



An Introduction to Independent Health's 2020 Drug Formulary I

The following information applies to plans offered through large group employers. Check your summary of benefits to ensure this formulary (Drug Formulary I) is associated with the plan offered to you by your employer prior to using your prescription drug benefit.

Note: If you are reading a printed version of this drug formulary, content may have been updated since it was last printed. For the most up-to-date information, please visit [independenthealth.com](https://www.independenthealth.com).

Independent Health members benefit when their health care providers use the formulary because all medications included are selected due to their effectiveness and safety. Use of a formulary also ensures that premiums are kept to a minimum. The cost of each medication on the formulary is balanced with its effectiveness, which means that medications are not included on the formulary just because they are inexpensive; effectiveness is more important than the price of the medication. If a medication is not capable of achieving the desired effect, then the price of treating an illness or condition increases because other therapies must be used. Likewise, there are expensive medications that have not been proven to be any more effective than less costly alternatives.

Since 1996, all prescriptions for Independent Health members have been written from the formulary in order to qualify for coverage. When health care providers write a prescription for Independent Health members, they consult the formulary and select the medication needed. Occasionally, members need a medication that is not on the formulary. In cases when it is medically necessary for a patient to have a medication that is not included on the formulary, health care providers are encouraged to request a medical exception from Independent Health's Medical Director. The health care provider will

need to complete a medical exception form and fax it to Independent Health's Prior Authorization Department, who will review the details of the case.

Independent Health's three-tiered formulary lets you decide among preferred generic, preferred brand-name and non-preferred brand/generic medications with three different copayment/coinsurance levels:

- The lowest copayment is charged in Tier 1. This tier contains preferred generic medications, certain over-the-counter (OTC) medications and select brand-name medications.
- A higher copayment/coinsurance is charged for those medications in Tier 2. This tier contains non-preferred generic medications and preferred brand-name medications.
- The highest copayment/coinsurance is charged for those medications in Tier 3. This tier contains non-preferred brand-name medications and certain specified medications.
- To obtain a medication that is non-formulary your health care provider is encouraged to submit a prior authorization request for coverage through the exceptions process. If the request is approved, that particular medication will be covered at your Tier 3 copayment/ coinsurance level.

All medications listed on the formulary will be available to you and you will be responsible for payment of the copayment/coinsurance as referenced in this document. You will note on the list that a medication's copayment/coinsurance is assigned to a tier. How this affects your copayment/coinsurance depends upon what prescription plan you have. Independent Health reserves the right to modify the copay/tier of a particular medication as necessary. For example, when a generic equivalent becomes available for a covered brand-name medication, the brand-

name medication becomes non-formulary (not covered) and will be covered only if approved through the medical exception process.

Independent Health reserves the right to change the duration of an approved prior authorization through the medical exception process, including but not limited to the termination of a previously approved authorization. Approval of a prior authorization request does not itself guarantee payment; payment is made based on plan/benefit design. The generic equivalent medication will be covered in Tier 1 or Tier 2. Because of this, the actual copayment/coinsurance paid may not match the copayment/coinsurance tier levels as published in this document. To determine which prescription plan you have, please refer to your contract. If you have further questions, you may contact Independent Health's Member Services Department.

Because there are thousands of medications in the marketplace, not all Tier 3 non-preferred medications can be listed here. Independent Health makes every attempt to provide you with as accurate a listing of medications as possible, however the list of medications and availability of generics can change frequently. Since this list was created, some medications may have been added, while others may have been deleted. For an updated version of the formulary please visit our website at independenthealth.com.

Prior-Authorization

Independent Health requires you to get prior authorization for certain medications. To obtain coverage for a medication requiring prior authorization, a prior authorization request for medical exception must be submitted by your health care provider and approved by Independent Health. Medications that require prior authorization are listed with a "PA" in the formulary.

Step Therapy

In some cases, Independent Health requires you to first try certain medications to treat your medical condition before we cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic

medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective. Medications that require step therapy are listed with a "ST" in the formulary.

Quantity Limitations

Quantity limitations may apply to certain medications. Some medications are covered up to a specific quantity per 30 or 90 days. Some examples of medications with a quantity limitation are: sumatriptan (generic Imitrex®) and zolpidem tartrate (generic Ambien®). Medications with quantity limitations are listed with a "QL" in the formulary.

For some items that come pre-packaged (for example: tube/container, inhaler device, single dose units, or liquid container), one package size is allowed per fill of these items. If a quantity limit is designated on the formulary, this restriction will take precedence over the pre-packaged limitations, when applicable.

Specialty Medications

In order to add value and accessibility in your pharmacy benefits, we offer a specialized prescription medication program for certain specialty medications through Reliance Rx® Specialty Pharmacy. Specialty medications include those that are either self-injectable, require special distribution, handling and/or are at limited supply and certain oral oncology medications. These medications are restricted to designated pharmacies such as Reliance Rx. Reliance Rx specializes in providing high-quality service for complex chronic conditions such as hepatitis, multiple sclerosis, cancer and rheumatoid arthritis.

Along with providing these specialized medications, Reliance Rx also provides a convenient way for you to receive the medication, by arranging delivery at no charge directly to your home. They can also provide you with education on the medication you're taking, refill reminders and even the necessary supplies, if applicable. Specialty medications are listed with an "SP" on the formulary. Reliance Rx can be reached at 1-800-809-4763.

Limited Distribution Drugs

Some specialty medications can only be obtained through designated specialty pharmacies due to limited distribution placed on the medication by the manufacturer. These medications are listed with a “LDD” on the formulary.

Affordable Care Act (ACA) Preventive Services

Medications covered under the Affordable Care Act as preventive services are listed with an “ACA” on the formulary. Certain restrictions may apply. As drugs are added or removed from the United States Preventive Services Task Force recommendations list, these drugs may not be available to you through the ACA until you renew your plan. There is no copayment/coinsurance for these medications.

Age Restriction

Some prescription medications are restricted by age due to safety reasons or Food and Drug Administration (FDA) recommended labeling. Medications with an age limit are listed with an “AL” in the formulary.

Maintenance Medications

Independent Health allows up to a 90-day supply of certain medications to be filled. Medications eligible to be filled for a 90-day maintenance supply are indicated on the formulary with an “MM.”

The first fill of new maintenance medications will require a 30-day initial fill to ensure you do not have any side effects. After the initial 30-day supply has shown you can tolerate the medication, you can receive future refills for up to a 90-day supply as prescribed.

Over-the-Counter (OTC) Medications

Certain medications listed on the formulary are available over the counter. A prescription is required for coverage of the OTC products. OTC products that we cover are listed with an “OTC” on the formulary.

Preventive with Liability

Some medications are considered preventive care for those with qualifying chronic conditions. For

deductible plans where this benefit is applied, you are responsible for your tiered copayment/coinsurance during the deductible phase. These medications are listed with a “PL” on the formulary.

Dental Formulary

Drugs covered on our Dental Formulary are available when prescribed by a dental provider. Drugs included in our Dental Formulary are listed with a “DF” on the formulary. Drugs without a “DF” will not be covered when written by a dental provider.

Key

ACA – Affordable Care Act

AL – Age Limit

DF – Dental Formulary

LDD – Limited Distribution Drugs

MM – 90-day supply

PL – Preventive with Liability

OTC – Over-the-Counter

PA – Prior Authorization Required

QL – Quantity Limits Apply

SP – Specialty Pharmacy

ST – Step Therapy

SUD – Substance Use Disorder

Sedative/Hypnotic Medications

Sedative/hypnotic medications are limited for all prescribers except sleep specialists to 14 tablets/capsules per month with a maximum of 3 fills per year (3 fills/365 days).

Compounded Prescription Medications

Compounded prescriptions (medications that are not commercially manufactured) must be prepared by a participating pharmacy and contain at least one prescription component. The dispensing pharmacy is required to submit for prior approval and when covered the compounded prescription will be available at a Tier 2 copayment/coinsurance. Compounds which cost under \$250 do not require prior authorization if all other requirements are met. Compounds which cost more than \$250 will require prior authorization.

Coverage is provided in accordance with our

Compounding Medication Products Policy. Bulk products and powders are excluded from coverage because they are not prescription medication products that are approved under sections 505, 505(j) or 507 of the Federal Food, Drug, and Cosmetic Act.

Diabetic Supplies/Medications

Products listed in this section are a covered benefit based on your plan. Products not listed require prior authorization. Copayments vary by plan.

BD needles and syringes are our preferred needle/syringe products.

OneTouch glucose meters, lancets, test strips, and supplies are our preferred diabetic supplies and do not require prior authorization.

OneTouch will provide a glucose meter to you with no copayment. Quantities are limited to one meter per member. You can obtain a meter by calling LifeScan, Inc. at 1-888-377-5227, offer code 289IHA001. Please have your ID number available when you call.

Diabetic test strips are limited to a maximum of 100 per 30 days for non-insulin dependent diabetics. Diabetic test strips are limited to a maximum of 300 per 30 days for insulin dependent diabetics.

FreeStyle Libre continuous glucose monitors and sensors are also available at retail pharmacies, if member is concurrently on insulin.

Dexcom G6 continuous glucose monitoring system covered with concurrent use of bolus insulin.

Lost/Stolen/Damaged Medications

Replacement of any lost, stolen or damaged medications is the responsibility of the member.

Additional Formulary Information

- Appetite suppressants/weight-loss medications are excluded from coverage.
- Medications used for cosmetic purposes are excluded from coverage.
- Medical devices (which may or may not require a prescription) are excluded from coverage.

- Medical foods other than PKU supplements (which may or may not require a prescription) are excluded from coverage.
- Drugs used for the treatment of sexual dysfunction (SD) may be subject to quantity limits. Duplicate therapy with other SD medications is not allowed.
- Prenatal vitamins classified as medical foods are not covered. Multivitamins are NOT included in the Formulary as various OTC products are available.
- Contraceptives (for members with contraceptive coverage): All tier 1 generic drugs are covered at a \$0 copayment. Brand-name drugs without a generic equivalent are covered at a \$0 copayment. Brand-name drugs with a generic equivalent are covered at the copayment based on your plan design. Cervical caps, diaphragms, condoms, and spermicides are covered at a \$0 copayment. Both prescription and over-the-counter (OTC) products are covered only when prescribed by a licensed health care provider and require a valid prescription.
- Medications listed on the drug formulary as covered without restriction may require prior authorization or may not be covered if it is determined that they are being used in conjunction with a procedure or treatment not covered under the member's Health Contract.
- Medications not recognized by the FDA without a National Drug Code (NDC) are excluded from coverage.
- Generic substitution is used only as required by state pharmacy laws. Therapeutic interchange is not utilized.
- Members in an "unmanaged" prescription plan are not subject to prior authorization requirements, step therapies, and quantity limits other than when imposed for safety purposes. Additionally, all non-formulary FDA approved medications are covered as a Tier 3 benefit.

TABLE OF CONTENTS

| | |
|--|----|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | 3 |
| *Allergenic Extracts/Biologicals Misc* | 3 |
| *Amebicides* | 3 |
| *Aminoglycosides* | 3 |
| *Analgesics - Anti-Inflammatory* | 3 |
| *Analgesics - Nonnarcotic* | 4 |
| *Analgesics - Opioid* | 4 |
| *Androgens-Anabolic* | 5 |
| *Anorectal And Related Products* | 6 |
| *Anthelmintics* | 6 |
| *Antianginal Agents* | 6 |
| *Antianxiety Agents* | 6 |
| *Antiarrhythmics* | 6 |
| *Antiasthmatic And Bronchodilator Agents* | 6 |
| *Anticoagulants* | 7 |
| *Anticonvulsants* | 7 |
| *Antidepressants* | 8 |
| *Antidiabetics* | 9 |
| *Antidiarrheal/Probiotic Agents* | 10 |
| *Antidotes And Specific Antagonists* | 10 |
| *Antiemetics* | 10 |
| *Antifungals* | 11 |
| *Antihistamines* | 11 |
| *Antihyperlipidemics* | 11 |
| *Antihypertensives* | 11 |
| *Anti-Infective Agents - Misc.* | 12 |
| *Antimalarials* | 13 |
| *Antimyasthenic/Cholinergic Agents* | 13 |
| *Antimycobacterial Agents* | 13 |
| *Antineoplastics And Adjunctive Therapies* | 13 |
| *Antiparkinson And Related Therapy Agents* | 14 |
| *Antipsychotics/Antimanic Agents* | 15 |
| *Antivirals* | 15 |
| *Beta Blockers* | 17 |
| *Calcium Channel Blockers* | 17 |
| *Cardiotonics* | 17 |
| *Cardiovascular Agents - Misc.* | 17 |
| *Cephalosporins* | 18 |
| *Contraceptives* | 18 |
| *Corticosteroids* | 19 |
| *Cough/Cold/Allergy* | 20 |
| *Dermatologicals* | 20 |
| *Diagnostic Products* | 22 |
| *Digestive Aids* | 22 |
| *Diuretics* | 23 |
| *Endocrine And Metabolic Agents - Misc.* | 23 |
| *Estrogens* | 24 |
| *Fluoroquinolones* | 24 |
| *Gastrointestinal Agents - Misc.* | 24 |
| *Genitourinary Agents - Miscellaneous* | 25 |
| *Gout Agents* | 25 |

