

2024

 elderplan®

長老計劃

帶領您到優質綜合醫療SM



2024 年處方藥一覽表 (承保藥物清單)

Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)

Elderplan Plus Long-Term Care (HMO-POS D-SNP)

Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)

請仔細閱讀：本文件包含有關本計劃承保藥物的資訊。

本處方藥一覽表自 2024 年 11 月 1 日起未作任何變更。如需最新資訊或有其他疑問，請致電會員服務部，電話：1-800-353-3765（聽障人士應致電 711），服務時間為每週 7 天，早上 8 點至晚上 8 點，或瀏覽 www.elderplan.org。

HPMS 核准之處方藥一覽表檔案提交 ID 00024128，版本編號 17

Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)
Elderplan Plus Long-Term Care (HMO-POS D-SNP)
Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)

2024 年處方藥一覽表

(承保藥物清單)

請仔細閱讀：本文件包含有關本計劃承保藥物的資訊

HPMS 核准之處方藥一覽表檔案提交 ID 00024128，版本編號 17

本處方藥一覽表自 2024 年 11 月 1 日起未作任何變更。如需最新資訊或有其他疑問，請致電會員服務部，電話：1-800-353-3765（聽障人士應致電 711），服務時間為每週 7 天，早上 8 點至晚上 8 點，或瀏覽 www.elderplan.org。

關於您的疫苗費用的重要資訊 — 即使您尚未支付自付額，我們的計劃也會為您免費承保大部分 D 部分疫苗。請聯絡會員服務部瞭解更多資訊。

關於您的胰島素產品費用的重要資訊 — 對於本計劃承保的每種胰島素產品，無論其分攤費用等級如何，即使您尚未支付自付額，您一個月供藥量的費用也不會超過 \$35。

現有會員請注意：本處方藥一覽表自去年已變更。請閱讀本文件以確保本處方藥一覽表仍然包含您使用的藥物。

本藥物清單（處方藥一覽表）中，凡提述「我們」或「我們的」均指 Elderplan, Inc.。凡提述「計劃」或「我們的計劃」均指 **Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)**、**Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)** 和 **Elderplan Plus Long-Term Care (HMO-POS D-SNP)**。

本文件載有我們的計劃截至 2024 年 11 月 1 日的藥物清單（處方藥一覽表）。如需獲取最新的處方藥一覽表，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

一般而言，您必須使用網絡內藥房才能享受處方藥福利。自 2024 年 1 月 1 日起和在該年內，福利、處方藥一覽表、藥房網絡和/或共付費/共同保險可能會不時有所調整。

H3347_EPC17538_C

2024 年 11 月

什麼是 Elderplan (長老計劃) 處方藥一覽表？

處方藥一覽表是我們的計劃經與醫療服務提供者團隊磋商所選出的承保藥物清單，是高品質治療計劃中不可或缺的處方藥治療。只要具有醫療必需性，且於我們計劃的網絡內藥房配藥，並遵守其他計劃規則，我們的計劃通常會承保列於處方藥一覽表中的藥物。如需瞭解有關如何配取處方藥的更多資訊，請查閱您的承保範圍說明書。

處方藥一覽表 (藥物清單) 是否會變更？

大多數藥物承保範圍的變更發生在 1 月 1 日，但我們可能會在全年期間增添或刪除藥物清單上的藥物，或將藥物調整到不同的分攤費用等級，或增設新的限制。在作出這類變更時，我們必須遵守 Medicare 聯邦醫療保險的規則。

今年可能會影響到您的變更：在下列情況中，您將受到當年承保範圍變更的影響：

- **新的副廠藥。**如果我們計劃以新的副廠藥取代某一原廠藥，而且這種副廠藥將出現在相同或更低的分攤費用等級上且具有相同或更少的限制，我們可能會立即將該原廠藥從藥物清單上刪除。此外，我們增加新的副廠藥時可能會決定保留我們藥物清單上的原廠藥，但會立即將該原廠藥移到不同的分攤費用等級或增設新的限制。如果您正在使用該原廠藥，在作出變更前我們可能不會提前告知您，但是之後我們會向您提供有關我們所作的具體變更的資訊。
 - 如果我們進行此類變更，您或您的處方醫生可以要求我們作出例外處理，繼續為您承保該原廠藥。我們提供給您的通知也會列出相關資訊，告訴您如何申請例外處理，您

也可以在後文的「如何申請 Elderplan (長老計劃) 處方藥一覽表例外處理？」章節中找到資訊。

藥物退出市場。若美國食品和藥物管理局認為我們處方藥一覽表上的某種藥物不安全，或藥物製造商從市場中撤除該藥物，我們會立即從我們的處方藥一覽表上刪除該藥物，並向使用該藥物的會員發出通知。

- **其他變更。**我們可能會作出影響目前正在使用藥物的會員的其他變更。例如，我們可能會增加一種已上市一段時間的副廠藥以取代處方藥一覽表上現有的原廠藥，或者對原廠藥增設新的限制或將其移至不同的分攤費用等級，或兩種情況均有。我們也可能會根據新的臨床指南作出變更。我們若從處方藥一覽表中刪除藥物，或新增對某種藥物的事先授權、數量限制和/或階段療法限制，我們必須在變更生效前至少 30 天或在會員要求再次配藥時向受變更影響的會員發出通知，會員可在再次配藥時配取 30 天的藥量。
 - 如果我們作出其他變更，您或您的處方醫生可以要求我們作出例外處理，繼續為您承保該原廠藥。我們提供給您的通知也會列出相關資訊，告訴您如何申請例外處理，您也可以在後文的「如何申請 Elderplan (長老計劃) 處方藥一覽表例外處理？」章節中找到資訊。

不會影響您目前所使用藥物的變更：一般而言，若您正在使用年初享受承保的 2024 年處方藥一覽表上的藥物，我們不會在 2024 年承保年度中終止或減少此藥物的承保，除非出現上文所述情況。這意味著在承保年度剩餘時間內，仍將以相同的分攤費用向使用這些藥物的會員提供這些藥物，並且不會增設新的限制。對於不會影響您的變更，本年內您不會收到有關直接通知。然

而，自明年的 1 月 1 日起，此類變更將會影響到您，因此務必檢查新福利年度的藥物清單，瞭解藥物是否有任何變更。

隨附的處方藥一覽表更新於 2024 年 11 月 1 日。若要獲取有關我們計劃承保藥物的最新資訊，請聯絡我們。我們的聯絡資訊載於封面和封底。

若本計劃在年中對處方藥一覽表有非維護性的變更，我們會透過郵件通知您，以便您可更新現有的處方藥一覽表列印本。郵件中將包含處方藥一覽表非維護性變更的具體資訊，並在變更生效之日至少 60 天前寄送給您。

如何使用處方藥一覽表？

有兩種方法在處方藥一覽表中查找您所需的藥物：

按病症類別

處方藥一覽表從第 1 頁開始。本處方藥一覽表中的藥物依照其所治療的病症類別分類。例如，用於治療心臟病的藥物列於「心血管」類別之下。若您瞭解藥物的用途，則可在從第 1 頁開始的清單中查找類別名稱。然後，在此類別名稱下查找所需的藥物。

按字母順序

如果您不確定要查找什麼類別，您可以利用自第 82 頁開始的索引來查找所需的藥物。該索引提供一份按字母順序排列的清單，其中有本文件包含的所有藥物。原廠藥和副廠藥均列在該索引中。請在該索引中查找所需的藥物。在藥物旁邊，您將看到承保資訊的所在頁碼。請轉到該索引中所列的頁碼，在清單的第一欄即可找到所需的藥物名稱。

什麼是副廠藥？

我們的計劃同時承保原廠藥和副廠藥。副廠藥是一種由 FDA 核准並具有與原廠藥相同活性成分的藥物。副廠藥通常比原廠藥便宜。

對於我享受的承保是否有任何限制？

某些承保藥物可能有其他要求或承保限制。這些要求和限制可能包括：

- **事先授權：**我們的計劃要求您或您的醫生就某些藥物取得事先授權。這表示您將需要在配藥前取得我們計劃的批准。若您未取得批准，我們的計劃可能不會承保該藥物。
- **數量限制：**我們的計劃限制了某些藥物的承保數量。例如，我們的計劃對於 Januvia 50mg 的每份處方提供 30 片藥片。這可能是在每月或每三個月標準供藥量以外的供藥。
- **階段療法：**某些情況下，我們的計劃會要求您先嘗試使用某些藥物治療您的病症後才會承保您使用另外一種藥物。例如，若藥物 A 和藥物 B 皆可治療您的病症，則我們的計劃可能不會承保藥物 B，除非您先嘗試使用藥物 A。如果藥物 A 對您無效，則我們的計劃將會承保藥物 B。

您可以透過第 1 頁開始的處方藥一覽表查詢您的藥物是否有額外的要求或限制。您也可以透過瀏覽我們的網站，取得更多關於特定承保藥物適用之限制的資訊。我們已在線上刊載文件，解釋我們的事先授權和階段療法限制。您也可以要求我們寄一份給您。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

您可以要求我們的計劃對此類限制或使用上限作出例外處理，或索取可能治療您的病症的其他相似藥物的清單。有關如何申請例外處理的資訊，請查看第 III 頁的「如何申請 Elderplan (長老計劃) 處方藥一覽表例外處理？」章節。

若我的藥物不在處方藥一覽表上，該怎麼辦？

若您的藥物不在此處方藥一覽表（承保藥物清單）上，那麼您首先應該聯絡會員服務部，詢問您的藥物是否在承保範圍內。

若您得知我們的計劃並未承保您的藥物，您有兩種選擇：

- 您可向會員服務部索取一份由我們的計劃承保的相似藥物清單。當您收到該清單後，請拿給您的醫生看，並要求醫生開立由我們計劃承保的相似藥物。
- 您可以要求我們的計劃作出例外處理並承保您的藥物。請查看以下關於如何申請例外處理的資訊。

如何申請 Elderplan (長老計劃) 處方藥一覽表例外處理？

您可以要求我們的計劃對我們的承保規則作出例外處理。您可以向我們提出數種例外處理申請。

- 您可以要求我們承保不在我們的處方藥一覽表上的藥物。如獲批准，此藥物將按預定分攤費用等級獲得承保，但您不得要求我們以更低的分攤費用等級提供此藥物。
- 您可以要求我們撤銷對您的藥物的承保限制或使用上限。例如，對於某些藥物，我們的計劃限制了藥物的承保數量。若您的藥物有數量限制，您可以要求我們撤銷限制並承保更多數量。

通常，只有在替代藥物包含在計劃的處方藥一覽表中時，額外的使用限制對於治療您的病症無法達到相同的效果時，和/或可能造成副作用時，我們的計劃才會批准您的例外處理申請。

您應當與我們聯絡，要求我們作出針對處方藥一覽表或使用限制例外處理的初始承保決定。在提出針對處方藥一覽表或使用限制例外處理申請時，您應提交一份處方醫生或醫生的聲明以支持您的申請。通常，我們在收到處方醫生的支持聲明後，必須在 72 小時內作出決定。若您或您的醫生認為等候 72 小時再作出決定會對您的健康造成嚴重危害，您可以申請加急（快速）例外處理。如果您的加急申請獲得批准，我們在收到您的醫生或其他處方醫生的支持聲明後，必須在 24 小時內為您作出決定。

在向醫生提出變更藥物請求或提交例外處理申請之前，我應該做什麼？

作為我們的計劃的新會員或現有會員，您可能正在使用我們處方藥一覽表上沒有的藥物。或者，您正在使用一種在我們處方藥一覽表上的藥物，但您獲取該藥物的能力受到限制。例如，您在配藥前可能要獲得我們的事先授權。您應當先與您的醫生討論，以決定您是否應該換用我們承保的適當藥物，或提出處方藥一覽表例外處理申請以使我們承保您使用的藥物。在您與醫生討論以確定何種措施對您合適的時候，我們會在您成為我們的計劃會員的頭 90 天內針對某些情況為您的藥物提供承保。

對於所有不在我們處方藥一覽表上的藥物，或如果您獲取藥物的能力受到限制，我們將承保 30 天的臨時供藥。如果您的處方上的供藥時間不足此數，我們將允許續配，以提供最多 30 天份量的供藥。在提供頭 30 天份量的供藥之後，我們將不再為您支付這些藥物的費用，即使您成為計劃會員還不足 90 天。

如果您住在長期護理機構，並且需要的藥物不在我們的處方藥一覽表上，或如果您獲取藥物的能力受到限制，但您成為我們計劃會員已超過 90 天，則在您尋求處方藥一覽表例外處理時，我們將對該藥物承保 31 天份量的緊急供藥。

計劃現有會員的護理等級變更

若您從門診（居所）、醫院或其他長期護理 (LTC) 機構轉至一家 LTC 機構，我們將為我們處方藥一覽表範圍之外或有承保限制或使用上限的各種藥物承保 31 天的過渡期臨時供藥（除非您的處方寫明更少天數）。

