



HealthPartners® Journey Smart (PPO)
HealthPartners® Journey Pace (PPO)
HealthPartners® Journey Stride (PPO)
HealthPartners® Journey Dash (PPO)
HealthPartners® Journey Steady (PPO)
HealthPartners® Journey Group (PPO)
HealthPartners® Robin Birch (PPO)
HealthPartners® Robin Maple (PPO)
HealthPartners® Journey Group (PPO)
HealthPartners® Robin Group (PPO)
HealthPartners® Freedom Group (PPO)
HealthPartners® Medicare Group Part D Plan (PDP)
HealthPartners® Retiree National Choice (PDP)
(Collectively known as HealthPartners)

2025 Formulary I

(List of Covered Drugs or “Drug List”)

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

Formulary ID 00025128

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact HealthPartners Member Services.

Journey members: 952-883-6655 or 866-233-8734

Robin members: 886-233-8734

Freedom members: 800-233-9645

Medicare Group Part D plan members: 844-440-1900

Retiree National Choice members: 952-883-7373 or 877-816-9539

TTY users: 711

Or visit healthpartners.com/medicarerx.

From **Oct. 1 through March 31**, we take calls from 8 a.m. to 8 p.m. CT, **seven days a week**. You'll speak with a representative.

From **April 1 through Sept. 30**, call us 8 a.m. to 8 p.m. CT, **Monday through Friday** to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

24-2931776 01/25

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means HealthPartners. When it refers to “plan” or “our plan,” it means HealthPartners.

This document includes a Drug List (Formulary) for our plan which is current as of October 1st, 2024. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (Formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the HealthPartners formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here:

healthpartners.com/medicarerx

Changes that can affect you this year

In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the HealthPartners Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the HealthPartners Formulary?”

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

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1st, 2024. To get updated information about the drugs covered by HealthPartners, please contact us. Our contact information appears on the front and back cover pages.

The formulary is updated monthly to include any changes. In the event of negative formulary changes, you'll get a Formulary Change Notice. This notice will be sent with your monthly Part D Explanation of Benefits and will also be posted on our website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiac Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 90. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthPartners covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand-name drugs. There are generic substitutes available for many brand name drugs.

Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are Covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthPartners requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from HealthPartners before you fill your prescriptions. If you don't get approval, HealthPartners may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthPartners limits the amount of the drug that HealthPartners will cover. For example, HealthPartners provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthPartners requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthPartners may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthPartners will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask HealthPartners to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the HealthPartners formulary?" on page I-5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by HealthPartners. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by HealthPartners.
- You can ask HealthPartners to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthPartners Formulary?

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

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

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

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

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

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

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

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

Transition process

For existing members in our plan who have changes in level of care, such as entering a long-term care facility or being discharged from a hospital, we'll grant early refills when appropriate. To ask for a temporary supply, contact Member Services.

Please note that our transition policy only applies to drugs that are covered under the Part D benefit and bought at a network pharmacy, unless you qualify for out of network access.

For more information

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

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

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

HealthPartners Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by HealthPartners. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., HUMALOG) and generic drugs are listed in lower-case italics (e.g., *atorvastatin*). The information in the Requirements/Limits column tells you if HealthPartners has any special requirements for coverage of your drug. The second column of the chart lists the drug tier or coverage level.

HealthPartners covers Medicare Part D prescription drugs under five drug tiers: Tier 1 (Preferred Generic Drugs), Tier 2 (Generic Drugs), Tier 3 (Preferred Brand Drugs), Tier 4 (Non-preferred Drugs), and Tier 5 (Specialty Drugs). To determine the coverage level, locate your drug and look in the “Drug Tier” column. Then use the key below to determine your cost-sharing during the initial coverage phase for a 30-day supply. Coverage level shown does not reflect deductibles. Please refer to your Evidence of Coverage for details.

IMPORTANT NOTICE: You won’t pay more than \$35 for a one-month supply of each covered insulin product, no matter what cost-sharing tier it’s on, even if you haven’t paid the deductible. Our plans cover most Part D vaccines at no cost to you. There’s no deductible and no copay no matter what Part D phase you are in.

COST-SHARING LEVELS BY PLAN AND DRUG TIER KEY

	Tier 1 (Preferred Generic Drugs)	Tier 2 (Generic Drugs)	Tier 3 (Preferred Brand Drugs)	Tier 4 (Non-preferred Drugs)	Tier 5 (Specialty Drugs)
Journey Smart	\$0	\$8	20%	50%	25%
Journey Pace	\$0	\$12	\$47	50%	29%
Journey Stride	\$0	\$12	\$47	50%	29%
Journey Dash	\$0	\$10	20%	50%	30%
Journey Steady	\$4	\$10	20%	40%	29%
Robin Birch	\$0	\$0	\$47	50%	29%
Robin Maple	\$0	\$9	20%	50%	29%
Journey Group	Please refer to your Evidence of Coverage for more information about your prescription drug benefit, including drug tiers and cost-sharing.				
Robin Group					
Freedom Group					
Medicare Group Part D Plan					
Retiree National Choice					

- Coverage level shown does not reflect deductibles or catastrophic benefit coverage. Please refer to your Evidence of Coverage for details.

The key below describes the abbreviations used in the Requirements/Limits column.

Requirements/Limits Abbreviation Key

ABBREVIATION	DESCRIPTION
PA	Prior Authorization Required
QL	Quantity Limit
BvD	This drug could be covered as a Part B or a Part D Benefit.
ST	Step Therapy Required
LA	Limited Access Drug – Some drugs may be available only at certain pharmacies. For more information consult your pharmacy directory or call Member Services.
NM	Non-Mail Order Drug – Drugs not eligible for a 90-day mail order supply through your mail order benefit are noted with “NM” under Requirements/Limits.
IN	Covered insulin drugs

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANALGESICS		
ANALGESICS, MISCELLANEOUS		
<i>acetaminophen-codeine (#2 tablet, #3 tablet, #4 tablet)</i>	2	QL (8 PER 1 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codein 240-24 mg/10, acetaminop-codeine 120-12 mg/5)</i>	2	QL (120 PER 1 DAYS)
<i>buprenorphine (5 mcg/hr patch, 7.5 mcg/hr patch, 10 mcg/hr patch, 15 mcg/hr patch, 20 mcg/hr patch)</i>	4	PA - FOR NEW STARTS ONLY
<i>butalb-acetamin-caff 50-325-40</i>	2	QL (12 PER 1 DAYS)
ENDOCET (2.5-325 MG TABLET, 5-325 MG TABLET)	3	QL (8 PER 1 DAYS)
ENDOCET 10-325 MG TABLET	3	QL (5 PER 1 DAYS)
ENDOCET 7.5-325 MG TABLET	3	QL (7 PER 1 DAYS)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	4	PA - FOR NEW STARTS ONLY
<i>fentanyl citrate otc 200 mcg</i>	4	PA
<i>fentanyl citrate otc 400 mcg</i>	5	PA, NM
<i>hydrocodone-acetaminophen (5-325 mg, 7.5-325, 10-325 mg)</i>	3	QL (8 PER 1 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	4	QL (120 PER 1 DAYS)
<i>hydrocodone-ibuprofen 7.5-200</i>	2	QL (8 PER 1 DAYS)
<i>hydromorphone 2 mg tablet</i>	3	QL (8 PER 1 DAYS)
<i>hydromorphone 30 mg/30ml-water</i>	4	QL (8 PER 1 DAYS)
<i>hydromorphone 4 mg tablet</i>	3	QL (4 PER 1 DAYS)
<i>hydromorphone 8 mg tablet</i>	3	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydromorphone hcl (0.5 mg/0.5 ml, 0.5 mg/0.5ml syr, 1 mg/ml carpuct, 1 mg/ml syringe, 1 mg/ml vial, hcl 1 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml syringe, 4 mg/ml carpuct, 4 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	4	QL (8 PER 1 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	4	QL (17 PER 1 DAYS)
<i>methadone 10 mg/ml oral conc</i>	4	PA - FOR NEW STARTS ONLY
<i>methadone hcl (5 mg/5 ml solution, hcl 5 mg tablet, 10 mg/5 ml solution, hcl 10 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY
METHADONE INTENSOL 10 MG/ML	4	PA - FOR NEW STARTS ONLY
<i>morphine sulf 10 mg/5 ml soln</i>	3	QL (45 PER 1 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	3	QL (4 PER 1 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	3	QL (20 PER 1 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet)</i>	3	PA - FOR NEW STARTS ONLY
<i>morphine sulfate ir 15 mg tab</i>	3	QL (5 PER 1 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>oxycodone hcl (5 mg/5 ml cup, 5 mg/5 ml soln)</i>	4	QL (40 PER 1 DAYS)
<i>oxycodone hcl (ir) 10 mg tab</i>	3	QL (5 PER 1 DAYS)
<i>oxycodone hcl (ir) 15 mg tab</i>	3	QL (3 PER 1 DAYS)
<i>oxycodone hcl (ir) 20 mg tab</i>	3	QL (4 PER 1 DAYS)
<i>oxycodone hcl (ir) 30 mg tab</i>	3	PA - FOR NEW STARTS ONLY
<i>oxycodone hcl (ir) 5 mg cap</i>	4	QL (8 PER 1 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	3	QL (8 PER 1 DAYS)
<i>oxycodone hcl 100 mg/5 ml conc</i>	4	QL (4 PER 1 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	3	QL (8 PER 1 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	3	QL (5 PER 1 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	3	QL (7 PER 1 DAYS)
TENCON 50-325 MG TABLET	4	QL (12 PER 1 DAYS)
<i>tramadol hcl 50 mg tablet</i>	2	QL (8 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tramadol-acetaminophn 37.5-325</i>	2	PA - FOR NEW STARTS ONLY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS

<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule, 400 mg capsule)</i>	2	
<i>diclofenac 2% solution pump</i>	4	QL (224 PER 28 DAYS)
<i>diclofenac pot 50 mg tablet</i>	2	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	2	
<i>diclofenac sodium 1% gel</i>	3	QL (1000 PER 30 DAYS)
<i>ec-naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>etodolac (200 mg capsule, 300 mg capsule, 400 mg tablet, 500 mg tablet)</i>	3	
<i>etodolac er (er 400 mg tablet, er 500 mg tablet, er 600 mg tablet)</i>	4	
<i>flurbiprofen 100 mg tablet</i>	2	
IBU (400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	1	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone (500 mg tablet, 750 mg tablet)</i>	2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	1	
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>piroxicam (10 mg capsule, 20 mg capsule)</i>	3	
<i>sulindac (150 mg tablet, 200 mg tablet)</i>	2	

ANESTHETICS

LOCAL ANESTHETICS

GLYDO 2% JELLY SYRINGE	2	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lidocaine 5% patch</i>	4	PA
<i>lidocaine hcl (0.5% vial, 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vl, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vl, 1% ampul, 1% vial)</i>	1	
<i>lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>	2	
<i>lidocaine hcl 1% 100 mg/10 ml (ampul)</i>	1	
<i>lidocaine hcl 1% 100 mg/10 ml (vial)</i>	1	
<i>lidocaine hcl viscous (15 ml cup, soln)</i>	2	
<i>lidocaine-prilocaine cream</i>	3	
TRIDACAINE III 5% PATCH	4	PA

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

<i>acamprosate calc dr 333 mg tab</i>	4	
<i>buprenorphine 2 mg tablet sl</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine 8 mg tablet sl</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 12-3mg flm</i>	3	QL (60 PER 30 DAYS)
<i>buprenorphine-nalox 2-0.5mg fm</i>	3	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 2-0.5mg tb</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film)</i>	3	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150 mg tablet</i>	3	
<i>disulfiram (250 mg tablet, 500 mg tablet)</i>	4	
KLOXXADO 8 MG NASAL SPRAY	3	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	2	
<i>naloxone hcl 4 mg nasal spray</i>	3	
<i>naltrexone 50 mg tablet</i>	3	
NICOTROL CARTRIDGE INHALER	4	
NICOTROL NS 10 MG/ML SPRAY	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline starting month box</i>	4	QL (53 PER 28 DAYS)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i>	4	QL (2 PER 1 DAYS)
ZIMHI 5 MG/0.5 ML SYRINGE	4	

ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)

CLEOCIN 100 MG VAGINAL OVULE	4	
<i>clindamycin 2% vaginal cream</i>	4	
<i>metronidazole (0.75% gl, 1.3% gel)</i>	4	
<i>terconazole (0.4% cream, 0.8% cream)</i>	3	
<i>terconazole 80 mg suppository</i>	4	

ANTI-ANXIETY AGENTS

BENZODIAZEPINES

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt)</i>	4	QL (180 PER 30 DAYS)
<i>clonazepam (1 mg dis tablet, 1 mg odt)</i>	4	QL (120 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>clonazepam 1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	4	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	2	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium (3.75 mg tablet, 7.5 mg tablet, 15 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	2	QL (1200 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	QL (240 PER 30 DAYS)
<i>diazepam 10 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	3	QL (150 PER 30 DAYS)
LORAZEPAM INTENSOL 2 MG/ML	3	QL (150 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)

ANTIBACTERIALS

AMINOGLYCOSIDES

<i>amikacin sulfate (1 gram/4 ml vial, 500 mg/2 ml vial, 1,000 mg/4 ml vl)</i>	4	PA
ARIKAYCE 590 MG/8.4 ML VIAL	5	PA, NM
<i>gentamicin sulfate (20 mg/2 ml vial, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	4	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, iso 120 mg/100 ml, isoton 60 mg/50 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml, isoton 100 mg/50 ml)</i>	4	
<i>neomycin 500 mg tablet</i>	2	
<i>streptomycin sulf 1 gm vial</i>	4	
TOBI PODHALER 28 MG INHALE CAP	5	PA, NM
<i>tobramycin (300 mg/4 ml, 300 mg/5 ml)</i>	5	PA - PART B VS D DETERMINATION, NM
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	4	PA

ANTIBACTERIALS, MISCELLANEOUS

<i>clindamycin (pedi) 75 mg/5 ml</i>	4	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin phosphate (9 g/60 ml vial, 300 mg/2 ml vl, 600 mg/4 ml vl, 900 mg/6 ml vl)</i>	4	
<i>colistimethate 150 mg vial</i>	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>daptomycin (350 mg vial, 500 mg vial)</i>	4	
<i>fosfomycin 3 gm sachet</i>	4	
<i>linezolid 100 mg/5 ml susp</i>	5	PA, NM
<i>linezolid 600 mg tablet</i>	4	PA
<i>linezolid 600 mg/300 ml-d5w</i>	4	PA
<i>linezolid 600mg/300ml-0.9%nacl</i>	4	PA
<i>methenamine hipp 1 gm tablet</i>	3	
METRO IV 500 MG/100 ML	4	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	2	
<i>metronidazole 500 mg/100 ml</i>	4	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-mcr 100 mg</i>	2	
<i>polymyxin b sulfate vial</i>	4	
SIVEXTRO (200 MG TABLET, 200 MG VIAL)	5	PA, NM
<i>trimethoprim 100 mg tablet</i>	2	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 1.75 gram vial, hcl 2 gram vial, hcl 5 gm vial, hcl 10 gm vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial)</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	4	QL (40 PER 10 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	4	QL (80 PER 10 DAYS)
XENLETA 600 MG TABLET	5	PA, NM
XIFAXAN 200 MG TABLET	4	PA
XIFAXAN 550 MG TABLET	5	PA, NM

CEPHALOSPORINS

<i>cefadroxil (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>cefadroxil 500 mg capsule</i>	2	
<i>cefazolin 1 g/50 ml-dextrose</i>	4	
<i>cefazolin 2 gm vial</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, 500 mg vial)</i>	4	
<i>cefazolin sodium-dextrose (2 g/100, 2 g/50)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cefdinir 300 mg capsule</i>	2	
<i>cefepime (1 gm, 2 gm)</i>	4	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	4	
<i>cefepime-dextrose (1 gm/50 ml, 2 gm/50 ml)</i>	4	
<i>cefixime 400 mg capsule</i>	4	
<i>cefoxitin (1 gm vial, 2 gm vial)</i>	4	
<i>cefoxitin sodium (1 gm piggyback bag, 2 gm piggyback bag)</i>	4	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	4	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	3	
<i>ceftazidime (1 gm piggyback, 1 gm vial, 2 gm piggyback, 2 gm vial, 6 gm vial)</i>	4	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	4	
<i>cefuroxime (250 mg tab, 500 mg tab)</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	4	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	3	
<i>cephalexin (250 mg capsule, 500 mg capsule)</i>	1	
TEFLARO (400 MG VIAL, 600 MG VIAL)	5	NM

MACROLIDES

<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	3	
<i>azithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>azithromycin (500 mg add-van vl, i.v. 500 mg vial)</i>	4	
<i>azithromycin 600 mg tablet</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	3	
DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)	5	PA, NM
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin lact 500 mg vial</i>	4	

