



Central Health Medi-Medi Plan II (HMO D-SNP)
Central Health Dual Access Plan (HMO D-SNP)
Central Health Embrace Care Plan (HMO C-SNP)
Central Health Embrace Choice Plan (HMO C-SNP)

2026 فهرست دارو

فهرست داروهای تحت پوشش یا «فهرست دارو یا دارونامه»

لطفاً مطالعه کنید: این سند حاوی اطلاعاتی

درباره داروهای تحت پوشش در این طرح است

شناسه ارسال فایل دارونامه تأییدشده توسط HPMS، ID00026144 نسخه شماره 10

این فهرست دارو در تاریخ 04/01/2026 به‌روزرسانی شده است. برای کسب اطلاعات جدیدتر یا سایر سوالات، لطفاً از 1 اکتبر تا 31 مارس با خدمات اعضای طرح Central Health Medicare به شماره [800] 665-3086 (کاربران TTY باید با شماره 711 تماس بگیرند) تماس بگیرید: 7 روز هفته، از ساعت 8 قبل از ظهر تا 8 بعد از ظهر، به‌وقت محلی، از تاریخ 1 آوریل تا 30 سپتامبر: دوشنبه تا جمعه از ساعت 8 صبح تا 8 بعد از ظهر، به‌وقت محلی، یا به این وبسایت مراجعه کنید. centralhealthplan.com/PartD/Formulary.

یادداشت برای اعضای فعلی: این دارونامه از سال گذشته تغییر کرده است. لطفاً این سند را بررسی کنید تا اطمینان حاصل کنید داروهایی که مصرف می‌کنید، همچنان در فهرست گنجانده شده‌اند.

وقتی در این فهرست دارویی (دارونامه) به «ما» یا «مال ما» اشاره می‌شود، منظور **Central Health Medicare Plan** است. وقتی به «طرح» یا «طرح ما» اشاره می‌شود، منظور **Central Health Medicare Plan** است.

این سند شامل فهرست دارویی (دارونامه) طرح ما است که از تاریخ **04/01/2026** به‌روز شده است. برای دریافت فهرست دارویی (دارونامه) به‌روز شده، لطفاً با ما تماس بگیرید. اطلاعات تماس ما، همچنین تاریخ آخرین به‌روزرسانی فهرست دارو (دارونامه)، بر روی جلد جلو و پشت درج شده‌اند.

شما معمولاً باید برای استفاده از مزایای داروهای تجویزی خود از داروخانه‌های شبکه استفاده کنید. مزایا، دارونامه، شبکه داروخانه و/یا پرداخت‌های مشترک/بیمه مشترک ممکن است در **1 ژانویه 2026** و گهگاهی در طول سال تغییر کنند.

فهرست دارویی Central Health Medicare Plan چیست؟

در این سند، ما از اصطلاحات فهرست دارویی و دارونامه به یک معنی استفاده می‌کنیم. دارونامه، فهرستی از داروهای تحت پوشش است که توسط **Central Health Medicare Plan** با مشورت تیمی از ارائه دهندگان مراقبت‌های بهداشتی انتخاب می‌شود و نشان دهنده درمان‌های تجویزی است که به عنوان بخش ضروری یک برنامه درمانی با کیفیت در نظر گرفته می‌شوند. **Central Health Medicare Plan** عموماً داروهای فهرست‌شده در دارونامه ما را پوشش می‌دهد، مشروط بر اینکه دارو از نظر پزشکی ضروری باشد، نسخه در داروخانه شبکه **Central Health Medicare Plan** پیچانده شده و سایر قوانین طرح رعایت شود. برای اطلاعات بیشتر در مورد نحوه تحویل نسخه‌هایتان، لطفاً شواهد پوشش خود را بررسی کنید.

آیا فهرست دارویی می‌تواند تغییر کند؟

بیشتر تغییرات در پوشش دارویی در اول ژانویه اتفاق می‌افتد، اما **Central Health Medicare Plan** ممکن است در طول سال داروهایی را به فهرست دارویی اضافه یا حذف کند، آنها را به سطوح مختلف تقسیم هزینه منتقل نموده یا محدودیت‌های جدیدی اضافه کند. ما باید در ایجاد این تغییرات از قوانین **Medicare** پیروی کنیم. به‌روزرسانی‌های فهرست دارویی ماهانه در وبسایت ما در اینجا منتشر می‌شود:

centralhealthplan.com/PartD/Formulary.

تغییراتی که امسال می‌توانند روی شما تأثیر بگذارند. در موارد زیر، تحت تأثیر تغییرات پوشش در طول سال قرار می‌گیرید:

- **جایگزینی فوری برخی از نسخه‌های جدید داروهای برند و محصولات بیولوژیکی اصلی.** اگر دارویی را با نسخه جدیدی از آن دارو که در ردیف اشتراک هزینه یکسان یا پایین‌تر و با محدودیت‌های یکسان یا کمتر قرار دارد جایگزین کنیم، ممکن است فوراً آن را از فهرست دارویی خود حذف کنیم. وقتی نسخه جدیدی از یک دارو را به فهرست دارویی خود اضافه می‌کنیم، ممکن است تصمیم بگیریم که داروی برند یا محصول بیولوژیکی اصلی را در دارونامه خود نگه داریم، اما بلافاصله آن را به ردیف اشتراک هزینه متفاوتی منتقل کرده یا محدودیت‌های جدیدی اضافه کنیم.

فقط در صورتی می‌توانیم این تغییرات فوری را اعمال کنیم که یک نسخه ژنریک جدید از یک داروی تجاری یا نسخه‌های بیوسیمیلار جدید خاصی از یک محصول بیولوژیکی اصلی را که قبلاً در فهرست دارویی موجود بوده، اضافه کنیم (به عنوان مثال، اضافه کردن یک بیوسیمیلار قابل جایگزینی که می‌تواند بدون نسخه جدید توسط داروخانه جایگزین یک محصول بیولوژیکی اصلی شود).

اگر در حال حاضر داروی تجاری یا محصول بیولوژیکی اصلی را مصرف می‌کنید، ممکن است قبل از اعمال تغییر فوری، از قبل به شما اطلاع ندهیم، اما بعداً اطلاعاتی در مورد تغییر(های) خاصی که ایجاد کرده‌ایم به شما ارائه خواهیم داد.

اگر چنین تغییری ایجاد کنیم، شما یا پزشک تجویزکننده‌تان می‌توانید از ما درخواست کنید که استثنای قائل شویم و همچنان داروی تغییر یافته را برای شما پوشش دهیم. برای کسب اطلاعات بیشتر، به بخش زیر با عنوان «چگونه می‌توانم برای استثنای قائل شدن در فهرست داروهای **Central Health Medicare Plan** درخواست بدهم؟» مراجعه کنید.

برخی از این انواع داروها ممکن است برای شما جدید باشند. برای کسب اطلاعات بیشتر، به بخش زیر با عنوان «محصولات بیولوژیکی اصلی چه هستند و چه ارتباطی با بیوسیمیلارها دارند؟» مراجعه کنید.

- **داروهایی که از بازار جمع‌آوری شده‌اند.** اگر دارویی توسط تولیدکننده از فروش خارج شود یا سازمان غذا و داروی آمریکا (FDA) به دلایل ایمنی یا اثربخشی تصمیم به حذف آن بگیرد، ممکن است بلافاصله دارو را از فهرست دارویی خود حذف کنیم و بعداً به اعضای که دارو را مصرف می‌کنند، اطلاع دهیم.

- **سایر تغییرات.** ممکن است تغییرات دیگری ایجاد کنیم که بر اعضای که در حال حاضر دارو مصرف می‌کنند، تأثیر بگذارد. به‌طور مثال، ممکن است هنگام اضافه کردن معادل ژنریک، یک داروی تجاری را از فهرست دارویی حذف کنیم یا هنگام اضافه کردن داروی بیوسیمیلار، یک محصول بیولوژیکی اصلی را حذف کنیم. همچنین ممکن است محدودیت‌های جدیدی را برای داروی تجاری یا محصول بیولوژیکی اصلی اعمال کنیم، یا آن را به یک ردیف تقسیم هزینه متفاوت یا هر دو منتقل کنیم. ممکن است بر اساس دستورالعمل‌های بالینی جدید تغییراتی ایجاد کنیم. اگر داروهایی را از فهرست دارویی خود حذف کنیم، مجوز قبلی، محدودیت‌های مقدار و/یا محدودیت‌های درمان مرحله‌ای را به دارویی اضافه کنیم، یا دارویی را به ردیف اشتراک هزینه بالاتر منتقل کنیم، باید حداقل 30 روز قبل از لازم‌الاجرا شدن تغییر، اعضای مربوطه را از این تغییر مطلع کنیم. از سوی دیگر، وقتی عضو درخواست تمدید دارو را می‌دهد، ممکن است ذخیره 31 روزه دارو و اطلاعیه تغییر را دریافت کند.

اگر این تغییرات دیگر را اعمال کنیم، شما یا پزشک تجویزکننده می‌توانید از ما درخواست کنید که برای شما استثنای قائل شویم و با پوشش دارویی که مصرف می‌کردید ادامه دهیم. اطلاعیه‌ای که به شما ارائه می‌دهیم شامل اطلاعاتی در مورد نحوه درخواست استثنا نیز خواهد بود و می‌توانید اطلاعات را در بخش زیر با عنوان «چگونه می‌توانم درخواست استثنا برای فهرست داروهای طرح بیمه درمانی مرکزی را بدهم؟» نیز بیابید.

تغییراتی که در صورت مصرف فعلی دارو، شما را تحت تأثیر قرار نمی‌دهند. به طور کلی، اگر دارویی از فهرست داروهای 2026 ما را که در ابتدای سال تحت پوشش بوده است مصرف می‌کنید، ما پوشش دارو را در طول سال پوشش 2026 قطع یا کاهش نخواهیم داد، مگر در مواردی که در بالا توضیح داده شد. این بدان معناست که این داروها با همان سهم هزینه و بدون هیچ محدودیت جدیدی برای اعضای که آنها را برای بقیه سال تحت پوشش مصرف می‌کنند، در دسترس خواهند بود. امسال در مورد تغییراتی که شما را تحت تأثیر قرار نمی‌دهند، مستقیماً اطلاع‌رسانی نخواهید شد. با این حال، در 1 ژانویه سال آینده، چنین تغییراتی شما را تحت تأثیر قرار می‌دهد و مهم است که برای اطلاع از هرگونه تغییر در داروها، دارونامه سال جدید را بررسی کنید.

فهرست داروهای پیوست شده از تاریخ 04/01/2026 به‌روز است. برای دریافت اطلاعات به‌روز در مورد داروهای تحت پوشش Central Health Medicare Plan، لطفاً با ما تماس بگیرید. اطلاعات تماس ما در جلد روبی و پشتی آمده است.

چگونه از فهرست دارویی استفاده کنم؟

دو راه برای پیدا کردن داروی شما در فهرست دارویی وجود دارد:

عارضه پزشکی

فهرست دارویی از صفحه 6 شروع می‌شود. داروها در این دارونامه بسته به نوع عارضه پزشکی که برای آن مورد استفاده قرار می‌گیرند، در دسته‌بندی‌های مختلف قرار می‌گیرند. برای مثال، داروهایی که برای درمان بیماری قلبی استفاده می‌شوند، در دسته قلبی عروقی فهرست شده‌اند. اگر می‌دانید داروی شما برای چه چیزی استفاده می‌شود، نام دسته را در فهرستی که از صفحه 6 شروع می‌شود، جستجو کنید. سپس زیر نام دسته داروی خود را جستجو کنید.

فهرست الفبایی

اگر مطمئن نیستید که در کدام دسته جستجو کنید، باید داروی خود را در فهرستی که از صفحه 94 شروع می‌شود، جستجو کنید. فهرست، فهرست الفبایی از تمام داروهای موجود در این سند را ارائه می‌دهد. هم داروهای تجاری و هم داروهای ژنریک در فهرست فهرست شده‌اند. در فهرست جستجو کرده و داروی خود را پیدا کنید. در کنار داروی خود، شماره صفحه‌ای را خواهید دید که می‌توانید اطلاعات پوشش را در آن پیدا کنید. به صفحه فهرست‌شده در فهرست مراجعه کنید و نام داروی خود را در ستون اول فهرست پیدا کنید.

داروهای ژنریک، چه داروهایی هستند؟

هم داروهای ژنریک و هم داروهای برند را پوشش می‌دهد. داروی ژنریک توسط سازمان غذا و داروی آمریکا (FDA) به دلیل داشتن همان ماده مؤثر داروی برند تأیید شده است. به طور کلی، داروهای ژنریک به خوبی داروهای برند عمل می‌کنند و معمولاً هزینه کمتری نسبت به آنها دارند. جایگزین‌های داروی ژنریک برای بسیاری از داروهای برند موجود است. داروهای ژنریک را معمولاً می‌توان بدون نیاز به نسخه جدید، بسته به قوانین ایالتی، در داروخانه جایگزین داروی برند کرد.

محصول بیولوژیکی اصلی چه هستند و چه رابطه‌ای با بیوسیمیلارها دارند؟

در دارونامه، وقتی به داروها اشاره می‌کنیم، این می‌تواند به معنای یک دارو یا یک محصول بیولوژیکی باشد. محصولات بیولوژیکی داروهایی با پیچیدگی بیشتر نسبت به داروهای معمولی هستند. از آنجایی که که محصولات بیولوژیکی نسبت به داروهای معمولی پیچیده‌تر هستند، به جای اشکال ژنریک، جایگزین‌هایی تحت عنوان بیوسیمیلار دارند. به طور کلی، عملکرد بیوسیمیلارها مشابه داروهای بیولوژیکی اصلی است اما قیمت کمتری دارد. برای برخی از محصولات بیولوژیکی اصلی، جایگزین‌های بیوسیمیلار وجود دارد. برخی از بیوسیمیلارها، بیوسیمیلارهای قابل تعویضی هستند و بسته به قانون ایالتی، ممکن است بدون نیاز به نسخه جدید جایگزین محصول بیولوژیکی اصلی در داروخانه شوند، درست مانند داروهای ژنریک که می‌توانند جایگزین داروهای مارک‌دار شوند.

برای بحث در مورد انواع داروها، لطفاً به شواهد پوشش، فصل 5، بخش 3.1، «فهرست داروها نشان می‌دهد که کدام داروهای بخش D تحت پوشش هستند» مراجعه کنید.

آیا محدودیتی در پوشش من وجود دارد؟

برخی از داروهای تحت پوشش ممکن است الزامات یا محدودیت‌های اضافی در پوشش داشته باشند. این الزامات و محدودیت‌ها ممکن است شامل موارد زیر باشد:

- **تأییدیه قبلی:** Central Health Medicare Plan شما یا پزشک تجویزکننده‌تان را ملزم می‌کند که برای برخی داروها، مجوز قبلی دریافت کنید. این بدان معناست که قبل از تهیه نسخه‌هایتان، باید از Central Health Medicare Plan مجوز دریافت کنید. اگر مجوز دریافت نکنید، ممکن است Central Health Medicare Plan آن دارو را پوشش ندهد.
- **محدودیت تعداد:** برای برخی از داروها، Central Health Medicare Plan میزان دارویی را که Central Health Medicare Plan پوشش می‌دهد، محدود می‌کند. به عنوان مثال، Central Health Medicare Plan برای هر نسخه از امپرازول منیزیم، 30 عدد در نظر گرفته است. این مبلغ ممکن است علاوه بر هزینه استاندارد یک ماهه یا سه ماهه باشد.
- **درمان مرحله‌ای:** در برخی موارد، Central Health Medicare Plan از شما می‌خواهد که ابتدا داروهای خاصی را برای درمان بیماری خود امتحان کنید تا ما داروی دیگری را برای آن بیماری پوشش دهیم. به عنوان مثال، اگر داروی A و داروی B هر دو بیماری شما را درمان کنند، Central Health Medicare Plan ممکن است داروی B را پوشش ندهد، مگر اینکه ابتدا داروی A را امتحان کنید. اگر داروی A برای شما مؤثر نباشد، Central Health Medicare Plan داروی B را پوشش خواهد داد.

با نگاه به فهرست دارویی که از صفحه 6 شروع می‌شود، می‌توانید ببینید که آیا داروی شما الزامات یا محدودیت‌های دیگری دارد یا خیر. همچنین می‌توانید با مراجعه به وبسایت ما اطلاعات بیشتری در مورد محدودیت‌های اعمال شده برای داروهای خاص تحت پوشش کسب کنید. ما مدارک را به صورت آنلاین منتشر کرده‌ایم که در آن مجوز قبلی و محدودیت‌های درمان مرحله‌ای ما توضیح داده شده است. همچنین می‌توانید از ما بخواهید تا برایتان یک نسخه بفرستیم. اطلاعات تماس ما، همچنین تاریخ آخرین به‌روزرسانی فهرست دارو، بر روی جلد جلو و پشت درج شده‌اند.

می‌توانید از Central Health Medicare Plan [بخواهید که برای این محدودیت‌ها یا حدود، یا برای فهرستی از داروهای مشابه دیگری که ممکن است بیماری شما را درمان کنند، استثنا قائل شود. برای کسب اطلاعات در مورد نحوه درخواست استثنا، به بخش «چگونه می‌توانم درخواست استثنا در فهرست داروهای Central Health Medicare Plan سلامت کنم؟» در صفحه 5 > مراجعه کنید.

داروهای بدون نسخه (OTC) چه هستند؟

داروهای OTC داروهای بدون نسخه‌ای هستند که معمولاً تحت پوشش Central Health Medicare Prescription Drug Plan نیستند. Central Health Medicare Plan هزینه برخی از داروهای OTC را پرداخت می‌کند. این داروهای OTC را بدون هیچ هزینه‌ای برای شما ارائه می‌دهد. هزینه این داروهای OTC برای Central Health Medicare Plan جزو کل هزینه‌های داروی بخش D شما محسوب نمی‌شود.

اگر داروی من در دارونامه موجود نباشد چه می‌شود؟

اگر داروی شما در این دارونامه (فهرست داروهای تحت پوشش) موجود نیست، ابتدا باید با خدمات تماس بگیرید و بپرسید که آیا داروی شما تحت پوشش است یا خیر.

اگر متوجه شدید که Central Health Medicare Plan داروی شما را پوشش نمی‌دهد، دو گزینه دارید:

- می‌توانید از خدمات اعضا فهرستی از داروهای مشابه تحت پوشش Central Health Medicare Plan را درخواست کنید. وقتی فهرست را دریافت کردید، آن را به پزشک خود نشان دهید و از او بخواهید داروی مشابهی را که تحت پوشش Central Health Medicare Plan است، تجویز کند.
- می‌توانید از Central Health Medicare Plan بخواهید که استثنا قائل شود و داروی شما را تحت پوشش قرار دهد. برای کسب اطلاعات بیشتر در مورد نحوه درخواست استثنا به زیر مراجعه کنید.

چگونه می‌توانم درخواست استثنا برای فهرست دارویی Central Health Medicare Plan بدهم؟

شما می‌توانید از Central Health Medicare Plan درخواست کنید که در قوانین پوشش ما استثنا قائل شود. چندین نوع استثنا وجود دارد که می‌توانید از ما بخواهید آنها را اعمال کنیم.

- شما می‌توانید از ما بخواهید که دارویی را پوشش دهیم، حتی اگر در فهرست دارویی ما نباشد. در صورت تأیید، این دارو در ردیف سهم هزینه از پیش تعیین شده پوشش داده خواهد شد و شما نمی‌توانید از ما بخواهید که دارو را در ردیف سهم هزینه پایین‌تری ارائه دهیم.
- شما می‌توانید از ما بخواهید که محدودیت‌های پوشش، از جمله مجوز قبلی، درمان مرحله‌ای یا محدودیت مقدار داروی شما را لغو کنیم. به عنوان مثال، برای برخی از داروها، Central Health Medicare Plan میزان دارویی را که ما پوشش می‌دهیم محدود می‌کند. اگر دارویتان محدودیت مقدار دارد، می‌توانید از ما بخواهید که از این محدودیت صرف نظر کنیم و مقدار بیشتری را پوشش دهیم.
- می‌توانید از ما بخواهید که یک داروی موجود در داروخانه را با سطح اشتراک هزینه پایین‌تر پوشش دهیم، مگر اینکه دارو در سطح تخصصی باشد. در صورت تأیید، این امر مبلغی را که باید برای داروی خود بپردازید، کاهش می‌دهد.

به‌طور کلی، طرح ما فقط در صورتی درخواست شما برای استثنا را تأیید می‌کند که داروهای جایگزین موجود در فهرست دارویی طرح، داروی کم‌هزینه‌تر، یا اعمال محدودیت برای شما به اندازه کافی مؤثر نباشد و/یا باعث ایجاد عوارض جانبی برای شما شود.

شما یا پزشک تجویزکننده شما باید برای درخواست طبقه‌بندی یا استثنا در فهرست دارویی، از جمله استثنا در محدودیت پوشش، با ما تماس بگیرید. **هنگامی که درخواست استثنا می‌کنید، پزشک تجویزکننده شما باید دلایل پزشکی نیاز شما به این استثنا را توضیح دهد.** به‌طور کلی، ما باید ظرف 72 ساعت پس از دریافت بیانیه پشتیبان پزشک شما، تصمیم خود را بگیریم. اگر شما معتقد باشید که انتظار به مدت 72 روز برای صدور حکم نهایی می‌تواند به سلامت شما آسیب جدی برساند، و ما موافق این امر باشیم، می‌توانید درخواست تصمیم‌گیری سریع (فوری) داشته باشید. اگر ما موافقت کنیم، یا اگر پزشک تجویزکننده شما درخواست تصمیم‌گیری سریع داشته باشد، ما باید حداکثر تا 24 ساعت پس از دریافت بیانیه پشتیبان پزشک شما، تصمیم خود را به شما اعلام کنیم.

اگر داروی من در دارونامه نباشد یا محدودیتی داشته باشد، چه کاری می‌توانم انجام دهم؟

به عنوان یک عضو جدید یا عضو دائمی در طرح ما، ممکن است داروهایی مصرف کنید که در فهرست دارویی ما باشد اما محدودیت پوشش، مانند تأییدیه قبلی، داشته باشد. شما باید با پزشک تجویزکننده خود در مورد درخواست تصمیم پوشش برای نشان دادن اینکه معیارهای تأیید را دارید، تغییر به داروی جایگزین تحت پوشش ما، یا درخواست استثنا در فهرست دارویی، صحبت کنید تا ما دارویی را که مصرف می‌کنید پوشش دهیم. در حالی که شما و پزشکتان مسیر درست درمان را برای خود تعیین می‌کنید، ممکن است در موارد خاص، داروی شما را در طول 90 روز اول عضویتتان در طرح ما پوشش دهیم.

برای هر یک از داروهای شما که در فهرست دارویی ما نیست یا محدودیت پوشش دارد، ما یک ذخیره موقت 31 روزه را پوشش خواهیم داد. اگر نسخه شما برای روزهای کمتری نوشته شده باشد، ما اجازه می‌دهیم نسخه خود را تمدید کنید تا حداکثر تا 31 روز دارو تأمین باشد. اگر پوشش دارویی تأیید نشود، پس از اولین ذخیره 31 روزه شما، ما هزینه این داروها را پرداخت نخواهیم کرد، حتی اگر کمتر از 90 روز عضو طرح بوده باشید.

اگر ساکن یک مرکز مراقبت طولانی مدت هستید و به دارویی نیاز دارید که در فهرست دارویی ما نیست یا اگر توانایی شما برای تهیه داروهایتان محدود است، اما 90 روز اول عضویت در طرح ما را پشت سر گذاشته‌اید، ما یک ذخیره اضطراری 31 روزه از آن دارو را در حالی که شما یک استثنا در فهرست دارویی را دنبال می‌کنید، پوشش خواهیم داد.

برای کسب اطلاعات بیشتر

برای کسب اطلاعات دقیق‌تر در مورد پوشش داروهای تجویزی طرح Central Health Medicare خود، لطفاً مدارک مربوط به پوشش و سایر مطالب طرح را بررسی کنید.

اگر در مورد Central Health Medicare Plan سوالی دارید، لطفاً با ما تماس بگیرید. برای کسب اطلاعات بیشتر اطلاعات تماس ما، همچنین تاریخ آخرین به‌روزرسانی فهرست دارو، بر روی جلد جلو و پشت درج شده‌اند.

اگر در مورد پوشش داروی تحت پوشش Medicare سوالی دارید، با شماره رایگان 1-800-633-4227 یا 24 ساعت شبانه‌روز در 7 روز هفته تماس بگیرید. کاربران TTY باید با شماره 1-877-486-2048 تماس حاصل نمایند. یا از این وبسایت دیدن کنید <http://www.medicare.gov>.

فهرست داروی Central Health Medicare Plan

فهرست داروهای تحت پوشش اطلاعاتی را درباره داروهای تحت پوشش طرح ما به شما می‌دهد. اگر برای پیدا کردن دارویتان در فهرست، مشکل دارید به بخش فهرست موضوعی که از صفحه 94 شروع می‌شود، رجوع کنید.

اولین ستون این نمودار متشکل از فهرست نام دارو است. داروهای برند با حروف بزرگ نوشته شده‌اند (مثل JANUVIA TABS) و داروهای ژنریک با حروف کوچک مورب نوشته شده است (مثل metformin hcl).