若您從 LTC 機構或醫院出院，並返回門診（居所）環境，我們將在您出院後為不在我們處方藥一覽表上或有承保限制或使用上限的各種藥物承保 30 天的臨時供藥（除非您的處方寫明更少天數）。

請注意，我們的過渡期政策僅適用於「D 部分藥物」和在網絡內藥房配取的藥物。

瞭解更多資訊

如需更多關於我們計劃處方藥承保的詳細資訊，請查閱您的承保範圍說明書及其他計劃資料。

若您對我們的計劃有任何疑問，請聯絡我們。我們的聯絡資訊連同最後更新處方藥一覽表的日期載於封面和封底。

有關 Medicare 聯邦醫療保險處方藥承保範圍的常見問題，請致電 Medicare 聯邦醫療保險，電話：1-800-MEDICARE (1-800-633-4227)，服務時間為每週 7 天，每天 24 小時。聽障人士應致電 1-877-486-2048。或瀏覽 <http://www.medicare.gov>。

我們計劃的處方藥一覽表

從第 1 頁開始的處方藥一覽表介紹了我們計劃承保的藥物的承保資訊。若您難以在清單中找到所需的藥物，請翻閱第 82 頁開始的索引。

清單的第一欄列出了藥物名稱。原廠藥用大寫字母表示（如 LANOXIN），副廠藥則用小寫斜體字母表示（如 *digoxin*）。

「要求/限制」欄中的資訊表示我們的計劃對於承保您的藥物是否有任何特殊的要求。

B/D — B 部分與 D 部分事先授權：某些藥物可能由 Medicare 聯邦醫療保險 B 部分或 D 部分承保（視情況而定）。可能需要提交資訊，描述藥物的用途與規定，以便作出裁決。

PA — 事先授權：某些藥物需要您或您的醫生獲得我們計劃的事先授權才能配取。這表示您將需要在配藥前取得我們計劃的批准。若您未取得批准，我們的計劃可能不會承保該藥物。

QL — 數量限制：我們的計劃限制了某些藥物的承保數量。例如，我們的計劃對於 Januvia 的每份處方提供 30 片藥片。數量限制指若干天的供藥量。

LA — 有取藥限制的藥物：這些藥物可能僅在某些藥房提供。如需更多資訊，請查閱您的藥房目錄或聯絡會員服務部，電話：1-800-353-3765（聽障和語障人士應致電 711），服務時間為每週 7 天，早上 8 點至晚上 8 點，或瀏覽 www.elderplan.org。

ST — 階段療法：我們的計劃會要求您嘗試使用某些藥物治療您的病症後才會承保您使用另一種藥物。例如，若藥物 A 和藥物 B 皆可治療您的病症，則我們的計劃可能不會承保藥物 B，除非您先嘗試使用藥物 A。如果藥物 A 對您無效，則我們的計劃將會承保藥物 B。

NM — 這類藥物不可透過郵購服務購買。

NDS — 不提供延長天數的供藥。某些特殊級藥物每次配藥最多提供 30 天份量的供藥。

Elderplan, Inc.

Notice of Nondiscrimination – Discrimination is Against the Law

繁體中文 (Chinese)

Elderplan/HomeFirst 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。Elderplan/HomeFirst 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

Elderplan/HomeFirst:

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊（大號字體、音訊、無障礙電子格式、其他格式）
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡 Civil Rights Coordinator。如果您認為 Elderplan/HomeFirst 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式提交投訴。如果您在提交投訴方面需要幫助 Civil Rights Coordinator 可以幫助您。

Elderplan, Inc.
ATTN Civil Rights Coordinator
55 Water St
New York, NY 10041

電話：1-877-326-9978，聽障專線 711
傳真：1-718-759-3643

您還可以向 U.S. Department of Health and Human Services（美國衛生及公共服務部）的 Office for Civil Rights（民權辦公室）提交民權投訴，透過 Office for Civil Rights Complaint Portal 以電子方式投訴：<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>，或者透過郵寄或電話的方式投訴：

U.S. Department of Health and Human Services
200 Independence Avenue, SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)（聾人用電信設備）

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-353-3765 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-353-3765 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Simplified: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-353-3765 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Traditional: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-353-3765 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-353-3765 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-353-3765 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-353-3765 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpflichtplan. Unsere Dolmetscher erreichen Sie unter 1-800-353-3765 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-353-3765 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-353-3765 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة فوري، ليس عليك سوى الاتصال بنا على 1-800-353-3765 (TTY: 711). سيقوم شخص ما يتحدث العربية مجاناً.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-353-3765 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-353-3765 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-353-3765 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-353-3765 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-353-3765 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-353-3765 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Albanian: Ne ofrojmë shërbime interpretimi pa pagesë për t'ju përgjigjur çdo lloj pyetjeje që mund të keni rreth planit tonë të shëndetit ose të mjekimit. Për t'u lidhur me një interpret, telefononi në 1-800-353-3765 (TTY: 711). Një shqip folës mund t'ju ndihmojë. Ky shërbim është pa pagesë.

Bengali: আমাদের স্বাস্থ্য বা ওষুধপত্র বিষয়ক পরিকল্পনা সম্পর্কিত আপনার যে কোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যে দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, আমাদের কেবল 1-800-353-3765 (TTY: 711) নম্বরে কল করুন। বাংলা বলতে পারেন এমন কেউ আপনাকে সাহায্য করতে পারবেন। পরিষেবাটি বিনামূল্যে।

Greek: Διαθέτουμε υπηρεσία δωρεάν διερμηνείας προκειμένου να απαντούμε σε οποιοσδήποτε απορίες σας σχετικά με το πρόγραμμα υγείας ή φαρμάκων που προσφέρουμε. Προκειμένου να χρησιμοποιήσετε την υπηρεσία διερμηνείας, επικοινωνήστε μαζί μας καλώντας το 1-800-353-3765 (TTY: 711). Θα λάβετε βοήθεια από ένα άτομο που μιλά ελληνικά. Αυτή είναι μια υπηρεσία που παρέχεται δωρεάν.

Yiddish: מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן וועגן אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, רופט אונז אויף 1-800-353-3765 (TTY: 711) איינער וואס רעדט אידיש/שפראך קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

Urdu: ہماری صحت یا دوا کے پلان کے بارے میں آپ کے کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت مترجم کی خدمات موجود ہیں۔ مترجم حاصل کرنے کے لیے، ہمیں بس 1-800-353-3765 (TTY: 711) پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ ایک مفت خدمت ہے۔

ELDERPLAN_CY24_1T_SNP eff 11/01/2024

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

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>ec-naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
<i>atovaquone</i> SUSP 750mg/5ml	1	
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj</i> 0.8 mg/ml	1	
<i>gentamicin in saline inj</i> 1 mg/ml	1	
<i>gentamicin in saline inj</i> 1.2 mg/ml	1	
<i>gentamicin in saline inj</i> 1.6 mg/ml	1	
<i>gentamicin in saline inj</i> 2 mg/ml	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	1	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	1	
<i>ivermectin</i> TABS 3mg	1	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>praziquantel</i> TABS 600mg	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	NDS
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	1	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	1	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	1	
<i>VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg</i>	1	
<i>VANCOMYCIN INJ 1 GM</i>	1	
<i>VANCOMYCIN INJ 500MG</i>	1	
<i>VANCOMYCIN INJ 750MG</i>	1	
ANTIFUNGALS		
<i>ABELCET SUSP 5mg/ml</i>	1	B/D
<i>amphotericin b SOLR 50mg</i>	1	B/D
<i>amphotericin b liposome SUSR 50mg</i>	1	NDS, B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	1	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine CAPS 250mg, 500mg</i>	1	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	1	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	1	
<i>itraconazole CAPS 100mg</i>	1	PA
<i>ketoconazole TABS 200mg</i>	1	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	1	NDS
<i>nystatin TABS 500000unit</i>	1	
<i>posaconazole SUSP 40mg/ml</i>	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl TABS 250mg</i>	1	QL (90 tabs / year)
<i>voriconazole SOLR 200mg</i>	1	PA
<i>voriconazole SUSR 40mg/ml</i>	1	NDS, PA
<i>voriconazole TABS 50mg</i>	1	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM, LA
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	1	NDS, NM
SELZENTRY TABS 25mg	1	NM
SUNLENCA TBPK 300mg	1	NDS, NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM, LA
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NDS, NM
TRIUMEQ TAB	1	NDS, NM
TRIZIVIR TAB	1	NDS, NM

ANTITUBERCULAR AGENTS

<i>cycloserine</i> CAPS 250mg	1	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, LA, PA
TRECTOR TABS 250mg	1	

ANTIVIRALS

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VEMLIDY TABS 25mg	1	NDS, NM
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)

CEPHALOSPORINS

<i>cefactor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACTOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>PEN GK/DEXTR INJ 40000/ML</i>	1	
<i>PEN GK/DEXTR INJ 60000/ML</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	

TETRACYCLINES

<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	1	NDS, NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	PA
<i>tigecycline SOLR 50mg</i>	1	NDS

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml</i>	1	NDS, B/D, NM
<i>BENDEKA SOLN 100mg/4ml</i>	1	NDS, B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	B/D
<i>cyclophosphamide CAPS 25mg, 50mg; SOLR 1gm, 500mg</i>	1	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml</i>	1	NDS, B/D
<i>cyclophosphamide SOLR 2gm</i>	1	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	1	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	1	NDS, B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	1	NM
<i>GLEOSTINE CAPS 100mg</i>	1	NDS, NM
<i>LEUKERAN TABS 2mg</i>	1	NDS
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg</i>	1	B/D
<i>oxaliplatin SOLR 100mg</i>	1	NDS, B/D
<i>paraplatin SOLN 1000mg/100ml</i>	1	B/D

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	1	NDS, B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	1	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM, LA
TABLOID TABS 40mg	1	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NDS, NM, LA, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, LA, PA

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SCSEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISO TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 100 MG ONCE WEEKLY TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	

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

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	1	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	1	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
NORPACE CR CP12 100mg, 150mg	1	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/afI)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg</i>	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	

BETA-BLOCKERS

<i>acebutolol hcl</i> CAPS 200mg, 400mg	1	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>betaxolol hcl</i> TABS 10mg, 20mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	1	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	1	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	1	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg	1	
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
FUROSCIX CTKT 80mg/10ml	1	NDS
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<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	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	1	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	

MISCELLANEOUS

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NDS, NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone TABS 200mg</i>	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	1	
<i>trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg</i>	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	1	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	1	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	NDS
<i>felbamate</i> TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	1	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd)</i> TB24 3mg	1	QL (60 tabs / 30 days), PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl TABS 1mg, 2.5mg</i>	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg</i>	1	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	1	QL (24 units / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	1	QL (12 units / 30 days)
<i>sumatriptan succinate SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml</i>	1	QL (18 injections / 30 days)
<i>sumatriptan succinate SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml</i>	1	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i>	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium SOLN 8meq/5ml</i>	1	
<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg</i>	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS 60mg</i>	1	
<i>riluzole TABS 50mg</i>	1	
<i>tetrabenazine TABS 12.5mg</i>	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine TABS 25mg</i>	1	NDS, QL (120 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methytestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

ANTIDIABETICS

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	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	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at
mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-
Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN ASPART SOLN 100unit/ml	1	
INSULIN ASPART FLEXPEN SOPN 100unit/ml	1	
INSULIN ASPART PENFILL SOCT 100unit/ml	1	
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

CHELATING AGENTS

CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	1	NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	

CONTRACEPTIVES

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh TABS .35mg</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyleq</i> TABS .35mg	1	
<i>lyza</i> TABS .35mg	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate</i> (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be</i> TABS .35mg	1	
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr	1	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.4 mg-35 mcg	1	
<i>norethindrone & ethinyl estradiol-fe chew</i> tab 0.8 mg-25 mcg	1	
<i>norethindrone (contraceptive) TABS</i> .35mg	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-</i> <i>20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew</i> <i>tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc</i> TABS .35mg	1	
<i>nortrel 0.5/35 (28)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	1	
SYNAREL SOLN 2mg/ml	1	NDS, PA
ESTROGENS		
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>estradiol 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; TABS .5mg, 1mg, 2mg</i>	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal CREA .1mg/gm; TABS 10mcg</i>	1	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm TABS 10mcg</i>	1	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISON INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	1	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
javygtor PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
lanreotide acetate SOLN 120mg/0.5ml	1	NDS, NM, PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
mifepristone (hyperglycemia) TABS 300mg	1	NDS, NM, PA
miglustat CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
octreotide acetate SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
raloxifene hcl TABS 60mg	1	
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA
yargesa CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	1	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	1	QL (360 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	NDS, QL (180 tabs / 30 days)

PROGESTINS

<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	

THYROID AGENTS

<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<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>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	1	NDS

