



A Medicare Advantage Plan from Hometown Health.

Senior Care Plus

2024 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID: 24083 Version Number: 17

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Senior Care Plus at 775-982-3112 or toll-free 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit www.SeniorCarePlus.com.

Senior Care Plus is a Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

ATTENTION: If you speak Spanish, language assistance services are available to you, free of charge. Call 775-982-3112 or toll-free at 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

ATENCIÓN: Si habla español, servicios de asistencia lingüística están disponible para usted sin cargo alguno. Llame al 775-982-3112 o al número gratuito al 888-775-7003 (Los usuarios de TTY deben llamar al Servicio de Retransmisión del Estado al 711). (No estamos abiertos los 7 días de la semana durante todo el año) El horario es de 8:00 a.m. a 8:00 p.m., los 7 días de la semana (excepto Acción de Gracias y Navidad) del 1 de octubre al 31 de marzo, y de lunes a viernes (excepto festivos) del 1 de abril al 30 de septiembre.

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

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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When this drug list (formulary) refers to “we,” “us”, or “our,” it means Senior Care Plus. When it refers to “plan” or “our plan,” it means Senior Care Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Senior Care Plus Formulary?

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

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but Senior Care Plus may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Senior Care Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new

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clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Senior Care Plus Formulary.”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 11/01/2024. To get updated information about the drugs covered by Senior Care Plus, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 72. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Senior Care Plus covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

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- **Prior Authorization:** Senior Care Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Senior Care Plus before you fill your prescriptions. If you don't get approval, Senior Care Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Senior Care Plus limits the amount of the drug that Senior Care Plus covers. For example, Senior Care Plus provides 30 tablets per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Senior Care Plus requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Senior Care Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you Senior Care Plus will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization restriction and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Senior Care Plus to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Senior Care Plus formulary?" on page 4 for information about how to request an exception.

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

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan.

What if my drug is not on the Formulary?

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

If you learn that Senior Care Plus does not cover your drug, you have two options:

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

How do I request an exception to the Senior Care Plus Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

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- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Senior Care Plus limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Senior Care Plus will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90-days you are a member of our plan.

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

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

Transition fills include the transition of new Enrollees into a Medicare Part D Plan following the annual coordinated election period; the transition of newly eligible Enrollees into a Medicare Part D Plan from other coverage; the transition of enrollees from one plan to another after the start of a plan year (i.e. after January 1); Enrollees residing in a Long-Term- Care (LTC) Facility; and current Enrollees in a Medicare Part D Plan affected by Formulary changes from one plan year to the next.

The transition period is the first 90 days of coverage under a Medicare Part D Plan following a transition, coverage will be extended across contract years if an Enrollee has an effective enrollment date of either November 1 or December 1 to allow for the full 90 days of coverage. During this time, Medicare Part D Plans must provide temporary fill of a Non-Formulary Drug to an Enrollee.

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For Enrollees who are residents of Long-Term Care Facilities and obtain their prescriptions from a Long-Term Care Network Pharmacy or who experience a transition characterized as a level of care change from one treatment setting to another, Senior Care Plus will provide up to a 31-day supply of Non-Formulary Drug. An override for up to a 31-day supply is entered to allow the Non-Formulary Drug claim to process.

For more information

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

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

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

Senior Care Plus Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by Senior Care Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 72.

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

The information in the Requirements/Limits column tells you if Senior Care Plus has any special requirements for coverage of your drug.

NOTES KEY

The symbol **B/D** next to a drug name indicates that the drug is Part D vs Part B with prior authorization only.

The symbol **PA** next to a drug name indicates that prior authorization may apply.

The symbol **QL** next to a drug name indicates that quantities dispensed may be limited.

The symbol **ST** next to a drug name indicates that Step Therapy may apply.

The symbol **NDS** next to a drug name indicates that Non-Extended Day Supply may apply.

You will be notified when a generic is available throughout the year for certain brand name drugs. Certain prescription drugs related to Home Infusion Therapy that are normally covered under our outpatient prescription drug benefit may instead be covered under our medical benefit.

For more information, please call Customer Service at 888-775-7003. TTY users should call the State Relay Service at 711. (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit www.SeniorCarePlus.com.

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PLAN TYPE	Tier Key					
	1	2	3	4	5	6
	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Drug	Specialty	Select Care Drugs
Essential (HMO)-012	\$5	\$12	\$47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Complete (HMO)-019	\$2	\$8	\$47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Renown Preferred (HMO)-023	\$5	\$12	\$47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Select (HMO)-018	\$0	\$0	\$ 47 Select Insulins: \$35	\$100	33% coinsurance	\$0
Extensive Duals (HMO D-SNP)-024	\$0	\$0	\$0	\$0	33% coinsurance	\$0