| | |
|---|----|
| *Hematological Agents - Misc.* | 25 |
| *Hematopoietic Agents* | 25 |
| *Hemostatics* | 26 |
| *Hypnotics/Sedatives/Sleep Disorder Agents* | 26 |
| *Laxatives* | 26 |
| *Macrolides* | 26 |
| *Medical Devices And Supplies* | 26 |
| *Migraine Products* | 26 |
| *Minerals & Electrolytes* | 27 |
| *Miscellaneous Therapeutic Classes* | 27 |
| *Mouth/Throat/Dental Agents* | 27 |
| *Multivitamins* | 27 |
| *Musculoskeletal Therapy Agents* | 28 |
| *Nasal Agents - Systemic And Topical* | 28 |
| *Neuromuscular Agents* | 28 |
| *Nutrients* | 28 |
| *Ophthalmic Agents* | 28 |
| *Otic Agents* | 29 |
| *Oxytocics* | 29 |
| *Penicillins* | 29 |
| *Progestins* | 30 |
| *Psychotherapeutic And Neurological Agents - Misc.* | 30 |
| *Respiratory Agents - Misc.* | 31 |
| *Sulfonamides* | 31 |
| *Tetracyclines* | 31 |
| *Thyroid Agents* | 31 |
| *Ulcer Drugs/Antispasmodics/Anticholinergics* | 31 |
| *Urinary Antispasmodics* | 32 |
| *Vaginal And Related Products* | 32 |
| *Vasopressors* | 32 |
| *Vitamins* | 32 |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|-----------------------------|---|------|---|
| *Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant* | | | | | |
| amphetamine-dextroamphet er oral capsule extended release 24 hour | 1 | MM; AL | ODACTRA SUBLINGUAL TABLET SUBLINGUAL | 3 | PA |
| amphetamine-dextroamphetamine oral tablet 10 mg, 15 mg | 1 | MM; QL (3 EA per 1 day); AL | ORALAIR ADULT SAMPLE KIT SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; LDD |
| amphetamine-dextroamphetamine oral tablet 12.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg | 1 | MM; AL | ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; LDD |
| armodafinil oral tablet | 1 | PA; MM | ORALAIR CHILDRENS SAMPLE KIT SUBLINGUAL THERAPY PACK | 3 | PA; LDD |
| atomoxetine hcl oral capsule | 1 | MM; AL | ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; LDD |
| clonidine hcl er oral tablet extended release 12 hour | 3 | MM | ORALAIR SUBLINGUAL TABLET SUBLINGUAL | 3 | PA; LDD |
| COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE | 2 | PA; AL | RAGWITEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA |
| DAYTRANA TRANSDERMAL PATCH | 3 | MM; AL | *Amebicides* | | |
| dexmethylphenidate hcl er oral capsule extended release 24 hour | 3 | MM; AL | SOLOSEC ORAL PACKET | 3 | |
| dexmethylphenidate hcl oral tablet | 3 | MM; AL | *Aminoglycosides* | | |
| dextroamphetamine sulfate er oral capsule extended release 24 hour | 1 | AL | ARIKAYCE INHALATION SUSPENSION | 3 | PA; SP |
| dextroamphetamine sulfate oral solution | 3 | AL | BETHKIS INHALATION NEBULIZATION SOLUTION | 3 | PA; SP; QL (224 ML per 28 days) |
| dextroamphetamine sulfate oral tablet | 1 | AL | KITABIS PAK INHALATION NEBULIZATION SOLUTION | 3 | PA; SP; QL (280 ML per 28 days) |
| guanfacine hcl er oral tablet extended release 24 hour | 3 | MM; AL | neomycin sulfate oral tablet | 1 | |
| methylphenidate hcl er (cd) oral capsule extended release | 1 | MM; AL | paromomycin sulfate oral capsule | 1 | |
| methylphenidate hcl er (la) oral capsule extended release 24 hour | 1 | MM; AL | TOBI PODHALER INHALATION CAPSULE | 2 | PA; PA except for Cystic Fibrosis Specialists.; QL (224 EA per 28 days) |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour | 3 | | tobramycin inhalation nebulization solution 300 mg/5ml | 1 | PA; PA except for Cystic Fibrosis Specialists.; QL (280 ML per 28 days) |
| 10 mg, 15 mg, 20 mg, 30 mg | | | *Analgesics - Anti-Inflammatory* | | |
| methylphenidate hcl er (xr) oral capsule extended release 24 hour | 3 | MM; AL | ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP |
| 50 mg | | | ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| methylphenidate hcl er oral tablet extended release | 1 | MM; AL | ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; SP |
| methylphenidate hcl oral solution | 1 | MM; AL | celecoxib oral capsule | 1 | MM |
| methylphenidate hcl oral tablet 10 mg, 20 mg | 1 | MM; AL | diclofenac potassium oral tablet | 1 | MM |
| methylphenidate hcl oral tablet 5 mg | 1 | MM; QL (3 EA per 1 day); AL | diclofenac sodium er oral tablet extended release 24 hour | 1 | MM |
| methylphenidate hcl oral tablet chewable | 3 | MM; AL | diclofenac sodium oral tablet delayed release | 1 | MM |
| modafinil oral tablet | 1 | PA; MM; AL | ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | PA; SP |
| MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST; AL | ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML | 2 | PA; SP |
| QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE | 3 | ST; AL | ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER | 3 | AL | ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP |
| SUNOSI ORAL TABLET | 3 | PA | etodolac er oral tablet extended release 24 hour | 1 | MM |
| VYVANSE ORAL CAPSULE | 2 | MM; AL | etodolac oral capsule | 1 | MM |
| VYVANSE ORAL TABLET CHEWABLE | 2 | MM; AL | *Allergenic Extracts/Biologicals Misc* | | |
| WAKIX ORAL TABLET | 3 | PA; LDD | GRASTEK SUBLINGUAL TABLET SUBLINGUAL | 3 | PA |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|--------------------------------|---|------|------------------------------|
| etodolac oral tablet | 1 | MM | RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML | 3 | PA; SP |
| fenoprofen calcium oral tablet | 3 | MM | RIDAURA ORAL CAPSULE | 2 | MM |
| flurbiprofen oral tablet | 1 | MM | RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | PA; SP |
| HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML | 2 | PA; SP | SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA |
| HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT | 2 | PA; SP | SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA |
| HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT | 2 | PA; SP | SPRIX NASAL SOLUTION | 3 | PA; QL (5 EA per 5 days); AL |
| HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML | 2 | PA; SP | sulindac oral tablet | 1 | MM |
| HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA; SP | tolmetin sodium oral capsule | 1 | MM |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | DF; MM | tolmetin sodium oral tablet 600 mg | 1 | MM |
| indomethacin er oral capsule extended release | 1 | MM; AL | XELJANZ ORAL TABLET | 2 | PA |
| indomethacin oral capsule 25 mg, 50 mg | 1 | MM; AL | XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | PA |
| ketoprofen er oral capsule extended release 24 hour | 3 | MM | *Analgesics - Nonnarcotic* | | |
| ketorolac tromethamine oral tablet | 1 | QL (20 EA per 5 days); AL | butalbital-acetaminophen oral tablet 50-300 mg | 3 | AL |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP | butalbital-acetaminophen oral tablet 50-325 mg | 1 | AL |
| KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP | butalbital-apap-caffeine oral capsule | 3 | AL |
| KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LDD | butalbital-apap-caffeine oral tablet 50-325-40 mg | 1 | AL |
| leflunomide oral tablet | 1 | PA; PA except Rheumatology; MM | diflunisal oral tablet | 1 | MM |
| meloxicam oral tablet | 1 | MM | salsalate oral tablet | 1 | MM |
| nabumetone oral tablet | 1 | MM | *Analgesics - Opioid* | | |
| naproxen dr oral tablet delayed release | 1 | DF; MM | acetaminophen-codeine #2 oral tablet | 1 | DF; AL |
| naproxen oral tablet | 1 | DF; MM | acetaminophen-codeine #3 oral tablet | 1 | DF; AL |
| ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP | acetaminophen-codeine #4 oral tablet | 1 | DF; AL |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP | acetaminophen-codeine oral solution | 1 | DF; AL |
| OTEZLA ORAL TABLET | 2 | PA; SP | buprenorphine hcl-naloxone hcl sublingual film | 1 | SUD |
| OTEZLA ORAL TABLET THERAPY PACK | 2 | PA; SP | buprenorphine transdermal patch weekly | 1 | |
| OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML | 3 | PA; SP | butalbital-apap-caff-cod oral capsule 50-300-40-30 mg | 3 | AL |
| oxaprozin oral tablet | 1 | MM | butalbital-apap-caff-cod oral capsule 50-325-40-30 mg | 1 | AL |
| piroxicam oral capsule | 1 | MM | butalbital-asa-caff-codeine oral capsule | 2 | AL |
| | | | butorphanol tartrate nasal solution | 1 | PA |
| | | | codeine sulfate oral tablet 30 mg, 60 mg | 1 | AL |
| | | | fenentanyl citrate buccal lozenge on a handle | 3 | PA; ST; PA except Oncology |
| | | | fenentanyl citrate buccal tablet 100 mcg | 3 | PA; PA except oncology |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|----------------------------|--|------|-----------------------------|
| fentanyl citrate buccal tablet 200 mcg, 400 mcg, 600 mcg, 800 mcg | 3 | PA; ST; PA except oncology | oxycodone hcl er oral tablet er 12 hour abuse-deterrent 60 mg, 80 mg | 1 | ST |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | 1 | ST | oxycodone hcl oral capsule | 1 | |
| hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml | 1 | | oxycodone hcl oral concentrate 100 mg/5ml | 1 | |
| hydrocodone-acetaminophen oral solution 5-217 mg/10ml, 7.5-325 mg/15ml | 1 | DF | oxycodone hcl oral solution | 1 | |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 1 | DF | oxycodone hcl oral tablet | 1 | |
| hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg | 1 | DF | oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| hydromorphone hcl er oral tablet extended release 24 hour | 3 | ST | oxycodone-aspirin oral tablet 4.8355-325 mg | 3 | |
| hydromorphone hcl oral liquid | 1 | | OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG | 2 | |
| hydromorphone hcl oral tablet | 1 | | OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG | 2 | ST |
| hydromorphone hcl rectal suppository | 1 | | oxymorphone hcl er oral tablet extended release 12 hour | 1 | ST |
| HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT | 2 | | oxymorphone hcl oral tablet | 3 | PA; PA except Pain Medicine |
| LAZANDA NASAL SOLUTION | 3 | PA; ST | pentazocine-naloxone hcl oral tablet | 3 | AL |
| methadone hcl intensol oral concentrate | 1 | | tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg | 1 | ST |
| methadone hcl oral concentrate | 1 | | tramadol hcl er oral capsule extended release 24 hour | 1 | ST |
| methadone hcl oral solution | 1 | | tramadol hcl er oral tablet extended release 24 hour | 1 | ST |
| methadone hcl oral tablet | 1 | | tramadol hcl oral tablet 50 mg | 1 | |
| methadone hcl oral tablet soluble | 1 | | tramadol-acetaminophen oral tablet | 1 | PA; PA except Pain Medicine |
| morphine sulfate (concentrate) oral solution 100 mg/5ml | 1 | ST | XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT | 3 | |
| morphine sulfate er beads oral capsule extended release 24 hour | 3 | ST | ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL | 2 | SUD |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg, 60 mg | 1 | ST | *Androgens-Anabolic* | | |
| morphine sulfate er oral capsule extended release 24 hour 100 mg, 80 mg | 1 | ST | ANADROL-50 ORAL TABLET | 3 | |
| morphine sulfate er oral tablet extended release 100 mg, 200 mg | 1 | | ANDRODERM TRANSDERMAL PATCH 24 HOUR | 2 | PA |
| morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg | 1 | | danazol oral capsule | 1 | |
| morphine sulfate oral solution | 1 | | methitest oral tablet | 2 | PA; MM |
| morphine sulfate oral tablet | 1 | | methyltestosterone oral capsule | 3 | PA; MM |
| morphine sulfate rectal suppository | 1 | | NATESTO NASAL GEL | 3 | PA |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG | 2 | ST | oxandrolone oral tablet | 1 | |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 50 MG | 2 | | testosterone cypionate injection solution 200 mg/ml | 1 | PA |
| NUCYNTA ORAL TABLET | 2 | | testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml | 1 | PA |
| oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg | 1 | | testosterone enanthate intramuscular solution | 1 | PA |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|--|--|------|--------|
| testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%) | 1 | PA | diazepam oral tablet | 1 | AL |
| testosterone transdermal solution | 1 | PA | hydroxyzine hcl oral syrup | 1 | AL |
| *Anorectal And Related Products* | | | hydroxyzine hcl oral tablet | 1 | AL |
| hydrocortisone acetate rectal suppository 25 mg | 1 | | hydroxyzine pamoate oral capsule | 1 | AL |
| hydrocortisone rectal enema | 1 | | lorazepam intensol oral concentrate | 3 | |
| lidocaine-hydrocortisone ace rectal gel | 1 | | lorazepam oral concentrate 2 mg/ml | 3 | |
| lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-1 %, 3-2.5 % | 1 | | lorazepam oral tablet | 1 | |
| RECTIV RECTAL OINTMENT | 3 | | oxazepam oral capsule | 1 | |
| *Anthelmintics* | | | *Antiarrhythmics* | | |
| albendazole oral tablet | 3 | PA; PA except Gastroenterology or Infectious Disease | amiodarone hcl oral tablet | 1 | MM |
| benznidazole oral tablet | 3 | PA; SP | disopyramide phosphate oral capsule | 1 | MM; AL |
| EMVERM ORAL TABLET CHEWABLE | 3 | | dofetilide oral capsule | 1 | MM |
| ivermectin oral tablet | 1 | | flecainide acetate oral tablet | 1 | MM |
| praziquantel oral tablet | 3 | | mexiletine hcl oral capsule | 1 | MM |
| *Antianginal Agents* | | | MULTAQ ORAL TABLET | 3 | MM |
| DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE | 2 | MM | NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR | 2 | MM; AL |
| ISORDIL TITRADOSE ORAL TABLET 40 MG | 2 | MM | pacerone oral tablet 100 mg, 200 mg, 400 mg | 1 | MM |
| isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg | 1 | MM | propafenone hcl er oral capsule extended release 12 hour | 1 | MM |
| isosorbide mononitrate er oral tablet extended release 24 hour | 1 | MM | propafenone hcl oral tablet | 1 | MM |
| isosorbide mononitrate oral tablet | 1 | MM | quinidine gluconate er oral tablet extended release | 1 | MM |
| NITRO-BID TRANSDERMAL OINTMENT | 3 | MM | quinidine sulfate oral tablet | 1 | MM |
| nitroglycerin er oral capsule extended release | 1 | MM | *Antiasthmatic And Bronchodilator Agents* | | |
| nitroglycerin sublingual tablet sublingual | 1 | | ADVAIR HFA INHALATION AEROSOL | 2 | MM |
| nitroglycerin transdermal patch 24 hour | 1 | MM | albuterol sulfate er oral tablet extended release 12 hour | 1 | MM |
| nitroglycerin translingual solution | 3 | MM | albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml | 2 | MM |
| ranolazine er oral tablet extended release 12 hour | 3 | MM | albuterol sulfate oral syrup | 1 | MM |
| *Antianxiety Agents* | | | albuterol sulfate oral tablet | 1 | MM |
| alprazolam er oral tablet extended release 24 hour | 3 | | ARCAPTA NEOHALER INHALATION CAPSULE | 2 | MM |
| alprazolam intensol oral concentrate | 3 | | ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM; AL |
| alprazolam oral tablet | 1 | | ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM |
| alprazolam oral tablet dispersible | 1 | PA | ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM |
| alprazolam xr oral tablet extended release 24 hour | 3 | | ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM |
| bupirone hcl oral tablet | 1 | | ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM |
| chlordiazepoxide hcl oral capsule | 1 | AL | ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM |
| clorazepate dipotassium oral tablet | 1 | | ASMANEX HFA INHALATION AEROSOL | 1 | MM |
| diazepam intensol oral concentrate | 1 | AL | | | |
| diazepam oral concentrate | 1 | AL | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------------------|---|------|--|
| ATROVENT HFA INHALATION AEROSOL SOLUTION | 2 | MM | SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT | 2 | MM; AL |
| BROVANA INHALATION NEBULIZATION SOLUTION | 3 | PA; MM | SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT | 2 | MM |
| budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml | 1 | MM; QL (120 ML per 30 days); AL | STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT | 2 | MM |
| budesonide inhalation suspension 1 mg/2ml | 1 | MM; QL (60 ML per 30 days); AL | STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION | 2 | MM |
| COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION | 2 | MM | terbutaline sulfate oral tablet | 1 | MM |
| cromolyn sodium inhalation nebulization solution | 1 | QL (240 ML per 30 days) | THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | MM |
| DALIRESP ORAL TABLET | 3 | PA; PA except Pulmonology | theophylline er oral tablet extended release 12 hour 300 mg, 450 mg | 1 | MM |
| ELIXOPHYLLIN ORAL ELIXIR | 3 | | theophylline er oral tablet extended release 24 hour | 1 | MM |
| FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP | theophylline oral solution | 1 | |
| FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM | VENTOLIN HFA INHALATION AEROSOL SOLUTION | 2 | |
| FLOVENT HFA INHALATION AEROSOL | 1 | MM | WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM |
| fluticasone-salmeterol inhalation aerosol powder breath activated | 1 | MM | YUPELRI INHALATION SOLUTION | 3 | PA |
| ipratropium bromide inhalation solution | 1 | MM | zafirlukast oral tablet | 3 | MM; AL |
| ipratropium-albuterol inhalation solution | 1 | MM | zileuton er oral tablet extended release 12 hour | 3 | PA |
| levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml | 3 | PA; MM | ZYFLO ORAL TABLET | 3 | PA; MM |
| levalbuterol tartrate inhalation aerosol | 1 | | *Anticoagulants* | | |
| montelukast sodium oral packet | 1 | MM; AL | ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK | 2 | |
| montelukast sodium oral tablet | 1 | MM; AL | ELIQUIS ORAL TABLET | 2 | MM |
| montelukast sodium oral tablet chewable 4 mg, 5 mg | 1 | MM; AL | enoxaparin sodium subcutaneous solution | 1 | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP | fondaparinux sodium subcutaneous solution | 1 | PA; PA required for duration of greater than 14 days except when written by Oncology; QL (14 days Max Qty Per Fill Retail) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP | FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNIT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML | 2 | PA; PA required for duration of greater than 14 days except when written by Oncology; QL (14 days Max Qty Per Fill Retail) |
| PERFORMIST INHALATION NEBULIZATION SOLUTION | 3 | PA; MM | JANTOVEN ORAL TABLET | 1 | MM |
| PROAIR HFA INHALATION AEROSOL SOLUTION | 2 | | PRADAXA ORAL CAPSULE | 2 | MM |
| PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | | warfarin sodium oral tablet | 1 | MM |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 1 | MM | XARELTO ORAL TABLET | 2 | MM |
| QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED | 1 | MM | XARELTO STARTER PACK ORAL TABLET THERAPY PACK | 2 | |
| SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | ST; MM | *Anticonvulsants* | | |
| SPIRIVA HANDIHALER INHALATION CAPSULE | 2 | MM | APTIOM ORAL TABLET | 3 | MM |
| | | | BANZEL ORAL TABLET | 2 | AL |
| | | | BRIVIACT ORAL SOLUTION | 3 | PA; PA except Neurology |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|--------------------------------|---|------|----------------------------------|
| BRIVIACT ORAL TABLET | 3 | PA; PA except Neurology | phenytoin sodium extended oral capsule | 1 | MM |
| carbamazepine er oral capsule | 1 | MM | pregabalin oral capsule | 1 | MM |
| extended release 12 hour | | | pregabalin oral solution | 1 | MM |
| carbamazepine er oral tablet | 1 | MM | primidone oral tablet | 1 | MM |
| extended release 12 hour | | | rufinamide oral suspension | 1 | AL |
| carbamazepine oral suspension | 1 | MM | tiagabine hcl oral tablet | 1 | MM |
| carbamazepine oral tablet | 1 | MM | topiramate er oral capsule er 24 hour sprinkle | 3 | PA; PA except neurology; MM |
| carbamazepine oral tablet chewable | 1 | MM | topiramate oral capsule sprinkle | 1 | MM |
| CELONTIN ORAL CAPSULE | 2 | MM | topiramate oral tablet | 1 | MM |
| clobazam oral suspension | 1 | PA | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG | 3 | PA |
| clobazam oral tablet | 1 | PA | TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 25 MG, 50 MG | 3 | PA; MM |
| clonazepam oral tablet | 1 | MM | valproic acid oral capsule | 1 | MM |
| clonazepam oral tablet dispersible | 1 | PA; MM | valproic acid oral solution | 1 | MM |
| DIACOMIT ORAL CAPSULE | 3 | PA; LDD | VALTOCO 10 MG DOSE NASAL LIQUID | 3 | PA; QL (5 Fills per 30 days); AL |
| DIACOMIT ORAL PACKET | 3 | PA; LDD | VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL (5 Fills per 30 days); AL |
| diazepam rectal gel | 3 | PA; PA except Neurology; AL | VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK | 3 | PA; QL (5 Fills per 30 days); AL |
| DILANTIN ORAL CAPSULE 30 MG | 3 | MM | VALTOCO 5 MG DOSE NASAL LIQUID | 3 | PA; QL (5 Fills per 30 days); AL |
| divalproex sodium er oral tablet | 1 | MM | vigabatrin oral packet | 1 | PA; LDD |
| extended release 24 hour | | | vigabatrin oral tablet | 1 | PA; LDD |
| divalproex sodium oral tablet | 1 | MM | VIGADRONE ORAL PACKET | 1 | PA; LDD |
| delayed release | | | VIMPAT ORAL SOLUTION | 2 | MM; AL |
| EPIDIOLX ORAL SOLUTION | 3 | PA; LDD; AL | VIMPAT ORAL TABLET | 2 | MM; AL |
| ethosuximide oral capsule | 1 | MM | XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL (56 EA per 28 Days) |
| ethosuximide oral solution | 1 | MM | XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK | 2 | PA; QL (56 EA per 28 Days) |
| felbamate oral suspension | 1 | MM | XCOPRI ORAL TABLET 100 MG, 50 MG | 2 | PA; QL (30 EA per 30 Days) |
| felbamate oral tablet | 1 | MM | XCOPRI ORAL TABLET 150 MG, 200 MG | 2 | PA; QL (60 EA per 30 Days) |
| FINTEPLA ORAL SOLUTION | 3 | PA; LDD | XCOPRI ORAL TABLET THERAPY PACK | 2 | PA; QL (28 EA per 28 days) |
| FYCOMPA ORAL SUSPENSION | 3 | AL | zonisamide oral capsule | 1 | MM |
| FYCOMPA ORAL TABLET | 3 | MM; AL | *Antidepressants* | | |
| gabapentin oral capsule | 1 | MM | amitriptyline hcl oral tablet | 1 | AL |
| gabapentin oral solution 250 mg/5ml | 1 | MM | amoxapine oral tablet | 3 | |
| gabapentin oral tablet | 1 | MM | bupropion hcl er (sr) oral tablet extended release 12 hour | 1 | MM |
| lamotrigine er oral tablet extended release 24 hour | 3 | MM; AL | bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1 | MM |
| lamotrigine oral tablet | 1 | MM | bupropion hcl oral tablet | 1 | MM |
| lamotrigine oral tablet chewable | 1 | MM | citalopram hydrobromide oral solution | 1 | MM |
| lamotrigine oral tablet dispersible | 3 | PA | citalopram hydrobromide oral tablet | 1 | PL; MM |
| lamotrigine starter kit-blue oral kit | 3 | | clomipramine hcl oral capsule | 1 | AL |
| lamotrigine starter kit-green oral kit | 3 | | desipramine hcl oral tablet | 1 | |
| lamotrigine starter kit-orange oral kit | 3 | | desvenlafaxine succinate er oral tablet extended release 24 hour | 1 | MM |
| levetiracetam er oral tablet | 1 | MM | | | |
| extended release 24 hour | | | | | |
| levetiracetam oral solution | 1 | MM | | | |
| levetiracetam oral tablet | 1 | MM | | | |
| NAYZILAM NASAL SOLUTION | 3 | PA | | | |
| oxcarbazepine oral suspension | 1 | | | | |
| oxcarbazepine oral tablet | 1 | MM | | | |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | ST; MM | | | |
| phenytoin infatabs oral tablet chewable | 1 | MM | | | |
| phenytoin oral suspension 125 mg/5ml | 1 | MM | | | |
| phenytoin oral tablet chewable | 1 | MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|------------------------------|---|------|---------|
| doxepin hcl oral capsule | 1 | AL | glipizide-metformin hcl oral tablet | 1 | MM |
| doxepin hcl oral concentrate | 1 | AL | GLUCAGEN HYPOKIT INJECTION | 2 | |
| duloxetine hcl oral capsule delayed release particles | 1 | MM | SOLUTION RECONSTITUTED | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR | 3 | PA; PA except Psychiatry | glucagon emergency injection kit | 1 | |
| escitalopram oxalate oral solution | 1 | MM | glyburide micronized oral tablet | 1 | MM; AL |
| escitalopram oxalate oral tablet | 1 | PL; MM | glyburide oral tablet | 1 | MM; AL |
| FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST | glyburide-metformin oral tablet | 1 | MM; AL |
| fluoxetine hcl oral capsule | 1 | PL; MM | GLYXAMBI ORAL TABLET | 2 | MM |
| fluoxetine hcl oral capsule delayed release | 3 | MM | GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1 | |
| fluoxetine hcl oral solution | 1 | | GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 1 | |
| fluvoxamine maleate er oral capsule extended release 24 hour | 1 | MM | GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 | |
| fluvoxamine maleate oral tablet | 1 | MM | HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | MM |
| imipramine hcl oral tablet | 1 | AL | HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML | 2 | MM |
| maprotiline hcl oral tablet | 1 | PA; PA except Psychiatry; MM | HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | MM |
| MARPLAN ORAL TABLET | 3 | MM | HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION | 2 | MM |
| mirtazapine oral tablet | 1 | MM | HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | MM |
| mirtazapine oral tablet dispersible | 1 | MM | HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION | 2 | MM |
| nefazodone hcl oral tablet | 1 | PA; MM | HUMALOG SUBCUTANEOUS SOLUTION | 2 | MM |
| nortriptyline hcl oral capsule | 1 | AL | HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | MM |
| nortriptyline hcl oral solution | 1 | AL | HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | MM |
| paroxetine hcl er oral tablet extended release 24 hour | 1 | ST; MM | HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | OTC; MM |
| paroxetine hcl oral tablet | 1 | PL; MM | HUMULIN 70/30 SUBCUTANEOUS SUSPENSION | 2 | OTC; MM |
| PAXIL ORAL SUSPENSION | 2 | ST; MM | HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR | 2 | OTC; MM |
| PEXEVA ORAL TABLET | 3 | | HUMULIN N SUBCUTANEOUS SUSPENSION | 2 | OTC; MM |
| phenelzine sulfate oral tablet | 1 | MM | HUMULIN R INJECTION SOLUTION | 2 | OTC; MM |
| protriptyline hcl oral tablet | 1 | | HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION | 2 | MM |
| sertraline hcl oral concentrate | 1 | MM | HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | MM |
| sertraline hcl oral tablet | 1 | PL; MM | INVOKAMET ORAL TABLET | 2 | MM |
| tranylcypromine sulfate oral tablet | 1 | MM | INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | MM |
| trazodone hcl oral tablet | 1 | MM | INVOKANA ORAL TABLET | 2 | MM |
| trimipramine maleate oral capsule | 1 | AL | JARDIANCE ORAL TABLET | 2 | MM |
| TRINTELLIX ORAL TABLET | 3 | ST | JENTADUETO ORAL TABLET | 2 | MM |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | MM | | | |
| venlafaxine hcl oral tablet | 1 | MM | | | |
| VIIBRYD ORAL TABLET | 3 | MM | | | |
| *Antidiabetics* | | | | | |
| acarbose oral tablet | 1 | PL; MM | | | |
| AVANDIA ORAL TABLET 2 MG, 4 MG | 3 | PA; MM | | | |
| BAQSIMI ONE PACK NASAL POWDER | 1 | | | | |
| BAQSIMI TWO PACK NASAL POWDER | 1 | | | | |
| CYCLOSET ORAL TABLET | 3 | | | | |
| diazoxide oral suspension | 1 | PA; PA except endocrinology | | | |
| glimepiride oral tablet | 1 | PL; MM | | | |
| glipizide er oral tablet extended release 24 hour | 1 | PL; MM | | | |
| glipizide oral tablet | 1 | PL; MM | | | |
| glipizide xl oral tablet extended release 24 hour | 1 | PL; MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------------------|--|------|--|
| JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | MM | TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML | 2 | ST; ST except Endocrinology; MM |
| KORLYM ORAL TABLET | 2 | PA; LDD | VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; ST except Endocrinology; MM |
| LANTUS SOLOSTAR | 2 | MM | *Antidiarrheal/Probiotic Agents* | | |
| SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | diphenoxylate-atropine oral liquid | 1 | |
| LANTUS SUBCUTANEOUS SOLUTION | 2 | MM | diphenoxylate-atropine oral tablet | 1 | |
| LEVEMIR FLEXTOUCH | 2 | MM | loperamide hcl oral capsule | 3 | |
| SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | MYTESI ORAL TABLET DELAYED RELEASE | 3 | PA; SP |
| LEVEMIR SUBCUTANEOUS SOLUTION | 2 | MM | opium oral tincture | 1 | |
| LYUMJEV INJECTION SOLUTION | 2 | MM | *Antidotes And Specific Antagonists* | | |
| LYUMJEV KWIKPEN | 2 | MM | deferasirox granules oral packet | 3 | PA; SP; AL |
| SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | deferasirox oral tablet 360 mg, 90 mg | 3 | PA; SP; AL |
| metformin hcl er oral tablet extended release 24 hour | 1 | PL; MM | deferiprone oral tablet | 3 | PA; LDD |
| metformin hcl oral solution | 1 | MM | FERRIPROX ORAL TABLET 1000 MG | 3 | PA; LDD |
| metformin hcl oral tablet | 1 | PL; MM | FERRIPROX TWICE-A-DAY ORAL TABLET | 3 | PA; LDD |
| miglitol oral tablet | 3 | PA; MM | naloxone hcl injection solution 0.4 mg/ml | 1 | SUD |
| nateglinide oral tablet | 1 | PL; MM | naloxone hcl injection solution cartridge | 1 | SUD |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; ST except Endocrinology; MM | naloxone hcl injection solution prefilled syringe | 1 | SUD |
| OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST; ST except Endocrinology; MM | naltrexone hcl oral tablet | 1 | SUD |
| pioglitazone hcl oral tablet | 1 | PL; MM | NARCAN NASAL LIQUID | 2 | SUD |
| pioglitazone hcl-glimepiride oral tablet | 1 | MM | VISTOGARD ORAL PACKET | 2 | LDD; QL (20 EA per 5 days) |
| pioglitazone hcl-metformin hcl oral tablet | 1 | MM | *Antiemetics* | | |
| repaglinide oral tablet | 1 | PL; MM | AKYNZEO ORAL CAPSULE | 3 | ST; QL (1 EA Max Qty Per Fill Retail) |
| RIOMET ORAL SOLUTION | 2 | | ANZEMET ORAL TABLET | 3 | ST; QL (5 EA per 30 days) |
| RYBELSUS ORAL TABLET | 2 | ST; ST except endocrinology; MM | aprepitant oral capsule 125 mg, 80 mg | 1 | ST; ST except Hematology/Oncology; QL (3 EA per 30 days) |
| SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | ST | aprepitant oral capsule 40 mg | 1 | QL (1 EA per 30 days) |
| SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; PA except Endocrinology; MM | aprepitant oral capsule 80 & 125 mg | 1 | ST; ST except Hematology/Oncology; QL (1 EA per 30 days) |
| SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; PA except Endocrinology; MM | BONJESTA ORAL TABLET EXTENDED RELEASE | 2 | QL (3 fills per 365 Days) |
| SYNJARDY ORAL TABLET | 2 | MM | doxylamine-pyridoxine oral tablet delayed release | 1 | QL (3 fills per 365 days) |
| SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | MM | dronabinol oral capsule | 3 | PA |
| TOUJEO MAX SOLOSTAR | 2 | MM | EMEND ORAL SUSPENSION RECONSTITUTED | 2 | ST; QL (3 days per 30 days) |
| SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | granisetron hcl oral tablet | 1 | ST; QL (2 EA per 30 days) |
| TOUJEO SOLOSTAR | 2 | MM | meclizine hcl oral tablet 12.5 mg, 25 mg | 1 | |
| SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | ondansetron hcl oral solution | 1 | |
| TRADJENTA ORAL TABLET | 2 | MM | ondansetron hcl oral tablet | 1 | |
| TRESIBA FLEXTOUCH | 2 | MM | ondansetron oral tablet dispersible | 1 | |
| SUBCUTANEOUS SOLUTION PEN-INJECTOR | | | SANCUSO TRANSDERMAL PATCH | 3 | ST; QL (1 EA per 30 days) |
| TRESIBA SUBCUTANEOUS SOLUTION | 2 | MM | | | |
| TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---|--|------|-----------------------------|
| scopolamine transdermal patch 72 hour | 3 | QL (10 EA per 30 days) | *Antihyperlipidemics* | | |
| SYNDROS ORAL SOLUTION | 3 | PA | atorvastatin calcium oral tablet | 1 | ACA; PL; MM |
| trimethobenzamide hcl oral capsule | 1 | AL | cholestyramine light oral packet | 1 | MM |
| VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (2 EA per 28 days) | cholestyramine light oral powder | 1 | MM |
| ZUPLENZ ORAL FILM | 3 | ST; QL (10 EA per 30 days) | cholestyramine oral packet | 1 | MM |
| *Antifungals* | | | cholestyramine oral powder | 1 | MM |
| fluconazole oral suspension reconstituted | 1 | | colesevelam hcl oral packet | 1 | MM |
| fluconazole oral tablet 100 mg, 200 mg, 50 mg | 1 | | colesevelam hcl oral tablet | 1 | MM |
| fluconazole oral tablet 150 mg | 1 | QL (2 EA per 30 days) | colestipol hcl oral granules | 1 | MM |
| flucytosine oral capsule | 3 | | colestipol hcl oral packet | 1 | MM |
| griseofulvin microsize oral suspension | 1 | | colestipol hcl oral tablet | 1 | MM |
| griseofulvin microsize oral tablet | 3 | | ezetimibe oral tablet | 1 | MM |
| griseofulvin ultramicrosize oral tablet | 1 | | ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg | 3 | MM |
| itraconazole oral capsule | 1 | PA; PA except ID/Hematology or Oncology | ezetimibe-simvastatin oral tablet 10-80 mg | 3 | PA; MM |
| itraconazole oral solution | 1 | PA; PA except ID/Hematology or Oncology | fenofibrate micronized oral capsule 134 mg | 1 | MM |
| ketoconazole oral tablet | 1 | PA | fenofibrate oral capsule 134 mg, 67 mg | 1 | MM |
| NOXAFIL ORAL SUSPENSION | 2 | PA; MM | fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | MM |
| nystatin oral tablet | 1 | | fenofibric acid oral capsule delayed release 45 mg | 1 | MM |
| posaconazole oral tablet delayed release | 1 | PA; MM | fluvastatin sodium oral capsule | 1 | ACA; MM |
| terbinafine hcl oral tablet | 1 | | gemfibrozil oral tablet | 1 | MM |
| voriconazole oral suspension reconstituted | 1 | PA; PA except Infectious Disease | icosapent ethyl oral capsule | 1 | MM |
| voriconazole oral tablet | 1 | PA; PA except Infectious Disease | JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG | 3 | PA; LDD |
| *Antihistamines* | | | LIVALO ORAL TABLET | 3 | |
| carbinoxamine maleate oral solution | 1 | AL | lovastatin oral tablet | 1 | PL; ACA; MM |
| carbinoxamine maleate oral tablet 4 mg | 1 | AL | NEXLETOL ORAL TABLET | 3 | PA |
| cyproheptadine hcl oral syrup | 1 | AL | NEXLIZET ORAL TABLET | 3 | PA |
| cyproheptadine hcl oral tablet | 1 | AL | PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; PA requires attestation |
| desloratadine oral tablet | 3 | PA | pravastatin sodium oral tablet | 1 | PL; ACA; MM |
| desloratadine oral tablet dispersible | 3 | PA; AL | REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE | 2 | PA; PA requires attestation |
| diphenhydramine hcl oral capsule 50 mg | 1 | AL | REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; PA requires attestation |
| diphenhydramine hcl oral elixir | 1 | AL | REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; PA requires attestation |
| levocetirizine dihydrochloride oral solution | 1 | | rosuvastatin calcium oral tablet | 1 | PL; ACA; MM |
| levocetirizine dihydrochloride oral tablet | 1 | | simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | ACA; PL; MM |
| promethazine hcl oral solution | 1 | AL | simvastatin oral tablet 80 mg | 1 | PA; MM |
| promethazine hcl oral syrup | 1 | AL | VASCEPA ORAL CAPSULE 0.5 GM | 2 | MM |
| promethazine hcl oral tablet | 1 | AL | *Antihypertensives* | | |
| promethazine hcl rectal suppository 12.5 mg, 25 mg | 1 | AL | aliskiren fumarate oral tablet | 3 | ST; MM |
| | | | amlodipine besy-benazepril hcl oral capsule | 1 | MM |
| | | | amlodipine besylate-valsartan oral tablet | 1 | MM |
| | | | amlodipine-olmesartan oral tablet | 1 | MM |
| | | | amlodipine-valsartan-hctz oral tablet | 1 | MM |
| | | | atenolol-chlorthalidone oral tablet | 1 | MM |
| | | | benazepril hcl oral tablet | 1 | PL; MM |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|--------|---|------|---|
| benazepril-hydrochlorothiazide oral tablet | 1 | MM | trandolapril-verapamil hcl er oral tablet extended release | 3 | MM |
| bisoprolol-hydrochlorothiazide oral tablet | 1 | MM | valsartan oral tablet | 1 | MM |
| candesartan cilexetil oral tablet | 1 | MM | valsartan-hydrochlorothiazide oral tablet | 1 | MM |
| candesartan cilexetil-hctz oral tablet | 1 | MM | VECAMYL ORAL TABLET | 3 | PA; LDD |
| captopril-hydrochlorothiazide oral tablet | 1 | MM | *Anti-Infective Agents - Misc.* | | |
| clonidine hcl oral tablet | 1 | MM | AEMCOLO ORAL TABLET DELAYED RELEASE | 3 | QL (12 EA per 3 Days) |
| clonidine transdermal patch weekly | 1 | MM | ALINIA ORAL SUSPENSION RECONSTITUTED | 2 | PA; PA except Gastroenterology or Infectious Disease; AL |
| doxazosin mesylate oral tablet | 1 | MM | ALINIA ORAL TABLET | 2 | PA; PA except Gastroenterology or Infectious Disease |
| EDARBI ORAL TABLET | 3 | ST; MM | atovaquone oral suspension | 1 | |
| EDARBYCLOR ORAL TABLET | 3 | ST; MM | CAYSTON INHALATION SOLUTION RECONSTITUTED | 2 | PA; LDD; PA except for Cystic Fibrosis Specialists.; QL (84 ML per 28 days); AL |
| enalapril maleate oral tablet | 1 | PL; MM | clindamycin hcl oral capsule | 1 | except for infectious disease specialist; QL (120 EA per 10 days) |
| enalapril-hydrochlorothiazide oral tablet | 1 | MM | clindamycin palmitate hcl oral solution reconstituted | 1 | DF |
| EPANED ORAL SOLUTION | 3 | PA | dapsone oral tablet | 1 | |