MISCELLANEOUS B-LACTAM ANTIBIOTICS

<i>aztreonam (1 gm vial, 2 gm vial)</i>	4	
CAYSTON 75 MG INHAL SOLUTION	5	PA, LA, NM
<i>ertapenem 1 gram vial</i>	4	
<i>imipenem-cilastatin sodium (250 mg vl, 500 mg vl)</i>	4	
<i>meropenem iv 1 gm vial</i>	4	
<i>meropenem iv 500 mg vial</i>	3	
<i>meropenem-0.9% nacl 1 gram/50</i>	4	
<i>meropenem-0.9% nacl 500 mg/50</i>	3	

PENICILLINS

<i>amox-clav 400-57 mg tab chew</i>	4	
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>amoxicillin (250 mg capsule, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-62.5 mg/5 ml sus, 400-57 mg/5 ml susp, 600-42.9 mg/5 ml sus)</i>	3	
<i>amoxicillin-clavulanate potass (250-125 mg tablet, 500-125 mg tablet, 875-125 mg tablet)</i>	2	
<i>ampicillin 500 mg capsule</i>	2	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 125 mg vial, 250 mg vial, 500 mg vial)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin-sulbactam (ampicillin-sulb 1.5 g add vial, ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 1.5 gm vl, ampicillin-sulbactam 3 gm vial, ampicillin-sulbactam 15 gm btl, ampicillin-sulbactam 15 gm vl)</i>	4	
BICILLIN C-R (1.2 MILLION UNIT, 900-300 SYRINGE)	3	
<i>dicloxacillin sodium (250 mg capsule, 500 mg capsule)</i>	3	
<i>nafcillin (1 gm/ 50 ml inj, 2 gm/ 100 ml inj)</i>	4	
<i>nafcillin 10 gm bulk vial</i>	5	NM
<i>nafcillin sodium (1 gm vial, 2 gm add-vant vial, 2 gm vial)</i>	4	
<i>penicillin g potassium (5 million unit, 20 million unit)</i>	4	
<i>penicillin gk-iso-osm dextrose (pen g 2 million unit/50 ml, pen g 3 million unit/50 ml)</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	2	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial, piperacil-tazobact 13.5 gm vl, piperacil-tazobact 40.5 gram)</i>	4	
QUINOLONES		
<i>ciprofloxacin (250 mg/5 ml susp, 500 mg/5 ml susp)</i>	3	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w (200 mg/100ml-d5w, 400 mg/200ml-d5w)</i>	4	
<i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>	4	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	2	
<i>levofloxacin-d5w (500 mg/100, 750 mg/150)</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>moxifloxacin hcl 400 mg tablet</i>	3	
SULFONAMIDES		
<i>sulfadiazine 500 mg tablet</i>	4	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	3	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1	
TETRACYCLINES		
DOXY 100 MG VIAL	4	
<i>doxycycline 25 mg/5 ml susp</i>	4	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tablet)</i>	2	
<i>minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	2	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
<i>tigecycline 50 mg vial</i>	5	NM
ANTICANCER AGENTS		
<i>abiraterone acetate (250 mg tab, 500 mg tab)</i>	5	PA - FOR NEW STARTS ONLY, NM
AKEEGA (50-500 MG TABLET, 100-500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ALECENSA 150 MG CAPSULE	5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ALUNBRIG 30 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>anastrozole 1 mg tablet</i>	1	
AUGTYRO 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
AYVAKIT (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA (3 MG TABLET, 4 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>bicalutamide 50 mg tablet</i>	2	
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BOSULIF 100 MG CAPSULE	5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BOSULIF 100 MG TABLET	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BOSULIF 50 MG CAPSULE	5	QL (7 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
BRAFTOVI 75 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
BRUKINSA 80 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
CABOMETYX (20 MG TABLET, 40 MG TABLET, 60 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
CALQUENCE 100 MG TABLET	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
CAPRELSA (100 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
COMETRIQ 100 MG DAILY-DOSE PK	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
COMETRIQ 140 MG DAILY-DOSE PK	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
COMETRIQ 60 MG DAILY-DOSE PACK	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
COPIKTRA (15 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
COTELLIC 20 MG TABLET	5	LA, PA - FOR NEW STARTS ONLY, NM
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	4	PA - PART B VS D DETERMINATION
CYCLOPHOSPHAMIDE 25 MG CAPSULE	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYCLOPHOSPHAMIDE 50 MG CAPSULE	4	PA - PART B VS D DETERMINATION
<i>dasatinib (20 mg tablet, 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
DAURISMO (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
EMCYT 140 MG CAPSULE	3	
ERIVEDGE 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ERLEADA 240 MG TABLET	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ERLEADA 60 MG TABLET	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>erlotinib hcl (25 mg tablet, 100 mg tablet, 150 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>everolimus (2 mg tab susp, 5 mg tab susp)</i>	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>everolimus 3 mg tab for susp</i>	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>exemestane 25 mg tablet</i>	4	
EXKIVITY 40 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
FIRMAGON (2 X 120 MG KIT, 80 MG KIT, 120 MG VIAL)	4	
FOTIVDA (0.89 MG CAPSULE, 1.34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
FRUZAQLA (1 MG CAPSULE, 5 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
GAVRETO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>gefitinib 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
GILOTRIF (20 MG TABLET, 30 MG TABLET, 40 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
GLEOSTINE 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>hydroxyurea 500 mg capsule</i>	2	
IBRANCE (75 MG CAPSULE, 75 MG TABLET, 100 MG CAPSULE, 100 MG TABLET, 125 MG CAPSULE, 125 MG TABLET)	5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
ICLUSIG (10 MG TABLET, 15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
IDHIFA (50 MG TABLET, 100 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>imatinib mesylate (100 mg tab, 400 mg tab)</i>	5	NM
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
IMBRUVICA 140 MG CAPSULE	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
IMBRUVICA 70 MG/ML SUSPENSION	5	QL (216 PER 30 DAYS), PA - FOR NEW STARTS ONLY, NM
INLYTA (1 MG TABLET, 5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
INQOVI 35 MG-100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
INREBIC 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
IWILFIN 192 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
JAKAFI (5 MG TABLET, 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
JAYPIRCA (50 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
JYLAMVO 2 MG/ML ORAL SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
KISQALI 200 MG DAILY DOSE	5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI 400 MG DAILY DOSE	5	QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI 600 MG DAILY DOSE	5	QL (63 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA 200 MG CO-PACK	5	QL (49 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA 400 MG CO-PACK	5	QL (70 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KISQALI FEMARA 600 MG CO-PACK	5	QL (91 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
KOSELUGO (10 MG CAPSULE, 25 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
KRAZATI 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>lapatinib 250 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
LAZCLUZE (80 MG TABLET, 240 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule, 15 mg capsule)</i>	5	LA, QL (1 PER 1 DAYS), NM
<i>lenalidomide (20 mg capsule, 25 mg capsule)</i>	5	LA, QL (21 PER 28 DAYS), NM
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>letrozole 2.5 mg tablet</i>	1	
LEUKERAN 2 MG TABLET	5	NM
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	4	
<i>leuprolide depot 22.5 mg vial</i>	4	PA - FOR NEW STARTS ONLY
LONSURF (15 MG-6.14 MG TABLET, 20 MG-8.19 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LORBRENA (25 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUMAKRAS (120 MG TABLET, 320 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT (DEPOT-4 MONTH KIT, DEPOT 7.5 MG KIT, DEPOT 22.5 MG 3MO KIT, DEPOT 45 MG 6MO KIT)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA (100 MG TABLET, 150 MG TABLET)	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
LYSODREN 500 MG TABLET	5	NM
LYTGOBI (12 MG (3X TB), 16 MG (4X TB), 20 MG (5X TB))	5	PA - FOR NEW STARTS ONLY, NM
MATULANE 50 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
<i>megestrol acetate (20 mg tablet, 40 mg tablet)</i>	2	
MEKINIST (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 2 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
MEKTOVI 15 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>mercaptopurine 50 mg tablet</i>	3	
<i>methotrexate (1 gm vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	
<i>methotrexate 2.5 mg tablet</i>	2	PA - PART B VS D DETERMINATION
<i>methotrexate sodium (1 gram/40 ml vial, 25 mg/ml vial, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	
NERLYNX 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>nilutamide 150 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
NINLARO (2.3 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
NUBEQA 300 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ODOMZO 200 MG CAPSULE	5	LA, PA - FOR NEW STARTS ONLY, NM
OGSIVEO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
OJEMDA (25 MG/ML ORAL SUSP, 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA - FOR NEW STARTS ONLY, NM
OJJAARA (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ONUREG (200 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORSERDU (86 MG TABLET, 345 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>pazopanib hcl 200 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
PEMAZYRE (4.5 MG TABLET, 9 MG TABLET, 13.5 MG TABLET)	5	QL (14 PER 21 DAYS), PA - FOR NEW STARTS ONLY, NM
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
PIQRAY 200 MG DAILY DOSE PACK	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
POMALYST (1 MG CAPSULE, 2 MG CAPSULE, 3 MG CAPSULE, 4 MG CAPSULE)	5	QL (21 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
PURIXAN 20 MG/ML ORAL SUSP	4	
QINLOCK 50 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RETEVMO (40 MG CAPSULE, 40 MG TABLET, 80 MG CAPSULE, 80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
REZLIDHIA 150 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ROZLYTREK 100 MG CAPSULE	5	QL (5 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ROZLYTREK 200 MG CAPSULE	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ROZLYTREK 50 MG PELLETT PACKET	5	QL (336 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
RUBRACA (200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
RYDAPT 25 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
SCSEMBLIX 100 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
SCSEMBLIX 20 MG TABLET	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SCEMBLIX 40 MG TABLET	5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
SOLTAMOX 20 MG/10 ML SOLN	5	NM
<i>sorafenib 200 mg tablet</i>	5	PA - FOR NEW STARTS ONLY, NM
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
SPRYCEL 20 MG TABLET	5	QL (3 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
STIVARGA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>sunitinib malate (12.5 mg cap, 25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	5	PA - FOR NEW STARTS ONLY, NM
TABLOID 40 MG TABLET	3	
TABRECTA (150 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TAFINLAR (10 MG TABLET FOR SUSP, 50 MG CAPSULE, 75 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
TAGRISO (40 MG TABLET, 80 MG TABLET)	5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
TALZENNA (0.1 MG CAPSULE, 0.1 MG SOFTGEL, 0.25 MG CAPSULE, 0.25 MG SOFTGEL, 0.35 MG CAPSULE, 0.35 MG SOFTGEL, 0.5 MG CAPSULE, 0.5 MG SOFTGEL, 0.75 MG CAPSULE, 0.75 MG SOFTGEL, 1 MG CAPSULE, 1 MG SOFTGEL)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
<i>tamoxifen citrate (10 mg tablet, 20 mg tablet)</i>	2	
TASIGNA (50 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
TAZVERIK 200 MG TABLET	5	QL (8 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
TEPMETKO 225 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
TIBSOVO 250 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>toremifene citrate 60 mg tab</i>	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TORPENZ (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TRELSTAR (3.75 MG VIAL, 11.25 MG VIAL, 22.5 MG VIAL)	4	PA - FOR NEW STARTS ONLY
<i>tretinoin 10 mg capsule</i>	5	NM
TRUQAP (160 MG TABLET, 200 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TUKYSA (50 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
TURALIO (125 MG CAPSULE, 200 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VANFLYTA (17.7 MG TABLET, 26.5 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	LA, QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY
VENCLEXTA 100 MG TABLET	5	LA, QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VENCLEXTA 50 MG TABLET	5	LA, QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VENCLEXTA STARTING PACK	5	LA, QL (42 PER 28 DAYS), PA - FOR NEW STARTS ONLY, NM
VERZENIO (50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VITRAKVI 100 MG CAPSULE	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VITRAKVI 20 MG/ML SOLUTION	5	QL (10 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VITRAKVI 25 MG CAPSULE	5	QL (6 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VIZIMPRO (15 MG TABLET, 30 MG TABLET, 45 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
VONJO 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
VORANIGO (10 MG TABLET, 40 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
WELIREG 40 MG TABLET	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XALKORI (20 MG PELLETT, 50 MG PELLETT, 150 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
XATMEP 2.5 MG/ML ORAL SOLUTION	4	PA - FOR NEW STARTS ONLY
XOSPATA 40 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
XPOVIO (40 MG ONCE, 40 MG TWICE, 60 MG ONCE, 60 MG TWICE, 80 MG ONCE, 80 MG TWICE, 100 MG ONCE)	5	PA - FOR NEW STARTS ONLY, NM
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	QL (4 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
XTANDI 80 MG TABLET	5	QL (2 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ZELBORAF 240 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
ZOLINZA 100 MG CAPSULE	5	PA - FOR NEW STARTS ONLY, NM
ZYDELIG (100 MG TABLET, 150 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
ZYKADIA 150 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM

ANTICONVULSANTS

APTIOM (200 MG TABLET, 400 MG TABLET, 600 MG TABLET, 800 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
BRIVIACT 10 MG/ML ORAL SOLN	4	PA - FOR NEW STARTS ONLY
<i>carbamazepine (100 mg tab chew, 200 mg tablet)</i>	3	
<i>carbamazepine (100 mg/5 ml susp, 200 mg/10 ml cup)</i>	4	
<i>carbamazepine er (er 100 mg cap, er 100 mg tablet, er 200 mg cap, er 200 mg tablet, er 300 mg cap, er 400 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clobazam 10 mg tablet</i>	4	QL (120 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	4	QL (480 PER 30 DAYS)
<i>clobazam 20 mg tablet</i>	4	QL (60 PER 30 DAYS)
DIACOMIT (250 MG CAPSULE, 250 MG POWDER PACKET, 500 MG CAPSULE, 500 MG POWDER PACKET)	5	PA - FOR NEW STARTS ONLY, NM
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	4	
DILANTIN 30 MG CAPSULE	3	
<i>divalproex dr 125 mg cap sprnk</i>	4	
<i>divalproex sodium (dr 125 mg tab, dr 250 mg tab, dr 500 mg tab)</i>	2	
<i>divalproex sodium er (er 250 mg tab, er 500 mg tab)</i>	3	
EPIDIOLEX (100 MG/ML SOLN PACK, 100 MG/ML SOLUTION)	5	PA - FOR NEW STARTS ONLY, NM
EPITOL 200 MG TABLET	3	
EPRONTIA 25 MG/ML SOLUTION	4	PA - FOR NEW STARTS ONLY
<i>ethosuximide 250 mg capsule</i>	3	
<i>ethosuximide 250 mg/5 ml soln</i>	4	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	4	
FINTEPLA 2.2 MG/ML SOLUTION	5	PA - FOR NEW STARTS ONLY, NM
FYCOMPA (0.5 MG/ML ORAL SUSP, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
FYCOMPA 2 MG TABLET	4	PA - FOR NEW STARTS ONLY
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (12 PER 1 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	3	QL (72 PER 1 DAYS)
<i>gabapentin 400 mg capsule</i>	2	QL (9 PER 1 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (6 PER 1 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (4 PER 1 DAYS)
<i>lacosamide (10 mg/ml solution, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lacosamide (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	4	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	3	
<i>lamotrigine odt (odt 25 mg tablet, odt 50 mg tablet, odt 100 mg tablet, odt 200 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
<i>levetiracetam (100 mg/ml soln, 500 mg/5 ml cup, 500 mg/5 ml soln, 1,000mg/10ml cup)</i>	3	
<i>levetiracetam (250 mg tablet, 500 mg tablet, 750 mg tablet, 1,000 mg tablet)</i>	2	
<i>levetiracetam er (er 500 mg tablet, er 750 mg tablet)</i>	3	
LIBERVANT (5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM)	4	PA - FOR NEW STARTS ONLY
<i>methsuximide 300 mg capsule</i>	4	
NAYZILAM 5 MG NASAL SPRAY	4	PA - FOR NEW STARTS ONLY
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	3	
<i>oxcarbazepine (300 mg/5 ml cup, 300 mg/5 ml susp)</i>	4	
<i>phenobarbital (15 mg tablet, 30 mg tablet, 60 mg tablet, 100 mg tablet)</i>	2	
<i>phenobarbital (16.2 mg tablet, 32.4 mg tablet, 64.8 mg tablet, 97.2 mg tablet)</i>	3	
<i>phenobarbital (20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg/7.5 ml cup, 60 mg/15 ml cup)</i>	4	
<i>phenytoin (100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	3	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew)</i>	2	
<i>phenytoin sodium extended (ext 100 mg cap, ext 200 mg cap, ext 300 mg cap)</i>	3	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	3	QL (2 PER 1 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule)</i>	3	QL (6 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin 150 mg capsule</i>	3	QL (4 PER 1 DAYS)
<i>pregabalin 20 mg/ml solution</i>	3	QL (30 PER 1 DAYS)
<i>pregabalin 200 mg capsule</i>	3	QL (3 PER 1 DAYS)
<i>primidone (50 mg tablet, 125 mg tablet, 250 mg tablet)</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
<i>rufinamide 200 mg tablet</i>	4	PA - FOR NEW STARTS ONLY
SPRITAM (250 MG TABLET, 500 MG TABLET, 750 MG TABLET, 1,000 MG TABLET)	4	PA - FOR NEW STARTS ONLY
SUBVENITE (25 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	2	
SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM)	4	
<i>tiagabine hcl (2 mg tablet, 4 mg tablet, 12 mg tablet, 16 mg tablet)</i>	4	
<i>topiramate (15 mg cap, 25 mg cap)</i>	3	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	2	
<i>valproic acid (250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup)</i>	3	
<i>valproic acid 250 mg capsule</i>	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY, 20 MG SPRAY)	4	PA - FOR NEW STARTS ONLY
<i>vigabatrin (500 mg powder packet, 500 mg tablet)</i>	5	PA - FOR NEW STARTS ONLY, NM
VIGADRONE (500 MG POWDER PACKET, 500 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
VIGPODER 500 MG POWDER PACKET	5	PA - FOR NEW STARTS ONLY, NM
XCOPRI (12.5-25 MG TITRATION PK, 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	3	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZONISADE 100 MG/5 ML ORAL SUSP	4	PA - FOR NEW STARTS ONLY
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	
ZTALMY 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM