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib capsule</i>	2	QL(60 EA per 30 days)
<i>diclofenac potassium tablet 50mg</i>	3	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	3	
<i>diclofenac sodium gel 1%</i>	2	QL(1000 GM per 30 days)
<i>diflunisal tablet 500mg</i>	3	
<i>ec-naproxen tablet delayed release 500mg</i>	4	
<i>etodolac capsule, tablet</i>	3	
<i>flurbiprofen tablet</i>	2	
<i>ibu</i>	1	
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	
<i>indomethacin er</i>	4	
<i>indomethacin capsule 25mg, 50mg</i>	2	
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	4	
<i>ketorolac tromethamine tablet 10mg</i>	4	QL(20 EA per 30 days)
<i>meloxicam tablet</i>	1	
<i>nabumetone tablet</i>	2	
<i>naproxen dr tablet delayed release 375mg</i>	2	
<i>naproxen dr tablet delayed release 500mg</i>	4	
<i>naproxen sodium tablet 275mg, 550mg</i>	3	
<i>naproxen tablet delayed release 500mg</i>	4	
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin tablet</i>	3	
<i>piroxicam capsule</i>	3	
<i>sulindac tablet</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine</i>	4	QL(4 EA per 28 days); NDS
<i>fentanyl patch 72 hour 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	NDS
<i>methadone hcl tablet</i>	2	NDS
<i>methadone hcl solution</i>	3	NDS
<i>methadone hydrochloride intensol</i>	3	NDS
<i>methadone hydrochloride concentrate</i>	3	NDS
<i>morphine sulfate er tablet extended release</i>	3	NDS
XTAMPZA ER	3	NDS
Opioid Analgesics, Short-acting		
<i>acetaminophen/codeine</i>	2	NDS
<i>endocet tablet 325mg; 5mg</i>	2	NDS
<i>endocet tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg</i>	3	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	PA; NDS
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	PA; NDS
<i>hydrocodone bitartrate/acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	3	NDS
<i>hydrocodone bitartrate/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg</i>	2	NDS
<i>hydrocodone/acetaminophen tablet 325mg; 7.5mg</i>	2	NDS
<i>hydromorphone hcl injection 10mg/ml, 1mg/ml, 4mg/ml</i>	4	NDS
<i>hydromorphone hcl tablet 2mg, 4mg</i>	2	NDS
<i>hydromorphone hcl tablet 8mg</i>	4	NDS
<i>hydromorphone hydrochloride dosette</i>	4	NDS
<i>hydromorphone hydrochloride injection 1mg/ml, 2mg/ml, 4mg/ml, 50mg/5ml</i>	4	NDS
<i>lorcet</i>	2	NDS
<i>lorcet hd</i>	2	NDS
<i>lorcet plus tablet 325mg; 7.5mg</i>	2	NDS
<i>morphine sulfate tablet</i>	3	NDS
<i>morphine sulfate injection 10mg/ml, 4mg/ml</i>	2	NDS
<i>morphine sulfate oral solution 100mg/5ml, 10mg/5ml, 20mg/5ml</i>	3	NDS
<i>oxycodone hydrochloride solution</i>	3	NDS
<i>oxycodone hydrochloride tablet 10mg, 15mg, 5mg</i>	2	NDS
<i>oxycodone hydrochloride tablet 20mg, 30mg</i>	3	NDS
<i>oxycodone/acetaminophen tablet 325mg; 5mg, 325mg; 7.5mg</i>	2	NDS
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg</i>	3	NDS
<i>tramadol hydrochloride/acetaminophen</i>	2	NDS
<i>tramadol hydrochloride tablet 50mg</i>	1	NDS
<i>vicodin hp tablet 300mg; 10mg</i>	4	NDS
Anesthetics		
Local Anesthetics		
<i>lidocaine-prilocaine-cream base cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine/prilocaine cream</i>	2	QL(30 GM per 30 days); PA
<i>lidocaine ointment 5%</i>	3	QL(150 GM per 30 days); PA
<i>lidocaine patch 5%</i>	4	PA
<i>premium lidocaine</i>	3	QL(150 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium dr</i>	4	
<i>disulfiram tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tablet</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl tablet sublingual</i>	2	
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg</i>	3	QL(60 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 8mg; 2mg</i>	3	QL(90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection 4mg/10ml</i>	2	
<i>naloxone hydrochloride liquid</i>	3	
<i>naloxone hydrochloride injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
Smoking Cessation Agents		
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg</i>	2	QL(60 EA per 30 days)
NICOTROL NS	4	QL(360 ML per 365 days)
<i>varenicline starting month box</i>	4	QL(504 EA per 365 days)
<i>varenicline tartrate</i>	4	QL(504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	
<i>gentamicin sulfate pediatric</i>	3	
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate injection 40mg/ml</i>	3	
<i>gentamicin sulfate ointment 0.1%</i>	3	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate injection 1gm</i>	5	
<i>tobramycin sulfate injection</i>	3	
Antibacterials, Other		
<i>aztreonam</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindamycin hcl capsule 300mg</i>	2	
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	4	
<i>clindamycin phosphate cream 2%</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate swab 1%</i>	3	
<i>colistimethate sodium</i>	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
IMPAVIDO	5	
<i>linezolid tablet</i>	4	QL(56 EA per 28 days)
<i>linezolid suspension reconstituted</i>	5	QL(1800 ML per 28 days)
<i>linezolid injection 600mg/300ml</i>	4	
<i>methenamine hippurate</i>	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole injection 500mg/100ml</i>	2	
<i>metronidazole tablet 250mg, 500mg</i>	1	
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	4	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate capsule</i>	2	
<i>tinidazole</i>	3	
<i>trimethoprim tablet</i>	2	
<i>vancomycin hcl injection 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL(120 EA per 30 days)
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL(240 EA per 30 days)
VANCOMYCIN HYDROCHLORIDE INJECTION 1.75GM, 2GM	3	
<i>vancomycin hydrochloride injection 1gm, 250mg, 500mg, 750mg</i>	3	
Beta-lactam, Cephalosporins		
<i>cefaclor capsule</i>	2	
<i>cefaclor suspension reconstituted 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	4	
<i>cefadroxil capsule, suspension reconstituted</i>	2	
<i>cefazolin sodium injection 1gm</i>	4	
CEFAZOLIN INJECTION 2GM, 3GM	4	
<i>cefdinir capsule</i>	2	
<i>cefdinir suspension reconstituted</i>	3	
<i>cefepime</i>	4	
<i>cefepime hydrochloride injection 100gm, 2gm</i>	4	
<i>cefixime capsule</i>	4	
<i>cefotaxime sodium injection 1gm, 2gm, 500mg</i>	2	
<i>cefotetan injection 1gm, 2gm</i>	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>cefpodoxime proxetil suspension reconstituted</i>	3	
<i>cefpodoxime proxetil tablet</i>	4	
<i>cefprozil</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftazidime/dextrose injection 2gm/50ml; 5%</i>	3	
<i>ceftazidime injection 1gm, 2gm, 6gm</i>	3	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	3	
<i>cefuroxime axetil tablet</i>	2	
<i>cefuroxime sodium injection 1.5gm, 7.5gm, 750mg</i>	3	
<i>cephalexin capsule 250mg, 500mg</i>	2	
<i>cephalexin suspension reconstituted</i>	2	
TAZICEF INJECTION 6GM	3	
<i>tazicef injection 1gm, 2gm</i>	3	
TEFLARO	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin/clavulanate potassium tablet chewable</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	
<i>amoxicillin capsule, suspension reconstituted, tablet</i>	1	
<i>amoxicillin tablet chewable 125mg, 250mg</i>	2	
<i>ampicillin sodium injection 10gm, 125mg, 1gm</i>	3	
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam injection 2gm; 1gm</i>	3	
<i>ampicillin capsule 500mg</i>	2	
AUGMENTIN SUSPENSION RECONSTITUTED 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 6000000UNIT/ML	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm</i>	4	
Carbapenems		
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>meropenem</i>	4	
Macrolides		
<i>azithromycin packet</i>	2	
<i>azithromycin suspension reconstituted</i>	3	
<i>azithromycin injection 500mg</i>	3	
<i>azithromycin tablet 250mg</i>	1	
<i>azithromycin tablet 500mg, 600mg</i>	3	
<i>clarithromycin er</i>	4	
<i>clarithromycin tablet</i>	3	
<i>clarithromycin suspension reconstituted</i>	4	
DIFICID TABLET	5	
<i>erythromycin dr tablet delayed release</i>	4	
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	4	
Quinolones		
CIPRO SUSPENSION RECONSTITUTED	4	
<i>ciprofloxacin hcl tablet 750mg</i>	1	
<i>ciprofloxacin hcl tablet 100mg</i>	3	
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	3	
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	4	
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	
Sulfonamides		
<i>sulfadiazine tablet</i>	4	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim tablet</i>	1	
<i>sulfamethoxazole/trimethoprim suspension</i>	3	
Tetracyclines		
<i>demeclocycline hcl tablet</i>	4	
<i>demeclocycline hydrochloride tablet 300mg</i>	4	
<i>doxy 100</i>	4	
<i>doxycycline hyclate capsule 100mg, 50mg</i>	2	
<i>doxycycline hyclate injection 100mg</i>	4	
<i>doxycycline hyclate tablet 100mg</i>	2	
<i>doxycycline monohydrate capsule 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tablet 100mg, 50mg</i>	2	

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<i>doxycycline suspension reconstituted</i>	3	
<i>minocycline hcl capsule 75mg</i>	3	
<i>minocycline hydrochloride capsule 100mg, 50mg</i>	3	
<i>mondoxylene nl capsule 100mg</i>	2	
<i>morgidox 1x100mg capsule</i>	2	
<i>morgidox 2x100mg capsule</i>	2	
<i>tetracycline hydrochloride capsule</i>	3	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
BRIVIACT SOLUTION, TABLET	5	PA
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tablet</i>	4	
<i>felbamate suspension</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSPENSION	5	
FYCOMPA TABLET 2MG	4	
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	
<i>lamotrigine er</i>	4	
<i>lamotrigine odt</i>	4	
<i>lamotrigine starter kit/blue</i>	4	
<i>lamotrigine starter kit/green</i>	4	
<i>lamotrigine starter kit/orange</i>	4	
<i>lamotrigine titration</i>	4	
<i>lamotrigine tablet</i>	1	
<i>lamotrigine tablet chewable</i>	2	
<i>levetiracetam er</i>	3	
<i>levetiracetam solution, tablet</i>	2	
NAYZILAM	4	QL(10 EA per 30 days)
<i>roweepra</i>	2	
<i>roweepra xr</i>	3	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
<i>topiramate tablet</i>	1	
<i>topiramate capsule sprinkle</i>	3	
XCOPRI TABLET	5	PA
XCOPRI TABLET THERAPY PACK 0	4	PA; (12.5mg-25mg)
XCOPRI TABLET THERAPY PACK 0	5	PA
XCOPRI TABLET THERAPY PACK 0	5	PA; (100mg-150mg)