| eplerenone oral tablet | 1 | PA; MM | FIRVANQ ORAL SOLUTION RECONSTITUTED | 3 | PA; PA except Infectious Disease or Gastroenterology |
| fosinopril sodium oral tablet | 1 | PL; MM | fosfomycin tromethamine oral packet | 3 | QL (1 EA per 0 fills) |
| fosinopril sodium-hctz oral tablet | 1 | MM | LAMPIT ORAL TABLET | 3 | PA |
| guanfacine hcl oral tablet | 1 | MM; AL | linezolid oral suspension reconstituted | 1 | |
| hydralazine hcl oral tablet | 1 | MM | linezolid oral tablet | 1 | |
| irbesartan oral tablet | 1 | MM | methenamine hippurate oral tablet | 1 | |
| irbesartan-hydrochlorothiazide oral tablet | 1 | MM | methenamine mandelate oral tablet | 1 | |
| lisinopril oral tablet | 1 | PL; MM | metronidazole oral tablet | 1 | |
| lisinopril-hydrochlorothiazide oral tablet | 1 | MM | nitrofurantoin macrocrystal oral capsule | 1 | AL |
| losartan potassium oral tablet | 1 | MM | nitrofurantoin monohyd macro oral capsule | 1 | |
| losartan potassium-hctz oral tablet | 1 | MM | nitrofurantoin oral suspension | 2 | AL |
| methyldopa oral tablet | 1 | MM; AL | pentamidine isethionate inhalation solution reconstituted | 1 | PA; PA except Infectious Disease |
| methyldopa-hydrochlorothiazide oral tablet | 1 | MM; AL | PRIMSOL ORAL SOLUTION | 2 | |
| metoprolol-hydrochlorothiazide oral tablet | 1 | MM | SIVEXTRO ORAL TABLET | 3 | PA |
| metyrosine oral capsule | 1 | | sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | 1 | |
| minoxidil oral tablet | 1 | MM | sulfamethoxazole-trimethoprim oral tablet 400-80 mg | 1 | |
| moexipril hcl oral tablet | 1 | PL; MM | tinidazole oral tablet | 1 | |
| olmesartan medoxomil oral tablet | 1 | MM | trimethoprim oral tablet | 1 | |
| olmesartan medoxomil-hctz oral tablet | 1 | MM | vancomycin hcl oral capsule | 1 | PA; PA except Infectious Disease or Gastroenterology |
| olmesartan-amlodipine-hctz oral tablet | 1 | MM | XIFAXAN ORAL TABLET 200 MG | 3 | QL (9 EA per 3 days) |
| perindopril erbumine oral tablet | 1 | MM | XIFAXAN ORAL TABLET 550 MG | 3 | PA |
| phenoxybenzamine hcl oral capsule | 1 | PA | | | |
| prazosin hcl oral capsule | 1 | MM | | | |
| propranolol-hctz oral tablet | 1 | MM | | | |
| quinapril hcl oral tablet | 1 | PL; MM | | | |
| quinapril-hydrochlorothiazide oral tablet | 1 | MM | | | |
| ramipril oral capsule | 1 | PL; MM | | | |
| TEKTURNA HCT ORAL TABLET | 3 | ST; MM | | | |
| telmisartan oral tablet | 1 | MM | | | |
| telmisartan-amlodipine oral tablet | 1 | MM | | | |
| telmisartan-hctz oral tablet | 1 | MM | | | |
| terazosin hcl oral capsule | 1 | MM | | | |
| trandolapril oral tablet | 1 | PL; MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---|---|------|-------------|
| *Antimalarials* | | | BRUKINSA ORAL CAPSULE | 3 | PA; LDD |
| atovaquone-proguanil hcl oral tablet | 1 | | CABOMETYX ORAL TABLET | 3 | PA; LDD |
| chloroquine phosphate oral tablet | 1 | | CALQUENCE ORAL CAPSULE | 3 | PA; LDD |
| COARTEM ORAL TABLET | 2 | QL (24 EA per 30 days) | capecitabine oral tablet | 1 | SP |
| hydroxychloroquine sulfate oral tablet | 1 | MM | CAPRELSA ORAL TABLET | 2 | PA; LDD |
| mefloquine hcl oral tablet | 1 | | COMETRIQ (60 MG DAILY DOSE) ORAL KIT | 3 | PA; LDD |
| primaquine phosphate oral tablet | 1 | | COPIKTRA ORAL CAPSULE | 3 | PA; LDD |
| pyrimethamine oral tablet | 1 | PA; LDD; PA except Infectious Disease | COTELLIC ORAL TABLET | 3 | PA; LDD |
| quinine sulfate oral capsule | 1 | PA; PA except Infectious Disease; QL (42 EA per 30 days); AL | cyclophosphamide oral capsule | 1 | SP |
| *Antimyasthenic/Cholinergic Agents* | | | DAURISMO ORAL TABLET | 3 | PA; LDD |
| FIRDAPSE ORAL TABLET | 3 | PA | EMCYT ORAL CAPSULE | 2 | SP |
| guanidine hcl oral tablet | 1 | MM | ERIVEDGE ORAL CAPSULE | 2 | PA; LDD |
| pyridostigmine bromide er oral tablet extended release | 1 | | ERLEADA ORAL TABLET | 2 | PA; LDD |
| pyridostigmine bromide oral tablet 60 mg | 1 | | erlotinib hcl oral tablet | 1 | PA; SP |
| RUZURGI ORAL TABLET | 2 | PA; LDD | etoposide oral capsule | 1 | SP |
| *Antimycobacterial Agents* | | | everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg | 1 | PA; SP |
| ethambutol hcl oral tablet | 1 | | exemestane oral tablet | 1 | SP; ACA; MM |
| isoniazid oral syrup | 1 | MM | FARYDAK ORAL CAPSULE 10 MG, 20 MG | 3 | PA; LDD |
| isoniazid oral tablet | 1 | MM | flutamide oral capsule | 1 | SP |
| PASER ORAL PACKET | 3 | | GAVRETO ORAL CAPSULE | 3 | PA; LDD |
| pretomanid oral tablet | 3 | PA | GILOTRIF ORAL TABLET | 3 | PA; SP |
| PRIFTIN ORAL TABLET | 3 | QL (32 EA per 29 days) | GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | |
| pyrazinamide oral tablet | 1 | | HYCANTIN ORAL CAPSULE | 2 | PA; SP |
| rifabutin oral capsule | 1 | PA; PA except Infectious Disease | hydroxyurea oral capsule | 1 | |
| rifampin oral capsule | 1 | | IBRANCE ORAL CAPSULE | 3 | PA; LDD |
| SIRTURO ORAL TABLET | 3 | PA; PA except Infectious Disease Specialists | ICLUSIG ORAL TABLET | 3 | PA; LDD |
| TRECTOR ORAL TABLET | 3 | | IDHIFA ORAL TABLET | 3 | PA; LDD |
| *Antineoplastics And Adjunctive Therapies* | | | imatinib mesylate oral tablet | 1 | PA; SP |
| abiraterone acetate oral tablet | 1 | PA; SP | IMBRUVICA ORAL CAPSULE | 3 | PA; LDD |
| AFINITOR DISPERZ ORAL TABLET SOLUBLE | 2 | PA; SP | IMBRUVICA ORAL TABLET | 3 | PA; LDD |
| AFINITOR ORAL TABLET 10 MG | 2 | PA; SP | INLYTA ORAL TABLET | 3 | PA; SP |
| ALECENSA ORAL CAPSULE | 3 | PA; LDD | INQOVI ORAL TABLET | 3 | PA; LDD |
| ALUNBRIG ORAL TABLET | 3 | PA; LDD | INREBIC ORAL CAPSULE | 3 | PA; LDD |
| ALUNBRIG ORAL TABLET THERAPY PACK | 3 | PA; LDD | INTRON A INJECTION SOLUTION RECONSTITUTED | 2 | PA; SP |
| anastrozole oral tablet | 1 | PA; SP; PA except Oncology, Oncology Surgery, and Breast Surgery; ACA; MM | INTRON A INJECTION SOLUTION RECONSTITUTED | 2 | PA; SP |
| AYVAKIT ORAL TABLET | 3 | PA; LDD | IRESSA ORAL TABLET | 3 | PA; LDD |
| BALVERSA ORAL TABLET | 3 | PA; LDD | JAKAFI ORAL TABLET | 2 | PA; LDD |
| bexarotene oral capsule | 1 | PA; SP | KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; SP |
| bicalutamide oral tablet | 1 | SP | KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; SP |
| BOSULIF ORAL TABLET | 3 | PA; SP | KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; SP |
| BRAFTOVI ORAL CAPSULE 75 MG | 3 | PA; LDD | KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; SP |
| | | | KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; SP |
| | | | KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK | 3 | PA; SP |
| | | | KOSELUGO ORAL CAPSULE | 3 | PA; SP |
| | | | lapatinib ditosylate oral tablet | 2 | PA; SP |
| | | | LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; LDD |
| | | | LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK | 3 | PA; LDD |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|-----------------------------------|---|------|---|
| DUOPA ENTERAL SUSPENSION | 3 | PA; LDD; QL (3000 ML per 30 days) | EQUETRO ORAL CAPSULE | 3 | PA; MM |
| entacapone oral tablet | 1 | ST; MM | EXTENDED RELEASE 12 HOUR | | |
| GOCOVRI ORAL CAPSULE | 3 | PA; LDD | FANAPT ORAL TABLET | 3 | PA; PA except Psychiatry |
| EXTENDED RELEASE 24 HOUR | | | FANAPT TITRATION PACK ORAL TABLET | 3 | PA; PA except Psychiatry |
| INBRIJA INHALATION CAPSULE | 3 | PA; LDD | fluphenazine hcl oral concentrate | 1 | |
| KYNMOBI SUBLINGUAL FILM | 3 | PA; SP; PA except neurology | fluphenazine hcl oral elixir | 1 | |
| KYNMOBI TITRATION KIT | 3 | PA; SP; PA except neurology | fluphenazine hcl oral tablet | 1 | MM |
| SUBLINGUAL KIT | | | haloperidol lactate oral concentrate | 1 | MM |
| NEUPRO TRANSDERMAL PATCH 24 HOUR | 3 | PA | haloperidol oral tablet | 1 | MM |
| ONGENTYS ORAL CAPSULE | 3 | ST | LATUDA ORAL TABLET | 2 | MM; AL |
| OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK | 3 | PA | lithium carbonate er oral tablet extended release | 1 | MM |
| OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA | lithium carbonate oral capsule | 1 | MM |
| pramipexole dihydrochloride er oral tablet extended release 24 hour | 3 | PA; PA except Neurology; MM | lithium carbonate oral tablet | 1 | MM |
| pramipexole dihydrochloride oral tablet | 1 | MM | loxapine succinate oral capsule | 1 | MM |
| rasagiline mesylate oral tablet | 1 | PA; PA except Neurology; MM | NUPLAZID ORAL CAPSULE | 3 | PA; LDD |
| ropinirole hcl er oral tablet extended release 24 hour | 1 | PA; PA except neurology; MM | NUPLAZID ORAL TABLET 10 MG | 3 | PA; LDD |
| ropinirole hcl oral tablet | 1 | MM | olanzapine oral tablet | 1 | MM |
| selegiline hcl oral capsule | 1 | MM | olanzapine oral tablet dispersible | 1 | PA |
| selegiline hcl oral tablet | 1 | MM | paliperidone er oral tablet extended release 24 hour | 3 | PA; PA except Psychiatry; MM |
| trihexyphenidyl hcl oral solution | 1 | MM; AL | perphenazine oral tablet | 1 | MM |
| trihexyphenidyl hcl oral tablet | 1 | MM; AL | prochlorperazine maleate oral tablet | 1 | MM; AL |
| XADAGO ORAL TABLET | 3 | PA; SP | prochlorperazine rectal suppository | 1 | |
| ZELAPAR ORAL TABLET DISPERSIBLE | 2 | PA; PA except Neurology; MM | quetiapine fumarate er oral tablet extended release 24 hour | 1 | MM |
| *Antipsychotics/Antimanic Agents* | | | quetiapine fumarate oral tablet | 1 | MM |
| ABILIFY MYCITE ORAL TABLET | 3 | PA; LDD | REXULTI ORAL TABLET | 3 | PA; MM |
| aripiprazole oral tablet | 1 | MM | risperidone oral solution | 1 | MM; AL |
| aripiprazole oral tablet dispersible | 3 | PA | risperidone oral tablet | 1 | MM |
| CAPLYTA ORAL CAPSULE | 3 | PA | risperidone oral tablet dispersible | 1 | PA; MM |
| chlorpromazine hcl oral tablet | 1 | MM | SAPHRIS SUBLINGUAL TABLET | 3 | |
| clozapine oral tablet 100 mg | 1 | QL (270 EA per 30 days); AL | SUBLINGUAL | | |
| clozapine oral tablet 200 mg | 1 | QL (135 EA per 30 days); AL | thioridazine hcl oral tablet | 1 | MM; AL |
| clozapine oral tablet 25 mg | 1 | QL (120 EA per 30 days); AL | thiothixene oral capsule | 1 | MM |
| clozapine oral tablet 50 mg | 1 | QL (540 EA per 30 days); AL | trifluoperazine hcl oral tablet | 1 | MM |
| clozapine oral tablet dispersible 100 mg | 3 | PA; QL (270 EA per 30 days); AL | VRAYLAR ORAL CAPSULE | 3 | PA; MM |
| clozapine oral tablet dispersible 12.5 mg | 3 | PA; QL (90 EA per 30 days); AL | VRAYLAR ORAL CAPSULE THERAPY PACK | 3 | PA |
| clozapine oral tablet dispersible 150 mg | 3 | PA; QL (180 EA per 30 days); AL | ziprasidone hcl oral capsule | 1 | MM |
| clozapine oral tablet dispersible 200 mg | 3 | PA; QL (135 EA per 30 days); AL | *Antivirals* | | |
| clozapine oral tablet dispersible 25 mg | 3 | PA; QL (120 EA per 30 days); AL | abacavir sulfate oral solution | 1 | MM |
| COMPRO RECTAL SUPPOSITORY | 1 | | abacavir sulfate oral tablet | 1 | MM |
| | | | abacavir sulfate-lamivudine oral tablet | 1 | MM |
| | | | abacavir-lamivudine-zidovudine oral tablet | 1 | PA; MM |
| | | | acyclovir oral capsule | 1 | |
| | | | acyclovir oral suspension | 1 | |
| | | | acyclovir oral tablet | 1 | |
| | | | adefovir dipivoxil oral tablet | 1 | PA; PA except Gastroenterology and Infectious Disease; MM |
| | | | APTIVUS ORAL CAPSULE | 3 | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---|--|------|---|
| APTIVUS ORAL SOLUTION | 3 | | ODEFSEY ORAL TABLET | 3 | AL |
| atazanavir sulfate oral capsule | 1 | | oseltamivir phosphate oral capsule | 1 | QL (2 fills per 365 days) |
| BARACLUDE ORAL SOLUTION | 2 | PA; PA except Gastroenterology and Infectious Disease | oseltamivir phosphate oral suspension reconstituted | 1 | QL (2 fills per 365 days) |
| BIKTARVY ORAL TABLET | 2 | | PEGASYS SUBCUTANEOUS SOLUTION | 2 | PA; SP |
| CIMDUO ORAL TABLET | 2 | | PIFELTRO ORAL TABLET | 3 | |
| COMPLERA ORAL TABLET | 3 | | PREVYMIS ORAL TABLET | 3 | PA; SP |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | 2 | | PREZCOBIX ORAL TABLET | 3 | |
| DELSTRIGO ORAL TABLET | 2 | | PREZISTA ORAL SUSPENSION | 2 | ST |
| DESCOVY ORAL TABLET | 3 | PA; ACA | PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | ST |
| didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg | 1 | | RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED | 2 | QL (2 FILLS per 365 days); AL |
| DOVATO ORAL TABLET | 3 | PA | REYATAZ ORAL PACKET | 2 | |
| EDURANT ORAL TABLET | 3 | | ribavirin oral capsule | 1 | |
| efavirenz oral capsule | 1 | | ribavirin oral tablet 200 mg | 1 | |
| efavirenz oral tablet | 1 | | rimantadine hcl oral tablet | 3 | AL |
| efavirenz-emtricitab-tenofovir oral tablet | 1 | | ritonavir oral tablet | 1 | |
| efavirenz-lamivudine-tenofovir oral tablet | 1 | | rukobia oral tablet extended release 12 hour | 2 | |
| emtricitabine oral capsule | 1 | | SELZENTRY ORAL SOLUTION | 2 | PA |
| emtricitabine-tenofovir df oral tablet | 1 | ACA | SELZENTRY ORAL TABLET | 2 | PA |
| EMTRIVA ORAL SOLUTION | 2 | | sofosbuvir-velpatasvir oral tablet | 1 | PA; SP |
| entecavir oral tablet | 1 | PA; PA except Gastroenterology and Infectious Disease; MM | SOVALDI ORAL PACKET | 2 | PA; SP |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | PA; SP | SOVALDI ORAL TABLET | 2 | PA; SP |
| EPIVIR HBV ORAL SOLUTION | 2 | | stavudine oral capsule | 1 | |
| EVOTAZ ORAL TABLET | 3 | | STRIBILD ORAL TABLET | 2 | |
| famciclovir oral tablet | 1 | | SYMTUZA ORAL TABLET | 2 | |
| fosamprenavir calcium oral tablet | 1 | | TEMIXYS ORAL TABLET | 2 | |
| FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; SP | tenofovir disoproxil fumarate oral tablet | 1 | |
| GENVOYA ORAL TABLET | 2 | | TIVICAY ORAL TABLET | 2 | |
| HARVONI ORAL TABLET | 2 | PA; SP | TIVICAY PD ORAL TABLET SOLUBLE | 2 | |
| INTELENCE ORAL TABLET | 2 | | TRIUMEQ ORAL TABLET | 2 | PA |
| INVIRASE ORAL TABLET | 3 | | TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 2 | |
| ISENTRESS HD ORAL TABLET | 2 | | TYBOST ORAL TABLET | 2 | ST |
| ISENTRESS ORAL PACKET | 2 | | valganciclovir hcl oral tablet | 1 | |
| ISENTRESS ORAL TABLET | 2 | | valganciclovir hcl oral solution reconstituted | 1 | PA; PA except Infectious Disease |
| ISENTRESS ORAL TABLET CHEWABLE | 2 | | valganciclovir hcl oral tablet | 1 | PA; PA except Infectious Disease |
| JULUCA ORAL TABLET | 3 | | VEMLIDY ORAL TABLET | 2 | PA; PA except Infectious disease and Gastroenterology |
| KALETRA ORAL TABLET | 2 | | VIRACEPT ORAL TABLET | 2 | |
| lamivudine oral solution | 1 | | VIREAD ORAL POWDER | 2 | |
| lamivudine oral tablet | 1 | MM | VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| lamivudine-zidovudine oral tablet | 1 | MM | VOSEVI ORAL TABLET | 2 | PA; SP |
| ledipasvir-sofosbuvir oral tablet | 1 | PA; SP | XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK | 3 | QL (2 Fills per 365 days) |
| LEXIVA ORAL SUSPENSION | 2 | | XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK | 3 | QL (2 Fills per 365 days) |
| lopinavir-ritonavir oral solution | 1 | | zidovudine oral capsule | 1 | MM |
| MAVYRET ORAL TABLET | 2 | PA; SP | zidovudine oral syrup | 1 | |
| nevirapine er oral tablet extended release 24 hour | 1 | | zidovudine oral tablet | 1 | MM |
| nevirapine oral suspension | 3 | | | | |
| nevirapine oral tablet | 1 | | | | |
| NORVIR ORAL SOLUTION | 2 | | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|-----------------------------|--|------|--|
| *Beta Blockers* | | | | | |
| acebutolol hcl oral capsule | 1 | PL; MM | MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR | 1 | MM |
| atenolol oral tablet | 1 | PL; MM | nicardipine hcl oral capsule | 3 | MM |
| betaxolol hcl oral tablet | 3 | MM | nifedipine er oral tablet extended release 24 hour | 1 | MM |
| bisoprolol fumarate oral tablet | 1 | PL; MM | nifedipine er osmotic release oral tablet extended release 24 hour | 1 | MM |
| BYSTOLIC ORAL TABLET | 3 | MM | nifedipine oral capsule | 1 | PA; MM; AL |
| carvedilol oral tablet | 1 | PL; MM | nimodipine oral capsule | 1 | PA |
| carvedilol phosphate er oral capsule extended release 24 hour | 3 | MM | nisoldipine er oral tablet extended release 24 hour | 3 | MM |
| HEMANGEOL ORAL SOLUTION | 3 | PA; SP | TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 1 | MM |
| labetalol hcl oral tablet | 1 | MM | verapamil hcl er oral capsule extended release 24 hour | 1 | MM |
| metoprolol succinate er oral tablet | 1 | PL; MM | verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg | 1 | MM |
| extended release 24 hour 100 mg | 1 | PL; MM | verapamil hcl oral tablet | 1 | MM |
| metoprolol succinate er oral tablet extended release 24 hour 200 mg, 25 mg, 50 mg | 1 | PL; MM | *Cardiotonics* | | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 1 | PL; MM | DIGITEK ORAL TABLET 125 MCG | 1 | MM |
| metoprolol tartrate oral tablet 37.5 mg, 75 mg | 1 | MM | DIGITEK ORAL TABLET 250 MCG | 1 | MM; AL |
| nadolol oral tablet 20 mg, 40 mg, 80 mg | 1 | PL; MM | DIGOX ORAL TABLET 125 MCG | 1 | MM |
| pindolol oral tablet | 1 | MM | DIGOX ORAL TABLET 250 MCG | 1 | MM; AL |
| propranolol hcl er oral capsule extended release 24 hour | 1 | PL; MM | digoxin oral solution | 1 | |
| propranolol hcl oral solution | 1 | MM | digoxin oral tablet 125 mcg | 1 | MM |
| propranolol hcl oral tablet 10 mg, 20 mg | 1 | MM | digoxin oral tablet 250 mcg | 1 | MM; AL |
| propranolol hcl oral tablet 40 mg, 60 mg, 80 mg | 1 | PL; MM | LANOXIN ORAL TABLET 62.5 MCG | 3 | MM |
| SORINE ORAL TABLET 240 MG | 1 | MM | *Cardiovascular Agents - Misc.* | | |
| sotalol hcl (af) oral tablet 120 mg, 80 mg | 1 | PL; MM | ADEMPAS ORAL TABLET | 3 | PA; SP |
| sotalol hcl (af) oral tablet 160 mg | 1 | MM | ambrisentan oral tablet | 1 | PA; SP |
| sotalol hcl oral tablet | 1 | PL; MM | amlodipine-atorvastatin oral tablet | 1 | MM |
| SOTYLIZE ORAL SOLUTION | 3 | QL (1920 ML per 30 days) | BIDIL ORAL TABLET | 3 | MM |
| timolol maleate oral tablet 10 mg, 20 mg | 1 | MM | bosentan oral tablet | 1 | PA; SP |
| timolol maleate oral tablet 5 mg | 1 | PL; MM | CAVERJECT IMPULSE INTRACAVERNOSAL KIT | 2 | PA; PA except Urology; QL (6 EA per 30 days) |
| *Calcium Channel Blockers* | | | CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG | 2 | PA; PA except Urology; QL (6 EA per 30 days) |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 24 HOUR | 1 | MM | CORLANOR ORAL SOLUTION | 3 | PA; AL |
| amlodipine besylate oral tablet | 1 | MM | CORLANOR ORAL TABLET | 3 | PA; AL |
| CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 1 | MM | EDEX INTRACAVERNOSAL KIT | 2 | PA; PA except Urology; QL (6 EA per 30 days) |
| diltiazem hcl er beads oral capsule extended release 24 hour | 1 | MM | ENTRESTO ORAL TABLET | 2 | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | MM | isoxsuprine hcl oral tablet | 1 | MM |
| diltiazem hcl er oral capsule | 1 | MM | MUSE URETHRAL PELLETT | 2 | PA; PA except Urology; QL (6 EA per 30 days) |
| extended release 12 hour | 1 | MM | OPSUMIT ORAL TABLET | 3 | PA; SP |
| diltiazem hcl er oral capsule extended release 24 hour 120 mg | 1 | MM | ORENITRAM ORAL TABLET EXTENDED RELEASE | 3 | PA; LDD |
| diltiazem hcl oral tablet | 1 | MM | sildenafil citrate oral suspension reconstituted | 1 | PA; AL |
| dilt-xr oral capsule extended release 24 hour | 1 | MM | sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | QL (6 EA per 30 days) |
| felodipine er oral tablet extended release 24 hour | 1 | MM | sildenafil citrate oral tablet 20 mg | 1 | PA; MM; AL |
| isradipine oral capsule | 3 | MM | tadalafil (pah) oral tablet | 1 | PA |
| | | | tadalafil oral tablet 10 mg | 1 | QL (6 EA per 30 days) |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|-----------------------|--|------|-----------------------|
| tadalafil oral tablet 2.5 mg, 5 mg | 1 | MM | briellyn oral tablet | 1 | MM |
| tadalafil oral tablet 20 mg | 1 | QL (6 EA per 30 Days) | CAMILA ORAL TABLET | 1 | MM |
| TRACLEER ORAL TABLET SOLUBLE | 2 | PA; LDD | CAMRESE LO ORAL TABLET | 1 | MM |
| TYVASO INHALATION SOLUTION | 3 | PA; LDD | CAMRESE ORAL TABLET | 1 | MM |
| TYVASO REFILL INHALATION SOLUTION | 3 | PA; LDD | CAZIAN ORAL TABLET | 1 | MM |
| UPTRAVI ORAL TABLET | 3 | PA | CESIA ORAL TABLET | 1 | MM |
| UPTRAVI ORAL TABLET THERAPY PACK | 3 | PA | CHATEAL ORAL TABLET | 1 | MM |
| VENTAVIS INHALATION SOLUTION | 3 | PA; SP | CRYSELLE-28 ORAL TABLET | 1 | MM |
| VYNDAMAX ORAL CAPSULE | 3 | PA; LDD | CYCLAFEM 1/35 ORAL TABLET | 1 | MM |
| VYNDAQEL ORAL CAPSULE | 3 | PA; LDD | CYCLAFEM 7/7/7 ORAL TABLET | 1 | MM |
| *Cephalosporins* | | | CYRED ORAL TABLET | 1 | MM |
| cefaclor oral capsule | 1 | | DASETTA 1/35 ORAL TABLET | 1 | MM |
| cefaclor oral suspension reconstituted 125 mg/5ml, 375 mg/5ml | 1 | | DASETTA 7/7/7 ORAL TABLET | 1 | MM |
| cefaclor oral suspension reconstituted 250 mg/5ml | 3 | PA | DAYSEE ORAL TABLET | 1 | MM |
| cefadroxil oral capsule | 1 | | DEBLITANE ORAL TABLET | 1 | MM |
| cefadroxil oral suspension reconstituted | 1 | | DELYLA ORAL TABLET | 1 | MM |
| cefadroxil oral tablet | 1 | | desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) | 1 | MM |
| cefdinir oral capsule | 1 | | drospiren-eth estrad-levomefol oral tablet | 1 | MM |
| cefdinir oral suspension reconstituted | 1 | | drospirenone-ethinyl estradiol oral tablet | 1 | MM |
| cefixime oral capsule | 1 | | ELINEST ORAL TABLET | 1 | MM |
| cefixime oral suspension reconstituted | 1 | | ELLA ORAL TABLET | 2 | QL (1 EA per 30 days) |
| cefpodoxime proxetil oral suspension reconstituted | 3 | | EMOQUETTE ORAL TABLET | 1 | MM |
| cefpodoxime proxetil oral tablet | 3 | | ENPRESSE-28 ORAL TABLET | 1 | MM |
| cefprozil oral suspension reconstituted | 1 | | ENSKYCE ORAL TABLET 0.15-30 MG-MCG | 1 | MM |
| cefprozil oral tablet | 1 | | ERRIN ORAL TABLET | 1 | MM |
| cefuroxime axetil oral tablet | 1 | | ESTARYLLA ORAL TABLET | 1 | MM |
| cephalexin oral capsule | 1 | DF | ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg | 1 | MM |
| cephalexin oral suspension reconstituted | 1 | DF | FALMINA ORAL TABLET | 1 | MM |
| SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML | 2 | | FAYOSIM ORAL TABLET | 1 | MM |
| SUPRAX ORAL TABLET CHEWABLE | 2 | | FEMYNOR ORAL TABLET | 1 | MM |
| *Contraceptives* | | | GEMMILY ORAL CAPSULE | 1 | MM |
| ALTAVERA ORAL TABLET | 1 | MM | GIANVI ORAL TABLET | 1 | MM |
| alyacen 1/35 oral tablet | 1 | MM | HEATHER ORAL TABLET | 1 | MM |
| alyacen 7/7/7 oral tablet | 1 | MM | INTROVALE ORAL TABLET | 1 | MM |
| AMETHIA LO ORAL TABLET | 1 | MM | JENCYCLA ORAL TABLET | 1 | MM |
| AMETHIA ORAL TABLET | 1 | MM | JOLESSA ORAL TABLET | 1 | MM |
| ANNOVERA VAGINAL RING | 3 | | JULEBER ORAL TABLET | 1 | MM |
| APRI ORAL TABLET | 1 | MM | JUNEL 1.5/30 ORAL TABLET | 1 | MM |
| ARANELLE ORAL TABLET | 1 | MM | JUNEL 1/20 ORAL TABLET | 1 | MM |
| ASHLYNA ORAL TABLET | 1 | MM | JUNEL FE 1.5/30 ORAL TABLET | 1 | MM |
| AUBRA ORAL TABLET | 1 | MM | JUNEL FE 1/20 ORAL TABLET | 1 | MM |
| AVIANE ORAL TABLET | 1 | MM | JUNEL FE 24 ORAL TABLET | 1 | MM |
| AZURETTE ORAL TABLET | 1 | MM | KARIVA ORAL TABLET | 1 | MM |
| BALCOLTRA ORAL TABLET | 2 | MM | KELNOR 1/35 ORAL TABLET | 1 | MM |
| BALZIVA ORAL TABLET | 1 | MM | KURVELO ORAL TABLET | 1 | MM |
| BEKYREE ORAL TABLET | 1 | MM | LARIN 1.5/30 ORAL TABLET | 1 | MM |
| BLISOVI 24 FE ORAL TABLET | 1 | MM | LARIN 1/20 ORAL TABLET | 1 | MM |
| BLISOVI FE 1.5/30 ORAL TABLET | 1 | MM | LARIN 24 FE ORAL TABLET | 1 | MM |
| | | | LARIN FE 1.5/30 ORAL TABLET | 1 | MM |
| | | | LARIN FE 1/20 ORAL TABLET | 1 | MM |
| | | | LARISSIA ORAL TABLET | 1 | MM |
| | | | LEENA ORAL TABLET | 1 | MM |
| | | | LESSINA ORAL TABLET | 1 | MM |
| | | | LEVONEST ORAL TABLET | 1 | MM |
| | | | levonorgest-eth estrad 91-day oral tablet | 1 | MM |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|----------------------------|---|------|---|
| levonorgestrel oral tablet 1.5 mg | 1 | OTC; QL (1 EA per 30 days) | SRONYX ORAL TABLET | 1 | MM |
| levonorgestrel-ethinyl estrad oral tablet | 1 | MM | SYEDA ORAL TABLET | 1 | MM |
| LEVORA 0.15/30 (28) ORAL TABLET | 1 | MM | TARINA FE 1/20 ORAL TABLET | 1 | MM |
| LO LOESTRIN FE ORAL TABLET | 2 | MM | TILIA FE ORAL TABLET | 1 | MM |
| LORYNA ORAL TABLET | 1 | MM | TRI FEMYNOR ORAL TABLET | 1 | MM |
| LOW-OGESTREL ORAL TABLET | 1 | MM | TRI-ESTARYLLA ORAL TABLET | 1 | MM |
| LUTERA ORAL TABLET | 1 | MM | TRI-LEGEST FE ORAL TABLET | 1 | MM |
| LYZA ORAL TABLET | 1 | MM | TRI-LINYAH ORAL TABLET | 1 | MM |
| marlissa oral tablet | 1 | MM | TRI-LO-ESTARYLLA ORAL TABLET | 1 | MM |
| MIBELAS 24 FE ORAL TABLET CHEWABLE | 1 | MM | TRI-LO-MARZIA ORAL TABLET | 1 | MM |
| MICROGESTIN 1.5/30 ORAL TABLET | 1 | MM | TRI-LO-SPRINTEC ORAL TABLET | 1 | MM |
| MICROGESTIN 1/20 ORAL TABLET | 1 | MM | TRINESSA (28) ORAL TABLET | 1 | MM |
| MICROGESTIN FE 1.5/30 ORAL TABLET | 1 | MM | TRI-PREVIFEM ORAL TABLET | 1 | MM |
| MICROGESTIN FE 1/20 ORAL TABLET | 1 | MM | TRI-SPRINTEC ORAL TABLET | 1 | MM |
| MONO-LINYAH ORAL TABLET | 1 | MM | TRIVORA (28) ORAL TABLET | 1 | MM |
| MONONESSA ORAL TABLET | 1 | MM | TRI-VYLIBRA ORAL TABLET | 1 | MM |
| NATAZIA ORAL TABLET | 3 | MM | TYDEMY ORAL TABLET | 1 | MM |
| NECON 0.5/35 (28) ORAL TABLET | 1 | MM | VELIVET ORAL TABLET | 1 | MM |
| NECON 1/35 (28) ORAL TABLET | 1 | MM | VIENVA ORAL TABLET | 1 | MM |
| NIKKI ORAL TABLET | 1 | MM | viorele oral tablet | 1 | MM |
| NORA-BE ORAL TABLET | 1 | MM | VYFEMLA ORAL TABLET | 1 | MM |
| norethin ace-eth estrad-fe oral capsule | 1 | MM | WERA ORAL TABLET | 1 | MM |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg | 1 | MM | WYMZYA FE ORAL TABLET CHEWABLE | 1 | MM |
| norethin ace-eth estrad-fe oral tablet chewable | 1 | MM | XULANE TRANSDERMAL PATCH WEEKLY | 3 | MM |
| norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg | 1 | MM | ZARAH ORAL TABLET | 1 | MM |
| norethindrone oral tablet | 1 | MM | ZOVIA 1/35E (28) ORAL TABLET | 1 | MM |
| norethin-eth estradiol-fe oral tablet chewable | 1 | MM | *Corticosteroids* | | |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | 1 | MM | budesonide er oral tablet extended release 24 hour | 3 | PA |
| norgestim-eth estrad triphasic oral tablet | 1 | MM | budesonide oral capsule delayed release particles | 1 | PA; PA except Colorectal Surgery/Gastroenterology |
| NORLYROC ORAL TABLET | 1 | MM | cortisone acetate oral tablet | 1 | MM |
| NORTREL 0.5/35 (28) ORAL TABLET | 1 | MM | dexamethasone intensol oral concentrate | 1 | DF |
| NORTREL 1/35 (21) ORAL TABLET | 1 | MM | dexamethasone oral elixir | 1 | DF |
| NORTREL 1/35 (28) ORAL TABLET | 1 | MM | dexamethasone oral solution | 1 | DF |
| NORTREL 7/7/7 ORAL TABLET | 1 | MM | dexamethasone oral tablet | 1 | DF |
| OCELLA ORAL TABLET | 1 | MM | EMFLAZA ORAL SUSPENSION | 3 | PA; LDD |
| ORSYTHIA ORAL TABLET | 1 | MM | EMFLAZA ORAL TABLET | 3 | PA; LDD |
| PHILITH ORAL TABLET | 1 | MM | fludrocortisone acetate oral tablet | 1 | MM |
| PIMTREA ORAL TABLET | 1 | MM | hydrocortisone oral tablet | 1 | MM |
| PIRMELLA 1/35 ORAL TABLET | 1 | MM | methylprednisolone oral tablet | 1 | DF |
| PIRMELLA 7/7/7 ORAL TABLET | 1 | MM | MILLIPRED ORAL TABLET | 3 | |
| PORTIA-28 ORAL TABLET | 1 | MM | prednisolone oral solution | 1 | |
| PREVIFEM ORAL TABLET | 1 | MM | prednisolone oral syrup 15 mg/5ml | 1 | |
| RECLIPSEN ORAL TABLET | 1 | MM | prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 1 | |
| RIVELSA ORAL TABLET | 1 | MM | PREDNISON INTENSOL ORAL CONCENTRATE | 1 | |
| SETLAKIN ORAL TABLET | 1 | MM | prednisone oral solution | 1 | DF |
| SHAROBEL ORAL TABLET | 1 | MM | prednisone oral tablet | 1 | DF |
| SLYND ORAL TABLET | 3 | MM | RAYOS ORAL TABLET DELAYED RELEASE | 3 | PA |
| SOLIA ORAL TABLET | 1 | MM | | | |
| SPRINTEC 28 ORAL TABLET | 1 | MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------------|---|------|---------------------------|
| *Cough/Cold/Allergy* | | | | | |
| acetylcysteine inhalation solution | 1 | | betamethasone dipropionate external cream | 1 | |
| benzonatate oral capsule 100 mg | 1 | QL (60 EA per 10 days) | betamethasone dipropionate external lotion | 1 | |
| benzonatate oral capsule 200 mg | 1 | QL (30 EA per 10 days) | betamethasone dipropionate external ointment | 1 | |
| CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR | 3 | PA | betamethasone valerate external cream | 1 | |
| hydrocodone-polst-cpm polst er oral suspension extended release | 1 | AL | betamethasone valerate external foam | 3 | |
| hydrocodone-homatropine oral syrup | 1 | | betamethasone valerate external lotion | 1 | |
| hydrocodone-homatropine oral tablet | 1 | | betamethasone valerate external ointment | 1 | |
| promethazine vc/codeine oral syrup | 1 | AL | BRYHALI EXTERNAL LOTION | 3 | |
| promethazine-codeine oral syrup | 1 | AL | calcipotriene external cream | 1 | PA; PA except Dermatology |
| promethazine-dm oral syrup | 1 | AL | calcipotriene external ointment | 1 | PA; PA except Dermatology |
| promethazine-phenylephrine oral syrup | 1 | AL | calcipotriene external solution | 1 | PA; PA except Dermatology |
| sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 % | 1 | | calcipotriene-betameth diprop external ointment | 3 | PA; PA except Dermatology |
| SSKI ORAL SOLUTION | 3 | | calcipotriene-betameth diprop external suspension | 3 | PA; PA except dermatology |
| TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR 10-8 MG | 2 | | calcitriol external ointment | 1 | PA; PA except Dermatology |
| *Dermatologicals* | | | | | |
| ABSORICA ORAL CAPSULE | 3 | PA; ST | ciclopirox external gel | 1 | |
| acitretin oral capsule | 1 | PA; PA except Dermatology | ciclopirox external shampoo | 1 | |
| acyclovir external ointment | 1 | | ciclopirox external solution | 1 | AL |
| adapalene external gel 0.3 % | 1 | | ciclopirox olamine external cream | 1 | |
| AKLIEF EXTERNAL CREAM | 3 | PA; AL | ciclopirox olamine external suspension | 1 | |
| alclometasone dipropionate external cream | 1 | | CLARAVIS ORAL CAPSULE | 1 | PA; PA except Dermatology |
| alclometasone dipropionate external ointment | 1 | | clindamycin phos-benzoyl perox external gel 1.2-5 % | 1 | |
| ALTABAX EXTERNAL OINTMENT | 3 | ST | clindamycin phos-benzoyl perox external gel 1-5 % | 1 | ST |
| amcinonide external lotion | 1 | | clindamycin phosphate external gel | 1 | |
| ammonium lactate external cream | 1 | | clindamycin phosphate external lotion | 1 | |
| ammonium lactate external lotion | 1 | | clindamycin phosphate external solution | 1 | |
| AMNESTEEM ORAL CAPSULE | 1 | PA; PA except dermatology | clindamycin phosphate external swab | 1 | |
| ANACAINE EXTERNAL OINTMENT | 3 | | clobetasol propionate e external cream | 1 | |
| ARAZLO EXTERNAL LOTION | 3 | PA | clobetasol propionate external cream | 1 | |
| azelaic acid external gel | 1 | | clobetasol propionate external liquid | 3 | |
| AZELEX EXTERNAL CREAM | 2 | | clobetasol propionate external ointment | 1 | |
| benzoyl peroxide external gel 10 % | 1 | | clobetasol propionate external shampoo | 3 | |
| benzoyl peroxide external gel 5 % | 1 | OTC | clobetasol propionate external solution | 1 | |
| betamethasone dipropionate aug external cream | 1 | | clotrimazole external cream | 1 | |
| betamethasone dipropionate aug external gel | 1 | | clotrimazole external solution | 1 | |
| betamethasone dipropionate aug external lotion | 1 | | | | |
| betamethasone dipropionate aug external ointment | 1 | | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|---|---|------|---|
| clotrimazole-betamethasone external cream | 1 | QL (2 fills per 180 days) | fluocinonide external solution | 1 | |
| clotrimazole-betamethasone external lotion | 1 | QL (2 fills per 180 days) | fluorouracil external cream 0.5 % | 3 | ST |
| coal tar external solution | 2 | | fluorouracil external cream 5 % | 1 | |
| COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP | fluorouracil external solution | 1 | |
| COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP | flurandrenolide external lotion | 3 | |
| COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | 2 | PA; SP | fluticasone propionate external cream | 1 | |
| COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP | fluticasone propionate external lotion | 1 | |
| CROTAN EXTERNAL LOTION | 1 | | fluticasone propionate external ointment | 1 | |
| dapsone external gel 5 % | 1 | | gentamicin sulfate external cream | 1 | |
| dapsone external gel 7.5 % | 3 | ST | gentamicin sulfate external ointment | 1 | |
| desonide external cream | 1 | | halobetasol propionate external cream | 1 | |
| desonide external ointment | 1 | ST | halobetasol propionate external ointment | 1 | |
| desoximetasone external cream | 1 | | hydrocortisone butyrate external ointment | 1 | |
| desoximetasone external gel | 1 | | hydrocortisone butyrate external solution | 1 | |
| desoximetasone external ointment 0.25 % | 1 | | hydrocortisone external cream 2.5 % | 1 | |
| diflorasone diacetate external cream | 1 | | hydrocortisone external lotion 2.5 % | 1 | |
| diflorasone diacetate external ointment | 1 | | hydrocortisone external ointment 2.5 % | 1 | |
| DRITHO-CREME HP EXTERNAL CREAM | 3 | | hydrocortisone valerate external cream | 1 | ST |
| DRYSOL EXTERNAL SOLUTION | 2 | | hydrocortisone valerate external ointment | 1 | ST |
| DUOBRII EXTERNAL LOTION | 3 | PA | imiquimod external cream | 1 | PA; PA except Dermatology, Urology, OBGYN, and Colorectal Surgery |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; SP | | | |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP | iodoquinol-hydrocortisone-aloe external cream | 3 | |
| econazole nitrate external cream | 1 | | isotretinoin oral capsule 10 mg | 1 | PA; ST; PA except dermatology |
| EPIDUO FORTE EXTERNAL GEL | 3 | PA; PA except Dermatology | isotretinoin oral capsule 20 mg, 30 mg, 40 mg | 1 | PA; PA except dermatology |
| ERTACZO EXTERNAL CREAM | 3 | | JUBLIA EXTERNAL SOLUTION | 3 | PA |
| erythromycin external gel | 1 | | ketoconazole external cream | 1 | |
| erythromycin external solution | 1 | | ketoconazole external foam | 3 | |
| EUCRISA EXTERNAL OINTMENT | 2 | PA; ST; AL | ketoconazole external shampoo 2 % | 1 | |
| FABIOR EXTERNAL FOAM | 2 | ST; ST except dermatology; QL (50 GM per 30 days) | lidocaine external ointment | 1 | |
| FINACEA EXTERNAL FOAM | 2 | | lidocaine external patch 5 % | 1 | |
| fluocinolone acetonide body external oil | 1 | | lidocaine hcl external cream 3 % | 1 | |
| fluocinolone acetonide external cream | 1 | | lidocaine-prilocaine external cream | 1 | |
| fluocinolone acetonide external ointment | 1 | | LIDOCARE ARM/NECK/LEG EXTERNAL PATCH | 1 | OTC |
| fluocinolone acetonide external solution | 1 | | LIDOCARE BACK/SHOULDER EXTERNAL PATCH | 1 | OTC |
| fluocinolone acetonide scalp external oil | 1 | | lindane external shampoo | 1 | |
| fluocinonide external cream 0.05 % | 1 | | mafenide acetate external packet | 2 | |
| fluocinonide external gel | 1 | | malathion external lotion | 1 | |
| fluocinonide external ointment | 1 | | MEDROX-RX EXTERNAL OINTMENT | 3 | PA |
| | | | MENTAX EXTERNAL CREAM | 3 | |
| | | | methoxsalen rapid oral capsule | 1 | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------------|---|------|-----------------------------|
| metronidazole external cream | 1 | | sulfacetamide sodium-sulfur | 1 | |
| metronidazole external gel | 1 | | external liquid 10-2 %, 9-4 %, 9-4.5 % | | |
| metronidazole external lotion | 1 | | sulfacetamide sodium-sulfur | 1 | |
| miconazole-zinc oxide-petrolat external ointment | 3 | | external pad 10-4 % | | |
| MIRVASO EXTERNAL GEL | 3 | PA | sulfacetamide sodium-sulfur | 1 | |
| mometasone furoate external cream | 1 | | external suspension 8-4 % | | |
| mometasone furoate external ointment | 1 | | tacrolimus external ointment 0.03 %, 0.1 % | 1 | AL |
| mometasone furoate external solution | 1 | | TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP; LDD |
| mupirocin calcium external cream | 3 | | TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP; LDD |
| mupirocin external ointment | 1 | | TARGRETIN EXTERNAL GEL | 3 | PA; SP |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 40 MG | 1 | PA; PA except Dermatology | tavaborole external solution | 3 | PA |
| MYORISAN ORAL CAPSULE 30 MG | 1 | PA | tazarotene external cream | 1 | ST; Step except Dermatology |
| naftifine hcl external cream | 3 | | TAZORAC EXTERNAL CREAM 0.05 % | 2 | ST; ST except Dermatology |
| naftifine hcl external gel | 3 | | TAZORAC EXTERNAL GEL | 2 | ST; ST except Dermatology |
| NAFTIN EXTERNAL GEL 2 % | 3 | | TOLAK EXTERNAL CREAM | 3 | |
| nystatin external cream | 1 | | TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; SP |
| nystatin external ointment | 1 | | TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| nystatin external powder | 1 | | tretinoin external cream | 1 | |
| nystatin-triamcinolone external cream | 1 | | tretinoin external gel 0.01 %, 0.025 % | 1 | |
| nystatin-triamcinolone external ointment | 1 | | tretinoin microsphere external gel 0.1 % | 1 | |
| NYSTOP EXTERNAL POWDER | 1 | | triamcinolone acetonide external aerosol solution | 1 | |
| oxiconazole nitrate external cream | 3 | | triamcinolone acetonide external cream | 1 | |
