC SOLUTION	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>diclofenac sodium ophthalmic solution</i>	1	EDS
<i>difluprednate ophthalmic emulsion</i>	1	
<i>dorzolamide hcl ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	EDS
<i>epinastine hcl ophthalmic solution</i>	1	
<i>erythromycin ophthalmic ointment</i>	1	
<i>fluorometholone ophthalmic suspension</i>	1	
<i>flurbiprofen sodium ophthalmic solution</i>	1	
<i>gatifloxacin ophthalmic solution</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
<i>ketorolac tromethamine ophthalmic solution</i>	1	
<i>latanoprost ophthalmic solution</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>levofloxacin ophthalmic solution 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic gel</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
<i>methazolamide oral tablet</i>	1	EDS
MIEBO OPHTHALMIC SOLUTION	2	QL (3 ML per 30 days); EDS
<i>moxifloxacin hcl ophthalmic solution</i>	1	
NATACYN OPHTHALMIC SUSPENSION	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	3	
<i>ofloxacin ophthalmic solution</i>	1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
<i>prednisolone acetate ophthalmic suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	
RHOPRESSA OPHTHALMIC SOLUTION	2	EDS
ROCKLATAN OPHTHALMIC SOLUTION	2	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	2	EDS
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution</i>	1	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	1	EDS
<i>timolol maleate ophthalmic solution</i>	1	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	
TOBREX OPHTHALMIC OINTMENT	3	
<i>travoprost (bak free) ophthalmic solution</i>	1	EDS
<i>trifluridine ophthalmic solution</i>	1	
VYZULTA OPHTHALMIC SOLUTION	2	EDS
XDEMVY OPHTHALMIC SOLUTION	3	PA; QL (20 ML per 365 days)
XIIDRA OPHTHALMIC SOLUTION	2	QL (60 EA per 30 days); EDS
ZIRGAN OPHTHALMIC GEL	3	
Otic Agents		
<i>acetic acid otic solution</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension</i>	1	
<i>ciprofloxacin-hydrocortisone otic suspension</i>	1	
<i>fluocinolone acetonide otic oil</i>	1	
<i>hydrocortisone-acetic acid otic solution</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin otic solution</i>	1	
Respiratory Tract/ Pulmonary Agents		
<i>acetylcysteine inhalation solution</i>	1	BD
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG	3	PA New Starts; LA; QL (90 EA per 30 days); EDS
ADEMPAS ORAL TABLET 2 MG, 2.5 MG	3	PA New Starts; LA; EDS
ADVAIR HFA INHALATION AEROSOL	2	QL (12 GM per 30 days); EDS
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BD; EDS

Drug Name	Tier	Requirements/Limits
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	EDS
<i>albuterol sulfate oral tablet</i>	1	EDS
ALYQ ORAL TABLET	1	PA New Starts; EDS
<i>ambrisentan oral tablet 10 mg</i>	1	PA New Starts; EDS
<i>ambrisentan oral tablet 5 mg</i>	1	PA New Starts; QL (30 EA per 30 days); EDS
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	2	EDS
<i>arformoterol tartrate inhalation nebulization solution</i>	1	BD; EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	1	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	1	EDS
<i>azelastine hcl nasal solution 0.1 %</i>	1	
<i>azelastine-fluticasone nasal suspension</i>	1	
<i>bosentan oral tablet 125 mg</i>	1	PA New Starts; EDS
<i>bosentan oral tablet 62.5 mg</i>	1	PA New Starts; QL (60 EA per 30 days); EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	2	EDS
BREYNA INHALATION AEROSOL	1	QL (10.3 GM per 30 days); EDS
BREZTRI AEROSPHERE INHALATION AEROSOL	2	QL (10.7 GM per 30 days); EDS
<i>budesonide inhalation suspension</i>	1	BD; QL (120 ML per 30 days); EDS
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1	QL (10.2 GM per 30 days); EDS
CAYSTON INHALATION SOLUTION RECONSTITUTED	2	LA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
<i>cromolyn sodium inhalation nebulization solution</i>	1	BD; EDS
<i>desloratadine oral tablet</i>	1	EDS
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA; EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 EA per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	EDS
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act</i>	1	AL (Min 12 Years); EDS
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 50 mcg/act</i>	1	EDS
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	1	EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	1	QL (60 EA per 30 days); EDS
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	1	EDS

Drug Name	Tier	Requirements/Limits
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days); EDS
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	EDS
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>fluticasone propionate nasal suspension</i>	1	EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	2	EDS
<i>ipratropium bromide hfa inhalation aerosol solution</i>	1	EDS
<i>ipratropium bromide inhalation solution</i>	1	BD; EDS
<i>ipratropium bromide nasal solution</i>	1	EDS
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BD; EDS
KALYDECO ORAL PACKET	2	PA New Starts; LA; EDS
KALYDECO ORAL TABLET	2	PA New Starts; LA; EDS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	EDS
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
<i>macitentan oral tablet</i>	1	PA New Starts; EDS
<i>mometasone furoate nasal suspension</i>	1	
<i>montelukast sodium oral tablet</i>	1	EDS
<i>montelukast sodium oral tablet chewable</i>	1	EDS
<i>nintedanib esylate oral capsule</i>	1	PA; QL (60 EA per 30 days); EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
OFEV ORAL CAPSULE	2	PA; LA; QL (60 EA per 30 days); EDS
<i>olopatadine hcl nasal solution</i>	1	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA New Starts; LA; EDS
ORKAMBI ORAL PACKET	2	PA New Starts; LA; QL (60 EA per 30 days); EDS

Drug Name	Tier	Requirements/Limits
ORKAMBI ORAL TABLET	2	PA New Starts; LA; QL (120 EA per 30 days); EDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; QL (207 EA per 30 days); EDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	1	EDS
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	2	BD; EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	1	QL (10.6 GM per 30 days); EDS
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	1	EDS
<i>roflumilast oral tablet 250 mcg</i>	1	QL (28 EA per 365 days)
<i>roflumilast oral tablet 500 mcg</i>	1	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
SPIRIVA HANDHALER INHALATION CAPSULE	2	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days); EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days); EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	2	QL (4 GM per 30 days); EDS
SYMDEKO ORAL TABLET THERAPY PACK	2	PA New Starts; LA; EDS
<i>tadalafil (pah) oral tablet</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral tablet</i>	1	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
<i>theophylline oral solution</i>	1	EDS
TOBI PODHALER INHALATION CAPSULE	2	EDS
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BD; EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	2	EDS
<i>triamcinolone acetate nasal aerosol</i>	1	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	2	PA New Starts; EDS
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	2	PA New Starts; QL (84 EA per 28 days); EDS
TRIKAFTA ORAL THERAPY PACK	2	PA New Starts; LA; EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	EDS
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG	3	PA; QL (1 EA per 21 days)

Drug Name	Tier	Requirements/Limits
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	3	PA; QL (2 EA per 21 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	1	EDS
<i>zafirlukast oral tablet</i>	1	EDS
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
Sleep Disorder Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	PA New Starts; PA does not apply to age less than 65.
AMBIEN ORAL TABLET	3	PA New Starts; PA does not apply to age less than 65.
<i>armodafinil oral tablet</i>	1	EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	2	
<i>doxepin hcl oral tablet 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
<i>eszopiclone oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.
<i>flurazepam hcl oral capsule</i>	1	
LUNESTA ORAL TABLET	3	
<i>modafinil oral tablet</i>	1	EDS
<i>ramelteon oral tablet</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG	3	
RESTORIL ORAL CAPSULE 7.5 MG	3	QL (30 EA per 30 days)
<i>sodium oxybate oral solution</i>	1	PA
SUNOSI ORAL TABLET 150 MG	3	PA; EDS
SUNOSI ORAL TABLET 75 MG	3	PA; QL (45 EA per 30 days); EDS
<i>tasimelteon oral capsule</i>	1	PA; EDS
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i>	1	
<i>temazepam oral capsule 7.5 mg</i>	1	QL (30 EA per 30 days)
<i>zaleplon oral capsule</i>	1	PA New Starts
<i>zolpidem tartrate er oral tablet extended release</i>	1	PA New Starts; PA does not apply to age less than 65.
<i>zolpidem tartrate oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.