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Drug Name	Drug Tier	Requirements/Limits
Calcium Channel Modifying Agents		
<i>ethosuximide</i>	3	
<i>methsuximide</i>	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tablet 2mg</i>	1	QL(300 EA per 30 days)
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL(90 EA per 30 days)
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	4	
<i>divalproex sodium dr tablet delayed release</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium capsule delayed release sprinkle</i>	2	
<i>gabapentin capsule 100mg, 300mg</i>	1	QL(360 EA per 30 days)
<i>gabapentin capsule 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin solution</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tablet 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tablet 600mg</i>	2	QL(180 EA per 30 days)
LIBERVANT	4	QL(10 EA per 30 days)
<i>phenobarbital elixir 20mg/5ml</i>	4	
<i>phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>primidone tablet</i>	2	
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	4	
VALTOCO 10 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 15 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 20 MG DOSE	5	QL(10 EA per 30 days)
VALTOCO 5 MG DOSE	5	QL(10 EA per 30 days)
<i>vigabatrin</i>	5	PA
<i>vigadrone</i>	5	PA
VIGAFYDE	5	PA
<i>vigpoder</i>	5	PA
Sodium Channel Agents		
APTIOM	5	
<i>carbamazepine er tablet extended release 12 hour</i>	3	
<i>carbamazepine er capsule extended release 12 hour</i>	4	
<i>carbamazepine tablet chewable</i>	2	
<i>carbamazepine suspension, tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN CAPSULE 30MG	4	
<i>epitol</i>	3	
<i>lacosamide solution</i>	3	
<i>lacosamide tablet</i>	4	
<i>oxcarbazepine tablet</i>	2	
<i>oxcarbazepine suspension</i>	4	
PEGANONE TABLET 250MG	4	
PHENYTEK	2	
<i>phenytoin infatabs</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin tablet chewable, suspension</i>	2	
<i>rufinamide suspension</i>	5	
<i>rufinamide tablet 200mg</i>	4	
<i>rufinamide tablet 400mg</i>	5	
ZONISADE	4	ST
<i>zonisamide</i>	2	
Antidementia Agents		
<i>Antidementia Agents, Other</i>		
<i>ergoloid mesylates tablet</i>	4	
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR	4	QL(30 EA per 30 days); ST
<i>Cholinesterase Inhibitors</i>		
<i>donepezil hcl tablet disintegrating</i>	2	
<i>donepezil hcl tablet 10mg</i>	1	
<i>donepezil hcl tablet 23mg</i>	4	
<i>donepezil hydrochloride tablet 10mg, 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide solution, tablet</i>	4	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
<i>N-methyl-D-aspartate (NMDA) Receptor Antagonist</i>		
<i>memantine hcl titration pak</i>	2	
<i>memantine hydrochloride er</i>	4	QL(30 EA per 30 days)
<i>memantine hydrochloride tablet</i>	2	
Antidepressants		
<i>Antidepressants, Other</i>		
AUVELITY	4	QL(60 EA per 30 days); ST
<i>bupropion hcl tablet 100mg</i>	2	
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 150mg, 200mg</i>	2	QL(60 EA per 30 days)
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg</i>	2	QL(90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 300mg</i>	2	QL(30 EA per 30 days)
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg</i>	2	QL(90 EA per 30 days)
<i>bupropion hydrochloride tablet 75mg</i>	2	
<i>maprotiline hcl</i>	2	
<i>mirtazapine odt</i>	3	
<i>mirtazapine tablet</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
ZURZUVAE CAPSULE 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPSULE 20MG, 25MG	5	QL(28 EA per 14 days); PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days); ST
MARPLAN	4	
<i>phenelzine sulfate</i>	3	
<i>tranylcypromine sulfate</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide tablet</i>	1	
<i>citalopram hydrobromide solution</i>	4	
<i>desvenlafaxine er tablet extended release 24 hour 100mg</i>	2	QL(120 EA per 30 days)
<i>desvenlafaxine er tablet extended release 24 hour 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 20mg, 60mg</i>	2	QL(60 EA per 30 days)
<i>duloxetine hydrochloride capsule delayed release particles 30mg</i>	2	QL(90 EA per 30 days)
<i>escitalopram oxalate tablet</i>	1	
<i>escitalopram oxalate solution</i>	2	
FETZIMA	4	QL(30 EA per 30 days); ST
FETZIMA TITRATION PACK	4	QL(56 EA per 365 days); ST
<i>fluoxetine hydrochloride capsule</i>	1	
<i>fluoxetine hydrochloride solution</i>	4	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hydrochloride</i>	4	
<i>paroxetine hcl tablet 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride suspension</i>	4	
<i>paroxetine hydrochloride tablet 10mg, 20mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl concentrate</i>	3	
<i>sertraline hcl tablet 50mg</i>	1	
<i>sertraline hydrochloride tablet 100mg, 25mg</i>	1	
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	
TRINTELLIX	4	QL(30 EA per 30 days)
<i>venlafaxine hydrochloride</i>	2	
<i>venlafaxine hydrochloride er capsule extended release 24 hour</i>	2	
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days)
<i>vilazodone hydrochloride</i>	4	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg</i>	3	
<i>amitriptyline hydrochloride tablet 100mg, 10mg, 50mg</i>	3	
<i>amoxapine</i>	4	
<i>clomipramine hydrochloride</i>	4	
<i>desipramine hydrochloride</i>	4	
<i>doxepin hcl capsule 75mg</i>	3	
<i>doxepin hcl concentrate</i>	4	
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>imipramine hcl tablet 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tablet 10mg</i>	4	
<i>nortriptyline hcl capsule 25mg, 75mg</i>	2	
<i>nortriptyline hcl solution</i>	4	
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate capsule</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	4	
<i>meclizine hcl tablet</i>	4	
<i>phenadoz</i>	4	
<i>prochlorperazine edisylate injection 10mg/2ml</i>	4	
<i>prochlorperazine maleate tablet</i>	2	
<i>prochlorperazine suppository 25mg</i>	4	
<i>promethazine hcl suppository 12.5mg, 25mg</i>	4	
<i>promethazine hcl tablet 12.5mg</i>	2	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	
<i>promethegan suppository 12.5mg, 25mg</i>	4	
<i>scopolamine</i>	4	
Emetogenic Therapy Adjuncts		

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 40mg</i>	4	QL(1 EA per 30 days); B/D
<i>aprepitant capsule 125mg</i>	4	QL(2 EA per 30 days); B/D
<i>aprepitant capsule 0</i>	4	QL(6 EA per 30 days); B/D
<i>aprepitant capsule 80mg</i>	4	QL(8 EA per 30 days); B/D
<i>dronabinol</i>	4	QL(60 EA per 30 days); PA
<i>ondansetron hcl solution</i>	4	QL(450 ML per 30 days); B/D
<i>ondansetron hydrochloride tablet</i>	1	B/D
<i>ondansetron hydrochloride injection 4mg/2ml</i>	4	
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D
Antifungals		
Antifungals		
ABELCET	4	B/D
<i>amphotericin b liposome</i>	5	B/D
<i>amphotericin b injection</i>	4	B/D
<i>casposfungin acetate injection 70mg</i>	4	
<i>casposfungin acetate injection 50mg</i>	5	
<i>clotrimazole cream</i>	2	
<i>clotrimazole troche</i>	3	
<i>econazole nitrate cream</i>	2	
<i>fluconazole in dextrose injection 56mg/ml; 200mg/100ml</i>	2	
<i>fluconazole in sodium chloride</i>	3	
<i>fluconazole tablet</i>	2	
<i>fluconazole suspension reconstituted</i>	3	
<i>flucytosine capsule</i>	5	
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	
<i>itraconazole capsule</i>	4	PA
JUBLIA	5	
<i>ketoconazole shampoo, tablet</i>	2	
<i>ketoconazole cream</i>	2	QL(90 GM per 30 days)
<i>klayesta</i>	2	QL(120 GM per 30 days)
<i>nyamyc</i>	2	QL(120 GM per 30 days)
<i>nystatin cream, ointment, suspension</i>	2	
<i>nystatin powder</i>	2	QL(120 GM per 30 days)
<i>nystatin tablet</i>	3	
<i>nystop</i>	2	QL(120 GM per 30 days)
<i>posaconazole dr</i>	5	PA
<i>posaconazole suspension</i>	5	PA
<i>terbinafine hcl tablet</i>	2	QL(84 EA per 180 days)
<i>terconazole cream</i>	3	
<i>voriconazole tablet</i>	4	
<i>voriconazole suspension reconstituted</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole injection</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tablet 100mg, 300mg</i>	1	
<i>colchicine tablet 0.6mg</i>	3	
<i>febuxostat</i>	4	
<i>probenecid/colchicine</i>	2	
<i>probenecid tablet</i>	2	
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate solution</i>	4	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine</i>	3	QL(24 EA per 28 days)
Prophylactic		
AIMOVIG INJECTION 140MG/ML	4	QL(1 ML per 28 days); PA
AIMOVIG INJECTION 70MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
QULIPTA	5	QL(30 EA per 30 days); PA
UBRELVY	5	QL(16 EA per 30 days); PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	3	QL(9 EA per 30 days)
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	3	QL(18 EA per 30 days)
<i>sumatriptan succinate tablet</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate injection</i>	4	QL(5 ML per 30 days)
<i>sumatriptan solution</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tablet</i>	3	QL(12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
GUANIDINE HCL	4	
<i>pyridostigmine bromide tablet 60mg</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tablet</i>	3	
<i>rifabutin</i>	4	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hydrochloride</i>	2	
ISONIAZID INJECTION	4	
<i>isoniazid tablet</i>	1	
<i>isoniazid syrup</i>	3	

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PASER	4	
PRIFTIN	4	
<i>pyrazinamide tablet</i>	3	
<i>rifampin capsule</i>	3	
<i>rifampin injection</i>	4	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
<i>Alkylating Agents</i>		
<i>cisplatin injection 100mg/100ml</i>	4	
<i>cyclophosphamide capsule</i>	3	B/D
<i>cyclophosphamide injection 500mg/ml</i>	5	
GLEOSTINE CAPSULE 100MG, 10MG, 40MG	4	
LEUKERAN	5	
MATULANE	5	
VALCHLOR	5	PA
<i>Antiandrogens</i>		
<i>abiraterone acetate tablet 250mg</i>	4	PA
<i>abiraterone acetate tablet 500mg</i>	5	PA
<i>bicalutamide</i>	2	
ERLEADA	5	PA
<i>flutamide</i>	3	
<i>nilutamide</i>	5	
NUBEQA	5	PA
XTANDI	5	PA
<i>Antiangiogenic Agents</i>		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	QL(120 EA per 30 days); PA
THALOMID	5	PA
<i>Antiestrogens/Modifiers</i>		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate tablet</i>	2	
<i>toremifene citrate</i>	5	
<i>Antimetabolites</i>		
DROXIA	4	
<i>hydroxyurea capsule</i>	2	
<i>mercaptopurine tablet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN	5	
TABLOID	4	
<i>Antineoplastics, Other</i>		
AKEEGA	5	PA
BESREMI	5	PA
COLUMVI	5	PA
EPKINLY	5	PA
GAVRETO	5	PA
IBRANCE TABLET 100MG, 125MG, 75MG	5	PA
IDHIFA	5	QL(30 EA per 30 days); PA
INREBIC	5	PA
IWILFIN	5	PA
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
KRAZATI	5	PA
LAZCLUZE TABLET 240MG	5	PA
LAZCLUZE TABLET 80MG	5	QL(60 EA per 30 days); PA
LONSURF	5	PA
LUMAKRAS	5	PA
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 12 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 16 MG DAILY DOSE
LYTGOBI TABLET THERAPY PACK 4MG	5	PA; 20 MG DAILY DOSE
NINLARO	5	PA
OGSIVEO	5	PA
ONUREG	5	PA
ORSERDU	5	PA
PEMAZYRE	5	QL(30 EA per 30 days); PA
PHESGO	5	PA
RETEVMO CAPSULE	5	PA
RETEVMO TABLET 120MG, 160MG	5	PA
RETEVMO TABLET 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABLET 40MG	5	QL(90 EA per 30 days); PA
SCEMBLIX TABLET 40MG	5	PA
SCEMBLIX TABLET 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABLET 20MG	5	QL(60 EA per 30 days); PA
SYNRIBO	5	
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
VONJO	5	PA
XPOVIO	5	PA