ANTIDEMENTIA AGENTS

<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>donepezil hcl odt (odt 5 mg tablet, odt 10 mg tablet)</i>	2	
<i>ergoloid mesylates 1 mg tab</i>	3	
<i>galantamine 4 mg/ml oral soln</i>	4	
<i>galantamine er (er 8 mg capsule, er 16 mg capsule, er 24 mg capsule)</i>	4	
<i>galantamine hbr (4 mg tablet, 8 mg tablet, 12 mg tablet)</i>	4	
<i>memantine hcl (5 mg tablet, 10 mg tablet)</i>	3	
<i>memantine hcl 2 mg/ml solution</i>	4	
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	2	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 4.6 mg/24hr patch, 6 mg capsule, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	4	

ANTIDEPRESSANTS

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	3	
AUVELITY ER 45-105 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
<i>bupropion hcl (75 mg tablet, 100 mg tablet)</i>	2	
<i>bupropion hcl sr (sr 100 mg tablet, sr 150 mg tablet, sr 200 mg tablet)</i>	2	
<i>bupropion xl (150 mg tablet, 300 mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	3	
<i>clomipramine hcl (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	
<i>desipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet, 150 mg tablet)</i>	4	
<i>desvenlafaxine suc er 100 mg tablet (generic for pristiq)</i>	3	
<i>desvenlafaxine suc er 25 mg tablet (generic for pristiq)</i>	3	
<i>desvenlafaxine suc er 50 mg tablet (generic for pristiq)</i>	3	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	3	
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 30 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	PA - FOR NEW STARTS ONLY
<i>duloxetine hcl (dr 20 mg cap, dr 30 mg cap, dr 60 mg cap)</i>	2	
EMSAM (6 MG/24 PATCH, 9 MG/24 PATCH, 12 MG/24 PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
<i>escitalopram oxalate 5 mg/5 ml</i>	4	
FETZIMA (20-40 MG TITRATION PAK, ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	PA - FOR NEW STARTS ONLY
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	3	
<i>fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)</i>	3	
<i>imipramine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MARPLAN 10 MG TABLET	4	
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	3	
<i>mirtazapine (7.5 mg tablet, 15 mg tablet, 30 mg tablet, 45 mg tablet)</i>	2	
<i>nefazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	
<i>nortriptyline 10 mg/5 ml soln</i>	4	
<i>nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	2	
<i>paroxetine hcl 10 mg/5 ml susp</i>	4	
<i>phenelzine sulfate 15 mg tab</i>	3	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	1	
<i>protriptyline hcl (5 mg tablet, 10 mg tablet)</i>	4	
<i>sertraline 20 mg/ml oral conc</i>	4	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>tranylcypromine sulf 10 mg tab</i>	4	
<i>trazodone 300 mg tablet</i>	3	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
<i>trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cp)</i>	4	
TRINTELLIX (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	PA - FOR NEW STARTS ONLY
<i>venlafaxine bes er 112.5 mg tb</i>	4	
<i>venlafaxine hcl (25 mg tablet, 37.5 mg tablet, 50 mg tablet, 75 mg tablet, 100 mg tablet)</i>	2	
<i>venlafaxine hcl er (er 37.5 mg cap, er 75 mg cap, er 150 mg cap)</i>	2	
<i>vilazodone hcl (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	4	
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE, 30 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ANTIDIABETIC AGENTS		
ANTIDIABETIC AGENTS, MISCELLANEOUS		
<i>acarbose (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>dapagliflozin (5 mg tablet, 10 mg tablet)</i>	4	QL (1 PER 1 DAYS)
GLYXAMBI (10 MG TABLET, 25 MG TABLET)	3	QL (1 PER 1 DAYS)
JANUMET (50-1,000 MG TABLET, 50-500 MG TABLET)	3	QL (2 PER 1 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (2 PER 1 DAYS)
JANUVIA (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL (1 PER 1 DAYS)
JARDIANCE (10 MG TABLET, 25 MG TABLET)	3	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB, 2.5 MG-850 MG TAB)	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet (generic for glucophage)</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>mifepristone 300 mg tablet</i>	5	PA, NM
<i>miglitol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
MOUNJARO (2.5 MG/0.5 ML PEN, 5 MG/0.5 ML PEN, 7.5 MG/0.5 ML PEN, 10 MG/0.5 ML PEN, 12.5 MG/0.5 ML PEN, 15 MG/0.5 ML PEN)	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide (60 mg tablet, 120 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OZEMPIC (1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)
OZEMPIC .25 OR 0.5 PEN INJCTR (DOSE 3 ML)	3	PA, QL (3 PER 28 DAYS)
OZEMPIC 0.25 OR .5 PEN INJCTR (DOSE 1.5 ML)	3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride (30-2, 30-4)</i>	4	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin (15-500, 15-850)</i>	4	QL (90 PER 30 DAYS)
<i>repaglinide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
RYBELSUS (3 MG TABLET, 7 MG TABLET, 14 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
SYMLINPEN 120 PEN INJECTOR	5	NM
SYMLINPEN 60 PEN INJECTOR	5	NM
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (10-1,000 MG TABLET, 25-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
TRADJENTA 5 MG TABLET	3	QL (1 PER 1 DAYS)
TRIJARDY XR (10-5-1,000 MG TAB, 25-5-1,000 MG TAB)	3	QL (30 PER 30 DAYS)
TRIJARDY XR (5-2.5-1,000 MG TAB, 12.5-2.5-1,000 MG)	3	QL (60 PER 30 DAYS)
TRULICITY (0.75 MG/0.5 ML PEN, 1.5 MG/0.5 ML PEN, 3 MG/0.5 ML PEN, 4.5 MG/0.5 ML PEN)	3	PA, QL (2 PER 28 DAYS)
INSULINS		
HUMALOG 100 UNIT/ML CARTRIDGE	3	IN
HUMALOG 200 UNIT/ML KWIKPEN	3	IN
HUMALOG MIX 50-50 KWIKPEN	3	IN

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 50-50 VIAL	3	IN
HUMALOG MIX 75-25 VIAL	3	IN
HUMULIN 70-30 VIAL	3	IN
HUMULIN 70/30 KWIKPEN	3	IN
HUMULIN N 100 UNIT/ML KWIKPEN	3	IN
HUMULIN N 100 UNIT/ML VIAL	3	IN
HUMULIN R 100 UNIT/ML VIAL	3	IN
HUMULIN R 500 UNIT/ML KWIKPEN	3	IN
HUMULIN R 500 UNIT/ML VIAL	3	IN
<i>insulin lispro 100 unit/ml pen</i>	3	IN
<i>insulin lispro 100 unit/ml vl</i>	3	IN
<i>insulin lispro jr 100 unit/ml</i>	3	IN
<i>insulin lispro mix 75-25 kwkpn</i>	3	IN
LANTUS 100 UNIT/ML VIAL	3	IN
LANTUS SOLOSTAR 100 UNIT/ML	3	IN
TOUJEO MAX SOLOSTR 300 UNIT/ML	3	IN
TOUJEO SOLOSTAR 300 UNIT/ML	3	IN

SULFONYLUREAS

<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	3	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glipizide-metformin 2.5-250 mg</i>	3	QL (240 PER 30 DAYS)
<i>glyburide (1.25 mg tablet, 2.5 mg tablet, 5 mg tablet)</i>	2	
<i>glyburide micronized (1.5 mg tab, 3 mg tablet, 6 mg tablet)</i>	2	
<i>glyburide-metformin hcl (glyburid-metformin 1.25-250 mg, glyburide-metformin 2.5-500 mg, glyburide-metformin 5-500 mg)</i>	2	

ANTIFUNGALS

ABELCET 100 MG/20 ML VIAL	4	PA
<i>amphotericin b 50 mg vial</i>	4	PA
<i>amphotericin b liposome 50 mg</i>	5	PA, NM
<i>caspofungin acetate (50 mg vial, 70 mg vial)</i>	4	PA
<i>ciclopirox (0.77% cream, 8% solution)</i>	2	
<i>ciclopirox 0.77% gel</i>	4	
<i>ciclopirox 0.77% topical susp</i>	4	QL (60 PER 30 DAYS)
<i>clotrimazole (1% solution, 10 mg lozenge, 10 mg troche)</i>	3	
<i>clotrimazole 1% topical cream</i>	2	
<i>clotrimazole-betamethasone crm</i>	2	
<i>econazole nitrate 1% cream</i>	4	QL (85 PER 30 DAYS)
ERAXIS 100 MG VIAL	5	PA, NM
ERAXIS 50 MG VIAL	4	PA
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	3	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>fluconazole-nacl (100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml)</i>	4	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	NM
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	4	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>itraconazole (10 mg/ml solution, 100 mg/10 ml cup)</i>	4	PA
<i>itraconazole 100 mg capsule</i>	4	
<i>ketoconazole 2% cream</i>	3	QL (60 PER 30 DAYS)
<i>ketoconazole 2% shampoo</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole 200 mg tablet</i>	2	
KLAYESTA 100,000 UNIT/GM POWD	3	QL (60 PER 30 DAYS)
<i>micafungin (50 mg vial, 100 mg vial)</i>	4	
NYAMYC 100,000 UNIT/GM POWDER	3	QL (60 PER 30 DAYS)
<i>nystatin (100,000 unit/ml susp, 500,000 unit/5 ml cup)</i>	2	QL (720 PER 30 DAYS)
<i>nystatin (unit/gm cream, unit/gm oint)</i>	2	QL (30 PER 30 DAYS)
<i>nystatin 100,000 unit/gm powd</i>	3	QL (60 PER 30 DAYS)
<i>nystatin 500,000 unit oral tab</i>	3	
NYSTOP 100,000 UNIT/GM POWDER	3	QL (60 PER 30 DAYS)
<i>posaconazole dr 100 mg tablet</i>	5	PA, NM
<i>terbinafine hcl 250 mg tablet</i>	2	
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	4	PA
<i>voriconazole 40 mg/ml susp</i>	5	PA, NM

ANTIGOUT AGENTS

ANTIGOUT AGENTS, OTHER

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>colchicine 0.6 mg tablet</i>	3	
<i>febuxostat (40 mg tablet, 80 mg tablet)</i>	4	
<i>probenecid 500 mg tablet</i>	3	
<i>probenecid-colchicine tablet</i>	2	

ANTI-HISTAMINES

<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	2	
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine 50 mg/ml vial</i>	1	
<i>hydroxyzine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
<i>hydroxyzine hcl (10 mg/5 ml soln, 10 mg/5 ml syrup, 50 mg/25 ml cup)</i>	3	
<i>levocetirizine 5 mg tablet</i>	2	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syr)</i>	3	

ANTIMIGRAINE AGENTS

AJOVY 225 MG/1.5 ML AUTOINJECT	3	PA
AJOVY 225 MG/1.5 ML SYRINGE	3	PA
<i>dihydroergotamine mesylate (1 mg/ml amp, 4 mg/ml spry)</i>	5	PA, NM
EMGALITY 120 MG/ML PEN	3	PA
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 120 MG/ML SYRINGE, 300 MG (100 MG X3SYR))	3	PA
<i>ergotamine-caffeine 1-100mg tb</i>	3	
<i>naratriptan hcl (1 mg tablet, 2.5 mg tablet)</i>	3	QL (12 PER 30 DAYS)
NURTEC ODT 75 MG TABLET	3	PA
<i>rizatriptan (5 mg odt, 10 mg odt)</i>	3	QL (12 PER 30 DAYS)
<i>rizatriptan (5 mg tablet, 10 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan (5 mg spray, 20 mg spray)</i>	4	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5 ml syrng, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	4	QL (5 PER 30 DAYS)

ANTIMYCOBACTERIALS

<i>cycloserine 250 mg capsule</i>	5	PA, NM
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ethambutol hcl (100 mg tablet, 400 mg tablet)</i>	3	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	4	
<i>pretomanid 200 mg tablet</i>	4	PA
PRIFTIN 150 MG TABLET	4	
<i>pyrazinamide 500 mg tablet</i>	4	
<i>rifabutin 150 mg capsule</i>	4	
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	3	
<i>rifampin iv 600 mg vial</i>	4	
SIRTURO (20 MG TABLET, 100 MG TABLET)	5	PA, NM
TRECTOR 250 MG TABLET	3	

ANTINAUSEA AGENTS

<i>aprepitant (40 mg capsule, 80 mg capsule, 125 mg capsule, 125-80-80 mg pack)</i>	4	PA - PART B VS D DETERMINATION
COMPRO 25 MG SUPPOSITORY	4	
<i>dronabinol (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA
EMEND 125 MG POWDER PACKET	4	PA - PART B VS D DETERMINATION
<i>granisetron hcl 1 mg tablet</i>	4	PA - PART B VS D DETERMINATION
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	2	PA - PART B VS D DETERMINATION
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	4	PA - PART B VS D DETERMINATION
<i>ondansetron odt (odt 4 mg tablet, odt 8 mg tablet)</i>	2	PA - PART B VS D DETERMINATION
<i>prochlorperazine 25 mg supp</i>	4	
<i>prochlorperazine maleate (5 mg tablet, 10 mg tab)</i>	2	
<i>promethazine hcl (12.5 mg suppos, 25 mg suppository, 50 mg suppository)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethazine hcl (12.5 mg tablet, 25 mg tablet, 50 mg tablet)</i>	2	
PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOSITORY, 50 MG SUPPOSITORY)	4	
<i>scopolamine 1 mg/3 day patch</i>	4	
<i>trimethobenzamide 300 mg cap</i>	4	

ANTIPARASITE AGENTS

<i>albendazole 200 mg tablet</i>	4	
<i>atovaquone (750 mg/5 ml susp, 750 mg/5ml susp cup, 1,500 mg/10 ml cup)</i>	4	
<i>atovaquone-proguanil hcl (62.5-25, 250-100)</i>	4	
<i>chloroquine phosphate (250 mg tablet, 500 mg tablet)</i>	4	
COARTEM TABLETS	3	
<i>hydroxychloroquine 200 mg tab</i>	2	
IMPAVIDO 50 MG CAPSULE	5	PA, NM
<i>ivermectin 3 mg tablet</i>	3	QL (40 PER 30 DAYS)
<i>mefloquine hcl 250 mg tablet</i>	2	
<i>nitazoxanide 500 mg tablet</i>	4	PA
<i>pentamidine 300 mg inhal powdr</i>	4	PA - PART B VS D DETERMINATION
<i>pentamidine 300 mg inject vial</i>	4	PA
<i>praziquantel 600 mg tablet</i>	4	
<i>primaquine 26.3 mg tablet</i>	3	
<i>pyrimethamine 25 mg tablet</i>	5	PA, NM
<i>quinine sulfate 324 mg capsule</i>	4	PA
<i>tinidazole (250 mg tablet, 500 mg tablet)</i>	4	