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine CAPS 150mg, 300mg</i>	1	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium CAPS 750mg</i>	1	
<i>budesonide CPEP 3mg</i>	1	QL (90 caps / 30 days), PA
<i>budesonide TB24 9mg</i>	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	1	
<i>mesalamine CP24 .375gm</i>	1	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	1	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	1	
<i>mesalamine TBEC 1.2gm</i>	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	1	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	1	
LAXATIVES		
<i>constulose SOLN 10gm/15ml</i>	1	
<i>enulose SOLN 10gm/15ml</i>	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac SOLN 10gm/15ml</i>	1	
<i>lactulose SOLN 10gm/15ml</i>	1	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>PLENVU SOL</i>	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	1	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
<i>GATTEX KIT 5mg</i>	1	NDS, NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	1	QL (30 caps / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA

PANCREATIC ENZYMES

CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	1	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	1	QL (30 caps / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	1	NDS, QL (30 packets / 30 days), PA
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
--------------------------------	---	------------------------

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

URINARY ANTISPASMODICS

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	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	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	1	NDS, QL (110 tabs / year), NM, PA
OTEZLA TAB 10/20/30	1	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, LA, PA
RENFLIXIS SOLR 100mg	1	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (12 vials / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	1	NDS, QL (1 syringe / 28 days), NM, LA, PA
TREMFYA SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	

PA - Prior Authorization QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D LA - Limited Access NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/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	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
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)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NAACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	
D10W/NAACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NAACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NAACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	

IV NUTRITION

CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (ophth)</i> SOLN .3%	1	
<i>erythromycin (ophth)</i> OINT 5mg/gm	1	
<i>gatifloxacin (ophth)</i> SOLN .5%	1	
<i>gentamicin sulfate (ophth)</i> SOLN .3%	1	
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEMVI SOLN .25%	1	NDS, NM, LA, PA
ZIRGAN GEL .15%	1	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	

ANTIALLERGICS

<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	

Drug Name	Drug Tier	Requirements/Limits
ZERVIAE SOLN .24%	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp</i> 0.3- 0.1%	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetone (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

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

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)

BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	1	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>amnesteem CAPS 10mg, 20mg, 40mg</i>	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	1	QL (75 gm / 30 days)

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>diclofenac sodium (topical)</i> SOLN 2%	1	NDS, QL (224 gm / 28 days), PA
<i>doxepin hcl (antipruritic)</i> CREA 5%	1	QL (45 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
PENNSAID SOLN 2%	1	NDS, QL (224 gm / 28 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	

PA - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **LA** - Limited Access **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, LA, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

MOUTH/THROAT/DENTAL AGENTS

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

Index

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	7
ABELCET	5
ABILIFY MAINTENA	34
<i>abiraterone acetate</i>	13
ABRYSVO	67
<i>acamprosate calcium</i>	45
<i>acarbose</i>	46
<i>accutane</i>	77
<i>acebutolol hcl</i>	28
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2
<i>acetazolamide</i>	29
<i>acetic acid</i>	62
<i>acetic acid (otic)</i>	73
<i>acetylcysteine</i>	75
<i>acitretin</i>	78
ACTHIB INJ	67
ACTIMMUNE	67
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ.....	68
ADALIMUMAB-AACF (2 PEN)	64
ADALIMUMAB-AACF (2 SYRING).....	64
<i>adefovir dipivoxil</i>	8
ADEMPAS.....	31
ADMELOG	48
ADMELOG SOLOSTAR	48
ADVAIR HFA AER 115/21	77
ADVAIR HFA AER 230/21	77
ADVAIR HFA AER 45/21	77
<i>afirmelle</i>	50
AIMOVIG	42
AIRSUPRA AER 90-80MCG.....	77
AKEEGA TAB 100/500.....	13
AKEEGA TAB 50/500MG	13
<i>ala-cort</i>	79
<i>albendazole</i>	3
<i>albuterol sulfate</i>	74, 75
<i>alclometasone dipropionate</i>	79
ALDURAZYME	56
ALECENSA	15
<i>alendronate sodium</i>	49
<i>alfuzosin hcl</i>	61
<i>aliskiren fumarate</i>	30
<i>allopurinol</i>	1
<i>alose tron hcl</i>	60
<i>alprazolam</i>	31
ALREX	72
<i>altavera</i>	50
ALUNBRIG.....	15
ALUNBRIG PAK	16
ALVAIZ	63
ALVESCO.....	76, 77
<i>alyacen 1/35</i>	50
<i>alyacen 7/7/7</i>	50
ALYGLO	66
<i>amantadine hcl</i>	33
<i>ambrisentan</i>	31
<i>amethia</i>	50
<i>amikacin sulfate</i>	3
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	29
<i>amiloride hcl</i>	29
<i>amiodarone hcl</i>	26
<i>amitriptyline hcl</i>	32
<i>amlodipine besylate</i>	29
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	23
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	23
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	25
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	25

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	25	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	41
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	25	<i>amphetamine-dextroamphetamine tab 15 mg</i>	41
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	25	<i>amphetamine-dextroamphetamine tab 20 mg</i>	41
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	25	<i>amphetamine-dextroamphetamine tab 30 mg</i>	41
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	25	<i>amphetamine-dextroamphetamine tab 5 mg</i>	41
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	25	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	41
<i>amnestem</i>	77	<i>amphotericin b</i>	5
<i>amoxapine</i>	32	<i>amphotericin b liposome</i>	5
<i>amoxicillin</i>	10	<i>ampicillin</i>	11
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	11	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	11
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	11	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	11
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	11	<i>ampicillin sodium</i>	11
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	11	<i>anagrelide hcl</i>	63
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	11	<i>anastrozole</i>	13
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	11	<i>ANORO ELLIPT AER 62.5-25</i>	74
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	41	<i>aprepitant</i>	59
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	41	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	59
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	41	<i>apri</i>	50
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	41	<i>APTIOM</i>	37
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	41	<i>APTIVUS</i>	6
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	41	<i>ARALAST NP</i>	75
<i>amphetamine-dextroamphetamine tab 10 mg</i>	41	<i>aranelle</i>	50
		<i>ARCALYST</i>	67
		<i>AREXVY</i>	68
		<i>aripiprazole</i>	34
		<i>ARISTADA</i>	34
		<i>ARISTADA INITIO</i>	34
		<i>armodafinil</i>	45
		<i>ARNUITY ELLIPTA</i>	77
		<i>asenapine maleate</i>	34
		<i>ashlyna</i>	50

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	64	BALVERSA.....	16
ASTAGRAF XL.....	67	<i>balziva</i>	50
<i>atazanavir sulfate</i>	6	BARACLUDGE.....	8
<i>atenolol</i>	28	BASAGLAR KWIKPEN.....	48
<i>atenolol & chlorthalidone tab 100-25 mg</i>	28	BCG VACCINE.....	68
<i>atenolol & chlorthalidone tab 50-25 mg</i>	28	BD ALCOHOL SWABS.....	48
<i>atomoxetine hcl</i>	41	<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	23
<i>atorvastatin calcium</i>	27	<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	23
<i>atovaquone</i>	3	<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	23
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	6	<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	23
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	6	<i>benazepril hcl</i>	24
ATROPINE SULFATE.....	73	BENDAMUSTINE HYDROCHLORID.....	12
<i>atropine sulfate (ophthalmic)</i>	73	BENDEKA.....	12
ATROVENT HFA.....	74	BENLYSTA.....	67
<i>aubra eq</i>	50	<i>benzoyl peroxide-erythromycin gel 5-3%</i>	77
AUGTYRO.....	16	<i>benztropine mesylate</i>	33
<i>aurovela 1/20</i>	50	BERINERT.....	63
<i>aurovela 24 fe</i>	50	BESIVANCE.....	71
<i>aurovela fe 1/20</i>	50	BESREMI.....	15
<i>aurovela fe 1.5/30</i>	50	<i>betaine powder for oral solution</i>	56
AUSTEDO.....	43	<i>betamethasone dipropionate (topical)</i>	79
AUSTEDO XR.....	43	<i>betamethasone dipropionate augmented</i>	79
AUSTEDO XR TAB TITR KIT.....	43	<i>betamethasone valerate</i>	79
AUVELITY TAB 45-105MG.....	32	BETASERON.....	44
<i>aviane</i>	50	<i>betaxolol hcl</i>	28
<i>ayuna</i>	50	<i>betaxolol hcl (ophth)</i>	73
AYVAKIT.....	16	<i>bethanechol chloride</i>	62
<i>azacitidine</i>	13	BETOPTIC-S.....	73
<i>azathioprine</i>	67	BEVESPI AER 9-4.8MCG.....	74
<i>azelastine hcl</i>	74	<i>bexarotene</i>	15
<i>azelastine hcl (ophth)</i>	72	<i>bexarotene (topical)</i>	80
<i>azithromycin</i>	10	BEXSERO INJ.....	68
<i>aztreonam</i>	3	<i>bicalutamide</i>	13
<i>azurette</i>	50	BICILLIN L-A.....	11
B		BIKTARVY TAB 30-120-15 MG.....	7
<i>bacitracin (ophthalmic)</i>	71	BIKTARVY TAB 50-200-25 MG.....	7
<i>bacitracin-polymyxin b ophth oint</i>	71	<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	28
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	71	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	28
<i>baclofen</i>	44		
BAFIERTAM.....	44		
<i>balsalazide disodium</i>	60		

<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	28	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	45
<i>bisoprolol fumarate</i>	28	<i>bupropion hcl</i>	32
BIVIGAM.....	66	<i>bupropion hcl (smoking deterrent)</i> ...	45
<i>blisovi 24 fe</i>	50	<i>bupirone hcl</i>	31
<i>blisovi fe 1.5/30</i>	51	<i>butorphanol tartrate</i>	2
BOOSTRIX INJ	68	BYDUREON BCISE	46
<i>bortezomib</i>	16	BYETTA.....	46
BORTEZOMIB	16	C	
<i>bosentan</i>	31	<i>cabergoline</i>	56
BOSULIF	16	CABOMETYX	16
BRAFTOVI	16	<i>calcipotriene</i>	78
BREO ELLIPTA INH 100-25	77	<i>calcitonin (salmon) spray</i>	49
BREO ELLIPTA INH 200-25	77	<i>calcitrene</i>	78
BREO ELLIPTA INH 50-25MCG	77	<i>calcitriol</i>	59
BREZTRI AERO AER SPHERE	74	<i>calcitriol (oral)</i>	59
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	74	<i>calcium acetate (phosphate binder)</i> ..	57
<i>briellyn</i>	51	CALQUENCE	16
BRILINTA	64	<i>camila</i>	51
<i>brimonidine tartrate</i>	73	<i>camrese</i>	51
<i>brinzolamide</i>	73	<i>camrese lo</i>	51
BRIVIACT.....	37	<i>candesartan cilexetil</i>	26
<i>bromfenac sodium (ophth)</i>	72	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	25
<i>bromocriptine mesylate</i>	33	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	25
BROMSITE	72	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	25
BRONCHITOL.....	75	CAPLYTA.....	34
BRUKINSA	16	CAPRELSA.....	16
<i>budesonide</i>	60	<i>captopril</i>	24
<i>budesonide (inhalation)</i>	77	<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	23
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	77	<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	23
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	77	<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	24
<i>bumetanide</i>	29	<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	24
<i>buprenorphine hcl</i>	45	<i>carb/levo orally disintegrating tab 10-100mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	45	<i>carb/levo orally disintegrating tab 25-100mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	45	<i>carb/levo orally disintegrating tab 25-250mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	45		
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	45		
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	45		