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 100 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG ONCE WEEKLY	5	PA
XPOVIO 40 MG TWICE WEEKLY	5	PA
XPOVIO 60 MG ONCE WEEKLY	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG ONCE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tablet</i>	1	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>topotecan hcl injection 4mg</i>	5	
<i>topotecan hydrochloride</i>	5	
Molecular Target Inhibitors		
ALECENSA	5	PA
ALUNBRIG TABLET THERAPY PACK	5	QL(60 EA per 365 days); PA
ALUNBRIG TABLET 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABLET 180MG, 90MG	5	QL(30 EA per 30 days); PA
AYVAKIT	5	QL(30 EA per 30 days); PA
BALVERSA	5	PA
BOSULIF	5	PA
BRAFTOVI CAPSULE 75MG	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA TABLET 300MG	5	PA
CAPRELSA TABLET 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dasatinib</i>	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tablet 100mg, 25mg</i>	4	PA
<i>erlotinib hydrochloride tablet 150mg</i>	5	PA
<i>everolimus tablet soluble 2mg, 3mg, 5mg</i>	5	PA
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
EXKIVITY	5	

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FARYDAK	5	
FRUZAQLA	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	QL(30 EA per 30 days); PA
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	PA
ICLUSIG TABLET 30MG, 45MG	5	PA
ICLUSIG TABLET 10MG, 15MG	5	QL(30 EA per 30 days); PA
<i>imatinib mesylate tablet 100mg</i>	2	PA
<i>imatinib mesylate tablet 400mg</i>	4	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
JAKAFI TABLET 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABLET 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABLET 100MG	5	PA
JAYPIRCA TABLET 50MG	5	QL(30 EA per 30 days); PA
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LORBRENA	5	PA
LYNPARZA TABLET	5	PA
MEKINIST	5	PA
MEKTOVI	5	PA
NERLYNX	5	QL(180 EA per 30 days); PA
ODOMZO	5	PA
OJEMDA	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
REZLIDHIA	5	PA
ROZLYTREK	5	PA
RUBRACA	5	PA

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RYDAPT	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSE TABLET 80MG	5	PA
TAGRISSE TABLET 40MG	5	QL(30 EA per 30 days); PA
TALZENNA	5	PA
TASIGNA	5	PA
TEPMETKO	5	PA
TIBSOVO	5	PA
<i>torpenz</i>	5	QL(30 EA per 30 days); PA
TRUQAP TABLET	5	PA
TURALIO	5	PA
VANFLYTA	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABLET 10MG	3	PA
VENCLEXTA TABLET 100MG, 50MG	5	PA
VERZENIO	5	PA
VITRAKVI	5	PA
VIZIMPRO	5	PA
VORANIGO TABLET 40MG	5	PA
VORANIGO TABLET 10MG	5	QL(60 EA per 30 days); PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA CAPSULE	5	PA
ZEJULA TABLET 200MG, 300MG	5	PA
ZEJULA TABLET 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA TABLET	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
DARZALEX FASPRO	5	PA
KANJINTI	5	PA
LOQTORZI	5	PA
RUXIENCE	5	PA
TEVIMBRA	5	PA
TRAZIMERA	5	PA

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Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
<i>tretinoin capsule 10mg</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium tablet</i>	3	
MESNEX TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tablet</i>	4	
<i>ivermectin tablet</i>	2	PA
<i>praziquantel tablet</i>	4	
Antiprotozoals		
ALINIA SUSPENSION RECONSTITUTED	4	
<i>atovaquone</i>	4	
<i>atovaquone/proguanil hcl</i>	3	
<i>benznidazole</i>	3	
<i>chloroquine phosphate tablet</i>	3	
COARTEM	4	
<i>hydroxychloroquine sulfate tablet 100mg, 200mg</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	4	
<i>pentamidine isethionate injection</i>	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D
<i>primaquine phosphate tablet</i>	3	
<i>pyrimethamine tablet</i>	5	PA
<i>quinine sulfate capsule 324mg</i>	3	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tablet</i>	2	
<i>trihexyphenidyl hydrochloride</i>	4	
Antiparkinson Agents, Other		
<i>entacapone</i>	3	
OSMOLEX ER	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate capsule, tablet</i>	4	
KYNMOBI	5	QL(150 EA per 30 days); PA
KYNMOBI TITRATION KIT	5	QL(20 EA per 365 days); PA
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole er</i>	4	
<i>ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tablet 0.25mg, 3mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	2	
<i>carbidopa/levodopa er</i>	3	
<i>carbidopa/levodopa odt</i>	4	
<i>carbidopa tablet</i>	4	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tablet</i>	4	
<i>selegiline hcl capsule, tablet</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl tablet</i>	4	
<i>chlorpromazine hydrochloride concentrate, tablet</i>	4	
<i>fluphenazine decanoate injection</i>	4	
<i>fluphenazine hcl concentrate</i>	4	
<i>fluphenazine hcl tablet 1mg</i>	4	
<i>fluphenazine hydrochloride elixir, injection</i>	4	
<i>fluphenazine hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate injection</i>	3	
<i>haloperidol lactate</i>	3	
<i>haloperidol concentrate</i>	2	
<i>haloperidol tablet 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tablet 20mg</i>	3	
<i>loxapine</i>	2	
<i>molindone hydrochloride</i>	4	
<i>perphenazine tablet 2mg, 4mg</i>	3	
<i>perphenazine tablet 16mg, 8mg</i>	4	
<i>pimozide</i>	4	
<i>thioridazine hcl tablet 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene capsule 10mg, 1mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	3	
<i>trifluoperazine hcl tablet 10mg</i>	4	
<i>trifluoperazine hydrochloride tablet 1mg</i>	3	
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
<i>aripiprazole odt</i>	5	QL(60 EA per 30 days)
<i>aripiprazole tablet</i>	2	QL(30 EA per 30 days)
<i>aripiprazole solution</i>	4	QL(750 ML per 30 days)
ARISTADA	5	

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INITIO	5	
<i>asenapine maleate sl</i>	4	QL(60 EA per 30 days)
CAPLYTA	5	QL(30 EA per 30 days); PA
FANAPT	5	QL(60 EA per 30 days); ST
FANAPT TITRATION PACK	4	QL(8 EA per 180 days); ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	
INVEGA SUSTENNA INJECTION 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA	5	
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPSULE	5	PA
NUPLAZID TABLET 10MG	5	PA
<i>olanzapine odt</i>	3	QL(30 EA per 30 days)
<i>olanzapine tablet</i>	2	QL(30 EA per 30 days)
<i>olanzapine injection</i>	4	
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL(60 EA per 30 days)
PERSERIS	5	
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tablet extended release 24 hour 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tablet 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
REXULTI	5	QL(30 EA per 30 days)
RISPERDAL CONSTA INJECTION 12.5MG	4	
RISPERDAL CONSTA INJECTION 25MG, 37.5MG, 50MG	5	
<i>risperidone er injection 12.5mg</i>	4	
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	5	
<i>risperidone odt</i>	4	QL(60 EA per 30 days)
<i>risperidone tablet</i>	1	QL(60 EA per 30 days)
<i>risperidone solution</i>	2	QL(240 ML per 30 days)
SECUADO	5	QL(30 EA per 30 days); ST
VRAYLAR CAPSULE THERAPY PACK	4	QL(14 EA per 365 days)
VRAYLAR CAPSULE	5	QL(30 EA per 30 days)
<i>ziprasidone hcl</i>	3	QL(60 EA per 30 days)
<i>ziprasidone mesylate</i>	4	QL(60 EA per 30 days)
ZYPREXA RELPREVV INJECTION 210MG	4	