Index		
abacavir sulfate.....	35	ALYQ.....77
abacavir sulfate-lamivudine.....	35	amantadine hcl..... 32, 35
ABIGALE.....	59	AMBIEN.....80
ABIGALE LO.....	59	AMBIEN CR.....80
ABILIFY MAINTENA.....	33	ambrisentan.....77
abiraterone acetate.....	26	amikacin sulfate.....15
ABIRTEGA.....	26	amiloride hcl.....43
ABRYSVO.....	64	amiloride-hydrochlorothiazide.....43
acamprosate calcium.....	15	amiodarone hcl.....43
acarbose.....	39	amitriptyline hcl.....22
acebutolol hcl.....	43	amlodipine besy-benazepril hcl.....43
acetaminophen-codeine.....	13	amlodipine besylate.....43
acetazolamide.....	43	amlodipine besylate-valsartan.....43
acetazolamide er.....	74	amlodipine-atorvastatin.....43
acetic acid.....	76	amlodipine-olmesartan.....43
acetylcysteine.....	76	amlodipine-valsartan-hctz.....43
ACIPHEX.....	55	ammonium lactate.....50
acitretin.....	50	AMNESTEEM.....50
ACTHIB.....	64	amoxapine.....22
ACTIMMUNE.....	64	amoxicillin.....15
ACTOPLUS MET.....	39, 70	amoxicillin-pot clavulanate.....15
ACTOS.....	39	amphetamine-dextroamphet er.....48
acyclovir.....	35, 50	amphetamine-dextroamphetamine.....48
acyclovir sodium.....	35	amphotericin b.....24
ADACEL.....	64	amphotericin b liposome.....24
adalimumab-adaz.....	64	ampicillin.....15
adalimumab-adbm (2 pen).....	64	ampicillin sodium.....15
adalimumab-adbm (2 syringe).....	64	ampicillin-sulbactam sodium.....15
adapalene.....	50	anagrelide hcl.....42
adapalene-benzoyl peroxide.....	50	anastrozole.....26
adefovir dipivoxil.....	35	ANORO ELLIPTA.....77
ADEMPAS.....	76	anucort-hc.....70
ADIPEX-P.....	70	ANUSOL-HC.....70
ADTHYZA.....	70	apraclonidine hcl.....74
ADVAIR HFA.....	76	aprepitant.....23
AFLURIA.....	70	APRI.....59
AFLURIA PRESERVATIVE FREE.....	70	APTIVUS.....35
AIMOVIG.....	25	ARANELLE.....59
AJOVY.....	25	AREXVY.....64
AKEEGA.....	26	arformoterol tartrate.....77
ala-cort.....	50	ARIKAYCE.....15
albendazole.....	32	aripiprazole.....33
albuterol sulfate.....	76, 77	armodafinil.....80
albuterol sulfate hfa.....	76	ARMOUR THYROID.....70
alclometasone dipropionate.....	50	ARNUIITY ELLIPTA.....77
ALECENSA.....	26	asenapine maleate.....33
alendronate sodium.....	69	ASHLYNA.....59
alfuzosin hcl er.....	57	aspirin-dipyridamole er.....42
aliskiren fumarate.....	43	ASSURE ID INSULIN SAFETY SYR.....39
allopurinol.....	25	atazanavir sulfate.....35
alose tron hcl.....	55	atenolol.....43
alprazolam.....	38	atenolol-chlorthalidone.....43
alprazolam er.....	38	atomoxetine hcl.....48
ALPRAZOLAM INTENSOL.....	38	atorvastatin calcium.....43
alprazolam xr.....	70	atovaquone.....32
ALTAVERA.....	59	atovaquone-proguanil hcl.....32
ALUNBRIG.....	26	atropine sulfate.....74
alyacen 1/35.....	59	ATTRUBY.....56
		AUDENZ.....70
		AUGMENTIN.....70
		AUGTYRO.....26
		auranofin.....64
		AUSTEDO.....48
		AUSTEDO XR.....48
		AUSTEDO XR PATIENT TITRATION.....48
		AUVELITY.....22
		AUVELITY TITRATION PACK.....70
		AVIANE.....59
		AVMAPKI FAKZYNJA CO-PACK.....26
		AVONEX PEN.....48
		AVONEX PREFILLED.....48
		AVTOZMA.....64
		AYVAKIT.....26
		azathioprine.....64
		azelaic acid.....50
		azelastine hcl.....74, 77
		azelastine-fluticasone.....77
		azithromycin.....15, 16
		aztreonam.....16
		AZULFIDINE EN-TABS.....69
		AZURETTE.....59
		bacitracin-polymyxin b.....74
		bacitra-neomycin-polymyxin-hc.....74
		baclofen.....35
		balsalazide disodium.....69
		BALVERSA.....26
		BALZIVA.....59
		BAQSIMI ONE PACK.....39
		BAQSIMI TWO PACK.....39
		bcg vaccine.....64
		belladonna-opium.....70
		BELSOMRA.....80
		benazepril hcl.....43
		benazepril-hydrochlorothiazide.....43
		BENLYSTA.....65
		BENZACLIN WITH PUMP.....70
		benzonatate.....70
		benztropine mesylate.....32
		BESREMI.....26, 65
		BESREMI PEN.....26
		betaine.....56
		betamethasone dipropionate.....50
		betamethasone dipropionate aug.....50
		betamethasone valerate.....50
		betaxolol hcl.....43, 74
		bethanechol chloride.....57
		BETIMOL.....75
		bexarotene.....26
		BEXSERO.....65
		bicalutamide.....27
		BICILLIN C-R.....16
		BICILLIN C-R 900/300.....16
		BICILLIN L-A.....16
		BIKTARVY.....35
		BILDYOS.....69
		BILPREVDA.....69

<i>bimatoprost</i>	75	<i>carbidopa</i>	32	<i>clindamycin palmitate hcl</i>	17
<i>bismuth/metronidaz/tetracyclin</i>	55	<i>carbidopa-levodopa</i>	32	<i>clindamycin phos (twice-daily)</i>	51
<i>bisoprolol fumarate</i>	44	<i>carbidopa-levodopa er</i>	32	<i>clindamycin phos-benzoyl perox</i>	51
<i>bisoprolol-hydrochlorothiazide</i>	44	<i>carbidopa-levodopa-entacapone</i>	33	<i>clindamycin phosphate</i>	17, 51
BIXLENVO	70	<i>carglumic acid</i>	53	<i>clindamycin phosphate in d5w</i>	17
BLISOVI 24 FE	59	CARNITOR	70	CLINIMIX E/DEXTROSE (2.75/5)	53
BLISOVI FE 1.5/30	59	<i>carteolol hcl</i>	75	CLINIMIX E/DEXTROSE (4.25/10)	53
BLISOVI FE 1/20	59	CARTIA XT	44	CLINIMIX E/DEXTROSE (4.25/5)	53
BOOSTRIX	65	<i>carvedilol</i>	44	CLINIMIX E/DEXTROSE (5/15)	53
<i>bosentan</i>	77	<i>carvedilol phosphate er</i>	44	CLINIMIX E/DEXTROSE (5/20)	53
BOSULIF	27	<i>caspofungin acetate</i>	24	CLINIMIX/DEXTROSE (4.25/10)	53
<i>bosutinib</i>	27, 70	CAYSTON	77	CLINIMIX/DEXTROSE (4.25/5)	53
BRAFTOVI	27	<i>cefaclor</i>	16	CLINIMIX/DEXTROSE (5/15)	53
BREO ELLIPTA	77	<i>cefadroxil</i>	16	CLINIMIX/DEXTROSE (5/20)	53
BREYNA	77	<i>cefazolin sodium</i>	16	CLINISOL SF	53
BREZTRI AEROSPHERE	77	<i>cefdinir</i>	16	CLINPRO 5000	70
<i>brillyn</i>	59	<i>cefepime hcl</i>	16	<i>clobazam</i>	19
<i>brimonidine tartrate</i>	50, 75	<i>cefixime</i>	16	<i>clobetasol propionate</i>	51
<i>brimonidine tartrate-timolol</i>	75	<i>cefotetan disodium</i>	16	<i>clobetasol propionate e</i>	51
<i>brivaracetam</i>	19	<i>cefoxitin sodium</i>	16	CLODAN	51
<i>bromfenac sodium</i>	75	<i>cefpodoxime proxetil</i>	16	<i>clomipramine hcl</i>	22
<i>bromocriptine mesylate</i>	32, 64	<i>cefprozil</i>	16	<i>clonazepam</i>	19, 38
BRUKINSA	27	<i>ceftaroline fosamil</i>	16	<i>clonidine</i>	44
<i>budesonide</i>	58, 69, 77	<i>ceftazidime</i>	16	<i>clonidine hcl</i>	44
<i>budesonide er</i>	58, 69	<i>ceftriaxone sodium</i>	16	<i>clopidogrel bisulfate</i>	42
<i>budesonide-formoterol fumarate</i>	77	<i>cefuroxime axetil</i>	16	<i>clorazepate dipotassium</i>	19
<i>bumetanide</i>	44	<i>cefuroxime sodium</i>	16	<i>clotrimazole</i>	24
<i>buprenorphine</i>	13	<i>celecoxib</i>	13	<i>clotrimazole-betamethasone</i>	51
<i>buprenorphine hcl</i>	15	CENTANY	70	<i>clozapine</i>	33
<i>buprenorphine hcl-naloxone hcl</i>	15	<i>cephalexin</i>	16	COARTEM	32
<i>bupropion hcl</i>	22	CERDELGA	56	COBENFY	33
<i>bupropion hcl er (smoking det)</i>	15	<i>cevimeline hcl</i>	49	COBENFY STARTER PACK	33
<i>bupropion hcl er (sr)</i>	22	CHEMET	53	COLAZAL	70
<i>bupropion hcl er (xl)</i>	22	<i>chlordiazepoxide-clidinium</i>	55	<i>colchicine</i>	25
<i>buspirone hcl</i>	38	<i>chlorhexidine gluconate</i>	50	<i>colchicine-probenecid</i>	25
<i>butalbital-apap-cafeine</i>	13	<i>chloroquine phosphate</i>	32	<i>colesevelam hcl</i>	39, 44
<i>butalbital-aspirin-cafeine</i>	13	<i>chlorpromazine hcl</i>	23, 33, 70	<i>colestipol hcl</i>	44
<i>butorphanol tartrate</i>	13	<i>chlorpropamide</i>	70	<i>colistimethate sodium (cba)</i>	17
<i>cabergoline</i>	64	<i>chlorthalidone</i>	44	COMBIPATCH	59
CABLIVI	42	<i>cholestyramine</i>	44	COMBIVENT RESPIMAT	77
CABOMETYX	27	<i>cholestyramine light</i>	44	COMETRIQ (100 MG DAILY DOSE)	27
<i>calcipotriene</i>	50	CICLODAN	70	COMETRIQ (140 MG DAILY DOSE)	27
<i>calcipotriene-betameth diprop</i>	50	<i>ciclopirox</i>	50	COMETRIQ (60 MG DAILY DOSE)	27
<i>calcitonin (salmon)</i>	69	<i>ciclopirox olamine</i>	50	COMFORT ASSIST INSULIN SYRINGE	39
<i>calcitriol</i>	50, 69	<i>cilostazol</i>	42	COMPRO	23
<i>calcium acetate (phos binder)</i>	53	CILOXAN	16, 75	<i>constulose</i>	55
CALQUENCE	27	CIMDUO	35	CONTRAIVE	70
CAMILA	59	<i>cimetidine</i>	55	COPIKTRA	27
CAMRESE LO	59	<i>cinacalcet hcl</i>	69	CORTROPHIN	58
CAMZYOS	44	CIPRO	16	CORTROPHIN GEL	58
<i>candesartan cilexetil</i>	44	<i>ciprofloxacin hcl</i>	16, 17, 75	COSENTYX	65
<i>candesartan cilexetil-hctz</i>	44	<i>ciprofloxacin in d5w</i>	17	COSENTYX (300 MG DOSE)	65
<i>capecitabine</i>	70	<i>ciprofloxacin-dexamethasone</i>	76	COSENTYX SENSOREADY (300 MG)	65
CAPLYTA	33	<i>ciprofloxacin-hydrocortisone</i>	76	COSENTYX SENSOREADY PEN	65
CAPRELSA	27	<i>citalopram hydrobromide</i>	22	COSENTYX UNOREADY	65
<i>captopril</i>	44	CLARAVIS	50	COTELLIC	27
CAPVAXIVE	70	<i>clarithromycin</i>	17	COVARYX HS	70
<i>carbamazepine</i>	19, 38	CLEOCIN	17	CREON	56
<i>carbamazepine er</i>	19	<i>clindamycin hcl</i>	17	CRESEMBA	24