<i>carbamazepine</i>	37	CERDELGA	56
<i>carbidopa & levodopa tab 10-100 mg</i> 33		CEREZYME	56
<i>carbidopa & levodopa tab 25-100 mg</i> 33		<i>cetirizine hcl</i>	74
<i>carbidopa & levodopa tab 25-250 mg</i> 33		<i>cevimeline hcl</i>	81
<i>carbidopa & levodopa tab er 25-100</i>		<i>chateal eq</i>	51
<i>mg</i>	33	CHEMET.....	50
<i>carbidopa & levodopa tab er 50-200</i>		<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>mg</i>	33	81
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chloroquine phosphate</i>	6
<i>12.5-50-200 mg</i>	34	<i>chlorpromazine hcl</i>	35
<i>carbidopa-levodopa-entacapone tabs</i>		<i>chlorthalidone</i>	29
<i>18.75-75-200 mg</i>	34	<i>cholestyramine</i>	27
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cholestyramine light</i>	27
<i>25-100-200 mg</i>	34	<i>ciclopirox olamine</i>	78
<i>carbidopa-levodopa-entacapone tabs</i>		<i>cilostazol</i>	63
<i>31.25-125-200 mg</i>	34	CILOXAN.....	71
<i>carbidopa-levodopa-entacapone tabs</i>		CIMDUO TAB 300-300	7
<i>37.5-150-200 mg</i>	34	<i>cinacalcet hcl</i>	56
<i>carbidopa-levodopa-entacapone tabs</i>		CIPRO	10
<i>50-200-200 mg</i>	34	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	10
<i>carboplatin</i>	12	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10
<i>carglumic acid</i>	56	<i>ciprofloxacin-dexamethasone otic susp</i>	
<i>carisoprodol</i>	44	<i>0.3-0.1%</i>	73
<i>carteolol hcl (ophth)</i>	73	<i>ciprofloxacin hcl</i>	10
<i>cartia xt</i>	29	<i>ciprofloxacin hcl (ophth)</i>	72
<i>carvedilol</i>	28	<i>cisplatin</i>	12
<i>casprofungin acetate</i>	5	<i>citalopram hydrobromide</i>	32
CAYSTON.....	3	<i>claravis</i>	77
<i>cefaclor</i>	9	<i>clarithromycin</i>	10
CEFACLOR ER.....	9	<i>clindamycin hcl</i>	3
<i>cefadroxil</i>	9	<i>clindamycin palmitate hydrochloride</i> ...3	
CEFAZOLIN	9	<i>clindamycin phosphate</i>	3
CEFAZOLIN INJ 1GM/50ML.....	9	<i>clindamycin phosphate (topical)</i> ..77, 78	
<i>cefazolin sodium</i>	9	<i>clindamycin phosphate in d5w iv soln</i>	
CEFAZOLIN SOLN 2GM/100ML-4%	9	<i>300 mg/50ml</i>	3
<i>cefdinir</i>	9	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefepime hcl</i>	9	<i>600 mg/50ml</i>	3
<i>cefixime</i>	9	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefoxitin sodium</i>	9	<i>900 mg/50ml</i>	3
<i>cefpodoxime proxetil</i>	9	<i>clindamycin phosphate vaginal</i>	62
<i>cefprozil</i>	9	CLINDMYC/NAC INJ 300/50ML.....	3
<i>ceftazidime</i>	9	CLINDMYC/NAC INJ 600/50ML.....	3
<i>ceftriaxone sodium</i>	10	CLINDMYC/NAC INJ 900/50ML.....	3
<i>cefuroxime axetil</i>	10	CLINIMIX INJ 4.25/D10	71
<i>cefuroxime sodium</i>	10	CLINIMIX INJ 4.25/D5W	71
<i>celecoxib</i>	1	CLINIMIX INJ 5%/D15W	71
<i>cephalexin</i>	10	CLINIMIX INJ 5%/D20W	71

CLINIMIX INJ 6/5	71	<i>cyclophosphamide</i>	12
CLINIMIX INJ 8/10	71	CYCLOPHOSPHAMIDE	12
CLINIMIX INJ 8/14	71	CYCLOPHOSPHAMIDE MONOHYDR....	12
<i>clinisol sf 15%</i>	71	<i>cycloserine</i>	8
CLINOLIPID EMU 20%	71	<i>cyclosporine</i>	67
<i>clobazam</i>	37	<i>cyclosporine modified (for</i>	
<i>clobetasol propionate</i>	79	<i>microemulsion)</i>	67
<i>clobetasol propionate e</i>	79	<i>cyproheptadine hcl</i>	74
<i>clomipramine hcl</i>	32	<i>cyred eq</i>	51
<i>clonazepam</i>	37	CYSTADROPS	73
<i>clonidine</i>	30	CYSTAGON.....	56
<i>clonidine hcl</i>	30	CYSTARAN	73
<i>clopidogrel bisulfate</i>	64	<i>cytarabine</i>	13
<i>clorazepate dipotassium</i>	37	D	
<i>clotrimazole</i>	81	D10W/NAACL INJ 0.2%	69
<i>clotrimazole (topical)</i>	78	D2.5W/NAACL INJ 0.45%.....	69
<i>clotrimazole w/ betamethasone cream</i>		D5W/LYTES INJ #48.....	69
<i>1-0.05%</i>	78	<i>dabigatran etexilate mesylate</i>	62
<i>clozapine</i>	35	<i>dalfampridine</i>	44
COARTEM TAB 20-120MG	6	<i>danazol</i>	55
<i>colchicine</i>	1	<i>dantrolene sodium</i>	44
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dapsone</i>	3
<i>mg</i>	1	DAPTACEL INJ	68
<i>colesevelam hcl</i>	27	<i>daptomycin</i>	4
<i>colestipol hcl</i>	27	DAPTOMYCIN	3
<i>colistimethate sodium</i>	3	<i>darunavir</i>	6
COMBIGAN SOL 0.2/0.5%	73	<i>dasatinib</i>	17
COMBIVENT AER 20-100	74	<i>dasetta 1/35</i>	51
COMETRIQ (60MG DOSE)	16	<i>dasetta 7/7/7</i>	51
COMETRIQ KIT 100MG.....	16	DAURISMO.....	17
COMETRIQ KIT 140MG.....	16	<i>daysee</i>	51
COMPLERA TAB	7	DAYVIGO	42
<i>compro</i>	59	<i>deblitane</i>	51
<i>constulose</i>	60	<i>deferasirox</i>	50
COPIKTRA.....	16	DELSTRIGO TAB	7
CORLANOR.....	30	DENGVAIXIA SUS.....	68
COTELLIC	16	DEPO-SUBQ PROVERA 104	51
CREON CAP 12000UNT	61	<i>depo-testosterone</i>	45
CREON CAP 24000UNT	61	DESCOVY TAB 120-15MG.....	7
CREON CAP 3000UNIT	61	DESCOVY TAB 200/25MG.....	7
CREON CAP 36000UNT	61	<i>desipramine hcl</i>	32
CREON CAP 6000UNIT	61	<i>desmopressin acetate</i>	56
<i>cromolyn sodium</i>	75	<i>desmopressin acetate spray</i>	56
<i>cromolyn sodium (mastocytosis)</i>	60	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium (ophth)</i>	72	<i>refrigerated</i>	56
<i>cryselle-28</i>	51	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cyclobenzaprine hcl</i>	44	<i>0.15-0.02/0.01 mg(21/5)</i>	51

<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	51	<i>diltiazem hcl extended release beads</i> 29	
<i>desvenlafaxine succinate</i>	32	<i>dilt-xr</i>	29
<i>dexamethasone</i>	55	DIP/TET PED INJ 25-5LFU	68
DEXAMETHASONE INTENSOL	55	<i>diphenhydramine hcl</i>	74
<i>dexamethasone sodium phosphate</i> ...	55	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	60
<i>dexamethasone sodium phosphate (ophth)</i>	72	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	60
<i>dexmethylphenidate hcl</i>	41	<i>dipyridamole</i>	64
<i>dextrose</i>	71	<i>disopyramide phosphate</i>	27
<i>dextrose 10% w/ sodium chloride 0.45%</i>	69	<i>disulfiram</i>	45
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	69	<i>divalproex sodium</i>	38
<i>dextrose 5% in lactated ringers</i>	69	<i>docetaxel</i>	15
<i>dextrose 5% w/ sodium chloride 0.2%</i>	69	DOCETAXEL	15
<i>dextrose 5% w/ sodium chloride 0.225%</i>	69	<i>dofetilide</i>	27
<i>dextrose 5% w/ sodium chloride 0.3%</i>	69	<i>donepezil hydrochloride</i>	31
<i>dextrose 5% w/ sodium chloride 0.45%</i>	69	DOPTLET	63
<i>dextrose 5% w/ sodium chloride 0.9%</i>	69	<i>dorzolamide hcl</i>	73
DIACOMIT	37	<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	73
<i>diazepam</i>	37, 38	<i>dotti</i>	55
<i>diazepam (anticonvulsant)</i>	38	DOVATO TAB 50-300MG	7
<i>diazepam inj</i>	38	<i>doxazosin mesylate</i>	24
<i>diazepam intensol</i>	38	<i>doxepin hcl</i>	32
<i>diazoxide</i>	56	<i>doxepin hcl (antipruritic)</i>	80
<i>diclofenac potassium</i>	1	<i>doxepin hcl (sleep)</i>	42
<i>diclofenac sodium</i>	1	<i>doxorubicin hcl</i>	13
<i>diclofenac sodium (ophth)</i>	72	<i>doxorubicin hcl liposomal</i>	13
<i>diclofenac sodium (topical)</i>	80	DOXORUBICIN HYDROCHLORIDE	13
<i>dicloxacillin sodium</i>	11	<i>doxy 100</i>	12
<i>dicyclomine hcl</i>	59	<i>doxycycline (monohydrate)</i>	12
DIFICID	10	<i>doxycycline hyclate</i>	12
<i>diflunisal</i>	1	DRIZALMA SPRINKLE	32
<i>difluprednate</i>	72	<i>dronabinol</i>	59
<i>digoxin</i>	30	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	51
<i>dihydroergotamine mesylate</i>	42	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	51
DILANTIN	38	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> 51	
DILANTIN-125	38	DROXIA	63
DILANTIN INFATABS	38	<i>droxidopa</i>	30
<i>diltiazem hcl</i>	29	DULERA AER 100-5MCG	77
<i>diltiazem hcl coated beads</i>	29	DULERA AER 200-5MCG	77
		DULERA AER 50-5MCG	77
		<i>duloxetine hcl</i>	32
		DUPIXENT	64

<i>dutasteride</i>	62	<i>enilloring</i>	51
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	62	<i>enoxaparin sodium</i>	62
E		<i>enpresse-28</i>	51
<i>e.e.s. 400</i>	10	<i>enskyce</i>	51
<i>ec-naproxen</i>	1	ENSTILAR AER.....	79
EDURANT	6	<i>entacapone</i>	34
<i>efavirenz</i>	6	<i>entecavir</i>	8
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	7	ENTRESTO CAP 15-16MG	25
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	7	ENTRESTO CAP 6-6MG.....	25
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	7	ENTRESTO TAB 24-26MG	25
ELIGARD.....	13	ENTRESTO TAB 49-51MG	25
<i>elinest</i>	51	ENTRESTO TAB 97-103MG	25
ELIQUIS	62	<i>enulose</i>	60
ELIQUIS STARTER PACK	62	EPCLUSA PAK 150-37.5	8
ELLECE	13	EPCLUSA PAK 200-50MG	8
<i>eluryng</i>	51	EPCLUSA TAB 200-50MG	8
EMSAM	32	EPCLUSA TAB 400-100	8
<i>emtricitabine</i>	6	EPIDIOLEX	38
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	7	<i>epinephrine (anaphylaxis)</i>	30, 75
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	7	<i>epitol</i>	38
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	7	<i>eplerenone</i>	24
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	7	EPRONTIA	38
EMTRIVA	6	<i>ergotamine w/ caffeine tab 1-100 mg</i>	43
EMVERM	4	ERIVEDGE.....	17
<i>emzahn</i>	51	ERLEADA.....	13, 14
<i>enalapril maleate</i>	24	<i>erlotinib hcl</i>	17
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	24	<i>errin</i>	51
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	24	<i>ertapenem sodium</i>	4
ENBREL	64	<i>ery</i>	78
ENBREL MINI.....	64	<i>ery-tab</i>	10
ENBREL SURECLICK	64	ERYTHROCIN LACTOBIONATE	10
ENDARI	63	<i>erythromycin (acne aid)</i>	78
<i>endocet tab 10-325mg</i>	2	<i>erythromycin (ophth)</i>	72
<i>endocet tab 2.5-325mg</i>	2	<i>erythromycin base</i>	10
<i>endocet tab 5-325mg</i>	2	<i>erythromycin ethylsuccinate</i>	10
<i>endocet tab 7.5-325mg</i>	2	<i>erythromycin lactobionate</i>	10
ENGERIX-B	68	<i>escitalopram oxalate</i>	32
		<i>esomeprazole magnesium</i>	61
		<i>estarylla</i>	51
		<i>estradiol</i>	55
		<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	55
		<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	55
		<i>estradiol vaginal</i>	55
		<i>estradiol valerate</i>	55