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 300MG, 405MG	5	
Treatment-Resistant		
<i>clozapine odt tablet disintegrating 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tablet disintegrating 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tablet disintegrating 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine odt tablet disintegrating 200mg</i>	5	QL(120 EA per 30 days)
<i>clozapine tablet 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tablet 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tablet 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tablet 100mg</i>	4	QL(270 EA per 30 days)
VERSACLOZ	5	QL(540 ML per 30 days)
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen tablet 10mg, 20mg</i>	2	
<i>baclofen tablet 5mg</i>	3	
<i>dantrolene sodium capsule</i>	4	
<i>tizanidine hcl tablet 2mg</i>	2	
<i>tizanidine hydrochloride tablet 4mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir injection 500mg/10ml, 500mg</i>	2	B/D
LIVTENCITY	5	
PREVYMIS TABLET	5	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	4	
BARACLUDE SOLUTION	4	QL(600 ML per 30 days)
<i>entecavir</i>	4	QL(30 EA per 30 days)
<i>lamivudine tablet 100mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET TABLET	5	QL(336 EA per 365 days); PA
MAVYRET PACKET	5	QL(560 EA per 365 days); PA
REBETOL SOLUTION	5	
<i>ribavirin tablet 200mg</i>	3	
<i>sofosbuvir/velpatasvir</i>	5	QL(84 EA per 365 days); PA
VOSEVI	5	QL(84 EA per 365 days); PA
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL(30 EA per 30 days)
CABENUVA	5	
DOVATO	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GENVOYA	5	QL(30 EA per 30 days)
ISENTRESS HD	5	
ISENTRESS PACKET, TABLET	5	
ISENTRESS TABLET CHEWABLE 25MG	3	
ISENTRESS TABLET CHEWABLE 100MG	5	
JULUCA	5	QL(30 EA per 30 days)
STRIBILD	5	QL(30 EA per 30 days)
TIVICAY PD	4	
TIVICAY TABLET 10MG	4	
TIVICAY TABLET 25MG, 50MG	5	
VOCABRIA	5	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	5	QL(30 EA per 30 days)
DELSTRIGO	5	QL(30 EA per 30 days)
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	QL(30 EA per 30 days)
<i>etravirine tablet 100mg</i>	4	
<i>etravirine tablet 200mg</i>	5	
INTELENCE TABLET 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	4	
PIFELTRO	5	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	QL(30 EA per 30 days)
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	QL(60 EA per 30 days)
CIMDUO	5	QL(30 EA per 30 days)
DESCOVY	5	QL(30 EA per 30 days)
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tablet 133mg; 200mg</i>	5	QL(30 EA per 30 days)
EMTRIVA SOLUTION	4	
<i>lamivudine/zidovudine</i>	4	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine solution 10mg/ml</i>	3	
<i>lamivudine tablet 150mg, 300mg</i>	3	
ODEFSEY	5	QL(30 EA per 30 days)
RETROVIR IV INFUSION	4	
<i>stavudine capsule</i>	4	
TEMIXYS	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL(30 EA per 30 days)
TRIUMEQ PD	5	QL(180 EA per 30 days)
TRIZIVIR	5	QL(60 EA per 30 days)
VIDEX EC CAPSULE DELAYED RELEASE 125MG	4	
VIDEX PEDIATRIC	4	
VIREAD POWDER	5	
VIREAD TABLET 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	3	
<i>Anti-HIV Agents, Other</i>		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLUTION	5	
SELZENTRY TABLET 25MG	4	
SELZENTRY TABLET 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	4	
<i>Anti-HIV Agents, Protease Inhibitors (PI)</i>		
APTIVUS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate capsule 300mg</i>	4	
<i>darunavir</i>	5	
EVOTAZ	5	QL(30 EA per 30 days)
<i>fosamprenavir calcium</i>	5	
INVIRASE TABLET	5	
LEXIVA SUSPENSION	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACKET, SOLUTION	4	
PREZCOBIX	5	QL(30 EA per 30 days)
PREZISTA SUSPENSION	5	
PREZISTA TABLET 150MG, 75MG	4	
REYATAZ PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT	5	
Anti-influenza Agents		
<i>amantadine hcl capsule, solution</i>	2	
<i>oseltamivir phosphate capsule 75mg</i>	3	QL(110 EA per 365 days)
<i>oseltamivir phosphate capsule 30mg</i>	3	QL(168 EA per 365 days)
<i>oseltamivir phosphate capsule 45mg</i>	3	QL(84 EA per 365 days)
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL(1080 ML per 365 days)
RELENZA DISKHALER	4	QL(240 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 80MG	3	QL(2 EA per 365 days)
XOFLUZA TABLET THERAPY PACK 20MG, 40MG	3	QL(4 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir sodium injection 50mg/ml</i>	4	B/D
<i>acyclovir capsule 200mg</i>	2	
<i>acyclovir suspension 200mg/5ml</i>	4	
<i>acyclovir tablet 400mg, 800mg</i>	2	
<i>famciclovir tablet</i>	3	
<i>valacyclovir hydrochloride</i>	3	QL(120 EA per 30 days)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl tablet 15mg</i>	1	
<i>bupirone hydrochloride tablet 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tablet 30mg, 7.5mg</i>	4	
<i>hydroxyzine pamoate capsule</i>	4	
Benzodiazepines		
<i>alprazolam tablet 0.25mg, 0.5mg, 1mg</i>	2	QL(120 EA per 30 days)
<i>alprazolam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>clorazepate dipotassium tablet 15mg</i>	4	QL(180 EA per 30 days)
<i>clorazepate dipotassium tablet 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tablet 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol</i>	2	
<i>diazepam concentrate, oral solution</i>	2	
<i>diazepam injection 5mg/ml</i>	4	
<i>diazepam tablet 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tablet 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tablet 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol</i>	3	
<i>lorazepam tablet 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tablet 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate capsule, tablet</i>	1	
<i>valproic acid capsule, solution</i>	2	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tablet</i>	2	
BYDUREON BCISE	4	QL(3.4 ML per 28 days); PA
BYETTA INJECTION 10MCG/0.04ML	4	QL(2.4 ML per 28 days); PA
BYETTA INJECTION 5MCG/0.02ML	4	QL(4.8 ML per 28 days); PA
FARXIGA	3	
<i>glimepiride tablet 1mg, 2mg, 4mg</i>	6	
<i>glipizide er</i>	6	
<i>glipizide xl</i>	6	
<i>glipizide/metformin hydrochloride</i>	6	
<i>glipizide tablet</i>	6	
<i>glyburide/metformin hydrochloride</i>	6	
<i>glyburide tablet 1.25mg, 2.5mg, 5mg</i>	6	
GLYXAMBI	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	QL(30 EA per 30 days)
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
<i>metformin hydrochloride er tablet extended release 24 hour 500mg, 750mg</i>	6	
<i>metformin hydrochloride tablet 1000mg, 500mg, 850mg</i>	6	
MOUNJARO	3	QL(2 ML per 28 days); PA
<i>nateglinide</i>	6	
OZEMPIC INJECTION 2MG/1.5ML	3	QL(1.5 ML per 28 days); PA
OZEMPIC INJECTION 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl</i>	6	
<i>pioglitazone hcl tablet 45mg</i>	6	
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	6	
<i>repaglinide</i>	6	
RYBELSUS TABLET 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABLET 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33	3	
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide tablet 250mg, 500mg</i>	1	
TRADJENTA	3	QL(30 EA per 30 days)

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TRIJARDY XR	3	
TRULICITY	3	QL(2 ML per 28 days); PA
XIGDUO XR	3	
<i>Glycemic Agents</i>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide suspension</i>	5	
GLUCAGEN HYPOKIT	4	ST
<i>glucagon emergency kit</i>	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
<i>glucagon emergency kit for low blood sugar injection 1mg</i>	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<i>Insulins</i>		
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
<i>insulin lispro</i>	3	
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
NOVOLIN 70/30	3	
NOVOLIN 70/30 FLEXPEN	3	
NOVOLIN 70/30 FLEXPEN RELION	3	

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 RELION	3	
NOVOLIN N	3	
NOVOLIN N FLEXPEN	3	
NOVOLIN N FLEXPEN RELION	3	
NOVOLIN N RELION	3	
NOVOLIN R	3	
NOVOLIN R FLEXPEN	3	
NOVOLIN R FLEXPEN RELION	3	
NOVOLIN R RELION	3	
NOVOLOG	3	
NOVOLOG FLEXPEN	3	
NOVOLOG FLEXPEN RELION	3	
NOVOLOG MIX 70/30	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	
NOVOLOG MIX 70/30 RELION	3	
NOVOLOG PENFILL	3	
NOVOLOG RELION	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
Blood Products and Modifiers		
<i>Anticoagulants</i>		
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABLET 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABLET 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJECTION 2500UNIT/0.2ML	4	
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium injection 5000unit/ml</i>	3	
<i>jantoven</i>	1	
<i>warfarin sodium tablet</i>	1	
XARELTO STARTER PACK	3	QL(102 EA per 365 days)
XARELTO TABLET 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABLET 15MG, 2.5MG	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	3	
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
OXBRYTA TABLET 300MG	5	QL(240 EA per 30 days); PA
PROCRIT INJECTION 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJECTION 40000UNIT/ML	5	PA
PROMACTA	5	PA
PYRUKYND TAPER PACK	5	QL(30 EA per 30 days); PA
PYRUKYND TABLET 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABLET 20MG, 5MG	5	QL(60 EA per 30 days); PA
RETACRIT INJECTION 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJECTION 40000UNIT/ML	5	PA
ROLVEDON	5	PA
UDENYCA	5	PA
UDENYCA ONBODY	5	PA
XOLREMDI	5	QL(120 EA per 30 days); PA
ZARXIO	5	
Hemostasis Agents		
<i>tranexamic acid tablet</i>	3	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	4	
<i>aspirin/dipyridamole er</i>	4	
BRILINTA	3	
CABLIVI	5	QL(30 EA per 30 days); PA
<i>cilostazol</i>	2	
<i>clopidogrel tablet 75mg</i>	1	
<i>clopidogrel tablet 300mg</i>	2	
DOPTELET	5	PA
<i>prasugrel hydrochloride</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	4	
<i>clonidine hydrochloride tablet</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hydrochloride</i>	4	
<i>methyldopa tablet 250mg, 500mg</i>	4	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		