<i>cromolyn sodium</i>	56, 75, 77	<i>diazepam</i>	19, 38	EDURANT PED	36
CROTAN	51	DIAZEPAM INTENSOL	19, 38	EEMT HS	71
CRYSELLE	59	<i>diazoxide</i>	39	<i>efavirenz</i>	36
<i>cvs gauze sterile</i>	39	<i>dichlorphenamide</i>	57	<i>efavirenz-emtricitab-tenofo df</i>	36
<i>cyanocobalamin</i>	70	<i>diclofenac epolamine</i>	13	<i>efavirenz-lamivudine-tenofovir</i>	36
<i>cyclobenzaprine hcl</i>	80	<i>diclofenac potassium</i>	13	<i>eletriptan hydrobromide</i>	25
<i>cyclophosphamide</i>	27	<i>diclofenac sodium</i>	13, 51, 75	ELIGARD	64
<i>cyclosporine</i>	65	<i>diclofenac sodium er</i>	13	ELIMITE	51
<i>cyclosporine (pf)</i>	75	<i>diclofenac-misoprostol</i>	13	ELIQUIS	42
<i>cyclosporine modified</i>	65	<i>dicloxacillin sodium</i>	17	ELIQUIS (1.5 MG PACK)	42
CYMBALTA	70	<i>dicyclomine hcl</i>	55	ELIQUIS (2 MG PACK)	42
CYRED EQ	59	DIFICID	17	ELIQUIS DVT/PE STARTER PACK	42
CYSTADROPS	75	<i>diflorasone diacetate</i>	51	ELMIRON	57
CYSTAGON	57	<i>diflunisal</i>	13	<i>eltrombopag olamine</i>	42
CYSTARAN	75	<i>difluprednate</i>	75	ELURYNG	59
<i>dabigatran etexilate mesylate</i>	42	<i>digoxin</i>	44	EMGALITY	25
<i>dalfampridine er</i>	48	<i>dihydroergotamine mesylate</i>	25	EMGALITY (300 MG DOSE)	25
<i>danazol</i>	59	DILANTIN	19, 70	EMSAM	22
<i>dantrolene sodium</i>	35	DILANTIN INFATABS	19	<i>emtricitabine</i>	36
<i>dapaglifloz base-metformin er</i>	39	DILANTIN-125	19	<i>emtricitabine-tenofovir df</i>	36
<i>dapagliflozin</i>	39	<i>diltiazem hcl</i>	44, 71	<i>emtricitab- rilpivir-tenofov df</i>	36
<i>dapsone</i>	26	<i>diltiazem hcl er</i>	44, 71	EMTRIVA	36
DAPTACEL	65	<i>diltiazem hcl er beads</i>	44, 71	EMVERM	32
<i>daptomycin</i>	17	<i>diltiazem hcl er coated beads</i>	44	<i>enalapril maleate</i>	44
<i>darifenacin hydrobromide er</i>	57	<i>dilt-xr</i>	44	<i>enalapril-hydrochlorothiazide</i>	44
<i>darunavir</i>	35	<i>dimethyl fumarate</i>	48	ENBREL	65
<i>dasatinib</i>	27	<i>diphenoxylate-atropine</i>	55	ENBREL MINI	65
DAURISMO	27	<i>disulfiram</i>	15	ENBREL SURECLICK	65
DEBLITANE	59	<i>divalproex sodium</i>	19, 25, 38	ENDOCET	13
<i>deferasirox</i>	53	<i>divalproex sodium er</i>	19, 25, 38	ENGERIX-B	65
DELSTRIGO	36	<i>dofetilide</i>	44	ENILLORING	59
DELYLA	59	DOLISHALE	59	<i>enoxaparin sodium</i>	43
<i>demeclocycline hcl</i>	17	<i>donepezil hcl</i>	21	ENSACOVE	27
DENTA 5000 PLUS	70	DONNATAL	71	ENSKYCE	59
DEPO-ESTRADIOL	59	DOPTelet	42	<i>entacapone</i>	33
DEPO-PROVERA	59	<i>dorzolamide hcl</i>	75	<i>entecavir</i>	36
DEPO-SUBQ PROVERA 104	59	<i>dorzolamide hcl-timolol mal</i>	75	ENTYVIO PEN	65
DESCOVY	36	<i>dorzolamide hcl-timolol mal pf</i>	75	<i>enulose</i>	55
<i>desipramine hcl</i>	22	DOTTI	59	ENVARSUS XR	65
<i>desloratadine</i>	77	DOVATO	36	EOHILIA	55
<i>desmopressin acetate</i>	58	<i>doxazosin mesylate</i>	44, 57	EPIDIOLEX	19
<i>desmopressin acetate spray</i>	58	<i>doxepin hcl</i>	22, 80	<i>epinastine hcl</i>	75
<i>desogestrel-ethinyl estradiol</i>	59	<i>doxercalciferol</i>	69	<i>epinephrine</i>	77
<i>desonide</i>	51	DOXY 100	17	<i>eplerenone</i>	44
<i>desoximetasone</i>	51	<i>doxycycline hyclate</i>	17, 50	<i>ergocalciferol</i>	71
<i>desvenlafaxine succinate er</i>	22	<i>doxycycline monohydrate</i>	17	<i>ergotamine-caffeine</i>	25
<i>dexamethasone</i>	58	DRIZALMA SPRINKLE	22	ERIVEDGE	27
DEXAMETHASONE INTENSOL	70	<i>dronabinol</i>	23	ERLEADA	27
<i>dexamethasone sodium phosphate</i>	75	<i>drospiren-eth estrad-levomefol</i>	59	<i>erlotinib hcl</i>	27
<i>dexlansoprazole</i>	55	<i>drospirenone-ethinyl estradiol</i>	59	ERRIN	59
<i>dexmethylphenidate hcl</i>	48	DROXIA	57	ERTACZO	24
<i>dexmethylphenidate hcl er</i>	48	<i>droxidopa</i>	44	<i>ertapenem sodium</i>	17
<i>dextroamphetamine sulfate</i>	48	DUAVEE	59	<i>ery</i>	51
<i>dextroamphetamine sulfate er</i>	48	<i>duloxetine hcl</i>	22, 49	<i>erythromycin</i>	17, 51, 75
<i>dextromethorphan-quinidine</i>	48	DUPIXENT	51, 77	<i>erythromycin base</i>	17
<i>dextrose</i>	53	<i>dutasteride</i>	57	<i>erythromycin ethylsuccinate</i>	17
<i>dextrose-sodium chloride</i>	53	<i>dutasteride-tamsulosin hcl</i>	57	<i>escitalopram oxalate</i>	22
DIACOMIT	19	E.E.S. 400	17	<i>eslicarbazepine acetate</i>	19
DIALYVITE	70	<i>econazole nitrate</i>	51	<i>esomeprazole magnesium</i>	55