ANTIPARKINSONIAN AGENTS

<i>amantadine (100 mg capsule, 100 mg tablet)</i>	3	
<i>amantadine (50 mg/5 ml solution, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>apomorphine 30 mg/3 ml cartrdg</i>	5	PA, NM
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	
<i>bromocriptine mesylate (2.5 mg tablet, 5 mg capsule)</i>	4	
<i>cabergoline 0.5 mg tablet</i>	3	
<i>carbidopa-levodopa (10-100 mg odt, 25-100 mg odt, 25-250 mg odt)</i>	4	
<i>carbidopa-levodopa (10-100 tab, 25-100 tab, 25-250 tab)</i>	2	
<i>carbidopa-levodopa er (er 25-100 tab, er 50-200 tab)</i>	3	
<i>carbidopa-levodopa-entacapone (50, 75, 100, 125, 150, 200)</i>	4	
<i>entacapone 200 mg tablet</i>	4	
INBRIJA 42 MG INHALATION CAP	5	PA, NM
NEUPRO (1 MG/24 HR PATCH, 2 MG/24 HR PATCH, 3 MG/24 HR PATCH, 4 MG/24 HR PATCH, 6 MG/24 HR PATCH, 8 MG/24 HR PATCH)	4	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	2	
<i>pramipexole dihydrochloride (0.125 mg tablet, 0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet)</i>	2	
<i>pramipexole er (er 0.375 mg tablet, er 0.75 mg tablet, er 1.5 mg tablet, er 2.25 mg tablet, er 3 mg tablet, er 3.75 mg tablet, er 4.5 mg tablet)</i>	4	
<i>rasagiline mesylate (0.5 mg tab, 1 mg tab)</i>	4	
<i>ropinirole er (er 2 mg tablet, er 4 mg tablet, er 6 mg tablet, er 8 mg tablet, er 12 mg tablet)</i>	4	
<i>ropinirole hcl (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet)</i>	2	
RYTARY (ER 23.75 MG-95 MG CAP, ER 36.25 MG-145 MG CAP, ER 48.75 MG-195 MG CAP, ER 61.25 MG-245 MG CAP)	4	ST
<i>selegiline hcl 5 mg capsule</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>selegiline hcl 5 mg tablet</i>	4	
<i>trihexyphenidyl hcl (2 mg tablet, 2 mg/5 ml soln, 5 mg tablet)</i>	2	

ANTIPSYCHOTIC AGENTS

ABILIFY MAINTENA (ER 300 MG SYR, ER 300 MG VL, ER 400 MG SYR, ER 400 MG VL)	5	NM
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	3	
<i>aripiprazole 1 mg/ml solution</i>	4	
<i>aripiprazole odt (odt 10 mg tablet, odt 15 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
ARISTADA (ER 441 MG/1.6 ML SYRN, ER 662 MG/2.4 ML SYRN, ER 882 MG/3.2 ML SYRN)	5	NM
ARISTADA ER 1064 MG/3.9 ML SYR	4	
ARISTADA INITIO ER 675 MG/2.4	5	NM
<i>asenapine maleate (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	4	
CAPLYTA (10.5 MG CAPSULE, 21 MG CAPSULE, 42 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	4	
<i>chlorpromazine hcl (30 mg/ml conc, 100 mg/ml conc)</i>	4	PA - FOR NEW STARTS ONLY
<i>clozapine (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	3	
<i>clozapine odt (odt 12.5 mg tablet, odt 25 mg tablet, odt 100 mg tablet, odt 150 mg tablet, odt 200 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
FANAPT TITRATION PACK	4	PA - FOR NEW STARTS ONLY
<i>fluphenazine dec 125 mg/5 ml</i>	4	
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>haloperidol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>haloperidol dec 100 mg/ml amp</i>	4	
<i>haloperidol decanoate (50 mg/ml ampul, 50 mg/ml vial, 100 mg/ml amp, 100 mg/ml vial, 250 mg/5 ml vl, 500 mg/5 ml vl)</i>	4	
<i>haloperidol lactate (2 mg/ml conc, 10 mg/5 ml cup)</i>	2	
<i>haloperidol lactate (5 mg/ml syring, 5 mg/ml vial, 50 mg/10 ml vl)</i>	4	
INVEGA HAFYERA (1,092 MG/3.5 ML, 1,560 MG/5 ML)	5	PA - FOR NEW STARTS ONLY, NM
INVEGA SUSTENNA (39 MG/0.25 ML, 78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	4	
INVEGA TRINZA (273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML)	4	
<i>loxapine (5 mg capsule, 10 mg capsule, 25 mg capsule, 50 mg capsule)</i>	2	
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 80 mg tablet, 120 mg tablet)</i>	4	QL (1 PER 1 DAYS)
LYBALVI (5-10 MG TABLET, 10-10 MG TABLET, 15-10 MG TABLET, 20-10 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>molindone hcl (5 mg tablet, 10 mg tablet, 25 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	3	
<i>olanzapine 10 mg vial</i>	4	
<i>olanzapine odt (odt 5 mg tablet, odt 10 mg tablet, odt 15 mg tablet, odt 20 mg tablet)</i>	4	PA - FOR NEW STARTS ONLY
<i>paliperidone er (er 1.5 mg tablet, er 3 mg tablet, er 6 mg tablet, er 9 mg tablet)</i>	4	
<i>perphenazine (2 mg tablet, 4 mg tablet, 8 mg tablet, 16 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PERSERIS (ER 90 MG POWDER SYRNG, ER 90 MG SYRINGE KIT, ER 120 MG SYRINGE KIT)	5	PA - FOR NEW STARTS ONLY, NM
<i>pimozide (1 mg tablet, 2 mg tablet)</i>	4	
<i>quetiapine fumarate (fumarate 25 mg tab, fumarate 50 mg tab, fumarate 100 mg tab, 150 mg tablet, fumarate 200 mg tab, fumarate 300 mg tab, fumarate 400 mg tab)</i>	2	
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 200 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	3	
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA - FOR NEW STARTS ONLY, NM
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	
<i>risperidone 1 mg/ml solution</i>	4	
<i>risperidone er (er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial, er 50 mg vial)</i>	4	
<i>risperidone odt (0.25 mg odt, 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt, 4 mg odt)</i>	4	PA - FOR NEW STARTS ONLY
SECUADO (3.8 MG/24 HR PATCH, 5.7 MG/24 HR PATCH, 7.6 MG/24 HR PATCH)	5	PA - FOR NEW STARTS ONLY, NM
<i>thioridazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	3	
<i>thiothixene (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	
<i>trifluoperazine hcl (1 mg tablet, 2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
VERSACLOZ 50 MG/ML SUSPENSION	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	PA - FOR NEW STARTS ONLY, NM
VRAYLAR 1.5 MG-3 MG PACK	4	PA - FOR NEW STARTS ONLY
<i>ziprasidone 20 mg/ml vial</i>	4	
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA - FOR NEW STARTS ONLY
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	5	PA - FOR NEW STARTS ONLY, NM

ANTIVIRALS (SYSTEMIC)

ANTIRETROVIRALS

<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir-lamivudine 600-300 mg</i>	4	
APTIVUS 250 MG CAPSULE	5	NM
<i>atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)</i>	4	
BIKTARVY (30-120-15 MG TABLET, 50-200-25 MG TABLET)	5	NM
CIMDUO 300-300 MG TABLET	5	NM
COMPLERA TABLET	5	NM
<i>darunavir (600 mg tablet, 800 mg tablet)</i>	5	NM
DELSTRIGO 100-300-300 MG TAB	5	NM
DESCOVY (120-15 MG TABLET, 200-25 MG TABLET)	5	NM
DOVATO 50-300 MG TABLET	5	NM
EDURANT 25 MG TABLET	5	NM
<i>efavir-emtri-tenof 600-200-300</i>	4	
<i>efavirenz (50 mg capsule, 200 mg capsule, 600 mg tablet)</i>	4	
<i>efavirenz-lamivu-tenofov disop (400-300-300, 600-300-300)</i>	5	NM
<i>emtricitabine 200 mg capsule</i>	4	
<i>emtricitabine-tenofov disop (100-150mg, 133-200mg, 167-250mg)</i>	5	NM
<i>emtricitabine-tenofv 200-300mg</i>	3	
EMTRIVA 10 MG/ML SOLUTION	4	
<i>etravirine (100 mg tablet, 200 mg tablet)</i>	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EVOTAZ 300 MG-150 MG TABLET	5	NM
<i>fosamprenavir 700 mg tablet</i>	5	NM
FUZEON 90 MG VIAL	5	NM
GENVOYA TABLET	5	NM
INTELENCE 25 MG TABLET	4	
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	NM
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD 600 MG TABLET	5	NM
JULUCA 50-25 MG TABLET	5	NM
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	4	
<i>lamivudine hbv 100 mg tablet</i>	3	
<i>lamivudine-zidovudine tablet</i>	4	
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavir 100-25mg tb, lopinavir-ritonavir 200-50mg tb)</i>	4	
<i>maraviroc (150 mg tablet, 300 mg tablet)</i>	5	NM
<i>nevirapine 200 mg tablet</i>	3	
<i>nevirapine 50 mg/5 ml susp</i>	4	
<i>nevirapine er (er 100 mg tablet, er 400 mg tablet)</i>	4	
NORVIR 100 MG POWDER PACKET	4	
ODEFSEY TABLET	5	NM
PIFELTRO 100 MG TABLET	5	NM
PREZCOBIX 800 MG-150 MG TABLET	5	NM
PREZISTA (100 MG/ML SUSPENSION, 150 MG TABLET)	5	NM
PREZISTA 75 MG TABLET	4	
REYATAZ 50 MG POWDER PACKET	5	NM
<i>ritonavir 100 mg tablet</i>	3	
RUKOBIA ER 600 MG TABLET	5	NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET)	5	NM
SELZENTRY 25 MG TABLET	4	
STRIBILD TABLET	5	NM
SUNLENCA (4- 300 MG TABLET, 5- 300 MG TABLET)	5	NM
SYMTUZA 800-150-200-10 MG TAB	5	NM
<i>tenofovir disop fum 300 mg tb</i>	4	
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	NM
TIVICAY 10 MG TABLET	4	
TIVICAY PD 5 MG TAB FOR SUSP	5	NM
TRIUMEQ 600-50-300 MG TABLET	5	NM
TRIUMEQ PD 60-5-30 MG TAB SUSP	4	
TRIZIVIR TABLET	5	NM
VEMLIDY 25 MG TABLET	5	NM
VIRACEPT (250 MG TABLET, 625 MG TABLET)	5	NM
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	NM
VOCABRIA 30 MG TABLET	4	
<i>zidovudine (100 mg capsule, 300 mg tablet)</i>	3	
<i>zidovudine 50 mg/5 ml syrup</i>	4	
ANTIVIRALS, MISCELLANEOUS		
LIVTENCITY 200 MG TABLET	5	PA, NM
<i>oseltamivir 6 mg/ml suspension</i>	4	
<i>oseltamivir phosphate (30 mg capsule, 45 mg capsule, 75 mg capsule)</i>	3	
PAXLOVID 150-100 MG DOSE PACK	3	QL (20 PER 5 DAYS)
PAXLOVID 150-100 MG PACK (EUA)	3	QL (20 PER 5 DAYS)
PAXLOVID 300-100 MG DOSE PACK	3	QL (30 PER 5 DAYS)
PAXLOVID 300-100 MG PACK (EUA)	3	QL (30 PER 5 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RELENZA 5 MG DISKHALER	3	
<i>rimantadine hcl 100 mg tablet</i>	4	
HCV ANTIVIRALS		
MAVYRET (50-20 MG PELLETT PACKET, 100-40 MG TABLET)	5	PA, NM
VOSEVI 400-100-100 MG TABLET	5	PA, NM
INTERFERONS		
PEGASYS (180 MCG/0.5 ML SYRINGE, 180 MCG/ML VIAL)	5	PA, NM
NUCLEOSIDES AND NUCLEOTIDES		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	4	
<i>acyclovir sodium (sodium 1 gm vial, 500 mg/10 ml vial, sodium 500 mg vial, 1,000 mg/20 ml vial)</i>	4	PA - PART B VS D DETERMINATION
<i>adefovir dipivoxil 10 mg tab</i>	4	
BARACLUDGE 0.05 MG/ML SOLUTION	4	
<i>entecavir (0.5 mg tablet, 1 mg tablet)</i>	4	
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	3	
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	3	
<i>valacyclovir (1 gram tablet, 500 mg tablet)</i>	2	
<i>valganciclovir 450 mg tablet</i>	3	
<i>valganciclovir hcl 50 mg/ml</i>	5	NM

BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS

ANTICOAGULANTS

<i>dabigatran etexilate (75 mg cap, 110 mg cp, 150 mg cp)</i>	3	QL (2 PER 1 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enoxaparin 30 mg/0.3 ml syr</i>	4	QL (18 PER 30 DAYS)
<i>enoxaparin 300 mg/3 ml vial</i>	4	QL (30 PER 30 DAYS)
<i>enoxaparin 40 mg/0.4 ml syr</i>	4	QL (24 PER 30 DAYS)
<i>enoxaparin 60 mg/0.6 ml syr</i>	4	QL (36 PER 30 DAYS)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	4	QL (60 PER 30 DAYS)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	4	QL (48 PER 30 DAYS)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 30 DAYS), NM
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	4	QL (15 PER 30 DAYS)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 30 DAYS), NM
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 30 DAYS), NM
<i>heparin 20,000 unit/500 ml-d5w</i>	3	PA - PART B VS D DETERMINATION
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpujet, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	3	
<i>jantoven 10mg tablet</i>	1	
<i>jantoven 1mg tablet</i>	1	
<i>jantoven 2.5mg tablet</i>	1	
<i>jantoven 2mg tablet</i>	1	
<i>jantoven 3mg tablet</i>	1	
<i>jantoven 4mg tablet</i>	1	
<i>jantoven 5mg tablet</i>	1	
<i>jantoven 6mg tablet</i>	1	
<i>jantoven 7.5mg tablet</i>	1	
<i>warfarin sodium (1 mg tablet, 2 mg tablet, 2.5 mg tablet, 3 mg tablet, 4 mg tablet, 5 mg tablet, 6 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (1 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (2 PER 1 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	QL (20 PER 1 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)

BLOOD FORMATION MODIFIERS

ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/ML VIAL)	4	PA
ARANESP (60 MCG/0.3 ML SYRINGE, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA, NM
NIVESTYM (300 MCG/0.5 ML SYRINGE, 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	5	NM
NYVEPRIA 6 MG/0.6 ML SYRINGE	5	NM
<i>plerixafor 24 mg/1.2 ml vial</i>	5	PA, NM
PROMACTA (12.5 MG SUSPEN PACKET, 12.5 MG TABLET, 25 MG TABLET)	5	PA, QL (30 PER 30 DAYS), NM
PROMACTA (50 MG TABLET, 75 MG TABLET)	5	PA, QL (60 PER 30 DAYS), NM
PROMACTA 25 MG SUSPENSION PCKT	5	PA, QL (90 PER 30 DAYS), NM
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL, 20,000 UNIT/ML VIAL)	4	PA
RETACRIT 40,000 UNIT/ML VIAL	5	PA, NM
RUCONEST 2,100 UNIT VIAL	5	PA, NM

HEMATOLOGIC AGENTS, MISCELLANEOUS

<i>anagrelide hcl (0.5 mg capsule, 1 mg capsule)</i>	3	
CABLIVI (11 MG KIT, 11 MG VIAL)	5	PA, NM
OXBRYTA (300 MG TABLET, 300 MG TABLET FOR SUSP, 500 MG TABLET)	5	PA, NM
PYRUKYND (5 MG TABLET, 5 MG TAPER PACK, 20 MG TABLET, 20 MG TAPER PACK, 20-5 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK, 50-20 MG TAPER PACK)	5	PA, QL (56 PER 28 DAYS), NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tranexamic acid 650 mg tablet</i>	3	QL (30 PER 30 DAYS)

PLATELET-AGGREGATION INHIBITORS

<i>aspirin-dipyridam er 25-200 mg</i>	4	
BRILINTA (60 MG TABLET, 90 MG TABLET)	4	
<i>cilostazol (50 mg tablet, 100 mg tablet)</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	4	
<i>pentoxifylline er 400 mg tab</i>	2	
<i>prasugrel hcl (5 mg tablet, 10 mg tablet)</i>	3	

CALORIC AGENTS

CLINISOL 15% SOLUTION	4	PA - PART B VS D DETERMINATION
<i>dextrose in water (5%-water 100 ml, 5%-water iv soln, 10%-water iv solution)</i>	4	
DOJOLVI LIQUID	5	PA, NM
INTRALIPID (20% IV EMUL, 30% IV EMUL)	3	PA - PART B VS D DETERMINATION
PROSOL 20% INJECTION	4	PA - PART B VS D DETERMINATION

CARDIOVASCULAR AGENTS

ALPHA-ADRENERGIC AGENTS

<i>clonidine (0.1 mg/day patch, 0.2 mg/day patch, 0.3 mg/day patch)</i>	4	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>droxidopa (100 mg capsule, 200 mg capsule, 300 mg capsule)</i>	4	PA
<i>methyldopa (250 mg tablet, 500 mg tablet)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>midodrine hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	
<i>phenoxybenzamine hcl 10 mg cap</i>	5	PA, NM
<i>prazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule)</i>	2	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb, 32 mg tb)</i>	3	
ENTRESTO (24 MG-26 MG TABLET, 49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	
ENTRESTO SPRINKLE (6-6MG PELLETT, 15-16 MG PLT)	3	
<i>irbesartan (75 mg tablet, 150 mg tablet, 300 mg tablet)</i>	2	
<i>irbesartan-hydrochlorothiazide (150-12.5 mg tb, 300-12.5 mg tb)</i>	2	
<i>losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>losartan-hydrochlorothiazide (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)</i>	1	
<i>olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>olmesartan-hydrochlorothiazide (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)</i>	2	
<i>telmisartan (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	2	
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-12.5 mg tb, 80-25 mg tab)</i>	3	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2	
<i>valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)</i>	1	