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<i>prazosin hydrochloride capsule</i>	2	
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride capsule 2mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	6	
EDARBI	4	
<i>irbesartan</i>	6	
<i>losartan potassium tablet</i>	6	
<i>olmesartan medoxomil tablet</i>	6	
<i>telmisartan</i>	6	
<i>valsartan tablet</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	6	
<i>benazepril hydrochloride tablet 20mg</i>	6	
<i>captopril tablet</i>	6	
<i>enalapril maleate tablet</i>	6	
<i>fosinopril sodium</i>	6	
<i>lisinopril tablet</i>	6	
<i>moexipril hcl</i>	6	
<i>perindopril erbumine</i>	6	
<i>quinapril hydrochloride</i>	6	
<i>ramipril</i>	6	
<i>trandolapril</i>	6	
Antiarrhythmics		
<i>amiodarone hydrochloride tablet 200mg</i>	1	
<i>amiodarone hydrochloride tablet 100mg, 400mg</i>	3	
<i>digitek tablet 0.125mg, 0.25mg</i>	2	
<i>digox</i>	2	
<i>digoxin solution</i>	4	
<i>digoxin tablet 125mcg, 250mcg, 62.5mcg</i>	2	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl capsule 150mg</i>	3	
<i>mexiletine hcl capsule 200mg, 250mg</i>	4	
MULTAQ	3	
PACERONE TABLET 200MG	1	
PACERONE TABLET 100MG, 400MG	3	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tablet 300mg</i>	2	
<i>quinidine sulfate tablet</i>	3	
<i>sorine</i>	2	

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<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>sotalol hydrochloride tablet 120mg, 160mg, 80mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl capsule 400mg</i>	2	
<i>acebutolol hydrochloride</i>	2	
<i>atenolol tablet</i>	1	
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	
<i>bisoprolol fumarate</i>	2	
<i>carvedilol</i>	1	
<i>labetalol hydrochloride tablet</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tablet</i>	1	
<i>nadolol tablet 20mg, 40mg</i>	2	
<i>nadolol tablet 80mg</i>	3	
<i>nebivolol hydrochloride</i>	3	
<i>nebivolol tablet 5mg</i>	3	
<i>pindolol tablet</i>	3	
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	
<i>propranolol hcl tablet 40mg</i>	2	
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tablet</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine capsule</i>	4	
NYMALIZE SOLUTION 60MG/20ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er capsule extended release 24 hour 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	
<i>diltiazem hcl er tablet extended release 24 hour 420mg</i>	4	
<i>diltiazem hcl tablet 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er capsule extended release 24 hour</i>	2	

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<i>diltiazem hydrochloride er tablet extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tablet 120mg</i>	2	
<i>matzim la</i>	4	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er tablet extended release 120mg, 240mg</i>	2	
<i>verapamil hcl sr capsule extended release 24 hour</i>	3	
<i>verapamil hcl tablet 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	
<i>verapamil hydrochloride tablet 120mg</i>	1	
Cardiovascular Agents, Other		
<i>acetazolamide</i>	3	
<i>aliskiren</i>	6	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	6	
<i>amlodipine besylate/valsartan</i>	6	
<i>amlodipine/olmesartan medoxomil</i>	6	
<i>atenolol/chlorthalidone</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	6	
<i>captopril/hydrochlorothiazide</i>	6	
CORLANOR TABLET	4	QL(60 EA per 30 days); PA
EDARBYCLOR	4	
<i>enalapril maleate/hydrochlorothiazide</i>	6	
ENTRESTO CAPSULE SPRINKLE	3	QL(240 EA per 30 days)
ENTRESTO TABLET	3	QL(60 EA per 30 days)
<i>epinephrine injection 1mg/ml</i>	3	
<i>fosinopril sodium/hydrochlorothiazide</i>	6	
<i>irbesartan/hydrochlorothiazide</i>	6	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>ivabradine hydrochloride</i>	4	QL(60 EA per 30 days); PA
KERENDIA	4	QL(30 EA per 30 days); PA
<i>lisinopril/hydrochlorothiazide</i>	6	
<i>losartan potassium/hydrochlorothiazide</i>	6	
<i>metyrosine</i>	5	PA
<i>olmesartan medoxomil/hydrochlorothiazide</i>	6	
<i>pentoxifylline er</i>	2	
<i>quinapril/hydrochlorothiazide</i>	6	
<i>ranolazine er</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide</i>	6	
<i>trandolapril/verapamil hcl er</i>	6	
<i>triamterene/hydrochlorothiazide capsule 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tablet</i>	1	
<i>valsartan/hydrochlorothiazide</i>	6	
VYNDAMAX	5	QL(30 EA per 30 days); PA
Diuretics, Loop		
<i>bumetanide injection, tablet</i>	2	
<i>furosemide tablet</i>	1	
<i>furosemide injection</i>	3	
<i>toremide tablet</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl tablet</i>	1	
<i>eplerenone</i>	3	
<i>spironolactone tablet</i>	1	
Diuretics, Thiazide		
<i>chlorothiazide tablet</i>	2	
<i>chlorthalidone tablet 25mg, 50mg</i>	2	
<i>hydrochlorothiazide capsule, tablet</i>	1	
<i>indapamide tablet</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	
<i>fenofibric acid dr</i>	3	
<i>gemfibrozil tablet</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	6	
<i>fluvastatin</i>	4	
<i>fluvastatin sodium er</i>	4	
LIVALO	4	ST
<i>lovastatin tablet</i>	6	
<i>pitavastatin calcium</i>	4	
<i>pravastatin sodium</i>	6	
<i>rosuvastatin calcium tablet</i>	6	
<i>simvastatin tablet</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light</i>	4	
<i>cholestyramine packet, powder</i>	3	
<i>colesevelam hydrochloride tablet</i>	4	
<i>colestipol hcl tablet</i>	3	
<i>colestipol hcl granules, packet</i>	4	

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<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	6	
<i>icosapent ethyl</i>	4	
NEXLETOL	4	QL(30 EA per 30 days); PA
NEXLIZET	4	QL(30 EA per 30 days); PA
<i>niacin er</i>	3	
<i>omega-3-acid ethyl esters</i>	3	
PRALUENT	3	QL(2 ML per 28 days); PA
<i>prevalite</i>	4	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin solution 0.4mg/spray</i>	4	
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO	3	QL(30 EA per 30 days); PA
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl tablet 10mg</i>	1	
<i>hydralazine hydrochloride tablet 25mg, 50mg</i>	1	
<i>hydralazine hydrochloride tablet 100mg</i>	2	
<i>minoxidil tablet</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 2.5mg; 2.5mg; 2.5mg; 2.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 10mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 3.75mg; 3.75mg; 3.75mg; 3.75mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 15mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 5mg; 5mg; 5mg; 5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 20mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 6.25mg; 6.25mg; 6.25mg; 6.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 25mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 30mg
<i>amphetamine/dextroamphetamine capsule extended release 24 hour 1.25mg; 1.25mg; 1.25mg; 1.25mg</i>	3	QL(60 EA per 30 days); Extended-release capsule 5mg
<i>amphetamine/dextroamphetamine tablet</i>	3	QL(90 EA per 30 days)

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<i>dextroamphetamine sulfate er capsule extended release 24 hour 15mg</i>	4	QL(120 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 10mg</i>	4	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate er capsule extended release 24 hour 5mg</i>	4	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tablet 30mg</i>	3	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate tablet 15mg, 20mg, 5mg</i>	3	QL(90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride capsule 25mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine hydrochloride capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>atomoxetine capsule 100mg, 18mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>guanfacine hydrochloride er</i>	3	
<i>methylphenidate hydrochloride er tablet extended release 24 hour 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 hour 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 54mg</i>	4	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 36mg</i>	4	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride tablet</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	
Central Nervous System, Other		
AUSTEDO	5	QL(120 EA per 30 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 0	5	QL(84 EA per 365 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL(210 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL(60 EA per 30 days); PA
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL(90 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tablet 325mg; 50mg; 40mg</i>	3	
INGREZZA CAPSULE SPRINKLE 0; 80MG, 60MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE SPRINKLE 0; 40MG	5	QL(60 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPSULE 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPSULE 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA	5	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	4	PA
ZTALMY	5	PA
Fibromyalgia Agents		
<i>pregabalin capsule 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin capsule 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin solution</i>	4	QL(900 ML per 30 days)
SAVELLA	3	QL(60 EA per 30 days)
SAVELLA TITRATION PACK	3	QL(110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN	5	QL(4 EA per 28 days); PA
AVONEX INJECTION 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BAFIERTAM	5	QL(120 EA per 30 days); PA
BETASERON	5	QL(15 EA per 30 days); PA
<i>dalfampridine er</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate</i>	4	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack</i>	4	QL(120 EA per 365 days); PA
<i>fingolimod hydrochloride</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate injection 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate injection 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG	5	QL(24 EA per 365 days); PA
MAYZENT TABLET 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABLET 1MG, 2MG	5	QL(30 EA per 30 days); PA
OCREVUS	5	PA
OCREVUS ZUNOVO	5	QL(23 ML per 168 days); PA
REBIF	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE	5	QL(6 ML per 28 days); PA
REBIF REBIDOSE TITRATION PACK	5	QL(8.4 ML per 365 days); PA
REBIF TITRATION PACK	5	QL(8.4 ML per 365 days); PA
TYSABRI	5	PA
VUMERITY	5	QL(120 EA per 30 days); PA
ZEPOSIA	5	QL(30 EA per 30 days); PA
ZEPOSIA 7-DAY STARTER PACK	5	QL(14 EA per 365 days); PA