<i>eszopiclone</i>	42	FIASP PENFILL.....	48
<i>ethambutol hcl</i>	8	FIASP PUMPCART	48
<i>ethosuximide</i>	38	<i>finasteride</i>	62
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	51	<i> fingolimod hcl</i>	44
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	51	FINTEPLA.....	38
<i>etodolac</i>	1	<i>finzala</i>	51
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	51	FIRMAGON	14
<i>etoposide</i>	15	<i>flac</i>	73
<i>etravirine</i>	6	FLAREX.....	72
EULEXIN	14	FLEBOGAMMA DIF.....	66
<i>euthyrox</i>	58	<i>flecainide acetate</i>	27
<i>everolimus</i>	17	<i>fluconazole</i>	5
<i>everolimus (immunosuppressant)</i>	67	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	5
EVOTAZ TAB 300-150	7	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5
<i>exemestane</i>	14	<i>flucytosine</i>	5
EYSUVIS.....	72	<i>fludrocortisone acetate</i>	56
<i>ezetimibe</i>	27	<i>flunisolide (nasal)</i>	76
<i>ezetimibe-simvastatin tab 10-10 mg</i> .27		<i>fluocinolone acetoneide</i>	79
<i>ezetimibe-simvastatin tab 10-20 mg</i> .27		<i>fluocinolone acetoneide (otic)</i>	73
<i>ezetimibe-simvastatin tab 10-40 mg</i> .28		<i>fluocinonide</i>	79
<i>ezetimibe-simvastatin tab 10-80 mg</i> .28		<i>fluocinonide emulsified base</i>	79
F		<i>fluorometholone (ophth)</i>	72
FABRAZYME	56	<i>fluorouracil</i>	13
<i>falmina</i>	51	<i>fluorouracil (topical)</i>	80
<i>famciclovir</i>	8	<i>fluoxetine hcl</i>	32
<i>famotidine</i>	59	<i>fluphenazine decanoate</i>	35
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	60	<i>fluphenazine hcl</i>	35
FANAPT	35	<i>flurbiprofen</i>	1
FANAPT PAK	35	<i>flurbiprofen sodium</i>	72
FARXIGA.....	46	<i>fluticasone propionate</i>	79
FASENRA	75	<i>fluticasone propionate (nasal)</i>	76
FASENRA PEN.....	75	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	77
<i>felbamate</i>	38	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	77
<i>felodipine</i>	29	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	77
<i>fenofibrate</i>	27	<i>fluvoxamine maleate</i>	31
<i>fenofibrate micronized</i>	27	<i>fondaparinux sodium</i>	62, 63
<i>fentanyl</i>	1	<i>fosamprenavir calcium</i>	6
<i>fentanyl citrate</i>	2	<i>fosinopril sodium</i>	24
<i>fesoterodine fumarate</i>	62	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	24
FETZIMA.....	32	<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	24
FETZIMA CAP TITRATIO	32		
FIASP	48		
FIASP FLEXTOUCH	48		

FOTIVDA.....	17	<i>glatopa</i>	44
FRUZAQLA	17	GLEOSTINE	12
<i>fulvestrant</i>	14	<i>glimepiride</i>	46
FUROSCIX.....	29	<i>glipizide</i>	46
<i>furosemide</i>	29	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	46
<i>furosemide inj</i>	29	<i>glipizide-metformin hcl tab 2.5-500 mg</i>	46
FUZEON	6	<i>glipizide-metformin hcl tab 5-500 mg</i>	46
<i>fyavolv tab 0.5mg-2.5mcg</i>	55	<i>glipizide xl</i>	46
<i>fyavolv tab 1mg-5mcg</i>	55	<i>glycopyrrolate</i>	59
FYCOMPA	38	<i>glydo</i>	80
G		GLYXAMBI TAB 10-5 MG	46
<i>gabapentin</i>	38	GLYXAMBI TAB 25-5 MG	46
<i>galantamine hydrobromide</i>	31	<i>granisetron hcl</i>	59
GAMASTAN INJ	66	<i>griseofulvin microsize</i>	5
GAMMAGARD LIQUID	66	<i>griseofulvin ultramicrosize</i>	5
GAMMAGARD S/D IGA LESS TH	66	<i>guanfacine hcl</i>	30
GAMMAKED.....	66	<i>guanfacine hcl (adhd)</i>	41
GAMMAPLEX	66	GVOKE HYPOPEN 2-PACK	56
GAMUNEX-C	67	GVOKE KIT.....	56
<i>ganciclovir sodium</i>	8	GVOKE PFS	56
GARDASIL 9 INJ	68	H	
<i>gatifloxacin (ophth)</i>	72	HAEGARDA.....	63
GATTEX	60	<i>hailey 1.5/30</i>	51
GAUZE PADS 2	48	<i>hailey 24 fe</i>	51
<i>gavilyte-c</i>	60	<i>halobetasol propionate</i>	79
<i>gavilyte-g</i>	60	<i>haloette</i>	51
<i>gavilyte-n/flavor pack</i>	60	<i>haloperidol</i>	35
GAVRETO	17	<i>haloperidol decanoate</i>	35
<i>gefitinib</i>	17	<i>haloperidol lactate</i>	35
<i>gemcitabine hcl</i>	13	HARVONI PAK 33.75-150MG	8
<i>gemfibrozil</i>	27	HARVONI PAK 45-200MG	8
GEMTESA	62	HARVONI TAB 45-200MG	8
<i>generlac</i>	60	HARVONI TAB 90-400MG	8
<i>gengraf</i>	67	HAVRIX	68
GENOTROPIN	56	<i>heather</i>	51
GENOTROPIN MINIQUICK.....	57	HEPARIN/NACL INJ 25000UNT	63
<i>gentamicin in saline inj 0.8 mg/ml</i>	4	<i>heparin sodium (porcine)</i>	63
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	HEPLISAV-B	68
<i>gentamicin in saline inj 1.6 mg/ml</i>	4	HEP SOD/D5W INJ 20000UNT	63
<i>gentamicin in saline inj 1 mg/ml</i>	4	HEP SOD/D5W INJ 25000UNT	63
<i>gentamicin in saline inj 2 mg/ml</i>	4	HEP SOD/NAACL INJ 12500UNT	63
<i>gentamicin sulfate</i>	4	HEP SOD/NAACL INJ 25000UNT	63
<i>gentamicin sulfate (ophth)</i>	72	HERCEP HYLEC SOL 60-10000	17
<i>gentamicin sulfate (topical)</i>	78	HERCEPTIN	17
GENVOYA TAB	8	HERZUMA	17
GILOTRIF	17		
<i>glatiramer acetate</i>	44		

HIBERIX	68	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA	64, 65	<i>soln 250 mg</i>	4
HUMIRA PEN	65	<i>imipenem-cilastatin intravenous for</i>	
HUMIRA PEN-CD/UC/HS START	65	<i>soln 500 mg</i>	4
HUMIRA PEN KIT PS/UV	65	<i>imipramine hcl</i>	32
HUMIRA PEN-PEDIATRIC UC S	65	<i>imiquimod</i>	80
HUMULIN R U-500 (CONCENTR	48	IMOVAX RABIES (H.D.C.V.)	68
HUMULIN R U-500 KWIKPEN.....	48	INBRIJA.....	34
<i>hydralazine hcl</i>	30	<i>incassia</i>	52
<i>hydrochlorothiazide</i>	30	INCRELEX	57
<i>hydrocodone-acetaminophen soln 7.5-</i>		INCRUSE ELLIPTA	74
<i>325 mg/15ml</i>	2	<i>indapamide</i>	30
<i>hydrocodone-acetaminophen tab 10-</i>		INFANRIX INJ	68
<i>325 mg</i>	2	INFLIXIMAB.....	65
<i>hydrocodone-acetaminophen tab 5-325</i>		INLYTA	18
<i>mg</i>	2	INQOVI TAB 35-100MG	13
<i>hydrocodone-acetaminophen tab 7.5-</i>		INREBIC	18
<i>325 mg</i>	2	INSULIN ASPART	48
<i>hydrocodone bitartrate</i>	1	INSULIN ASPART FLEXPEN	48
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INSULIN ASPART PENFILL	48
.....	2	INSULIN PEN NEEDLES: BD/NOVO ...	48
<i>hydrocortisone</i>	56	INSULIN SAFETY NEEDLES	48
<i>hydrocortisone (intrarectal)</i>	60	INSULIN SYRINGES: BD.....	48
<i>hydrocortisone (rectal)</i>	80	INTELENCE	6
<i>hydrocortisone (topical)</i>	79	INTRALIPID.....	71
<i>hydromorphone hcl</i>	2	<i>introvale</i>	52
<i>hydroxychloroquine sulfate</i>	66	INVEGA HAFYERA.....	35
<i>hydroxyurea</i>	15	INVEGA SUSTENNA	35
<i>hydroxyzine hcl</i>	74	INVEGA TRINZA.....	35
<i>hydroxyzine pamoate</i>	74	IPOL INJ INACTIVE.....	68
HYSINGLA ER.....	1	<i>ipratropium-albuterol nebu soln 0.5-</i>	
I		<i>2.5(3) mg/3ml</i>	74
<i>ibandronate sodium</i>	49	<i>ipratropium bromide</i>	74
IBRANCE.....	17	<i>ipratropium bromide (nasal)</i>	74
<i>ibu</i>	1	<i>irbesartan</i>	26
<i>ibuprofen</i>	1	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>icatibant acetate</i>	64	<i>150-12.5 mg</i>	25
<i>iclevia</i>	51	<i>irbesartan-hydrochlorothiazide tab</i>	
ICLUSIG	17	<i>300-12.5 mg</i>	25
IDACIO (2 PEN)	65	<i>irinotecan hcl</i>	15
IDACIO (2 SYRINGE)	65	ISENTRESS	6
IDACIO CROHN INJ DISEASE.....	65	ISENTRESS HD.....	6
IDACIO PLAQU INJ PSORIASIS.....	65	<i>isibloom</i>	52
IDHIFA	17	ISOLYTE-P INJ /D5W	69
<i>imatinib mesylate</i>	18	ISOLYTE-S INJ.....	69
IMBRUVICA	18	ISOLYTE-S INJ PH 7.4.....	69
		<i>isoniazid</i>	8

<i>isosorbide dinitrate</i>	30
<i>isosorbide mononitrate</i>	30
<i>isotretinoin</i>	78
<i>isradipine</i>	29
<i>itraconazole</i>	5
<i>ivabradine hcl</i>	30
<i>ivermectin</i>	4
IWILFIN.....	15
IXCHIQ INJ	68
IXIARO INJ.....	68
J	
JAKAFI	18
<i>jantoven</i>	63
JANUMET TAB 50-1000	46
JANUMET TAB 50-500MG	46
JANUMET XR TAB 100-1000.....	46
JANUMET XR TAB 50-1000	46
JANUMET XR TAB 50-500MG.....	46
JANUVIA.....	46
JARDIANCE	46
<i>jasmiel</i>	52
<i>javygtor</i>	57
JAYPIRCA.....	18
JENTADUETO TAB 2.5-1000.....	46
JENTADUETO TAB 2.5-500	46
JENTADUETO TAB 2.5-850	46
JENTADUETO TAB XR 2.5-1000MG ..	46
JENTADUETO TAB XR 5-1000MG	46
<i>jinteli</i>	55
<i>jolessa</i>	52
<i>juleber</i>	52
JULUCA TAB 50-25MG	8
<i>junel 1/20</i>	52
<i>junel 1.5/30</i>	52
<i>junel fe 1/20</i>	52
<i>junel fe 1.5/30</i>	52
<i>junel fe 24</i>	52
JYLAMVO	66
JYNNEOS	68
K	
KADCYLA	18
<i>kaitlib fe</i>	52
KALYDECO	75
KANJINTI	18
<i>kariva</i>	52
KCL/D5W/NACL INJ 0.3/0.9%.....	70

<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	69
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	69
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	69
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	69
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	70
<i>kelnor 1/35</i>	52
<i>kelnor 1/50</i>	52
KERENDIA.....	24
KESIMPTA	44
<i>ketoconazole</i>	5
<i>ketoconazole (topical)</i>	78, 79
<i>ketorolac tromethamine (ophth)</i>	72
KEVZARA	65
KEYTRUDA	18
KINRIX INJ.....	68
<i>kionex</i>	50
KISQALI 200 DOSE	18
KISQALI 200 PAK FEMARA.....	15
KISQALI 400 DOSE	18
KISQALI 400 PAK FEMARA.....	15
KISQALI 600 DOSE	18
KISQALI 600 PAK FEMARA.....	15
<i>klayesta</i>	78
<i>klor-con</i>	70
<i>klor-con 10</i>	70
<i>klor-con 8</i>	70
<i>klor-con m10</i>	70
<i>klor-con m15</i>	70
<i>klor-con m20</i>	70
KORLYM.....	57
KOSELUGO.....	18