اطلاعات موجود در ستون الزامات/محدودیت‌ها به شما می‌گوید که آیا طرح ما الزامات خاصی برای پوشش داروی شما دارد یا خیر.

در ادامه به معانی کدهای به کار رفته در ستون «اقدامات لازم، محدودیت‌ها، محدودیت‌های استفاده» اشاره می‌کنیم:

PA یا Prior Authorization = تأییدیه قبلی (تأییدیه): برای دریافت این دارو باید تأییدیه بگیرید.

QL یا Quantity Limits = محدودیت در مقدار: مقدار دارویی که طرح پوشش می‌دهد.

ST یا Step Therapy = درمان مرحله‌ای: قبل از اینکه بتوانید این دارو را دریافت کنید، باید داروی دیگری را امتحان کرده باشید.

NM یا Non-Mail Order = داروی غیر سفارش پستی: این دارو را نمی‌توانید از طریق سفارش پستی دریافت کنید.

B/D = برخی داروها ممکن است، بسته به شرایط، تحت پوشش Medicare بخش D یا بخش B باشد.

LA یا Limited Access Drug = دارو با دسترسی محدود: این دارو ممکن است فقط در داروخانه‌های خاصی در دسترس باشد.

_ = داروهای غیر بخش D یا اقلام OTC که تحت پوشش Medicaid هستند.

NDS یا Non-Extended Days Supply = تأمین روزهای تمدید نشده: در مورد اینکه تأمین دارویی برای چه تعداد روزی می‌توانید دریافت کنید، محدودیت وجود دارد.

MOLINA_CY26_6T_GS_CORE eff 04/01/2026

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

ANALGESICS**GOUT**

| | | |
|--|---|-------------------------|
| <i>allopurinol</i> TABS 100mg, 300mg | 1 | |
| <i>colchicine</i> TABS .6mg | 3 | QL (120 tabs / 30 days) |
| <i>colchicine w/ probenecid tab 0.5-500 mg</i> | 3 | |
| <i>febuxostat</i> TABS 40mg, 80mg | 4 | PA |
| <i>probenecid</i> TABS 500mg | 3 | |

MISCELLANEOUS

| | | |
|---|---|-----|
| <i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2% | 3 | B/D |
|---|---|-----|

NSAIDS

| | | |
|--|---|-------------------------|
| <i>celecoxib</i> CAPS 50mg, 100mg, 200mg | 3 | QL (60 caps / 30 days) |
| <i>celecoxib</i> CAPS 400mg | 3 | QL (30 caps / 30 days) |
| <i>diclofenac potassium</i> TABS 50mg | 2 | QL (120 tabs / 30 days) |
| <i>diclofenac sodium</i> TB24 100mg | 3 | |
| <i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg | 2 | |
| <i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> | 4 | |
| <i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> | 4 | |
| <i>diflunisal</i> TABS 500mg | 3 | |
| <i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg | 3 | |
| <i>flurbiprofen</i> TABS 100mg | 3 | |
| <i>ibu</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>ibuprofen</i> SUSP 100mg/5ml | 3 | |
| <i>ibuprofen</i> TABS 400mg, 600mg, 800mg | 1 | |
| <i>meloxicam</i> TABS 7.5mg, 15mg | 1 | |
| <i>nabumetone</i> TABS 500mg, 750mg | 2 | |
| <i>naproxen</i> TABS 250mg, 375mg, 500mg | 1 | |
| <i>naproxen</i> TBEC 375mg | 2 | QL (120 tabs / 30 days) |
| <i>naproxen sodium</i> TABS 275mg, 550mg | 3 | |
| <i>oxaprozin</i> TABS 600mg | 4 | |
| <i>piroxicam</i> CAPS 10mg, 20mg | 3 | |
| <i>sulindac</i> TABS 150mg, 200mg | 2 | |

OPIOID ANALGESICS, LONG-ACTING

| | | |
|--|---|-------------------------------|
| <i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr | 2 | QL (4 patches / 28 days), PA |
| <i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr | 4 | QL (10 patches / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg | 4 | QL (30 tabs / 30 days), PA |
| <i>hydrocodone bitartrate</i> T24A 100mg, 120mg | 5 | NDS, QL (30 tabs / 30 days), PA |
| <i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml | 3 | QL (450 mL / 30 days), PA |
| <i>methadone hcl</i> TABS 5mg, 10mg | 3 | QL (90 tabs / 30 days), PA |
| <i>methadone hydrochloride i</i> CONC 10mg/ml | 3 | QL (90 mL / 30 days), PA |
| <i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg | 3 | QL (90 tabs / 30 days), PA |
| OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg | 4 | QL (60 tabs / 30 days), PA |
| OXYCONTIN T12A 40mg, 60mg, 80mg | 5 | NDS, QL (60 tabs / 30 days), PA |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> | 3 | QL (2700 mL / 30 days) |
| <i>acetaminophen w/ codeine tab 300-15 mg</i> | 2 | QL (400 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-30 mg</i> | 2 | QL (360 tabs / 30 days) |
| <i>acetaminophen w/ codeine tab 300-60 mg</i> | 2 | QL (180 tabs / 30 days) |
| <i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml | 4 | |
| <i>butorphanol tartrate</i> SOLN 10mg/ml | 3 | QL (10 mL / 30 days) |
| <i>endocet tab 2.5-325mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>endocet tab 5-325mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>endocet tab 7.5-325mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>endocet tab 10-325mg</i> | 3 | QL (180 tabs / 30 days) |
| <i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> | 4 | QL (2700 mL / 30 days) |
| <i>hydrocodone-acetaminophen tab 5-325 mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 7.5-325 mg</i> | 3 | QL (180 tabs / 30 days) |
| <i>hydrocodone-acetaminophen tab 10-325 mg</i> | 3 | QL (180 tabs / 30 days) |
| <i>hydrocodone-ibuprofen tab 7.5-200 mg</i> | 3 | QL (150 tabs / 30 days) |
| <i>hydromorphone hcl</i> LIQD 1mg/ml | 4 | QL (600 mL / 30 days) |
| <i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg | 3 | QL (180 tabs / 30 days) |
| <i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml | 4 | B/D |
| <i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml | 3 | QL (900 mL / 30 days) |
| <i>morphine sulfate</i> SOLN 100mg/5ml | 3 | QL (180 mL / 30 days) |
| <i>morphine sulfate</i> TABS 15mg, 30mg | 3 | QL (180 tabs / 30 days) |
| <i>oxycodone hcl</i> CONC 100mg/5ml | 4 | QL (180 mL / 30 days) |
| <i>oxycodone hcl</i> SOLN 5mg/5ml | 4 | QL (900 mL / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg | 3 | QL (180 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 5-325 mg</i> | 3 | QL (360 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> | 3 | QL (240 tabs / 30 days) |
| <i>oxycodone w/ acetaminophen tab 10-325 mg</i> | 3 | QL (180 tabs / 30 days) |
| <i>tramadol hcl</i> TABS 50mg | 2 | QL (240 tabs / 30 days) |
| <i>tramadol-acetaminophen tab 37.5-325 mg</i> | 2 | QL (240 tabs / 30 days) |