ANGIOTENSIN-CONVERTING ENZYME INHIBITORS

<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	
<i>captopril (12.5 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	4	
<i>captopril-hydrochlorothiazide (25-15 mg tablet, 25-25 mg tablet, 50-15 mg tablet, 50-25 mg tablet)</i>	4	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tablet)</i>	1	
<i>fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>fosinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab)</i>	2	
<i>lisinopril (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	1	
<i>lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	1	
<i>metformin hcl 1,000 mg tablet (generic for glucophage)</i>	1	
<i>moexipril hcl (7.5 mg tablet, 15 mg tablet)</i>	3	
<i>perindopril erbumine (2 mg tab, 4 mg tab, 8 mg tab)</i>	2	
<i>quinapril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)</i>	2	
<i>ramipril (1.25 mg capsule, 2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
<i>trandolapril (1 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
ANTIARRHYTHMIC AGENTS		
<i>amiodarone hcl (100 mg tablet, 400 mg tablet)</i>	4	
<i>amiodarone hcl 200 mg tablet</i>	2	
<i>disopyramide phosphate (100 mg capsule, 150 mg capsule)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dofetilide (125 mcg capsule, 250 mcg capsule, 500 mcg capsule)</i>	4	
<i>flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>mexiletine hcl (150 mg capsule, 200 mg capsule, 250 mg capsule)</i>	4	
MULTAQ 400 MG TABLET	4	
NORPACE CR (CR 100 MG CAPSULE, CR 150 MG CAPSULE)	4	
PACERONE (100 MG TABLET, 400 MG TABLET)	4	
PACERONE 200 MG TABLET	2	
<i>propafenone hcl (150 mg tablet, 225 mg tab, 300 mg tab)</i>	3	
<i>quinidine sulfate (200 mg tab, 300 mg tab)</i>	2	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl (200 mg capsule, 400 mg capsule)</i>	3	
<i>atenolol (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>atenolol-chlorthalidone (50-25, 100-25)</i>	2	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	3	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
<i>bisoprolol-hydrochlorothiazide (2.5-6.25 mg tb, 5-6.25 mg tab, 10-6.25 mg tab)</i>	2	
<i>carvedilol (3.125 mg tablet, 6.25 mg tablet, 12.5 mg tablet, 25 mg tablet)</i>	1	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<i>metoprolol succinate (er 25 mg tab, er 50 mg tab, er 100 mg tab, er 200 mg tab)</i>	1	
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1	
<i>metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)</i>	3	
<i>nadolol (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nebivolol hcl (2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	4	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl er (er 60 mg capsule, er 80 mg capsule, er 120 mg capsule, er 160 mg capsule)</i>	3	
<i>propranolol-hydrochlorothiazid (40-25 mg tab, 80-25 mg tab)</i>	3	
<i>sotalol (80 mg tablet, 120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
SOTALOL AF (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	2	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	4	

CALCIUM-CHANNEL BLOCKING AGENTS

CARTIA XT (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE, 300 MG CAPSULE)	2	
DILT-XR (120 MG CAPSULE, 180 MG CAPSULE, 240 MG CAPSULE)	2	
<i>diltiazem 24hr er (24hr er 120 mg cap, 24hr er 180 mg cap, 24hr er 240 mg cap, 24hr er 300 mg cap)</i>	2	
<i>diltiazem 24hr er (24hr er 360 mg cap, 24hr er 420 mg cap)</i>	3	
<i>diltiazem 24hr er (cd) (24h er(cd) 120 mg cp, 24h er(cd) 180 mg cp, 24h er(cd) 240 mg cp, 24h er(cd) 300 mg cp)</i>	2	
<i>diltiazem 24hr er (xr) (24h er(xr) 120 mg cp, 24h er(xr) 180 mg cp, 24h er(xr) 240 mg cp)</i>	2	
<i>diltiazem 24hr er 360 mg cap (generic for cardizem cd)</i>	3	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	2	
MATZIM LA (180 MG TABLET, 240 MG TABLET, 300 MG TABLET, 420 MG TABLET)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MATZIM LA 360 MG TABLET (GENERIC FOR CARDIZEM LA)	4	
TIADYLT ER (ER 120 MG CAPSULE, ER 180 MG CAPSULE, ER 240 MG CAPSULE, ER 300 MG CAPSULE, ER 360 MG CAPSULE, ER 420 MG CAPSULE)	2	
<i>verapamil er (er 120 mg capsule, er 180 mg capsule, er 240 mg capsule)</i>	3	
<i>verapamil er (er 120 mg tablet, er 180 mg tablet, er 240 mg tablet)</i>	2	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr (sr 120 mg capsule, sr 180 mg capsule, sr 240 mg capsule)</i>	3	
<i>verapamil sr 360 mg capsule</i>	4	
CARDIOVASCULAR AGENTS, MISCELLANEOUS		
CORLANOR 5 MG/5 ML ORAL SOLN	4	PA
DIGITEK (125 MCG TABLET, 250 MCG TABLET)	2	
DIGOX (125 MCG TABLET, 250 MCG TABLET)	2	
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	2	
<i>digoxin 0.05 mg/ml solution</i>	3	
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	3	
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	
<i>icatibant 30 mg/3 ml syringe</i>	5	PA, QL (18 PER 30 DAYS), NM
<i>ivabradine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	PA
<i>metyrosine 250 mg capsule</i>	5	PA, NM
<i>ranolazine er (er 500 mg tablet, er 1,000 mg tablet)</i>	3	
VERQUVO (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	4	PA
VYNDAMAX 61 MG CAPSULE	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYNDAQEL 20 MG CAPSULE	5	PA, NM
DIHYDROPYRIDINES		
<i>amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>amlodipine besylate-benazepril (2.5-10, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	1	
<i>amlodipine-olmesartan (5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg)</i>	2	
<i>amlodipine-valsartan (5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg)</i>	2	
<i>amlodipine-valsartan-hctz (5-160-12.5 mg, 5-160-25 mg, 10-160-12.5mg, 10-160-25 mg, 10-320-25 mg)</i>	4	
<i>felodipine er (er 2.5 mg tablet, er 5 mg tablet, er 10 mg tablet)</i>	2	
<i>nifedipine er (er 30 mg tablet, er 60 mg tablet, er 90 mg tablet)</i>	2	
<i>nimodipine 30 mg capsule</i>	4	
DIURETICS		
<i>amiloride hcl 5 mg tablet</i>	2	
<i>amiloride hcl-hctz 5-50 mg tab</i>	2	
<i>bumetanide (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	3	
<i>chlorthalidone (25 mg tablet, 50 mg tablet)</i>	2	
DIURIL 250 MG/5 ML ORAL SUSP	4	
<i>furosemide (10 mg/ml solution, 40 mg/5 ml soln)</i>	2	
<i>furosemide (20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 100 mg/10 ml vial)</i>	4	
<i>hydrochlorothiazide (12.5 mg cp, 12.5 mg tb, 25 mg tab, 50 mg tab)</i>	1	
<i>indapamide (1.25 mg tablet, 2.5 mg tablet)</i>	1	
<i>metolazone (2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>spironolactone-hctz 25-25 tab</i>	3	
<i>torseamide (5 mg tablet, 10 mg tablet, 20 mg tablet, 100 mg tablet)</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	

DYSLIPIDEMICS

<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>cholestyramine (packet, powder)</i>	4	
<i>cholestyramine light (packet, powder)</i>	4	
<i>colesevelam 625 mg tablet</i>	4	
<i>colestipol hcl 1 gm tablet</i>	4	
<i>ezetimibe 10 mg tablet</i>	1	
<i>ezetimibe-simvastatin (10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg)</i>	3	
<i>fenofibrate (43 mg capsule, 134 mg capsule, 200 mg capsule)</i>	3	
<i>fenofibrate (48 mg tablet, 54 mg tablet, 67 mg capsule, 145 mg tablet, 160 mg tablet)</i>	2	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	3	
<i>gemfibrozil 600 mg tablet</i>	1	
<i>icosapent ethyl (0.5 gm capsule, 1 gram capsule, 500 mg capsule)</i>	4	
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA, NM
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>niacin er (er 500 mg tablet, er 750 mg tablet, er 1,000 mg tablet)</i>	4	
<i>omega-3 ethyl esters 1 gm cap</i>	3	
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREVALITE (PACKET, POWDER)	4	
REPATHA 140 MG/ML SURECLICK	3	QL (3 PER 28 DAYS)
REPATHA 140 MG/ML SYRINGE	3	QL (3 PER 28 DAYS)
REPATHA 420 MG/3.5ML PUSHTRONX	3	QL (3.5 PER 28 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)</i>	1	
<i>simvastatin (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	

RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS

<i>aliskiren (150 mg tablet, 300 mg tablet)</i>	4	
<i>eplerenone (25 mg tablet, 50 mg tablet)</i>	3	
KERENDIA (10 MG TABLET, 20 MG TABLET)	4	PA

VASODILATORS

<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	3	
<i>isosorbide mononitrate (10 mg tab, 20 mg tab)</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb, er 120 mg)</i>	2	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	2	
<i>nitroglycerin patch (0.1 mg/hr patch, 0.2 mg/hr patch, 0.4 mg/hr patch, 0.6 mg/hr patch)</i>	3	

CENTRAL NERVOUS SYSTEM AGENTS

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	4	QL (2 PER 1 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	4	QL (1 PER 1 DAYS)
AUSTEDO (6 MG TABLET, 9 MG TABLET, 12 MG TABLET)	5	PA, NM
AUSTEDO XR (6 MG TABLET, 12 MG TABLET, 18 MG TABLET, 24 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AUSTEDO XR TITRATION KT(WK1-4) (TITR(12-18-24-30MG), TITR KT(6-12-24 MG))	5	PA, NM
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	5	PA, QL (1 PER 28 DAYS), NM
AVONEX PEN 30 MCG/0.5 ML KIT	5	PA, QL (1 PER 28 DAYS), NM
BAFIERTAM DR 95 MG CAPSULE	5	PA, QL (4 PER 1 DAYS), NM
BETASERON (0.3 MG KIT, 0.3 MG VIAL)	5	PA, QL (14 PER 28 DAYS), NM
<i>clonidine hcl er 0.1 mg tablet</i>	4	QL (4 PER 1 DAYS)
<i>dalfampridine er 10 mg tablet</i>	3	PA
<i>dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	3	QL (2 PER 1 DAYS)
<i>dextroamp-amphetamin 30 mg tab</i>	3	QL (2 PER 1 DAYS)
<i>dextroamphetamine sulfate (5 mg tab, 10 mg tab)</i>	4	QL (6 PER 1 DAYS)
<i>dextroamphetamine sulfate er (er 5 mg cap, er 10 mg cap, er 15 mg cap)</i>	4	QL (4 PER 1 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp- amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp- amphetamin 20 mg tab, dextroamp-amphetamine 5 mg tab)</i>	3	QL (3 PER 1 DAYS)
<i>dimethyl fumarate (30d start pk, dr 120 mg cp, dr 240 mg cp)</i>	5	QL (60 PER 30 DAYS), NM
ENSPRYNG 120 MG/ML SYRINGE	5	PA, NM
<i> fingolimod 0.5 mg capsule</i>	5	QL (30 PER 30 DAYS), NM
<i> glatiramer 20 mg/ml syringe</i>	5	QL (30 PER 30 DAYS), NM
<i> glatiramer 40 mg/ml syringe</i>	5	QL (12 PER 28 DAYS), NM
GLATOPA 20 MG/ML SYRINGE	5	QL (30 PER 30 DAYS), NM
GLATOPA 40 MG/ML SYRINGE	5	QL (12 PER 28 DAYS), NM
KESIMPTA 20 MG/0.4 ML PEN	5	PA, QL (1.2 PER 28 DAYS), NM
<i> lisdexamfetamine dimesylate (10 mg capsule, 10 mg tb chew, 20 mg capsule, 20 mg tb chew, 30 mg capsule, 30 mg tb chew)</i>	4	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lisdexamfetamine dimesylate (40 mg capsule, 40 mg tb chew, 50 mg capsule, 50 mg tb chew, 60 mg capsule, 60 mg tb chew, 70 mg capsule)</i>	4	QL (1 PER 1 DAYS)
<i>lithium carbonate (150 mg cap, 300 mg cap, 600 mg cap)</i>	1	
<i>lithium carbonate 300 mg tab</i>	2	
<i>lithium carbonate er (er 300 mg tb, er 450 mg tb)</i>	2	
<i>lithium citrate (8 meq/5 ml soln cup, 8 meq/5 ml solution)</i>	4	
MAYZENT (1 MG TABLET, 2 MG TABLET)	5	PA, QL (1 PER 1 DAYS), NM
MAYZENT 0.25 MG TABLET	5	PA, QL (4 PER 1 DAYS), NM
MAYZENT 0.25MG START-1MG MAINT	4	PA, QL (7 PER 4 DAYS)
MAYZENT 0.25MG START-2MG MAINT	5	PA, QL (12 PER 5 DAYS), NM
<i>methylphenidate 10 mg/5 ml sol</i>	4	QL (30 PER 1 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	4	QL (60 PER 1 DAYS)
<i>methylphenidate er (er 10 mg cap, er 15 mg cap, er 20 mg cap, er 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er (er 10 mg tab, er 20 mg tab)</i>	4	QL (3 PER 1 DAYS)
<i>methylphenidate er (er 40 mg cap, er 50 mg cap, er 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate er (la) (er(la) 10mg cp, er(la) 20mg cp, er(la) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate er(la) 40mg cp</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	QL (3 PER 1 DAYS)
<i>methylphenidate hcl cd (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl cd (40 mg cap, 50 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 10mg cp, er(cd) 20mg cp, er(cd) 30mg cp)</i>	4	QL (2 PER 1 DAYS)
<i>methylphenidate hcl er (cd) (er(cd) 40mg cp, er(cd) 50mg cp, er(cd) 60mg cp)</i>	4	QL (1 PER 1 DAYS)
<i>methylphenidate la (10 mg cap, 20 mg cap, 30 mg cap)</i>	4	QL (2 PER 1 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate la (40 mg cap, 60 mg cap)</i>	4	QL (1 PER 1 DAYS)
NUEDEXTA 20-10 MG CAPSULE	5	PA, NM
PLEGRIDY (125 MCG/0.5 ML SYRINGE, SYRINGE STARTER PACK)	5	PA, QL (1 PER 28 DAYS), NM
PLEGRIDY PEN (125 MCG/0.5 ML PEN, PEN INJ STARTER PACK)	5	PA, QL (1 PER 28 DAYS), NM
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	PA, QL (6 PER 28 DAYS), NM
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	PA, QL (6 PER 28 DAYS), NM
REBIF REBIDOSE TITRATION PACK	5	PA, QL (4.2 PER 28 DAYS), NM
REBIF TITRATION PACK	5	PA, QL (4.2 PER 28 DAYS), NM
<i>riluzole 50 mg tablet</i>	4	
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, TITRATION PACK)	4	PA
<i>teriflunomide (7 mg tablet, 14 mg tablet)</i>	5	QL (30 PER 30 DAYS), NM
<i>tetrabenazine (12.5 mg tablet, 25 mg tablet)</i>	4	PA
VUMERITY DR 231 MG CAPSULE	5	PA, QL (120 PER 30 DAYS), NM