<i>est estrogens-methyltest hs</i>	71	FLUCELVAX.....	71	GARDASIL 9.....	65
ESTARYLLA.....	60	<i>fluconazole</i>	24	<i>gatifloxacin</i>	75
<i>estradiol</i>	60	<i>fluconazole in sodium chloride</i>	24	GATTEX.....	55
<i>estradiol valerate</i>	60	<i>flucytosine</i>	24	GAVILYTE-C.....	55
<i>estradiol-norethindrone acet</i>	60	<i>fludrocortisone acetate</i>	58	GAVILYTE-G.....	55
ESTRING.....	60	FLULAVAL.....	71	GAVRETO.....	27
<i>estrogens conjugated</i>	60	FLUMIST.....	71	<i>gefitinib</i>	27
<i>eszopiclone</i>	80	<i>flunisolide</i>	77	GEL-ONE.....	71
<i>ethacrynic acid</i>	45	<i>fluocinolone acetonide</i>	51, 76	GELSYN-3.....	71
<i>ethambutol hcl</i>	26	<i>fluocinolone acetonide body</i>	51	<i>gemfibrozil</i>	45
<i>ethosuximide</i>	19	<i>fluocinolone acetonide scalp</i>	51	GEMMILY.....	60
<i>etodolac</i>	13	<i>fluocinonide</i>	51	GEMTESA.....	57
<i>etonogestrel-ethinyl estradiol</i>	60	<i>fluocinonide emulsified base</i>	51	<i>generlac</i>	55
<i>etravirine</i>	36	FLUORIDEX.....	71	GENGRAF.....	66
EUFLEXXA.....	71	FLUORIDEX ENHANCED WHITENING.....	71	<i>gentamicin in saline</i>	17
EULEXIN.....	27	FLUORIDEX SENSITIVITY RELIEF.....	71	<i>gentamicin sulfate</i>	17, 75
<i>everolimus</i>	65	<i>fluorometholone</i>	75	GENVISC 850.....	71
EVISTA.....	60	<i>fluorouracil</i>	52	GENVOYA.....	36
EVOTAZ.....	36	<i>fluoxetine hcl</i>	22	GILOTRIF.....	27
EVRYSDI.....	57	<i>fluphenazine decanoate</i>	34	<i>glatiramer acetate</i>	49
EXEL COMFORT POINT PEN NEEDLE.....	39	<i>fluphenazine hcl</i>	34	GLATOPA.....	49
<i>exemestane</i>	27	<i>flurandrenolide</i>	52	<i>glimepiride</i>	39
EXXUA.....	22	<i>flurazepam hcl</i>	19, 38, 80	<i>glipizide</i>	39
EXXUA TITRATION PACK.....	22	<i>flurbiprofen sodium</i>	75	<i>glipizide er</i>	39
<i>ezetimibe</i>	45	<i>fluticasone furoate ellipta</i>	77	<i>glipizide-metformin hcl</i>	39
<i>ezetimibe-simvastatin</i>	45	<i>fluticasone furoate-vilanterol</i>	77	<i>global alcohol prep ease</i>	39, 52
FALMINA.....	60	<i>fluticasone propionate</i>	52, 78	<i>glucagon emergency</i>	39
<i>famciclovir</i>	36	<i>fluticasone propionate diskus</i>	77	<i>glyburide</i>	39
<i>famotidine</i>	55	<i>fluticasone propionate hfa</i>	78	<i>glyburide-metformin</i>	39
FANAPT.....	33	<i>fluticasone-salmeterol</i>	78	<i>glycopyrrolate</i>	55
FANAPT TITRATION PACK A.....	34	<i>fluvastatin sodium</i>	45	GLYXAMBI.....	39
FANAPT TITRATION PACK B.....	34	<i>fluvastatin sodium er</i>	45	GOMEKLI.....	27
FANAPT TITRATION PACK C.....	34	<i>fluvoxamine maleate</i>	22	<i>granisetron hcl</i>	23
FARXIGA.....	39	<i>fluvoxamine maleate er</i>	22	<i>griseofulvin microsize</i>	24
<i>febuxostat</i>	25	FLUZONE.....	71	<i>griseofulvin ultramicrosize</i>	24
FEIRZA 1.5/30.....	60	FLUZONE HIGH-DOSE.....	71	<i>guaifenesin ac</i>	71
FEIRZA 1/20.....	60	<i>folic acid</i>	71	<i>guaifenesin ac</i>	71
<i>felbamate</i>	19	<i>fondaparinux sodium</i>	43	<i>guaifenesin-codeine</i>	71
<i>felodipine er</i>	45	<i>fosamprenavir calcium</i>	36	<i>guanfacine hcl</i>	45
<i>fenofibrate</i>	45	<i>fosfomycin tromethamine</i>	17	<i>guanfacine hcl er</i>	49
<i>fenofibrate micronized</i>	45	<i>fosinopril sodium</i>	45	GVOKE HYPOPEN 1-PACK.....	39
<i>fenofibric acid</i>	45	<i>fosinopril sodium-hctz</i>	45	GVOKE HYPOPEN 2-PACK.....	39
<i>fentanyl</i>	13	<i>fosphenytoin sodium</i>	19	GVOKE KIT.....	39
FERREX 150 FORTE PLUS.....	71	FOTIVDA.....	27	GVOKE PFS.....	39
FETZIMA.....	22	FOUNDAYO.....	71	HADLIMA.....	66
FETZIMA TITRATION.....	22	<i>frovatriptan succinate</i>	25	HADLIMA PUSHTOUCH.....	66
<i>fidaxomicin</i>	17	FRUZAQLA.....	27	HAEGARDA.....	66
FILSPARI.....	45	<i>furosemide</i>	45	HAILEY 24 FE.....	60
<i>finasteride</i>	57	FYAVOLV.....	60	HAILEY FE 1/20.....	60
<i>finlomod hcl</i>	49	<i>gabapentin</i>	19, 20	<i>halobetasol propionate</i>	52
FINTEPLA.....	19	<i>gabapentin (once-daily)</i>	49	<i>haloperidol</i>	34
FINZALA.....	60	<i>galantamine hydrobromide</i>	21	<i>haloperidol decanoate</i>	34
FIRMAGON.....	64	<i>galantamine hydrobromide er</i>	21	<i>haloperidol lactate</i>	34
FIRMAGON (240 MG DOSE).....	64	GALBRIELA.....	60	HAVRIX.....	66
<i>flavoxate hcl</i>	57	GALLIFREY.....	60	HEATHER.....	60
<i>flecainide acetate</i>	45	GAMASTAN S/D.....	71	HEMMOREX-HC.....	72
FLUAD.....	71	GAMMAGARD.....	65	<i>hemorrhoidal-hc</i>	72
FLUARIX.....	71	GAMMAGARD ERC.....	65	<i>heparin sodium (porcine)</i>	43
FLUBLOK.....	71	GAMMAGARD S/D LESS IGA.....	65	<i>heparin sodium (porcine) pf</i>	43

HEPLISAV-B	66	INBRIJA	33	JUBBONTI	69
HERNEXEOS	27	INCASSIA	60	JULEBER	60
HIBERIX	66	INCRELEX	58	JULUCA	36
HUMALOG	40	INCRUSE ELLIPTA	78	JUNEL 1.5/30	60
HUMALOG JUNIOR KWIKPEN	40	<i>indapamide</i>	45	JUNEL 1/20	60
HUMALOG KWIKPEN	40	<i>indomethacin</i>	13	JUNEL FE 1.5/30	60
HUMALOG MIX 50/50 KWIKPEN	40	<i>indomethacin er</i>	13	JUNEL FE 1/20	60
HUMALOG MIX 75/25	40	INFANRIX	66	JUNEL FE 24	60
HUMALOG MIX 75/25 KWIKPEN	40	INLURIYO	28	JUXTAPID	45
HUMULIN 70/30	40	INLYTA	28	JYLAMVO	28
HUMULIN 70/30 KWIKPEN	40	INQOVI	28	JYNNEOS	66
HUMULIN N	40	INREBIC	28	<i>k 100</i>	72
HUMULIN N KWIKPEN	40	<i>insulin glargine max solostar</i>	40	KAITLIB FE	60
HUMULIN R	40	<i>insulin glargine solostar</i>	40	KALETRA	36
HUMULIN R U-500 KWIKPEN	40	<i>insulin lispro</i>	40	KALYDECO	78
HYALGAN	72	<i>insulin lispro (1 unit dial)</i>	40	KARIVA	60
HYCANTIN	72	<i>insulin lispro junior kwikpen</i>	40	<i>kcl in dextrose-nacl</i>	54
<i>hydralazine hcl</i>	45, 72	<i>insulin lispro prot & lispro</i>	40	KEFLEX	72
<i>hydrochlorothiazide</i>	45	INTELENCE	36	KELNOR 1/35	60
<i>hydrocodone bit-homatrop mbr</i>	72	INTROVALE	60	KERENDIA	45
<i>hydrocodone-acetaminophen</i>	13, 72	INVEGA HAFYERA	34	KESIMPTA	49
<i>hydrocodone-homatropine</i>	72	INVEGA SUSTENNA	34	<i>ketoconazole</i>	24
<i>hydrocodone-ibuprofen</i>	13	INVEGA TRINZA	34	KETODAN	24
<i>hydrocortisone</i>	52, 58, 69	IOPIDINE	75	<i>ketoprofen</i>	14
<i>hydrocortisone (perianal)</i>	52	IPOL	66	<i>ketoprofen er</i>	13
<i>hydrocortisone ace-pramoxine</i>	72	<i>ipratropium bromide</i>	78	<i>ketorolac tromethamine</i>	75
<i>hydrocortisone acetate</i>	72	<i>ipratropium bromide hfa</i>	78	KINERET	66
<i>hydrocortisone valerate</i>	52	<i>ipratropium-albuterol</i>	78	KINRIX	66
<i>hydrocortisone-acetic acid</i>	76	<i>irbesartan</i>	45	KISQALI (200 MG DOSE)	28
<i>hydrocort-pramoxine (perianal)</i>	72	<i>irbesartan-hydrochlorothiazide</i>	45	KISQALI (400 MG DOSE)	28
<i>hydromet</i>	72	ISENTRESS	36	KISQALI (600 MG DOSE)	28
<i>hydromorphone hcl</i>	13, 72	ISENTRESS HD	36	KLOR-CON	54
<i>hydroxychloroquine sulfate</i>	32	ISIBLOOM	60	KLOR-CON 10	54
<i>hydroxyurea</i>	27	ISOLYTE-P IN D5W	54	KLOR-CON M10	54
<i>hydroxyzine hcl</i>	78	<i>isoniazid</i>	26	KLOR-CON M15	54
<i>hydroxyzine pamoate</i>	38	<i>isosorb dinitrate-hydralazine</i>	45	KLOR-CON M20	54
HYMOVIS	72	<i>isosorbide dinitrate</i>	45	KLOXXADO	15
HYMOVIS ONE	72	<i>isosorbide mononitrate er</i>	45	KOMZIFTI	28
HYRNUO	28	<i>isotretinoin</i>	52	KOSELUGO	28
<i>ibandronate sodium</i>	69	ISTURISA	59	KRAZATI	28
IBRANCE	28	ITOVEBI	28	KRISTALOSE	55
IBTROZI	28	<i>itraconazole</i>	24	KURVELO	61
IBU	13	<i>ivabradine hcl</i>	45	<i>labetalol hcl</i>	45, 72
<i>ibuprofen</i>	13	<i>ivermectin</i>	32, 52	<i>lacosamide</i>	20
<i>icatibant acetate</i>	66	IWILFIN	28	<i>lactulose</i>	55, 72
ICLEVIA	60	IXIARO	66	<i>lactulose encephalopathy</i>	72
ICLUSIG	28	JAIMESS	60	<i>lamivudine</i>	36
<i>icosapent ethyl</i>	45	JAKAFI	28	<i>lamivudine-zidovudine</i>	36
IDHIFA	28	JANTOVEN	43	<i>lamotrigine</i>	20, 38
IDVYNSO	36	JARDIANCE	40	<i>lamotrigine er</i>	20
<i>imatinib mesylate</i>	28	JASMIEL	60	<i>lansoprazole</i>	55
IMBRUVICA	28	JAVYGTOR	57	LANTUS	40
<i>imipenem-cilastatin</i>	17	JAYPIRCA	28	LANTUS SOLOSTAR	40
<i>imipramine hcl</i>	22	JENTADUETO	40	<i>lapatinib ditosylate</i>	28
<i>imiquimod</i>	52	JENTADUETO XR	40	LARIN 1.5/30	61
<i>imkeldi</i>	28	JIDEYTRO	28	LARIN 1/20	61
IMOGAM RABIES-HT	72	JINTELI	60	LARIN 24 FE	72
IMOVAX RABIES	66	JOENJA	57	LARIN FE 1.5/30	61
IMPAVIDO	32	JOYEAX	60	LARIN FE 1/20	61