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

| | | |
|---|---|---------------------------|
| <i>albendazole</i> TABS 200mg | 4 | QL (672 tabs / year), PA |
| <i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml | 4 | |
| ARIKAYCE SUSP 590mg/8.4ml | 5 | NDS, NM, PA |
| <i>atovaquone</i> SUSP 750mg/5ml | 4 | QL (300 mL / 30 days), PA |
| <i>aztreonam</i> SOLR 1gm, 2gm | 4 | |
| BLUJEPa TABS 750mg | 3 | |
| CAYSTON SOLR 75mg | 5 | NDS, NM, PA |
| <i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg | 2 | |
| <i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml | 4 | |
| <i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml | 3 | |
| <i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> | 4 | |
| <i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> | 4 | |
| <i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> | 4 | |
| CLINDMYC/NAC INJ 300/50ML | 4 | |
| CLINDMYC/NAC INJ 600/50ML | 4 | |
| CLINDMYC/NAC INJ 900/50ML | 4 | |
| <i>colistimethate sodium</i> SOLR 150mg | 4 | |
| <i>dapsone</i> TABS 25mg, 100mg | 3 | |
| DAPTOMYCIN SOLR 350mg | 5 | NDS |
| <i>daptomycin</i> SOLR 350mg, 500mg | 5 | NDS |
| EMVERM CHEW 100mg | 5 | NDS, QL (12 tabs / year) |
| <i>ertapenem sodium</i> SOLR 1gm | 3 | |
| <i>fosfomicin tromethamine</i> PACK 3gm | 4 | |
| <i>gentamicin in saline inj 0.8 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 1 mg/ml</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>gentamicin in saline inj 1.2 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 1.6 mg/ml</i> | 3 | |
| <i>gentamicin in saline inj 2 mg/ml</i> | 3 | |
| <i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i> | 3 | |
| <i>imipenem-cilastatin intravenous for soln 250 mg</i> | 4 | |
| <i>imipenem-cilastatin intravenous for soln 500 mg</i> | 4 | |
| IMPAVIDO CAPS 50mg | 5 | NDS, PA |
| <i>ivermectin TABS 3mg</i> | 3 | QL (20 tabs / 90 days), PA |
| <i>ivermectin TABS 6mg</i> | 3 | QL (10 tabs / 90 days), PA |
| <i>linezolid SOLN 600mg/300ml</i> | 4 | |
| <i>linezolid SUSR 100mg/5ml</i> | 5 | NDS, QL (1800 mL / 30 days) |
| <i>linezolid TABS 600mg</i> | 4 | QL (60 tabs / 30 days) |
| LINEZOLID INJ 2MG/ML | 4 | |
| <i>meropenem SOLR 1gm, 2gm, 500mg</i> | 4 | |
| <i>methenamine hippurate TABS 1gm</i> | 3 | |
| <i>metronidazole SOLN 500mg/100ml</i> | 3 | |
| <i>metronidazole TABS 250mg, 500mg</i> | 1 | |
| <i>neomycin sulfate TABS 500mg</i> | 2 | |
| <i>nitazoxanide TABS 500mg</i> | 5 | NDS, QL (6 tabs / 30 days) |
| <i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i> | 3 | |
| <i>nitrofurantoin monohyd macro CAPS 100mg</i> | 3 | |
| <i>pentamidine isethionate inh SOLR 300mg</i> | 4 | B/D |
| <i>pentamidine isethionate inj SOLR 300mg</i> | 4 | |
| <i>polymyxin b sulfate SOLR 500000unit</i> | 4 | |
| <i>praziquantel TABS 600mg</i> | 4 | |
| <i>pyrimethamine TABS 25mg</i> | 5 | NDS, QL (90 tabs / 30 days), PA |
| <i>streptomycin sulfate SOLR 1gm</i> | 5 | NDS |
| <i>sulfadiazine TABS 500mg</i> | 5 | NDS |
| <i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> | 4 | |
| <i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> | 3 | |
| <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> | 1 | |
| <i>tinidazole TABS 250mg, 500mg</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| TOBI PODHALER CAPS 28mg | 5 | NDS, NM, PA |
| <i>tobramycin</i> NEBU 300mg/5ml | 5 | NDS, NM, PA |
| <i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml | 3 | |
| <i>trimethoprim</i> TABS 100mg | 3 | |
| <i>vancomycin hcl</i> CAPS 125mg | 4 | QL (80 caps / 180 days) |
| <i>vancomycin hcl</i> CAPS 250mg | 4 | QL (160 caps / 180 days) |
| <i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg | 4 | |
| VANCOMYCIN INJ 1 GM | 4 | |
| VANCOMYCIN INJ 500MG | 4 | |
| VANCOMYCIN INJ 750MG | 4 | |
| ANTIFUNGALS | | |
| <i>amphotericin b</i> SOLR 50mg | 4 | B/D |
| <i>amphotericin b liposome</i> SUSR 50mg | 5 | NDS, B/D |
| <i>caspofungin acetate</i> SOLR 50mg, 70mg | 4 | |
| CRESEMBA CAPS 74.5mg, 186mg | 5 | NDS, PA |
| <i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg | 3 | |
| <i>fluconazole</i> TABS 100mg, 150mg, 200mg | 2 | |
| <i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> | 3 | |
| <i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> | 3 | |
| <i>flucytosine</i> CAPS 250mg, 500mg | 5 | NDS, PA |
| <i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg | 4 | |
| <i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg | 4 | |
| <i>itraconazole</i> CAPS 100mg | 4 | QL (120 caps / 30 days) |
| <i>ketoconazole</i> TABS 200mg | 3 | PA |
| <i>miconazole sodium</i> SOLR 50mg, 100mg | 4 | |
| <i>nystatin</i> TABS 500000unit | 3 | |
| <i>posaconazole</i> SUSP 40mg/ml | 5 | NDS, QL (630 mL / 30 days), PA |
| <i>posaconazole</i> TBEC 100mg | 5 | NDS, QL (93 tabs / 30 days), PA |
| <i>terbinafine hcl</i> TABS 250mg | 2 | QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year |
| <i>voriconazole</i> SOLR 200mg | 4 | PA |
| <i>voriconazole</i> SUSR 40mg/ml | 5 | NDS, QL (600 mL / 28 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>voriconazole</i> TABS 50mg | 4 | QL (480 tabs / 30 days) |
| <i>voriconazole</i> TABS 200mg | 4 | QL (120 tabs / 30 days) |
| ANTIMALARIALS | | |
| <i>atovaquone-proguanil hcl tab 62.5-25 mg</i> | 4 | |
| <i>atovaquone-proguanil hcl tab 250-100 mg</i> | 4 | |
| <i>chloroquine phosphate</i> TABS 250mg, 500mg | 4 | |
| COARTEM TAB 20-120MG | 4 | |
| <i>mefloquine hcl</i> TABS 250mg | 3 | |
| <i>primaquine phosphate</i> TABS 26.3mg | 3 | |
| PRIMAQUINE PHOSPHATE TABS 26.3mg | 3 | |
| <i>quinine sulfate</i> CAPS 324mg | 4 | PA |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg | 4 | |
| APTIVUS CAPS 250mg | 5 | NDS |
| <i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg | 4 | |
| <i>darunavir</i> TABS 600mg | 4 | QL (60 tabs / 30 days) |
| <i>darunavir</i> TABS 800mg | 4 | QL (30 tabs / 30 days) |
| EDURANT TABS 25mg | 5 | NDS |
| EDURANT PED TBSO 2.5mg | 5 | NDS |
| <i>efavirenz</i> TABS 600mg | 4 | |
| <i>emtricitabine</i> CAPS 200mg | 4 | |
| EMTRIVA SOLN 10mg/ml | 4 | |
| <i>etravirine</i> TABS 100mg, 200mg | 5 | NDS |
| <i>fosamprenavir calcium</i> TABS 700mg | 5 | NDS |
| INTELENCE TABS 25mg | 4 | |
| ISENTRESS CHEW 25mg | 4 | |
| ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg | 5 | NDS |
| ISENTRESS HD TABS 600mg | 5 | NDS |
| <i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg | 3 | |
| <i>maraviroc</i> TABS 150mg, 300mg | 5 | NDS |
| <i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg | 4 | |
| <i>nevirapine</i> TABS 200mg | 2 | |
| NORVIR PACK 100mg | 4 | |
| PIFELTRO TABS 100mg | 5 | NDS |
| PREZISTA SUSP 100mg/ml | 5 | NDS, QL (400 mL / 30 days) |
| PREZISTA TABS 75mg | 4 | QL (480 tabs / 30 days) |
| PREZISTA TABS 150mg | 5 | NDS, QL (240 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| REYATAZ PACK 50mg | 5 | NDS |
| <i>ritonavir</i> TABS 100mg | 3 | |
| RUKOBIA TB12 600mg | 5 | NDS |
| SELZENTRY SOLN 20mg/ml | 5 | NDS |
| SUNLENCA TABS 300mg; TBPK 300mg | 5 | NDS |
| <i>tenofovir disoproxil fumarate</i> TABS 300mg | 4 | |
| TIVICAY TABS 50mg | 5 | NDS |
| TIVICAY PD TBSO 5mg | 5 | NDS |
| TROGARZO SOLN 200mg/1.33ml | 5 | NDS |
| TYBOST TABS 150mg | 3 | |
| VIRACEPT TABS 250mg, 625mg | 5 | NDS |
| VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg | 5 | NDS |
| <i>zidovudine</i> CAPS 100mg | 4 | |
| <i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg | 3 | |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate-lamivudine tab 600-300 mg</i> | 4 | |
| BIKTARVY TAB 30-120-15 MG | 5 | NDS |
| BIKTARVY TAB 50-200-25 MG | 5 | NDS |
| CIMDUO TAB 300-300 | 5 | NDS |
| DELSTRIGO TAB | 5 | NDS |
| DESCOVY TAB 120-15MG | 5 | NDS |
| DESCOVY TAB 200/25MG | 5 | NDS |
| DOVATO TAB 50-300MG | 5 | NDS |
| <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> | 4 | |
| <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> | 5 | NDS |
| <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> | 5 | NDS |
| <i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> | 5 | NDS |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> | 4 | |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> | 5 | NDS |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> | 4 | |
| <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> | 4 | |
| EVOTAZ TAB 300-150 | 5 | NDS |
| GENVOYA TAB | 5 | NDS |
| JULUCA TAB 50-25MG | 5 | NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| KALETRA SOL | 4 | |
| <i>lamivudine-zidovudine tab 150-300 mg</i> | 4 | |
| <i>lopinavir-ritonavir tab 100-25 mg</i> | 4 | |
| <i>lopinavir-ritonavir tab 200-50 mg</i> | 4 | |
| ODEFSEY TAB | 5 | NDS |
| PREZCOBIX TAB 675/150 | 5 | NDS |
| PREZCOBIX TAB 800-150 | 5 | NDS |
| STRIBILD TAB | 5 | NDS |
| SYMTUZA TAB | 5 | NDS |
| TRIUMEQ PD TAB | 4 | |
| TRIUMEQ TAB | 5 | NDS |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine CAPS 250mg</i> | 5 | NDS |
| <i>ethambutol hcl TABS 100mg, 400mg</i> | 3 | |
| <i>isoniazid SYRP 50mg/5ml</i> | 4 | |
| <i>isoniazid TABS 100mg, 300mg</i> | 1 | |
| PRIFTIN TABS 150mg | 4 | |
| <i>pyrazinamide TABS 500mg</i> | 4 | |
| <i>rifabutin CAPS 150mg</i> | 4 | |
| <i>rifampin CAPS 150mg, 300mg</i> | 3 | |
| <i>rifampin SOLR 600mg</i> | 4 | |
| SIRTURO TABS 20mg, 100mg | 5 | NDS, NM, PA |
| ANTIVIRALS | | |
| <i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i> | 2 | |
| <i>acyclovir SUSP 200mg/5ml</i> | 4 | |
| <i>acyclovir sodium SOLN 50mg/ml</i> | 4 | B/D |
| <i>adefovir dipivoxil TABS 10mg</i> | 4 | |
| BARACLUDE SOLN .05mg/ml | 5 | NDS, ST |
| <i>entecavir TABS .5mg, 1mg</i> | 4 | |
| EPCLUSA PAK 150-37.5 | 5 | NDS, NM, PA |
| EPCLUSA PAK 200-50MG | 5 | NDS, NM, PA |
| EPCLUSA TAB 200-50MG | 5 | NDS, NM, PA |
| EPCLUSA TAB 400-100 | 5 | NDS, NM, PA |
| <i>famciclovir TABS 125mg, 250mg, 500mg</i> | 3 | |
| <i>ganciclovir sodium SOLR 500mg</i> | 4 | B/D |
| <i>lamivudine (hbv) TABS 100mg</i> | 3 | |
| LIVTENCITY TABS 200mg | 5 | NDS, QL (336 tabs / 28 days), NM, PA |
| MAVYRET PAK 50-20MG | 5 | NDS, NM, PA |
| MAVYRET TAB 100-40MG | 5 | NDS, NM, PA |
| <i>oseltamivir phosphate CAPS 30mg</i> | 3 | QL (168 caps / year) |
| <i>oseltamivir phosphate CAPS 45mg, 75mg</i> | 3 | QL (84 caps / year) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>oseltamivir phosphate</i> SUSR 6mg/ml | 3 | QL (1080 mL / year) |
| PAXLOVID PAK | 2 | QL (22 tabs / 90 days) |
| PAXLOVID TAB 150-100 | 2 | QL (40 tabs / 90 days) |
| PAXLOVID TAB 300-100 | 2 | QL (60 tabs / 90 days) |
| PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml | 5 | NDS, NM, PA |
| PREVYMIS TABS 240mg, 480mg | 5 | NDS, QL (28 tabs / 28 days), PA |
| RELENZA DISKHALER AEPB 5mg/blister | 3 | QL (6 inhalers / year) |
| <i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg | 3 | NM |
| <i>rimantadine hydrochloride</i> TABS 100mg | 4 | |
| <i>valacyclovir hcl</i> TABS 1gm, 500mg | 3 | |
| <i>valganciclovir hcl</i> SOLR 50mg/ml | 5 | NDS |
| <i>valganciclovir hcl</i> TABS 450mg | 3 | |
| VOSEVI TAB | 5 | NDS, NM, PA |
| CEPHALOSPORINS | | |
| <i>cefaclor</i> CAPS 250mg, 500mg | 3 | |
| <i>cefadroxil</i> CAPS 500mg | 2 | |
| <i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml | 3 | |
| CEFAZOLIN SOLR 2gm, 3gm | 4 | |
| CEFAZOLIN INJ 1GM/50ML | 4 | |
| <i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg | 3 | |
| CEFAZOLIN SOLN 2GM/100ML-4% | 4 | |
| CEFAZOLIN/DEX SOL 1GM/50ML-4% | 4 | |
| CEFAZOLIN/DEX SOL 2GM/50ML-3% | 4 | |
| CEFAZOLIN/DEX SOL 3GM/50ML-2% | 4 | |
| CEFAZOLIN/DEX SOL 3GM/150ML-4% | 4 | |
| <i>cefdinir</i> CAPS 300mg | 2 | |
| <i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml | 3 | |
| <i>cefepime hcl</i> SOLR 1gm, 2gm | 4 | |
| <i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml | 4 | |
| <i>cefotetan disodium</i> SOLR 1gm, 2gm | 4 | |
| <i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm | 4 | |
| <i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml | 4 | |
| <i>cefpodoxime proxetil</i> TABS 100mg, 200mg | 3 | |
| <i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg | 3 | |
| <i>ceftaroline fosamil</i> SOLR 400mg, 600mg | 5 | NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ceftazidime</i> SOLR 1gm, 2gm, 6gm | 4 | |
| <i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg | 4 | |
| <i>cefuroxime axetil</i> TABS 250mg, 500mg | 2 | |
| <i>cefuroxime sodium</i> SOLR 1.5gm, 750mg | 3 | |
| <i>cephalexin</i> CAPS 250mg, 500mg | 1 | |
| <i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml | 3 | |
| <i>tazicef</i> SOLR 1gm, 2gm, 6gm | 4 | |
| TEFLARO SOLR 400mg, 600mg | 5 | NDS |
| ERYTHROMYCINS/MACROLIDES | | |
| <i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml | 3 | |
| <i>azithromycin</i> TABS 250mg, 500mg, 600mg | 1 | |
| <i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg | 4 | |
| <i>clarithromycin</i> TABS 250mg, 500mg | 3 | |
| DIFICID SUSR 40mg/ml | 5 | NDS |
| e.e.s. 400 TABS 400mg | 4 | |
| ERYTHROCIN LACTOBIONATE SOLR 500mg | 4 | |
| <i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg | 4 | |
| <i>erythromycin ethylsuccinate</i> TABS 400mg | 4 | |
| <i>erythromycin lactobionate</i> SOLR 500mg | 4 | |
| <i>fidaxomicin</i> TABS 200mg | 5 | NDS |
| FLUOROQUINOLONES | | |
| CIPRO SUSR 500mg/5ml | 4 | |
| <i>ciprofloxacin 200 mg/100ml in d5w</i> | 3 | |
| <i>ciprofloxacin 400 mg/200ml in d5w</i> | 3 | |
| <i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin</i> SOLN 25mg/ml | 4 | |
| <i>levofloxacin</i> TABS 250mg, 500mg, 750mg | 1 | |
| <i>levofloxacin in d5w iv soln 250 mg/50ml</i> | 3 | |
| <i>levofloxacin in d5w iv soln 500 mg/100ml</i> | 3 | |
| <i>levofloxacin in d5w iv soln 750 mg/150ml</i> | 3 | |
| <i>moxifloxacin hcl</i> TABS 400mg | 3 | |
| <i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> | 4 | |
| PENICILLINS | | |
| <i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg | 1 | |
| <i>amoxicillin</i> CHEW 125mg, 250mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> | 3 | |
| <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> | 4 | |
| <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> | 3 | |
| <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> | 3 | |
| <i>amoxicillin & k clavulanate tab 250-125 mg</i> | 3 | |
| <i>amoxicillin & k clavulanate tab 500-125 mg</i> | 2 | |
| <i>amoxicillin & k clavulanate tab 875-125 mg</i> | 2 | |
| <i>ampicillin CAPS 500mg</i> | 2 | |
| <i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i> | 4 | |
| <i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i> | 4 | |
| <i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i> | 4 | |
| <i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i> | 4 | |
| <i>dicloxacillin sodium CAPS 250mg, 500mg</i> | 3 | |
| <i>nafcillin sodium SOLR 1gm, 2gm</i> | 4 | |
| <i>nafcillin sodium SOLR 10gm</i> | 5 | NDS |
| <i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i> | 4 | |
| <i>penicillin g potassium SOLR 5000000unit, 20000000unit</i> | 4 | |
| <i>penicillin g sodium SOLR 5000000unit</i> | 4 | |
| <i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i> | 2 | |
| <i>penicillin v potassium TABS 250mg, 500mg</i> | 1 | |
| <i>pfizerpen SOLR 5000000unit, 20000000unit</i> | 4 | |
| <i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i> | 4 | |
| <i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> | 4 | |
| <i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| <i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i> | 4 | |
| <i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i> | 4 | |
| TETRACYCLINES | | |
| <i>doxy 100 SOLR 100mg</i> | 4 | |
| <i>doxycycline (monohydrate) CAPS 50mg, 100mg</i> | 2 | |
| <i>doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i> | 3 | |
| <i>doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg</i> | 3 | |
| <i>doxycycline hyclate SOLR 100mg</i> | 4 | |
| <i>minocycline hcl CAPS 50mg, 75mg, 100mg</i> | 3 | |
| NUZYRA SOLR 100mg | 5 | NDS, NM |
| NUZYRA TABS 150mg | 5 | NDS, QL (30 tabs / 14 days), NM |
| <i>tetracycline hcl CAPS 250mg, 500mg</i> | 4 | |
| <i>tigecycline SOLR 50mg</i> | 4 | |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml | 5 | NDS, B/D, NM |
| BENDEKA SOLN 100mg/4ml | 5 | NDS, B/D, NM |
| <i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i> | 3 | B/D |
| <i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i> | 3 | B/D |
| <i>cyclophosphamide CAPS 25mg, 50mg</i> | 3 | B/D |
| CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 5 | NDS, B/D, NM |
| CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml | 5 | NDS, B/D |
| <i>cyclophosphamide SOLR 1gm, 500mg</i> | 4 | B/D |
| <i>cyclophosphamide SOLR 2gm</i> | 5 | NDS, B/D |
| CYCLOPHOSPHAMIDE TABS 25mg, 50mg | 4 | B/D |
| CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml | 5 | NDS, B/D |
| FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml | 5 | NDS, B/D, NM |
| GLEOSTINE CAPS 10mg, 40mg | 4 | NM |
| GLEOSTINE CAPS 100mg | 5 | NDS, NM |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| LEUKERAN TABS 2mg | 5 | NDS, PA |
| <i>lomustine</i> CAPS 10mg, 40mg | 4 | NM |
| <i>lomustine</i> CAPS 100mg | 5 | NDS, NM |
| <i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml | 4 | B/D |
| <i>oxaliplatin</i> SOLR 50mg, 100mg | 5 | NDS, B/D |
| VIVIMUSTA SOLN 100mg/4ml | 5 | NDS, B/D, NM |
| ANTIMETABOLITES | | |
| <i>azacitidine</i> SUSR 100mg | 5 | NDS, B/D, NM |
| <i>cytarabine</i> SOLN 20mg/ml | 3 | B/D |
| <i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml | 3 | B/D |
| <i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg | 4 | B/D |
| INQOVI TAB 35-100MG | 5 | NDS, QL (5 tabs / 28 days), NM, PA |
| LONSURF TAB 15-6.14 | 5 | NDS, QL (100 tabs / 28 days), NM, PA |
| LONSURF TAB 20-8.19 | 5 | NDS, QL (80 tabs / 28 days), NM, PA |
| <i>mercaptopurine</i> SUSP 2000mg/100ml | 5 | NDS, NM |
| <i>mercaptopurine</i> TABS 50mg | 3 | |
| <i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm | 2 | B/D |
| ONUREG TABS 200mg, 300mg | 5 | NDS, QL (14 tabs / 28 days), NM, PA |
| <i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg | 5 | NDS, B/D |
| TABLOID TABS 40mg | 5 | NDS, PA |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> TABS 250mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| <i>abiraterone acetate</i> TABS 500mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| <i>abirtega</i> TABS 250mg | 4 | QL (120 tabs / 30 days), NM, PA |
| AKEEGA TAB 50/500MG | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| AKEEGA TAB 100/500 | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| <i>anastrozole</i> TABS 1mg | 2 | |
| <i>bicalutamide</i> TABS 50mg | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg | 4 | NM, PA |
| ERLEADA TABS 60mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| ERLEADA TABS 240mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| EULEXIN CAPS 125mg | 5 | NDS |
| <i>exemestane</i> TABS 25mg | 4 | |
| FIRMAGON SOLR 80mg | 4 | NM, PA |
| FIRMAGON SOLR 120mg/vial | 5 | NDS, NM, PA |
| <i>fulvestrant</i> SOSY 250mg/5ml | 5 | NDS, B/D |
| INLURIYO TABS 200mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| <i>letrozole</i> TABS 2.5mg | 2 | |
| <i>leuprolide acetate</i> KIT 1mg/0.2ml | 4 | NM, PA |
| LUPRON DEPOT (1-MONTH) KIT 3.75mg | 5 | NDS, NM, PA |
| LUPRON DEPOT (3-MONTH) KIT 11.25mg | 5 | NDS, NM, PA |
| LYSODREN TABS 500mg | 5 | NDS, NM |
| <i>megestrol acetate</i> TABS 20mg, 40mg | 3 | |
| <i>nilutamide</i> TABS 150mg | 5 | NDS |
| NUBEQA TABS 300mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| ORGOVYX TABS 120mg | 5 | NDS, NM, PA |
| ORSERDU TABS 86mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| ORSERDU TABS 345mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| SOLTAMOX SOLN 10mg/5ml | 5 | NDS |
| <i>tamoxifen citrate</i> TABS 10mg, 20mg | 2 | |
| <i>toremifene citrate</i> TABS 60mg | 4 | PA |
| XTANDI CAPS 40mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| XTANDI TABS 40mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| XTANDI TABS 80mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| YONSA TABS 125mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg | 5 | NDS, QL (28 caps / 28 days), NM, PA |
| <i>lenalidomide</i> CAPS 20mg, 25mg | 5 | NDS, QL (21 caps / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| POMALYST CAPS 1mg, 2mg, 3mg, 4mg | 5 | NDS, QL (21 caps / 28 days), NM, PA |
| THALOMID CAPS 50mg | 5 | NDS, QL (84 caps / 28 days), NM, PA |
| THALOMID CAPS 100mg | 5 | NDS, QL (112 caps / 28 days), NM, PA |
| MISCELLANEOUS | | |
| BESREMI SOSY 500mcg/ml | 5 | NDS, QL (2 syringes / 28 days), NM, PA |
| <i>bexarotene</i> CAPS 75mg | 5 | NDS, QL (300 caps / 30 days), NM, PA |
| <i>doxorubicin hcl</i> SOLN 2mg/ml | 4 | B/D |
| <i>doxorubicin hcl liposomal</i> SUSP 2mg/ml | 5 | NDS, B/D |
| <i>hydroxyurea</i> CAPS 500mg | 2 | |
| <i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml | 4 | B/D |
| IWILFIN TABS 192mg | 5 | NDS, QL (240 tabs / 30 days), NM, PA |
| <i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg | 4 | B/D |
| <i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg | 3 | |
| MATULANE CAPS 50mg | 5 | NDS, NM |
| <i>mesna</i> TABS 400mg | 5 | NDS |
| MODEYSO CAPS 125mg | 5 | NDS, QL (20 caps / 28 days), NM, PA |
| <i>tretinoin (chemotherapy)</i> CAPS 10mg | 5 | NDS |
| WELIREG TABS 40mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| MITOTIC INHIBITORS | | |
| <i>docetaxel</i> CONC 20mg/ml | 4 | B/D |
| <i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | NDS, B/D |
| DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | NDS, B/D |
| DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml | 5 | NDS, B/D, NM |
| <i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml | 3 | B/D |
| <i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml | 4 | B/D |
| <i>paclitaxel inj 100mg</i> | 5 | NDS, B/D, NM |
| <i>vincristine sulfate</i> SOLN 1mg/ml | 2 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml | 4 | B/D |
| MOLECULAR TARGET AGENTS | | |
| ALECENSA CAPS 150mg | 5 | NDS, QL (240 caps / 30 days), NM, PA |
| ALUNBRIG TABS 30mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| ALUNBRIG TABS 90mg, 180mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| ALUNBRIG PAK | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| AUGTYRO CAPS 40mg | 5 | NDS, QL (240 caps / 30 days), NM, PA |
| AUGTYRO CAPS 160mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| AVMAPKI PAK FAKZYNJA | 5 | NDS, QL (1 pack / 28 days), NM, PA |
| AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| BALVERSA TABS 3mg | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| BALVERSA TABS 4mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| BALVERSA TABS 5mg | 5 | NDS, QL (28 tabs / 28 days), NM, PA |
| BORTEZOMIB SOLR 1mg, 2.5mg | 4 | NM, PA |
| <i>bortezomib</i> SOLR 3.5mg | 5 | NDS, NM, PA |
| BOSULIF CAPS 50mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| BOSULIF CAPS 100mg | 5 | NDS, QL (300 caps / 30 days), NM, PA |
| BOSULIF TABS 100mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| BOSULIF TABS 400mg, 500mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| BRAFTOVI CAPS 75mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| BRUKINSA CAPS 80mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| BRUKINSA TABS 160mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| CABOMETYX TABS 20mg, 40mg, 60mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| CALQUENCE TABS 100mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| CAPRELSA TABS 100mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| CAPRELSA TABS 300mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| COMETRIQ (60MG DOSE) KIT 20mg | 5 | NDS, QL (84 caps / 28 days), NM, PA |
| COMETRIQ KIT 100MG | 5 | NDS, QL (56 caps / 28 days), NM, PA |
| COMETRIQ KIT 140MG | 5 | NDS, QL (112 caps / 28 days), NM, PA |
| COPIKTRA CAPS 15mg, 25mg | 5 | NDS, QL (56 caps / 28 days), NM, PA |
| COTELLIC TABS 20mg | 5 | NDS, QL (63 tabs / 28 days), NM, PA |
| DANZITEN TABS 71mg, 95mg | 5 | NDS, QL (112 tabs / 28 days), NM, PA |
| <i>dasatinib</i> TABS 20mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| <i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| DAURISMO TABS 25mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| DAURISMO TABS 100mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| ENSACOVE CAPS 25mg | 5 | NDS, QL (270 caps / 30 days), NM, PA |
| ENSACOVE CAPS 100mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| ERIVEDGE CAPS 150mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| <i>erlotinib hcl</i> TABS 25mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| <i>erlotinib hcl</i> TABS 100mg, 150mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 2mg, 5mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| <i>everolimus</i> TBSO 3mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| FOTIVDA CAPS .89mg, 1.34mg | 5 | NDS, QL (21 caps / 28 days), NM, PA |
| FRUZAQLA CAPS 1mg | 5 | NDS, QL (84 caps / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|------------------|--------------------------------------|
| FRUZAQLA CAPS 5mg | 5 | NDS, QL (21 caps / 28 days), NM, PA |
| GAVRETO CAPS 100mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| <i>gefitinib</i> TABS 250mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| GILOTRIF TABS 20mg, 30mg, 40mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| GOMEKLI CAPS 1mg | 5 | NDS, QL (168 caps / 28 days), NM, PA |
| GOMEKLI CAPS 2mg | 5 | NDS, QL (84 caps / 28 days), NM, PA |
| GOMEKLI TBSO 1mg | 5 | NDS, QL (168 tabs / 28 days), NM, PA |
| HERCEP HYLEC SOL 60-10000 | 5 | NDS, NM, PA |
| HERCEPTIN SOLR 150mg | 5 | NDS, NM, PA |
| HERCESSI SOLR 150mg, 420mg | 5 | NDS, NM, PA |
| HERNEXEOS TABS 60mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| HERZUMA SOLR 150mg, 420mg | 5 | NDS, NM, PA |
| HYRNUO TABS 10mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| IBRANCE CAPS 75mg, 100mg, 125mg | 5 | NDS, QL (21 caps / 28 days), NM, PA |
| IBRANCE TABS 75mg, 100mg, 125mg | 5 | NDS, QL (21 tabs / 28 days), NM, PA |
| IBTROZI CAPS 200mg | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| ICLUSIG TABS 10mg, 15mg, 30mg, 45mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| IDHIFA TABS 50mg, 100mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>imatinib mesylate</i> TABS 100mg | 4 | QL (90 tabs / 30 days), NM, PA |
| <i>imatinib mesylate</i> TABS 400mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| IMBRUVICA CAPS 70mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| IMBRUVICA CAPS 140mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| IMBRUVICA SUSP 70mg/ml | 5 | NDS, QL (216 mL / 27 days), NM, PA |
| IMBRUVICA TABS 140mg, 280mg, 420mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| IMKELDI SOLN 80mg/ml | 5 | NDS, QL (280 mL / 28 days), NM, PA |
| INLYTA TABS 1mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| INLYTA TABS 5mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| INREBIC CAPS 100mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| ITOVEBI TABS 3mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| ITOVEBI TABS 9mg | 5 | NDS, QL (28 tabs / 28 days), NM, PA |
| JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| JAYPIRCA TABS 50mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| JAYPIRCA TABS 100mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| KADCYLA SOLR 100mg, 160mg | 5 | NDS, B/D, NM |
| KANJINTI SOLR 150mg, 420mg | 5 | NDS, NM, PA |
| KEYTRUDA SOLN 100mg/4ml | 5 | NDS, NM, PA |
| KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML | 5 | NDS, QL (1 vial / 21 days), NM, PA |
| KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML | 5 | NDS, QL (1 vial / 42 days), NM, PA |
| KISQALI 200 DOSE TBPK 200mg | 5 | NDS, QL (21 tabs / 28 days), NM, PA |
| KISQALI 400 DOSE TBPK 200mg | 5 | NDS, QL (42 tabs / 28 days), NM, PA |
| KISQALI 400 PAK FEMARA | 5 | NDS, QL (70 tabs / 28 days), NM, PA |
| KISQALI 600 DOSE TBPK 200mg | 5 | NDS, QL (63 tabs / 28 days), NM, PA |
| KISQALI 600 PAK FEMARA | 5 | NDS, QL (91 tabs / 28 days), NM, PA |
| KOMZIFTI CAPS 200mg | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| KOSELUGO CAPS 10mg | 5 | NDS, QL (240 caps / 30 days), NM, PA |
| KOSELUGO CAPS 25mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| KOSELUGO CPSP 5mg | 5 | NDS, QL (600 caps / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| KOSELUGO CPSP 7.5mg | 5 | NDS, QL (360 caps / 30 days), NM, PA |
| KRAZATI TABS 200mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>lapatinib ditosylate</i> TABS 250mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 80mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| LAZCLUZE TABS 240mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| LENVIMA 4 MG DAILY DOSE CPPK 4mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| LENVIMA 8 MG DAILY DOSE CPPK 4mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| LENVIMA 10 MG DAILY DOSE CPPK 10mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| LENVIMA 12MG DAILY DOSE CPPK 4mg | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| LENVIMA 20 MG DAILY DOSE CPPK 10mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| LENVIMA CAP 14 MG | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| LENVIMA CAP 18 MG | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| LENVIMA CAP 24 MG | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| LORBRENA TABS 25mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| LORBRENA TABS 100mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 120mg | 5 | NDS, QL (240 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 240mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| LUMAKRAS TABS 320mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| LYNPARZA TABS 100mg, 150mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| LYTGOBI (12 MG DAILY DOSE) TBPK 4mg | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| LYTGOBI (16 MG DAILY DOSE) TBPK 4mg | 5 | NDS, QL (112 tabs / 28 days), NM, PA |
| LYTGOBI (20 MG DAILY DOSE) TBPK 4mg | 5 | NDS, QL (140 tabs / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| MEKINIST SOLR .05mg/ml | 5 | NDS, QL (1260 mL / 30 days), NM, PA |
| MEKINIST TABS 2mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| MEKINIST TABS .5mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| MEKTOVI TABS 15mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| MONJUVI SOLR 200mg | 5 | NDS, NM, PA |
| NERLYNX TABS 40mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| <i>nilotinib hcl</i> CAPS 50mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| <i>nilotinib hcl</i> CAPS 150mg, 200mg | 5 | NDS, QL (112 caps / 28 days), NM, PA |
| NINLARO CAPS 2.3mg, 3mg, 4mg | 5 | NDS, QL (3 caps / 28 days), NM, PA |
| ODOMZO CAPS 200mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| OGIVRI SOLR 150mg, 420mg | 5 | NDS, NM, PA |
| OGSIVEO TABS 100mg, 150mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| OJEMDA SUSR 25mg/ml | 5 | NDS, QL (96 mL / 28 days), NM, PA |
| OJEMDA TABS 100mg | 5 | NDS, QL (24 tabs / 28 days), NM, PA |
| OJJAARA TABS 100mg, 150mg, 200mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| ONTRUZANT SOLR 150mg, 420mg | 5 | NDS, NM, PA |
| <i>pazopanib hcl</i> TABS 200mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| <i>pazopanib hcl</i> TABS 400mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| PEMAZYRE TABS 4.5mg, 9mg, 13.5mg | 5 | NDS, QL (28 tabs / 28 days), NM, PA |
| PHESGO SOL | 5 | NDS, NM, PA |
| PIQRAY 200MG DAILY DOSE TBPK 200mg | 5 | NDS, QL (28 tabs / 28 days), NM, PA |
| PIQRAY 250MG TAB DOSE | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| PIQRAY 300MG DAILY DOSE TBPK 150mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| QINLOCK TABS 50mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| RETEVMO TABS 40mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| RETEVMO TABS 80mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| RETEVMO TABS 120mg, 160mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| REVUFORJ TABS 25mg | 5 | NDS, QL (240 tabs / 30 days), NM, PA |
| REVUFORJ TABS 110mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| REVUFORJ TABS 160mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| REZLIDHIA CAPS 150mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| ROMVIMZA CAPS 14mg, 20mg, 30mg | 5 | NDS, QL (8 caps / 28 days), NM, PA |
| ROZLYTREK CAPS 100mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| ROZLYTREK CAPS 200mg | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| ROZLYTREK PACK 50mg | 5 | NDS, QL (336 packets / 28 days), NM, PA |
| RUBRACA TABS 200mg, 250mg, 300mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| RYDAPT CAPS 25mg | 5 | NDS, QL (224 caps / 28 days), NM, PA |
| SCEMBLIX TABS 20mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| SCEMBLIX TABS 40mg | 5 | NDS, QL (300 tabs / 30 days), NM, PA |
| SCEMBLIX TABS 100mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| <i>sorafenib tosylate</i> TABS 200mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| STIVARGA TABS 40mg | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| <i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| TABRECTA TABS 150mg, 200mg | 5 | NDS, QL (112 tabs / 28 days), NM, PA |
| TAFINLAR CAPS 50mg, 75mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| TAFINLAR TBSO 10mg | 5 | NDS, QL (840 tabs / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| TAGRISSE TABS 40mg, 80mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| TALZENNA CAPS .25mg | 5 | NDS, QL (90 caps / 30 days), NM, PA |
| TAZVERIK TABS 200mg | 5 | NDS, QL (240 tabs / 30 days), NM, PA |
| TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml | 5 | NDS, NM, PA |
| TECENTRIQ INJ HYBREZA | 5 | NDS, QL (1 vial / 21 days), NM, PA |
| TEPMETKO TABS 225mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| TIBSOVO TABS 250mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| <i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| TRAZIMERA SOLR 150mg, 420mg | 5 | NDS, NM, PA |
| TRUQAP TABS 160mg, 200mg | 5 | NDS, QL (64 tabs / 28 days), NM, PA |
| TRUQAP TBPk 160mg, 200mg | 5 | NDS, QL (4 packs / 28 days), NM, PA |
| TRUXIMA SOLN 100mg/10ml, 500mg/50ml | 5 | NDS, NM, PA |
| TUKYSA TABS 50mg, 150mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| TURALIO CAPS 125mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| VANFLYTA TABS 17.7mg, 26.5mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 10mg | 3 | QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 50mg | 5 | NDS, QL (112 tabs / 28 days), NM, PA |
| VENCLEXTA TABS 100mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| VENCLEXTA TAB START PK | 5 | NDS, QL (42 tabs / 28 days), NM, PA |
| VERZENIO TABS 50mg, 100mg, 150mg, 200mg | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| VITRAKVI CAPS 25mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| VITRAKVI CAPS 100mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| VITRAKVI SOLN 20mg/ml | 5 | NDS, QL (300 mL / 30 days), NM, PA |
| VIZIMPRO TABS 15mg, 30mg, 45mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| VONJO CAPS 100mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| VORANIGO TABS 10mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| VORANIGO TABS 40mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| XALKORI CPSP 150mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| XOSPATA TABS 40mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg | 5 | NDS, QL (16 tabs / 28 days), NM, PA |
| XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg | 5 | NDS, QL (4 tabs / 28 days), NM, PA |
| XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg | 5 | NDS, QL (8 tabs / 28 days), NM, PA |
| XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg | 5 | NDS, QL (4 tabs / 28 days), NM, PA |
| XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg | 5 | NDS, QL (24 tabs / 28 days), NM, PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg | 5 | NDS, QL (8 tabs / 28 days), NM, PA |
| XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg | 5 | NDS, QL (4 tabs / 28 days), NM, PA |
| XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg | 5 | NDS, QL (32 tabs / 28 days), NM, PA |
| XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg | 5 | NDS, QL (8 tabs / 28 days), NM, PA |
| ZEJULA TABS 100mg, 200mg, 300mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| ZELBORAF TABS 240mg | 5 | NDS, QL (240 tabs / 30 days), NM, PA |
| ZIRABEV SOLN 100mg/4ml, 400mg/16ml | 5 | NDS, NM, PA |
| ZOLINZA CAPS 100mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| ZYDELIG TABS 100mg, 150mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--------------------|------------------|-------------------------------------|
| ZYKADIA TABS 150mg | 5 | NDS, QL (84 tabs / 28 days), NM, PA |

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

| | | |
|---|---|------------------------|
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> | 6 | QL (30 caps / 30 days) |
| <i>benazepril & hydrochlorothiazide tab 5-6.25mg</i> | 6 | |
| <i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> | 6 | |
| <i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> | 6 | |
| <i>benazepril & hydrochlorothiazide tab 20-25 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 25-15 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 25-25 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 50-15 mg</i> | 6 | |
| <i>captopril & hydrochlorothiazide tab 50-25 mg</i> | 6 | |
| <i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> | 6 | |
| <i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> | 6 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> | 6 | |
| <i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> | 6 | |
| <i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> | 6 | |
| <i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> | 6 | |
| <i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> | 6 | |