<i>kourzeq</i>	81	<i>levetiracetam</i>	39
KRAZATI	18	<i>levetiracetam in sodium chloride iv soln</i> <i>1000 mg/100ml</i>	39
<i>kurvelo</i>	52	<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	39
L		<i>levetiracetam in sodium chloride iv soln</i> <i>500 mg/100ml</i>	39
<i>labetalol hcl</i>	28	<i>levobunolol hcl</i>	73
<i>lacosamide</i>	38	<i>levocarnitine (metabolic modifiers)</i> ...	57
<i>lacosamide oral</i>	38	<i>levocetirizine dihydrochloride</i>	74
<i>lactated ringer's solution</i>	70	<i>levofloxacin</i>	10
<i>lactic acid (ammonium lactate)</i>	80	<i>levofloxacin in d5w iv soln 250</i> <i>mg/50ml</i>	10
<i>lactulose</i>	60	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	10
<i>lactulose (encephalopathy)</i>	60	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	10
<i>lamivudine</i>	6	<i>levonest</i>	52
<i>lamivudine (hbv)</i>	8	<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg & eth est 0.01</i> <i>mg</i>	52
<i>lamivudine-zidovudine tab 150-300 mg</i>	8	<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	52
<i>lamotrigine</i>	39	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.15 mg-30 mcg</i>	52
<i>lanreotide acetate</i>	57	<i>levonorgestrel & ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i>	52
<i>lansoprazole</i>	61	<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i>	52
<i>lanthanum carbonate</i>	58	<i>levonorg-eth est tab 0.1-0.02mg(84) &</i> <i>eth est tab 0.01mg(7)</i>	52
LANTUS	48	<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>& eth est tab 0.01mg(7)</i>	52
LANTUS SOLOSTAR	48	<i>levora 0.15/30-28</i>	52
<i>lapatinib ditosylate</i>	18	<i>levo-t</i>	58
<i>larin 1/20</i>	52	<i>levothyroxine sodium</i>	58
<i>larin 1.5/30</i>	52	<i>levoxyl</i>	58
<i>larin 24 fe</i>	52	<i>l-glutamine (sickle cell)</i>	64
<i>larin fe 1/20</i>	52	LIBERVANT	39
<i>larin fe 1.5/30</i>	52	<i>lidocaine</i>	80
<i>latanoprost</i>	73	<i>lidocaine hcl</i>	80
<i>layolis fe</i>	52	<i>lidocaine hcl (local anesth.)</i>	3
<i>leena</i>	52	<i>lidocaine hcl (mouth-throat)</i>	81
<i>leflunomide</i>	66	<i>lidocaine-prilocaine cream 2.5-2.5%</i> ..	80
<i>lenalidomide</i>	14	<i>lidocan</i>	80
LENVIMA 10 MG DAILY DOSE	19	<i>linezolid</i>	4
LENVIMA 12MG DAILY DOSE	19	LINEZOLID INJ 2MG/ML	4
LENVIMA 20 MG DAILY DOSE	19		
LENVIMA 4 MG DAILY DOSE	18		
LENVIMA 8 MG DAILY DOSE	18		
LENVIMA CAP 14 MG	19		
LENVIMA CAP 18 MG	19		
LENVIMA CAP 24 MG	19		
<i>lessina</i>	52		
<i>letrozole</i>	14		
<i>leucovorin calcium</i>	23		
LEUKERAN	12		
<i>leuprolide acetate</i>	14		
<i>levabuterol hcl</i>	75		
<i>levabuterol tartrate</i>	75		

LINZESS	60	LUPRON DEPOT-PED (3-MONTH	57
<i>lithyronine sodium</i>	58	LUPRON DEPOT-PED (6-MONTH	57
<i>lisinopril</i>	24	<i>lurasidone hcl</i>	35
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	24	<i>lutea</i>	53
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	24	<i>lyleq</i>	53
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	24	<i>lyllana</i>	55
<i>lithium</i>	43	LYNPARZA	19
<i>lithium carbonate</i>	43	LYSODREN	14
<i>loestrin 1/20-21</i>	52	LYTGOBI (12 MG DAILY DOSE)	19
<i>loestrin 1.5/30-21</i>	52	LYTGOBI (16 MG DAILY DOSE)	19
<i>loestrin fe 1/20</i>	52	LYTGOBI (20 MG DAILY DOSE)	19
<i>loestrin fe 1.5/30</i>	52	<i>lyza</i>	53
LOKELMA	50	M	
LONSURF TAB 15-6.14	13	<i>magnesium sulfate</i>	70
LONSURF TAB 20-8.19	13	MAGNESIUM SULFATE	70
<i>loperamide hcl</i>	61	<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	70
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	8	<i>malathion</i>	81
<i>lopinavir-ritonavir tab 100-25 mg</i>	8	<i>maraviroc</i>	6
<i>lopinavir-ritonavir tab 200-50 mg</i>	8	<i>marlissa</i>	53
<i>lorazepam</i>	31	MARPLAN	32
<i>lorazepam intensol</i>	31	MATULANE	15
LORBRENA	19	MAVYRET PAK 50-20MG	9
<i>loryna</i>	52	MAVYRET TAB 100-40MG	9
<i>losartan potassium</i>	26	<i>meclizine hcl</i>	59
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	25	<i>medroxyprogesterone acetate</i>	58
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	25	<i>medroxyprogesterone acetate (contraceptive)</i>	53
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	25	<i>mefloquine hcl</i>	6
LOTEMAX	72	<i>megestrol acetate</i>	14, 58
<i>loteprednol etabonate</i>	72	<i>megestrol acetate (appetite)</i>	58
<i>lovastatin</i>	27	MEKINIST	19
<i>low-ogestrel</i>	53	MEKTOVI	19
<i>loxapine succinate</i>	35	<i>meloxicam</i>	1
LUMAKRAS	19	<i>memantine hcl</i>	31
LUMIGAN	73	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	31
LUMIZYME	57	MENACTRA INJ	68
LUPRON DEPOT (1-MONTH)	14	MENQUADFI INJ	68
LUPRON DEPOT (3-MONTH)	14	MENVEO INJ	68
LUPRON DEPOT-PED (1-MONTH	57	MENVEO SOL	68
		<i>mercaptopurine</i>	13
		<i>meropenem</i>	4
		<i>mesalamine</i>	60
		<i>mesalamine w/ cleanser</i>	60
		MESNEX	23
		<i>metformin hcl</i>	46, 47

<i>methadone hcl</i>	1, 2	M-NATAL PLUS TAB.....	70
<i>methadone hydrochloride i</i>	2	<i>modafinil</i>	45
<i>methazolamide</i>	30	<i>moexipril hcl</i>	24
<i>methenamine hippurate</i>	4	<i>molindone hcl</i>	35
<i>methimazole</i>	58	<i>mometasone furoate</i>	79
<i>methocarbamol</i>	44	MONJUVI	19
<i>methotrexate sodium</i>	13, 66	<i>mono-lynyah</i>	53
<i>methsuximide</i>	39	<i>montelukast sodium</i>	75
<i>methylphenidate hcl</i>	42	<i>morphine sulfate</i>	2
<i>methylprednisolone</i>	56	MORPHINE SULFATE.....	2
<i>methylprednisolone acetate</i>	56	MORPHINE SULFATE/SODIUM C.....	2
<i>methylprednisolone sod succ</i>	56	MOUNJARO	47
<i>methyltestosterone</i>	46	MOVANTIK	61
<i>metoclopramide hcl</i>	59	<i>moxifloxacin hcl</i>	10
<i>metolazone</i>	30	<i>moxifloxacin hcl (ophth)</i>	72
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg	28	<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	10
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg	28	MRESVIA	68
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	28	MULTAQ.....	27
<i>metoprolol succinate</i>	28	<i>multiple electrolytes ph 5.5</i>	70
<i>metoprolol tartrate</i>	28	<i>multiple electrolytes ph 7.4</i>	70
<i>metronidazole</i>	4	<i>mupirocin</i>	78
<i>metronidazole (topical)</i>	80	<i>mycophenolate mofetil</i>	67
<i>metronidazole vaginal</i>	62	<i>mycophenolate sodium</i>	67
<i>metyrosine</i>	30	MYRBETRIQ.....	62
MG SO4/D5W INJ 10MG/ML.....	70	N	
<i>mibelas 24 fe</i>	53	<i>nabumetone</i>	1
<i>micafungin sodium</i>	5	<i>nadolol</i>	28
<i>microgestin 1/20</i>	53	<i>nafacillin sodium</i>	11
<i>microgestin 1.5/30</i>	53	NAGLAZYME	57
<i>microgestin 24 fe</i>	53	<i>nalbuphine hcl</i>	2
<i>microgestin fe 1/20</i>	53	<i>naloxone hcl</i>	45
<i>microgestin fe 1.5/30</i>	53	<i>naltrexone hcl</i>	45
<i>midodrine hcl</i>	30	NAMZARIC CAP 14-10MG	31
MIEBO	73	NAMZARIC CAP 21-10MG	31
<i>mifepristone (hyperglycemia)</i>	57	NAMZARIC CAP 28-10MG	32
<i>miglustat</i>	57	NAMZARIC CAP 7-10MG.....	31
<i>mili</i>	53	NAMZARIC CAP PACK	32
<i>mimvey</i>	55	<i>naproxen</i>	1
<i>minocycline hcl</i>	12	<i>naproxen dr</i>	1
<i>minoxidil</i>	30	<i>naproxen sodium</i>	1
<i>mirtazapine</i>	32	<i>naratriptan hcl</i>	43
<i>misoprostol</i>	61	NATACYN	72
MITIGARE.....	1	<i>nateglinide</i>	47
M-M-R II INJ	68	NATPARA	50
		NAYZILAM.....	39
		<i>nebivolol hcl</i>	28

<i>necon 0.5/35-28</i>	53	<i>norethindrone & ethinyl estradiol-fe</i>	
<i>nefazodone hcl</i>	33	<i>chew tab 0.8 mg-25 mcg</i>	53
<i>neomycin-bacitrac zn-polymyx</i>		<i>norethindrone ace & ethinyl estradiol-fe</i>	
<i>5(3.5)mg-400unt-10000unt op oin</i>	72	<i>tab 1 mg-20 mcg</i>	53
<i>neomycin-polymyx-gramicid op sol</i>		<i>norethindrone ace & ethinyl estradiol</i>	
<i>1.75-10000-0.025mg-unt-mg/ml</i> ..	72	<i>tab 1.5 mg-30 mcg</i>	53
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ace & ethinyl estradiol</i>	
<i>ophth oint 0.1%</i>	71	<i>tab 1 mg-20 mcg</i>	53
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ace-eth estradiol-fe</i>	
<i>ophth susp 0.1%</i>	71	<i>chew tab 1 mg-20 mcg (24)</i>	53
<i>neomycin-polymyxin-hc ophth susp</i> ..	71	<i>norethindrone acetate</i>	58
<i>neomycin-polymyxin-hc otic soln 1%</i>	73	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>tab 0.5 mg-2.5 mcg</i>	55
<i>mg/ml-10000 unit/ml-1%</i>	73	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>neomycin sulfate</i>	4	<i>tab 1 mg-5 mcg</i>	55
<i>neo-polycin 5(3.5)mg-400unt-</i>		<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>10000unt op oin</i>	72	<i>1-20/1-30/1-35 mg-mcg</i>	53
<i>neo-polycin hc ophth oint 1%</i>	71	<i>norgestimate & ethinyl estradiol tab</i>	
NERLYNX	19	<i>0.25 mg-35 mcg</i>	53
NEUPRO.....	34	<i>norgestimate-eth estrad tab 0.18-</i>	
<i>nevirapine</i>	6	<i>25/0.215-25/0.25-25 mg-mcg</i>	53
NEXAVAR	19	<i>norgestimate-eth estrad tab 0.18-</i>	
NEXLETOL.....	28	<i>35/0.215-35/0.25-35 mg-mcg</i>	53
NEXLIZET TAB 180/10MG.....	28	<i>norlyroc</i>	53
<i>niacin (antihyperlipidemic)</i>	28	NORPACE CR	27
<i>nicardipine hcl</i>	29	<i>nortrel 0.5/35 (28)</i>	53
NICOTROL INHALER	45	<i>nortrel 1/35 (21)</i>	54
NICOTROL NS.....	45	<i>nortrel 1/35 (28)</i>	54
<i>nifedipine</i>	29	<i>nortrel 7/7/7</i>	54
<i>nikki</i>	53	<i>nortriptyline hcl</i>	33
<i>nilutamide</i>	14	NORVIR.....	6
<i>nimodipine</i>	29	NOVOLIN INJ 70/30	48
NINLARO	19	NOVOLIN INJ 70/30 FP	48
<i>nitazoxanide</i>	4	NOVOLIN N	48
<i>nitisinone</i>	57	NOVOLIN N FLEXPEN	48
NITRO-BID.....	30	NOVOLIN R	48
<i>nitrofurantoin macrocrystal</i>	4	NOVOLIN R FLEXPEN	48
<i>nitrofurantoin monohyd macro</i>	4	NOVOLOG	48
<i>nitroglycerin</i>	31	NOVOLOG FLEXPEN.....	48
<i>nitroglycerin (intra-anal)</i>	80	NOVOLOG MIX INJ 70/30	48
<i>nizatidine</i>	60	NOVOLOG MIX INJ FLEXPEN	48
<i>nora-be</i>	53	NOVOLOG PENFILL.....	49
<i>norelgestromin-ethinyl estradiol td</i>		NUBEQA	14
<i>ptwk 150-35 mcg/24hr</i>	53	NUDEXTA CAP 20-10MG	43
<i>norethindrone (contraceptive)</i>	53	NULOJIX	67
<i>norethindrone & ethinyl estradiol-fe</i>		NUPLAZID	35
<i>chew tab 0.4 mg-35 mcg</i>	53	NURTEC.....	43