| OXISTAT EXTERNAL LOTION | 3 | | triamcinolone acetonide external lotion | 1 | |
| PANRETIN EXTERNAL GEL | 3 | PA | triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| permethrin external cream | 1 | | urea external cream 40 %, 45 % | 3 | |
| PICATO EXTERNAL GEL | 3 | PA; PA except dermatology | urea external lotion 40 % | 3 | |
| pimecrolimus external cream | 1 | AL | urea hydrating external foam | 3 | |
| prednicarbate external ointment | 1 | | VALCHLOR EXTERNAL GEL | 3 | PA; SP |
| QBREXZA EXTERNAL PAD | 3 | PA | VANOXIDE-HC EXTERNAL LOTION | 3 | |
| REGRANEX EXTERNAL GEL | 3 | PA | XOLEGEL EXTERNAL GEL | 3 | |
| ROSDAN EXTERNAL KIT | 3 | | ZENATANE ORAL CAPSULE | 1 | PA; PA except Dermatology |
| selenium sulfide external lotion | 1 | | ZITHRANOL EXTERNAL SHAMPOO | 3 | PA; PA except Dermatology |
| SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA | | | |
| silver sulfadiazine external cream | 1 | | *Diagnostic Products* | | |
| SKLICE EXTERNAL LOTION | 3 | QL (117 GM per 30 days) | METOPIRONE ORAL CAPSULE | 2 | PA; LDD |
| SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA; SP | *Digestive Aids* | | |
| SOOLANTRA EXTERNAL CREAM | 3 | PA; PA except dermatology | CREON ORAL CAPSULE DELAYED RELEASE PARTICLES | 2 | MM |
| spinosad external suspension | 2 | QL (120 ML per 30 days) | PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | MM |
| sulconazole nitrate external cream | 3 | | PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES | 3 | MM |
| sulfacetamide sodium (acne) external lotion | 1 | | SUCRAID ORAL SOLUTION | 2 | PA; LDD |
| sulfacetamide sodium external liquid | 1 | | | | |
| sulfacetamide sodium-sulfur external emulsion | 1 | | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|--|--|------|---|
| ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT | 2 | MM | FOLLISTIM AQ SUBCUTANEOUS SOLUTION | 2 | PA |
| | | | FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; SP |
| | | | GALAFOLD ORAL CAPSULE | 3 | PA; LDD; AL |
| | | | ganirelix acetate subcutaneous solution prefilled syringe | 3 | PA |
| | | | GENOTROPIN MINIQICK SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; SP |
| | | | GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; SP |
| | | | ibandronate sodium oral tablet | 1 | MM; QL (1 EA per 30 days) |
| | | | INCRELEX SUBCUTANEOUS SOLUTION | 2 | PA; LDD |
| | | | ISTURISA ORAL TABLET | 3 | PA; SP |
| | | | JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 30 & 15 MG | 3 | PA |
| | | | JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG | 3 | PA; LDD |
| | | | levocarnitine oral solution | 1 | PA |
| | | | levocarnitine oral tablet | 1 | PA |
| | | | MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA |
| | | | mifepristone oral tablet | 1 | |
| | | | MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LDD |
| | | | MYCAPSSA ORAL CAPSULE DELAYED RELEASE | 3 | PA; LDD |
| | | | NATPARA SUBCUTANEOUS CARTRIDGE | 3 | PA; LDD |
| | | | nitisinone oral capsule | 1 | PA; LDD |
| | | | NITYR ORAL TABLET | 2 | PA; LDD |
| | | | octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml | 1 | PA; PA except hematology, oncology, endocrinology; MM |
| | | | ORFADIN ORAL CAPSULE 20 MG | 2 | PA; LDD |
| | | | ORFADIN ORAL SUSPENSION | 2 | PA; LDD |
| | | | ORILISSA ORAL TABLET | 2 | PA |
| | | | OVIDREL SUBCUTANEOUS INJECTABLE | 3 | PA; ST |
| | | | PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LDD |
| | | | paricalcitol oral capsule | 1 | ST; MM |
| | | | raloxifene hcl oral tablet | 1 | ACA; MM |
| | | | RAVICTI ORAL LIQUID | 3 | PA; LDD |
| | | | RAYALDEE ORAL CAPSULE EXTENDED RELEASE | 3 | ST |
| | | | risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg | 1 | PL; MM |
| | | | risedronate sodium oral tablet delayed release | 1 | PL; MM |
| | | | SAIZEN INJECTION SOLUTION RECONSTITUTED | 3 | PA; SP |
| | | | SAMSCA ORAL TABLET 15 MG | 3 | PA |
| | | | sapropterin dihydrochloride oral packet | 2 | PA; LDD |
| *Diuretics* | | | | | |
| acetazolamide er oral capsule extended release 12 hour | 1 | MM | | | |
| acetazolamide oral tablet | 1 | MM | | | |
| amiloride hcl oral tablet | 1 | MM | | | |
| amiloride-hydrochlorothiazide oral tablet | 1 | MM | | | |
| bumetanide oral tablet | 1 | MM | | | |
| chlorthalidone oral tablet 25 mg, 50 mg | 1 | MM | | | |
| DIURIL ORAL SUSPENSION | 2 | | | | |
| ethacrynic acid oral tablet | 3 | MM | | | |
| furosemide oral solution 10 mg/ml, 8 mg/ml | 1 | MM | | | |
| furosemide oral tablet | 1 | MM | | | |
| hydrochlorothiazide oral capsule | 1 | MM | | | |
| hydrochlorothiazide oral tablet | 1 | MM | | | |
| indapamide oral tablet | 1 | MM | | | |
| KEVEYIS ORAL TABLET | 3 | PA; LDD | | | |
| methazolamide oral tablet | 1 | MM | | | |
| metolazone oral tablet | 1 | MM | | | |
| spironolactone oral tablet | 1 | MM | | | |
| spironolactone-hctz oral tablet | 1 | MM | | | |
| toremide oral tablet | 1 | MM | | | |
| triamterene-hctz oral capsule 37.5-25 mg | 1 | MM | | | |
| triamterene-hctz oral tablet | 1 | MM | | | |
| *Endocrine And Metabolic Agents - Misc.* | | | | | |
| alendronate sodium oral solution | 1 | MM | | | |
| alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg | 1 | PL; MM | | | |
| BINOSTO ORAL TABLET EFFERVESCENT | 3 | ST | | | |
| cabergoline oral tablet | 1 | | | | |
| calcitonin (salmon) nasal solution | 1 | MM | | | |
| calcitriol oral capsule | 1 | MM | | | |
| calcitriol oral solution | 1 | MM | | | |
| CARBAGLU ORAL TABLET | 2 | PA; LDD | | | |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | 3 | PA | | | |
| chorionic gonadotropin intramuscular solution reconstituted | 1 | PA; ST | | | |
| cinacalcet hcl oral tablet | 1 | MM | | | |
| clomiphene citrate oral tablet | 1 | PA; PA except OB/GYN; QL (10 EA per 30 days) | | | |
| CYSTADANE ORAL POWDER | 2 | PA; LDD | | | |
| desmopressin ace spray refrig nasal solution | 1 | MM | | | |
| desmopressin acetate oral tablet | 1 | MM | | | |
| desmopressin acetate spray nasal solution | 1 | MM | | | |
| doxercalciferol oral capsule | 3 | ST; MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|---------|---|------|---|
| sapropterin dihydrochloride oral tablet soluble | 2 | PA; LDD | *Fluoroquinolones* | | |
| SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG | 3 | PA; SP | CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%) | 3 | |
| SIGNIFOR SUBCUTANEOUS SOLUTION | 3 | PA; LDD | ciprofloxacin hcl oral tablet 100 mg | 2 | |
| sodium phenylbutyrate oral powder 3 gm/tsp | 1 | PA; LDD | ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg | 1 | |
| sodium phenylbutyrate oral tablet | 1 | PA; LDD | levofloxacin oral solution | 1 | |
| SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED | 2 | PA; LDD | levofloxacin oral tablet | 1 | |
| STIMATE NASAL SOLUTION | 2 | | moxifloxacin hcl oral tablet | 1 | |
| STRENSIQ SUBCUTANEOUS SOLUTION | 2 | PA; LDD | *Gastrointestinal Agents - Misc.* | | |
| SYNAREL NASAL SOLUTION | 2 | PA | alose tron hcl oral tablet | 3 | PA |
| teriparatide (recombinant) subcutaneous solution pen-injector | 2 | PA; SP | AMITIZA ORAL CAPSULE | 3 | ST; ST except Gastroenterology and Colon-Rectal surgery; MM |
| tolvaptan oral tablet 30 mg | 3 | PA | AURYXIA ORAL TABLET | 3 | |
| TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; LDD | balsalazide disodium oral capsule | 1 | AL |
| XURIDEN ORAL PACKET | 2 | PA; LDD | calcium acetate (phos binder) oral tablet | 1 | MM |
| ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; SP | CHENODAL ORAL TABLET | 3 | PA; LDD |
| *Estrogens* | | | CHOLBAM ORAL CAPSULE | 3 | PA; LDD |
| ANGELIQ ORAL TABLET | 3 | MM; AL | CIMZIA PREFILLED SUBCUTANEOUS KIT | 3 | PA; SP |
| COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY | 2 | MM; AL | CIMZIA STARTER KIT SUBCUTANEOUS KIT | 3 | PA; SP |
| COVARYX HS ORAL TABLET | 1 | AL | CIMZIA SUBCUTANEOUS KIT 2 X 200 MG | 3 | PA; SP |
| COVARYX ORAL TABLET | 1 | AL | cromolyn sodium oral concentrate | 1 | MM |
| DUAVEE ORAL TABLET | 3 | AL | GATTEX SUBCUTANEOUS KIT | 3 | PA; SP |
| ELESTRIN TRANSDERMAL GEL | 3 | AL | lactulose encephalopathy oral solution | 1 | |
| est estrogens-methyltest ds oral tablet | 1 | MM; AL | lanthanum carbonate oral tablet chewable | 1 | MM |
| est estrogens-methyltest hs oral tablet | 1 | MM; AL | LINZESS ORAL CAPSULE | 2 | ST; ST except Gastroenterology and Colon-Rectal surgery; MM |
| est estrogens-methyltest oral tablet | 1 | MM; AL | mesalamine er oral capsule extended release 24 hour | 3 | ST; MM |
| estradiol oral tablet | 1 | MM; AL | mesalamine oral capsule delayed release | 1 | MM |
| estradiol transdermal patch twice weekly | 1 | MM; AL | mesalamine oral tablet delayed release 1.2 gm | 1 | MM |
| estradiol transdermal patch weekly | 1 | MM; AL | mesalamine oral tablet delayed release 800 mg | 1 | MM; AL |
| estradiol-norethindrone acet oral tablet | 1 | MM; AL | mesalamine rectal enema | 1 | AL |
| ESTROGEL TRANSDERMAL GEL | 3 | AL | mesalamine rectal suppository | 1 | |
| EVAMIST TRANSDERMAL SOLUTION | 3 | MM; AL | mesalamine-cleanser rectal kit | 2 | |
| JINTELI ORAL TABLET | 1 | MM; AL | metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml | 1 | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | 3 | AL | metoclopramide hcl oral tablet | 1 | |
| MENOSTAR TRANSDERMAL PATCH WEEKLY | 2 | AL | MOVANTIK ORAL TABLET | 3 | PA |
| MIMVEY ORAL TABLET | 1 | MM; AL | OCALIVA ORAL TABLET | 3 | PA; LDD |
| norethindrone-eth estradiol oral tablet | 1 | MM; AL | PENTASA ORAL CAPSULE EXTENDED RELEASE | 2 | MM |
| ORIAHNN ORAL CAPSULE THERAPY PACK | 3 | PA | PHOSLYRA ORAL SOLUTION | 2 | MM |
| PREFEST ORAL TABLET | 3 | MM; AL | RELISTOR ORAL TABLET | 3 | PA |
| PREMARIN ORAL TABLET | 2 | MM; AL | | | |
| PREMPHASE ORAL TABLET | 2 | MM; AL | | | |
| PREMPRO ORAL TABLET | 2 | MM; AL | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---|---|------|--------------------------------|
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML | 3 | PA | aspirin-dipyridamole er oral capsule extended release 12 hour | 1 | PA; MM |
| sevelamer carbonate oral packet | 1 | MM | BRILINTA ORAL TABLET | 2 | MM |
| sevelamer carbonate oral tablet | 1 | MM | cilostazol oral tablet | 1 | MM |
| sevelamer hcl oral tablet | 1 | MM | clopidogrel bisulfate oral tablet 300 mg | 1 | |
| sulfasalazine oral tablet | 1 | MM | clopidogrel bisulfate oral tablet 75 mg | 1 | MM |
| sulfasalazine oral tablet delayed release | 1 | MM | dipyridamole oral tablet | 1 | MM; AL |
| SYMPROIC ORAL TABLET | 3 | PA | HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED | 3 | PA; LDD |
| ursodiol oral capsule | 1 | MM | icatibant acetate subcutaneous solution | 1 | PA; SP |
| ursodiol oral tablet | 1 | MM | pentoxifylline er oral tablet extended release | 1 | DF; MM |
| VELPHORO ORAL TABLET CHEWABLE | 3 | | prasugrel hcl oral tablet | 1 | MM; AL |
| VIBERZI ORAL TABLET | 3 | PA | TAKHZYRO SUBCUTANEOUS SOLUTION | 3 | PA; QL (2 syr per 28 Days); AL |
| XERMELO ORAL TABLET | 3 | PA; LDD | TAVALISSE ORAL TABLET | 3 | PA; LDD |
| *Genitourinary Agents - Miscellaneous* | | | ZONTIVITY ORAL TABLET | 3 | PA; MM |
| acetic acid irrigation solution | 1 | | *Hematopoietic Agents* | | |
| alfuzosin hcl er oral tablet extended release 24 hour | 1 | MM | ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | 2 | PA; SP |
| aminoacetic acid irrigation solution | 1 | | ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | MM | CERDELGA ORAL CAPSULE | 3 | PA; SP |
| CYSTAGON ORAL CAPSULE | 2 | PA; LDD | cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| dutasteride oral capsule | 1 | MM | DOPTELET ORAL TABLET 20 MG | 2 | PA; LDD |
| dutasteride-tamsulosin hcl oral capsule | 3 | MM | DROXIA ORAL CAPSULE | 1 | |
| ELMIRON ORAL CAPSULE | 2 | PA; PA except Urology | ferraplus 90 oral tablet | 3 | |
| finasteride oral tablet 5 mg | 1 | MM | folic acid oral tablet 1 mg | 1 | MM |
| glycine irrigation solution | 1 | | hematinic plus vit/minerals oral tablet | 3 | |
| glycine urologic irrigation solution | 1 | | miglustat oral capsule | 1 | PA; LDD |
| LITHOSTAT ORAL TABLET | 3 | | MULPLETA ORAL TABLET | 3 | PA; SP |
| neomycin-polymyxin b gu irrigation solution | 1 | | MULTIGEN PLUS ORAL TABLET | 3 | |
| phenazopyridine hcl oral tablet 100 mg, 200 mg | 1 | | NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| potassium citrate er oral tablet extended release | 1 | | NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE | 2 | SP |
| PROCYSBI ORAL CAPSULE DELAYED RELEASE | 3 | PA; LDD | OXBRYTA ORAL TABLET | 3 | PA; LDD |
| PROCYSBI ORAL PACKET | 3 | PA; LDD | poly-iron 150 forte oral capsule | 3 | |
| RENACIDIN IRRIGATION SOLUTION | 2 | | polysaccharide iron forte oral capsule | 3 | |
| RESECTISOL IRRIGATION SOLUTION | 3 | | PROMACTA ORAL PACKET | 2 | PA; SP |
| silodosin oral capsule | 1 | MM | PROMACTA ORAL TABLET | 2 | PA; SP |
| tamsulosin hcl oral capsule | 1 | MM | RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 2 | PA; SP |
| THIOLA EC ORAL TABLET DELAYED RELEASE | 3 | PA; LDD | SIKLOS ORAL TABLET | 3 | PA |
| THIOLA ORAL TABLET | 2 | PA; LDD | taron forte oral capsule | 3 | |
| *Gout Agents* | | | trigels-f forte oral capsule | 3 | |
| allopurinol oral tablet | 1 | MM | UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| colchicine oral capsule | 1 | | | | |
| colchicine oral tablet | 1 | | | | |
| colchicine-probenecid oral tablet | 1 | MM | | | |
| febuxostat oral tablet | 1 | ST; MM | | | |
| probenecid oral tablet | 1 | MM | | | |
| *Hematological Agents - Misc.* | | | | | |
| anagrelide hcl oral capsule | 1 | PA; PA except Oncology and Hematology; MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|-------------------------------------|---|------|--|
| ZARXIO INJECTION SOLUTION PREFILLED SYRINGE | 2 | | DIFICID ORAL TABLET | 3 | PA |
| *Hemostatics* | | | ERYTHROCIN STEARATE ORAL TABLET 250 MG | 2 | |
| aminocaproic acid oral solution | 3 | | erythromycin base oral capsule delayed release particles | 1 | DF |
| aminocaproic acid oral tablet | 1 | | erythromycin base oral tablet | 1 | DF |
| tranexamic acid oral tablet | 1 | AL | erythromycin ethylsuccinate oral suspension reconstituted | 3 | |
| *Hypnotics/Sedatives/Sleep Disorder Agents* | | | erythromycin ethylsuccinate oral tablet | 1 | DF |
| BELSOMRA ORAL TABLET | 2 | ST; QL (20 EA per 30 days) | *Medical Devices And Supplies* | | |
| DAYVIGO ORAL TABLET | 3 | PA | OMNIPOD DASH 5 PACK PODS | 2 | |
| doxepin hcl oral tablet | 3 | QL (14 EA per 30 Days) | V-GO 20 KIT | 2 | |
| estazolam oral tablet | 1 | QL (14 EA per 30 days); AL | V-GO 30 KIT | 2 | |
| eszopiclone oral tablet | 1 | QL (14 EA per 30 days); AL | V-GO 40 KIT | 2 | |
| flurazepam hcl oral capsule | 1 | QL (14 EA per 30 days); AL | *Migraine Products* | | |
| HETLIOZ ORAL CAPSULE | 3 | PA; LDD | AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP |
| midazolam hcl oral syrup | 1 | | AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| phenobarbital oral elixir | 1 | AL | almotriptan malate oral tablet | 3 | QL (6 EA per 30 days) |
| phenobarbital oral tablet | 1 | AL | dihydroergotamine mesylate nasal solution | 3 | PA; PA except Neurology; QL (8 ML per 30 days) |
| quazepam oral tablet | 1 | QL (14 EA per 30 days); AL | eletriptan hydrobromide oral tablet | 1 | QL (6 EA per 30 Days) |
| ramelteon oral tablet | 1 | QL (14 EA per 30 Days) | EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| temazepam oral capsule | 1 | QL (14 EA per 30 days); AL | EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP |
| triazolam oral tablet | 1 | QL (14 EA per 30 days); AL | EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP |
| zaleplon oral capsule | 1 | QL (14 EA per 30 days); AL | ERGOMAR SUBLINGUAL TABLET SUBLINGUAL | 2 | LDD |
| zolpidem tartrate er oral tablet extended release | 1 | QL (14 EA per 30 days); AL | frovatriptan succinate oral tablet | 3 | QL (9 EA per 30 days) |
| zolpidem tartrate oral tablet | 1 | QL (14 EA per 30 days); AL | MIGERGOT RECTAL SUPPOSITORY | 3 | |
| zolpidem tartrate sublingual tablet sublingual | 3 | ST; QL (14 EA per 30 days); AL | naratriptan hcl oral tablet | 1 | QL (9 EA per 30 days) |
| *Laxatives* | | | NURTEC ORAL TABLET DISPERSIBLE | 2 | ST; QL (8 EA per 30 days) |
| CLENPIQ ORAL SOLUTION | 2 | ACA; QL (2 packages per 30 days) | REYVOW ORAL TABLET | 2 | PA; ST; QL (1 PACK per 30 days) |
| KRISTALOSE ORAL PACKET 20 GM | 3 | | rizatriptan benzoate oral tablet | 1 | QL (9 EA per 30 days) |
| lactulose oral packet | 1 | | rizatriptan benzoate oral tablet dispersible | 1 | QL (9 EA per 30 days) |
| lactulose oral solution | 1 | | sumatriptan nasal solution | 1 | QL (6 EA per 30 days) |
| peg 3350-kcl-na bicarb-nacl oral solution reconstituted | 1 | | sumatriptan succinate oral tablet | 1 | QL (9 EA per 30 days) |
| SUPREP BOWEL PREP KIT ORAL SOLUTION | 2 | ACA; QL (2 packages per 30 days) | sumatriptan succinate refill subcutaneous solution cartridge | 1 | QL (3 ML per 30 days) |
| *Macrolides* | | | sumatriptan succinate subcutaneous solution 6 mg/0.5ml | 1 | QL (3 ML per 30 days) |
| azithromycin oral suspension reconstituted | 1 | | sumatriptan succinate subcutaneous solution auto- injector 4 mg/0.5ml, 6 mg/0.5ml | 1 | QL (3 ML per 30 days) |
| azithromycin oral tablet 250 mg, 500 mg, 600 mg | 1 | | UBRELVY ORAL TABLET | 2 | ST; QL (10 EA per 30 days) |
| clarithromycin er oral tablet extended release 24 hour | 1 | | zolmitriptan oral tablet | 1 | QL (6 EA per 30 days) |
| clarithromycin oral suspension reconstituted | 1 | | zolmitriptan oral tablet dispersible | 1 | QL (6 EA per 30 days) |
| clarithromycin oral tablet 250 mg | 1 | | ZOMIG NASAL SOLUTION | 2 | QL (6 EA per 30 days) |
| clarithromycin oral tablet 500 mg | 1 | DF | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|--|--|------|--|
| *Minerals & Electrolytes* | | | | | |
| GALZIN ORAL CAPSULE | 2 | | sirolimus oral tablet | 1 | PA; PA except Renal Transplant Surgeons and Nephrology; MM |
| iodine strong oral solution | 2 | | sodium polystyrene sulfonate oral powder | 1 | |
| potassium chloride crys er oral tablet extended release | 1 | MM | sodium polystyrene sulfonate oral suspension | 1 | |
| potassium chloride er oral capsule extended release | 1 | MM | sodium polystyrene sulfonate rectal suspension | 1 | |
| potassium chloride er oral tablet extended release | 1 | MM | sterile water for irrigation irrigation solution | 1 | |
| potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) | 1 | MM | tacrolimus oral capsule | 1 | MM |
| sodium fluoride oral solution | 1 | DF; MM | THALOMID ORAL CAPSULE | 2 | LDD |
| sodium fluoride oral tablet chewable | 1 | DF; MM | trientine hcl oral capsule | 1 | PA; SP |
| *Miscellaneous Therapeutic Classes* | | | | | |
| ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | PA | ZORTRESS ORAL TABLET 1 MG | 2 | PA; PA except Renal Transplant Surgeons and Nephrology; MM |
| AZASAN ORAL TABLET | 2 | MM | *Mouth/Throat/Dental Agents* | | |
| azathioprine oral tablet | 1 | MM | cevimeline hcl oral capsule | 1 | MM |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP | chlorhexidine gluconate mouth/throat solution | 1 | DF |
| BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP | CLINPRO 5000 DENTAL PASTE | 1 | DF |
| cyclosporine modified oral capsule | 1 | MM | clotrimazole mouth/throat troche | 1 | DF |
| cyclosporine modified oral solution | 1 | MM | DEBACTEROL MOUTH/THROAT SOLUTION | 3 | |
| cyclosporine oral capsule | 1 | MM | dobells mouth/throat solution | 1 | OTC |
| ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; SP | nystatin mouth/throat suspension | 1 | DF |
| ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR | 3 | PA | ORAVIG BUCCAL TABLET | 3 | PA; AL |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg | 2 | PA; PA except Renal Transplant Surgeons and Nephrology; MM | pilocarpine hcl oral tablet | 1 | MM |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | 1 | MM | sf 5000 plus dental cream | 1 | DF |
| GENGRAF ORAL SOLUTION | 1 | MM | triamcinolone acetonide mouth/throat paste | 1 | DF |
| KIONEX ORAL SUSPENSION | 1 | | *Multivitamins* | | |
| lactated ringers irrigation solution | 1 | | CITRANATAL 90 DHA ORAL 90-1 & 300 MG | 3 | MM |
| LOKELMA ORAL PACKET | 2 | | CITRANATAL ASSURE ORAL 35-1 & 300 MG | 3 | MM |
| mycophenolate mofetil oral capsule | 1 | MM | CITRANATAL B-CALM ORAL | 3 | MM |
| mycophenolate mofetil oral suspension reconstituted | 1 | | CITRANATAL BLOOM ORAL TABLET | 3 | MM |
| mycophenolate mofetil oral tablet | 1 | MM | CITRANATAL DHA ORAL | 3 | MM |
| mycophenolate sodium oral tablet delayed release | 1 | PA; PA except renal transplant surgeon and nephrology; MM | CITRANATAL HARMONY ORAL CAPSULE 27-1-260 MG | 3 | MM |
| penicillamine oral capsule | 1 | PA; SP | CITRANATAL RX ORAL TABLET | 3 | MM |
| PHYSIOLYTE IRRIGATION SOLUTION | 1 | | DIALYVITE ORAL TABLET | 1 | PA; PA except Nephrology |
| PHYSIOSOL IRRIGATION IRRIGATION SOLUTION | 1 | | multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg | 1 | |
| REVLIMID ORAL CAPSULE | 2 | PA; LDD | mynephrocaps oral capsule | 3 | PA; PA except Nephrology |
| ringers irrigation irrigation solution | 1 | | NATALVIT ORAL TABLET | 3 | MM |
| SANDIMMUNE ORAL SOLUTION | 2 | MM | NEPHRONEX ORAL TABLET | 3 | PA |
| sirolimus oral solution | 1 | PA; PA except Renal Transplant Surgeons and Nephrology; MM | NESTABS DHA ORAL | 3 | MM |
| | | | NESTABS ORAL TABLET | 3 | MM |
| | | | PNV PRENATAL PLUS | 2 | MM |
| | | | MULTIVITAMIN ORAL TABLET | | |
| | | | PNV TABS 29-1 ORAL TABLET | 2 | MM |
| | | | PRENAISSANCE ORAL CAPSULE | 3 | MM |
| | | | PRENAISSANCE PLUS ORAL CAPSULE | 3 | MM |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|--------------------------|--|------|---------|
| PRENATABS RX ORAL TABLET | 2 | MM | ALAWAY OPHTHALMIC SOLUTION | 1 | OTC |
| PRENATAL 19 ORAL TABLET | 2 | OTC; MM | ALOCRIAL OPHTHALMIC SOLUTION | 3 | ST |
| PRENATAL 19 ORAL TABLET 29-1 MG | 2 | MM | ALOMIDE OPHTHALMIC SOLUTION | 2 | ST |
| PRENATAL 19 ORAL TABLET CHEWABLE | 2 | MM | ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | |
| PRENATAL ORAL TABLET 27-1 MG | 2 | MM | apraclonidine hcl ophthalmic solution | 1 | |
| PRENATAL PLUS IRON ORAL TABLET | 2 | MM | atropine sulfata ophthalmic ointment | 1 | |
| PRENATAL PLUS ORAL TABLET | 2 | MM | atropine sulfata ophthalmic solution 1 % | 1 | |
| PRENATAL PLUS/IRON ORAL TABLET | 2 | MM | azelastine hcl ophthalmic solution | 1 | |
| PREPLUS ORAL TABLET | 2 | MM | AZOPT OPHTHALMIC SUSPENSION | 2 | |
| triphrocaps oral capsule | 3 | PA; PA except Nephrology | bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm | 1 | |
| tri-vitamin/fluoride oral solution 0.25 mg/ml | 1 | | balanced salt intraocular solution | 1 | |
| virt-caps oral capsule | 3 | PA; PA except Nephrology | BEPREVE OPHTHALMIC SOLUTION | 3 | ST |
| VITAFOL-OB ORAL TABLET | 3 | MM | BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION | 3 | |
| VITAFOL-OB+DHA ORAL | 3 | MM | betaxolol hcl ophthalmic solution | 1 | |
| VITAFOL-ONE ORAL CAPSULE | 3 | MM | bimatoprost ophthalmic solution | 2 | |
| VOL-PLUS ORAL TABLET | 2 | MM | BLEPHAMIDE OPHTHALMIC SUSPENSION | 2 | |
| VOL-TAB RX ORAL TABLET | 2 | MM | BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT | 2 | |
| *Musculoskeletal Therapy Agents* | | | brimonidine tartrate ophthalmic solution | 1 | |
| baclofen oral tablet | 1 | MM | bromfenac sodium (once-daily) ophthalmic solution | 1 | |
| chlorzoxazone oral tablet 500 mg | 1 | AL | carteolol hcl ophthalmic solution | 1 | |
| cyclobenzaprine hcl oral tablet | 1 | AL | ciprofloxacin hcl ophthalmic solution | 1 | |
| dantrolene sodium oral capsule | 1 | | COMBIGAN OPHTHALMIC SOLUTION | 2 | |
| metaxalone oral tablet | 3 | AL | cromolyn sodium ophthalmic solution | 1 | |
| methocarbamol oral tablet | 1 | AL | CYSTARAN OPHTHALMIC SOLUTION | 2 | PA; LDD |
| tizanidine hcl oral capsule | 1 | MM | dexamethasone sodium phosphate ophthalmic solution | 1 | |
| tizanidine hcl oral tablet | 1 | MM | diclofenac sodium ophthalmic solution | 1 | |
| *Nasal Agents - Systemic And Topical* | | | dorzolamide hcl ophthalmic solution | 1 | |
| ADRENALIN NASAL SOLUTION | 2 | | dorzolamide hcl-timolol mal ophthalmic solution | 1 | |
| azelastine hcl nasal solution 0.1 %, 0.15 % | 1 | | epinastine hcl ophthalmic solution | 1 | |
| budesonide nasal suspension | 1 | | erythromycin ophthalmic ointment | 1 | ACA |
| flunisolide nasal solution 25 mcg/act (0.025%) | 1 | | FLAREX OPHTHALMIC SUSPENSION | 2 | |
| fluticasone propionate nasal suspension | 1 | | fluorometholone ophthalmic suspension | 1 | |
| ipratropium bromide nasal solution 0.03 % | 1 | MM | flurbiprofen sodium ophthalmic solution | 1 | |
| ipratropium bromide nasal solution 0.06 % | 1 | | FML FORTE OPHTHALMIC SUSPENSION | 2 | |
| olopatadine hcl nasal solution | 3 | | FML OPHTHALMIC OINTMENT | 2 | |
| triamcinolone acetonide nasal aerosol | 1 | | gentamicin sulfata ophthalmic solution | 1 | |
| *Neuromuscular Agents* | | | INVELTYS OPHTHALMIC SUSPENSION | 3 | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | 3 | PA; LDD | | | |
| riluzole oral tablet | 1 | MM | | | |
| TIGLUTIK ORAL SUSPENSION | 3 | | | | |
| *Nutrients* | | | | | |
| n-acetyl-l-cysteine oral capsule | 1 | | | | |
| *Ophthalmic Agents* | | | | | |
| ALAWAY CHILDRENS ALLERGY OPHTHALMIC SOLUTION | 1 | OTC | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|---|---|------|---|
| ketorolac tromethamine ophthalmic solution | 1 | | RHOPRESSA OPHTHALMIC SOLUTION | 3 | ST |
| ketotifen fumarate ophthalmic solution | 1 | | ROCKLATAN OPHTHALMIC SOLUTION | 3 | ST |
| LACRISERT OPHTHALMIC INSERT | 2 | | SIMBRINZA OPHTHALMIC SUSPENSION | 2 | |
| LASTACFT OPHTHALMIC SOLUTION | 3 | ST | sulfacetamide sodium ophthalmic solution | 1 | |
| latanoprost ophthalmic solution | 1 | | sulfacetamide-prednisolone ophthalmic solution | 1 | |
| levobunolol hcl ophthalmic solution 0.5 % | 1 | | timolol maleate ophthalmic gel forming solution | 1 | |
| levofloxacin ophthalmic solution | 1 | | timolol maleate ophthalmic solution 0.25 %, 0.5 % | 1 | |
| LUMIGAN OPHTHALMIC SOLUTION 0.01 % | 2 | | timolol maleate pf ophthalmic solution | 3 | |
| MAXIDEX OPHTHALMIC SUSPENSION | 3 | | TIMOPTIC OCULOSE OPHTHALMIC SOLUTION 0.25 % | 3 | |
| NATACYN OPHTHALMIC SUSPENSION | 2 | PA; PA except Ophthalmology | TOBRADEX ST OPHTHALMIC SUSPENSION | 3 | |
| neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000 | 1 | | tobramycin ophthalmic solution | 1 | |
| neomycin-polymyxin-dexameth ophthalmic ointment | 1 | | tobramycin-dexamethasone ophthalmic suspension | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | | travoprost (bak free) ophthalmic solution | 1 | |
| neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025 | 1 | | trifluridine ophthalmic solution | 1 | |
| ofloxacin ophthalmic solution | 1 | QL (10 ML per 30 days) | tropicamide ophthalmic solution | 1 | |
| olopatadine hcl ophthalmic solution | 1 | | UPNEEQ OPHTHALMIC SOLUTION | 3 | PA |
| OXERVATE OPHTHALMIC SOLUTION | 3 | PA; LDD | VYZULTA OPHTHALMIC SOLUTION | 3 | ST |
| phenylephrine hcl ophthalmic solution 10 %, 2.5 % | 1 | | XIIDRA OPHTHALMIC SOLUTION | 2 | PA; PA except ophthalmology; QL (60 EA per 30 days) |
| PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED | 2 | | ZADITOR OPHTHALMIC SOLUTION | 1 | OTC |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | 1 | MM | ZIOPTAN OPHTHALMIC SOLUTION | 3 | |
| polymyxin b-trimethoprim ophthalmic solution | 1 | | ZIRGAN OPHTHALMIC GEL | 2 | |
| PRED MILD OPHTHALMIC SUSPENSION | 2 | | *Otic Agents* | | |
| PRED-G OPHTHALMIC SUSPENSION | 3 | | acetic acid otic solution | 1 | |
| PRED-G S.O.P. OPHTHALMIC OINTMENT | 3 | | CIPRO HC OTIC SUSPENSION | 3 | PA; ST; PA except otolaryngology |
| prednisolone acetate ophthalmic suspension | 1 | | ciprofloxacin hcl otic solution | 1 | |
| prednisolone sodium phosphate ophthalmic solution | 1 | | ciprofloxacin-dexamethasone otic suspension | 2 | PA; PA except otolaryngology |
| PROLENSA OPHTHALMIC SOLUTION | 3 | ST; Maximum of 2 fills per year | fluocinolone acetonide otic oil | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % | 2 | PA; PA except ophthalmologist and optometrist; QL (60 ML per 30 days) | hydrocortisone-acetic acid otic solution | 1 | |
| RESTASIS OPHTHALMIC EMULSION | 2 | PA; PA except ophthalmologist and optometrist; QL (60 EA per 30 days) | neomycin-polymyxin-hc otic solution | 1 | |
| | | | neomycin-polymyxin-hc otic suspension | 1 | |
| | | | ofloxacin otic solution | 1 | |
| | | | *Oxytocics* | | |
| | | | cervidil vaginal insert | 3 | |
| | | | methylergonovine maleate oral tablet | 1 | QL (28 EA per 7 days) |
| | | | PREPIDIL VAGINAL GEL | 3 | |
| | | | PROSTIN E2 VAGINAL SUPPOSITORY | 3 | |
| | | | *Penicillins* | | |
| | | | amoxicillin oral capsule | 1 | DF |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|-----------------------------|---|------|----------------------------------|
| amoxicillin oral suspension reconstituted | 1 | DF | donepezil hcl oral tablet dispersible | 1 | MM |
| amoxicillin oral tablet | 1 | DF | ergoloid mesylates oral tablet | 1 | |
| amoxicillin oral tablet chewable 125 mg, 250 mg | 1 | DF | EXTAVIA SUBCUTANEOUS KIT | 3 | PA; SP |
| amoxicillin-pot clavulanate er oral tablet extended release 12 hour | 1 | DF | galantamine hydrobromide er oral capsule extended release 24 hour | 1 | MM |
| amoxicillin-pot clavulanate oral suspension reconstituted | 1 | DF | galantamine hydrobromide oral solution | 1 | MM |
| amoxicillin-pot clavulanate oral tablet | 1 | DF | galantamine hydrobromide oral tablet | 1 | MM |
| amoxicillin-pot clavulanate oral tablet chewable | 1 | DF | GILENYA ORAL CAPSULE | 2 | PA; SP; PA except Neurology |
| ampicillin oral capsule 500 mg | 1 | | glatiramer acetate subcutaneous solution prefilled syringe | 1 | PA; SP; PA except Neurology |
| dicloxacillin sodium oral capsule | 1 | | GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 1 | PA; SP; PA except Neurology |
| penicillin v potassium oral solution reconstituted | 1 | | GRALISE ORAL TABLET | 3 | ST |
| penicillin v potassium oral tablet | 1 | DF | HORIZANT ORAL TABLET EXTENDED RELEASE | 3 | PA; ST |
| *Progestins* | | | INGREZZA ORAL CAPSULE | 3 | PA; LDD |
| medroxyprogesterone acetate oral tablet | 1 | MM | INGREZZA ORAL CAPSULE THERAPY PACK | 3 | PA; LDD |
| megestrol acetate oral suspension 625 mg/5ml | 1 | SP | KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA; SP |
| norethindrone acetate oral tablet | 1 | MM | LUCEMYRA ORAL TABLET | 3 | PA; QL (196 EA per 14 days) |
| progesterone micronized oral capsule | 1 | MM | LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | MM |
| *Psychotherapeutic And Neurological Agents - Misc.* | | | MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| acamprosate calcium oral tablet delayed release | 1 | SUD | MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| AUBAGIO ORAL TABLET | 2 | PA; SP; PA except Neurology | MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| AUSTEDO ORAL TABLET | 3 | PA; SP | MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| AVONEX PEN INTRAMUSCULAR | 2 | PA; SP; PA except Neurology | MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| AUTO-INJECTOR KIT | | | MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT | 2 | PA; SP; PA except Neurology | MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK | 3 | PA; LDD; QL (10 EA per 294 Days) |
| BAFIERTAM ORAL CAPSULE DELAYED RELEASE | 3 | PA; SP | MAYZENT ORAL TABLET | 2 | PA; SP; PA except neurology |
| bupropion hcl er (smoking det) oral tablet extended release 12 hour | 1 | ACA | MAYZENT STARTER PACK ORAL TABLET THERAPY PACK | 2 | PA; SP; PA except neurology |
| CHANTIX CONTINUING MONTH PAK ORAL TABLET | 2 | ACA; AL | memantine hcl er oral capsule extended release 24 hour | 1 | MM |
| CHANTIX ORAL TABLET | 2 | ACA; AL | memantine hcl oral solution 2 mg/ml | 1 | |
| CHANTIX STARTING MONTH PAK ORAL TABLET | 2 | ACA; AL | memantine hcl oral tablet 10 mg, 5 mg | 1 | MM |
| chlordiazepoxide-amitriptyline oral tablet | 1 | MM; AL | memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg | 1 | |
| COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML | 2 | PA; SP; PA except neurology | NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 2 | |
| dalfampridine er oral tablet extended release 12 hour | 1 | PA; SP | NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR | 3 | ST |
| dimethyl fumarate oral capsule delayed release | 1 | PA; SP; PA except neurology | NICOTROL INHALATION INHALER | 3 | ACA; QL (2 FILLS per 365 days) |
| dimethyl fumarate starter pack oral | 1 | PA; SP; PA except neurology | | | |
| disulfiram oral tablet | 1 | MM | | | |
| donepezil hcl oral tablet 10 mg, 5 mg | 1 | MM | | | |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|---|------|---|---|------|-------------|
| NICOTROL NS NASAL SOLUTION | 3 | ACA; QL (2 FILLS per 365 days) | OFEV ORAL CAPSULE | 3 | PA; LDD |
| NUDEXTA ORAL CAPSULE | 2 | PA; SP | ORKAMBI ORAL PACKET | 2 | PA; LDD; AL |
| olanzapine-fluoxetine hcl oral capsule | 3 | PA; PA except Psychiatry; MM | ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 2 | PA; LDD; AL |
| paroxetine mesylate oral capsule | 3 | | PULMOZYME INHALATION SOLUTION | 2 | |
| perphenazine-amitriptyline oral tablet | 1 | MM; AL | SYMDEKO ORAL TABLET THERAPY PACK | 2 | PA; LDD; AL |
| pimozide oral tablet | 1 | MM; AL | TRIKAFTA ORAL TABLET THERAPY PACK | 2 | PA; SP |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; SP; PA except Neurology | *Sulfonamides* | | |
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; PA except Neurology | sulfadiazine oral tablet | 1 | |
| PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA; SP; PA except Neurology | *Tetracyclines* | | |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; PA except Neurology | demeclocycline hcl oral tablet | 3 | |
| REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; PA except Neurology | doxycycline hyclate oral capsule | 1 | DF |
| REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA; SP; PA except Neurology | doxycycline hyclate oral tablet 100 mg, 50 mg | 1 | |
| REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; PA except Neurology | doxycycline hyclate oral tablet 20 mg | 1 | DF |
| REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA; SP; PA except Neurology | doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| rivastigmine tartrate oral capsule | 3 | MM | doxycycline monohydrate oral suspension reconstituted | 2 | PA |
| rivastigmine transdermal patch 24 hour | 3 | MM | minocycline hcl oral capsule | 1 | |
| SAVELLA ORAL TABLET | 2 | MM | tetracycline hcl oral capsule | 1 | |
| SAVELLA TITRATION PACK ORAL | 2 | | *Thyroid Agents* | | |
| TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA; LDD | ARMOUR THYROID ORAL TABLET | 2 | MM |
| tetrabenazine oral tablet 12.5 mg | 1 | PA; LDD; QL (90 EA Max Qty Per Fill Retail) | EUTHYROX ORAL TABLET | 1 | MM |
| tetrabenazine oral tablet 25 mg | 1 | PA; LDD; QL (120 EA Max Qty Per Fill Retail) | levothyroxine sodium oral tablet | 1 | MM |
| VUMERITY ORAL CAPSULE DELAYED RELEASE | 3 | PA; SP | liothyronine sodium oral tablet | 1 | MM |
| XYREM ORAL SOLUTION | 3 | PA; LDD; PA except neurology, psychiatry and sleep medicine | methimazole oral tablet | 1 | MM |
| ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK | 2 | PA; SP; PA except neurology | NATURE-THROID ORAL TABLET | 3 | MM |
| ZEPOSIA ORAL CAPSULE | 2 | PA; SP; PA except neurology | np thyroid oral tablet | 1 | MM |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK | 2 | PA; SP; PA except neurology | propylthiouracil oral tablet | 1 | MM |
| *Respiratory Agents - Misc.* | | | SYNTHROID ORAL TABLET | 2 | MM |
| ESBRIET ORAL CAPSULE | 3 | PA; SP; QL (270 EA per 30 days) | UNITHROID ORAL TABLET | 1 | MM |
| ESBRIET ORAL TABLET | 3 | PA; SP; QL (270 EA per 30 days) | WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG | 3 | MM |
| KALYDECO ORAL PACKET | 2 | PA; LDD | WP THYROID ORAL TABLET | 3 | MM |
| KALYDECO ORAL TABLET | 2 | PA; LDD | *Ulcer Drugs/Antispasmodics/Anticholinergics* | | |
| | | | amoxicill-clarithro-lansopraz oral | 3 | |
| | | | belladonna alkaloids-opium rectal suppository 16.2-60 mg | 1 | AL |
| | | | chlordiazepoxide-clidinium oral capsule | 1 | AL |
| | | | cimetidine hcl oral solution | 1 | MM |
| | | | cimetidine oral tablet 300 mg, 400 mg, 800 mg | 1 | MM |
| | | | CUVPOSA ORAL SOLUTION | 3 | ST |
| | | | dicyclomine hcl oral capsule | 1 | |
| | | | dicyclomine hcl oral solution | 1 | |
| | | | dicyclomine hcl oral tablet | 1 | |
| | | | esomeprazole magnesium oral capsule delayed release | 1 | MM |
| | | | famotidine oral suspension reconstituted | 1 | MM |
| | | | famotidine oral tablet 20 mg, 40 mg | 1 | MM |