ACE INHIBITORS

| | | |
|---|---|--|
| <i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i> | 6 | |
| <i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i> | 6 | |
| <i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i> | 6 | |
| <i>fosinopril sodium TABS 10mg, 20mg, 40mg</i> | 6 | |
| <i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i> | 6 | |
| <i>moexipril hcl TABS 7.5mg, 15mg</i> | 6 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| <i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg | 6 | |
| <i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg | 6 | |
| <i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg | 6 | |
| <i>trandolapril</i> TABS 1mg, 2mg, 4mg | 6 | |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone</i> TABS 25mg, 50mg | 3 | |
| KERENDIA TABS 10mg, 20mg, 40mg | 3 | QL (30 tabs / 30 days) |
| <i>spironolactone</i> TABS 25mg, 50mg, 100mg | 1 | |
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg | 2 | |
| <i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg | 3 | |
| <i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg | 1 | |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab</i> 5-160 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab</i> 5-320 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab</i> 10-160 mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-valsartan tab</i> 10-320 mg | 6 | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg | 6 | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg | 6 | QL (30 tabs / 30 days) |
| <i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg | 6 | QL (30 tabs / 30 days) |
| EDARBYCLOR TAB 40-12.5 | 4 | QL (30 tabs / 30 days), ST |
| EDARBYCLOR TAB 40-25MG | 4 | QL (30 tabs / 30 days), ST |
| ENTRESTO CAP 6-6MG | 3 | QL (240 caps / 30 days) |
| ENTRESTO CAP 15-16MG | 3 | QL (240 caps / 30 days) |
| <i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg | 6 | QL (60 tabs / 30 days) |
| <i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg | 6 | QL (30 tabs / 30 days) |
| <i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg | 6 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> | 6 | |
| <i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> | 6 | |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>sacubitril-valsartan tab 24-26 mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>sacubitril-valsartan tab 49-51 mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>sacubitril-valsartan tab 97-103 mg</i> | 3 | QL (60 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 40-5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 40-10 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 80-5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-amlodipine tab 80-10 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 160-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>valsartan-hydrochlorothiazide tab 320-25 mg</i> | 6 | QL (30 tabs / 30 days) |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> | 6 | QL (60 tabs / 30 days) |
| <i>candesartan cilexetil TABS 32mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>EDARBI TABS 40mg, 80mg</i> | 4 | QL (30 tabs / 30 days), ST |
| <i>irbesartan TABS 75mg, 150mg, 300mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>losartan potassium TABS 25mg, 50mg, 100mg</i> | 6 | |
| <i>olmesartan medoxomil TABS 5mg</i> | 6 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>olmesartan medoxomil</i> TABS 20mg, 40mg | 6 | QL (30 tabs / 30 days) |
| <i>telmisartan</i> TABS 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| <i>valsartan</i> TABS 40mg, 80mg, 160mg | 6 | QL (60 tabs / 30 days) |
| <i>valsartan</i> TABS 320mg | 6 | QL (30 tabs / 30 days) |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl</i> SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg | 4 | |
| <i>amiodarone hcl</i> TABS 200mg | 1 | |
| <i>disopyramide phosphate</i> CAPS 100mg, 150mg | 4 | |
| <i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg | 4 | |
| <i>flecainide acetate</i> TABS 50mg, 100mg, 150mg | 3 | |
| MULTAQ TABS 400mg | 4 | QL (60 tabs / 30 days) |
| <i>pacerone</i> TABS 100mg, 400mg | 4 | |
| <i>pacerone</i> TABS 200mg | 1 | |
| <i>propafenone hcl</i> CP12 225mg, 325mg, 425mg | 4 | |
| <i>propafenone hcl</i> TABS 150mg, 225mg, 300mg | 3 | |
| <i>quinidine sulfate</i> TABS 200mg, 300mg | 4 | |
| <i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg | 2 | |
| <i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg | 3 | |
| ANTILIPEMICS, FIBRATES | | |
| <i>choline fenofibrate</i> CPDR 45mg, 135mg | 3 | |
| <i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg | 2 | |
| <i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg | 3 | |
| <i>gemfibrozil</i> TABS 600mg | 2 | |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg | 4 | QL (30 caps / 30 days), ST |
| <i>fluvastatin sodium</i> CAPS 20mg, 40mg | 6 | QL (60 caps / 30 days), ST |
| <i>fluvastatin sodium</i> TB24 80mg | 6 | QL (30 tabs / 30 days), ST |
| <i>lovastatin</i> TABS 10mg, 20mg, 40mg | 6 | QL (60 tabs / 30 days) |
| <i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg | 6 | QL (30 tabs / 30 days), ST |
| <i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| <i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg | 6 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg | 6 | QL (30 tabs / 30 days) |
| ZYPITAMAG TABS 2mg, 4mg | 4 | QL (30 tabs / 30 days), ST |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> PACK 4gm; POWD 4gm/dose | 3 | |
| <i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose | 3 | |
| <i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg | 4 | |
| <i>colestipol hcl</i> GRAN 5gm; PACK 5gm | 4 | |
| <i>colestipol hcl</i> TABS 1gm | 3 | |
| <i>ezetimibe</i> TABS 10mg | 2 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-10 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-20 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-40 mg</i> | 6 | QL (30 tabs / 30 days) |
| <i>ezetimibe-simvastatin tab 10-80 mg</i> | 6 | QL (30 tabs / 30 days) |
| NEXLETOL TABS 180mg | 3 | QL (30 tabs / 30 days) |
| NEXLIZET TAB 180/10MG | 3 | QL (30 tabs / 30 days) |
| <i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg | 3 | QL (60 tabs / 30 days) |
| <i>omega-3-acid ethyl esters cap 1 gm</i> | 3 | PA |
| <i>prevalite</i> PACK 4gm; POWD 4gm/dose | 3 | |
| REPATHA SOSY 140mg/ml | 3 | QL (6 syringes / 28 days), NM, PA |
| REPATHA SURECLICK SOAJ 140mg/ml | 3 | QL (6 autoinjectors / 28 days), NM, PA |
| VASCEPA CAPS .5gm, 1gm | 3 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol & chlorthalidone tab 50-25 mg</i> | 2 | |
| <i>atenolol & chlorthalidone tab 100-25 mg</i> | 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> | 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> | 2 | |
| <i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> | 2 | |
| <i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> | 3 | |
| <i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> | 3 | |
| <i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> | 3 | |
| BETA-BLOCKERS | | |
| <i>acebutolol hcl</i> CAPS 200mg, 400mg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>atenolol</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>bisoprolol fumarate</i> TABS 5mg, 10mg | 2 | |
| <i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg | 1 | |
| <i>labetalol hcl</i> TABS 100mg, 200mg, 300mg | 2 | |
| <i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg | 1 | |
| <i>metoprolol tartrate</i> SOLN 5mg/5ml | 4 | |
| <i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>nadolol</i> TABS 20mg, 40mg, 80mg | 3 | |
| <i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| <i>nebivolol hcl</i> TABS 20mg | 3 | QL (60 tabs / 30 days) |
| <i>pindolol</i> TABS 5mg, 10mg | 3 | |
| <i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml | 3 | |
| <i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg | 2 | |
| <i>timolol maleate</i> TABS 5mg, 10mg, 20mg | 3 | |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| <i>dilt-xr</i> CP24 120mg, 180mg, 240mg | 2 | |
| <i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg | 4 | |
| <i>diltiazem hcl</i> CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg | 2 | |
| <i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| <i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg | 2 | |
| <i>diltiazem hcl coated beads</i> CP24 360mg | 4 | |
| <i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>felodipine</i> TB24 2.5mg, 5mg, 10mg | 2 | |
| <i>isradipine</i> CAPS 2.5mg, 5mg | 4 | |
| <i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg | 3 | |
| <i>nicardipine hcl</i> CAPS 20mg, 30mg | 4 | |
| <i>nifedipine</i> TB24 30mg, 60mg, 90mg | 3 | |
| <i>nimodipine</i> CAPS 30mg | 4 | |
| <i>nisoldipine</i> TB24 8.5mg, 17mg, 34mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg | 2 | |
| <i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml | 4 | |
| <i>verapamil hcl</i> CP24 120mg, 180mg, 240mg | 3 | |
| <i>verapamil hcl</i> TABS 40mg, 80mg, 120mg | 1 | |
| <i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg | 2 | |
| DIURETICS | | |
| <i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg | 3 | |
| <i>amiloride & hydrochlorothiazide tab 5-50 mg</i> | 2 | |
| <i>amiloride hcl</i> TABS 5mg | 2 | |
| <i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg | 3 | |
| <i>chlorthalidone</i> TABS 25mg, 50mg | 2 | |
| <i>furosemide</i> SOLN 10mg/ml, 40mg/5ml | 2 | |
| <i>furosemide</i> TABS 20mg, 40mg, 80mg | 1 | |
| <i>furosemide inj</i> SOLN 10mg/ml | 3 | |
| <i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg | 1 | |
| <i>indapamide</i> TABS 1.25mg, 2.5mg | 1 | |
| <i>methazolamide</i> TABS 25mg, 50mg | 4 | |
| <i>metolazone</i> TABS 2.5mg, 5mg, 10mg | 2 | |
| <i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> | 2 | |
| <i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg | 2 | |
| <i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> | 1 | |
| <i>triamterene & hydrochlorothiazide tab 75-50 mg</i> | 1 | |
| MISCELLANEOUS | | |
| <i>aliskiren fumarate</i> TABS 150mg, 300mg | 6 | QL (30 tabs / 30 days) |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> | 6 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> | 6 | |
| <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> | 6 | |
| <i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr | 3 | |
| <i>clonidine hcl</i> TABS .1mg, .2mg, .3mg | 1 | |
| CORLANOR SOLN 5mg/5ml | 4 | QL (450 mL / 30 days) |
| <i>digoxin</i> SOLN .05mg/ml, .25mg/ml | 4 | |
| <i>digoxin</i> TABS 125mcg, 250mcg | 2 | QL (30 tabs / 30 days) |
| <i>droxidopa</i> CAPS 100mg | 4 | QL (90 caps / 30 days), NM, PA |
| <i>droxidopa</i> CAPS 200mg, 300mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| <i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml | 4 | |
| <i>guanfacine hcl</i> TABS 1mg, 2mg | 3 | PA; PA applies if 65 years and older |
| <i>hydralazine hcl</i> SOLN 20mg/ml | 4 | |
| <i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 1 | |
| <i>ivabradine hcl</i> TABS 5mg, 7.5mg | 4 | QL (60 tabs / 30 days) |
| <i>metyrosine</i> CAPS 250mg | 5 | NDS, NM, PA |
| <i>midodrine hcl</i> TABS 2.5mg, 5mg | 3 | |
| <i>midodrine hcl</i> TABS 10mg | 4 | |
| <i>minoxidil</i> TABS 2.5mg, 10mg | 2 | |
| <i>ranolazine</i> TB12 500mg, 1000mg | 4 | |
| VERQUVO TABS 2.5mg, 5mg, 10mg | 3 | QL (30 tabs / 30 days), PA |
| NITRATES | | |
| <i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg | 3 | |
| <i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| NITRO-BID OINT 2% | 3 | |
| <i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | 3 | |
| <i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg | 2 | |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| <i>alyq</i> TABS 20mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| <i>ambrisentan</i> TABS 5mg, 10mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>bosentan</i> TABS 62.5mg, 125mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| <i>bosentan</i> TBSO 32mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| OPSUMIT TABS 10mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg | 3 | QL (360 tabs / 30 days), NM, PA |
| <i>tadalafil (pulmonary hypertension)</i> TABS 20mg | 4 | QL (60 tabs / 30 days), NM, PA |
| <i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml | 5 | NDS, NM, PA |
| UPTRAVI TABS 200mcg | 5 | NDS, QL (140 tabs / 28 days), NM, PA |
| UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| UPTRAVI PACK TAB 200/800 | 5 | NDS, QL (1 pack / 28 days), NM, PA |
| WINREVAIR KIT 45mg, 60mg | 5 | NDS, QL (2 vials / 21 days), NM, PA |
| WINREVAIR INJ 45MG | 5 | NDS, QL (2 vials / 21 days), NM, PA |
| WINREVAIR INJ 60MG | 5 | NDS, QL (2 vials / 21 days), NM, PA |
| YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg | 5 | NDS, QL (140 caps / 28 days), NM, PA |
| YUTREPIA CAPS 106mcg | 5 | NDS, QL (224 caps / 28 days), NM, PA |
| CENTRAL NERVOUS SYSTEM | | |
| ANTI-ANXIETY | | |
| <i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg | 2 | QL (150 tabs / 30 days) |
| <i>bupirone hcl</i> TABS 5mg, 10mg, 15mg | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>bupirone hcl</i> TABS 7.5mg, 30mg | 3 | |
| <i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg | 3 | |
| <i>lorazepam</i> CONC 2mg/ml | 3 | QL (150 mL / 30 days) |
| <i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml | 2 | |
| <i>lorazepam</i> TABS .5mg, 1mg, 2mg | 2 | QL (150 tabs / 30 days) |
| <i>lorazepam intensol</i> CONC 2mg/ml | 3 | QL (150 mL / 30 days) |
| ANTIDEMENTIA | | |
| <i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg | 2 | QL (30 tabs / 30 days) |
| <i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg | 2 | |
| <i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg | 3 | QL (30 caps / 30 days) |
| <i>galantamine hydrobromide</i> SOLN 4mg/ml | 4 | QL (200 mL / 30 days) |
| <i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg | 3 | QL (60 tabs / 30 days) |
| <i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml | 4 | PA; PA applies if 29 years and younger |
| <i>memantine hcl</i> TABS 5mg, 10mg | 3 | PA; PA applies if 29 years and younger |
| <i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i> | 4 | |
| <i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i> | 4 | |
| <i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i> | 4 | |
| NAMZARIC CAP 7-10MG | 4 | |
| <i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr | 4 | QL (30 patches / 30 days) |
| <i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg | 3 | QL (60 caps / 30 days) |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 3 | PA; PA applies if 65 years and older |
| <i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg | 3 | PA; PA applies if 65 years and older |
| AUVELITY TAB 45-105MG | 4 | QL (60 tabs / 30 days), PA |
| <i>bupropion hcl</i> TABS 75mg, 100mg | 2 | |
| <i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg | 2 | QL (60 tabs / 30 days) |
| <i>bupropion hcl</i> TB24 300mg | 2 | QL (30 tabs / 30 days) |
| <i>citalopram hydrobromide</i> SOLN 10mg/5ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg | 1 | |
| <i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg | 4 | PA |
| <i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg | 4 | PA; PA applies if 65 years and older |
| <i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| <i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml | 3 | PA; PA applies if 65 years and older |
| DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg | 4 | QL (60 caps / 30 days), PA |
| <i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg | 3 | QL (60 caps / 30 days) |
| EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr | 5 | NDS, QL (30 patches / 30 days), PA |
| <i>escitalopram oxalate</i> SOLN 5mg/5ml | 4 | |
| <i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg | 1 | |
| EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg | 5 | NDS, QL (30 tabs / 30 days), PA |
| EXXUA TITRATION PACK TB24 18.2mg | 5 | NDS, QL (2 packs / year), PA |
| FETZIMA CP24 20mg, 40mg | 4 | QL (60 caps / 30 days), PA |
| FETZIMA CP24 80mg, 120mg | 4 | QL (30 caps / 30 days), PA |
| FETZIMA CAP TITRATIO | 4 | QL (2 packs / year), PA |
| <i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg | 1 | |
| <i>fluoxetine hcl</i> SOLN 20mg/5ml | 3 | |
| <i>imipramine hcl</i> TABS 10mg, 25mg, 50mg | 2 | PA; PA applies if 65 years and older |
| MARPLAN TABS 10mg | 4 | QL (180 tabs / 30 days) |
| <i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg | 3 | |
| <i>mirtazapine</i> TABS 15mg, 30mg, 45mg | 2 | |
| <i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg | 4 | |
| <i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg | 2 | |
| <i>nortriptyline hcl</i> SOLN 10mg/5ml | 4 | |
| <i>paroxetine hcl</i> SUSP 10mg/5ml | 4 | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| <i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg | 2 | PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg | 4 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>phenelzine sulfate</i> TABS 15mg | 3 | |
| <i>protriptyline hcl</i> TABS 5mg, 10mg | 4 | |
| RALDESY SOLN 10mg/ml | 4 | QL (1800 mL / 30 days), PA |
| <i>sertraline hcl</i> CONC 20mg/ml | 3 | |
| <i>sertraline hcl</i> TABS 25mg, 50mg, 100mg | 1 | |
| <i>tranylcypromine sulfate</i> TABS 10mg | 4 | |
| <i>trazodone hcl</i> TABS 50mg, 100mg, 150mg | 1 | |
| <i>trimipramine maleate</i> CAPS 25mg, 50mg | 4 | QL (120 caps / 30 days) |
| <i>trimipramine maleate</i> CAPS 100mg | 4 | QL (60 caps / 30 days) |
| TRINTELLIX TABS 5mg, 10mg, 20mg | 4 | QL (30 tabs / 30 days), PA |
| <i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg | 2 | |
| <i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg | 3 | |
| <i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg | 4 | QL (30 tabs / 30 days) |
| ZURZUVAE CAPS 20mg, 25mg | 5 | NDS, QL (28 caps / 14 days), PA |
| ZURZUVAE CAPS 30mg | 5 | NDS, QL (14 caps / 14 days), PA |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl</i> CAPS 100mg | 3 | QL (120 caps / 30 days) |
| <i>amantadine hcl</i> SOLN 50mg/5ml | 3 | |
| <i>amantadine hcl</i> TABS 100mg | 4 | |
| <i>benztropine mesylate</i> SOLN 1mg/ml | 4 | |
| <i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg | 2 | PA; PA applies if 65 years and older |
| <i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg | 4 | |
| <i>carb/levo orally disintegrating tab 10-100mg</i> | 3 | |
| <i>carb/levo orally disintegrating tab 25-100mg</i> | 3 | |
| <i>carb/levo orally disintegrating tab 25-250mg</i> | 3 | |
| <i>carbidopa</i> TABS 25mg | 4 | |
| <i>carbidopa & levodopa tab 10-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-100 mg</i> | 2 | |
| <i>carbidopa & levodopa tab 25-250 mg</i> | 2 | |
| <i>carbidopa & levodopa tab er 25-100 mg</i> | 3 | |
| <i>carbidopa & levodopa tab er 50-200 mg</i> | 3 | |
| <i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------------|
| <i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> | 4 | |
| <i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> | 4 | |
| <i>entacapone TABS 200mg</i> | 4 | |
| <i>INBRIJA CAPS 42mg</i> | 5 | NDS, QL (300 caps / 30 days), NM, PA |
| <i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i> | 2 | |
| <i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i> | 4 | |
| <i>rasagiline mesylate TABS .5mg, 1mg</i> | 4 | QL (30 tabs / 30 days) |
| <i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | 2 | |
| <i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i> | 4 | |
| <i>selegiline hcl CAPS 5mg; TABS 5mg</i> | 3 | |
| <i>trihexyphenidyl hcl SOLN .4mg/ml</i> | 3 | |
| <i>trihexyphenidyl hcl TABS 2mg, 5mg</i> | 2 | |
| ANTIPSYCHOTICS | | |
| <i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i> | 5 | NDS, QL (1 syringe / 56 days) |
| <i>ABILIFY MAINTENA PRSY 300mg, 400mg</i> | 5 | NDS, QL (1 syringe / 28 days) |
| <i>ABILIFY MAINTENA SRER 300mg, 400mg</i> | 5 | NDS, QL (1 injection / 28 days) |
| <i>aripiprazole SOLN 1mg/ml</i> | 4 | QL (900 mL / 30 days) |
| <i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i> | 4 | QL (30 tabs / 30 days) |
| <i>aripiprazole TBDP 10mg, 15mg</i> | 4 | QL (60 tabs / 30 days), ST |
| <i>ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml</i> | 5 | NDS, QL (1 syringe / 28 days) |
| <i>ARISTADA PRSY 1064mg/3.9ml</i> | 5 | NDS, QL (1 syringe / 56 days) |
| <i>ARISTADA INITIO PRSY 675mg/2.4ml</i> | 5 | NDS |
| <i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i> | 4 | QL (60 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---------------------------------|
| CAPLYTA CAPS 10.5mg, 21mg, 42mg | 5 | NDS, QL (30 caps / 30 days) |
| <i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg | 4 | |
| <i>clozapine</i> TABS 25mg, 50mg | 3 | |
| <i>clozapine</i> TABS 100mg | 3 | QL (270 tabs / 30 days) |
| <i>clozapine</i> TABS 200mg | 3 | QL (120 tabs / 30 days) |
| <i>clozapine</i> TBDP 12.5mg, 25mg | 4 | PA |
| <i>clozapine</i> TBDP 100mg | 4 | QL (270 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 150mg | 4 | QL (180 tabs / 30 days), PA |
| <i>clozapine</i> TBDP 200mg | 4 | QL (120 tabs / 30 days), PA |
| COBENFY CAP 50-20MG | 5 | NDS, QL (60 caps / 30 days) |
| COBENFY CAP 100-20MG | 5 | NDS, QL (60 caps / 30 days) |
| COBENFY CAP 125-30MG | 5 | NDS, QL (60 caps / 30 days) |
| COBENFY STRT CAP PACK | 5 | NDS, QL (2 packs / year) |
| ERZOFRI SUSY 39mg/0.25ml | 4 | QL (1 syringe / 28 days) |
| ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 5 | NDS, QL (1 syringe / 28 days) |
| ERZOFRI SUSY 351mg/2.25ml | 5 | NDS, QL (2 syringes / year) |
| FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg | 5 | NDS, QL (60 tabs / 30 days), PA |
| FANAPT PAK PACK A | 4 | QL (2 packs / year), PA |
| FANAPT PAK PACK B | 4 | QL (2 packs / year), PA |
| FANAPT PAK PACK C | 4 | QL (2 packs / year), PA |
| <i>fluphenazine decanoate</i> SOLN 25mg/ml | 4 | |
| <i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg | 4 | |
| <i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg | 3 | |
| <i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml | 3 | |
| <i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml | 5 | NDS, QL (1 injection / 180 days) |
| INVEGA SUSTENNA SUSY 39mg/0.25ml | 4 | QL (1 syringe / 28 days) |
| INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml | 5 | NDS, QL (1 syringe / 28 days) |
| INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml | 5 | NDS, QL (1 syringe / 90 days) |
| <i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg | 3 | |
| <i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg | 4 | QL (30 tabs / 30 days) |
| <i>lurasidone hcl</i> TABS 80mg | 4 | QL (60 tabs / 30 days) |
| LYBALVI TAB 5-10MG | 5 | NDS, QL (30 tabs / 30 days) |
| LYBALVI TAB 10-10MG | 5 | NDS, QL (30 tabs / 30 days) |
| LYBALVI TAB 15-10MG | 5 | NDS, QL (30 tabs / 30 days) |
| LYBALVI TAB 20-10MG | 5 | NDS, QL (30 tabs / 30 days) |
| <i>molindone hcl</i> TABS 5mg, 10mg, 25mg | 4 | |
| NUPLAZID CAPS 34mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| NUPLAZID TABS 10mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>olanzapine</i> SOLR 10mg | 4 | QL (3 vials / 1 day) |
| <i>olanzapine</i> TABS 2.5mg, 5mg, 10mg | 2 | QL (60 tabs / 30 days) |
| <i>olanzapine</i> TABS 7.5mg, 15mg, 20mg | 2 | QL (30 tabs / 30 days) |
| <i>olanzapine</i> TBDP 5mg, 15mg, 20mg | 4 | QL (30 tabs / 30 days), ST |
| <i>olanzapine</i> TBDP 10mg | 4 | QL (60 tabs / 30 days), ST |
| OPIPZA FILM 2mg, 5mg | 5 | NDS, QL (30 films / 30 days), PA |
| OPIPZA FILM 10mg | 5 | NDS, QL (90 films / 30 days), PA |
| <i>paliperidone</i> TB24 1.5mg, 3mg, 9mg | 4 | QL (30 tabs / 30 days) |
| <i>paliperidone</i> TB24 6mg | 4 | QL (60 tabs / 30 days) |
| <i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg | 3 | |
| <i>pimozide</i> TABS 1mg, 2mg | 4 | |
| <i>quetiapine fumarate</i> TABS 25mg | 2 | QL (180 tabs / 30 days) |
| <i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg | 2 | QL (90 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>quetiapine fumarate</i> TABS 300mg, 400mg | 2 | QL (60 tabs / 30 days) |
| <i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg | 4 | QL (60 tabs / 30 days), PA |
| <i>quetiapine fumarate</i> TB24 150mg, 200mg | 4 | QL (30 tabs / 30 days), PA |
| REXULTI TABS 3mg, 4mg | 5 | NDS, QL (30 tabs / 30 days) |
| REXULTI TABS .25mg, .5mg, 1mg, 2mg | 5 | NDS, QL (60 tabs / 30 days) |
| <i>risperidone</i> SOLN 1mg/ml | 3 | QL (240 mL / 30 days) |
| <i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg | 2 | |
| <i>risperidone</i> TBDP 1mg, 2mg, 3mg | 4 | QL (60 tabs / 30 days), ST |
| <i>risperidone</i> TBDP 4mg | 4 | QL (120 tabs / 30 days), ST |
| <i>risperidone</i> TBDP .25mg, .5mg | 4 | QL (90 tabs / 30 days), ST |
| <i>risperidone microspheres</i> SRER 12.5mg, 25mg | 4 | QL (2 injections / 28 days) |
| <i>risperidone microspheres</i> SRER 37.5mg, 50mg | 5 | NDS, QL (2 injections / 28 days) |
| SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr | 5 | NDS, QL (30 patches / 30 days) |
| <i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg | 3 | |
| <i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg | 4 | |
| <i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg | 3 | |
| VERSACLOZ SUSP 50mg/ml | 5 | NDS, QL (600 mL / 30 days), PA |
| VRAYLAR CAPS 1.5mg | 5 | NDS, QL (60 caps / 30 days) |
| VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg | 5 | NDS, QL (30 caps / 30 days) |
| <i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg | 4 | QL (60 caps / 30 days) |
| <i>ziprasidone mesylate</i> SOLR 20mg | 4 | QL (6 injections / 3 days) |
| ZYPREXA RELPREVV SUSR 210mg | 4 | QL (2 vials / 28 days), NM, PA |
| ZYPREXA RELPREVV SUSR 300mg | 5 | NDS, QL (2 vials / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| ZYPREXA RELPREVV SUSR 405mg | 5 | NDS, QL (1 vial / 28 days), NM, PA |
| ANTISEIZURE AGENTS | | |
| APTIOM TABS 200mg, 400mg | 5 | NDS, QL (30 tabs / 30 days) |
| APTIOM TABS 600mg, 800mg | 5 | NDS, QL (60 tabs / 30 days) |
| BRIVIACT SOLN 10mg/ml | 5 | NDS, QL (600 mL / 30 days), PA |
| BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg | 5 | NDS, QL (60 tabs / 30 days), PA |
| <i>carbamazepine</i> CHEW 100mg; TABS 200mg | 3 | |
| <i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg | 4 | |
| <i>clobazam</i> SUSP 2.5mg/ml | 4 | QL (480 mL / 30 days), PA |
| <i>clobazam</i> TABS 10mg, 20mg | 4 | QL (60 tabs / 30 days), PA |
| <i>clonazepam</i> TABS 2mg | 2 | QL (300 tabs / 30 days) |
| <i>clonazepam</i> TABS .5mg, 1mg | 2 | QL (90 tabs / 30 days) |
| <i>clonazepam</i> TBDP 2mg | 3 | QL (300 tabs / 30 days) |
| <i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg | 3 | QL (90 tabs / 30 days) |
| <i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg | 4 | QL (180 tabs / 30 days), PA; PA applies if 65 years and older |
| DIACOMIT CAPS 250mg | 5 | NDS, QL (360 caps / 30 days), NM, PA |
| DIACOMIT CAPS 500mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| DIACOMIT PACK 250mg | 5 | NDS, QL (360 packets / 30 days), NM, PA |
| DIACOMIT PACK 500mg | 5 | NDS, QL (180 packets / 30 days), NM, PA |
| <i>diazepam</i> SOLN 5mg/5ml | 3 | QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| <i>diazepam</i> TABS 2mg, 5mg, 10mg | 2 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg | 4 | |
| <i>diazepam inj</i> SOLN 5mg/ml | 4 | |
| <i>diazepam intensol</i> CONC 5mg/ml | 3 | QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply |
| DILANTIN CAPS 30mg | 4 | |
| <i>divalproex sodium</i> CSDR 125mg | 4 | |
| <i>divalproex sodium</i> TB24 250mg, 500mg | 3 | |
| <i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg | 2 | |
| EPIDIOLEX SOLN 100mg/ml | 5 | NDS, QL (600 mL / 30 days), NM, PA |
| <i>eslicarbazepine acetate</i> TABS 200mg, 400mg | 4 | QL (30 tabs / 30 days) |
| <i>eslicarbazepine acetate</i> TABS 600mg, 800mg | 4 | QL (60 tabs / 30 days) |
| <i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml | 3 | |
| <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg | 4 | |
| FINTEPLA SOLN 2.2mg/ml | 5 | NDS, QL (360 mL / 30 days), NM, PA |
| FYCOMPA SUSP .5mg/ml | 5 | NDS, QL (680 mL / 28 days), PA |
| FYCOMPA TABS 2mg | 4 | QL (60 tabs / 30 days), PA |
| FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg | 5 | NDS, QL (30 tabs / 30 days), PA |
| <i>gabapentin</i> CAPS 100mg, 300mg | 2 | QL (360 caps / 30 days) |
| <i>gabapentin</i> CAPS 400mg | 2 | QL (270 caps / 30 days) |
| <i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml | 3 | QL (2160 mL / 30 days) |
| <i>gabapentin</i> TABS 600mg | 2 | QL (180 tabs / 30 days) |
| <i>gabapentin</i> TABS 800mg | 2 | QL (120 tabs / 30 days) |
| <i>lacosamide</i> SOLN 200mg/20ml | 4 | |
| <i>lacosamide</i> TABS 50mg | 4 | QL (120 tabs / 30 days) |
| <i>lacosamide</i> TABS 100mg, 150mg, 200mg | 4 | QL (60 tabs / 30 days) |
| <i>lacosamide oral</i> SOLN 10mg/ml | 4 | QL (1200 mL / 30 days) |
| <i>lamotrigine</i> CHEW 5mg, 25mg | 3 | |
| <i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| <i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg | 4 | ST |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg | 3 | |
| <i>levetiracetam</i> SOLN 500mg/5ml | 4 | |
| <i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg | 2 | |
| <i>levetiracetam</i> TB3D 250mg | 4 | QL (360 tabs / 30 days) |
| <i>levetiracetam</i> TB3D 500mg | 4 | QL (180 tabs / 30 days) |
| <i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> | 4 | |
| <i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> | 4 | |
| <i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> | 4 | |
| <i>methsuximide</i> CAPS 300mg | 4 | |
| NAYZILAM SOLN 5mg/0.1ml | 4 | QL (10 nasal units / 30 days) |
| <i>oxcarbazepine</i> SUSP 300mg/5ml | 4 | |
| <i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg | 3 | |
| <i>perampanel</i> SUSP .5mg/ml | 5 | NDS, QL (680 mL / 28 days), PA |
| <i>perampanel</i> TABS 2mg | 4 | QL (60 tabs / 30 days), PA |
| <i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg | 4 | QL (30 tabs / 30 days), PA |
| <i>phenobarbital</i> ELIX 20mg/5ml | 4 | QL (1500 mL / 30 days), PA; PA applies if 65 years and older |
| <i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml | 4 | PA; PA applies if 65 years and older |
| <i>phenytek</i> CAPS 200mg, 300mg | 3 | |
| <i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml | 3 | |
| <i>phenytoin sodium</i> SOLN 50mg/ml | 4 | |
| <i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg | 3 | |
| <i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg | 3 | QL (120 caps / 30 days), PA; PA applies if 65 years and older |
| <i>pregabalin</i> CAPS 200mg | 3 | QL (90 caps / 30 days), PA; PA applies if 65 years and older |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>pregabalin</i> CAPS 225mg, 300mg | 3 | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| <i>pregabalin</i> SOLN 20mg/ml | 4 | QL (900 mL / 30 days), PA; PA applies if 65 years and older |
| <i>primidone</i> TABS 50mg, 125mg, 250mg | 2 | |
| <i>roweepra</i> TABS 500mg | 2 | |
| <i>rufinamide</i> SUSP 40mg/ml | 5 | NDS, QL (2400 mL / 30 days), PA |
| <i>rufinamide</i> TABS 200mg | 4 | QL (480 tabs / 30 days), PA |
| <i>rufinamide</i> TABS 400mg | 5 | NDS, QL (240 tabs / 30 days), PA |
| SPRITAM TB3D 250mg | 4 | QL (360 tabs / 30 days) |
| SPRITAM TB3D 500mg | 4 | QL (180 tabs / 30 days) |
| SPRITAM TB3D 750mg | 4 | QL (120 tabs / 30 days) |
| SPRITAM TB3D 1000mg | 4 | QL (90 tabs / 30 days) |
| SUBVENITE SUSP 10mg/ml | 5 | NDS, ST |
| <i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg | 1 | |
| SYMPAZAN FILM 5mg, 10mg, 20mg | 5 | NDS, QL (60 films / 30 days), PA |
| <i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg | 4 | |
| <i>topiramate</i> CPSP 15mg, 25mg | 3 | |
| <i>topiramate</i> CPSP 50mg | 4 | |
| <i>topiramate</i> SOLN 25mg/ml | 4 | QL (480 mL / 30 days), PA |
| <i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg | 2 | |
| <i>valproate sodium</i> SOLN 100mg/ml | 4 | |
| <i>valproate sodium</i> SOLN 250mg/5ml | 3 | |
| <i>valproic acid</i> CAPS 250mg | 2 | |
| VALTOCO 5 MG DOSE LIQD 5mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| VALTOCO 10 MG DOSE LIQD 10mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| VALTOCO 20 MG DOSE LQPK 10mg/0.1ml | 4 | QL (10 blister packs / 30 days) |
| <i>vigabatrin</i> PACK 500mg | 5 | NDS, QL (180 packets / 30 days), NM, PA |
| <i>vigabatrin</i> TABS 500mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>vigadrone</i> PACK 500mg | 5 | NDS, QL (180 packets / 30 days), NM, PA |
| <i>vigadrone</i> TABS 500mg | 5 | NDS, QL (180 tabs / 30 days), NM, PA |
| VIGAFYDE SOLN 100mg/ml | 5 | NDS, QL (900 mL / 30 days), NM, PA |
| XCOPRI TABS 25mg, 50mg, 100mg | 5 | NDS, QL (30 tabs / 30 days) |
| XCOPRI TABS 150mg, 200mg | 5 | NDS, QL (60 tabs / 30 days) |
| XCOPRI PAK 12.5-25 | 4 | QL (28 tabs / 28 days) |
| XCOPRI PAK 50-100MG | 5 | NDS, QL (28 tabs / 28 days) |
| XCOPRI PAK 100-150 | 5 | NDS, QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (MAINTENANCE) | 5 | NDS, QL (56 tabs / 28 days) |
| XCOPRI PAK 150-200MG (TITRATION) | 5 | NDS, QL (28 tabs / 28 days) |
| ZONISADE SUSP 100mg/5ml | 5 | NDS, QL (900 mL / 30 days), PA |
| <i>zonisamide</i> CAPS 25mg, 50mg, 100mg | 2 | |
| ZTALMY SUSP 50mg/ml | 5 | NDS, QL (1100 mL / 30 days), NM, PA |