NUTRILIPID.....	71	<i>olmesartan medoxomil-</i>	
NUZYRA.....	12	<i>hydrochlorothiazide tab 40-25 mg</i>	.25
<i>nyamyc</i>	78	<i>omega-3-acid ethyl esters cap 1 gm</i>	.28
<i>nylia 1/35</i>	54	<i>omeprazole</i>	61
<i>nylia 7/7/7</i>	54	<i>omeprazole-sodium bicarbonate cap</i>	
NYMALIZE.....	29	20-1100 mg	61
<i>nymyo</i>	54	<i>omeprazole-sodium bicarbonate cap</i>	
<i>nystatin</i>	5	40-1100 mg	61
<i>nystatin (mouth-throat)</i>	81	<i>omeprazole-sodium bicarbonate powd</i>	
<i>nystatin (topical)</i>	78	<i>pack for susp 20-1680 mg</i>	61
<i>nystop</i>	78	<i>omeprazole-sodium bicarbonate powd</i>	
o		<i>pack for susp 40-1680 mg</i>	61
<i>ocella</i>	54	OMNIPOD 5 DX KIT INT G7G6	49
OCTAGAM	67	OMNIPOD 5 DX MIS POD G7G6.....	49
<i>octreotide acetate</i>	57	OMNIPOD 5 G7 KIT INTRO	49
ODEFSEY TAB.....	8	OMNIPOD 5 G7 MIS PODS.....	49
ODOMZO	19	OMNIPOD DASH KIT INTRO.....	49
OFEV.....	75	OMNIPOD DASH MIS PODS	49
<i>ofloxacin (ophth)</i>	72	OMNIPOD GO KIT 10UNT/DY	49
<i>ofloxacin (otic)</i>	73	OMNIPOD GO KIT 15UNT/DY	49
OGIVRI.....	19	OMNIPOD GO KIT 20UNT/DY	49
OGSIVEO	20	OMNIPOD GO KIT 25UNT/DY	49
OJEMDA.....	20	OMNIPOD GO KIT 30UNT/DY	49
OJJAARA.....	20	OMNIPOD GO KIT 35UNT/DY	49
<i>olanzapine</i>	35, 36	OMNIPOD GO KIT 40UNT/DY	49
<i>olmesartan-amlodipine-</i>		OMNIPOD MIS CLASSIC	49
<i>hydrochlorothiazide tab 20-5-12.5</i>		<i>ondansetron</i>	59
<i>mg</i>	25	<i>ondansetron hcl</i>	59
<i>olmesartan-amlodipine-</i>		ONTRUZANT.....	20
<i>hydrochlorothiazide tab 40-10-12.5</i>		ONUREG	13
<i>mg</i>	26	OPSUMIT	31
<i>olmesartan-amlodipine-</i>		ORGOVYX	14
<i>hydrochlorothiazide tab 40-10-25 mg</i>		ORKAMBI GRA 100-125	75
.....	26	ORKAMBI GRA 150-188	75
<i>olmesartan-amlodipine-</i>		ORKAMBI GRA 75-94MG	75
<i>hydrochlorothiazide tab 40-5-12.5</i>		ORKAMBI TAB 100-125.....	76
<i>mg</i>	26	ORKAMBI TAB 200-125.....	76
<i>olmesartan-amlodipine-</i>		ORSERDU	14
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>oseltamivir phosphate</i>	9
.....	26	OTEZLA	65
<i>olmesartan medoxomil</i>	26	OTEZLA TAB 10/20.....	65
<i>olmesartan medoxomil-</i>		OTEZLA TAB 10/20/30.....	65
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>oxacillin sodium</i>	11
.....	25	<i>oxaliplatin</i>	12
<i>olmesartan medoxomil-</i>		<i>oxcarbazepine</i>	39
<i>hydrochlorothiazide tab 40-12.5 mg</i>		<i>oxybutynin chloride</i>	62
.....	25	<i>oxycodone hcl</i>	2, 3

<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	<i>pentamidine isethionate inh</i>	4
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	<i>pentamidine isethionate inj</i>	4
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	<i>pentoxifylline</i>	64
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	<i>perindopril erbumine</i>	24
OZEMPIC (0.25 OR 0.5MG/DOSE)	47	<i>periogard</i>	81
OZEMPIC (0.25 OR 0.5 MG/DOSE)....	47	<i>permethrin</i>	81
OZEMPIC (1MG/DOSE)	47	<i>perphenazine</i>	36
OZEMPIC (2MG/DOSE)	47	PERSERIS	36
P		<i>pfizerpen</i>	11
<i>pacerone</i>	27	<i>phenelzine sulfate</i>	33
<i>paclitaxel</i>	15	<i>phenobarbital</i>	39
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	15	<i>phenobarbital sodium</i>	39
<i>paliperidone</i>	36	<i>phenytek</i>	39
<i>pamidronate disodium</i>	50	<i>phenytoin</i>	39
PAMIDRONATE DISODIUM.....	50	<i>phenytoin sodium</i>	39
PANRETIN	80	<i>phenytoin sodium extended</i>	39
<i>pantoprazole sodium</i>	61	PHESGO SOL.....	20
PANZYGA	67	<i>philith</i>	54
<i>paraplatin</i>	12	PIFELTRO	6
<i>paricalcitol</i>	59	<i>pilocarpine hcl</i>	73
<i>paroxetine hcl</i>	33	<i>pilocarpine hcl (oral)</i>	81
PAXLOVID TAB 150-100	9	<i>pimozide</i>	36
PAXLOVID TAB 300-100	9	<i>pimtrea</i>	54
<i>pazopanib hcl</i>	20	<i>pindolol</i>	28
PEDIARIX INJ 0.5ML.....	68	<i>pioglitazone hcl</i>	47
PEDVAX HIB.....	68	<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	47
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	60	<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	47
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	60	<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	11
PEGASYS	9	<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	12
PEMAZYRE	20	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	12
<i>pemetrexed disodium</i>	13	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	12
PENBRAYA INJ	68	<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	12
PEN GK/DEXTR INJ 40000/ML.....	11	PIQRAY 200MG DAILY DOSE.....	20
PEN GK/DEXTR INJ 60000/ML.....	11	PIQRAY 250MG TAB DOSE.....	20
<i>penicillamine</i>	50	PIQRAY 300MG DAILY DOSE.....	20
<i>penicillin g potassium</i>	11	<i>pirfenidone</i>	76
<i>penicillin g sodium</i>	11	<i>piroxicam</i>	1
<i>penicillin v potassium</i>	11	PLASMA-LYTE INJ -148	70
PENNSAID.....	80	PLASMA-LYTE INJ -A.....	70
PENTACEL INJ	68	<i>plenamine</i>	71

PLENVU SOL.....	60	PRIVIGEN	67
<i>podofilox</i>	80	<i>probenecid</i>	1
<i>polycin ophth oint</i>	72	<i>prochlorperazine</i>	59
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	72	<i>prochlorperazine edisylate</i>	59
POMALYST	14	<i>prochlorperazine maleate</i>	59
<i>portia-28</i>	54	PROCRIT.....	63
<i>posaconazole</i>	5	<i>proctocort</i>	80
<i>potassium chloride</i>	70	<i>procto-med hc</i>	80
POTASSIUM CHLORIDE.....	70	<i>proctosol hc</i>	80
<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i>	70	<i>proctozone-hc</i>	81
<i>potassium chloride microencapsulated</i> <i>crystals er</i>	70	<i>progesterone</i>	58
<i>potassium citrate (alkalinizer)</i>	62	PROGRAF.....	67
POT CHL 20MEQ/L IN NAACL 0.45% INJ	70	PROLASTIN-C	76
POT CHL 20MEQ/L IN NAACL 0.9% INJ	70	PROLENSA	72
POT CHL 40MEQ/L IN NAACL 0.9% INJ	70	PROLIA	50
PRADAXA	63	PROMACTA.....	64
<i>pramipexole dihydrochloride</i>	34	<i>promethazine hcl</i>	59
<i>prasugrel hcl</i>	64	<i>propafenone hcl</i>	27
<i>pravastatin sodium</i>	27	<i>proparacaine hcl</i>	73
<i>praziquantel</i>	4	<i>propranolol hcl</i>	29
<i>prazosin hcl</i>	24	<i>propylthiouracil</i>	58
<i>prednisolone</i>	56	PROQUAD INJ.....	68
<i>prednisolone acetate (ophth)</i>	72	PROSOL INJ 20%	71
PREDNISOLONE SODIUM PHOSP	72	<i>protriptyline hcl</i>	33
<i>prednisolone sodium phosphate</i>	56	PULMOZYME	76
<i>prednisone</i>	56	PURIXAN.....	13
PREDNISONE INTENSOL	56	<i>pyrazinamide</i>	8
<i>pregabalin</i>	39	<i>pyridostigmine bromide</i>	43
PREHEVBRIO	68	Q	
PREMASOL SOL 10%	71	QINLOCK	20
PRENATAL TAB 27-1MG	70	QUADRACEL INJ.....	68
PRENATAL TAB PLUS	70	QUADRACEL INJ 0.5ML	68
<i>prevalite</i>	28	<i>quetiapine fumarate</i>	36
PREVYMIS.....	9	<i>quinapril hcl</i>	24
PREZCOBIX TAB 800-150.....	8	<i>quinidine sulfate</i>	27
PREZISTA	6, 7	<i>quinine sulfate</i>	6
PRIFTIN.....	8	QULIPTA.....	43
<i>primaquine phosphate</i>	6	R	
PRIMAQUINE PHOSPHATE	6	RABAVERT INJ.....	68
<i>primidone</i>	39	<i>rabeprazole sodium</i>	61
PRIORIX INJ	68	<i>raloxifene hcl</i>	57
		<i>ramipril</i>	24
		<i>ranolazine</i>	30
		<i>rasagiline mesylate</i>	34
		RAYALDEE.....	59
		<i>reclipsen</i>	54
		RECOMBIVAX HB	68

RECTIV	81
REGRANEX	81
RELENZA DISKHALER	9
RELISTOR	61
REMICADE	65
RENFLEXIS	65
<i>repaglinide</i>	47
REPATHA	28
REPATHA PUSHTRONEX SYSTEM	28
REPATHA SURECLICK	28
RESTASIS	73
RESTASIS MULTIDOSE	73
RETEVMO	20
REVLIMID	14
REXULTI	36
REYATAZ	7
REZLIDHIA	20
REZUROCK	67
RHOPRESSA	73
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	8
<i>rifampin</i>	8
<i>riluzole</i>	43
<i>rimantadine hydrochloride</i>	9
RINVOQ	65
RINVOQ LQ	65
<i>risedronate sodium</i>	50
<i>risperidone</i>	36
<i>risperidone microspheres</i>	36
<i>ritonavir</i>	7
<i>rivastigmine</i>	32
<i>rivastigmine tartrate</i>	32
<i>rivelsa</i>	54
<i>rizatriptan benzoate</i>	43
ROCKLATAN DRO	73
<i>roflumilast</i>	76
<i>ropinirole hydrochloride</i>	34
<i>rosuvastatin calcium</i>	27
ROTARIX SUS	68
ROTATEQ SOL	68
<i>roweepra</i>	39
ROZLYTREK	20
RUBRACA	20
<i>rufinamide</i>	39, 40
RUKOBIA	7
RYBELSUS	47
RYDAPT	20

S	
<i>sajazir</i>	64
SANDIMMUNE	67
SANTYL	81
<i>sapropterin dihydrochloride</i>	57
SCEMBLIX	20, 21
<i>scopolamine</i>	59
SECUADO	36
<i>selegiline hcl</i>	34
<i>selenium sulfide</i>	79
SELZENTRY	7
SEREVENT DISKUS	75
<i>sertraline hcl</i>	33
<i>setlakin</i>	54
<i>sevelamer carbonate</i>	58
<i>sharobel</i>	54
SHINGRIX	68
SIGNIFOR	57
<i>sildenafil citrate (pulmonary hypertension)</i>	31
<i>silver sulfadiazine</i>	78
SIMBRINZA SUS 1-0.2%	73
<i>simliya</i>	54
<i>simpesse</i>	54
<i>simvastatin</i>	27
<i>sirolimus</i>	67
SIRTURO	8
SIVEXTRO	4
SKYRIZI	65, 66
SKYRIZI PEN	66
<i>sodium chloride</i>	70
<i>sodium chloride (gu irrigant)</i>	81
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln.</i>	71
SODIUM OXYBATE	45
<i>sodium phenylbutyrate</i>	57
<i>sodium polystyrene sulfonate powder</i>	50
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml.</i>	60
<i>solifenacin succinate</i>	62
SOLIQUA INJ 100/33	49
SOLTAMOX	14
SOLU-CORTEF	56
SOMATULINE DEPOT	57
SOMAVERT	57
<i>sorafenib tosylate</i>	21