<i>latanoprost</i>	75	<i>lisinopril-hydrochlorothiazide</i>	46	<i>meloxicam</i>	14
LAZCLUZE	28	<i>lithium</i>	38	<i>melfalan</i>	72
<i>leflunomide</i>	66	<i>lithium carbonate</i>	38	<i>memantine hcl</i>	21
<i>lenalidomide</i>	28	<i>lithium carbonate er</i>	38	<i>memantine hcl er</i>	21
LENVIMA (10 MG DAILY DOSE)	28	LIVTENCITY	36	<i>memantine hcl-donepezil hcl er</i>	21
LENVIMA (12 MG DAILY DOSE)	28	<i>lofexidine hcl</i>	15	MENACTRA	66
LENVIMA (14 MG DAILY DOSE)	28	LOJAIMIESS	61	MENQUADFI	66
LENVIMA (18 MG DAILY DOSE)	29	LOKELMA	54	MENVEO	66
LENVIMA (20 MG DAILY DOSE)	29	<i>lomustine</i>	29	MEPHYTON	72
LENVIMA (24 MG DAILY DOSE)	29	LONSURF	29	<i>meprobamate</i>	38
LENVIMA (4 MG DAILY DOSE)	29	<i>loperamide hcl</i>	55	<i>mercaptopurine</i>	29
LENVIMA (8 MG DAILY DOSE)	29	<i>lopinavir-ritonavir</i>	36	<i>meropenem</i>	18
LEQEMBI IQLIK	21	<i>lorazepam</i>	20, 38	<i>mesalamine</i>	69
LEQEMBI IQLIK (500 MG DOSE)	21	LORBRENA	29	<i>mesalamine er</i>	69
LESSINA	61	LORYNA	61	<i>mesna</i>	29
<i>letrozole</i>	29	<i>losartan potassium</i>	46	<i>metformin hcl</i>	40
<i>leucovorin calcium</i>	29	<i>losartan potassium-hctz</i>	46	<i>metformin hcl er</i>	40
LEUKERAN	29	LOTENSIN	46	<i>methadone hcl</i>	14
LEUKINE	43	<i>loteprednol etabonate</i>	75	<i>methazolamide</i>	75
<i>leuprolide acetate</i>	64	<i>lovastatin</i>	46	<i>methenamine hippurate</i>	18
<i>levalbuterol hcl</i>	78	LOW-OGESTREL	61	METHERGINE	57
<i>levalbuterol tartrate</i>	78	<i>loxapine succinate</i>	34	<i>methimazole</i>	64
LEVAQUIN	72	<i>lubiprostone</i>	55	<i>methocarbamol</i>	80
<i>levetiracetam</i>	20	LUIZZA 1.5/30	61	<i>methotrexate sodium</i>	29, 66
<i>levetiracetam er</i>	20	LUIZZA 1/20	61	<i>methotrexate sodium (pf)</i>	29, 66
LEVITRA	72	LUMAKRAS	29	<i>methoxsalen rapid</i>	52
<i>levobunolol hcl</i>	75	LUMIGAN	75	<i>methsuximide</i>	20
<i>levocarnitine</i>	54	LUNESTA	80	<i>methylergonovine maleate</i>	57
<i>levocetirizine dihydrochloride</i>	78	LUPRON DEPOT (1-MONTH)	64	<i>methylphenidate hcl</i>	49
<i>levofloxacin</i>	17, 75	LUPRON DEPOT (3-MONTH)	64	<i>methylphenidate hcl er</i>	49
<i>levofloxacin in d5w</i>	17	<i>lurasidone hcl</i>	34, 38	<i>methylphenidate hcl er (cd)</i>	49
LEVONEST	61	LYBALVI	34	<i>methylphenidate hcl er (la)</i>	49
<i>levonorgest-eth estrad 91-day</i>	61	LYLEQ	61	<i>methylphenidate hcl er (osm)</i>	49
<i>levonorgest-eth estradiol-iron</i>	61	LYLLANA	61	<i>methylprednisolone</i>	58
<i>levonorgestrel-ethinyl estrad</i>	61	LYNPARZA	29	<i>metoclopramide hcl</i>	23, 24, 56
<i>levonorg-eth estrad triphasic</i>	61	LYSODREN	29	<i>metolazone</i>	46
LEVORA 0.15/30 (28)	61	LYTGOBI (12 MG DAILY DOSE)	29	<i>metoprolol succinate er</i>	46
<i>levothyroxine sodium</i>	63	LYTGOBI (16 MG DAILY DOSE)	29	<i>metoprolol tartrate</i>	46, 72
<i>levothyroxine-liothyronine</i>	72	LYTGOBI (20 MG DAILY DOSE)	29	<i>metoprolol-hydrochlorothiazide</i>	46
LEVOXYL	63	LYUMJEV	40	<i>metronidazole</i>	18, 52
LEXAPRO	23, 38	LYUMJEV KWIKPEN	40	<i>metyrosine</i>	46
<i>l-glutamine</i>	57	LYZA	61	<i>mexiletine hcl</i>	46
<i>lidocaine</i>	14	<i>macitentan</i>	78	MFLUSIVA	72
<i>lidocaine hcl</i>	14	MACRODANTIN	18	MIBELAS 24 FE	61
<i>lidocaine hcl urethral/mucosal</i>	14, 15	<i>magnesium sulfate</i>	54	<i>micafungin sodium</i>	24
<i>lidocaine viscous hcl</i>	15	<i>malathion</i>	52	<i>miconazole 3</i>	24
<i>lidocaine-prilocaine</i>	15	<i>maraviroc</i>	36	MICROGESTIN 1.5/30	61
LIDOCAN	15	<i>marlissa</i>	61	MICROGESTIN 1/20	61
LIFYORLI (125 MG DOSE)	29	MARPLAN	23	MICROGESTIN FE 1.5/30	61
LIFYORLI (150 MG DOSE)	29	MATULANE	29	MICROGESTIN FE 1/20	61
LILETTA (52 MG)	61	MATZIM LA	46	<i>midodrine hcl</i>	46
<i>linezolid</i>	17, 18	MAVYRET	36	MIEBO	75
LINZESS	55	<i>meclizine hcl</i>	23	<i>mifepristone</i>	64
LIOMNY	63	<i>medroxyprogesterone acetate</i>	61	<i>miglustat</i>	57
<i>liothyronine sodium</i>	63	<i>mefloquine hcl</i>	32	MILI	61
LIPFENDRA	45	<i>megestrol acetate</i>	61	<i>milnacipran hcl</i>	49
<i>liraglutide -weight management</i>	72	MEKINIST	29	MIMVEY	61
<i>lisdexamphetamine dimesylate</i>	49	MEKTOVI	29	<i>minocycline hcl</i>	18
<i>lisinopril</i>	45	MELEYA	61	<i>minoxidil</i>	46