ATTENTION DEFICIT HYPERACTIVITY DISORDER

| | | |
|--|---|----------------------------|
| <i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 5 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 7.5 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 10 mg</i> | 3 | QL (60 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| <i>amphetamine-dextroamphetamine tab 12.5 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 15 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 20 mg</i> | 3 | QL (90 tabs / 30 days), PA |
| <i>amphetamine-dextroamphetamine tab 30 mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i> | 4 | QL (120 caps / 30 days) |
| <i>atomoxetine hcl CAPS 40mg</i> | 4 | QL (60 caps / 30 days) |
| <i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i> | 4 | QL (30 caps / 30 days) |
| <i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i> | 3 | QL (120 tabs / 30 days), PA |
| <i>dexmethylphenidate hcl TABS 10mg</i> | 3 | QL (60 tabs / 30 days), PA |
| <i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i> | 3 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>guanfacine hcl (adhd) TB24 3mg</i> | 3 | QL (60 tabs / 30 days), PA; PA applies if 65 years and older |
| <i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i> | 4 | QL (60 caps / 30 days), PA |
| <i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i> | 4 | QL (30 caps / 30 days), PA |
| <i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i> | 4 | QL (60 tabs / 30 days), PA |
| <i>lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg</i> | 4 | QL (30 tabs / 30 days), PA |
| <i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg</i> | 4 | QL (180 tabs / 30 days), PA |
| <i>methylphenidate hcl SOLN 5mg/5ml</i> | 4 | QL (1800 mL / 30 days), PA |
| <i>methylphenidate hcl SOLN 10mg/5ml</i> | 4 | QL (900 mL / 30 days), PA |
| <i>methylphenidate hcl TABS 5mg, 10mg</i> | 3 | QL (180 tabs / 30 days), PA |
| <i>methylphenidate hcl TABS 20mg</i> | 3 | QL (90 tabs / 30 days), PA |
| <i>methylphenidate hcl TBCR 10mg, 20mg</i> | 4 | QL (90 tabs / 30 days), PA |
| <i>HYPNOTICS</i> | | |
| <i>DAYVIGO TABS 5mg, 10mg</i> | 3 | QL (30 tabs / 30 days) |
| <i>doxepin hcl (sleep) TABS 3mg, 6mg</i> | 3 | QL (30 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>ramelteon</i> TABS 8mg | 3 | QL (30 tabs / 30 days) |
| <i>tasimelteon</i> CAPS 20mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| <i>temazepam</i> CAPS 7.5mg, 30mg | 4 | QL (30 caps / 30 days), PA; PA applies if 65 years and older |
| <i>temazepam</i> CAPS 15mg | 4 | QL (60 caps / 30 days), PA; PA applies if 65 years and older |
| <i>zolpidem tartrate</i> TABS 5mg, 10mg | 2 | QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |

MIGRAINE

| | | |
|---|---|-----------------------------------|
| AIMOVIG SOAJ 70mg/ml, 140mg/ml | 3 | QL (1 pen / 30 days), NM, PA |
| <i>dihydroergotamine mesylate</i> SOLN 4mg/ml | 5 | NDS, QL (8 mL / 30 days), PA |
| EMGALITY SOAJ 120mg/ml | 3 | QL (2 pens / 30 days), NM, PA |
| EMGALITY SOSY 100mg/ml | 3 | QL (3 syringes / 30 days), NM, PA |
| EMGALITY SOSY 120mg/ml | 3 | QL (2 syringes / 30 days), NM, PA |
| <i>ergotamine w/ caffeine tab 1-100 mg</i> | 3 | QL (40 tabs / 28 days), PA |
| <i>naratriptan hcl</i> TABS 1mg, 2.5mg | 3 | QL (12 tabs / 30 days) |
| NURTEC TBDP 75mg | 3 | QL (16 tabs / 30 days), PA |
| QULIPTA TABS 10mg, 30mg, 60mg | 3 | QL (30 tabs / 30 days), PA |
| <i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg | 3 | QL (18 tabs / 30 days) |
| <i>sumatriptan</i> SOLN 5mg/act | 4 | QL (24 units / 30 days) |
| <i>sumatriptan</i> SOLN 20mg/act | 4 | QL (12 units / 30 days) |
| <i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml | 4 | QL (12 injections / 30 days) |
| <i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg | 2 | QL (12 tabs / 30 days) |
| UBRELVY TABS 50mg, 100mg | 3 | QL (16 tabs / 30 days), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| MISCELLANEOUS | | |
| AUSTEDO TABS 6mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| AUSTEDO TABS 9mg, 12mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 6mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 12mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| AUSTEDO XR TB24 24mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| AUSTEDO XR TAB TITR KIT | 5 | NDS, QL (2 packs / year), NM, PA |
| <i>lithium</i> SOLN 8meq/5ml | 4 | |
| <i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg | 1 | |
| <i>lithium carbonate</i> TBCR 300mg, 450mg | 2 | |
| NUDEXTA CAP 20-10MG | 5 | NDS, QL (60 caps / 30 days), PA |
| <i>pyridostigmine bromide</i> TABS 60mg | 3 | |
| <i>riluzole</i> TABS 50mg | 4 | |
| <i>tetrabenazine</i> TABS 12.5mg | 4 | QL (90 tabs / 30 days), NM, PA |
| <i>tetrabenazine</i> TABS 25mg | 5 | NDS, QL (120 tabs / 30 days), NM, PA |
| MULTIPLE SCLEROSIS AGENTS | | |
| BAFIERTAM CPDR 95mg | 5 | NDS, QL (120 caps / 30 days), NM, PA |
| BETASERON KIT .3mg | 5 | NDS, QL (14 kits / 28 days), NM, PA |
| COPAXONE SOSY 20mg/ml | 5 | NDS, QL (30 syringes / 30 days), NM, PA |
| COPAXONE SOSY 40mg/ml | 5 | NDS, QL (12 syringes / 28 days), NM, PA |
| <i>dalfampridine</i> TB12 10mg | 3 | QL (60 tabs / 30 days), NM, PA |
| <i> fingolimod hcl</i> CAPS .5mg | 5 | NDS, QL (30 caps / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 20mg/ml | 5 | NDS, QL (30 syringes / 30 days), NM, PA |
| <i>glatiramer acetate</i> SOSY 40mg/ml | 5 | NDS, QL (12 syringes / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------------------------|------------------|---|
| <i>glatopa</i> SOSY 20mg/ml | 5 | NDS, QL (30 syringes / 30 days), NM, PA |
| <i>glatopa</i> SOSY 40mg/ml | 5 | NDS, QL (12 syringes / 28 days), NM, PA |
| KESIMPTA SOAJ 20mg/0.4ml | 5 | NDS, QL (16 pens / 365 days), NM, PA |

MUSCULOSKELETAL THERAPY AGENTS

| | | |
|---|---|--|
| <i>baclofen</i> TABS 5mg | 2 | QL (90 tabs / 30 days) |
| <i>baclofen</i> TABS 10mg, 20mg | 2 | |
| <i>carisoprodol</i> TABS 350mg | 3 | QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>cyclobenzaprine hcl</i> TABS 5mg, 10mg | 3 | QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg | 4 | |
| <i>methocarbamol</i> TABS 500mg | 3 | QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>methocarbamol</i> TABS 750mg | 3 | QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year |
| <i>tizanidine hcl</i> TABS 2mg, 4mg | 2 | |

NARCOLEPSY/CATAPLEXY

| | | |
|---|---|------------------------------------|
| <i>armodafinil</i> TABS 50mg | 4 | QL (60 tabs / 30 days), PA |
| <i>armodafinil</i> TABS 150mg, 200mg, 250mg | 4 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 100mg | 3 | QL (30 tabs / 30 days), PA |
| <i>modafinil</i> TABS 200mg | 3 | QL (60 tabs / 30 days), PA |
| <i>sodium oxybate</i> SOLN 500mg/ml | 5 | NDS, QL (540 mL / 30 days), NM, PA |

PSYCHOTHERAPEUTIC-MISC

| | | |
|---------------------------------------|---|--|
| <i>acamprosate calcium</i> TBEC 333mg | 4 | |
|---------------------------------------|---|--|