CONTRACEPTIVES

ALTAVERA-28 TABLET	2	
APRI 28 DAY TABLET	2	
AUBRA EQ-28 TABLET	2	
AUBRA-28 TABLET	2	
AVIANE-28 TABLET	2	
BLISOVI 24 FE TABLET	2	
BLISOVI FE 1.5-30 TABLET	2	
CAMILA 0.35 MG TABLET	2	
CAZIAN 28 DAY TABLET	2	
CRYSSELLE-28 TABLET	2	
CYRED 28 DAY TABLET	2	
CYRED EQ 28 DAY TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEBLITANE 0.35 MG TABLET	2	
<i>drospirenone-ee 3-0.02 mg tab</i>	2	
ELURYNG VAGINAL RING	4	
ENPRESSE-28 TABLET	2	
ENSKYCE 28 TABLET	2	
ERRIN 0.35 MG TABLET	2	
ESTARYLLA 0.25-0.035 MG TABLET	2	
<i>ethynodiol-ethinyl estradiol (1mg-35mcg, 1mg-50mcg)</i>	2	
<i>etonogestrel-ee vaginal ring</i>	3	
FALMINA-28 TABLET	2	
HAILEY 24 FE 1 MG-20 MCG TAB	2	
ICLEVIA 0.15 MG-0.03 MG TABLET	2	
INCASSIA 0.35 MG TABLET	2	
ISIBLOOM 28 DAY TABLET	2	
<i>jasmiel 3 mg-0.02 mg tablet</i>	2	
JULEBER 28 DAY TABLET	2	
JUNEL (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
JUNEL FE (1 MG-20 MCG TABLET, 1.5 MG-30 MCG TABLET)	2	
KELNOR 1-35 28 TABLET	2	
KELNOR 1-50 TABLET	2	
LARIN (1.5 MG-30 MCG TABLET, 21 1-20 TABLET)	2	
LARIN FE (1-20 TABLET, 1.5-30 TABLET)	2	
LESSINA-28 TABLET	2	
LEVONEST-28 TABLET	2	
<i>levonorgestrel-eth estradiol (estra 0.09-0.02 mg, estrad 0.1-0.02 mg, estrad 0.15-0.03, estrad triphasic)</i>	2	
LEVORA-28 TABLET	2	
LO-ZUMANDIMINE 3 MG-0.02 MG TB	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LORYNA 3 MG-0.02 MG TABLET	2	
LOW-OGESTREL-28 TABLET	2	
LUTERA-28 TABLET	2	
LYLEQ 0.35 MG TABLET	2	
LYZA 0.35 MG TABLET	2	
MARLISSA-28 TABLET	2	
MICROGESTIN (21 1-20 TABLET, 21 1.5-30 TAB)	2	
MICROGESTIN FE (1-20 TABLET, 1.5-30 TAB)	2	
MILI 0.25-0.035 MG TABLET	2	
MIRENA 52 MG SYSTEM	3	
NEXPLANON 68 MG IMPLANT	3	
NIKKI 3 MG-0.02 MG TABLET	2	
NORA-BE TABLET	2	
<i>noreth-ee-fe 1 mg/20-30-35 mcg</i>	2	
<i>norethind-eth estrad 1-0.02 mg</i>	2	
<i>norethindrone 0.35 mg tablet</i>	2	
<i>norgestimate-ethinyl estradiol (norg-ee 0.18-0.215-0.25/0.025, norg-ee 0.18-0.215-0.25/0.035, norg-ethin estra 0.25-0.035 mg, norgestimate-ee 0.25-0.035 mg)</i>	2	
PORTIA-28 TABLET	2	
RECLIPSEN 28 DAY TABLET	2	
SETLAKIN 0.15 MG-0.03 MG TAB	2	
SHAROBEL 0.35 MG TABLET	2	
SPRINTEC 28 DAY TABLET	2	
SRONYX 0.10-0.02 MG TABLET	2	
<i>tarina 24 fe 1 mg-20 mcg tab</i>	2	
TARINA FE 1-20 EQ TABLET	2	
TARINA FE 1-20 TABLET	2	
TILIA FE 28 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRI-ESTARYLLA TABLET	2	
TRI-LEGEST FE-28 DAY TABLET	2	
TRI-LO-ESTARYLLA TABLET	2	
TRI-LO-SPRINTEC TABLET	2	
TRI-MILI 28 TABLET	2	
TRI-SPRINTEC TABLET	2	
TRI-VYLIBRA 28 TABLET	2	
TRI-VYLIBRA LO TABLET	2	
TRIVORA-28 TABLET	2	
<i>turqoz-28 tablet</i>	2	
VELIVET 28 DAY TABLET	2	
VESTURA 3 MG-0.02 MG TABLET	2	
VIENVA-28 TABLET	2	
VYLIBRA 28 TABLET	2	
XULANE 150-35 MCG/DAY PATCH	3	
ZOVIA 1-35 TABLET	2	

DENTAL AND ORAL AGENTS

<i>cevimeline hcl 30 mg capsule</i>	4	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
<i>denta 5000 plus cream</i>	1	
<i>dentagel 1.1% gel</i>	1	
<i>just right 5000 1.1% toothpste</i>	1	
PAROEX 0.12% ORAL RINSE	1	
PERIOGARD 0.12% ORAL RINSE	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	4	
<i>sf 1.1% gel</i>	1	
<i>sf 5000 plus cream</i>	1	
<i>sodium fluoride (1.1% cream, 1.1% gel, 5000 ppm cream, 5000 ppm paste)</i>	1	
<i>sodium fluoride 5000 dry mouth</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium fluoride 5000 plus crm</i>	1	
<i>triamcinolone 0.1% paste</i>	3	

DERMATOLOGICAL AGENTS

DERMATOLOGICAL AGENTS, OTHER

<i>accutane (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	4	
<i>acyclovir 5% ointment</i>	4	QL (30 PER 30 DAYS)
<i>ammonium lactate (cream, lotion)</i>	2	
AMNESTEEM (10 MG CAPSULE, 20 MG CAPSULE, 40 MG CAPSULE)	4	
<i>azelaic acid 15% gel</i>	4	
<i>calcipotriene (cream, ointment, solution)</i>	4	QL (120 PER 30 DAYS)
<i>calcitriol 3 mcg/g ointment</i>	4	
CLARAVIS (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	
<i>dapsone 5% gel</i>	4	
<i>fluorouracil (2% soln, 5% soln)</i>	4	
<i>fluorouracil 5% cream</i>	4	QL (40 PER 30 DAYS)
<i>imiquimod 5% cream packet</i>	3	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	
PANRETIN 0.1% GEL	5	NM
<i>podofilox 0.5% topical soln</i>	4	
REGRANEX 0.01% GEL	5	NM
SANTYL OINTMENT	4	
VALCHLOR 0.016% GEL	5	PA - FOR NEW STARTS ONLY, NM
ZENATANE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DERMATOLOGICAL ANTI-INFLAMMATORY AGENTS		
ALA-CORT 1% CREAM	2	
<i>alclometasone dipr 0.05% oint</i>	3	
<i>alclometasone dipro 0.05% crm</i>	2	
<i>betamethasone diprop augmented (gel, lot, oin)</i>	4	
<i>betamethasone dipropionate (crm, oint)</i>	4	
<i>betamethasone dp 0.05% lot</i>	3	
<i>betamethasone dp aug 0.05% crm</i>	3	
<i>betamethasone va 0.1% lotion</i>	2	
<i>betamethasone valerate (va cream, valer ointm)</i>	3	
<i>clobetasol emollient 0.05% crm</i>	4	
<i>clobetasol propionate (cream, ointment)</i>	4	QL (120 PER 30 DAYS)
<i>clobetasol propionate (gel, solution)</i>	4	
<i>desonide (cream, lotion, ointment)</i>	4	
<i>desoximetasone (0.05% cream, 0.05% gel, 0.05% ointment, 0.25% cream, 0.25% ointment)</i>	4	
EUCRISA 2% OINTMENT	4	PA
<i>fluocinolone 0.01% solution</i>	4	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (0.01% body oil, 0.01% cream, 0.01% scalp oil, 0.025% cream, 0.025% ointment)</i>	4	
<i>fluocinonide (gel, ointment, solution)</i>	4	
<i>fluocinonide 0.05% cream</i>	3	
<i>fluocinonide-e 0.05% cream</i>	4	
<i>fluticasone prop 0.05% cream</i>	2	
<i>halobetasol propionate (cream, ointmnt)</i>	4	
<i>hydrocortisone (1% cream, 1% ointment, 2.5% cream)</i>	2	
<i>hydrocortisone 2.5% lotion</i>	3	
<i>hydrocortisone 2.5% ointment</i>	1	
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone val 0.2% ointmt</i>	4	
<i>mometasone furoate (cream, oint, soln)</i>	2	
<i>pimecrolimus 1% cream</i>	4	QL (100 PER 30 DAYS)
PROCTO-MED HC 2.5% CREAM	2	
PROCTOFOAM-HC 1%-1% FOAM	4	
PROCTOSOL-HC 2.5% CREAM	2	
PROCTOZONE-HC 2.5% CREAM	2	
<i>tacrolimus (0.03%, 0.1%)</i>	4	QL (100 PER 30 DAYS)
<i>triamcinolone 0.1% cream</i>	2	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.05% ointment, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	2	
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion)</i>	3	
TRIDERM (0.1% CREAM, 0.5% CREAM)	2	

DERMATOLOGICAL ANTIBACTERIALS

ALTABAX 1% OINTMENT	4	
<i>clind ph-benzoyl perox 1.2-5%</i>	4	
<i>clindamycin ph 1% solution</i>	3	QL (60 PER 30 DAYS)
<i>clindamycin phosphate (ph gel, phosp lotion, phosphate gel)</i>	4	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	3	
<i>erythromycin 2% gel</i>	4	
<i>erythromycin 2% solution</i>	3	QL (60 PER 30 DAYS)
<i>erythromycin-benzoyl gel</i>	4	
<i>gentamicin 0.1% cream</i>	3	
<i>gentamicin 0.1% ointment</i>	4	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	4	
<i>mupirocin 2% cream</i>	4	ST, QL (30 PER 30 DAYS)
<i>mupirocin 2% ointment</i>	1	QL (44 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROSADAN 0.75% CREAM	4	
<i>selenium sulfide 2.5% lotion</i>	2	
<i>silver sulfadiazine 1% cream</i>	2	
SSD 1% CREAM	2	
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	4	
DERMATOLOGICAL RETINOIDS		
<i>adapalene (0.1% cream, 0.3% gel, 0.3% gel pump)</i>	4	
AVITA (CREAM, GEL)	4	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% gel)</i>	4	ST, QL (30 PER 30 DAYS)
<i>tazarotene 0.1% cream</i>	3	QL (30 PER 30 DAYS)
TAZORAC 0.05% CREAM	4	ST, QL (30 PER 30 DAYS)
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	4	
SCABICIDES AND PEDICULICIDES		
EURAX 10% CREAM	4	
<i>malathion 0.5% lotion</i>	4	
<i>permethrin 5% cream</i>	3	
DEVICES		
ALCOHOL 70% SWABS	2	PA, ST
ALCOHOL PREP PADS (70%, PHARM CHOICE, SAPS 70%, SWI 70%)	2	PA, ST
DROPSAFE ALCOHOL 70% PREP PADS	2	PA, ST
<i>gauze pads & dressings</i>	2	PA, ST
<i>insulin pen needle</i>	2	PA, ST
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	PA, ST
<i>insulin syringe (disp) u-100 1 ml</i>	2	PA, ST
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	PA, ST
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	2	PA, ST
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OMNIPOD 5 G6 PODS (GEN 5) 5PK	3	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	
OMNIPOD CLASSIC PODS(GEN3) 5PK	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4) 5PK	3	
OMNIPOD GO PODS (10 UNIT/DAY, 15 UNIT/DAY, 20 UNIT/DAY, 25 UNIT/DAY, 30 UNIT/DAY, 35 UNIT/DAY, 40 UNIT/DAY)	3	
STERILE GAUZE PADS 2" X 2"	2	PA, ST
TRUE COMFORT PRO ALCOHOL PADS	2	PA, ST
V-GO 20 DISPOSABLE DEVICE	3	
V-GO 30 DISPOSABLE DEVICE	3	
V-GO 40 DISPOSABLE DEVICE	3	

ENZYME REPLACEMENT/MODIFIERS

CERDELGA 84 MG CAPSULE	5	PA, NM
CREON (DR 3,000 UNIT CAPSULE, DR 6,000 UNIT CAPSULE, DR 12,000 UNIT CAPSULE, DR 24,000 UNIT CAPSULE, DR 36,000 UNIT CAPSULE)	3	
<i>miglustat 100 mg capsule</i>	5	NM
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule, 20 mg capsule)</i>	5	PA, NM
ORFADIN 4 MG/ML SUSPENSION	5	PA, NM
PULMOZYME 1 MG/ML AMPUL	5	PA, NM
REVCovi 2.4 MG/1.5 ML VIAL	5	PA, NM
<i>sapropterin dihydrochloride (100 mg powder pkt, 100 mg tablet, 500 mg powder pkt)</i>	5	PA, NM
SUCRAID (8,500 UNIT/ML SOLN, 17,000 UNIT/2 ML SOLN)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE, DR 60,000 UNIT CAPSULE)	3	

EYE, EAR, NOSE, THROAT AGENTS

EYE, EAR, NOSE, THROAT AGENTS, MISCELLANEOUS

<i>atropine 1% eye drops</i>	3	
<i>azelastine 0.15% nasal spray</i>	3	
<i>azelastine hcl (hcl 0.05% drops, 0.1% (137 mcg) spry)</i>	2	
<i>cromolyn 4% eye drops</i>	1	
<i>cyclopentolate hcl (drop, drops)</i>	2	
CYSTADROPS 0.37% EYE DROPS	5	PA, NM
CYSTARAN 0.44% EYE DROPS	5	PA, NM
<i>epinastine hcl 0.05% eye drops</i>	3	
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	3	
<i>olopatadine 665 mcg nasal spry</i>	4	
<i>olopatadine hcl 0.1% eye drops</i>	3	
OXERVATE 0.002% EYE DROP	5	PA, NM

EYE, EAR, NOSE, THROAT ANTI-INFECTIVES AGENTS

<i>acetic acid 2% ear solution</i>	3	
AK-POLY-BAC EYE OINTMENT	2	
<i>bacitracin 500 unit/gm ophth</i>	4	
<i>bacitracin-polymyxin eye oint</i>	2	
BESIVANCE 0.6% SUSP	4	
<i>ciproflox-dexameth otic susp</i>	4	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	QL (7 PER 30 DAYS)
<i>gatifloxacin 0.5% eye drops</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gentamicin 0.3% eye drop</i>	2	
<i>hydrocortisone-acetic acid (hydrocortison-acetic acid soln, hydrocortisone-acetic ear drop)</i>	4	
<i>moxifloxacin 0.5% eye drops</i>	3	
<i>moxifloxacin 0.5% eye drops (generic for moxeza)</i>	3	
<i>neomyc-bacit-polymix eye oint</i>	3	
<i>neomyc-polym-gramicid eye drop</i>	2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
<i>neomycin-polymyxin-hc ear soln</i>	3	
<i>neomycin-polymyxin-hc ear susp</i>	4	
<i>ofloxacin 0.3% ear drops</i>	3	
<i>ofloxacin 0.3% eye drops</i>	2	
POLYCIN EYE OINTMENT	2	
<i>polymyxin b-tmp eye drops</i>	2	
<i>sulf-pred 10-0.23% eye drops</i>	2	
<i>sulfacetamide 10% eye drops</i>	3	
<i>tobramycin 0.3% eye drop</i>	2	
<i>tobramycin-dexameth ophth susp</i>	4	
<i>trifluridine 1% eye drops</i>	4	
XDEMVIY 0.25% DROP	4	PA
ZIRGAN 0.15% OPHTHALMIC GEL	4	

EYE, EAR, NOSE, THROAT ANTI-INFLAMMATORY AGENTS

<i>bromfenac sodium 0.09% eye drp</i>	4	
<i>dexamethasone 0.1% eye drop</i>	3	
<i>diclofenac 0.1% eye drops</i>	2	
<i>flunisolide 0.025% spray</i>	3	
<i>fluocinolone oil 0.01% ear drp</i>	4	
<i>fluorometholone 0.1% eye drop</i>	3	
<i>flurbiprofen 0.03% eye drop</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone prop 50 mcg spray</i>	1	
<i>ketorolac 0.4% ophth solution</i>	3	
<i>ketorolac 0.5% ophth solution</i>	2	
<i>loteprednol etabonate (etabonate drp, ophthalmic gel)</i>	4	
<i>prednisolone ac 1% eye drop</i>	3	
<i>prednisolone sod 1% eye drop</i>	2	
RESTASIS MULTIDOSE 0.05% EYE	3	
XIIDRA 5% EYE DROPS	3	

GASTROINTESTINAL AGENTS

ANTIULCER AGENTS AND ACID SUPPRESSANTS

<i>cimetidine (200 mg tablet, 300 mg tablet, 300 mg/5 ml soln, 400 mg tablet, 400 mg/6.67 ml soln, 800 mg tablet)</i>	3	
<i>cimetidine 300 mg/5 ml soln</i>	3	
<i>esomeprazole magnesium (dr 20 mg cap, dr 40 mg cap)</i>	3	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	
<i>misoprostol (100 mcg tablet, 200 mcg tablet)</i>	3	
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	1	
<i>pantoprazole sodium (dr 20 mg tab, dr 40 mg tab)</i>	1	
<i>rabeprazole sod dr 20 mg tab</i>	2	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	4	PA
<i>sucralfate 1 gm tablet</i>	3	
TALICIA DR 10-250-12.5 MG CAP	4	PA