| Drug Name | Tier | Notes | Drug Name | Tier | Notes |
|--|------|---------------------------|--|------|-------------------------|
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | | GYNAZOLE-1 VAGINAL CREAM | 3 | |
| hyoscyamine sulfate er oral tablet extended release 12 hour | 1 | MM; AL | metronidazole vaginal gel | 1 | |
| hyoscyamine sulfate oral elixir | 1 | MM; AL | miconazole 3 vaginal suppository | 3 | |
| hyoscyamine sulfate oral tablet | 1 | MM; AL | NUVESA VAGINAL GEL | 3 | |
| hyoscyamine sulfate oral tablet dispersible | 1 | MM; AL | PREMARIN VAGINAL CREAM | 2 | |
| hyoscyamine sulfate sublingual tablet sublingual | 1 | MM; AL | terconazole vaginal cream | 3 | |
| lansoprazole oral capsule delayed release 30 mg | 1 | MM | terconazole vaginal suppository | 3 | |
| methscopolamine bromide oral tablet | 3 | | YUVAFEM VAGINAL TABLET | 1 | |
| misoprostol oral tablet | 1 | MM | *Vasopressors* | | |
| nizatidine oral capsule | 3 | MM | epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml | 1 | QL (2 pens per 30 days) |
| nizatidine oral solution | 3 | MM | midodrine hcl oral tablet | 1 | |
| omeprazole oral capsule delayed release | 1 | MM | NORTHERA ORAL CAPSULE | 3 | PA; LDD |
| pantoprazole sodium oral tablet delayed release | 1 | MM | SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE | 2 | QL (2 pens per 30 Days) |
| propranolol hydrochloride oral tablet | 1 | | *Vitamins* | | |
| PYLERA ORAL CAPSULE | 3 | | ergocalciferol oral capsule | 1 | MM |
| rabeprazole sodium oral tablet delayed release | 1 | MM | phytonadione oral tablet | 1 | |
| sucralfate oral suspension | 3 | | vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) | 1 | MM |
| sucralfate oral tablet | 1 | MM | | | |
| TALICIA ORAL CAPSULE DELAYED RELEASE | 3 | PA | | | |
| *Urinary Antispasmodics* | | | | | |
| bethanechol chloride oral tablet | 1 | | | | |
| darifenacin hydrobromide er oral tablet extended release 24 hour | 3 | MM; AL | | | |
| flavoxate hcl oral tablet | 1 | MM | | | |
| GELNIQUE TRANSDERMAL GEL 10 % | 3 | MM | | | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR | 2 | MM | | | |
| oxybutynin chloride er oral tablet extended release 24 hour | 1 | MM | | | |
| oxybutynin chloride oral syrup | 1 | MM | | | |
| oxybutynin chloride oral tablet | 1 | MM | | | |
| solifenacin succinate oral tablet | 1 | MM; AL | | | |
| tolterodine tartrate er oral capsule extended release 24 hour | 1 | MM; AL | | | |
| tolterodine tartrate oral tablet | 1 | MM; AL | | | |
| trospium chloride er oral capsule extended release 24 hour | 1 | MM; AL | | | |
| trospium chloride oral tablet | 1 | MM; AL | | | |
| *Vaginal And Related Products* | | | | | |
| CLEOCIN VAGINAL SUPPOSITORY | 2 | | | | |
| clindamycin phosphate vaginal cream | 1 | | | | |
| ENDOMETRIN VAGINAL INSERT | 2 | QL (4 fills per 365 days) | | | |
| estradiol vaginal cream | 1 | | | | |
| estradiol vaginal tablet | 1 | | | | |
| ESTRING VAGINAL RING | 2 | MM | | | |
| FEM PH VAGINAL GEL | 3 | | | | |
| FEMRING VAGINAL RING | 3 | | | | |