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>buprenorphine hcl</i> SUBL 2mg | 3 | QL (180 tabs / 30 days) |
| <i>buprenorphine hcl</i> SUBL 8mg | 3 | QL (120 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv) | 4 | QL (180 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv) | 4 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv) | 4 | QL (120 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv) | 4 | QL (90 films / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv) | 2 | QL (180 tabs / 30 days) |
| <i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv) | 2 | QL (120 tabs / 30 days) |
| <i>bupropion hcl (smoking deterrent)</i> TB12 150mg | 2 | QL (60 tabs / 30 days) |
| <i>disulfiram</i> TABS 250mg, 500mg | 3 | |
| KLOXXADO LIQD 8mg/0.1ml | 3 | |
| <i>naloxone hcl</i> LIQD 4mg/0.1ml | 3 | |
| <i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml | 2 | |
| <i>naltrexone hcl</i> TABS 50mg | 3 | |
| NICOTROL NS SOLN 10mg/ml | 4 | |
| <i>varenicline tartrate</i> TABS .5mg, 1mg | 4 | QL (56 tabs / 28 days) |
| <i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack | 4 | QL (2 packs / year) |
| VIVITROL SUSR 380mg | 5 | NDS, NM |
| ENDOCRINE AND METABOLIC | | |
| ANDROGENS | | |
| <i>danazol</i> CAPS 50mg, 100mg, 200mg | 4 | |
| <i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml | 3 | PA |
| <i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm | 4 | QL (300 gm / 30 days), PA |
| <i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml | 3 | PA |
| <i>testosterone enanthate</i> SOLN 200mg/ml | 3 | PA |
| <i>testosterone pump</i> GEL 1.62% | 4 | QL (150 gm / 30 days), PA |
| ANTIDIABETICS | | |
| <i>acarbose</i> TABS 25mg, 50mg, 100mg | 6 | |
| <i>dapagliflozin propanediol</i> TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| FARXIGA TABS 5mg, 10mg | 3 | QL (30 tabs / 30 days) |
| <i>glimepiride</i> TABS 1mg, 2mg | 6 | QL (90 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| <i>glimepiride</i> TABS 4mg | 6 | QL (60 tabs / 30 days) |
| <i>glipizide</i> TABS 5mg | 6 | QL (240 tabs / 30 days) |
| <i>glipizide</i> TABS 10mg | 6 | QL (120 tabs / 30 days) |
| <i>glipizide</i> TB24 2.5mg, 5mg | 6 | QL (90 tabs / 30 days) |
| <i>glipizide</i> TB24 10mg | 6 | QL (60 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-250 mg</i> | 6 | QL (240 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 2.5-500 mg</i> | 6 | QL (120 tabs / 30 days) |
| <i>glipizide-metformin hcl tab 5-500 mg</i> | 6 | QL (120 tabs / 30 days) |
| GLYXAMBI TAB 10-5 MG | 3 | QL (30 tabs / 30 days) |
| GLYXAMBI TAB 25-5 MG | 3 | QL (30 tabs / 30 days) |
| JANUMET TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-500MG | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 50-1000 | 3 | QL (60 tabs / 30 days) |
| JANUMET XR TAB 100-1000 | 3 | QL (30 tabs / 30 days) |
| JANUVIA TABS 25mg, 50mg, 100mg | 3 | QL (30 tabs / 30 days) |
| JARDIANCE TABS 10mg, 25mg | 3 | QL (30 tabs / 30 days) |
| JENTADUETO TAB 2.5-500 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-850 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| JENTADUETO TAB XR 5-1000MG | 3 | QL (30 tabs / 30 days) |
| <i>metformin hcl</i> TABS 500mg | 6 | QL (150 tabs / 30 days) |
| <i>metformin hcl</i> TABS 850mg | 6 | QL (90 tabs / 30 days) |
| <i>metformin hcl</i> TABS 1000mg | 6 | QL (75 tabs / 30 days) |
| <i>metformin hcl</i> TB24 500mg | 6 | QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| <i>metformin hcl</i> TB24 750mg | 6 | QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR) |
| MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml | 3 | QL (4 pens / 28 days), PA |
| <i>nateglinide</i> TABS 60mg, 120mg | 6 | QL (90 tabs / 30 days) |
| OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (1MG/DOSE) SOPN 4mg/3ml | 3 | QL (1 pen / 28 days), PA |
| OZEMPIC (2MG/DOSE) SOPN 8mg/3ml | 3 | QL (1 pen / 28 days), PA |
| <i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg | 6 | QL (30 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> | 6 | QL (90 tabs / 30 days) |
| <i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> | 6 | QL (90 tabs / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------------|
| repaglinide TABS 2mg | 6 | QL (240 tabs / 30 days) |
| repaglinide TABS .5mg, 1mg | 6 | QL (120 tabs / 30 days) |
| RYBELSUS TABS 3mg, 7mg, 14mg | 3 | QL (30 tabs / 30 days), PA |
| TRADJENTA TABS 5mg | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 10-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG | 3 | QL (60 tabs / 30 days) |
| TRIJARDY XR TAB ER 24HR 25-5-1000MG | 3 | QL (30 tabs / 30 days) |
| TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml | 3 | QL (4 pens / 28 days), PA |
| XIGDUO XR TAB 2.5-1000 | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-500MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 5-1000MG | 3 | QL (60 tabs / 30 days) |
| XIGDUO XR TAB 10-500MG | 3 | QL (30 tabs / 30 days) |
| XIGDUO XR TAB 10-1000 | 3 | QL (30 tabs / 30 days) |
| ANTIDIABETICS, INSULINS | | |
| ADMELOG SOLN 100unit/ml | 3 | B/D |
| ADMELOG SOLOSTAR SOPN 100unit/ml | 3 | |
| ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY | 3 | PA |
| CEQUR SIMPL KIT PATCH 2U (3-DAY) | 4 | QL (10 patches / 30 days), PA |
| CEQUR SIMPL KIT PATCH 2U (4-DAY) | 4 | QL (8 patches / 24 days), PA |
| CEQUR SIMPL MIS INSERTER | 4 | QL (2 inserters / year), PA |
| FIASP SOLN 100unit/ml | 3 | B/D |
| FIASP FLEXTOUCH SOPN 100unit/ml | 3 | |
| FIASP PENFILL SOCT 100unit/ml | 3 | |
| FIASP PUMPCART SOCT 100unit/ml | 3 | B/D |
| GAUZE PADS 2" X 2" | 3 | PA |
| HUMULIN R U-500 (CONCENTR SOLN 500unit/ml | 5 | NDS, B/D |
| HUMULIN R U-500 KWIKPEN SOPN 500unit/ml | 5 | NDS |
| INSULIN PEN NEEDLES: EMBECTA-BD | 3 | PA |
| INSULIN SAFETY NEEDLES: EMBECTA-BD | 3 | PA |
| INSULIN SYRINGES: EMBECTA-BD | 3 | PA |
| LANTUS SOLN 100unit/ml | 3 | |
| LANTUS SOLOSTAR SOPN 100unit/ml | 3 | |
| NOVOLIN INJ 70/30 | 3 | (brand RELION not covered) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------------|
| NOVOLIN INJ 70/30 FP | 3 | (brand RELION not covered) |
| NOVOLIN N SUSP 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN N FLEXPEN SUPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLIN R SOLN 100unit/ml | 3 | B/D; (brand RELION not covered) |
| NOVOLIN R FLEXPEN SOPN 100unit/ml | 3 | (brand RELION not covered) |
| NOVOLOG SOLN 100unit/ml | 3 | B/D |
| NOVOLOG FLEXPEN SOPN 100unit/ml | 3 | |
| NOVOLOG FLEXPEN RELION SOPN 100unit/ml | 3 | |
| NOVOLOG MIX INJ 70/30 | 3 | (brand RELION not covered) |
| NOVOLOG MIX INJ FLEXPEN | 3 | (brand RELION not covered) |
| NOVOLOG PENFILL SOCT 100unit/ml | 3 | |
| NOVOLOG RELION SOLN 100unit/ml | 3 | B/D |
| OMNIPOD 5 DX KIT INT G7G6 | 4 | QL (1 kit / year), PA |
| OMNIPOD 5 DX MIS POD G7G6 | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD 5 L2 KIT INTRO G6 | 4 | QL (1 kit / year), PA |
| OMNIPOD 5 L2 MIS PODS G6 | 4 | QL (15 pods / 30 days), PA |
| OMNIPOD DASH KIT INTRO | 4 | QL (1 kit / year), PA |
| OMNIPOD DASH MIS PODS | 4 | QL (15 pods / 30 days), PA |
| SOLIQUA INJ 100/33 | 3 | QL (5 pens / 25 days) |
| TOUJEO MAX SOLOSTAR SOPN 300unit/ml | 3 | |
| TOUJEO SOLOSTAR SOPN 300unit/ml | 3 | |
| XULTOPHY INJ 100/3.6 | 3 | QL (5 pens / 30 days) |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium</i> SOLN 70mg/75ml | 4 | ST |
| <i>alendronate sodium</i> TABS 10mg, 35mg, 70mg | 6 | |
| BILDYOS SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |
| BONSITY SOPN 560mcg/2.24ml | 5 | NDS, QL (1 pen / 28 days), NM, PA |
| <i>calcitonin (salmon) spray</i> SOLN 200unit/act | 3 | B/D |
| <i>ibandronate sodium</i> SOLN 3mg/3ml | 4 | B/D, QL (1 injection / 90 days) |
| <i>ibandronate sodium</i> TABS 150mg | 2 | B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| OSPOMYV SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |
| PAMIDRONATE DISODIUM SOLN 6mg/ml | 3 | B/D |
| <i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml | 3 | B/D |
| PROLIA SOSY 60mg/ml | 4 | QL (1 syringe / 180 days), NM |
| <i>risedronate sodium</i> TABS 5mg, 35mg, 150mg | 3 | |
| <i>risedronate sodium</i> TABS 30mg | 4 | |
| <i>risedronate sodium</i> TBEC 35mg | 4 | ST |
| <i>teriparatide</i> SOPN 560mcg/2.24ml | 5 | NDS, QL (1 pen / 28 days), NM, PA |
| TERIPARATIDE SOPN 560mcg/2.24ml | 5 | NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product) |
| WYOST SOLN 120mg/1.7ml | 5 | NDS, NM, PA |
| XTRENBO SOLN 120mg/1.7ml | 4 | NM, PA |
| <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml | 4 | B/D, NM |
| CHELATING AGENTS | | |
| CHEMET CAPS 100mg | 5 | NDS |
| <i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg | 5 | NDS, NM, PA |
| <i>deferasirox</i> TABS 90mg | 3 | NM, PA |
| <i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg | 4 | NM, PA |
| <i>kionex</i> SUSP 15gm/60ml | 4 | |
| LOKELMA PACK 5gm, 10gm | 3 | |
| <i>penicillamine</i> TABS 250mg | 5 | NDS, NM |
| <i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml | 4 | |
| <i>sodium polystyrene sulfonate powder</i> | 3 | |
| <i>sps</i> SUSP 15gm/60ml | 4 | |
| <i>sps rectal</i> SUSP 15gm/60ml | 4 | |
| <i>trientine hcl</i> CAPS 250mg | 5 | NDS, NM, PA |
| CONTRACEPTIVES | | |
| <i>afirmelle</i> | 2 | |
| <i>altavera</i> | 2 | |
| <i>alyacen 1/35</i> | 2 | |
| <i>alyacen 7/7/7</i> | 2 | |
| <i>amethyst</i> | 2 | |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ashlyna</i> | 2 | |
| <i>aubra eq</i> | 2 | |
| <i>aurovela 1/20</i> | 2 | |
| <i>aurovela 24 fe</i> | 2 | |
| <i>aurovela fe 1.5/30</i> | 2 | |
| <i>aurovela fe 1/20</i> | 2 | |
| <i>aviane</i> | 2 | |
| <i>ayuna</i> | 2 | |
| <i>azurette</i> | 2 | |
| <i>balziva</i> | 2 | |
| <i>blisovi 24 fe</i> | 2 | |
| <i>blisovi fe 1.5/30</i> | 2 | |
| <i>blisovi fe 1/20</i> | 2 | |
| <i>briellyn</i> | 2 | |
| <i>camila TABS .35mg</i> | 2 | |
| <i>camrese</i> | 2 | |
| <i>camrese lo</i> | 2 | |
| <i>chateal eq</i> | 2 | |
| <i>cryselle</i> | 2 | |
| <i>cyred eq</i> | 2 | |
| <i>dasetta 1/35</i> | 2 | |
| <i>dasetta 7/7/7</i> | 2 | |
| <i>daysee</i> | 2 | |
| <i>deblitane TABS .35mg</i> | 2 | |
| DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml | 3 | |
| <i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i> | 2 | |
| <i>dolishale</i> | 2 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i> | 2 | |
| <i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> | 2 | |
| <i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> | 2 | |
| <i>elinest</i> | 2 | |
| <i>eluryng</i> | 3 | |
| <i>emzahh TABS .35mg</i> | 2 | |
| <i>enilloring</i> | 3 | |
| <i>enskyce</i> | 2 | |
| <i>errin TABS .35mg</i> | 2 | |
| <i>estarylla</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> | 2 | |
| <i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> | 3 | |
| <i>falmina</i> | 2 | |
| <i>feirza 1.5/30</i> | 2 | |
| <i>feirza 1/20</i> | 2 | |
| <i>finzala</i> | 2 | |
| <i>galbriela</i> | 2 | |
| <i>hailey 1.5/30</i> | 2 | |
| <i>hailey 24 fe</i> | 2 | |
| <i>hailey fe 1/20</i> | 2 | |
| <i>heather TABS .35mg</i> | 2 | |
| <i>iclevia</i> | 2 | |
| <i>incassia TABS .35mg</i> | 2 | |
| <i>introvale</i> | 2 | |
| <i>isibloom</i> | 2 | |
| <i>jaimiess</i> | 2 | |
| <i>jasmiel</i> | 2 | |
| <i>jencycla TABS .35mg</i> | 2 | |
| <i>jolessa</i> | 2 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 2 | |
| <i>junel 1/20</i> | 2 | |
| <i>junel fe 1.5/30</i> | 2 | |
| <i>junel fe 1/20</i> | 2 | |
| <i>junel fe 24</i> | 2 | |
| <i>kaitlib fe</i> | 2 | |
| <i>kariva</i> | 2 | |
| <i>kelnor 1/35</i> | 2 | |
| <i>kurvelo</i> | 2 | |
| <i>larin 1.5/30</i> | 2 | |
| <i>larin 1/20</i> | 2 | |
| <i>larin 24 fe</i> | 2 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i> | 2 | |
| <i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> | 2 | |
| <i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> | 2 | |
| <i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> | 2 | |
| <i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> | 2 | |
| <i>levora 0.15/30-28</i> | 2 | |
| LILETTA IUD 20.1mcg/day | 3 | NM |
| <i>loestrin 1.5/30-21</i> | 2 | |
| <i>loestrin 1/20-21</i> | 2 | |
| <i>loestrin fe 1.5/30</i> | 2 | |
| <i>loestrin fe 1/20</i> | 2 | |
| <i>lojaimiess</i> | 2 | |
| <i>loryna</i> | 2 | |
| <i>low-ogestrel</i> | 2 | |
| <i>luizza 1.5/30</i> | 2 | |
| <i>luizza 1/20</i> | 2 | |
| <i>lutera</i> | 2 | |
| <i>lyleq TABS .35mg</i> | 2 | |
| <i>lyza TABS .35mg</i> | 2 | |
| <i>marlissa</i> | 2 | |
| <i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i> | 3 | |
| <i>meleya TABS .35mg</i> | 2 | |
| <i>mibelas 24 fe</i> | 2 | |
| <i>microgestin 1.5/30</i> | 2 | |
| <i>microgestin 1/20</i> | 2 | |
| <i>microgestin fe 1.5/30</i> | 2 | |
| <i>microgestin fe 1/20</i> | 2 | |
| <i>mili</i> | 2 | |
| <i>mono-linyah</i> | 2 | |
| <i>necon 0.5/35-28</i> | 2 | |
| NEXPLANON IMPL 68mg | 3 | NM |
| <i>nikki</i> | 2 | |
| <i>nora-be TABS .35mg</i> | 2 | |
| <i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> | 3 | |
| <i>norethindrone (contraceptive) TABS .35mg</i> | 2 | |
| <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> | 2 | |
| <i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> | 2 | |
| <i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> | 2 | |
| <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> | 2 | |
| <i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> | 2 | |
| <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> | 2 | |
| <i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> | 2 | |
| <i>norlyroc TABS .35mg</i> | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 2 | |
| <i>nortrel 1/35 (21)</i> | 2 | |
| <i>nortrel 1/35 (28)</i> | 2 | |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>nylia 1/35</i> | 2 | |
| <i>nylia 7/7/7</i> | 2 | |
| <i>orquidea TABS .35mg</i> | 2 | |
| <i>philith</i> | 2 | |
| <i>pimtrea</i> | 2 | |
| <i>portia-28</i> | 2 | |
| <i>reclipsen</i> | 2 | |
| <i>rivelsa</i> | 2 | |
| <i>rosyrah</i> | 2 | |
| <i>setlakin</i> | 2 | |
| <i>sharobel TABS .35mg</i> | 2 | |
| <i>simliya</i> | 2 | |
| <i>simpesse</i> | 2 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | |
| <i>syeda</i> | 2 | |
| <i>tarina 24 fe</i> | 2 | |
| <i>tarina fe 1/20 eq</i> | 2 | |
| <i>tilia fe</i> | 2 | |
| <i>tri-estarylla</i> | 2 | |
| <i>tri-legest fe</i> | 2 | |
| <i>tri-linyah</i> | 2 | |
| <i>tri-lo-estarylla</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>tri-lo-marzia</i> | 2 | |
| <i>tri-lo-mili</i> | 2 | |
| <i>tri-lo-sprintec</i> | 2 | |
| <i>tri-mili</i> | 2 | |
| <i>tri-sprintec</i> | 2 | |
| <i>tri-vylibra</i> | 2 | |
| <i>tri-vylibra lo</i> | 2 | |
| <i>turqoz</i> | 2 | |
| <i>tydemy</i> | 2 | |
| <i>valtya 1/35</i> | 2 | |
| <i>valtya 1/50</i> | 2 | |
| <i>velivet</i> | 2 | |
| <i>vestura</i> | 2 | |
| <i>vienva</i> | 2 | |
| <i>viorele</i> | 2 | |
| <i>vyfemla</i> | 2 | |
| <i>vylibra</i> | 2 | |
| <i>wera</i> | 2 | |
| <i>wymzya fe</i> | 2 | |
| <i>xarah fe</i> | 2 | |
| <i>xelria fe</i> | 2 | |
| <i>xulane</i> | 3 | |
| <i>zafemy</i> | 3 | |
| <i>zovia 1/35</i> | 2 | |
| <i>zumandimine</i> | 2 | |
| ESTROGENS | | |
| <i>abigale</i> | 3 | |
| <i>abigale lo</i> | 3 | |
| <i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr | 3 | |
| <i>estradiol</i> TABS .5mg, 1mg, 2mg | 2 | |
| <i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> | 3 | |
| <i>estradiol & norethindrone acetate tab 1-0.5 mg</i> | 3 | |
| <i>estradiol vaginal</i> CREA .1mg/gm | 3 | |
| <i>estradiol vaginal</i> TABS 10mcg | 4 | |
| <i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>fyavolv tab 0.5mg-2.5mcg</i> | 3 | |
| <i>fyavolv tab 1mg-5mcg</i> | 3 | |
| <i>jinteli</i> | 3 | |
| <i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr | 3 | |
| <i>mimvey</i> | 3 | |
| <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> | 3 | |
| <i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> | 3 | |
| <i>yuvafem</i> TABS 10mcg | 4 | |
| GLUCOCORTICOIDS | | |
| <i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 3 | |
| DEXAMETHASONE INTENSOL CONC 1mg/ml | 4 | |
| <i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml | 3 | |
| <i>fludrocortisone acetate</i> TABS .1mg | 2 | |
| <i>hydrocortisone</i> TABS 5mg, 10mg, 20mg | 3 | |
| <i>hydrocortisone sod succinate</i> SOLR 100mg | 4 | |
| <i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg | 3 | B/D |
| <i>methylprednisolone</i> TBPK 4mg | 2 | |
| <i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml | 3 | B/D |
| <i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg | 3 | B/D |
| <i>prednisolone</i> SOLN 15mg/5ml | 2 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml | 4 | B/D |
| <i>prednisolone sodium phosphate</i> SOLN 15mg/5ml | 2 | B/D |
| <i>prednisone</i> SOLN 5mg/5ml | 4 | B/D |
| <i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 1 | B/D |
| <i>prednisone</i> TBPK 5mg, 10mg | 2 | |
| PREDNISONE INTENSOL CONC 5mg/ml | 4 | B/D |
| SOLU-CORTEF SOLR 250mg, 500mg, 1000mg | 4 | |
| GLUCOSE ELEVATING AGENTS | | |
| <i>diazoxide</i> SUSP 50mg/ml | 5 | NDS |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------------|
| ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml | 3 | |
| MISCELLANEOUS | | |
| ALDURAZYME SOLN 2.9mg/5ml | 5 | NDS, NM, PA |
| <i>betaine powder for oral solution</i> | 5 | NDS, NM |
| <i>cabergoline</i> TABS .5mg | 3 | |
| <i>carglumic acid</i> TBSO 200mg | 5 | NDS, NM, PA |
| CERDELGA CAPS 84mg | 5 | NDS, NM, PA |
| CEREZYME SOLR 400unit | 5 | NDS, NM, PA |
| <i>cinacalcet hcl</i> TABS 30mg, 60mg | 4 | B/D, QL (60 tabs / 30 days), NM |
| <i>cinacalcet hcl</i> TABS 90mg | 4 | B/D, QL (120 tabs / 30 days), NM |
| CYSTAGON CAPS 50mg, 150mg | 4 | NM, PA |
| <i>desmopressin acetate</i> SOLN 4mcg/ml | 5 | NDS |
| <i>desmopressin acetate</i> TABS .1mg, .2mg | 3 | |
| <i>desmopressin acetate spray</i> SOLN .01% | 4 | |
| <i>desmopressin acetate spray refrigerated</i> SOLN .01% | 4 | |
| FABRAZYME SOLR 5mg, 35mg | 5 | NDS, NM, PA |
| GENOTROPIN CART 5mg, 12mg | 5 | NDS, NM, PA |
| GENOTROPIN MINIQUICK PRSY .2mg | 3 | NM, PA |
| GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg | 5 | NDS, NM, PA |
| INCRELEX SOLN 40mg/4ml | 5 | NDS, NM, PA |
| <i>javygtor</i> PACK 100mg, 500mg; TABS 100mg | 5 | NDS, NM, PA |
| <i>lanreotide acetate</i> SOLN 120mg/0.5ml | 5 | NDS, NM, PA |
| <i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg | 4 | B/D |
| LUMIZYME SOLR 50mg | 5 | NDS, NM, PA |
| LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg) | 5 | NDS, NM, PA |
| LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg) | 5 | NDS, NM, PA |
| LUPRON DEPOT-PED (6-MONTH KIT 45mg) | 5 | NDS, NM, PA |
| <i>mifepristone (hyperglycemia)</i> TABS 300mg | 5 | NDS, NM, PA |
| NAGLAZYME SOLN 1mg/ml | 5 | NDS, NM, PA |
| <i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg | 5 | NDS, NM, PA |
| <i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml | 4 | NM, PA |
| <i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml | 5 | NDS, NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>raloxifene hcl</i> TABS 60mg | 3 | |
| REVCIVI SOLN 2.4mg/1.5ml | 5 | NDS, NM, PA |
| REZDIFFRA TABS 60mg, 80mg, 100mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg | 5 | NDS, NM, PA |
| SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml | 5 | NDS, NM, PA |
| <i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg | 5 | NDS, NM, PA |
| SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml | 5 | NDS, NM, PA |
| SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg | 5 | NDS, NM, PA |
| SYNAREL SOLN 2mg/ml | 5 | NDS, PA |
| <i>tolvaptan</i> TABS 15mg, 30mg | 5 | NDS, NM, PA; (generic of JYNARQUE) |
| <i>tolvaptan</i> TBPK 15mg | 5 | NDS, NM, PA |
| <i>tolvaptan tab therapy pack 30 & 15 mg</i> | 5 | NDS, NM, PA |
| <i>tolvaptan tab therapy pack 45 & 15 mg</i> | 5 | NDS, NM, PA |
| <i>tolvaptan tab therapy pack 60 & 30 mg</i> | 5 | NDS, NM, PA |
| <i>tolvaptan tab therapy pack 90 & 30 mg</i> | 5 | NDS, NM, PA |
| <i>zelvysia</i> PACK 100mg, 500mg | 5 | NDS, NM, PA |
| PROGESTINS | | |
| <i>gallifrey</i> TABS 5mg | 3 | |
| <i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg | 1 | |
| <i>megestrol acetate</i> SUSP 40mg/ml | 3 | |
| <i>megestrol acetate (appetite)</i> SUSP 625mg/5ml | 4 | PA |
| <i>norethindrone acetate</i> TABS 5mg | 3 | |
| <i>progesterone</i> CAPS 100mg, 200mg | 3 | |
| THYROID AGENTS | | |
| <i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| <i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg | 1 | |
| <i>liomny</i> TABS 5mcg, 25mcg, 50mcg | 3 | |
| <i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| <i>methimazole</i> TABS 5mg, 10mg | 1 | |
| <i>propylthiouracil</i> TABS 50mg | 3 | |
| SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 4 | |
| <i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol</i> CAPS .25mcg, .5mcg | 2 | B/D |
| <i>calcitriol (oral)</i> SOLN 1mcg/ml | 4 | B/D |
| <i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg | 4 | B/D |
| <i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg | 4 | B/D |
| GASTROINTESTINAL | | |
| ANTIEMETICS | | |
| <i>aprepitant</i> CAPS 40mg, 80mg, 125mg | 4 | B/D |
| <i>aprepitant capsule therapy pack 80 & 125 mg</i> | 4 | B/D |
| <i>compro</i> SUPP 25mg | 4 | |
| <i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg | 4 | B/D, QL (60 caps / 30 days) |
| <i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml | 4 | |
| <i>granisetron hcl</i> TABS 1mg | 4 | B/D |
| <i>meclizine hcl</i> TABS 12.5mg, 25mg | 2 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml | 3 | |
| <i>metoclopramide hcl</i> TABS 5mg, 10mg | 1 | |
| <i>ondansetron</i> TBP 4mg, 8mg | 3 | B/D |
| <i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml | 3 | |
| <i>ondansetron hcl</i> SOLN 4mg/5ml | 4 | B/D |
| <i>ondansetron hcl</i> TABS 4mg, 8mg | 3 | B/D |
| <i>prochlorperazine</i> SUPP 25mg | 4 | |
| <i>prochlorperazine edisylate</i> SOLN 10mg/2ml | 4 | |
| <i>prochlorperazine maleate</i> TABS 5mg, 10mg | 2 | |
| <i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>scopolamine</i> PT72 1mg/3days | 4 | QL (10 patches / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--------------------------------------|
| ANTISPASMODICS | | |
| <i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg | 3 | PA; PA applies if 65 years and older |
| <i>dicyclomine hcl</i> SOLN 10mg/5ml | 4 | PA; PA applies if 65 years and older |
| <i>glycopyrrolate</i> TABS 1mg | 3 | QL (90 tabs / 30 days) |
| <i>glycopyrrolate</i> TABS 2mg | 3 | QL (120 tabs / 30 days) |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml | 3 | |
| <i>famotidine</i> SUSR 40mg/5ml | 4 | |
| <i>famotidine</i> TABS 20mg, 40mg | 1 | |
| <i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> | 3 | |
| <i>nizatidine</i> CAPS 150mg, 300mg | 4 | |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> CAPS 750mg | 3 | |
| <i>budesonide</i> CPEP 3mg | 4 | QL (90 caps / 30 days) |
| <i>budesonide</i> TB24 9mg | 5 | NDS, QL (30 tabs / 30 days), PA |
| <i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml | 4 | |
| <i>mesalamine</i> CP24 .375gm | 4 | QL (120 caps / 30 days) |
| <i>mesalamine</i> CPDR 400mg | 4 | QL (180 caps / 30 days) |
| <i>mesalamine</i> ENEM 4gm | 4 | QL (1680 mL / 28 days) |
| <i>mesalamine</i> SUPP 1000mg | 4 | QL (30 suppositories / 30 days) |
| <i>mesalamine</i> TBEC 1.2gm | 4 | QL (120 tabs / 30 days) |
| <i>mesalamine w/ cleanser</i> KIT 4gm | 4 | QL (28 bottles / 28 days) |
| <i>sulfasalazine</i> TABS 500mg | 2 | |
| <i>sulfasalazine</i> TBEC 500mg | 3 | |
| LAXATIVES | | |
| <i>constulose</i> SOLN 10gm/15ml | 2 | |
| <i>enulose</i> SOLN 10gm/15ml | 2 | |
| <i>gavilyte-c</i> | 2 | |
| <i>gavilyte-g</i> | 2 | |
| <i>gavilyte-n/flavor pack</i> | 2 | |
| <i>generlac</i> SOLN 10gm/15ml | 2 | |
| <i>lactulose</i> SOLN 10gm/15ml | 2 | |
| <i>lactulose (encephalopathy)</i> SOLN 10gm/15ml | 2 | |
| <i>peg 3350-kcl-na bicarb-nacl-na sulfatate for soln 236 gm</i> | 2 | |
| <i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| PLENVU SOL | 4 | |
| <i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> | 3 | |
| MISCELLANEOUS | | |
| <i>alose tron hcl</i> TABS 1mg | 5 | NDS, QL (60 tabs / 30 days), PA |
| <i>alose tron hcl</i> TABS .5mg | 4 | QL (60 tabs / 30 days), PA |
| CREON CAP 3000UNIT | 3 | |
| CREON CAP 6000UNIT | 3 | |
| CREON CAP 12000UNT | 3 | |
| CREON CAP 24000UNT | 3 | |
| CREON CAP 36000UNT | 3 | |
| <i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml | 4 | |
| <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> | 4 | |
| GATTEX KIT 5mg | 5 | NDS, NM, PA |
| LINZESS CAPS 72mcg, 145mcg, 290mcg | 3 | QL (30 caps / 30 days) |
| <i>loperamide hcl</i> CAPS 2mg | 2 | |
| <i>misoprostol</i> TABS 100mcg, 200mcg | 3 | |
| MOVANTIK TABS 12.5mg, 25mg | 3 | QL (30 tabs / 30 days) |
| RELISTOR SOLN 12mg/0.6ml | 5 | NDS, QL (28 vials / 28 days), PA |
| RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml | 5 | NDS, QL (28 syringes / 28 days), PA |
| <i>sucralfate</i> TABS 1gm | 3 | |
| <i>ursodiol</i> CAPS 300mg | 4 | |
| <i>ursodiol</i> TABS 250mg, 500mg | 3 | |
| VOQUEZNA PAK DUAL PAK | 3 | QL (2 kits / year), PA |
| VOQUEZNA PAK TRIP PK | 3 | QL (2 kits / year), PA |
| VOWST CAP | 5 | NDS, QL (12 caps / 30 days), NM, PA |
| XERMELO TABS 250mg | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| XIFAXAN TABS 550mg | 5 | NDS, PA |
| ZENPEP CAP 3000UNIT | 4 | |
| ZENPEP CAP 5000UNIT | 4 | |
| ZENPEP CAP 10000UNT | 4 | |
| ZENPEP CAP 15000UNT | 4 | |
| ZENPEP CAP 20000UNT | 4 | |
| ZENPEP CAP 25000UNT | 4 | |
| ZENPEP CAP 40000UNT | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| ZENPEP CAP 60000UNT | 4 | |
| PROTON PUMP INHIBITORS | | |
| <i>esomeprazole magnesium</i> CPDR 20mg, 40mg | 3 | QL (30 caps / 30 days), ST |
| <i>lansoprazole</i> CPDR 15mg, 30mg | 3 | QL (60 caps / 30 days) |
| <i>lansoprazole</i> TBDD 15mg, 30mg | 4 | QL (60 tabs / 30 days), ST |
| <i>omeprazole</i> CPDR 10mg, 20mg, 40mg | 1 | |
| <i>pantoprazole sodium</i> SOLR 40mg | 4 | |
| <i>pantoprazole sodium</i> TBEC 20mg, 40mg | 1 | |
| <i>rabeprazole sodium</i> TBEC 20mg | 3 | QL (30 tabs / 30 days) |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl</i> TB24 10mg | 2 | QL (30 tabs / 30 days) |
| <i>dutasteride</i> CAPS .5mg | 3 | QL (30 caps / 30 days) |
| <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> | 3 | QL (30 caps / 30 days) |
| <i>finasteride</i> TABS 5mg | 1 | QL (30 tabs / 30 days) |
| <i>silodosin</i> CAPS 4mg, 8mg | 3 | QL (30 caps / 30 days) |
| <i>tadalafil</i> TABS 5mg | 3 | QL (30 tabs / 30 days), PA |
| <i>tamsulosin hcl</i> CAPS .4mg | 1 | QL (60 caps / 30 days) |
| MISCELLANEOUS | | |
| <i>acetic acid</i> SOLN .25% | 2 | |
| <i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg | 3 | |
| <i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg | 3 | |
| URINARY ANTISPASMODICS | | |
| <i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg | 4 | QL (30 tabs / 30 days), ST |
| <i>fesoterodine fumarate</i> TB24 4mg, 8mg | 4 | QL (30 tabs / 30 days) |
| GEMTESA TABS 75mg | 3 | QL (30 tabs / 30 days) |
| MYRBETRIQ SRER 8mg/ml | 3 | QL (300 mL / 28 days) |
| MYRBETRIQ TB24 25mg, 50mg | 3 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride</i> SOLN 5mg/5ml | 3 | QL (600 mL / 30 days) |
| <i>oxybutynin chloride</i> TABS 5mg | 3 | QL (120 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 5mg | 3 | QL (30 tabs / 30 days) |
| <i>oxybutynin chloride</i> TB24 10mg, 15mg | 3 | QL (60 tabs / 30 days) |
| <i>solifenacin succinate</i> TABS 5mg, 10mg | 4 | QL (30 tabs / 30 days) |
| <i>tolterodine tartrate</i> CP24 2mg, 4mg | 4 | QL (30 caps / 30 days) |
| <i>tolterodine tartrate</i> TABS 1mg, 2mg | 4 | QL (60 tabs / 30 days) |
| <i>tropium chloride</i> CP24 60mg | 4 | QL (30 caps / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| <i>trosipium chloride</i> TABS 20mg | 3 | QL (60 tabs / 30 days) |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate vaginal</i> CREA 2% | 3 | |
| <i>metronidazole vaginal</i> GEL .75% | 3 | |
| <i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg | 3 | |
| HEMATOLOGIC | | |
| ANTICOAGULANTS | | |
| <i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg | 3 | QL (60 caps / 30 days) |
| <i>dabigatran etexilate mesylate</i> CAPS 110mg | 3 | QL (120 caps / 30 days) |
| ELIQUIS CPSP .15mg | 3 | QL (56 caps / 21 days) |
| ELIQUIS TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| ELIQUIS TABS 5mg | 3 | QL (74 tabs / 30 days) |
| ELIQUIS TBSO .5mg | 3 | QL (588 tabs / 29 days) |
| ELIQUIS (1.5MG PACK) 3 X TBSO .5mg | 3 | QL (591 tabs / 29 days) |
| ELIQUIS (2MG PACK) 4 X TBSO .5mg | 3 | QL (592 tabs / 30 days) |
| ELIQUIS STARTER PACK TBPK 5mg | 3 | QL (74 tabs / 30 days) |
| <i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml | 4 | |
| <i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml | 4 | |
| <i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml | 5 | NDS |
| HEP SOD/NAACL INJ 25000UNT | 3 | |
| <i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml | 3 | B/D |
| <i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| <i>rivaroxaban</i> SUSR 1mg/ml | 3 | QL (620 mL / 30 days) |
| <i>rivaroxaban</i> TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| <i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 | |
| XARELTO TABS 2.5mg | 3 | QL (60 tabs / 30 days) |
| XARELTO TABS 10mg, 15mg, 20mg | 3 | QL (30 tabs / 30 days) |
| XARELTO STAR TAB 15/20MG | 3 | QL (51 tabs / 30 days) |
| HEMATOPOIETIC GROWTH FACTORS | | |
| FULPHILA SOSY 6mg/0.6ml | 5 | NDS, QL (2 syringes / 28 days), NM, PA |
| PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml | 3 | NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| PROCRIT SOLN 20000unit/ml, 40000unit/ml | 5 | NDS, NM, PA |
| ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml | 5 | NDS, NM, PA |
| MISCELLANEOUS | | |
| ALVAIZ TABS 9mg, 54mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| ALVAIZ TABS 18mg, 36mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| <i>anagrelide hcl</i> CAPS .5mg, 1mg | 4 | |
| BERINERT KIT 500unit | 5 | NDS, QL (24 boxes / 30 days), NM, PA |
| <i>cilostazol</i> TABS 50mg, 100mg | 2 | |
| DOPTELET TABS 20mg | 5 | NDS, NM, PA |
| DOPTELET SPRINKLE CPSP 10mg | 5 | NDS, NM, PA |
| DROXIA CAPS 200mg, 300mg, 400mg | 4 | |
| HAEGARDA SOLR 2000unit | 5 | NDS, QL (30 vials / 30 days), NM, PA |
| HAEGARDA SOLR 3000unit | 5 | NDS, QL (20 vials / 30 days), NM, PA |
| <i>icatibant acetate</i> SOSY 30mg/3ml | 5 | NDS, QL (9 syringes / 30 days), NM, PA |
| <i>l-glutamine (sickle cell)</i> PACK 5gm | 5 | NDS, NM, PA |
| <i>pentoxifylline</i> TBCR 400mg | 2 | |
| <i>sajazir</i> SOSY 30mg/3ml | 5 | NDS, QL (9 syringes / 30 days), NM, PA |
| SIKLOS TABS 100mg | 4 | |
| SIKLOS TABS 1000mg | 5 | NDS |
| TAVNEOS CAPS 10mg | 5 | NDS, QL (180 caps / 30 days), NM, PA |
| <i>tranexamic acid</i> SOLN 1000mg/10ml | 4 | |
| <i>tranexamic acid</i> TABS 650mg | 3 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> | 4 | |
| <i>clopidogrel bisulfate</i> TABS 75mg | 1 | |
| <i>dipyridamole</i> TABS 25mg, 50mg, 75mg | 3 | PA; PA applies if 65 years and older |
| <i>prasugrel hcl</i> TABS 5mg, 10mg | 3 | |
| <i>ticagrelor</i> TABS 60mg, 90mg | 3 | |
| IMMUNOLOGIC AGENTS | | |
| AUTOIMMUNE AGENTS | | |
| ADALIMUMAB-BWWD SOAJ 40mg/0.4ml | 5 | NDS, QL (6 autoinjectors / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| ADALIMUMAB-BWWD SOSY 40mg/0.4ml | 5 | NDS, QL (6 syringes / 28 days), NM, PA |
| BIMZELX SOAJ 160mg/ml, 320mg/2ml | 5 | NDS, QL (2 pens / 28 days), NM, PA |
| BIMZELX SOSY 160mg/ml, 320mg/2ml | 5 | NDS, QL (2 syringes / 28 days), NM, PA |
| DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml | 5 | NDS, QL (4 pens / 28 days), NM, PA |
| DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml | 5 | NDS, QL (4 syringes / 28 days), NM, PA |
| ENBREL SOLN 25mg/0.5ml | 5 | NDS, QL (16 vials / 28 days), NM, PA |
| ENBREL SOSY 25mg/0.5ml | 5 | NDS, QL (16 syringes / 28 days), NM, PA |
| ENBREL SOSY 50mg/ml | 5 | NDS, QL (8 syringes / 28 days), NM, PA |
| ENBREL MINI SOCT 50mg/ml | 5 | NDS, QL (8 cartridges / 28 days), NM, PA |
| ENBREL SURECLICK SOAJ 50mg/ml | 5 | NDS, QL (8 pens / 28 days), NM, PA |
| HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml | 5 | NDS, QL (6 syringes / 28 days), NM, PA |
| HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml | 5 | NDS, QL (6 autoinjectors / 28 days), NM, PA |
| HUMIRA PSKT 10mg/0.1ml | 5 | NDS, QL (2 syringes / 28 days), NM, PA |
| HUMIRA PSKT 20mg/0.2ml | 5 | NDS, QL (4 syringes / 28 days), NM, PA |
| HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml | 5 | NDS, QL (6 syringes / 28 days), NM, PA |
| HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml | 5 | NDS, QL (6 pens / 28 days), NM, PA |
| HUMIRA PEN AJKT 80mg/0.8ml | 5 | NDS, QL (4 pens / 28 days), NM, PA |
| HUMIRA PEN KIT PS/UV | 5 | NDS, QL (3 pens / 28 days), NM, PA |
| HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml | 5 | NDS, QL (3 pens / 28 days), NM, PA |
| INFLIXIMAB SOLR 100mg | 5 | NDS, NM, PA |
| KINERET SOSY 100mg/0.67ml | 5 | NDS, QL (28 syringes / 28 days), NM, PA |
| PYZCHIVA SOAJ 45mg/0.5ml | 3 | QL (1 pen / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---|
| PYZCHIVA SOAJ 90mg/ml | 5 | NDS, QL (1 pen / 28 days), NM, PA |
| PYZCHIVA SOLN 45mg/0.5ml | 3 | QL (1 vial / 28 days), NM, PA |
| PYZCHIVA SOLN 130mg/26ml | 5 | NDS, NM, PA |
| PYZCHIVA SOSY 45mg/0.5ml | 3 | QL (1 syringe / 28 days), NM, PA |
| PYZCHIVA SOSY 90mg/ml | 5 | NDS, QL (1 syringe / 28 days), NM, PA |
| REMICADE SOLR 100mg | 5 | NDS, NM, PA |
| RENFLEXIS SOLR 100mg | 5 | NDS, NM, PA |
| RINVOQ TB24 15mg, 30mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| RINVOQ TB24 45mg | 5 | NDS, QL (168 tabs / year), NM, PA |
| RINVOQ LQ SOLN 1mg/ml | 5 | NDS, QL (360 mL / 30 days), NM, PA |
| SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml | 5 | NDS, QL (1 cartridge / 56 days), NM, PA |
| SKYRIZI SOLN 600mg/10ml | 5 | NDS, NM, PA |
| SKYRIZI SOSY 150mg/ml | 5 | NDS, QL (6 syringes / 365 days), NM, PA |
| SKYRIZI PEN SOAJ 150mg/ml | 5 | NDS, QL (6 pens / 365 days), NM, PA |
| SOTYKTU TABS 6mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| STELARA SOLN 45mg/0.5ml | 5 | NDS, QL (1 vial / 28 days), NM, PA |
| STELARA SOLN 130mg/26ml | 5 | NDS, NM, PA |
| STELARA SOSY 45mg/0.5ml, 90mg/ml | 5 | NDS, QL (1 syringe / 28 days), NM, PA |
| TREMFYA SOAJ 200mg/2ml | 5 | NDS, QL (2 pens / 28 days), NM, PA |
| TREMFYA SOLN 200mg/20ml | 5 | NDS, NM, PA |
| TREMFYA SOPN 100mg/ml | 5 | NDS, QL (1 pen / 28 days), NM, PA |
| TREMFYA SOSY 100mg/ml | 5 | NDS, QL (1 syringe / 28 days), NM, PA |
| TREMFYA SOSY 200mg/2ml | 5 | NDS, QL (2 syringes / 28 days), NM, PA |
| TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml | 5 | NDS, QL (2 pens / 28 days), NM, PA |
| TREMFYA PEN SOAJ 100mg/ml | 5 | NDS, QL (1 pen / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| TYENNE SOAJ 162mg/0.9ml | 5 | NDS, QL (4 pens / 28 days), NM, PA |
| TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml | 5 | NDS, NM, PA |
| TYENNE SOSY 162mg/0.9ml | 5 | NDS, QL (4 syringes / 28 days), NM, PA |
| USTEKINUMAB SOLN 45mg/0.5ml | 5 | NDS, QL (1 vial / 28 days), NM, PA |
| USTEKINUMAB SOLN 130mg/26ml | 5 | NDS, NM, PA |
| USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml | 5 | NDS, QL (1 syringe / 28 days), NM, PA |
| VELSIPITY TABS 2mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| XELJANZ SOLN 1mg/ml | 5 | NDS, QL (480 mL / 24 days), NM, PA |
| XELJANZ TABS 5mg, 10mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| XELJANZ XR TB24 11mg, 22mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| YESINTEK SOLN 45mg/0.5ml | 3 | QL (1 vial / 28 days), NM, PA |
| YESINTEK SOLN 130mg/26ml | 3 | NM, PA |
| YESINTEK SOSY 45mg/0.5ml | 3 | QL (1 syringe / 28 days), NM, PA |
| YESINTEK SOSY 90mg/ml | 5 | NDS, QL (1 syringe / 28 days), NM, PA |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate</i> TABS 200mg | 3 | |
| JYLAMVO SOLN 2mg/ml | 4 | B/D |
| <i>leflunomide</i> TABS 10mg, 20mg | 3 | QL (30 tabs / 30 days) |
| <i>methotrexate sodium</i> TABS 2.5mg | 3 | |
| XATMEP SOLN 2.5mg/ml | 4 | B/D |
| <i>IMMUNOGLOBULINS</i> | | |
| ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NDS, NM, PA |
| BIVIGAM SOLN 5gm/50ml, 10% | 5 | NDS, NM, PA |
| FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml | 5 | NDS, NM, PA |
| GAMASTAN INJ | 4 | B/D, NM |
| GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NDS, NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml | 5 | NDS, NM, PA |
| GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm | 5 | NDS, NM, PA |
| GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml | 5 | NDS, NM, PA |
| GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml | 5 | NDS, NM, PA |
| GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NDS, NM, PA |
| OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml | 5 | NDS, NM, PA |
| PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml | 5 | NDS, NM, PA |
| PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml | 5 | NDS, NM, PA |
| IMMUNOMODULATORS | | |
| ACTIMMUNE SOLN 100mcg/0.5ml | 5 | NDS, NM, PA |
| ARCALYST SOLR 220mg | 5 | NDS, NM, PA |
| IMMUNOSUPPRESSANTS | | |
| ASTAGRAF XL CP24 5mg | 5 | NDS, B/D |
| ASTAGRAF XL CP24 .5mg, 1mg | 4 | B/D |
| <i>azathioprine</i> TABS 50mg | 3 | B/D |
| BENLYSTA SOAJ 200mg/ml | 5 | NDS, QL (8 pens / 28 days), NM, PA |
| BENLYSTA SOLR 120mg, 400mg | 5 | NDS, NM, PA |
| BENLYSTA SOSY 200mg/ml | 5 | NDS, QL (8 syringes / 28 days), NM, PA |
| <i>cyclosporine</i> CAPS 25mg, 100mg | 4 | B/D |
| <i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml | 4 | B/D |
| <i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg | 5 | NDS, B/D |
| <i>everolimus (immunosuppressant)</i> TABS .25mg | 4 | B/D |
| <i>gengraf</i> CAPS 25mg, 100mg | 4 | B/D |
| <i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg | 3 | B/D |
| <i>mycophenolate mofetil</i> SUSR 200mg/ml | 5 | NDS, B/D |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------------|
| <i>mycophenolate sodium</i> TBEC 180mg, 360mg | 4 | B/D |
| NULOJIX SOLR 250mg | 5 | NDS, B/D |
| PROGRAF PACK .2mg, 1mg | 4 | B/D |
| REZUROCK TABS 200mg | 5 | NDS, QL (30 tabs / 30 days), NM, PA |
| <i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg | 4 | B/D |
| <i>tacrolimus</i> CAPS .5mg, 1mg, 5mg | 4 | B/D |
| VACCINES | | |
| ABRYSVO SOLR 120mcg/0.5ml | 1 | PA |
| ACTHIB INJ | 1 | |
| ADACEL INJ | 1 | |
| AREXVY SUSR 120mcg/0.5ml | 1 | PA |
| BCG VACCINE SOLR 50mg | 1 | |
| BEXSERO SUSY .5ml | 1 | |
| BOOSTRIX INJ | 1 | |
| DAPTACEL INJ | 1 | |
| DENGVAXIA SUS | 1 | |
| ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml | 1 | B/D |
| GARDASIL 9 SUSP .5ml; SUSY .5ml | 1 | |
| HAVRIX SUSY 720elu/0.5ml, 1440unit/ml | 1 | |
| HEPLISAV-B SOSY 20mcg/0.5ml | 1 | B/D |
| HIBERIX SOLR 10mcg | 1 | |
| IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml | 1 | B/D |
| INFANRIX INJ | 1 | |
| IPOL INJ INACTIVE | 1 | |
| IXIARO INJ | 1 | |
| JYNNEOS SUSP .5ml | 1 | B/D |
| KINRIX INJ | 1 | |
| M-M-R II INJ | 1 | |
| MENQUADFI SOLN .5ml | 1 | |
| MENVEO INJ | 1 | |
| MENVEO SOL | 1 | |
| MRESVIA SUSY 50mcg/0.5ml | 1 | PA |
| PEDIARIX INJ 0.5ML | 1 | |
| PEDVAX HIB SUSP 7.5mcg/0.5ml | 1 | |
| PENBRAYA INJ | 1 | |
| PENMENVY INJ | 1 | |
| PENTACEL INJ | 1 | |
| PRIORIX INJ | 1 | |
| PROQUAD INJ | 1 | |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| QUADRACEL INJ 0.5ML | 1 | |
| RABAVERT INJ | 1 | B/D |
| RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml | 1 | B/D |
| ROTARIX SUS | 1 | |
| ROTATEQ SOL | 1 | |
| SHINGRIX SUSR 50mcg/0.5ml | 1 | QL (2 vials per lifetime) |
| SHINGRIX SUSY 50mcg/0.5ml | 1 | QL (2 syringes per lifetime) |
| TENIVAC INJ 5-2LF | 1 | B/D |
| TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml | 1 | |
| TRUMENBA SUSY .5ml | 1 | |
| TWINRIX INJ | 1 | |
| TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml | 1 | |
| VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml | 1 | |
| VARIVAX SUSR 1350pfu/0.5ml | 1 | |
| VAXCHORA SUS | 1 | |
| VIMKUNYA SUSY 40mcg/0.8ml | 1 | |
| VIVOTIF CAP EC | 1 | |
| YF-VAX INJ | 1 | |