MINZOYA.....	61	NEXIUM.....	56	OJEMDA.....	30
<i>mirabegron er</i>	57, 58	NEXLETOL.....	46	OJJAARA.....	30
<i>mirtazapine</i>	23	NEXLIZET.....	46	<i>olanzapine</i>	34, 38
<i>misoprostol</i>	56	NEXPLANON.....	62	<i>olanzapine-fluoxetine hcl</i>	23
M-M-R II.....	66	<i>niacin (antihyperlipidemic)</i>	46	<i>olmesartan medoxomil</i>	46
<i>modafinil</i>	80	<i>niacin er (antihyperlipidemic)</i>	46	<i>olmesartan medoxomil-hctz</i>	46
MODEYSO.....	29	NIASPAN.....	73	<i>olmesartan-amlodipine-hctz</i>	46
<i>moexipril hcl</i>	46	<i>nicardipine hcl</i>	46	<i>olopatadine hcl</i>	78
<i>molindone hcl</i>	34	NICOTROL NS.....	15	<i>omega-3-acid ethyl esters</i>	46
<i>mometasone furoate</i>	52, 78	<i>nifedipine er</i>	46	<i>omeprazole</i>	56
MONOVISC.....	72	<i>nifedipine er osmotic release</i>	46	<i>omeprazole magnesium</i>	73
<i>montelukast sodium</i>	78	NIKKI.....	62	<i>omeprazole-sodium bicarbonate</i>	56
<i>morphine sulfate</i>	14	<i>nilotinib hcl</i>	29	OMNIPOD 5 LIBRE INTRO.....	41
<i>morphine sulfate (concentrate)</i>	14, 72	<i>nilutamide</i>	29	OMNIPOD 5 LIBRE PODS.....	41
<i>morphine sulfate er</i>	14	<i>nimodipine</i>	46	OMNIPOD 5 LIBRE2 G6 INTRO GEN5.....	41
<i>morphine sulfate er beads</i>	14	NINLARO.....	29	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	41
MOUNJARO.....	41	<i>nintedanib esylate</i>	78	OMNIPOD DASH INTRO (GEN 4).....	41
MOVANTIK.....	56	<i>nitazoxanide</i>	32	OMNIPOD DASH PODS (GEN 4).....	41
<i>moxifloxacin hcl</i>	18, 75	<i>nitisinone</i>	57	<i>ondansetron</i>	24
<i>moxifloxacin hcl in nacl</i>	18	NITRO-BID.....	46	<i>ondansetron hcl</i>	24
MRESVIA.....	66	<i>nitrofurantoin macrocrystal</i>	18	ONUREG.....	30
MULTAQ.....	46	<i>nitrofurantoin monohyd macro</i>	18	OPIPZA.....	34
<i>multiple electro type 1 ph 7.4</i>	54	<i>nitroglycerin</i>	46, 56	OPVEE.....	15
<i>mupirocin</i>	52	<i>niva thyroid</i>	73	ORENITRAM.....	78
<i>mupirocin calcium</i>	52	NORA-BE.....	62	ORENITRAM MONTH 1.....	78
<i>mycophenolate mofetil</i>	66	NORDITROPIN FLEXPPO.....	59	ORENITRAM MONTH 2.....	78
<i>mycophenolate sodium</i>	66	<i>norelgestromin-eth estradiol</i>	62	ORENITRAM MONTH 3.....	78
MYLERAN.....	72	<i>norethin ace-eth estrad-fe</i>	62	ORGOVYX.....	30
MYTESI.....	56	<i>norethindrone</i>	62	ORIAHNN.....	64
<i>na sulfate-k sulfate-mg sulf</i>	56	<i>norethindrone acetate</i>	62	ORLISSA.....	64
<i>nabumetone</i>	14	<i>norethindrone acet-ethinyl est</i>	62	ORKAMBI.....	78, 79
<i>nadolol</i>	46	<i>norethindrone-eth estradiol</i>	62	ORMALVI.....	57
<i>nafcillin sodium</i>	18	<i>norgestimate-eth estradiol</i>	62	ORQUIDEA.....	62
<i>naloxone hcl</i>	15	<i>norgestim-eth estrad triphasic</i>	62	ORSERDU.....	30
<i>naltrexone hcl</i>	15	NORITATE.....	18	ORTHOVISC.....	73
NAMZARIC.....	21	NORLYROC.....	62	<i>oseltamivir phosphate</i>	36
<i>naproxen</i>	14	NORTREL 0.5/35 (28).....	62	OTEZLA.....	52
<i>naproxen dr</i>	14	NORTREL 1/35 (21).....	62	OTEZLA XR.....	52
<i>naproxen sodium</i>	14	NORTREL 1/35 (28).....	62	OTEZLA/OTEZLA XR INITIATION PK.....	52
<i>naproxen sodium er</i>	14	NORTREL 7/7/7.....	62	<i>oxacillin sodium</i>	18
<i>naratriptan hcl</i>	25	<i>nortriptyline hcl</i>	23	<i>oxaprozin</i>	14
NATACYN.....	75	NORVIR.....	36	<i>oxazepam</i>	38
<i>nateglinide</i>	41	NP THYROID.....	73	<i>oxcarbazepine</i>	20
NATURE-THROID.....	72	NUBEQA.....	29	<i>oxybutynin chloride</i>	58
NAYZILAM.....	20	NUCALA.....	78	<i>oxybutynin chloride er</i>	58
<i>nebivolol hcl</i>	46	NUPLAZID.....	34	<i>oxycodone hcl</i>	14
NECON 0.5/35 (28).....	62	NURTEC.....	25	<i>oxycodone-acetaminophen</i>	14
NECON 1/35 (28).....	62	NYLIA 1/35.....	62	<i>oxymorphone hcl</i>	14
<i>nefazodone hcl</i>	23	NYLIA 7/7/7.....	62	OZEMPIC.....	41
<i>neomycin sulfate</i>	18	<i>nystatin</i>	24, 25	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	41
<i>neomycin-bacitracin zn-polymyx</i>	75	<i>nystatin-triamcinolone</i>	52	OZEMPIC (1 MG/DOSE).....	41
<i>neomycin-polymyxin-dexameth</i>	75	NYSTOP.....	25	OZEMPIC (2 MG/DOSE).....	41
<i>neomycin-polymyxin-gramicidin</i>	75	OCTAGAM.....	66	PACERONE.....	46
<i>neomycin-polymyxin-hc</i>	72, 76	<i>octreotide acetate</i>	64	<i>paliperidone er</i>	34
NEPHRONEX.....	73	ODEFSEY.....	36	PANRETIN.....	52
NERLYNX.....	29	ODOMZO.....	29	<i>pantoprazole sodium</i>	56
NEUPRO.....	33	OFEV.....	78	<i>paricalcitol</i>	69
<i>nevirapine</i>	36	<i>ofloxacin</i>	18, 76	<i>paroxetine hcl</i>	23
<i>nevirapine er</i>	36	OGSIVEO.....	29	<i>paroxetine hcl er</i>	23

<i>paroxetine mesylate</i>	23	<i>polymyxin b-trimethoprim</i>	76	<i>propafenone hcl er</i>	47
PAXIL	23, 38	<i>pomalidomide</i>	30	<i>propranolol hcl</i>	47, 73
PAXLOVID (150/100)	36	POMALYST	30	<i>propranolol hcl er</i>	47
PAXLOVID (300/100 & 150/100)	37	PORTIA-28	62	<i>propylthiouracil</i>	64
PAXLOVID (300/100)	37	<i>posaconazole</i>	25	PROQUAD	67
<i>pazopanib hcl</i>	30	<i>potassium chloride</i>	54	PROSCAR	58
PEDIARIX	66	<i>potassium chloride crys er</i>	54	PROTONIX	56
PEDVAX HIB	73	<i>potassium chloride er</i>	54	<i>protriptyline hcl</i>	23
PEDVAXHIB	66	<i>potassium chloride in nacl</i>	54	PRURADIK	53
<i>peg 3350-kcl-na bicarb-nacl</i>	56	<i>potassium citrate er</i>	54, 58	PULMICORT FLEXHALER	79
<i>peg-3350/electrolytes</i>	56	<i>pramipexole dihydrochloride</i>	33	PULMOZYME	79
<i>peg-3350/electrolytes/ascorbat</i>	56	<i>pramipexole dihydrochloride er</i>	33	<i>pyrazinamide</i>	26
PEGASYS	66, 67	PRAMOSONE	73	<i>pyridostigmine bromide</i>	26
PEMAZYRE	30	<i>prasugrel hcl</i>	43	<i>pyridostigmine bromide er</i>	26
PENBRAYA	67	<i>pravastatin sodium</i>	47	<i>pyrimethamine</i>	32
<i>penicillamine</i>	54	<i>praziquantel</i>	32	QINLOCK	30
<i>penicillin g potassium</i>	18	<i>prazosin hcl</i>	47, 58	QUADRACEL	67
<i>penicillin v potassium</i>	18	<i>prednisolone</i>	58, 69	<i>quetiapine fumarate</i>	23, 34, 38
PENLAC	73	<i>prednisolone acetate</i>	76	<i>quetiapine fumarate er</i>	23, 34, 38
<i>penmenvy</i>	67	<i>prednisolone sodium phosphate</i>	58, 76	<i>quinapril hcl</i>	47
PENTACEL	67	<i>prednisone</i>	58, 69	<i>quinapril-hydrochlorothiazide</i>	47
<i>pentamidine isethionate</i>	32	<i>preferred plus insulin syringe</i>	41	<i>quinidine gluconate er</i>	47
<i>pentoxifylline er</i>	46	<i>pregabalin</i>	49	<i>quinidine sulfate</i>	47
PEPCID	56	PREMARIN	62	<i>quinine sulfate</i>	32
<i>perampanel</i>	20	PREMASOL	54	QULIPTA	25
PERCOCET	14	PREMPHASE	62	QVAR REDHALER	79
<i>perindopril erbumine</i>	46	PREMPRO	62	RABAVERT	67
PERIOGARD	50	<i>prenatal</i>	54	<i>rabeprazole sodium</i>	56
<i>permethrin</i>	52	<i>pretomanid</i>	26	RADICAVA ORS	49
<i>perphenazine</i>	34	PREVACID	56, 73	RADICAVA ORS STARTER KIT	49
<i>perphenazine-amitriptyline</i>	23	PREVACID SOLUTAB	56	RALDESY	23
<i>phenazopyridine hcl</i>	73	PREVALITE	47	<i>raloxifene hcl</i>	62
<i>phenelzine sulfate</i>	23	PREVIDENT 5000 BOOSTER PLUS	73	<i>ramelteon</i>	80
<i>phenobarbital</i>	20	PREVIDENT 5000 ENAMEL PROTECT	73	<i>ramipril</i>	47
PHENOHYTRO	73	PREVIDENT 5000 PLUS	73	<i>ranolazine er</i>	47
<i>phentermine hcl</i>	73	PREVIDENT 5000 SENSITIVE	73	<i>rasagiline mesylate</i>	33
<i>phentermine-topiramate er</i>	73	PREVNAR 20	73	RECLIPSEN	62
<i>phenytoin</i>	20	PREVYMIS	37	RECOMBIVAX HB	67
<i>phenytoin sodium extended</i>	20	PREZCOBIX	37	REDEMPLO	47
<i>phytonadione</i>	73	PREZISTA	37	RELENZA DISKHALER	37
PIFELTRO	37	<i>primaquine phosphate</i>	32	RELI-ON INSULIN SYRINGE	41
<i>pilocarpine hcl</i>	50, 76	<i>primidone</i>	20	RENACIDIN	58
<i>pimecrolimus</i>	52	PRIORIX	67	<i>repaglinide</i>	41
<i>pimozide</i>	34	PROAIR RESPICLICK	79	REPATHA	47
PIMTREA	62	<i>probenecid</i>	25	REPATHA SURECLICK	47
<i>pindolol</i>	46	<i>prochlorperazine</i>	24	RESTORIL	80
<i>pioglitazone hcl</i>	41	<i>prochlorperazine maleate</i>	24	RETACRIT	43
<i>pioglitazone hcl-metformin hcl</i>	41	PROCTO-MED HC	52	RETEVMO	30
<i>piperacillin sod-tazobactam so</i>	18	PROCTOSOL HC	52	REVCovi	67
PIQRAY (200 MG DAILY DOSE)	30	PROCTOZONE-HC	52, 73	REVUFORJ	30
PIQRAY (250 MG DAILY DOSE)	30	<i>progesterone</i>	62	REXULTI	34, 35
PIQRAY (300 MG DAILY DOSE)	30	PROGRAF	67	REYATAZ	37
<i>pirfenidone</i>	79	PROLASTIN-C	57	REZDIFFRA	56
<i>piroxicam</i>	14	<i>promethazine hcl</i>	24	REZLIDHIA	30
<i>pitavastatin calcium</i>	46, 47	<i>promethazine-codeine</i>	73	REZUROCK	67
PLENAMINE	57	<i>promethazine-dm</i>	73	RHOPRESSA	76
PNEUMOVAX 23	73	PROMETHEGAN	24	<i>ribavirin</i>	37
<i>podofilox</i>	52	PROMETRIUM	62	<i>rifabutin</i>	26
<i>polymyxin b sulfate</i>	18	<i>propafenone hcl</i>	47	<i>rifampin</i>	26