GASTROINTESTINAL AGENTS, OTHER

<i>carglumic acid 200 mg tab susp</i>	5	PA, NM
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CHOLBAM (50 MG CAPSULE, 250 MG CAPSULE)	5	PA, NM
CONSTULOSE 10 GM/15 ML SOLN	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	4	PA
<i>dicyclomine 10 mg/5 ml soln</i>	4	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	
<i>diphenoxylat-atrop 2.5-0.025/5</i>	3	
<i>diphenoxylate-atrop 2.5-0.025</i>	4	
ENULOSE 10 GM/15 ML SOLUTION	3	
GATTEX (5 MG 30-VIAL KIT, 5 MG ONE-VIAL KIT, 5 MG VIAL)	5	PA, NM
<i>generlac 10 gm/15 ml solution</i>	3	
GIMOTI 15 MG NASAL SPRAY	5	PA, NM
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	3	
KIONEX 15 GM/60 ML SUSPENSION	3	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	
LINZESS (72 MCG CAPSULE, 145 MCG CAPSULE, 290 MCG CAPSULE)	3	QL (1 PER 1 DAYS)
LOKELMA (5 POWDER PACKET, 10 POWDER PACKET)	3	
<i>loperamide 2 mg capsule</i>	3	
<i>lubiprostone (8 mcg capsule, 24 mcg capsule)</i>	3	QL (2 PER 1 DAYS)
<i>methscopolamine bromide (2.5 mg tb, 5 mg tab)</i>	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	2	
MOVANTIK (12.5 MG TABLET, 25 MG TABLET)	4	QL (30 PER 30 DAYS)
<i>sodium phenylbutyrate powder</i>	5	PA, NM
<i>sodium polystyrene sulf powder</i>	3	
SPS (15 GM/60 ML SUSPENSION, 30 GM/120 ML ENEMA SUSP)	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	4	
<i>ursodiol 300 mg capsule</i>	3	
VELTASSA (8.4 GM POWDER PACKET, 16.8 GM POWDER PACKET, 25.2 GM POWDER PACKET)	3	
XERMELO 250 MG TABLET	5	PA, NM

LAXATIVES

GAVILYTE-C SOLUTION	2	
GAVILYTE-G SOLUTION	2	
<i>peg 3350-electrolyte solution 420g</i>	3	
<i>peg-3350 and electrolytes soln 236-22.74g</i>	2	
<i>sod sul-potass sul-mag sul sol</i>	4	

GENTOURINARY AGENTS

ANTISPASMODICS, URINARY

<i>bethanechol chloride (5 mg tablet, 10 mg tablet, 25 mg tablet, 50 mg tablet)</i>	3	
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	QL (1 PER 1 DAYS)
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	2	
<i>oxybutynin chloride er (er 5 mg tablet, er 10 mg tablet, er 15 mg tablet)</i>	2	
<i>solifenacin succinate (5 mg tablet, 10 mg tablet)</i>	4	
<i>tolterodine tartrate (1 mg tab, 2 mg tab)</i>	3	
<i>tolterodine tartrate er (er 2 mg cap, er 4 mg cap)</i>	4	
<i>tropium chloride 20 mg tablet</i>	3	
<i>tropium chloride er 60 mg cap</i>	4	

GENTOURINARY AGENTS, MISCELLANEOUS

<i>alfuzosin hcl er 10 mg tablet</i>	2	
CYSTAGON (50 MG CAPSULE, 150 MG CAPSULE)	4	
<i>dutasteride 0.5 mg capsule</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dutasteride-tamsulosin 0.5-0.4</i>	4	
<i>finasteride 5 mg tablet</i>	1	
<i>silodosin (4 mg capsule, 8 mg capsule)</i>	4	
<i>tamsulosin hcl 0.4 mg capsule</i>	1	
<i>terazosin hcl (1 mg capsule, 2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	
<i>tiopronin 100 mg tablet</i>	5	PA, NM

HEAVY METAL ANTAGONISTS

D-PENAMINE 125 MG TABLET	5	PA, NM
<i>deferasirox (125 mg tb for susp, 180 mg tablet, 360 mg tablet)</i>	4	PA
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 250 mg tb for susp, 360 mg granule pkt, 500 mg tb for susp)</i>	5	PA, NM
<i>deferasirox 90 mg tablet</i>	3	PA
<i>deferiprone 1,000 mg tb(3x/dy)</i>	5	PA, NM
<i>deferiprone 500 mg tablet</i>	5	PA, NM
FERRIPROX 100 MG/ML SOLUTION	5	PA, NM
<i>penicillamine 250 mg tablet</i>	5	PA, NM
<i>trientine hcl (250 mg capsule, 500 mg capsule)</i>	5	PA, NM

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING

ANDROGENS

<i>danazol (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	4	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% (2.5 g) pkt, 1.62% gel pump, 1.62%(1.25 g) pkt, 10 mg gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	4	PA - FOR NEW STARTS ONLY
<i>testosterone cypionate (200 mg/ml, 500 mg/2.5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	3	PA - FOR NEW STARTS ONLY
<i>testosterone enanthate (testosteron 1,000 mg/5 ml, testosterone 200 mg/ml)</i>	3	PA - FOR NEW STARTS ONLY

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
ESTROGENS AND ANTIESTROGENS	
AMABELZ (0.5 MG-0.1 MG TABLET, 1 MG-0.5 MG TABLET)	4
COMBIPATCH (0.05-0.14 MG, 0.05-0.25 MG)	4
DOTTI (0.025 MG PATCH, 0.0375 MG PATCH, 0.05 MG PATCH, 0.075 MG PATCH, 0.1 MG PATCH)	4
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1
<i>estradiol (once weekly) (0.025 mg patch(1/wk), 0.0375mg patch(1/wk), 0.05 mg patch (1/wk), 0.06 mg patch (1/wk), 0.075 mg patch(1/wk), 0.1 mg patch (1/wk))</i>	4
<i>estradiol (twice weekly) (0.025 mg patch(2/wk), 0.0375mg patch(2/wk), 0.05 mg patch (2/wk), 0.075 mg patch(2/wk), 0.1 mg patch (2/wk))</i>	4
<i>estradiol 0.01% cream</i>	3
<i>estradiol 10 mcg vaginal insrt</i>	4
<i>estradiol-norethindrone acetat (0.5-0.1 mg tb, 1-0.5 mg tab)</i>	4
FYAVOLV (0.5 MG-2.5 MCG TABLET, 1 MG-5 MCG TABLET)	4
JINTELI 1 MG-5 MCG TABLET	4
MIMVEY 1-0.5 MG TABLET	4
<i>norethindron-ethinyl estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	4
<i>raloxifene hcl 60 mg tablet</i>	3
YUVAFEM 10 MCG VAGINAL INSERT	4
GLUCOCORTICOIDS/MINERALOCORTICOIDS	
<i>dexamethasone (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq)</i>	3
<i>dexamethasone 20 mg/2 ml-water</i>	2
DEXAMETHASONE INTENSOL 1 MG/ML	3
<i>dexamethasone sodium phosphate (4 mg/ml vial, 10 mg/ml vial, 20 mg/5 ml vial, 100 mg/10 ml vl, 120 mg/30 ml vl)</i>	2

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fludrocortisone 0.1 mg tablet</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	3	
<i>methylprednisolone (4 mg dosepk, 4 mg tablet, 8 mg tablet, 16 mg tab, 32 mg tab)</i>	2	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	2	PA - PART B VS D DETERMINATION
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 10 mg/5 ml soln, 15 mg/5 ml soln, 15mg/5ml soln cup, 20 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	2	PA - PART B VS D DETERMINATION
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	PA - PART B VS D DETERMINATION
<i>prednisone (5 mg tab pack, 10 mg tab pack)</i>	2	
<i>prednisone 5 mg/5 ml solution</i>	4	PA - PART B VS D DETERMINATION
PREDNISONE INTENSOL 5 MG/ML	3	PA - PART B VS D DETERMINATION
SOLU-CORTEF (100 MG ACT-O-VIAL, 100 MG VIAL, 250 MG ACT-O-VIAL, 500 MG ACT-O-VIAL)	4	

PITUITARY

<i>desmopressin acetate (0.01% solution, 10 mcg/0.1 ml spr)</i>	4	
<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	3	
INCRELEX 40 MG/4 ML VIAL	5	PA, NM
LUPRON DEPOT (3.75 MG KIT, 11.25 MG 3MO KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (11.25 MG KIT, 15 MG KIT)	5	PA - FOR NEW STARTS ONLY, NM
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 30 MG 3MO KIT, 45 MG 6MO KIT)	5	PA, NM
MYFEMBREE 40 MG-1 MG-0.5 MG TB	5	PA, NM
NORDITROPIN FLEXPPO (5 MG/1.5, 10 MG/1.5, 15 MG/1.5, 30 MG/3 ML)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	4	
<i>octreotide acetate (acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	5	NM
ORGOVYX 120 MG TABLET	5	QL (1 PER 1 DAYS), PA - FOR NEW STARTS ONLY, NM
ORIAHNN 300-1-0.5MG/300MG CAPS	5	PA, NM
ORILISSA (150 MG TABLET, 200 MG TABLET)	5	PA, NM
SEROSTIM (4 MG VIAL, 5 MG VIAL, 6 MG VIAL)	5	PA, NM
SIGNIFOR (0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML)	5	PA, NM
SOMAVERT (10 MG VIAL, 15 MG VIAL, 20 MG VIAL, 25 MG VIAL, 30 MG VIAL)	5	PA, NM
SYNAREL 2 MG/ML NASAL SPRAY	5	PA - FOR NEW STARTS ONLY, NM

PROGESTINS

DEPO-SUBQ PROVERA 104 SYRINGE	3	
<i>gallifrey 5 mg tablet</i>	3	
<i>medroxyprogesterone 150 mg/ml</i>	3	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	4	
<i>norethindrone 5 mg tablet</i>	3	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	2	

THYROID AND ANTITHYROID AGENTS

<i>euthyrox (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet)</i>	1	
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
<i>methimazole (5 mg tablet, 10 mg tablet)</i>	1	
<i>propylthiouracil 50 mg tablet</i>	3	
SYNTHROID (25 MCG TABLET, 50 MCG TABLET, 75 MCG TABLET, 88 MCG TABLET, 100 MCG TABLET, 112 MCG TABLET, 125 MCG TABLET, 137 MCG TABLET, 150 MCG TABLET, 175 MCG TABLET, 200 MCG TABLET, 300 MCG TABLET)	3	

IMMUNOLOGICAL AGENTS

ARCALYST 220 MG VIAL	5	PA, NM
<i>azathioprine 50 mg tablet</i>	2	PA - PART B VS D DETERMINATION
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA, NM
BESREMI 500 MCG/ML SYRINGE	5	PA - FOR NEW STARTS ONLY, NM
BIVIGAM (5 GM/50 ML (10%) VIAL, 10 GM/100 ML (10%) VL)	5	PA, NM
COSENTYX 300 MG DOSE-2 SYRINGE	5	PA, NM
COSENTYX SENSOREADY 150 MG PEN	5	PA, NM
COSENTYX SNRDY 300MG DOSE-2PEN	5	PA, NM
COSENTYX SYRINGE (75 MG/0.5 ML SYRINGE, 150 MG/ML SYRINGE)	5	PA, NM
COSENTYX UNOREADY 300 MG PEN	5	PA, NM
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	PA - PART B VS D DETERMINATION
<i>cyclosporine 250 mg/5 ml ampul</i>	1	PA - PART B VS D DETERMINATION
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	4	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DUPIXENT PEN (200 MG/1.14 ML PEN, 300 MG/2 ML PEN)	5	PA, NM
DUPIXENT SYRINGE (200 MG/1.14 ML SYRINGE, 300 MG/2 ML SYRINGE)	5	PA, NM
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA, NM
ENBREL 50 MG/ML MINI CARTRIDGE	5	PA, NM
ENBREL 50 MG/ML SURECLICK	5	PA, NM
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET, 4 MG TABLET)	4	PA - PART B VS D DETERMINATION
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	PA - PART B VS D DETERMINATION, NM
<i>everolimus 0.25 mg tablet</i>	3	PA - PART B VS D DETERMINATION
GAMASTAN VIAL	3	PA
GAMMAGARD LIQUID 10% VIAL	5	PA, NM
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA, NM
GAMUNEX-C (1 GRAM/10 ML VIAL, 2.5 GRAM/25 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL, 40 GRAM/400 ML VIAL)	5	PA, NM
GENGRAF (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLUTION)	4	PA - PART B VS D DETERMINATION
HADLIMA 40 MG/0.8 ML SYRINGE	5	PA, NM
HADLIMA PUSHTOUCH 40 MG/0.8 ML	5	PA, NM
HADLIMA(CF) 40 MG/0.4 ML SYRNG	5	PA, NM
HADLIMA(CF) PUSHTOUCH 40MG/0.4	5	PA, NM
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML SYRINGE, 10 GRAM/50 ML VIAL)	5	PA, NM
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA, NM
HUMIRA PEN 40 MG/0.8 ML	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN CROHN-UC-HS 40 MG	5	PA, NM
HUMIRA(CF) (HUMIRA(CF) 10 MG/0.1 ML SYRING, HUMIRA(CF) 20 MG/0.2 ML SYRING, HUMIRA(CF) 40 MG/0.4 ML SYRING)	5	PA, NM
HUMIRA(CF) PEDIATRIC CROHN'S (HUMIRA(CF) 80-40 MG, HUMIRA(CF) 80MG/0.8)	5	PA, NM
HUMIRA(CF) PEN (HUMIRA(CF) PEN 40 MG/0.4 ML, HUMIRA(CF) PEN 80 MG/0.8 ML)	5	PA, NM
HUMIRA(CF) PEN CRHN-UC-HS 80MG	5	PA, NM
HUMIRA(CF) PEN PEDI UC 80 MG	5	PA, NM
HUMIRA(CF) PEN PS-UV-AHS 80-40	5	PA, NM
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	3	
<i>mycophenolate 200 mg/ml susp</i>	4	PA - PART B VS D DETERMINATION
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	3	PA - PART B VS D DETERMINATION
<i>mycophenolic acid (dr 180 mg tb, dr 360 mg tb)</i>	4	PA - PART B VS D DETERMINATION
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 14 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA, NM
PROGRAF (0.2 MG GRANULE PACKET, 1 MG GRANULE PACKET)	4	PA - PART B VS D DETERMINATION
RASUVO (7.5 MG/0.15 ML, 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML)	4	PA
REZUROCK 200 MG TABLET	5	PA - FOR NEW STARTS ONLY, NM
RIDAURA 3 MG CAPSULE	5	NM
RINVOQ (ER 15 MG TABLET, ER 30 MG TABLET, ER 45 MG TABLET)	5	PA, NM
RINVOQ LQ 1 MG/ML SOLUTION	5	PA, NM
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	4	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA, NM
SKYRIZI 150 MG/ML PEN	5	PA, NM
SKYRIZI ON-BODY (180 MG/1.2 ML, 360 MG/2.4 ML)	5	PA, NM
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE)	5	PA, NM
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	4	PA - PART B VS D DETERMINATION
TAVNEOS 10 MG CAPSULE	5	PA, NM
TREMFYA (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	5	PA, NM
VARIZIG 125 UNIT/1.2 ML VIAL	3	
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	5	PA, NM
XELJANZ XR (11 MG TABLET, 22 MG TABLET)	5	PA, NM

VACCINES

ABRYSVO (ACT-O-VIAL, VIAL, VIAL WITH DILUENT SYRG)	3	
ACTHIB (VIAL, WITH DILUENT)	3	
ADACEL TDAP (SYRINGE, VIAL)	3	
AREXVY ANTIGEN COMPONENT	3	
AREXVY VIAL KIT	3	
<i>beg vaccine (tice strain) vial</i>	3	
BEXSERO PREFILLED SYRINGE	3	
BOOSTRIX TDAP (SYRINGE, VIAL)	3	
DAPTACEL DTAP VACCINE	3	
DENGVAXIA (VIAL, VIAL WITH DILUENT)	3	
<i>diphtheria-tetanus toxoids-ped</i>	3	
ENGERIX-B ADULT (20 MCG/ML SYRN, 20 MCG/ML VIAL)	3	PA - PART B VS D DETERMINATION
ENGERIX-B PEDI 10 MCG/0.5 SYRN	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GARDASIL 9 (9 SYRINGE, 9 VIAL)	3	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	3	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	PA - PART B VS D DETERMINATION
HIBERIX (VACCINE VIAL, VIAL AND DILUENT SYRG, VIAL WITH DILUENT VIAL)	3	
IMOVAX RABIES VACCINE VIAL	3	PA - PART B VS D DETERMINATION
INFANRIX DTAP SYRINGE	3	
IPOL VIAL	3	
IXCHIQ VIAL	3	
IXIARO (6 MCG/0.5 ML SYRINGE, 6 UNIT(6 MCG)/0.5ML SYR)	3	
JYNNEOS 0.5 ML VIAL	3	
JYNNEOS 0.5 ML VIAL(STOCKPILE)	3	
KINRIX TIP-LOK SYRINGE	3	
M-M-R II VACCINE VIAL	3	
MENACTRA VIAL	3	
MENQUADFI VIAL	3	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	3	
MRESVIA 50 MCG/0.5 ML SYRINGE	3	
PEDIARIX 0.5 ML SYRINGE	3	
PEDVAXHIB VACCINE VIAL	3	
PENBRAYA KIT	3	
PENBRAYA MENACWY COMPONENT	3	
PENBRAYA MENB COMPONENT	3	
PENTACEL ACTHIB COMPONENT VIAL	3	
PENTACEL DTAP-IPV COMPONENT VL	3	
PENTACEL VIAL KIT	3	
PREHEVBRIO 10 MCG/ML VIAL	3	PA - PART B VS D DETERMINATION