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

| | | |
|--|---|--|
| D2.5W/NACL INJ 0.45% | 4 | |
| D5W/NACL INJ 0.2% | 3 | |
| D5W/NACL INJ 0.45% | 3 | |
| D10W/NACL INJ 0.2% | 3 | |
| D10W/NACL INJ 0.45% | 3 | |
| <i>dextrose 2.5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 5% in lactated ringers</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.3%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.9%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.45%</i> | 3 | |
| <i>dextrose 5% w/ sodium chloride 0.225%</i> | 3 | |
| ISOLYTE-P INJ /D5W | 4 | |
| ISOLYTE-S INJ PH 7.4 | 4 | |
| <i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> | 3 | |
| <i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> | 3 | |
| <i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i> | 3 | |
| KCL/D5W/NACL INJ 0.3/0.9% | 4 | |
| KCL/D5W/NACL INJ 0.15/0.2 | 3 | |
| LACTATED RIN INJ | 4 | |
| <i>lactated ringer's solution</i> | 3 | |
| <i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i> | 3 | |
| MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml | 3 | |
| <i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> | 3 | |
| <i>multiple electrolytes ph 5.5</i> | 4 | |
| POT CHL 20MEQ/L IN NACL 0.9% INJ | 4 | |
| POT CHL 20MEQ/L IN NACL 0.45% INJ | 4 | |
| POT CHL 40MEQ/L IN NACL 0.9% INJ | 4 | |
| <i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i> | 3 | |
| <i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i> | 3 | |
| <i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i> | 3 | |
| TPN ELECTROL INJ | 4 | B/D |
| <i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i> | | |
| <i>klor-con PACK 20meq</i> | 4 | |
| KLOR-CON 8 TBCR 8meq | 2 | |
| <i>klor-con 10 TBCR 10meq</i> | 2 | |
| KLOR-CON 10 TBCR 10meq | 2 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>klor-con m10</i> TBCR 10meq | 2 | |
| <i>klor-con m15</i> TBCR 15meq | 2 | |
| <i>klor-con m20</i> TBCR 20meq | 2 | |
| M-NATAL PLUS TAB | 3 | |
| <i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq | 2 | |
| <i>potassium chloride</i> PACK 20meq; SOLN 10%, 20% | 4 | |
| <i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq | 2 | |
| PRENATAL TAB 27-1MG | 3 | |
| PRENATAL TAB PLUS | 3 | |
| <i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> | 2 | |
| WESTAB PLUS TAB 27-1MG | 3 | |
| IV NUTRITION | | |
| <i>aminosyn ii soln 15%</i> | 4 | B/D |
| AMINOSYN INJ 10% | 4 | B/D |
| AMINOSYN-PF INJ 10% | 4 | B/D |
| CLINIMIX INJ 4.25/D5W | 4 | B/D |
| CLINIMIX INJ 4.25/D10 | 4 | B/D |
| CLINIMIX INJ 5%/D15W | 4 | B/D |
| CLINIMIX INJ 5%/D20W | 4 | B/D |
| CLINIMIX INJ 6/5 | 4 | B/D |
| CLINIMIX INJ 8/10 | 4 | B/D |
| CLINIMIX INJ 8/14 | 4 | B/D |
| <i>clinisol sf 15%</i> | 4 | B/D |
| CLINOLIPID EMU 20% | 4 | B/D |
| <i>dextrose</i> SOLN 5%, 10% | 3 | |
| <i>dextrose</i> SOLN 50% | 3 | B/D |
| DEXTROSE 10% SOLN 10% | 3 | |
| DEXTROSE 70% SOLN 70% | 3 | B/D |
| INTRALIPID EMUL 20gm/100ml, 30gm/100ml | 4 | B/D |
| NUTRILIPID EMUL 20gm/100ml | 4 | B/D |
| <i>plenamine</i> | 4 | B/D |
| PREMASOL SOL 10% | 5 | NDS, B/D |
| PROSOL INJ 20% | 4 | B/D |
| TRAVASOL INJ 10% | 4 | B/D |
| TROPHAMINE INJ 10% | 4 | B/D |

Drug Name **Drug Tier** **Requirements/Limits**

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

| | | |
|--|---|--|
| <i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> | 3 | |
| <i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i> | 3 | |
| <i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> | 2 | |
| <i>neomycin-polymyxin-hc ophth susp</i> | 4 | |
| <i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> | 2 | |
| TOBRADEX OIN 0.3-0.1% | 3 | |
| <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> | 3 | |
| ZYLET SUS 0.5-0.3% | 3 | |

ANTI-INFECTIVES

| | | |
|---|---|----------------------|
| <i>bacitracin (ophthalmic) OINT 500unit/gm</i> | 3 | |
| <i>bacitracin-polymyxin b ophth oint</i> | 2 | |
| <i>besifloxacin hcl SUSP .6%</i> | 3 | |
| BESIVANCE SUSP .6% | 3 | |
| CILOXAN OINT .3% | 3 | |
| <i>ciprofloxacin hcl (ophth) SOLN .3%</i> | 2 | |
| <i>erythromycin (ophth) OINT 5mg/gm</i> | 2 | |
| <i>gatifloxacin (ophth) SOLN .5%</i> | 3 | |
| <i>gentamicin sulfate (ophth) SOLN .3%</i> | 2 | |
| <i>moxifloxacin hcl (ophth) SOLN .5%</i> | 3 | QL (12 mL / 30 days) |
| NATACYN SUSP 5% | 4 | |
| <i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> | 3 | |
| <i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> | 3 | |
| <i>ofloxacin (ophth) SOLN .3%</i> | 2 | |
| <i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> | 1 | |
| <i>sulfacetamide sodium (ophth) SOLN 10%</i> | 3 | |
| <i>tobramycin (ophth) SOLN .3%</i> | 1 | |
| <i>trifluridine SOLN 1%</i> | 4 | |
| XDEMZY SOLN .25% | 5 | NDS, NM, PA |
| ZIRGAN GEL .15% | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|-----------|-----------|---------------------|
|-----------|-----------|---------------------|

ANTI-INFLAMMATORIES

| | | |
|---|---|--|
| dexamethasone sodium phosphate (ophth) SOLN .1% | 3 | |
| diclofenac sodium (ophth) SOLN .1% | 2 | |
| difluprednate EMUL .05% | 4 | |
| fluorometholone (ophth) SUSP .1% | 3 | |
| flurbiprofen sodium SOLN .03% | 3 | |
| ketorolac tromethamine (ophth) SOLN .4% | 3 | |
| ketorolac tromethamine (ophth) SOLN .5% | 2 | |
| LOTEMAX OINT .5% | 3 | |
| prednisolone acetate (ophth) SUSP 1% | 3 | |
| PREDNISOLONE SODIUM PHOSP SOLN 1% | 3 | |

ANTIALLERGICS

| | | |
|----------------------------------|---|--|
| azelastine hcl (ophth) SOLN .05% | 2 | |
| cromolyn sodium (ophth) SOLN 4% | 2 | |
| ZERVIAE SOLN .24% | 4 | |

ANTI GLAUCOMA

| | | |
|---|---|----|
| betaxolol hcl (ophth) SOLN .5% | 3 | |
| brimonidine tartrate SOLN .2% | 1 | |
| brinzolamide SUSP 1% | 4 | ST |
| carteolol hcl (ophth) SOLN 1% | 2 | |
| COMBIGAN SOL 0.2/0.5% | 3 | |
| dorzolamide hcl SOLN 2% | 2 | |
| dorzolamide hcl-timolol maleate ophth soln 2-0.5% | 2 | |
| latanoprost SOLN .005% | 1 | |
| levobunolol hcl SOLN .5% | 2 | |
| LUMIGAN SOLN .01% | 3 | |
| pilocarpine hcl SOLN 1%, 2%, 4% | 3 | |
| RHOPRESSA SOLN .02% | 4 | |
| ROCKLATAN DRO | 4 | |
| SIMBRINZA SUS 1-0.2% | 4 | |
| timolol maleate (ophth) SOLG .25%, .5% | 3 | |
| timolol maleate (ophth) SOLN .25%, .5% | 1 | |
| travoprost SOLN .004% | 4 | |
| VYZULTA SOLN .024% | 4 | |

MISCELLANEOUS

| | | |
|---------------------------------------|---|-------------|
| ATROPINE SULFATE SOLN 1% | 3 | |
| atropine sulfate (ophthalmic) SOLN 1% | 3 | |
| CYSTADROPS SOLN .37% | 5 | NDS, NM, PA |
| CYSTARAN SOLN .44% | 5 | NDS, NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|----------------------------------|------------------|----------------------------|
| EYSUVIS SUSP .25% | 4 | |
| MIEBO SOLN 1.338gm/ml | 3 | |
| <i>proparacaine hcl</i> SOLN .5% | 3 | |
| RESTASIS EMUL .05% | 3 | |
| RESTASIS MULTIDOSE EMUL .05% | 3 | |
| XIIDRA SOLN 5% | 3 | |