INDEX

| | | | | | |
|-------------------------------------|--------|-------------------------------------|--------|-------------------------------------|--------|
| abacavir sulfate..... | 15 | amcinonide..... | 20 | atomoxetine hcl..... | 3 |
| abacavir sulfate-lamivudine..... | 15 | AMETHIA..... | 18 | atorvastatin calcium..... | 11 |
| abacavir-lamivudine-zidovudine..... | 15 | AMETHIA LO..... | 18 | atovaquone..... | 12 |
| ABILIFY MYCITE..... | 15 | amiloride hcl..... | 23 | atovaquone-proguanil hcl..... | 13 |
| abiraterone acetate..... | 13 | amiloride-hydrochlorothiazide..... | 23 | atropine sulfate..... | 28 |
| ABSORICA..... | 20 | aminoacetic acid..... | 25 | ATROVENT HFA..... | 7 |
| acamprosate calcium..... | 30 | aminocaproic acid..... | 26 | AUBAGIO..... | 30 |
| acarbose..... | 9 | amiodarone hcl..... | 6 | AUBRA..... | 18 |
| acebutolol hcl..... | 17 | AMITIZA..... | 24 | AURYXIA..... | 24 |
| acetaminophen-codeine..... | 4 | amitriptyline hcl..... | 8 | AUSTEDO..... | 30 |
| acetaminophen-codeine #2..... | 4 | amlodipine besy-benazepril hcl..... | 11 | AVANDIA..... | 9 |
| acetaminophen-codeine #3..... | 4 | amlodipine besylate..... | 17 | AVIANE..... | 18 |
| acetaminophen-codeine #4..... | 4 | amlodipine besylate-valsartan..... | 11 | AVONEX PEN..... | 30 |
| acetazolamide..... | 23 | amlodipine-atorvastatin..... | 17 | AVONEX PREFILLED..... | 30 |
| acetazolamide er..... | 23 | amlodipine-olmesartan..... | 11 | AYVAKIT..... | 13 |
| acetic acid..... | 25, 29 | amlodipine-valsartan-hctz..... | 11 | AZASAN..... | 27 |
| acetylcysteine..... | 20 | ammonium lactate..... | 20 | azathioprine..... | 27 |
| acitretin..... | 20 | AMNESTEEM..... | 20 | azelaic acid..... | 20 |
| ACTEMRA..... | 3 | amoxapine..... | 8 | azelastine hcl..... | 28 |
| ACTEMRA ACTPEN..... | 3 | amoxicill-clarithro-lansopraz..... | 31 | AZELEX..... | 20 |
| acyclovir..... | 15, 20 | amoxicillin..... | 29, 30 | azithromycin..... | 26 |
| adapalene..... | 20 | amoxicillin-pot clavulanate..... | 30 | AZOPT..... | 28 |
| adefovir dipivoxil..... | 15 | amoxicillin-pot clavulanate er..... | 30 | AZURETTE..... | 18 |
| ADEMPAS..... | 17 | amphetamine-dextroamphet er..... | 3 | bacitracin-polymyxin b..... | 28 |
| ADRENALIN..... | 28 | amphetamine-dextroamphetamine..... | 3 | baclofen..... | 28 |
| ADVAIR HFA..... | 6 | ampicillin..... | 30 | BAFIERTAM..... | 30 |
| AEMCOLO..... | 12 | ANACAINE..... | 20 | balanced salt..... | 28 |
| AFEDITAB CR..... | 17 | ANADROL-50..... | 5 | BALCOLTRA..... | 18 |
| AFINITOR..... | 13 | anagrelide hcl..... | 25 | balsalazide disodium..... | 24 |
| AFINITOR DISPERZ..... | 13 | anastrozole..... | 13 | BALVERSA..... | 13 |
| AIMOVIG..... | 26 | ANDRODERM..... | 5 | BALZIVA..... | 18 |
| AJOVY..... | 26 | ANGELIQ..... | 24 | BANZEL..... | 7 |
| AKLIEF..... | 20 | ANNOVERA..... | 18 | BAQSIMI ONE PACK..... | 9 |
| AKYNZEO..... | 10 | ANZEMET..... | 10 | BAQSIMI TWO PACK..... | 9 |
| ALAWAY..... | 28 | APOKYN..... | 14 | BARACLUDE..... | 16 |
| ALAWAY CHILDRENS ALLERGY..... | 28 | apraclonidine hcl..... | 28 | BEKYREE..... | 18 |
| albendazole..... | 6 | aprepitant..... | 10 | belladonna alkaloids-opium..... | 31 |
| albuterol sulfate..... | 6 | APRI..... | 18 | BELSOMRA..... | 26 |
| albuterol sulfate er..... | 6 | APTIOM..... | 7 | benazepril hcl..... | 11 |
| alclometasone dipropionate..... | 20 | APTIVUS..... | 15, 16 | benazepril-hydrochlorothiazide..... | 12 |
| ALECENSA..... | 13 | ARANELLE..... | 18 | BENLYSTA..... | 27 |
| alendronate sodium..... | 23 | ARANESP (ALBUMIN FREE)..... | 25 | benznidazole..... | 6 |
| alfuzosin hcl er..... | 25 | ARAZLO..... | 20 | benzonatate..... | 20 |
| ALINIA..... | 12 | ARCALYST..... | 3 | benzoyl peroxide..... | 20 |
| aliskiren fumarate..... | 11 | ARCAPTA NEOHALER..... | 6 | benztropine mesylate..... | 14 |
| allopurinol..... | 25 | ARIKAYCE..... | 3 | BEPREVE..... | 28 |
| almotriptan malate..... | 26 | aripiprazole..... | 15 | BETADINE OPHTHALMIC PREP..... | 28 |
| ALOCRI..... | 28 | armodafinil..... | 3 | betamethasone dipropionate..... | 20 |
| ALOMIDE..... | 28 | ARMOUR THYROID..... | 31 | betamethasone dipropionate aug..... | 20 |
| alosetron hcl..... | 24 | ARNUITY ELLIPTA..... | 6 | betamethasone valerate..... | 20 |
| ALPHAGAN P..... | 28 | ASHLYNA..... | 18 | betaxolol hcl..... | 17, 28 |
| alprazolam..... | 6 | ASMANEX (120 METERED DOSES)..... | 6 | bethanechol chloride..... | 32 |
| alprazolam er..... | 6 | ASMANEX (14 METERED DOSES)..... | 6 | BETHKIS..... | 3 |
| alprazolam intensol..... | 6 | ASMANEX (30 METERED DOSES)..... | 6 | bexarotene..... | 13 |
| alprazolam xr..... | 6 | ASMANEX (60 METERED DOSES)..... | 6 | bicalutamide..... | 13 |
| ALTABAX..... | 20 | ASMANEX (7 METERED DOSES)..... | 6 | BIDIL..... | 17 |
| ALTAVERA..... | 18 | ASMANEX HFA..... | 6 | BIKTARVY..... | 16 |
| ALUNBRIG..... | 13 | aspirin-dipyridamole er..... | 25 | bimatoprost..... | 28 |
| alyacen 1/35..... | 18 | ASTAGRAF XL..... | 27 | BINOSTO..... | 23 |
| alyacen 7/7/7..... | 18 | atazanavir sulfate..... | 16 | bisoprolol fumarate..... | 17 |
| amantadine hcl..... | 14 | atenolol..... | 17 | bisoprolol-hydrochlorothiazide..... | 12 |
| ambrisentan..... | 17 | atenolol-chlorthalidone..... | 11 | BLEPHAMIDE..... | 28 |

| | | | | | |
|--------------------------------|-----------|--------------------------------|------------|--------------------------------|-----------|
| BLEPHAMIDE S.O.P. | 28 | CAYSTON | 12 | clindamycin phos-benzoyl perox | 20 |
| BLISOVI 24 FE | 18 | CAZANT | 18 | clindamycin phosphate | 20, 32 |
| BLISOVI FE 1.5/30 | 18 | cefaclor | 18 | CLINPRO 5000 | 27 |
| BONJESTA | 10 | cefadroxil | 18 | clobazam | 8 |
| bosentan | 17 | cefdinir | 18 | clobetasol propionate | 20 |
| BOSULIF | 13 | cefixime | 18 | clobetasol propionate e | 20 |
| BRAFTOVI | 13 | cefpodoxime proxetil | 18 | clomiphene citrate | 23 |
| briellyn | 18 | cefprozil | 18 | clomipramine hcl | 8 |
| BRILINTA | 25 | cefuroxime axetil | 18 | clonazepam | 8 |
| brimonidine tartrate | 28 | celecoxib | 3 | clonidine | 12 |
| BRIVIACT | 7, 8 | CELONTIN | 8 | clonidine hcl | 12 |
| bromfenac sodium (once-daily) | 28 | cephalexin | 18 | clonidine hcl er | 3 |
| bromocriptine mesylate | 14 | CERDELGA | 25 | clopidogrel bisulfate | 25 |
| BROVANA | 7 | cervidil | 29 | clorazepate dipotassium | 6 |
| BRUKINSA | 13 | CESIA | 18 | clotrimazole | 20, 27 |
| BRYHALI | 20 | CETROTIDE | 23 | clotrimazole-betamethasone | 21 |
| budesonide | 7, 19, 28 | cevimeline hcl | 27 | clozapine | 15 |
| budesonide er | 19 | CHANTIX | 30 | coal tar | 21 |
| bumetanide | 23 | CHANTIX CONTINUING MONTH PAK | 30 | COARTEM | 13 |
| buprenorphine | 4 | CHANTIX STARTING MONTH PAK | 30 | codeine sulfate | 4 |
| buprenorphine hcl-naloxone hcl | 4 | CHATEAL | 18 | colchicine | 25 |
| bupropion hcl | 8 | CHENODAL | 24 | colchicine-probenecid | 25 |
| bupropion hcl er (smoking det) | 30 | chlordiazepoxide hcl | 6 | colesevelam hcl | 11 |
| bupropion hcl er (sr) | 8 | chlordiazepoxide-amitriptyline | 30 | colestipol hcl | 11 |
| bupropion hcl er (xl) | 8 | chlordiazepoxide-clidinium | 31 | COMBIGAN | 28 |
| buspirone hcl | 6 | chlorhexidine gluconate | 17 | COMBIPATCH | 24 |
| butalbital-acetaminophen | 4 | chloroquine phosphate | 23 | COMBIVENT RESPIMAT | 7 |
| butalbital-apap-caff-cod | 4 | chlorthalidone | 23 | COMETRIQ (60 MG DAILY DOSE) | 13 |
| butalbital-apap-caffeine | 4 | chlorzoxazone | 28 | COMPLERA | 16 |
| butalbital-asa-caff-codeine | 4 | CHOLBAM | 24 | COMPRO | 15 |
| butorphanol tartrate | 4 | cholestyramine | 11 | COPAXONE | 30 |
| BYSTOLIC | 17 | cholestyramine light | 11 | COPIKTRA | 13 |
| cabergoline | 23 | chorionic gonadotropin | 23 | CORLANOR | 17 |
| CABOMETYX | 13 | ciclopirox | 20 | cortisone acetate | 19 |
| calcipotriene | 20 | ciclopirox olamine | 20 | COSENTYX | 21 |
| calcipotriene-betameth diprop | 20 | cilostazol | 25 | COSENTYX (300 MG DOSE) | 21 |
| calcitonin (salmon) | 23 | CIMDUO | 16 | COSENTYX SENSOREADY (300 MG) | 21 |
| calcitriol | 20, 23 | cimetidine | 31 | COSENTYX SENSOREADY PEN | 21 |
| calcium acetate (phos binder) | 24 | cimetidine hcl | 31 | COTELLIC | 13 |
| CALQUENCE | 13 | CIMZIA | 24 | COTEMPLA XR-ODT | 3 |
| CAMILA | 18 | CIMZIA PREFILLED | 24 | COVARYX | 24 |
| CAMRESE | 18 | CIMZIA STARTER KIT | 24 | COVARYX HS | 24 |
| CAMRESE LO | 18 | cinacalcet hcl | 23 | CREON | 22 |
| candesartan cilexetil | 12 | CIPRO | 24 | CRIXIVAN | 16 |
| candesartan cilexetil-hctz | 12 | CIPRO HC | 29 | cromolyn sodium | 7, 24, 28 |
| capecitabine | 13 | ciprofloxacin hcl | 24, 28, 29 | CROTAN | 21 |
| CAPLYTA | 15 | ciprofloxacin-dexamethasone | 29 | CRYSELLE-28 | 18 |
| CAPRELSA | 13 | cialopram hydrobromide | 8 | CUVPOSA | 31 |
| captopril-hydrochlorothiazide | 12 | CITRANATAL 90 DHA | 27 | cyanocobalamin | 25 |
| CARBAGLU | 23 | CITRANATAL ASSURE | 27 | CYCLAFEM 1/35 | 18 |
| carbamazepine | 8 | CITRANATAL B-CALM | 27 | CYCLAFEM 7/7/7 | 18 |
| carbamazepine er | 8 | CITRANATAL BLOOM | 27 | cyclobenzaprine hcl | 28 |
| carbidopa | 14 | CITRANATAL DHA | 27 | cyclophosphamide | 13 |
| carbidopa-levodopa | 14 | CITRANATAL HARMONY | 27 | CYCLOSET | 9 |
| carbidopa-levodopa er | 14 | CITRANATAL RX | 27 | cyclosporine | 27 |
| carbidopa-levodopa-entacapone | 14 | CLARAVIS | 20 | cyclosporine modified | 27 |
| carbinoxamine maleate | 11 | CLARINEX-D 12 HOUR | 20 | cyproheptadine hcl | 11 |
| CARDURA XL | 25 | clarithromycin | 26 | CYRED | 18 |
| carteolol hcl | 28 | clarithromycin er | 26 | CYSTADANE | 23 |
| CARTIA XT | 17 | CLENPIQ | 26 | CYSTAGON | 25 |
| carvedilol | 17 | CLEOCIN | 32 | CYSTARAN | 28 |
| carvedilol phosphate er | 17 | clindamycin hcl | 12 | dalfampridine er | 30 |
| CAVERJECT | 17 | clindamycin palmitate hcl | 12 | DALIRESP | 7 |
| CAVERJECT IMPULSE | 17 | | | danazol | 5 |