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRIORIX VIAL	3	
PROQUAD VIAL	3	
QUADRACEL DTAP-IPV (SYRINGE, VIAL)	3	
RABAVERT (VACC W-DILUENT, VACCINE VIAL)	3	PA - PART B VS D DETERMINATION
RECOMBIVAX HB (5 MCG/0.5 ML SYR, 5 MCG/0.5 ML VL, 10 MCG/ML SYR, 10 MCG/ML VIAL, 40 MCG/ML VIAL)	3	PA - PART B VS D DETERMINATION
ROTARIX (ORAL SYRINGE, SUSPENSION)	3	
ROTATEQ VACCINE	3	
SHINGRIX GE ANTIGEN COMPONENT	1	
SHINGRIX VIAL KIT	1	
<i>tdvax vial</i>	3	
TENIVAC (SYRINGE, VIAL)	3	
TICOVAC (1.2 MCG/0.25 ML SYRING, 2.4 MCG/0.5 ML SYRINGE)	3	
TRUMENBA 120 MCG/0.5 ML VACCIN	3	
TWINRIX VACCINE SYRINGE	3	
TYPHIM VI (25 MCG/0.5 ML AL, 25 MCG/0.5 ML SYRNG)	3	
VAQTA (25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL, 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL)	3	
VARIVAX VACCINE (VIAL, WITH DILUENT)	3	
VAXCHORA VACCINE	3	
YF-VAX (1 VIAL, 5 VIAL)	3	

INFLAMMATORY BOWEL DISEASE AGENTS

<i>alose tron hcl (0.5 mg tablet, 1 mg tablet)</i>	4	PA
<i>balsalazide disodium 750 mg cp</i>	4	
<i>budesonide dr 3 mg capsule</i>	4	
<i>budesonide ec 3 mg capsule</i>	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>budesonide er 9 mg tablet</i>	5	NM
<i>hydrocortisone 100 mg/60 ml</i>	4	
<i>mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)</i>	4	
<i>mesalamine dr 400 mg capsule</i>	4	
<i>mesalamine er (er 0.375 gram cap, er 500 mg capsule)</i>	4	
<i>sulfasalazine 500 mg tablet</i>	3	
<i>sulfasalazine dr 500 mg tab</i>	3	

IRRIGATING SOLUTIONS

<i>acetic acid 0.25% irrig soln</i>	2	
<i>aqua care 0.9% nacl irrigation</i>	3	
<i>aqua care sterile water irrig</i>	4	
RENACIDIN IRRIGATION SOLUTION	4	
<i>sodium chloride (irrig., press sol)</i>	3	
<i>sterile water for irrigation</i>	4	

METABOLIC BONE DISEASE AGENTS

<i>alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 70 mg tab)</i>	1	
<i>calcitonin-salmon 200 unit spr</i>	3	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule)</i>	2	
<i>calcitriol 1 mcg/ml solution</i>	4	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	4	
<i>cinacalcet hcl 90 mg tablet</i>	5	NM
<i>ibandronate sodium 150 mg tab</i>	2	
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	4	PA
PROLIA 60 MG/ML SYRINGE	4	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab, 35 mg tab, 150 mg tab)</i>	3	
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYMLOS 80 MCG DOSE PEN INJECTR	5	PA, NM
XGEVA 120 MG/1.7 ML VIAL	5	PA, NM
MISCELLANEOUS THERAPEUTIC AGENTS		
ACTIMMUNE 100 MCG/0.5 ML VIAL	5	PA - FOR NEW STARTS ONLY, NM
BAQSIMI (3 MG SPRAY, 3 MG SPRAY ONE PACK, 3 MG SPRAY TWO PACK)	3	QL (4 PER 30 DAYS)
<i>bupirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>bupirone hcl 7.5 mg tablet</i>	3	
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN)	4	
CARNITOR SF 100 MG/ML ORAL SOL	4	
<i>diazoxide 50 mg/ml oral susp</i>	4	
ELMIRON 100 MG CAPSULE	4	
EVRYSDI 60 MG/80 ML(0.75MG/ML)	5	PA, NM
<i>glucagon 1 mg vial</i>	3	QL (4 PER 30 DAYS)
GLUCAGON EMERGENCY KIT (1 MG EMERGENCY KIT, 1 MG VIAL)	3	QL (4 PER 30 DAYS)
GVOKE (1 MG/0.2 ML KIT, 1 MG/0.2 ML VIAL)	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
ISTURISA (1 MG TABLET, 5 MG TABLET)	5	PA, NM
<i>l-glutamine 5 gram powder pkt</i>	5	PA, NM
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	4	
<i>levocarnitine sf 1 g/10 ml sol</i>	4	
MESNEX 400 MG TABLET	5	NM
MYHIBBIN 200 MG/ML SUSPENSION	5	PA - PART B VS D DETERMINATION, NM
<i>nitroglycerin 0.4% ointment</i>	4	
<i>pyridostigmine br 60 mg tablet</i>	3	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln)</i>	4	
<i>pyridostigmine er 180 mg tab</i>	4	
TAKHZYRO (150 MG/ML SYRINGE, 300 MG/2 ML SYRINGE, 300 MG/2 ML VIAL)	5	PA, NM
THALOMID (50 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	5	NM
TYBOST 150 MG TABLET	3	
VISTOGARD 10 GRAM PACKET	5	PA, NM
VOWST CAPSULE	5	PA, NM

OPHTHALMIC AGENTS

ANTIGLAUCOMA AGENTS

<i>acetazolamide (125 mg tablet, 250 mg tablet)</i>	4	
<i>acetazolamide er 500 mg cap</i>	3	
<i>betaxolol hcl 0.5% eye drop</i>	3	
<i>bimatoprost 0.03% eye drops</i>	3	
<i>brimonidine 0.2% eye drop</i>	2	
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brimonidine tartrate 0.15% drp</i>	4	
<i>brinzolamide 1% eye drops</i>	3	
<i>carteolol hcl 1% eye drops</i>	2	
<i>dorzolamide 2% eye drop</i>	2	
<i>dorzolamide hcl 2% eye drops</i>	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dorzolamide-timolol 2%-0.5%</i>	4	
<i>dorzolamide-timolol eye drops</i>	2	
<i>latanoprost 0.005% eye drops</i>	1	
<i>levobunolol 0.5% eye drops</i>	2	
LUMIGAN 0.01% EYE DROPS	3	
<i>methazolamide (25 mg tablet, 50 mg tablet)</i>	4	
PHOSPHOLINE IODIDE 0.125% DROP	4	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	4	
RHOPRESSA 0.02% OPHTH SOLUTION	4	
SIMBRINZA (DROP, DROPS)	3	
<i>timolol maleate (0.25%, 0.5%, 0.5% gfs)</i>	4	
<i>timolol maleate 0.25% eye drop</i>	1	
<i>timolol maleate 0.5% eye drops (generic for timoptic)</i>	1	
<i>travoprost 0.004% eye drop</i>	4	

REPLACEMENT PREPARATIONS

<i>dextrose 10%-0.45% nacl iv sol</i>	4	
<i>dextrose 2.5%-0.45% nacl iv</i>	4	
<i>dextrose 5%-0.45% nacl iv soln</i>	4	
<i>dextrose 5%-0.9% nacl iv soln</i>	4	
<i>dextrose 5%-lr iv solution</i>	4	
ISOLYTE S (IOLYTE IV OLN PH7.4, IOLYTE IV OLUTION-EXCEL)	4	
<i>kcl-d5w-0.45% nacl (10 meq/l-500ml-d5w-0.45%nacl, 10 meq/l-d5w-0.45% nacl, 20 meq/l-d5w-0.45% nacl, 30 meq/l-d5w-0.45% nacl, 40 meq/l-d5w-0.45% nacl)</i>	4	
<i>kcl-d5w-0.9% nacl (20 meq/l-d5w-0.9%, 40 meq/l-d5w-0.9%)</i>	4	
KLOR-CON 20 MEQ PACKET	4	
KLOR-CON M10 TABLET	2	
KLOR-CON M15 TABLET	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON M20 TABLET	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	4	
<i>potassium chloride (2 meq/ml conc, 10 meq/5 ml conc, 20 meq/10 ml conc, 40 meq/20 ml conc, 60 meq/30 ml conc)</i>	1	
<i>potassium chloride (cl10%(20meq/15ml) cup, cl10%(40meq/30ml) cup, cl20%(40meq/15ml) cup, cl 10 meq/100 ml sol, cl 10 meq/50 ml sol, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20 meq/100 ml sol, cl 20 meq/50 ml sol, cl 20% (40 meq/15ml), cl 40 meq/100 ml sol)</i>	4	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 20 tablet)</i>	2	
<i>potassium chloride-dextrose 5% (10 meq/l in solution, 20 meq/l in solution)</i>	4	
<i>potassium citrate er (er 5 tab, er 10 tb, er 15 tb)</i>	3	
<i>potassium cl 20meq/100ml-water</i>	4	
<i>potassium cl er 10 meq tablet (dissolvable tablet)</i>	2	
<i>potassium cl er 15 meq tab er prt</i>	2	
<i>potassium cl er 20 meq tablet (dissolvable tablet)</i>	2	
<i>sodium chloride (50 ml, 100 ml, 500 ml, 1,000 ml, sol-excel, soln, solution)</i>	2	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 3% iv soln, sodium chloride 4 meq/ml vl, sodium chloride 5% iv soln, sodium chloride 50 meq/20 ml, sodium chloride 100 meq/40 ml, sodium chloride 120 meq/30 ml, sodium chloride 200 meq/50 ml, sodium chloride 400 meq/100 ml, sodium chloride 800 meq/200 ml)</i>	4	
<i>sodium chloride 0.9%-water</i>	2	

RESPIRATORY TRACT AGENTS

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS

ADVAIR HFA (HFA 45-21 MCG INHALER, HFA 115-21 MCG INHALER, HFA 230-21 MCG INHALER)	3
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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARNUITY ELLIPTA (50 MCG, 100 MCG, 200 MCG)	3	
BREO ELLIPTA (50-25 MCG INHALER, 100-25 MCG INHALR, 200-25 MCG INHALR)	3	
BREYNA (80-4.5 MCG INHALER, 160-4.5 MCG INHALER)	3	
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	4	PA - PART B VS D DETERMINATION
<i>budesonide-formoterol fumarate (80-4.5, 160-4.5)</i>	3	
<i>fluticasone propionate (50 mcg diskus, 100mcg diskus, 250 mcg disk)</i>	3	
<i>fluticasone propionate hfa (hfa 44 mcg, hfa 110 mcg, hfa 220 mcg)</i>	3	
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	3	
QVAR REDIHALER (40 MCG, 80 MCG)	3	
WIXELA INHUB (100-50, 250-50, 500-50)	3	
ANTILEUKOTRIENES		
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sod 4 mg granules</i>	4	
<i>montelukast sodium (4 mg tab chew, 5 mg tab chew)</i>	2	
<i>zafirlukast (10 mg tablet, 20 mg tablet)</i>	4	
BRONCHODILATORS		
<i>albuterol hfa 90 mcg inhaler</i>	3	
<i>albuterol sulf 2 mg/5 ml syrup</i>	2	
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol, 2.5 mg/3 ml soln)</i>	3	PA - PART B VS D DETERMINATION
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA - PART B VS D DETERMINATION
ANORO ELLIPTA 62.5-25 MCG INH	3	
ATROVENT 17 MCG HFA INHALER	4	QL (25.8 PER 30 DAYS)
BREZTRI AEROSPHERE INHALER	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COMBIVENT RESPIMAT 20-100 MCG	3	
INCRUSE ELLIPTA 62.5 MCG INH	3	
<i>iprat-albut 0.5-3(2.5) mg/3 ml</i>	2	PA - PART B VS D DETERMINATION
<i>ipratropium br 0.02% soln</i>	2	PA - PART B VS D DETERMINATION
<i>levalbuterol tar hfa 45mcg inh</i>	3	
SEREVENT DISKUS 50 MCG	3	
STRIVERDI RESPIMAT INHAL SPRAY	3	
<i>theophylline er (er 100 mg tablet, er 200 mg tablet, er 300 mg tablet, er 450 mg tablet)</i>	4	
<i>theophylline er (er 400 mg tablet, er 600 mg tablet)</i>	2	
TRELEGY ELLIPTA (100-62.5-25, 200-62.5-25)	3	
RESPIRATORY TRACT AGENTS, OTHER		
<i>acetylcysteine (10% vial, 20% vial)</i>	4	PA - PART B VS D DETERMINATION
ARALAST NP (500 MG VIAL, 1,000 MG VIAL)	5	PA, NM
BRONCHITOL 40 MG INHALE CAP	5	PA, NM
<i>cromolyn 20 mg/2 ml neb soln</i>	3	PA - PART B VS D DETERMINATION
GLASSIA 1 GM/50 ML VIAL	5	PA, NM
KALYDECO (5.8 MG GRANULES PKT, 13.4 MG GRANULES PKT, 25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA, NM
NUCALA (40 MG/0.4 ML SYRINGE, 100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	5	PA, LA, NM
OFEV (100 MG CAPSULE, 150 MG CAPSULE)	5	PA, NM
ORKAMBI (75-94 MG GRANULE PKT, 100 MG-125 MG TABLET, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT, 200 MG-125 MG TABLET)	5	PA, NM

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pirfenidone (267 mg capsule, 267 mg tablet, 534 mg tablet, 801 mg tablet)</i>	5	PA, NM
PROLASTIN C (MG VIAL, MG/20 ML VL)	5	PA, NM
<i>roflumilast (250 mcg tablet, 500 mcg tablet)</i>	4	
TRIKAFTA (50-25-37.5 MG/75 MG, 80-40-60MG/59.5MG PKT, 100-50-75 MG/150 MG, 100-50-75 MG/75MG PKT)	5	PA, NM
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA, NM
ZEMAIRA (1,000 MG VIAL, 4,000 MG VIAL, 5,000 MG VIAL)	5	PA, NM

SKELETAL MUSCLE RELAXANTS

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>carisoprodol 350 mg tablet</i>	2	QL (4 PER 1 DAYS)
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2	

SLEEP DISORDER AGENTS

<i>armodafinil (50 mg tablet, 150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA
<i>eszopiclone (1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	3	
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	3	PA
<i>ramelteon 8 mg tablet</i>	4	QL (1 PER 1 DAYS)
<i>sodium oxybate 0.5 g/ml soln</i>	5	PA, NM
SUNOSI (75 MG TABLET, 150 MG TABLET)	4	PA, QL (1 PER 1 DAYS)
<i>zaleplon (5 mg capsule, 10 mg capsule)</i>	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	

VASODILATING AGENTS

ADEMPAS (0.5 MG TABLET, 1 MG TABLET, 1.5 MG TABLET, 2 MG TABLET, 2.5 MG TABLET)	5	PA, NM
<i>ambrisentan (5 mg tablet, 10 mg tablet)</i>	4	PA
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, LA, NM
OPSUMIT 10 MG TABLET	5	PA, NM
<i>sildenafil 20 mg tablet (generic for revatio)</i>	3	PA
<i>tadalafil 20 mg tablet (generic for adcirca)</i>	4	PA
<i>tadalafil 5 mg tablet</i>	2	PA

VITAMINS AND MINERALS

DERMACINRX PRENATRIX CAPLET	1	
DERMACINRX PRENATRYL CAPLET	1	
DERMACINRX PRETRATE CAPLET	1	
<i>fluoride (0.5 mg tablet chew, 1 mg tablet chewable)</i>	1	
MULTI-MAC TABLET	1	
NATAL PNV TABLET	1	
NEONATAL COMPLETE TABLET	1	
NEONATAL PLUS VITAMIN TABLET	1	
NEONATAL-DHA COMBO PACK	1	
<i>niva-plus tablet</i>	1	
PNV TABS 20-1 TABLET	1	
PREGEN DHA SOFTGEL	1	
<i>prenatal plus vitamin-mineral</i>	1	
<i>prenatal vitamin plus low iron</i>	1	
<i>prenatal vitamins with minerals and folic acid greater than 0.8mg</i>	1	
<i>sodium fluoride 0.5 mg/ml drop</i>	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sodium fluoride 2.2 mg (fluoride ion 1 mg)</i>	1	
<i>wesnatal dha complete</i>	1	
<i>wesnate dha softgel</i>	1	
<i>westab plus tablet</i>	1	
<i>ziphex tablet</i>	1	

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This formulary was updated on 10/01/2024. For more recent information or other questions, please contact HealthPartners Member Services.

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