OTIC

OTIC AGENTS

| | | |
|---|---|--|
| <i>acetic acid (otic)</i> SOLN 2% | 3 | |
| <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> | 4 | |
| <i>flac</i> OIL .01% | 3 | |
| <i>fluocinolone acetonide (otic)</i> OIL .01% | 3 | |
| <i>hydrocortisone w/ acetic acid otic soln 1-2%</i> | 4 | |
| <i>neomycin-polymyxin-hc otic soln 1%</i> | 3 | |
| <i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> | 3 | |
| <i>ofloxacin (otic)</i> SOLN .3% | 4 | |

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

| | | |
|--|---|----------------------------|
| ANORO ELLIPT AER 62.5-25 | 3 | QL (60 blisters / 30 days) |
| BEVESPI AER 9-4.8MCG | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE | 3 | QL (1 inhaler / 30 days) |
| BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) | 3 | QL (4 inhalers / 28 days) |
| COMBIVENT AER 20-100 | 4 | QL (2 inhalers / 30 days) |
| <i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> | 3 | B/D |
| TRELEGY AER ELLIPTA 100-62.5-25 MCG | 3 | QL (60 blisters / 30 days) |
| TRELEGY AER ELLIPTA 200-62.5-25 MCG | 3 | QL (60 blisters / 30 days) |

ANTICHOLINERGICS

| | | |
|--|---|----------------------------|
| ATROVENT HFA AERS 17mcg/act | 4 | QL (2 inhalers / 30 days) |
| INCRUSE ELLIPTA AEPB 62.5mcg/inh | 3 | QL (30 blisters / 30 days) |
| <i>ipratropium bromide</i> SOLN .02% | 2 | B/D |
| <i>ipratropium bromide (nasal)</i> SOLN .03%, .06% | 3 | |
| SPIRIVA RESPIMAT AERS 1.25mcg/act | 4 | QL (1 inhaler / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| ANTI-HISTAMINES | | |
| <i>azelastine hcl</i> SOLN .1% | 2 | |
| <i>cetirizine hcl</i> SOLN 5mg/5ml | 2 | QL (300 mL / 30 days) |
| <i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>desloratadine</i> TABS 5mg | 3 | QL (30 tabs / 30 days) |
| <i>diphenhydramine hcl</i> SOLN 50mg/ml | 3 | |
| <i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml | 4 | PA; PA applies if 65 years and older |
| <i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>hydroxyzine pamoate</i> CAPS 25mg, 50mg | 3 | PA; PA applies if 65 years and older after a 30 day supply in a calendar year |
| <i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml | 4 | QL (300 mL / 30 days) |
| <i>levocetirizine dihydrochloride</i> TABS 5mg | 2 | QL (30 tabs / 30 days) |
| <i>olopatadine hcl (nasal)</i> SOLN .6% | 4 | |
| BETA AGONISTS | | |
| <i>albuterol sulfate</i> AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Proair HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Proventil HFA) |
| <i>albuterol sulfate</i> AERS 108mcg/act | 3 | QL (2 inhalers / 30 days); (generic of Ventolin HFA) |
| <i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml | 3 | B/D |
| <i>albuterol sulfate</i> NEBU .083% | 2 | B/D |
| <i>albuterol sulfate</i> SYRP 2mg/5ml | 3 | |
| <i>albuterol sulfate</i> TABS 2mg, 4mg | 4 | |
| <i>arformoterol tartrate</i> NEBU 15mcg/2ml | 4 | B/D |
| <i>formoterol fumarate</i> NEBU 20mcg/2ml | 4 | B/D |
| <i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml | 4 | B/D |
| <i>levalbuterol tartrate</i> AERO 45mcg/act | 3 | QL (2 inhalers / 30 days), ST |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--|
| SEREVENT DISKUS AEPB 50mcg/dose | 3 | QL (60 inhalations / 30 days) |
| <i>terbutaline sulfate</i> TABS 2.5mg, 5mg | 4 | |
| VENTOLIN HFA AERS 108mcg/act | 3 | QL (2 inhalers / 30 days) |
| VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act | 3 | QL (6 inhalers / 30 days) |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium</i> CHEW 4mg, 5mg | 2 | |
| <i>montelukast sodium</i> PACK 4mg | 4 | |
| <i>montelukast sodium</i> TABS 10mg | 1 | |
| <i>zafirlukast</i> TABS 10mg, 20mg | 3 | |
| MISCELLANEOUS | | |
| <i>acetylcysteine</i> SOLN 10%, 20% | 4 | B/D |
| ALYFTREK TAB 4-20-50 | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| ALYFTREK TAB 10-50-125 | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| ARALAST NP SOLR 500mg, 1000mg | 5 | NDS, NM, PA |
| <i>cromolyn sodium</i> NEBU 20mg/2ml | 3 | B/D |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml | 3 | (generic of EpiPen) |
| <i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml | 3 | (generic of Adrenaclick) |
| FASENRA SOSY 10mg/0.5ml, 30mg/ml | 5 | NDS, QL (1 syringe / 28 days), NM, PA |
| FASENRA PEN SOAJ 30mg/ml | 5 | NDS, QL (1 pen / 28 days), NM, PA |
| KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg | 5 | NDS, QL (56 packets / 28 days), NM, PA |
| KALYDECO TABS 150mg | 5 | NDS, QL (60 tabs / 30 days), NM, PA |
| OFEV CAPS 100mg, 150mg | 5 | NDS, QL (60 caps / 30 days), NM, PA |
| ORKAMBI GRA 75-94MG | 5 | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 100-125 | 5 | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI GRA 150-188 | 5 | NDS, QL (56 packets / 28 days), NM, PA |
| ORKAMBI TAB 100-125 | 5 | NDS, QL (112 tabs / 28 days), NM, PA |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|--|
| ORKAMBI TAB 200-125 | 5 | NDS, QL (112 tabs / 28 days), NM, PA |
| <i>pirfenidone</i> CAPS 267mg | 5 | NDS, QL (270 caps / 30 days), NM, PA |
| <i>pirfenidone</i> TABS 267mg | 5 | NDS, QL (270 tabs / 30 days), NM, PA |
| <i>pirfenidone</i> TABS 534mg, 801mg | 5 | NDS, QL (90 tabs / 30 days), NM, PA |
| PROLASTIN-C SOLN 1000mg/20ml | 5 | NDS, NM, PA |
| PULMOZYME SOLN 2.5mg/2.5ml | 5 | NDS, NM, PA |
| <i>roflumilast</i> TABS 250mcg | 4 | QL (56 tabs / year) |
| <i>roflumilast</i> TABS 500mcg | 4 | QL (30 tabs / 30 days) |
| SYMDEKO TAB 50-75MG | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| SYMDEKO TAB 100-150 | 5 | NDS, QL (56 tabs / 28 days), NM, PA |
| <i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg | 4 | |
| <i>theophylline</i> TB24 400mg, 600mg | 3 | |
| TRIKAFTA PAK 59.5MG | 5 | NDS, QL (56 packs / 28 days), NM, PA |
| TRIKAFTA PAK 75MG | 5 | NDS, QL (56 packs / 28 days), NM, PA |
| TRIKAFTA TAB 50-25-37.5MG & 75MG | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| TRIKAFTA TAB 100-50-75MG & 150MG | 5 | NDS, QL (84 tabs / 28 days), NM, PA |
| XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml | 5 | NDS, QL (4 pens / 28 days), NM, PA |
| XOLAIR SOAJ 150mg/ml | 5 | NDS, QL (8 pens / 28 days), NM, PA |
| XOLAIR SOLR 150mg | 5 | NDS, QL (8 vials / 28 days), NM, PA |
| XOLAIR SOSY 75mg/0.5ml, 300mg/2ml | 5 | NDS, QL (4 syringes / 28 days), NM, PA |
| XOLAIR SOSY 150mg/ml | 5 | NDS, QL (8 syringes / 28 days), NM, PA |
| ZEMAIRA SOLR 1000mg, 4000mg, 5000mg | 5 | NDS, NM, PA |
| NASAL STEROIDS | | |
| <i>flunisolide (nasal)</i> SOLN .025% | 3 | QL (3 bottles / 30 days) |
| <i>fluticasone propionate (nasal)</i> SUSP 50mcg/act | 2 | QL (1 bottle / 30 days) |
| <i>mometasone furoate (nasal)</i> SUSP 50mcg/act | 4 | QL (2 bottles / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|---|
| XHANCE EXHU 93mcg/act | 4 | QL (32 mL / 30 days), PA |
| STEROID INHALANTS | | |
| ALVESCO AERS 80mcg/act | 4 | QL (3 inhalers / 30 days) |
| ALVESCO AERS 160mcg/act | 4 | QL (2 inhalers / 30 days) |
| ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act | 3 | QL (30 inhalations / 30 days) |
| <i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i> | 4 | B/D |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR HFA AER 45/21 | 3 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 115/21 | 3 | QL (1 inhaler / 30 days) |
| ADVAIR HFA AER 230/21 | 3 | QL (1 inhaler / 30 days) |
| AIRSUPRA AER 90-80MCG | 3 | QL (3 inhalers / 30 days) |
| BREO ELLIPTA INH 50-25MCG | 3 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 100-25 | 3 | QL (60 blisters / 30 days) |
| BREO ELLIPTA INH 200-25 | 3 | QL (60 blisters / 30 days) |
| <i>breyna</i> | 3 | QL (3 inhalers / 30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> | 3 | QL (3 inhalers / 30 days) |
| <i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> | 3 | QL (3 inhalers / 30 days) |
| DULERA AER 50-5MCG | 4 | QL (3 inhalers / 30 days) |
| DULERA AER 100-5MCG | 4 | QL (3 inhalers / 30 days) |
| DULERA AER 200-5MCG | 4 | QL (3 inhalers / 30 days) |
| <i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> | 3 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> | 3 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |
| <i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> | 3 | QL (60 inhalations / 30 days); (generic PRASCO not covered) |

| Drug Name | Drug Tier | Requirements/Limits |
|---------------------|------------------|-------------------------------|
| <i>wixela inhub</i> | 3 | QL (60 inhalations / 30 days) |

TOPICAL

DERMATOLOGY, ACNE

| | | |
|--|---|----------------------------|
| <i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>benzoyl peroxide-erythromycin gel 5-3%</i> | 4 | QL (46.6 gm / 30 days) |
| <i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> | 3 | QL (45 gm / 30 days) |
| <i>clindamycin phosphate (topical) GEL 1%</i> | 3 | QL (75 mL / 30 days), PA |
| <i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i> | 3 | QL (60 mL / 30 days) |
| <i>ery</i> PADS 2% | 3 | QL (60 pledgets / 30 days) |
| <i>erythromycin (acne aid) GEL 2%</i> | 3 | QL (60 gm / 30 days) |
| <i>erythromycin (acne aid) SOLN 2%</i> | 3 | QL (60 mL / 30 days) |
| <i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |
| <i>neuac</i> | 3 | QL (45 gm / 30 days) |
| <i>sulfacetamide sodium (acne) LOTN 10%</i> | 4 | QL (118 mL / 30 days) |
| <i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025% | 4 | QL (45 gm / 30 days), PA |
| <i>twice-daily clindamycin phosphate (topical) GEL 1%</i> | 3 | QL (60 gm / 30 days) |
| <i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg | 4 | PA |

DERMATOLOGY, ANTIBIOTICS

| | | |
|--|---|-------------------------|
| <i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i> | 3 | QL (30 gm / 30 days) |
| <i>mupirocin</i> OINT 2% | 2 | QL (220 gm / 30 days) |
| <i>silver sulfadiazine</i> CREA 1% | 2 | |
| <i>ssd</i> CREA 1% | 2 | |
| <i>SULFAMYLON</i> CREA 85mg/gm | 4 | QL (453.6 gm / 30 days) |

DERMATOLOGY, ANTIFUNGALS

| | | |
|--|---|-----------------------|
| <i>ciclopirox</i> GEL .77% | 3 | QL (100 gm / 30 days) |
| <i>ciclopirox</i> SHAM 1% | 3 | QL (120 mL / 30 days) |
| <i>ciclopirox olamine</i> CREA .77% | 3 | QL (90 gm / 30 days) |
| <i>ciclopirox olamine</i> SUSP .77% | 3 | QL (60 mL / 30 days) |
| <i>clotrimazole (topical) CREA 1%</i> | 2 | QL (45 gm / 30 days) |
| <i>clotrimazole (topical) SOLN 1%</i> | 3 | QL (60 mL / 30 days) |
| <i>clotrimazole w/ betamethasone cream 1-0.05%</i> | 3 | QL (45 gm / 30 days) |
| <i>econazole nitrate</i> CREA 1% | 3 | QL (85 gm / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>ketconazole (topical)</i> CREA 2% | 3 | QL (60 gm / 30 days) |
| <i>ketconazole (topical)</i> SHAM 2% | 2 | QL (120 mL / 30 days) |
| <i>klayesta</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| <i>nyamyc</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| <i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm | 2 | QL (30 gm / 30 days) |
| <i>nystatin (topical)</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| <i>nystop</i> POWD 100000unit/gm | 3 | QL (60 gm / 30 days) |
| <i>selenium sulfide</i> LOTN 2.5% | 2 | |

DERMATOLOGY, ANTIPSORIATICS

| | | |
|---|---|--------------------------------|
| <i>acitretin</i> CAPS 10mg, 17.5mg, 25mg | 4 | PA |
| <i>calcipotriene</i> CREA .005%; OINT .005% | 4 | QL (120 gm / 30 days), PA |
| <i>calcipotriene</i> SOLN .005% | 3 | QL (120 mL / 30 days), PA |
| <i>calcitrene</i> OINT .005% | 4 | QL (120 gm / 30 days), PA |
| ENSTILAR AER | 5 | NDS, QL (120 gm / 30 days), PA |
| <i>methoxsalen rapid</i> CAPS 10mg | 5 | NDS |
| <i>tazarotene</i> CREA .05%, .1% | 3 | QL (60 gm / 30 days), PA |

DERMATOLOGY, CORTICOSTEROIDS

| | | |
|---|---|-----------------------|
| <i>ala-cort</i> CREA 1% | 1 | |
| <i>alclometasone dipropionate</i> CREA .05%; OINT .05% | 3 | QL (60 gm / 30 days) |
| <i>betamethasone dipropionate (topical)</i> CREA .05% | 3 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate (topical)</i> LOTN .05% | 3 | QL (120 mL / 30 days) |
| <i>betamethasone dipropionate (topical)</i> OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> CREA .05% | 2 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>betamethasone dipropionate augmented</i> LOTN .05% | 4 | QL (120 mL / 30 days) |
| <i>betamethasone valerate</i> CREA .1%; OINT .1% | 3 | QL (120 gm / 30 days) |
| <i>betamethasone valerate</i> LOTN .1% | 3 | QL (120 mL / 30 days) |
| <i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% | 4 | QL (120 gm / 30 days) |
| <i>clobetasol propionate</i> SHAM .05% | 4 | QL (236 mL / 30 days) |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>clobetasol propionate</i> SOLN .05% | 4 | QL (100 mL / 30 days) |
| <i>clobetasol propionate e</i> CREA .05% | 4 | QL (120 gm / 30 days) |
| <i>clodan</i> SHAM .05% | 4 | QL (236 mL / 30 days) |
| <i>fluocinolone acetonide</i> CREA .01% | 4 | QL (60 gm / 30 days) |
| <i>fluocinolone acetonide</i> CREA .025% | 4 | QL (120 gm / 30 days) |
| <i>fluocinolone acetonide</i> OIL .01% | 3 | QL (118.28 mL / 30 days) |
| <i>fluocinolone acetonide</i> OINT .025% | 3 | QL (120 gm / 30 days) |
| <i>fluocinolone acetonide</i> SOLN .01% | 4 | QL (60 mL / 30 days) |
| <i>fluocinonide</i> CREA .05%, .1% | 3 | QL (120 gm / 30 days) |
| <i>fluocinonide</i> GEL .05%; OINT .05% | 4 | QL (60 gm / 30 days) |
| <i>fluocinonide</i> SOLN .05% | 3 | QL (60 mL / 30 days) |
| <i>fluocinonide emulsified base</i> CREA .05% | 4 | QL (120 gm / 30 days) |
| <i>fluticasone propionate</i> CREA .05%; OINT .005% | 3 | |
| <i>halobetasol propionate</i> CREA .05%; OINT .05% | 4 | QL (50 gm / 30 days) |
| <i>hydrocortisone (topical)</i> CREA 1% | 1 | |
| <i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5% | 2 | |
| <i>hydrocortisone (topical)</i> OINT 1% | 2 | QL (30 gm / 30 days) |
| <i>hydrocortisone valerate</i> CREA .2% | 3 | QL (60 gm / 30 days) |
| <i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% | 3 | |
| <i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% | 2 | QL (454 gm / 30 days) |
| <i>triamcinolone acetonide (topical)</i> LOTN .025%, .1% | 3 | |
| <i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5% | 2 | |
| <i>triderm</i> CREA .5% | 2 | QL (454 gm / 30 days) |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>glydo</i> PRSY 2% | 3 | QL (60 mL / 30 days), PA |
| <i>lidocaine</i> OINT 5% | 4 | QL (50 gm / 30 days), PA |
| <i>lidocaine</i> PTCH 5% | 4 | QL (3 patches / 1 day), PA |
| <i>lidocaine hcl</i> SOLN 4% | 3 | QL (50 mL / 30 days), PA |
| <i>lidocaine-prilocaine cream</i> 2.5-2.5% | 2 | B/D, QL (30 gm / 30 days) |
| <i>lidocan</i> PTCH 5% | 4 | QL (3 patches / 1 day), PA |

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-----------------------------------|
| <i>tridacaine ii</i> PTCH 5% | 4 | QL (3 patches / 1 day), PA |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>azelaic acid</i> GEL 15% | 4 | QL (50 gm / 30 days) |
| <i>bexarotene (topical)</i> GEL 1% | 5 | NDS, QL (60 gm / 30 days), NM, PA |
| <i>diclofenac sodium (topical)</i> SOLN 1.5% | 3 | QL (300 mL / 28 days) |
| EUCRISA OINT 2% | 4 | QL (120 gm / 30 days), PA |
| <i>fluorouracil (topical)</i> CREA 5% | 4 | QL (40 gm / 30 days) |
| <i>fluorouracil (topical)</i> SOLN 2%, 5% | 3 | QL (10 mL / 30 days) |
| <i>hydrocortisone (rectal)</i> CREA 1%, 2.5% | 3 | |
| <i>imiquimod</i> CREA 5% | 3 | QL (24 packets / 30 days) |
| <i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12% | 2 | |
| <i>metronidazole (topical)</i> CREA .75%; GEL .75% | 3 | QL (45 gm / 30 days) |
| <i>metronidazole (topical)</i> LOTN .75% | 4 | QL (59 mL / 30 days) |
| <i>nitroglycerin (intra-anal)</i> OINT .4% | 4 | QL (30 gm / 30 days) |
| PANRETIN GEL .1% | 5 | NDS, QL (60 gm / 30 days), PA |
| <i>pimecrolimus</i> CREA 1% | 4 | QL (100 gm / 30 days), PA |
| <i>podofilox</i> SOLN .5% | 3 | QL (7 mL / 28 days) |
| <i>procto-med hc</i> CREA 2.5% | 3 | |
| <i>proctocort</i> CREA 1% | 3 | |
| <i>proctosol hc</i> CREA 2.5% | 3 | |
| <i>proctozone-hc</i> CREA 2.5% | 3 | |
| <i>tacrolimus (topical)</i> OINT .03%, .1% | 4 | QL (100 gm / 30 days), PA |
| VALCHLOR GEL .016% | 5 | NDS, QL (60 gm / 30 days), NM, PA |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> LOTN .5% | 4 | QL (59 mL / 30 days) |
| <i>permethrin</i> CREA 5% | 3 | QL (60 gm / 30 days) |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| SANTYL OINT 250unit/gm | 4 | QL (180 gm / 30 days), PA |
| <i>sodium chloride (gu irrigant)</i> SOLN .9% | 3 | |
| <i>water for irrigation, sterile irrigation soln</i> | 2 | |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hcl</i> CAPS 30mg | 4 | |

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| <i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i> | 1 | |
| <i>clotrimazole TROC 10mg</i> | 3 | QL (150 lozenges / 30 days) |
| <i>kourzeq PSTE .1%</i> | 3 | |
| <i>lidocaine hcl (mouth-throat) SOLN 2%</i> | 2 | |
| <i>nystatin (mouth-throat) SUSP 100000unit/ml</i> | 2 | |
| <i>periogard SOLN .12%</i> | 1 | |
| <i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i> | 3 | |
| <i>triamcinolone acetonide (mouth) PSTE .1%</i> | 3 | |

_PART B

DIABETIC METERS AND TEST STRIPS

| | | |
|---------------------------|---|----|
| DEXCOM G6 MIS RECEIVER | 0 | PA |
| DEXCOM G6 MIS SENSOR | 0 | PA |
| DEXCOM G6 MIS TRANSMIT | 0 | PA |
| DEXCOM G7 MIS RECEIVER | 0 | PA |
| DEXCOM G7 MIS SENSOR | 0 | PA |
| FREESTYLE LB KIT 2/SENSOR | 0 | PA |
| FREESTYLE LB KIT 3/SENSOR | 0 | PA |
| FREESTYLE LB KIT 14D/SEN | 0 | PA |
| FREESTYLE LB MIS 2/READER | 0 | PA |
| FREESTYLE LB MIS 3/READER | 0 | PA |
| FREESTYLE MIS READER | 0 | PA |
| TRUE METRIX KIT AIR | 0 | |
| TRUE METRIX KIT METER | 0 | |
| TRUE METRIX STRIPS | 0 | |

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| <i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 36</i> | <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg, 31</i> | <i>amoxicillin & k clavulanate tab 875-125 mg, 16</i> |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg, 36</i> | <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 31</i> | <i>amphetamine-dextroamphetamine cap er 24hr 10 mg, 50</i> |
| <i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg, 36</i> | <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg, 31</i> | <i>amphetamine-dextroamphetamine cap er 24hr 15 mg, 50</i> |
| <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg, 36</i> | <i>amlodipine besylate-valsartan tab 10-160 mg, 31</i> | <i>amphetamine-dextroamphetamine cap er 24hr 20 mg, 50</i> |
| <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg, 37</i> | <i>amlodipine besylate-valsartan tab 10-320 mg, 31</i> | <i>amphetamine-dextroamphetamine cap er 24hr 25 mg, 50</i> |
| <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg, 37</i> | <i>amlodipine besylate-valsartan tab 5-160 mg, 31</i> | <i>amphetamine-dextroamphetamine cap er 24hr 30 mg, 50</i> |
| <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg, 37</i> | <i>amlodipine besylate-valsartan tab 5-320 mg, 31</i> | <i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 50</i> |
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| <i>amlodipine besylate-benazepril hcl cap 10-40 mg, 30</i> | <i>amoxapine, 39</i> | <i>amphetamine-dextroamphetamine tab 12.5 mg, 51</i> |
| <i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 30</i> | <i>amoxicillin, 15</i> | <i>amphetamine-dextroamphetamine tab 15 mg, 51</i> |
| <i>amlodipine besylate-benazepril hcl cap 5-10 mg, 30</i> | <i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 16</i> | <i>amphetamine-dextroamphetamine tab 20 mg, 51</i> |
| <i>amlodipine besylate-benazepril hcl cap 5-20 mg, 30</i> | <i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml, 16</i> | <i>amphetamine-dextroamphetamine tab 30 mg, 51</i> |
| <i>amlodipine besylate-benazepril hcl cap 5-40 mg, 30</i> | <i>amoxicillin & k clavulanate for susp 400-57 mg/5ml, 16</i> | <i>amphetamine-dextroamphetamine tab 5 mg, 50</i> |
| <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg, 31</i> | <i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml, 16</i> | <i>amphetamine-dextroamphetamine tab 7.5 mg, 50</i> |
| | <i>amoxicillin & k clavulanate tab 250-125 mg, 16</i> | <i>amphotericin b, 10</i> |
| | <i>amoxicillin & k clavulanate tab 500-125 mg, 16</i> | |

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این فهرست داروها در تاریخ 04/01/2026 به‌روزرسانی شده است. > برای کسب اطلاعات جدیدتر یا سایر سوالات، لطفاً از 1 اکتبر تا 31 مارس با خدمات اعضای Central Health Medicare Plan به شماره [3086-665 (800)] (کاربران TTY باید با شماره 711 تماس بگیرند) تماس بگیرید: ۷ روز هفته، از ساعت ۸ قبل از ظهر تا ۸ بعد از ظهر، به‌وقت محلی، از تاریخ ۱ آوریل تا ۳۰ سپتامبر: دوشنبه تا جمعه از ساعت ۸ صبح تا ۸ بعد از ظهر، به‌وقت محلی، یا به این وبسایت مراجعه کنید. [centralhealthplan.com/PartD/Formulary]