<i>rifapentine</i>	26	<i>simvastatin</i>	47	SYEDA	62
<i>rilpivirine hcl</i>	37	<i>sirolimus</i>	67	SYMDEKO	79
<i>riluzole</i>	49	SIRTURO	26	SYMPAZAN	20
<i>rimantadine hcl</i>	37	<i>sitagliip phos-metformin hcl er</i>	41	SYMTUZA	37
RINVOQ	67	<i>sitagliptin phos-metformin hcl</i>	41	SYNALAR	53
RINVOQ LQ	67	<i>sitagliptin phosphate</i>	41	SYNJARDY	41
<i>risedronate sodium</i>	69	SKYCLARYS	49	SYNJARDY XR	41
<i>risperidone</i>	35, 38, 39	SKYRIZI	67	SYNTHROID	63
<i>risperidone microspheres er</i>	35	SKYRIZI PEN	67	SYNVISC	74
<i>ritonavir</i>	37	<i>sodium chloride</i>	54	SYNVISC ONE	74
<i>rivaroxaban</i>	43	<i>sodium fluoride</i>	54, 73	TABLOID	30
<i>rivastigmine</i>	21	<i>sodium oxybate</i>	80	TABRECTA	30
<i>rivastigmine tartrate</i>	21	<i>sodium phenylbutyrate</i>	57	<i>tacrolimus</i>	53, 68
RIVELSA	62	<i>sodium polystyrene sulfonate</i>	54	<i>tacrolimus er</i>	68
RIVFLOZA	58	<i>sofosbuvir-velpatasvir</i>	37	<i>tadalafil</i>	58, 74
<i>rizatriptan benzoate</i>	25	<i>solifenacin succinate</i>	58	<i>tadalafil (pah)</i>	79
ROCKLATAN	76	SOLQUA	41	TAFINLAR	30
<i>roflumilast</i>	79	SOLTAMOX	30	TAGRISSO	30
ROMVIMZA	30	SOMAVERT	64	TAKHZYRO	68
<i>ropinirole hcl</i>	33	<i>sorafenib tosylate</i>	30	TALZENNA	30, 31
<i>ropinirole hcl er</i>	33	<i>sotalol hcl</i>	47	<i>tamoxifen citrate</i>	31
ROSADAN	73	<i>sotalol hcl (af)</i>	47	<i>tamsulosin hcl</i>	58
<i>rosuvastatin calcium</i>	47	SOTYKTU	68	TARINA 24 FE	62
ROSYRAH	62	SPIRIVA HANDIHALER	79	TARINA FE 1/20 EQ	62
ROTARIX	67	SPIRIVA RESPIMAT	79	TARPEYO	58
ROTATEQ	67	<i>spironolactone</i>	47	<i>tasimelteon</i>	80
ROWEEPRA	20	<i>spironolactone-hctz</i>	47	<i>tavaborole</i>	53
ROZLYTREK	30	SPRINTEC 28	62	TAYSOFY	62
RUBRACA	30	SPRITAM	20	<i>tazarotene</i>	53
<i>rufinamide</i>	20	SPS (SODIUM POLYSTYRENE SULF)	54	TAZICEF	18
RUKOBIA	37	SRONYX	62	<i>telmisartan</i>	47
RYBELSUS	41	SSD	53	<i>telmisartan-amlodipine</i>	47
RYDAPT	30	STARJEMZA	68	<i>telmisartan-hctz</i>	47
<i>sacubitril-valsartan</i>	47	<i>sterile water for irrigation</i>	54	<i>temazepam</i>	80
SAJAZIR	67	STIOLTO RESPIMAT	79	TEMODAR	74
SANTYL	53	STIVARGA	30	<i>temozolomide</i>	74
<i>sapropterin dihydrochloride</i>	57	<i>streptomycin sulfate</i>	18	TENIVAC	68
SCEMBLIX	30	STRIBILD	37	<i>tenofovir disoproxil fumarate</i>	37
<i>scopolamine</i>	24	STRIVERDI RESPIMAT	79	TEPMETKO	31
SECUADO	35	SUBVENITE	20, 39	<i>terazosin hcl</i>	47, 58
SELARSDI	67	SUCRAID	57	<i>terbinafine hcl</i>	25
<i>selegiline hcl</i>	33	<i>sucralfate</i>	56	<i>terbutaline sulfate</i>	79
<i>selenium sulfide</i>	53	<i>sulconazole nitrate</i>	25	<i>terconazole</i>	25
SELZENTRY	37	<i>sulfacetamide sodium</i>	76	<i>teriflunomide</i>	49
SEREVENT DISKUS	79	<i>sulfacetamide sodium (acne)</i>	53	<i>teriparatide</i>	69
<i>sertraline hcl</i>	23	<i>sulfacetamide sodium-sulfur</i>	73	<i>testosterone</i>	63
SETLAKIN	62	<i>sulfacetamide-prednisolone</i>	76	<i>testosterone cypionate</i>	62, 63
<i>sevelamer carbonate</i>	54	<i>sulfadiazine</i>	18	<i>testosterone enanthate</i>	63
<i>sf 5000 plus</i>	73	<i>sulfamethoxazole-trimethoprim</i>	18, 73	<i>tetrabenazine</i>	49
SHAROBEL	62	SULFAMYLON	53	<i>tetracycline hcl</i>	18
SHINGRIX	67	<i>sulfasalazine</i>	69	THALOMID	31
SIGNIFOR	64	<i>sulindac</i>	14	THEO-24	79
<i>sildenafil citrate</i>	73, 79	<i>sumatriptan</i>	25	<i>theophylline</i>	79
<i>silodosin</i>	58	<i>sumatriptan succinate</i>	25	<i>theophylline er</i>	79
<i>silver sulfadiazine</i>	53	<i>sunitinib malate</i>	30	<i>thioridazine hcl</i>	35
SIMBRINZA	76	SUNLENCA	37	<i>thiothixene</i>	35
SIMLANDI (1 PEN)	67	SUNOSI	80	<i>thyroid</i>	74
SIMLANDI (2 PEN)	67	SUPARTZ FX	73	TIADYLT ER	47
SIMLANDI (2 SYRINGE)	67	SUTAB	56	<i>tiagabine hcl</i>	20