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(56 EA per 365 days); PA; (28 Capsules Pack)
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0	5	QL(74 EA per 365 days); PA; (37 Capsules Pack)
Dental and Oral Agents		
<i>Dental and Oral Agents</i>		
<i>chlorhexidine gluconate solution</i>	1	
<i>doxycycline hyclate tablet 20mg</i>	3	
KEPIVANCE	5	
<i>kourzeq</i>	3	
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<i>oralone dental paste</i>	3	
<i>paroex</i>	1	
<i>pilocarpine hydrochloride</i>	4	
<i>triamcinolone acetonide dental paste</i>	3	
Dermatological Agents		
<i>Acne and Rosacea Agents</i>		
ACCUTANE	4	
<i>acitretin</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	
<i>claravis</i>	4	
<i>erythromycin/benzoyl peroxide</i>	4	
FINACEA FOAM	3	QL(50 GM per 30 days)
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>myorisan</i>	4	
<i>rosadan</i>	3	
<i>tazarotene cream 0.1%</i>	4	
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>zenatane</i>	4	
<i>Dermatitis and Pruitus Agents</i>		
ALA-CORT CREAM 2.5%	2	
<i>alclometasone dipropionate</i>	3	
<i>ammonium lactate cream, lotion</i>	2	
<i>betamethasone dipropionate augmented cream</i>	2	
<i>betamethasone dipropionate augmented ointment</i>	3	
<i>betamethasone dipropionate augmented gel</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate cream, lotion</i>	3	
<i>betamethasone dipropionate ointment</i>	4	
<i>betamethasone valerate ointment</i>	2	
<i>betamethasone valerate cream, lotion</i>	3	
<i>clobetasol propionate e</i>	4	
<i>clobetasol propionate cream, ointment</i>	2	
<i>clobetasol propionate gel, solution</i>	3	
<i>clobetasol propionate shampoo</i>	4	
<i>desonide cream</i>	3	
<i>desonide ointment</i>	3	QL(120 GM per 30 days)
<i>desoximetasone cream 0.25%</i>	3	QL(100 GM per 30 days)
<i>desoximetasone ointment 0.25%</i>	3	
EUCRISA	4	PA
<i>fluocinolone acetonide</i>	3	
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide topical</i>	3	
<i>fluocinonide cream 0.05%</i>	3	
<i>fluocinonide cream 0.1%</i>	3	QL(120 GM per 30 days)
<i>fluocinonide gel, ointment, solution</i>	3	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate ointment 0.005%</i>	2	
<i>halobetasol propionate cream</i>	3	
<i>halobetasol propionate ointment</i>	4	
<i>hydrocortisone valerate cream</i>	3	QL(60 GM per 30 days)
<i>hydrocortisone cream 2.5%</i>	2	
<i>hydrocortisone lotion 2.5%</i>	2	
<i>hydrocortisone ointment 2.5%</i>	2	
<i>mometasone furoate cream 0.1%</i>	2	
<i>mometasone furoate ointment 0.1%</i>	2	
<i>mometasone furoate solution 0.1%</i>	2	
<i>selenium sulfide</i>	2	
SPEVIGO INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotion 0.1%</i>	2	
<i>triamcinolone acetonide lotion 0.025%</i>	3	
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	
<i>triderm</i>	2	
Dermatological Agents, Other		
<i>calcipotriene solution</i>	3	QL(60 ML per 30 days)
<i>calcipotriene cream, ointment</i>	4	QL(120 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole/betamethasone dipropionate cream</i>	2	
<i>diclofenac sodium gel 3%</i>	4	QL(300 GM per 30 days); ST
<i>fluorouracil cream 5%</i>	2	QL(40 GM per 30 days)
<i>fluorouracil solution</i>	3	
<i>imiquimod cream 5%</i>	3	
KLISYRI	5	ST
<i>nystatin/triamcinolone</i>	3	
<i>nystatin/triamcinolone acetonide ointment</i>	3	
OTEZLA TABLET 20MG, 30MG	5	QL(60 EA per 30 days); PA
<i>podofilox solution</i>	3	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SOTYKTU	5	QL(30 EA per 30 days); PA
<i>ssd</i>	2	
<i>urea lotion 40%</i>	4	
<i>Pediculicides/Scabicides</i>		
<i>malathion</i>	4	
<i>permethrin cream</i>	3	
<i>Topical Anti-infectives</i>		
<i>acyclovir ointment 5%</i>	4	
BACTROBAN NASAL	4	
<i>ciclodan solution</i>	2	PA
<i>ciclopirox nail lacquer</i>	2	PA
<i>ciclopirox olamine</i>	2	
<i>ciclopirox gel</i>	2	
<i>ciclopirox shampoo, suspension</i>	3	
<i>clindamycin phosphate lotion 1%</i>	4	QL(75 ML per 30 days)
<i>clindamycin phosphate external solution 1%</i>	2	QL(60 ML per 30 days)
<i>ery</i>	3	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pad 2%</i>	3	
<i>erythromycin solution 2%</i>	2	
<i>mupirocin ointment</i>	2	QL(110 GM per 30 days)
<i>mupirocin cream</i>	3	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJECTION 71.8MEQ/L; 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 38MEQ/L; 400MG/100ML; 200MG/100ML; 270MG/100ML; 500MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
<i>aminosyn ii injection 107.6meq/l; 1490mg/100ml; 1527mg/100ml; 1050mg/100ml; 1107mg/100ml; 750mg/100ml; 450mg/100ml; 990mg/100ml; 1500mg/100ml; 1575mg/100ml; 258mg/100ml; 447mg/100ml; 1083mg/100ml; 795mg/100ml; 50meq/l; 600mg/100ml; 300mg/100ml; 405mg/100ml; 750mg/100ml</i>	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D
<i>carglumic acid</i>	5	
<i>dextrose 5%</i>	2	
<i>dextrose 5%/sodium chloride 0.45%</i>	3	
<i>dextrose 5%/sodium chloride 0.9%</i>	3	
<i>effe-r-k tablet effervescent 25meq</i>	2	
<i>klor-con</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	3	
<i>klor-con m20</i>	2	
<i>klor-con sprinkle</i>	2	
<i>klor-con/ef</i>	2	
<i>magnesium sulfate injection 50%</i>	3	
PLENAMINE	4	B/D
<i>potassium chloride er capsule extended release</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tablet extended release 15meq</i>	3	
<i>potassium chloride sr tablet extended release 8meq</i>	2	
<i>potassium chloride packet, solution</i>	4	
<i>potassium citrate er</i>	4	
<i>sodium chloride 0.45% injection</i>	3	
<i>sodium chloride injection 0.45%, 0.9%</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
CLOVIQUE	5	PA
<i>deferasirox packet</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	4	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferasirox tablet 180mg</i>	2	PA
<i>deferasirox tablet 90mg</i>	3	PA
<i>deferasirox tablet 360mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA
Phosphate Binders		
<i>calcium acetate capsule</i>	4	
<i>calcium acetate tablet 667mg</i>	3	
<i>sevelamer carbonate</i>	4	
VELPHORO	5	
Potassium Binders		
<i>kionex suspension</i>	3	
LOKELMA	4	QL(90 EA per 30 days)
<i>sodium polystyrene sulfonate</i>	3	
<i>sps</i>	3	
VELTASSA	4	
Vitamins		
<i>prenatal tablet 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose solution 10gm/15ml</i>	2	
LINZESS	3	QL(30 EA per 30 days)
<i>lubiprostone</i>	4	QL(60 EA per 30 days)
MOTTEGRITY	3	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pegylax</i>	2	
RELISTOR TABLET	5	QL(90 EA per 30 days); ST
RELISTOR INJECTION 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJECTION 12MG/0.6ML	5	QL(18 ML per 30 days); ST
Anti-Diarrheal Agents		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	PA
<i>alosetron hydrochloride tablet 1mg</i>	5	PA
<i>diphenoxylate hydrochloride/atropine sulfate</i>	3	
<i>loperamide hcl capsule</i>	2	
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl solution</i>	4	
<i>dicyclomine hydrochloride capsule, tablet</i>	2	
<i>glycopyrrolate injection 0.2mg/ml, 0.4mg/2ml</i>	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
<i>metoclopramide hcl solution</i>	2	
<i>metoclopramide hcl tablet 5mg</i>	1	
<i>metoclopramide hydrochloride injection</i>	2	
<i>metoclopramide hydrochloride tablet 10mg</i>	1	
<i>nitroglycerin ointment 0.4%</i>	4	
<i>peg 3350/electrolytes</i>	2	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
RECTIV	4	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
SUTAB	3	
<i>trilyte</i>	2	
<i>ursodiol capsule 300mg</i>	4	
<i>ursodiol tablet</i>	3	
VOWST	5	PA
XIFAXAN TABLET 200MG	4	PA
XIFAXAN TABLET 550MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine suspension reconstituted</i>	4	
<i>famotidine tablet 20mg, 40mg</i>	2	
<i>nizatidine</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Protectants		
<i>misoprostol</i>	3	
<i>sucralfate tablet</i>	2	
<i>sucralfate suspension</i>	4	
Proton Pump Inhibitors		
DEXILANT	4	QL(30 EA per 30 days)
<i>dexlansoprazole</i>	4	QL(30 EA per 30 days)
<i>esomeprazole magnesium capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>lansoprazole capsule delayed release</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL(60 EA per 30 days)
<i>omeprazole capsule delayed release 10mg, 20mg, 40mg</i>	1	QL(60 EA per 30 days)
<i>pantoprazole sodium tablet delayed release</i>	1	QL(60 EA per 30 days)
<i>rabeprazole sodium</i>	3	QL(60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CHOLBAM	5	PA
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	QL(240 ML per 30 days); PA
FABRAZYME	5	PA
JAVYGTOR	5	PA
KANUMA	5	PA
<i>l-glutamine</i>	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	
PROLASTIN-C	5	PA
REVCOVI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium phenylbutyrate powder, tablet</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
<i>yargesa</i>	5	PA
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
ZOKINVY	5	QL(120 EA per 30 days); PA
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
GELNIQUE PUMP	4	
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride solution</i>	2	
<i>oxybutynin chloride tablet 5mg</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	3	
<i>tolterodine tartrate er</i>	3	
<i>tropium chloride</i>	3	
<i>tropium chloride er</i>	4	
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride/tamsulosin hydrochloride</i>	4	
<i>dutasteride capsule</i>	2	
<i>finasteride tablet</i>	1	
<i>silodosin</i>	4	
<i>tadalafil tablet 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tamsulosin hydrochloride</i>	1	
<i>Genitourinary Agents, Other</i>		
<i>acetic acid 0.25%</i>	1	
<i>bethanechol chloride tablet</i>	2	
<i>d-penaminate</i>	5	
ELMIRON	4	
<i>penicillamine tablet</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</i>		
<i>cortisone acetate tablet 25mg</i>	3	
<i>dexamethasone solution</i>	2	
<i>dexamethasone elixir</i>	3	
<i>dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tablet</i>	2	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone dose pack tablet therapy pack</i>	2	
<i>methylprednisolone tablet</i>	2	
<i>prednisolone sodium phosphate solution 15mg/5ml</i>	2	
<i>prednisolone solution</i>	2	
<i>prednisone tablet therapy pack</i>	2	
<i>prednisone solution</i>	4	
<i>prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
<i>triamcinolone acetonide injection 10mg/ml</i>	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>desmopressin acetate tablet</i>	3	
<i>desmopressin acetate injection</i>	5	
<i>desmopressin acetate nasal solution 0.01%</i>	4	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
INCRELEX	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	QL(1 EA per 168 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</i>		
KORLYM	5	QL(120 EA per 30 days); PA
<i>mifepristone tablet 200mg</i>	4	
<i>mifepristone tablet 300mg</i>	5	QL(120 EA per 30 days); PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Androgens</i>		
<i>danazol capsule</i>	4	
<i>testosterone cypionate injection 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate injection</i>	3	PA
<i>testosterone pump</i>	3	PA
<i>testosterone gel 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
Estrogens		
<i>afirmelle</i>	3	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	
<i>alyacen 7/7/7</i>	3	
<i>amabelz</i>	4	
<i>amethia</i>	4	QL(91 EA per 91 days)
<i>amethia lo</i>	4	QL(91 EA per 91 days)
<i>amethyst</i>	3	
<i>ashlyna</i>	4	QL(91 EA per 91 days)
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	3	
<i>aurovela 1/20</i>	3	
<i>aurovela fe 1.5/30</i>	3	
<i>aurovela fe 1/20</i>	3	
<i>aviane</i>	3	
<i>ayuna</i>	3	
<i>azurette</i>	3	
<i>balziva</i>	3	
<i>bekyree</i>	3	
<i>blisovi fe 1.5/30</i>	3	
<i>blisovi fe 1/20</i>	3	
<i>briellyn</i>	3	
<i>camrese</i>	4	QL(91 EA per 91 days)
<i>camrese lo</i>	4	QL(91 EA per 91 days)
<i>chateal</i>	3	
<i>chateal eq</i>	3	
CLIMARA PRO	4	
<i>cryselle-28</i>	3	
<i>cyclafem 1/35</i>	3	
<i>cyclafem 7/7/7</i>	3	
<i>dasetta 1/35</i>	3	
<i>dasetta 7/7/7</i>	3	
<i>daysee</i>	4	QL(91 EA per 91 days)
<i>delyla</i>	3	
<i>desogestrel/ethinyl estradiol tablet 0; 0</i>	3	
<i>dolishale</i>	3	
DOTTI	4	
<i>elinest</i>	3	
<i>eluryng</i>	4	
<i>enilloring</i>	4	
<i>enpresse-28</i>	3	