| | | | | | |
|--------------------------------------|--------|--------------------------------------|-------|-------------------------------------|--------|
| dantrolene sodium | 28 | disopyramide phosphate | 6 | enoxaparin sodium | 7 |
| dapsone | 12, 21 | disulfiram | 30 | ENPRESSE-28 | 18 |
| darifenacin hydrobromide er | 32 | DIURIL | 23 | ENSKYCE | 18 |
| DASETTA 1/35 | 18 | divalproex sodium | 8 | ENSPRYNG | 27 |
| DASETTA 7/7/7 | 18 | divalproex sodium er | 8 | entacapone | 15 |
| DAURISMO | 13 | dobells | 27 | entecavir | 16 |
| DAYSEE | 18 | dofetilide | 6 | ENTRESTO | 17 |
| DAYTRANA | 3 | donepezil hcl | 30 | ENVARCUS XR | 27 |
| DAYVIGO | 26 | DOPTelet | 25 | EPANED | 12 |
| DEBACTEROL | 27 | dorzolamide hcl | 28 | EPCLUSA | 16 |
| DEBLITANE | 18 | dorzolamide hcl-timolol mal | 28 | EPIDIOLEX | 8 |
| deferasirox | 10 | DOVATO | 16 | EPIDUO FORTE | 21 |
| deferasirox granules | 10 | doxazosin mesylate | 12 | epinastine hcl | 28 |
| deferiprone | 10 | doxepin hcl | 9, 26 | epinephrine | 32 |
| DELSTRIGO | 16 | doxercalciferol | 23 | EPIVIR HBV | 16 |
| DELYLA | 18 | doxycycline hyclate | 31 | eplerenone | 12 |
| demeclocycline hcl | 31 | doxycycline monohydrate | 31 | EQUETRO | 15 |
| DESCOVY | 16 | doxylamine-pyridoxine | 10 | ergocalciferol | 32 |
| desipramine hcl | 8 | DRITHO-CREME HP | 21 | ergoloid mesylates | 30 |
| desloratadine | 11 | dronabinol | 10 | ERGOMAR | 26 |
| desmopressin ace spray refrig | 23 | drospiren-eth estrad-levomefol | 18 | ERIVEDGE | 13 |
| desmopressin acetate | 23 | drospirenone-ethinyl estradiol | 18 | ERLEADA | 13 |
| desmopressin acetate spray | 23 | DROXIA | 25 | erlotinib hcl | 13 |
| desogestrel-ethinyl estradiol | 18 | DRYSOL | 21 | ERRIN | 18 |
| desonide | 21 | DUAVEE | 24 | ERTACZO | 21 |
| desoximetasone | 21 | duloxetine hcl | 9 | ERYTHROCIN STEARATE | 26 |
| desvenlafaxine succinate er | 8 | DUOBRII | 21 | erythromycin | 21, 28 |
| dexamethasone | 19 | DUOPA | 15 | erythromycin base | 26 |
| dexamethasone intensol | 19 | DUPIXENT | 21 | erythromycin ethylsuccinate | 26 |
| dexamethasone sodium phosphate | 28 | dutasteride | 25 | ESBRIET | 31 |
| dexmethylphenidate hcl | 3 | dutasteride-tamsulosin hcl | 25 | escitalopram oxalate | 9 |
| dexmethylphenidate hcl er | 3 | econazole nitrate | 21 | esomeprazole magnesium | 31 |
| dextroamphetamine sulfate | 3 | EDARBI | 12 | est estrogens-methyltest | 24 |
| dextroamphetamine sulfate er | 3 | EDARBYCLOR | 12 | est estrogens-methyltest ds | 24 |
| DIACOMIT | 8 | EDEX | 17 | est estrogens-methyltest hs | 24 |
| DIALYVITE | 27 | EDURANT | 16 | ESTARYLLA | 18 |
| diazepam | 6, 8 | efavirenz | 16 | estazolam | 26 |
| diazepam intensol | 6 | efavirenz-emtricitab-tenofovir | 16 | estradiol | 24, 32 |
| diazoxide | 9 | efavirenz-lamivudine-tenofovir | 16 | estradiol-norethindrone acet | 24 |
| diclofenac potassium | 3 | ELESTRIN | 24 | ESTRING | 32 |
| diclofenac sodium | 3, 28 | eletriptan hydrobromide | 26 | ESTROGEL | 24 |
| diclofenac sodium er | 3 | ELINEST | 18 | eszopiclone | 26 |
| dicloxacillin sodium | 30 | ELIQUIS | 7 | ethacrynic acid | 23 |
| dicyclomine hcl | 31 | ELIQUIS DVT/PE STARTER PACK | 7 | ethambutol hcl | 13 |
| didanosine | 16 | ELIXOPHYLLIN | 7 | ethosuximide | 8 |
| DIFICID | 26 | ELLA | 18 | ethynodiol diac-eth estradiol | 18 |
| diflorasone diacetate | 21 | ELMIRON | 25 | etodolac | 3, 4 |
| diflunisal | 4 | EMCYT | 13 | etodolac er | 3 |
| DIGITEK | 17 | EMEND | 10 | etoposide | 13 |
| DIGOX | 17 | EMFLAZA | 19 | EUCRISA | 21 |
| digoxin | 17 | EMGALITY | 26 | EUTHYROX | 31 |
| dihydroergotamine mesylate | 26 | EMGALITY (300 MG DOSE) | 26 | EVAMIST | 24 |
| DILANTIN | 8 | EMOQUETTE | 18 | everolimus | 13, 27 |
| DILATRATE-SR | 6 | EMSAM | 9 | EVOTAZ | 16 |
| diltiazem hcl | 17 | emtricitabine | 16 | EVRYSDI | 28 |
| diltiazem hcl er | 17 | emtricitabine-tenofovir df | 16 | exemestane | 13 |
| diltiazem hcl er beads | 17 | EMTRIVA | 16 | EXTAVIA | 30 |
| diltiazem hcl er coated beads | 17 | EMVERM | 6 | ezetimibe | 11 |
| dilt-xr | 17 | enalapril maleate | 12 | ezetimibe-simvastatin | 11 |
| dimethyl fumarate | 30 | enalapril-hydrochlorothiazide | 12 | FABIOR | 21 |
| dimethyl fumarate starter pack | 30 | ENBREL | 3 | FALMINA | 18 |
| diphenhydramine hcl | 11 | ENBREL MINI | 3 | famciclovir | 16 |
| diphenoxylate-atropine | 10 | ENBREL SURECLICK | 3 | famotidine | 31 |
| dipyridamole | 25 | ENDOMETRIN | 32 | FANAPT | 15 |

| | | | | | |
|------------------------------|--------|-----------------------------|--------|--------------------------------|-----------|
| FANAPT TITRATION PACK | 15 | furosemide | 23 | HUMALOG KWIKPEN | 9 |
| FARYDAK | 13 | FUZEON | 16 | HUMALOG MIX 50/50 | 9 |
| FASENRA PEN | 7 | FYCOMPA | 8 | HUMALOG MIX 50/50 KWIKPEN | 9 |
| FAYOSIM | 18 | gabapentin | 8 | HUMALOG MIX 75/25 | 9 |
| febuxostat | 25 | GALAFOLD | 23 | HUMALOG MIX 75/25 KWIKPEN | 9 |
| felbamate | 8 | galantamine hydrobromide | 30 | HUMIRA | 4 |
| felodipine er | 17 | galantamine hydrobromide er | 30 | HUMIRA PEDIATRIC CROHNS START | 4 |
| FEM PH | 32 | GALZIN | 27 | HUMIRA PEN | 4 |
| FEMRING | 32 | ganirelix acetate | 23 | HUMIRA PEN-CD/UC/HS STARTER | 4 |
| FEMYNOR | 18 | GATTEX | 24 | HUMIRA PEN-PS/UV/ADOL HS START | 4 |
| fenofibrate | 11 | GAVRETO | 13 | HUMULIN 70/30 | 9 |
| fenofibrate micronized | 11 | GELNIQUE | 32 | HUMULIN 70/30 KWIKPEN | 9 |
| fenofibric acid | 11 | gemfibrozil | 11 | HUMULIN N | 9 |
| fenopropfen calcium | 4 | GEMMILY | 18 | HUMULIN N KWIKPEN | 9 |
| fentanyl | 5 | GENGRAF | 27 | HUMULIN R | 9 |
| fentanyl citrate | 4, 5 | GENTROPIN | 23 | HUMULIN R U-500 (CONCENTRATED) | 9 |
| ferraplus 90 | 25 | GENOTROPIN MINIQUICK | 23 | HUMULIN R U-500 KWIKPEN | 9 |
| FERRIPROX | 10 | gentamicin sulfate | 21, 28 | HYCAMTIN | 13 |
| FERRIPROX TWICE-A-DAY | 10 | GENVOYA | 16 | hydralazine hcl | 12 |
| FETZIMA | 9 | GIANVI | 18 | hydrochlorothiazide | 23 |
| FINACEA | 21 | GILENYA | 30 | hydrocod polst-cpm polst er | 20 |
| finasteride | 25 | GILOTRIF | 13 | hydrocodone-acetaminophen | 5 |
| FINTEPLA | 8 | glatiramer acetate | 30 | hydrocodone-homatropine | 20 |
| FIRDAPSE | 13 | GLATOPA | 30 | hydrocodone-ibuprofen | 5 |
| FIRVANQ | 12 | GLEOSTINE | 13 | hydrocortisone | 6, 19, 21 |
| FLAREX | 28 | glimepiride | 9 | hydrocortisone acetate | 6 |
| flavoxate hcl | 32 | glipizide | 9 | hydrocortisone butyrate | 21 |
| flecainide acetate | 6 | glipizide er | 9 | hydrocortisone valerate | 21 |
| FLOVENT DISKUS | 7 | glipizide xl | 9 | hydrocortisone-acetic acid | 29 |
| FLOVENT HFA | 7 | glipizide-metformin hcl | 9 | hydromorphone hcl | 5 |
| fluconazole | 11 | GLUCAGEN HYPOKIT | 9 | hydromorphone hcl er | 5 |
| flucytosine | 11 | glucagon emergency | 9 | hydroxychloroquine sulfate | 13 |
| fludrocortisone acetate | 19 | glyburide | 9 | hydroxyurea | 13 |
| flunisolide | 28 | glyburide micronized | 9 | hydroxyzine hcl | 6 |
| fluocinolone acetonide | 21, 29 | glyburide-metformin | 9 | hydroxyzine pamoate | 6 |
| fluocinolone acetonide body | 21 | glycine | 25 | hyoscyamine sulfate | 32 |
| fluocinolone acetonide scalp | 21 | glycine urologic | 25 | hyoscyamine sulfate er | 32 |
| fluocinonide | 21 | glycopyrrolate | 32 | HYSINGLA ER | 5 |
| fluorometholone | 28 | GLYXAMBI | 9 | ibandronate sodium | 23 |
| fluorouracil | 21 | GOCOVRI | 15 | IBRANCE | 13 |
| fluoxetine hcl | 9 | GRALISE | 30 | ibuprofen | 4 |
| fluphenazine hcl | 15 | granisetron hcl | 10 | icatibant acetate | 25 |
| flurandrenolide | 21 | GRASTEK | 3 | ICLUSIG | 13 |
| flurazepam hcl | 26 | griseofulvin microsize | 11 | icosapent ethyl | 11 |
| flurbiprofen | 4 | griseofulvin ultramicrosize | 11 | IDHIFA | 13 |
| flurbiprofen sodium | 28 | guanfacine hcl | 12 | imatinib mesylate | 13 |
| flutamide | 13 | guanfacine hcl er | 3 | IMBRUVICA | 13 |
| fluticasone propionate | 21, 28 | guanidine hcl | 13 | imipramine hcl | 9 |
| fluticasone-salmeterol | 7 | GVOKE HYPOPEN 1-PACK | 9 | imiquimod | 21 |
| fluvastatin sodium | 11 | GVOKE HYPOPEN 2-PACK | 9 | INBRIJA | 15 |
| fluvoxamine maleate | 9 | GVOKE PFS | 9 | INCRELEX | 23 |
| fluvoxamine maleate er | 9 | GYNAZOLE-1 | 32 | indapamide | 23 |
| FML | 28 | HAEGARDA | 25 | indomethacin | 4 |
| FML FORTE | 28 | halobetasol propionate | 21 | indomethacin er | 4 |
| folic acid | 25 | haloperidol | 15 | INGREZZA | 30 |
| FOLLISTIM AQ | 23 | haloperidol lactate | 15 | INLYTA | 13 |
| fondaparinux sodium | 7 | HARVONI | 16 | INQOVI | 13 |
| FORTEO | 23 | HEATHER | 18 | INREBIC | 13 |
| fosamprenavir calcium | 16 | HEMANGEOL | 17 | INTELENCE | 16 |
| fosfomycin tromethamine | 12 | hematinic plus vit/minerals | 25 | INTRON A | 13 |
| fosinopril sodium | 12 | HETLIOZ | 26 | INTROVALE | 18 |
| fosinopril sodium-hctz | 12 | HORIZANT | 30 | INVELTYS | 28 |
| FRAGMIN | 7 | HUMALOG | 9 | INVIRASE | 16 |
| frovatriptan succinate | 26 | HUMALOG JUNIOR KWIKPEN | 9 | INVOKAMET | 9 |

| | | | | | |
|--------------------------------------|--------|--------------------------------------|--------|--------------------------------------|--------|
| INVOKAMET XR | 9 | KYNMOBI | 15 | lidocaine hcl | 21 |
| INVOKANA | 9 | KYNMOBI TITRATION KIT | 15 | lidocaine-hydrocortisone ace | 6 |
| iodine strong | 27 | labetalol hcl | 17 | lidocaine-prilocaine | 21 |
| iodoquinol-hydrocortisone-aloe | 21 | LACRISERT | 29 | LIDOCARE ARM/NECK/LEG | 21 |
| ipratropium bromide | 7, 28 | lactated ringers | 27 | LIDOCARE BACK/SHOULDER | 21 |
| ipratropium-albuterol | 7 | lactulose | 26 | lindane | 21 |
| irbesartan | 12 | lactulose encephalopathy | 24 | linezolid | 12 |
| irbesartan-hydrochlorothiazide | 12 | lamivudine | 16 | LINZESS | 24 |
| IRESSA | 13 | lamivudine-zidovudine | 16 | liothyronine sodium | 31 |
| ISENTRESS | 16 | lamotrigine | 8 | lisinopril | 12 |
| ISENTRESS HD | 16 | lamotrigine er | 8 | lisinopril-hydrochlorothiazide | 12 |
| isoniazid | 13 | lamotrigine starter kit-blue | 8 | lithium carbonate | 15 |
| ISORDIL TITRADOSE | 6 | lamotrigine starter kit-green | 8 | lithium carbonate er | 15 |
| isosorbide dinitrate | 6 | lamotrigine starter kit-orange | 8 | LITHOSTAT | 25 |
| isosorbide mononitrate | 6 | LAMPIT | 12 | LIVALO | 11 |
| isosorbide mononitrate er | 6 | LANOXIN | 17 | LO LOESTRIN FE | 19 |
| isotretinoin | 21 | lansoprazole | 32 | LOKELMA | 27 |
| isoxsuprine hcl | 17 | lanthanum carbonate | 24 | LONSURF | 14 |
| isradipine | 17 | LANTUS | 10 | loperamide hcl | 10 |
| ISTURISA | 23 | LANTUS SOLOSTAR | 10 | lopinavir-ritonavir | 16 |
| itraconazole | 11 | lapatinib ditosylate | 13 | lorazepam | 6 |
| ivermectin | 6 | LARIN 1.5/30 | 18 | lorazepam intensol | 6 |
| JAKAFI | 13 | LARIN 1/20 | 18 | LORBRENA | 14 |
| JANTOVEN | 7 | LARIN 24 FE | 18 | LORYNA | 19 |
| JARDIANCE | 9 | LARIN FE 1.5/30 | 18 | losartan potassium | 12 |
| JENCYCLA | 18 | LARIN FE 1/20 | 18 | losartan potassium-hctz | 12 |
| JENTADUETO | 9 | LARISSIA | 18 | lovastatin | 11 |
| JENTADUETO XR | 10 | LASTACAFT | 29 | LOW-OGESTREL | 19 |
| JINTELI | 24 | latanoprost | 29 | loxapine succinate | 15 |
| JOLESSA | 18 | LATUDA | 15 | LUCEMYRA | 30 |
| JUBLIA | 21 | LAZANDA | 5 | LUMIGAN | 29 |
| JULEBER | 18 | ledipasvir-sofosbuvir | 16 | LUTERA | 19 |
| JULUCA | 16 | LEENA | 18 | LYNPARZA | 14 |
| JUNEL 1.5/30 | 18 | leflunomide | 4 | LYRICA CR | 30 |
| JUNEL 1/20 | 18 | LENVIMA (10 MG DAILY DOSE) | 13 | LYSODREN | 14 |
| JUNEL FE 1.5/30 | 18 | LENVIMA (12 MG DAILY DOSE) | 13 | LYUMJEV | 10 |
| JUNEL FE 1/20 | 18 | LENVIMA (14 MG DAILY DOSE) | 14 | LYUMJEV KWIKPEN | 10 |
| JUNEL FE 24 | 18 | LENVIMA (18 MG DAILY DOSE) | 14 | LYZA | 19 |
| JUXTAPID | 11 | LENVIMA (20 MG DAILY DOSE) | 14 | mafenide acetate | 21 |
| JYNARQUE | 23 | LENVIMA (24 MG DAILY DOSE) | 14 | malathion | 21 |
| KALETRA | 16 | LENVIMA (4 MG DAILY DOSE) | 14 | maprotiline hcl | 9 |
| KALYDECO | 31 | LENVIMA (8 MG DAILY DOSE) | 14 | marlissa | 19 |
| KARIVA | 18 | LESSINA | 18 | MARPLAN | 9 |
| KELNOR 1/35 | 18 | letrozole | 14 | MATULANE | 14 |
| KESIMPTA | 30 | leucovorin calcium | 14 | MATZIM LA | 17 |
| ketoconazole | 11, 21 | LEUKERAN | 14 | MAVENCLAD (10 TABS) | 30 |
| ketoprofen er | 4 | levabuterol hcl | 7 | MAVENCLAD (4 TABS) | 30 |
| ketorolac tromethamine | 4, 29 | levabuterol tartrate | 7 | MAVENCLAD (5 TABS) | 30 |
| ketotifen fumarate | 29 | LEVEMIR | 10 | MAVENCLAD (6 TABS) | 30 |
| KEVEYIS | 23 | LEVEMIR FLEXTOUCH | 10 | MAVENCLAD (7 TABS) | 30 |
| KEVZARA | 4 | levetiracetam | 8 | MAVENCLAD (8 TABS) | 30 |
| KINERET | 4 | levetiracetam er | 8 | MAVENCLAD (9 TABS) | 30 |
| KIONEX | 27 | levobunolol hcl | 29 | MAVYRET | 16 |
| KISQALI (200 MG DOSE) | 13 | levocarnitine | 23 | MAXIDEX | 29 |
| KISQALI (400 MG DOSE) | 13 | levocetirizine dihydrochloride | 11 | MAYZENT | 30 |
| KISQALI (600 MG DOSE) | 13 | levofloxacin | 24, 29 | MAYZENT STARTER PACK | 30 |
| KISQALI FEMARA (400 MG DOSE) | 13 | LEVONEST | 18 | meclizine hcl | 10 |
| KISQALI FEMARA (600 MG DOSE) | 13 | levonorgest-eth estrad 91-day | 18 | MEDROX-RX | 21 |
| KISQALI FEMARA(200 MG DOSE) | 13 | levonorgestrel | 19 | medroxyprogesterone acetate | 30 |
| KITABIS PAK | 3 | levonorgestrel-ethinyl estrad | 19 | mefloquine hcl | 13 |
| KORLYM | 10 | LEVORA 0.15/30 (28) | 19 | megestrol acetate | 14, 30 |
| KOSELUGO | 13 | levothyroxine sodium | 31 | MEKINIST | 14 |
| KRISTALOSE | 26 | LEXIVA | 16 | MEKTOVI | 14 |
| KURVELO | 18 | lidocaine | 21 | meloxicam | 4 |

| | | | | | |
|---------------------------------------|------------|--------------------------------------|----|--------------------------------------|------------|
| melphalan | 14 | mirtazapine | 9 | NESTABS | 27 |
| memantine hcl | 30 | MIRVASO | 22 | NESTABS DHA | 27 |
| memantine hcl er | 30 | misoprostol | 32 | NEULASTA | 25 |
| MENEST | 24 | modafinil | 3 | NEUPRO | 15 |
| MENOPUR | 23 | moexipril hcl | 12 | nevirapine | 16 |
| MENOSTAR | 24 | mometasone furoate | 22 | nevirapine er | 16 |
| MENTAX | 21 | MONO-LINYAH | 19 | NEXAVAR | 14 |
| mercaptopurine | 14 | MONONESSA | 19 | NEXLETOL | 11 |
| mesalamine | 24 | montelukast sodium | 7 | NEXLIZET | 11 |
| mesalamine er | 24 | morphine sulfate | 5 | nicardipine hcl | 17 |
| mesalamine-cleanser | 24 | morphine sulfate (concentrate) | 5 | NICOTROL | 30 |
| MESNEX | 14 | morphine sulfate er | 5 | NICOTROL NS | 31 |
| metaxalone | 28 | morphine sulfate er beads | 5 | nifedipine | 17 |
| metformin hcl | 10 | MOVANTIK | 24 | nifedipine er | 17 |
| metformin hcl er | 10 | moxifloxacin hcl | 24 | nifedipine er osmotic release | 17 |
| methadone hcl | 5 | MULPLETA | 25 | NIKKI | 19 |
| methadone hcl intensol | 5 | MULTAQ | 6 | nilutamide | 14 |
| methazolamide | 23 | MULTIGEN PLUS | 25 | nimodipine | 17 |
| methenamine hippurate | 12 | multivitamin/fluoride | 27 | NINLARO | 14 |
| methenamine mandelate | 12 | mupirocin | 22 | nisoldipine er | 17 |
| methimazole | 31 | mupirocin calcium | 22 | nitisinone | 23 |
| methitest | 5 | MUSE | 17 | NITRO-BID | 6 |
| methocarbamol | 28 | MYALEPT | 23 | nitrofurantoin | 12 |
| methotrexate | 14 | MYCAPSSA | 23 | nitrofurantoin macrocrystal | 12 |
| methotrexate sodium | 14 | mycophenolate mofetil | 27 | nitrofurantoin monohyd macro | 12 |
| methotrexate sodium (pf) | 14 | mycophenolate sodium | 27 | nitroglycerin | 6 |
| methoxsalen rapid | 21 | MYDAYIS | 3 | nitroglycerin er | 6 |
| methscopolamine bromide | 32 | MYLERAN | 14 | NITYR | 23 |
| methyl dopa | 12 | mynephrocaps | 27 | NIVESTYM | 25 |
| methyl dopa-hydrochlorothiazide | 12 | MYORISAN | 22 | nizatidine | 32 |
| methyl ergonovine maleate | 29 | MYRBETRIQ | 32 | NORA-BE | 19 |
| methylphenidate hcl | 3 | MYTESI | 10 | norethin ace-eth estrad-fe | 19 |
| methylphenidate hcl er | 3 | nabumetone | 4 | norethindrone | 19 |
| methylphenidate hcl er (cd) | 3 | n-acetyl-l-cysteine | 28 | norethindrone acetate | 30 |
| methylphenidate hcl er (la) | 3 | nadolol | 17 | norethindrone acet-ethinyl est | 19 |
| methylphenidate hcl er (xr) | 3 | naftifine hcl | 22 | norethindrone-eth estradiol | 24 |
| methylprednisolone | 19 | NAFTIN | 22 | norethin-eth estradiol-fe | 19 |
| methyltestosterone | 5 | naloxone hcl | 10 | norgestimate-eth estradiol | 19 |
| metoclopramide hcl | 24 | naltrexone hcl | 10 | norgestim-eth estrad triphasic | 19 |
| metolazone | 23 | NAMENDA XR TITRATION PACK | 30 | NORLYROC | 19 |
| METOPIRON | 22 | NAMZARIC | 30 | NORPACE CR | 6 |
| metoprolol succinate er | 17 | naproxen | 4 | NORTHERA | 32 |
| metoprolol tartrate | 17 | naproxen dr | 4 | NORTREL 0.5/35 (28) | 19 |
| metoprolol-hydrochlorothiazide | 12 | naratriptan hcl | 26 | NORTREL 1/35 (21) | 19 |
| metronidazole | 12, 22, 32 | NARCAN | 10 | NORTREL 1/35 (28) | 19 |
| metyrosine | 12 | NATACYN | 29 | NORTREL 7/7/7 | 19 |
| mexiletine hcl | 6 | NATALVIT | 27 | nortriptyline hcl | 9 |
| MIBELAS 24 FE | 19 | NATAZIA | 19 | NORVIR | 16 |
| miconazole 3 | 32 | nateglinide | 10 | NOXAFIL | 11 |
| miconazole-zinc oxide-petrolat | 22 | NATESTO | 5 | np thyroid | 31 |
| MICROGESTIN 1.5/30 | 19 | NATPARA | 23 | NUBEQA | 14 |
| MICROGESTIN 1/20 | 19 | NATURE-THROID | 31 | NUCALA | 7 |
| MICROGESTIN FE 1.5/30 | 19 | NAYZILAM | 8 | NUCYNTA | 5 |
| MICROGESTIN FE 1/20 | 19 | NECON 0.5/35 (28) | 19 | NUCYNTA ER | 5 |
| midazolam hcl | 26 | NECON 1/35 (28) | 19 | NUDEXTA | 31 |
| midodrine hcl | 32 | nefazodone hcl | 9 | NUPLAZID | 15 |
| mifepristone | 23 | neomycin sulfate | 3 | NURTEC | 26 |
| MIGERGOT | 26 | neomycin-bacitracin zn-polymyx | 29 | NUVESSA | 32 |
| miglitol | 10 | neomycin-polymyxin b gu | 25 | nystatin | 11, 22, 27 |
| miglustat | 25 | neomycin-polymyxin-dexameth | 29 | nystatin-triamcinolone | 22 |
| MILLIPRED | 19 | neomycin-polymyxin-gramicidin | 29 | NYSTOP | 22 |
| MIMVEY | 24 | neomycin-polymyxin-hc | 29 | OCALIVA | 24 |
| minocycline hcl | 31 | NEPHRONEX | 27 | OCELLA | 19 |
| minoxidil | 12 | NERLYNX | 14 | octreotide acetate | 23 |