TIBSOVO	31	trimethobenzamide hcl	24	VASCEPA	48
ticagrelor	43	trimethoprim	18	VAXCHORA	68
TICOVAC	68	TRI-MILI	63	VAXNEUVANCE	74
tigecycline	18	trimipramine maleate	23	VELIVET	63
TIGLUTIK	49	TRINESSA (28)	63	VELSIPITY	56
TILIA FE	63	TRINTELLIX	23	VEMLIDY	37
timolol maleate	26, 47, 76	TRI-SPRINTEC	63	VENCLEXTA	31
timolol maleate (once-daily)	76	TRIUMEQ	37	VENCLEXTA STARTING PACK	31
tinidazole	18	triumeq pd	37	venlafaxine hcl	23
TIVICAY	37	TRIVORA (28)	63	venlafaxine hcl er	23
TIVICAY PD	37	TRI-VYLIBRA	63	VEOZAH	49
tizanidine hcl	35	TRI-VYLIBRA LO	63	VEPPANU	74
TOBI PODHALER	79	tropium chloride	58	verapamil hcl	48, 74
TOBRADEX	76	tropium chloride er	58	verapamil hcl er	48
tobramycin	76, 79	TRULICITY	42	VERQUVO	48
tobramycin sulfate	18	TRUMENBA	68	VERSACLOZ	35
tobramycin-dexamethasone	76	TRUQAP	31	VERZENIO	31
TOBREX	76	TUDORZA PRESSAIR	79	VESTURA	63
tofacinib citrate	68	TUKYSA	31	V-GO 20	42
tofacinib citrate er	68	TURALIO	31	V-GO 30	42
tolcapone	33	TURQOZ	63	V-GO 40	42
tolterodine tartrate	58	TWINRIX	68	VIAGRA	74
tolterodine tartrate er	58	TYBLUME	63	VIBERZI	56
tolvaptan	55	TYDEMY	63	VIENVA	63
tolvaptan (hyponatremia)	54, 55	TYENNE	68	vigabatrin	21
topiramate	20, 26	TYPHIM VI	68	VIGADRONE	21
toremifene citrate	31	UBRELVY	26	VIJOICE	57
TORPENZ	68	UDENYCA	43	vilazodone hcl	23
torsemide	47	UDENYCA ONBODY	43	VIMKUNYA	68
TOUJEO MAX SOLOSTAR	41	urea	74	viocele	63
TOUJEO SOLOSTAR	42	URIBEL	74	VIRACEPT	37
TPN ELECTROLYTES	55	uroav-b	74	VIREAD	37
TRADJENTA	42	uro-mp	74	vitamin d (ergocalciferol)	74
tramadol hcl	14	ursodiol	56	vitamin k (phytonadione)	74
tramadol hcl er	14	ustekinumab	68	VITRAKVI	31
tramadol-acetaminophen	14	UZEDY	35	VIVITROL	15
trandolapril	47	valacyclovir hcl	37	VIVJOA	25
trandolapril-verapamil hcl er	47	VALCHLOR	31	VIVOTIF	68
tranexamic acid	43	valganciclovir hcl	37	VIZIMPRO	31
tranylcypromine sulfate	23	valproic acid	20, 26, 39	VOCABRIA	37
travoprost (bak free)	76	valsartan	47	vol-care rx	74
trazodone hcl	23	valsartan-hydrochlorothiazide	47	VONJO	31
TRELEGY ELLIPTA	79	VALTOCO 10 MG DOSE	20	VOQUEZNA	56
TRELSTAR MIXJECT	64	VALTOCO 15 MG DOSE	20	VORANIGO	31
tretinoin	31, 53	VALTOCO 20 MG DOSE	21	voriconazole	25
triamcinolone acetanide	50, 53, 79	VALTOCO 5 MG DOSE	21	VOSEVI	37
triamterene-hctz	47	VALTYA 1/35	63	VOWST	56
TRIDACAIN II	15	VALTYA 1/50	63	VOYXACT	68
trientine hcl	55	vancomycin hcl	18, 19	vp-vite rx	74
TRI-ESTARYLLA	63	VANDAZOLE	19	VRAYLAR	35
trifluoperazine hcl	35	VANFLYTA	31	VTAMA	53
trifluridine	76	VANRAFIA	47	VYFEMLA	63
trihexyphenidyl hcl	33	VAQTA	68	VYLIBRA	63
TRIJARDY XR	42	vardenafil hcl	74	VYZULTA	76
TRIKAFTA	79	varenicline tartrate	15	warfarin sodium	43
TRI-LEGEST FE	63	varenicline tartrate (starter)	15	WEGOVY	42, 48
TRILITAS	53	varenicline tartrate(continue)	15	WEGOVY HD	74
TRI-LO-ESTARYLLA	63	VARIVAX	68	WELIREG	31
TRI-LO-SPRINTEC	63	VARIZIG	68	WESTHROID	74

WINREVAIR	79, 80	ZONISADE	21
WIXELA INHUB	80	<i>zonisamide</i>	21
WP THYROID	74	ZORYVE	53
WYMZYA FE	63	ZOVIA 1/35 (28)	63
WYOST	70	ZOVIRAX	74
XALKORI	31	ZTALMY	21
XARAH FE	63	ZURZUVAE	23
XARELTO	43	ZYDELIG	32
XCOPRI	21	ZYKADIA	32
XCOPRI (250 MG DAILY DOSE)	21	ZYMFENTRA (2 PEN)	69
XCOPRI (350 MG DAILY DOSE)	21	ZYMFENTRA (2 SYRINGE)	69
XDEMY	76		
XELODA	74		
XELRIA FE	63		
XERMELO	56		
XIFAXAN	56		
XIIDRA	76		
XOCOVA	37		
XOFLUZA (40 MG DOSE)	37		
XOFLUZA (80 MG DOSE)	37		
XOLAIR	68		
XOSPATA	31		
XPOVIO (100 MG ONCE WEEKLY)	31		
XPOVIO (40 MG ONCE WEEKLY)	31		
XPOVIO (40 MG TWICE WEEKLY)	31		
XPOVIO (60 MG ONCE WEEKLY)	31		
XPOVIO (60 MG TWICE WEEKLY)	31		
XPOVIO (80 MG ONCE WEEKLY)	31, 32		
XPOVIO (80 MG TWICE WEEKLY)	32		
XTANDI	32		
XULANE	63		
YARGESA	57		
YF-VAX	68, 69		
YULITHIRA	69		
YUVAFEM	63		
ZAFEMY	63		
<i>zafirlukast</i>	80		
<i>zaleplon</i>	80		
ZARXIO	43		
ZEGERID	74		
ZEJULA	32		
ZELBORAF	32		
ZELVYSIA	57		
ZENATANE	53		
ZENBEXUS	32		
ZENPEP	57		
ZENZEDI	49		
ZEPBOUND	42, 74		
ZEPBOUND KWIKPEN	42		
<i>zidovudine</i>	38		
ZILRETTA	74		
<i>ziprasidone hcl</i>	35, 39		
<i>ziprasidone mesylate</i>	35		
ZIRGAN	76		
ZITHROMAX	19		
ZOLINZA	32		
<i>zolmitriptan</i>	26		
<i>zolpidem tartrate</i>	80		
<i>zolpidem tartrate er</i>	80		



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-667-5936 (TTY: 711) or speak to your provider.

Español (Spanish): ATENCIÓN: Si habla español, hay servicios de asistencia lingüística disponibles para usted de forma gratuita. También están disponibles, sin cargo adicional, los auxilios y servicios apropiados para proporcionar información en formatos accesibles. Llame al 1-800-667-5936 (TTY: 711) o hable con su proveedor.

中文 (Simplified Chinese): 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-800-667-5936（文本电话：711）或咨询您的服务提供商。

台語 (Traditional Chinese): 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-800-667-5936（TTY：711）或與您的提供者討論。

Việt (Vietnamese): LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-800-667-5936 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

РУССКИЙ (Russian): ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-800-667-5936 (TTY: 711) или обратитесь к своему поставщику услуг.

Português (Portuguese): Atenção: Se você fala Português, serviços de assistência linguística estão disponíveis para você. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-800-667-5936 (TTY: 711) ou fale com o seu prestador.

Kreyòl Ayisyen (Haitian Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-800-667-5936 (TTY: 711) oswa pale avèk founisè w la.

한국어 (Korean): 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-800-667-5936 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-800-667-5936 (TTY: 711) o makipag-usap sa iyong provider.

(Arabic) العربية: تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-800-667-5936 (711) أو تحدث إلى مقدم الخدمة.

Français (French): ATTENTION: Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-667-5936 (TTY: 711) ou parlez à votre prestataire.

Soomaali (Somali): FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-800-667-5936 (TTY: 711) ama la hadal bixiyahaaga.

Pennsylvania Deutsch (Pennsylvania Dutch): Achtung: Wenn du Pennsylvania Deutsch schwätzt, sin für dir kostenfreie Sprachhilfsdienste verfügbar. Geeignet Hilfsmittel und Dienste, um Information in zugänglichen Formate zu bieten, sin auch kostenfrei erhältlich. Ruf 1-800-667-5936 (TTY: 711) oder sprich mit deinem Anbieter.

POLSKI (Polish): UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-800-667-5936 (TTY: 711) lub porozmawiaj ze swoim dostawcą.

Deutsch (German): HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfeleistungen zur Verfügung. Angemessene Hilfsmittel und Dienste zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 1-800-667-5936 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

فارسي (Farsi): توجه: اگر فارسي صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-800-667-5936 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

Discrimination is Against the Law

Pharmacy Benefit Dimensions is a subsidiary of Independent Health and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pharmacy Benefit Dimensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pharmacy Benefit Dimensions:

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

If you need these services, contact Pharmacy Benefit Dimensions' Member Services Department.

If you believe that Pharmacy Benefit Dimensions 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: Pharmacy Benefit Dimensions' Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-667-5936, TTY users call 711, fax (716) 250-7163, PBDmedicareservicing@pbdrx.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services Department 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, D.C. 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 October 1, 2026. For more recent information or other questions, please contact our Medicare Member Services Department at 1-800-667-5936, or for TTY users, 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m. ET April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m. ET or visit www.pbdrx.com/medicare