<i>sorine</i>	27	SYNJARDY TAB 5-500MG.....	47
<i>sotalol hcl</i>	27	SYNJARDY XR TAB 10-1000.....	47
<i>sotalol hcl (afib/afl)</i>	27	SYNJARDY XR TAB 12.5-1000	47
<i>spironolactone</i>	24	SYNJARDY XR TAB 25-1000.....	47
<i>spironolactone & hydrochlorothiazide</i>		SYNJARDY XR TAB 5-1000MG	47
<i>tab 25-25 mg</i>	30	SYNTHROID	58
<i>sprintec 28</i>	54	T	
SPRITAM.....	40	TABLOID.....	13
SPRYCEL.....	21	TABRECTA.....	21
<i>sps</i>	50	<i>tacrolimus</i>	67
<i>sronyx</i>	54	<i>tacrolimus (topical)</i>	81
<i>ssd</i>	78	TAFINLAR	21
STELARA.....	66	TAGRISSO	21
STIVARGA.....	21	TALTZ	66
<i>streptomycin sulfate</i>	4	TALZENNA	21
STRIBILD TAB	8	<i>tamoxifen citrate</i>	14
<i>subvenite</i>	40	<i>tamsulosin hcl</i>	62
<i>sucralfate</i>	61	<i>tarina 24 fe</i>	54
<i>sulfacetamide sodium (acne)</i>	78	<i>tarina fe 1/20 eq</i>	54
<i>sulfacetamide sodium (ophth)</i>	72	TASIGNA	21
<i>sulfacetamide sodium-prednisolone</i>		<i>tasimelteon</i>	42
<i>ophth soln 10-0.23(0.25)%</i>	71	<i>tazarotene</i>	78
<i>sulfadiazine</i>	4	<i>tazicef</i>	10
<i>sulfamethoxazole-trimethoprim iv soln</i>		TAZORAC.....	78
<i>400-80 mg/5ml</i>	4	TAZVERIK	21
<i>sulfamethoxazole-trimethoprim susp</i>		TDVAX INJ 2-2 LF	69
<i>200-40 mg/5ml</i>	4	TECENTRIQ	21
<i>sulfamethoxazole-trimethoprim tab</i>		TEFLARO.....	10
<i>400-80 mg</i>	4	<i>telmisartan</i>	26
<i>sulfamethoxazole-trimethoprim tab</i>		<i>telmisartan-amlodipine tab 40-10 mg</i>	
<i>800-160 mg</i>	5	26
SULFAMYLON	78	<i>telmisartan-amlodipine tab 40-5 mg</i> .	26
<i>sulfasalazine</i>	60	<i>telmisartan-amlodipine tab 80-10 mg</i>	
<i>sulindac</i>	1	26
<i>sumatriptan</i>	43	<i>telmisartan-amlodipine tab 80-5 mg</i> .	26
<i>sumatriptan succinate</i>	43	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>sunitinib malate</i>	21	<i>12.5 mg</i>	26
SUNLENCA.....	7	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
<i>syeda</i>	54	<i>12.5 mg</i>	26
SYMDEKO TAB 100-150	76	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
SYMDEKO TAB 50-75MG	76	<i>25 mg</i>	26
SYMPAZAN.....	40	<i>temazepam</i>	42
SYMTUZA TAB	8	TENIVAC INJ 5-2LF.....	69
SYNAREL	55	<i>tenofovir disoproxil fumarate</i>	7
SYNJARDY TAB 12.5-1000MG	47	TEPMETKO	21
SYNJARDY TAB 12.5-500.....	47	<i>terazosin hcl</i>	24
SYNJARDY TAB 5-1000MG	47	<i>terbinafine hcl</i>	5

<i>terbutaline sulfate</i>	75	TRAVASOL INJ 10%	71
<i>terconazole vaginal</i>	62	<i>travoprost</i>	73
TERIPARATIDE	50	TRAZIMERA	21
<i>testosterone</i>	46	<i>trazodone hcl</i>	33
<i>testosterone cypionate</i>	46	TRECATOR	8
<i>testosterone enanthate</i>	46	TRELEGY AER ELLIPTA 100-62.5-25 MCG	74
<i>tetrabenazine</i>	43	TRELEGY AER ELLIPTA 200-62.5-25 MCG	74
<i>tetracycline hcl</i>	12	TREMFYA	66
THALOMID	14, 15	<i>treprostinil</i>	31
THEO-24	76	TRESIBA	49
<i>theophylline</i>	76	TRESIBA FLEXTOUCH	49
<i>thioridazine hcl</i>	36	<i>tretinoin</i>	78
<i>thiothixene</i>	36	<i>tretinoin (chemotherapy)</i>	15
<i>tiadylt er</i>	29	<i>triamcinolone acetonide (mouth)</i>	81
<i>tiagabine hcl</i>	40	<i>triamcinolone acetonide (topical)</i> 79, 80	
TIBSOVO	21	<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	30
TICOVAC	69	<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	30
<i>tigecycline</i>	12	<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	30
<i>tilia fe</i>	54	<i>tridacaine ii</i>	80
<i>timolol maleate</i>	29	<i>trientine hcl</i>	50
<i>timolol maleate (ophth)</i>	73	<i>tri-estarylla</i>	54
<i>tinidazole</i>	5	<i>trifluoperazine hcl</i>	36
TIVICAY	7	<i>trifluridine</i>	72
TIVICAY PD	7	<i>trihexyphenidyl hcl</i>	34
<i>tizanidine hcl</i>	44	TRIJARDY XR TAB ER 24HR 10-5- 1000MG	47
TOBRADEX OIN 0.3-0.1%	71	TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	47
TOBRADEX ST SUS 0.3-0.05	71	TRIJARDY XR TAB ER 24HR 25-5- 1000MG	47
<i>tobramycin</i>	5	TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	47
<i>tobramycin (ophth)</i>	72	TRIKAFTA PAK 59.5MG	76
<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	71	TRIKAFTA PAK 75MG	76
<i>tobramycin sulfate</i>	5	TRIKAFTA TAB 100-50-75MG & 150MG	76
<i>tolterodine tartrate</i>	62	TRIKAFTA TAB 50-25-37.5MG & 75MG	76
<i>topiramate</i>	40	<i>tri-legend fe</i>	54
<i>toremifene citrate</i>	14	<i>tri-linyah</i>	54
<i>torpenz</i>	21	<i>tri-lo-estarylla</i>	54
<i>torseamide</i>	30	<i>tri-lo-marzia</i>	54
TOUJEO MAX SOLOSTAR	49		
TOUJEO SOLOSTAR	49		
TPN ELECTROL INJ	70		
TRADJENTA	47		
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	3		
<i>tramadol hcl</i>	3		
<i>trandolapril</i>	24		
<i>tranexamic acid</i>	64		
<i>tranlycypromine sulfate</i>	33		

<i>tri-lo-mili</i>	54	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	26
<i>tri-lo-sprintec</i>	54	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	26
<i>trimethoprim</i>	5	VALTOCO 10 MG DOSE	40
<i>tri-mili</i>	54	VALTOCO 15 MG DOSE	40
<i>trimipramine maleate</i>	33	VALTOCO 20 MG DOSE	40
TRINTELLIX.....	33	VALTOCO 5 MG DOSE.....	40
<i>tri-nymyo</i>	54	<i>vancomycin hcl</i>	5
<i>tri-sprintec</i>	54	VANCOMYCIN HYDROCHLORIDE	5
TRIUMEQ PD TAB.....	8	VANCOMYCIN INJ 1 GM	5
TRIUMEQ TAB	8	VANCOMYCIN INJ 500MG.....	5
<i>trivora-28</i>	54	VANCOMYCIN INJ 750MG.....	5
<i>tri-vylibra</i>	54	VANFLYTA	22
<i>tri-vylibra lo</i>	54	VAQTA.....	69
TRIZIVIR TAB.....	8	<i>varenicline tartrate</i>	45
TROGARZO	7	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	45
TROPHAMINE INJ 10%.....	71	VARIVAX.....	69
<i>tropium chloride</i>	62	VASCEPA	28
TRULICITY	47	VAXCHORA SUS.....	69
TRUMENBA INJ	69	<i>velivet</i>	54
TRUQAP	21	VELPHORO	58
TRUXIMA	21	VELTASSA.....	50
TUKYSA	22	VEMLIDY	9
TURALIO.....	22	VENCLEXTA.....	22
<i>turqoz</i>	54	VENCLEXTA TAB START PK.....	22
TWINRIX INJ	69	<i>venlafaxine hcl</i>	33
TYBOST.....	7	VENTAVIS	31
<i>tydemy</i>	54	VENTOLIN HFA	75
TYPHIM VI.....	69	VENTOLIN HFA (INSTITUTIONAL PACK)	75
TYRVAYA	73	<i>verapamil hcl</i>	29
U		VERQUVO	30
UBRELVY	43	VERSACLOZ	36
<i>unithroid</i>	58	VERZENIO.....	22
<i>ursodiol</i>	61	<i>vestura</i>	54
V		V-GO 20 KIT.....	49
<i>valacyclovir hcl</i>	9	V-GO 30 KIT.....	49
VALCHLOR	81	V-GO 40 KIT.....	49
<i>valganciclovir hcl</i>	9	<i>vienva</i>	54
<i>valproate sodium</i>	40	<i>vigabatrin</i>	40
<i>valproic acid</i>	40	<i>vigadrone</i>	40
<i>valsartan</i>	26	VIGAFYDE	40
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	26	<i>vigpoder</i>	40
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	26	<i>vilazodone hcl</i>	33
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	26	<i>vincristine sulfate</i>	15

<i>vinorelbine tartrate</i>	15	XIGDUO XR TAB 5-500MG	47
<i>viorele</i>	54	XIIDRA	73
VIRACEPT	7	XOFLUZA	9
VIREAD	7	XOLAIR.....	76
VITRAKVI.....	22	XOSPATA	22
VIVITROL.....	45	XPOVIO 100 MG ONCE WEEKLY	23
VIZIMPRO	22	XPOVIO 40 MG ONCE WEEKLY	22
VONJO.....	22	XPOVIO 40 MG TWICE WEEKLY	22
<i>voriconazole</i>	5, 6	XPOVIO 60 MG ONCE WEEKLY	22
VOSEVI TAB.....	9	XPOVIO 60 MG TWICE WEEKLY	22
VRAYLAR	36	XPOVIO 80 MG ONCE WEEKLY	22
VRAYLAR CAP 1.5-3MG	37	XPOVIO 80 MG TWICE WEEKLY	22
<i>vyfemla</i>	54	XTANDI	14
<i>vylibra</i>	54	<i>xulane</i>	55
VYZULTA.....	73	XULTOPHY INJ 100/3.6	49
W		Y	
<i>warfarin sodium</i>	63	<i>yargesa</i>	57
<i>water for irrigation, sterile irrigation</i>		YF-VAX INJ.....	69
<i>soln</i>	81	<i>yuvafem</i>	55
WELIREG	15	Z	
<i>wera</i>	54	<i>zafemy</i>	55
<i>wixela inhub</i>	77	<i>zafirlukast</i>	75
<i>wymzya fe</i>	55	<i>zaleplon</i>	42
X		ZARXIO	63
XALKORI.....	22	ZEJULA	23
XARELTO	63	ZELBORAF.....	23
XARELTO STAR TAB 15/20MG.....	63	ZEMAIRA	76
XATMEP	66	<i>zenatane</i>	78
XCOPRI	40	ZENPEP CAP 10000UNT	61
XCOPRI PAK 100-150	40	ZENPEP CAP 15000UNT	61
XCOPRI PAK 12.5-25	40	ZENPEP CAP 20000UNT	61
XCOPRI PAK 150-200MG		ZENPEP CAP 25000UNT	61
(MAINTENANCE)	40	ZENPEP CAP 3000UNIT	61
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 40000UNT	61
.....	40	ZENPEP CAP 5000UNIT	61
XCOPRI PAK 50-100MG.....	40	ZENPEP CAP 60000UNT	61
XDEMVY	72	ZERVIAE	73
XELJANZ	66	<i>zidovudine</i>	7
XELJANZ XR	66	ZIEXTENZO	63
XERMELO	61	<i>ziprasidone hcl</i>	37
XGEVA.....	50	<i>ziprasidone mesylate</i>	37
XHANCE.....	76	ZIRABEV.....	23
XIFAXAN.....	61	ZIRGAN	72
XIGDUO XR TAB 10-1000	48	<i>zoledronic acid</i>	50
XIGDUO XR TAB 10-500MG	47	ZOLINZA.....	23
XIGDUO XR TAB 2.5-1000.....	47	<i>zolpidem tartrate</i>	42
XIGDUO XR TAB 5-1000MG	47	ZONISADE	41

<i>zonisamide</i>	41
<i>zovia 1/35</i>	55
ZTALMY	41
<i>zumandimine</i>	55
ZURZUVAE	33

ZYDELIG	23
ZYKADIA.....	23
ZYLET SUS 0.5-0.3%.....	71
ZYPREXA RELPREVV	37



Elderplan For Medicaid Beneficiaries (HMO-POS D-SNP)

Elderplan Plus Long-Term Care (HMO-POS D-SNP)

Elderplan Advantage For Nursing Home Residents (HMO-POS I-SNP)

本處方藥一覽表自 2024 年 11 月 1 日起未作任何變更。如需最新資訊或有其他疑問，請致電會員服務部，電話：1-800-353-3765（聽障人士應致電 711），服務時間為每週 7 天，早上 8 點至晚上 8 點，或瀏覽 www.elderplan.org。