| | | | | | |
|--------------------------------|--------|--------------------------------|--------|--------------------------------|--------|
| ODACTRA | 3 | paricalcitol | 23 | potassium chloride crys er | 27 |
| ODEFSEY | 16 | paromomycin sulfate | 3 | potassium chloride er | 27 |
| ODOMZO | 14 | paroxetine hcl | 9 | potassium citrate er | 25 |
| OFEV | 31 | paroxetine hcl er | 9 | PRADAXA | 7 |
| ofloxacin | 29 | paroxetine mesylate | 31 | PRALUENT | 11 |
| olanzapine | 15 | PASER | 13 | pramipexole dihydrochloride | 15 |
| olanzapine-fluoxetine hcl | 31 | PAXIL | 9 | pramipexole dihydrochloride er | 15 |
| olmesartan medoxomil | 12 | peg 3350-kcl-na bicarb-nacl | 26 | prasugrel hcl | 25 |
| olmesartan medoxomil-hctz | 12 | PEGASYS | 16 | pravastatin sodium | 11 |
| olmesartan-amlodipine-hctz | 12 | PEMAZYRE | 14 | praziquantel | 6 |
| olopatadine hcl | 28, 29 | penicillamine | 27 | prazosin hcl | 12 |
| omeprazole | 32 | penicillin v potassium | 30 | PRED MILD | 29 |
| OMNIPOD DASH 5 PACK PODS | 26 | pentamidine isethionate | 12 | PRED-G | 29 |
| ondansetron | 10 | PENTASA | 24 | PRED-G S.O.P | 29 |
| ondansetron hcl | 10 | pentazocine-naloxone hcl | 5 | prednicarbate | 22 |
| ONGENTYS | 15 | pentoxifylline er | 25 | prednisolone | 19 |
| ONUREG | 14 | PERFOROMIST | 7 | prednisolone acetate | 29 |
| opium | 10 | perindopril erbumine | 12 | prednisolone sodium phosphate | 19, 29 |
| OPSUMIT | 17 | permethrin | 22 | prednisone | 19 |
| ORALAIR | 3 | perphenazine | 15 | PREDNISON INTENSOL | 19 |
| ORALAIR ADULT SAMPLE KIT | 3 | perphenazine-amitriptyline | 31 | PREFEST | 24 |
| ORALAIR ADULT STARTER PACK | 3 | PERTZYE | 22 | pregabalin | 8 |
| ORALAIR CHILDRENS SAMPLE KIT | 3 | PEXEVA | 9 | PREMARIN | 24, 32 |
| ORALAIR CHILDRENS STARTER PACK | 3 | phenazopyridine hcl | 25 | PREMPHASE | 24 |
| ORAVIG | 27 | phenelzine sulfate | 9 | PREMPRO | 24 |
| ORENCIA | 4 | phenobarbital | 26 | PRENAISSANCE | 27 |
| ORENCIA CLICKJECT | 4 | phenoxybenzamine hcl | 12 | PRENAISSANCE PLUS | 27 |
| ORENITRAM | 17 | phenylephrine hcl | 29 | PRENATABS RX | 28 |
| ORFADIN | 23 | phenytoin | 8 | PRENATAL | 28 |
| ORIAHNN | 24 | phenytoin infatabs | 8 | PRENATAL 19 | 28 |
| ORLISSA | 23 | phenytoin sodium extended | 8 | PRENATAL PLUS | 28 |
| ORKAMBI | 31 | PHILITH | 19 | PRENATAL PLUS IRON | 28 |
| ORSYTHIA | 19 | PHOSLYRA | 24 | PRENATAL PLUS/IRON | 28 |
| oseltamivir phosphate | 16 | PHOSPHOLINE IODIDE | 29 | PREPIDIL | 29 |
| OSMOLEX ER | 15 | PHYSIOLYTE | 27 | PREPLUS | 28 |
| OTEZLA | 4 | PHYSIOSOL IRRIGATION | 27 | pretomanid | 13 |
| OTREXUP | 4 | phytonadione | 32 | PREVIFEM | 19 |
| OVIDREL | 23 | PICATO | 22 | PREVYMIS | 16 |
| oxandrolone | 5 | PIFELTRO | 16 | PREZCOBIX | 16 |
| oxaprozin | 4 | pilocarpine hcl | 27, 29 | PREZISTA | 16 |
| oxazepam | 6 | pimecrolimus | 22 | PRIFTIN | 13 |
| OXBRYTA | 25 | pimozide | 31 | primaquine phosphate | 13 |
| oxcarbazepine | 8 | PIMTREA | 19 | primidone | 8 |
| OXERVATE | 29 | pindolol | 17 | PRIMSOL | 12 |
| oxiconazole nitrate | 22 | pioglitazone hcl | 10 | PROAIR HFA | 7 |
| OXISTAT | 22 | pioglitazone hcl-glimepiride | 10 | PROAIR RESPICLICK | 7 |
| OXTELLAR XR | 8 | pioglitazone hcl-metformin hcl | 10 | probenecid | 25 |
| oxybutynin chloride | 32 | PIQRAY (200 MG DAILY DOSE) | 14 | prochlorperazine | 15 |
| oxybutynin chloride er | 32 | PIQRAY (250 MG DAILY DOSE) | 14 | prochlorperazine maleate | 15 |
| oxycodone hcl | 5 | PIQRAY (300 MG DAILY DOSE) | 14 | PROCYSBI | 25 |
| oxycodone hcl er | 5 | PIRMELLA 1/35 | 19 | progesterone micronized | 30 |
| oxycodone-acetaminophen | 5 | PIRMELLA 7/7/7 | 19 | PROLENSA | 29 |
| oxycodone-aspirin | 5 | piroxicam | 4 | PROMACTA | 25 |
| OXYCONTIN | 5 | PLEGRIDY | 31 | promethazine hcl | 11 |
| oxymorphone hcl | 5 | PLEGRIDY STARTER PACK | 31 | promethazine vc/codeine | 20 |
| oxymorphone hcl er | 5 | PNV PRENATAL PLUS MULTIVITAMIN | 27 | promethazine-codeine | 20 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) | 10 | PNV TABS 29-1 | 27 | promethazine-dm | 20 |
| OZEMPIC (1 MG/DOSE) | 10 | poly-iron 150 forte | 25 | promethazine-phenylephrine | 20 |
| pacerone | 6 | polymyxin b-trimethoprim | 29 | propafenone hcl | 6 |
| paliperidone er | 15 | polysaccharide iron forte | 25 | propafenone hcl er | 6 |
| PALYNZIQ | 23 | POMALYST | 14 | propantheline bromide | 32 |
| PANCREAZE | 22 | PORTIA-28 | 19 | propranolol hcl | 17 |
| PANRETIN | 22 | posaconazole | 11 | propranolol hcl er | 17 |
| pantoprazole sodium | 32 | potassium chloride | 27 | propranolol-hctz | 12 |

| | | | | | |
|-------------------------------------|--------|------------------------------------|--------|-------------------------------------|--------|
| propylthiouracil | 31 | ringers irrigation | 27 | solifenacin succinate | 32 |
| PROSTIN E2 | 29 | RINVOQ | 4 | SOLIQUA | 10 |
| protriptyline hcl | 9 | RIOMET | 10 | SOLOSEC | 3 |
| PULMICORT FLEXHALER | 7 | risedronate sodium | 23 | SOLTAMOX | 14 |
| PULMOZYME | 31 | risperidone | 15 | SOMAVERT | 24 |
| PYLERA | 32 | ritonavir | 16 | SOOLANTRA | 22 |
| pyrazinamide | 13 | rivastigmine | 31 | SORINE | 17 |
| pyridostigmine bromide | 13 | rivastigmine tartrate | 31 | sotalol hcl | 17 |
| pyridostigmine bromide er | 13 | RIVELSA | 19 | sotalol hcl (af) | 17 |
| pyrimethamine | 13 | rizatriptan benzoate | 26 | SOTYLIZE | 17 |
| QBREXZA | 22 | ROCKLATAN | 29 | SOVALDI | 16 |
| QINLOCK | 14 | ropinirole hcl | 15 | spinosad | 22 |
| quazepam | 26 | ropinirole hcl er | 15 | SPIRIVA HANDIHALER | 7 |
| quetiapine fumarate | 15 | ROSADAN | 22 | SPIRIVA RESPIMAT | 7 |
| quetiapine fumarate er | 15 | rosuvastatin calcium | 11 | spironolactone | 23 |
| QUILLICHEW ER | 3 | ROZLYTREK | 14 | spironolactone-hctz | 23 |
| QUILLIVANT XR | 3 | RUBRACA | 14 | SPRINTEC 28 | 19 |
| quinapril hcl | 12 | rufinamide | 8 | SPRIX | 4 |
| quinapril-hydrochlorothiazide | 12 | rukobia | 16 | SPRYCEL | 14 |
| quinidine gluconate er | 6 | RUZURGI | 13 | SRONYX | 19 |
| quinidine sulfate | 6 | RYBELSUS | 10 | SSKI | 20 |
| quinine sulfate | 13 | RYDAPT | 14 | stavudine | 16 |
| QVAR REDIHALER | 7 | SAIZEN | 23 | sterile water for irrigation | 27 |
| rabeprazole sodium | 32 | salsalate | 4 | STIMATE | 24 |
| RAGWITEK | 3 | SAMSCA | 23 | STIOLTO RESPIMAT | 7 |
| raloxifene hcl | 23 | SANCUSO | 10 | STIVARGA | 14 |
| ramelteon | 26 | SANDIMMUNE | 27 | STRENSIQ | 24 |
| ramipril | 12 | SAPHRIS | 15 | STRIBILD | 16 |
| ranolazine er | 6 | sapropterin dihydrochloride | 23, 24 | STRIVERDI RESPIMAT | 7 |
| rasagiline mesylate | 15 | SAVELLA | 31 | SUCRAID | 22 |
| RASUVO | 4 | SAVELLA TITRATION PACK | 31 | sucralfate | 32 |
| RAVICTI | 23 | scopolamine | 11 | sulconazole nitrate | 22 |
| RAYALDEE | 23 | selegiline hcl | 15 | sulfacetamide sodium | 22, 29 |
| RAYOS | 19 | selenium sulfide | 22 | sulfacetamide sodium (acne) | 22 |
| REBIF | 31 | SELZENTRY | 16 | sulfacetamide sodium-sulfur | 22 |
| REBIF REBIDOSE | 31 | SEREVENT DISKUS | 7 | sulfacetamide-prednisolone | 29 |
| REBIF REBIDOSE TITRATION PACK | 31 | SEROSTIM | 24 | sulfadiazine | 31 |
| REBIF TITRATION PACK | 31 | sertraline hcl | 9 | sulfamethoxazole-trimethoprim | 12 |
| RECLIPSEN | 19 | SETLAKIN | 19 | sulfasalazine | 25 |
| RECTIV | 6 | sevelamer carbonate | 25 | sulindac | 4 |
| REGRANEX | 22 | sevelamer hcl | 25 | sumatriptan | 26 |
| RELENZA DISKHALER | 16 | sf 5000 plus | 27 | sumatriptan succinate | 26 |
| RELISTOR | 24, 25 | SHAROBEL | 19 | sumatriptan succinate refill | 26 |
| RENACIDIN | 25 | SIGNIFOR | 24 | SUNOSI | 3 |
| repaglinide | 10 | SIKLOS | 25 | SUPRAX | 18 |
| REPATHA | 11 | sildenafil citrate | 17 | SUPREP BOWEL PREP KIT | 26 |
| REPATHA PUSHTRONEX SYSTEM | 11 | SILIQ | 22 | SUTENT | 14 |
| REPATHA SURECLICK | 11 | silodosin | 25 | SYEDA | 19 |
| RESECTISOL | 25 | silver sulfadiazine | 22 | SYMDEKO | 31 |
| RESTASIS | 29 | SIMBRINZA | 22 | SYMJEPI | 32 |
| RESTASIS MULTIDOSE | 29 | SIMPONI | 4 | SYMLINPEN 120 | 10 |
| RETACRIT | 25 | simvastatin | 11 | SYMLINPEN 60 | 10 |
| RETEVMO | 14 | sirolimus | 27 | SYMPROIC | 25 |
| REVLIMID | 27 | SIRTURO | 13 | SYMTUZA | 16 |
| REXULTI | 15 | SIVEXTRO | 12 | SYNAREL | 24 |
| REYATAZ | 16 | SKLICE | 22 | SYNDROS | 11 |
| REYVOW | 26 | SKYRIZI (150 MG DOSE) | 22 | SYNJARDY | 10 |
| RHOPRESSA | 29 | SLYND | 19 | SYNJARDY XR | 10 |
| ribavirin | 16 | sodium chloride | 20 | SYNRIBO | 14 |
| RIDAURA | 4 | sodium fluoride | 27 | SYNTHROID | 31 |
| rifabutin | 13 | sodium phenylbutyrate | 24 | TABLOID | 14 |
| rifampin | 13 | sodium polystyrene sulfonate | 27 | TABRECTA | 14 |
| riluzole | 28 | sofosbuvir-velpatasvir | 16 | tacrolimus | 22, 27 |
| rimantadine hcl | 16 | SOLIA | 19 | tadalafil | 17, 18 |

| | | | | | |
|------------------------------------|--------|------------------------------------|------------|------------------------------------|----|
| tadalafil (pah)..... | 17 | tolterodine tartrate er..... | 32 | TUSSICAPS..... | 20 |
| TAFINLAR..... | 14 | tolvaptan..... | 24 | TYBOST..... | 16 |
| TAGRISSO..... | 14 | topiramate..... | 8 | TYDEMY..... | 19 |
| TAKHZYRO..... | 25 | topiramate er..... | 8 | TYMLOS..... | 24 |
| TALICIA..... | 32 | toremifene citrate..... | 14 | TYVASO..... | 18 |
| TALTZ..... | 22 | torsemide..... | 23 | TYVASO REFILL..... | 18 |
| TALZENNA..... | 14 | TOUJEO MAX SOLOSTAR..... | 10 | UBRELVY..... | 26 |
| tamoxifen citrate..... | 14 | TOUJEO SOLOSTAR..... | 10 | UDENYCA..... | 25 |
| tamsulosin hcl..... | 25 | TRACLEER..... | 18 | UNITHROID..... | 31 |
| TARGRETIN..... | 22 | TRADJENTA..... | 10 | UPNEEQ..... | 29 |
| TARINA FE 1/20..... | 19 | tramadol hcl..... | 5 | UPTRAVI..... | 18 |
| taron forte..... | 25 | tramadol hcl er..... | 5 | urea..... | 22 |
| TASIGNA..... | 14 | tramadol hcl er (biphasic)..... | 5 | urea hydrating..... | 22 |
| tavaborole..... | 22 | tramadol-acetaminophen..... | 5 | ursodiol..... | 25 |
| TAVALISSE..... | 25 | trandolapril..... | 12 | valacyclovir hcl..... | 16 |
| tazarotene..... | 22 | trandolapril-verapamil hcl er..... | 12 | VALCHLOR..... | 22 |
| TAZORAC..... | 22 | tranexamic acid..... | 26 | valganciclovir hcl..... | 16 |
| TAZTIA XT..... | 17 | tranylcypromine sulfate..... | 9 | valproic acid..... | 8 |
| TAZVERIK..... | 14 | travoprost (bak free)..... | 29 | valsartan..... | 12 |
| TEGSEDI..... | 31 | trazodone hcl..... | 9 | valsartan-hydrochlorothiazide..... | 12 |
| TEKTURNA HCT..... | 12 | TRECTOR..... | 13 | VALTOCO 10 MG DOSE..... | 8 |
| telmisartan..... | 12 | TREMFYA..... | 22 | VALTOCO 15 MG DOSE..... | 8 |
| telmisartan-amlodipine..... | 12 | TRESIBA..... | 10 | VALTOCO 20 MG DOSE..... | 8 |
| telmisartan-hctz..... | 12 | TRESIBA FLEXTOUCH..... | 10 | VALTOCO 5 MG DOSE..... | 8 |
| temazepam..... | 26 | tretinoin..... | 14, 22 | vancomycin hcl..... | 12 |
| TEMIXYS..... | 16 | tretinoin microsphere..... | 22 | VANOXIDE-HC..... | 22 |
| temozolomide..... | 14 | TREXALL..... | 19 | VARUBI (180 MG DOSE)..... | 11 |
| tenofovir disoproxil fumarate..... | 16 | TRI FEMYNOR..... | 14 | VASCEPA..... | 11 |
| terazosin hcl..... | 12 | triamcinolone acetonide..... | 22, 27, 28 | VECAMYL..... | 12 |
| terbinafine hcl..... | 11 | triamterene-hctz..... | 23 | VELIVET..... | 19 |
| terbutaline sulfate..... | 7 | triazolam..... | 26 | VELPHORO..... | 25 |
| terconazole..... | 32 | trientine hcl..... | 27 | VELTASSA..... | 27 |
| teriparatide (recombinant)..... | 24 | TRI-ESTARYLLA..... | 19 | VEMLIDY..... | 16 |
| testosterone..... | 6 | trifluoperazine hcl..... | 15 | VENCLEXTA..... | 14 |
| testosterone cypionate..... | 5 | trifluridine..... | 29 | VENCLEXTA STARTING PACK..... | 14 |
| testosterone enanthate..... | 5 | trigels-f forte..... | 25 | venlafaxine hcl..... | 9 |
| tetrabenazine..... | 31 | trihexyphenidyl hcl..... | 15 | venlafaxine hcl er..... | 9 |
| tetracycline hcl..... | 31 | TRIJARDY XR..... | 10 | VENTAVIS..... | 18 |
| THALOMID..... | 27 | TRIKAFTA..... | 31 | VENTOLIN HFA..... | 7 |
| THEO-24..... | 7 | TRI-LEGEST FE..... | 19 | verapamil hcl..... | 17 |
| theophylline..... | 7 | TRI-LINYAH..... | 19 | verapamil hcl er..... | 17 |
| theophylline er..... | 7 | TRI-LO-ESTARYLLA..... | 19 | VERZENIO..... | 14 |
| THIOLA..... | 25 | TRI-LO-MARZIA..... | 19 | V-GO 20..... | 26 |
| THIOLA EC..... | 25 | TRI-LO-SPRINTEC..... | 19 | V-GO 30..... | 26 |
| thioridazine hcl..... | 15 | trimethobenzamide hcl..... | 11 | V-GO 40..... | 26 |
| thiothixene..... | 15 | trimethoprim..... | 12 | VIBERZI..... | 25 |
| tiagabine hcl..... | 8 | trimipramine maleate..... | 9 | VICTOZA..... | 10 |
| TIBSOVO..... | 14 | TRINESSA (28)..... | 19 | VIENVA..... | 19 |
| TIGLUTIK..... | 28 | TRINTELLIX..... | 9 | vigabatrin..... | 8 |
| TILIA FE..... | 19 | triphrocaps..... | 28 | VIGADRONE..... | 8 |
| timolol maleate..... | 17, 29 | TRI-PREVIFEM..... | 19 | VIIBRYD..... | 9 |
| timolol maleate pf..... | 29 | TRI-SPRINTEC..... | 19 | VIMPAT..... | 8 |
| TIMOPTIC OCUDOSE..... | 29 | TRIUMEQ..... | 16 | viorele..... | 19 |
| tinidazole..... | 12 | tri-vitamin/fluoride..... | 28 | VIRACEPT..... | 16 |
| TIVICAY..... | 16 | TRIVORA (28)..... | 19 | VIREAD..... | 16 |
| TIVICAY PD..... | 16 | TRI-VYLIBRA..... | 19 | virt-caps..... | 28 |
| tizanidine hcl..... | 28 | TROKENDI XR..... | 8 | VISTOGARD..... | 10 |
| TOBI PODHALER..... | 3 | tropicamide..... | 29 | VITAFOL-OB..... | 28 |
| TOBRADEX ST..... | 29 | trospium chloride..... | 32 | VITAFOL-OB+DHA..... | 28 |
| tobramycin..... | 3, 29 | trospium chloride er..... | 32 | VITAFOL-ONE..... | 28 |
| tobramycin-dexamethasone..... | 29 | TRULICITY..... | 10 | vitamin d (ergocalciferol)..... | 32 |
| TOLAK..... | 22 | TRUVADA..... | 16 | VITRAKVI..... | 14 |
| tolmetin sodium..... | 4 | TUKYSA..... | 14 | VIZIMPRO..... | 14 |
| tolterodine tartrate..... | 32 | TURALIO..... | 14 | VOL-PLUS..... | 28 |

| | | | |
|----------------------------------|----|----------------------------|----|
| VOL-TAB RX | 28 | zolpidem tartrate er | 26 |
| voriconazole | 11 | ZOMIG | 26 |
| VOSEVI | 16 | zonisamide | 8 |
| VOTRIENT | 14 | ZONTIVITY | 25 |
| VRAYLAR | 15 | ZORBTIVE | 24 |
| VUMERITY | 31 | ZORTRESS | 27 |
| VYFEMLA | 19 | ZOVIA 1/35E (28) | 19 |
| VYNDAMAX | 18 | ZUBSOLV | 5 |
| VYNDALAN | 18 | ZUPLENZ | 11 |
| VYVANSE | 3 | ZYDELIG | 14 |
| VYZULTA | 29 | ZYFLO | 7 |
| WAKIX | 3 | ZYKADIA | 14 |
| warfarin sodium | 7 | | |
| WERA | 19 | | |
| WESTHROID | 31 | | |
| WIXELA INHUB | 7 | | |
| WP THYROID | 31 | | |
| WYMZYA FE | 19 | | |
| XADAGO | 15 | | |
| XALKORI | 14 | | |
| XARELTO | 7 | | |
| XARELTO STARTER PACK | 7 | | |
| XATMEP | 14 | | |
| XCOPRI | 8 | | |
| XCOPRI (250 MG DAILY DOSE) | 8 | | |
| XCOPRI (350 MG DAILY DOSE) | 8 | | |
| XELJANZ | 4 | | |
| XELJANZ XR | 4 | | |
| XERMELO | 25 | | |
| XIFAXAN | 12 | | |
| XIIDRA | 29 | | |
| XOFLUZA (40 MG DOSE) | 16 | | |
| XOFLUZA (80 MG DOSE) | 16 | | |
| XOLEGEL | 22 | | |
| XOSPATA | 14 | | |
| XTAMPZA ER | 5 | | |
| XTANDI | 14 | | |
| XULANE | 19 | | |
| XURIDEN | 24 | | |
| XYREM | 31 | | |
| YUPELRI | 7 | | |
| YUVAFEM | 32 | | |
| ZADITOR | 29 | | |
| zafirlukast | 7 | | |
| zaleplon | 26 | | |
| ZARAH | 19 | | |
| ZARXIO | 26 | | |
| ZEJULA | 14 | | |
| ZELAPAR | 15 | | |
| ZELBORAF | 14 | | |
| ZENATANE | 22 | | |
| ZENPEP | 23 | | |
| ZEPOSIA | 31 | | |
| ZEPOSIA 7-DAY STARTER PACK | 31 | | |
| ZEPOSIA STARTER KIT | 31 | | |
| zidovudine | 16 | | |
| zileuton er | 7 | | |
| ZIOPTAN | 29 | | |
| ziprasidone hcl | 15 | | |
| ZIRGAN | 29 | | |
| ZITHRANOL | 22 | | |
| ZOLINZA | 14 | | |
| zolmitriptan | 26 | | |
| zolpidem tartrate | 26 | | |

Nondiscrimination statement and language assistance services

If you, or someone you're helping, have questions about Independent Health, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-501-3439.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independent Health, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-501-3439.

如果您，或是您正在協助的對象，有關於[插入 Independent Health 項目的名稱 Independent Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字 1-800-501-3439]。

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Independent Health, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-501-3439.

Si oumenm oswa yon moun w ap ede gen kesyon konsènan Independent Health, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-800-501-3439.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Independent Health 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-800-501-3439 로 전화하십시오.

Se tu o qualcuno che stai aiutando avete domande su Independent Health, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-800-501-3439.

אויב איר, אודר עמזעער איר העלפסט, האט פראגעס וועגן Independent Health איר האט דאס רעכט צו באקומען הילף און אינפארמאציע און אייער שפראך אומזיסט. צו רעדן מיט דער איבערזעצער, קלונג 1-800-501-3439

যদি আপনি, অথবা আপনি অন্য কাউকে সহায়তা করছেন, সম্পর্কে প্রশ্ন আছে Independent Health আপনার অধিকার আছে বিনা খরচে আপনার নিজস্ব ভাষাতে সাহায্য পাবার এবং তথ্য জানবার। অনুবাদকের সাথে কথা বলার জন্য, কল করুন 1-800-501-3439

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie Independent Health, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-800-501-3439.

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Independent Health ، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-800-501-3439

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Independent Health, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-800-501-3439.

اگر آپ کسی کو مدد دے رہے ہیں اور آپ دونوں کو سوال ہے Independent Health کے بارے میں، تو آپ دونوں کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ ترجمان سے بات کرنے کے لیے، 1-800-501-3439 فون کریں۔

Kung ikaw, o ang iyong tinutulongan, ay may mga katanungan tungkol sa Independent Health, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-800-501-3439.

Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις γύρω απο το Independent Health, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 1-800-501-3439.

Nëse ju, ose dikush që po ndihmoni, ka pyetje për Independent Health, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin 1-800-501-3439.

Discrimination is Against the Law

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

Independent Health:

- 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 Independent Health's Member Services Department.

If you believe that Independent Health 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: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, memberservice@servicing.independenthealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's 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>