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<i>estarylla</i>	3	
<i>estradiol/norethindrone acetate</i>	4	
<i>estradiol gel 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol cream, oral tablet</i>	2	
<i>estradiol patch twice weekly, patch weekly, vaginal tablet</i>	4	
ESTRING	4	QL(1 EA per 90 days)
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	4	
<i>falmina</i>	3	
<i>fayosim</i>	4	QL(91 EA per 91 days)
<i>femynor</i>	3	
FYAVOLV	4	
<i>hailey 1.5/30</i>	3	
<i>hailey fe 1.5/30</i>	3	
<i>hailey fe 1/20</i>	3	
<i>haloette</i>	4	
<i>iclevia</i>	4	QL(91 EA per 91 days)
<i>introvale</i>	4	QL(91 EA per 91 days)
<i>jaimiess</i>	4	QL(91 EA per 91 days)
<i>jinteli</i>	4	
<i>jolessa</i>	4	QL(91 EA per 91 days)
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	3	
<i>junel fe 1.5/30</i>	3	
<i>junel fe 1/20</i>	3	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	
<i>kelnor 1/50</i>	3	
<i>kimidess</i>	3	
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>larissia</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 20mcg; 90mcg</i>	3	
<i>levonorgestrel and ethinyl estradiol tablet 0; 0</i>	4	QL(91 EA per 91 days)
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0; 0</i>	4	QL(91 EA per 91 days)
<i>levora 0.15/30-28</i>	3	
<i>lillow</i>	3	
<i>lojaimiess</i>	4	QL(91 EA per 91 days)
<i>lopreeza</i>	4	
<i>low-ogestrel</i>	3	
<i>lutera</i>	3	
<i>lyllana</i>	4	
<i>marlissa</i>	3	
MENEST TABLET 2.5MG	4	
<i>microgestin 1.5/30</i>	3	
<i>microgestin 1/20</i>	3	
<i>microgestin fe 1.5/30</i>	3	
<i>microgestin fe 1/20</i>	3	
<i>mili</i>	3	
<i>mimvey</i>	4	
<i>mimvey lo</i>	4	
<i>mono-linyah</i>	3	
<i>mononessa</i>	3	
<i>necon 0.5/35-28</i>	3	
<i>necon 7/7/7</i>	3	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	3	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	4	
<i>norgestimate/ethinyl estradiol</i>	3	
<i>nortrel 0.5/35 (28)</i>	3	
<i>nortrel 1/35</i>	3	
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	3	
<i>pimtrea</i>	3	
<i>pirmella 1/35</i>	3	
<i>pirmella 7/7/7</i>	3	
<i>portia-28</i>	3	
PREMARIN CREAM	4	

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABLET 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	4	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	3	
<i>rivelsa</i>	4	QL(91 EA per 91 days)
<i>setlakin</i>	4	QL(91 EA per 91 days)
<i>simliya</i>	3	
<i>simpesse</i>	4	QL(91 EA per 91 days)
<i>sprintec 28</i>	3	
<i>sronyx</i>	3	
<i>tarina fe 1/20</i>	3	
<i>tarina fe 1/20 eq</i>	3	
<i>tri femynor</i>	3	
<i>tri-estarylla</i>	3	
<i>tri-linyah</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-previfem</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>trinessa</i>	3	
<i>trivora-28</i>	3	
<i>turqoz</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	3	
<i>volnea</i>	3	
<i>vyfemla</i>	3	
<i>vylibra</i>	3	
<i>wera</i>	3	
<i>yuvafem</i>	4	
<i>zovia 1/35</i>	3	
<i>zovia 1/35e</i>	3	
Progestins		
<i>camila</i>	3	
<i>deblitane</i>	3	
DEPO-PROVERA INJECTION 400MG/ML	4	QL(10 ML per 28 days)
DEPO-SUBQ PROVERA 104	4	QL(0.65 ML per 90 days)
<i>emzahh</i>	3	
<i>errin</i>	3	
<i>gallifrey</i>	2	
<i>heather</i>	3	

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<i>incassia</i>	3	
<i>jencycla</i>	3	
<i>jolivette</i>	3	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>medroxyprogesterone acetate tablet</i>	1	
<i>medroxyprogesterone acetate injection</i>	2	QL(1 ML per 90 days)
<i>megestrol acetate tablet</i>	2	PA
<i>megestrol acetate suspension 40mg/ml</i>	3	PA
<i>megestrol acetate suspension 625mg/5ml</i>	4	PA
<i>nora-be</i>	3	
<i>norethindrone acetate tablet</i>	2	
<i>norethindrone tablet</i>	3	
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>progesterone capsule</i>	2	
<i>sharobel</i>	3	
<i>tulana</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</i>		
ADTHYZA TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
EUTHYROX TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
LEVO-T	3	
<i>levothyroxine sodium tablet</i>	1	
LEVOXYL TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 50MCG, 75MCG, 88MCG	3	
<i>liothyronine sodium tablet</i>	2	
NIVA THYROID	4	
<i>np thyroid 120</i>	4	
<i>np thyroid 15</i>	4	
<i>np thyroid 30</i>	4	
<i>np thyroid 60</i>	4	
<i>np thyroid 90</i>	4	
SYNTHROID TABLET	3	
THYROID TABLET 120MG, 15MG, 30MG, 60MG, 90MG	4	

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Drug Name	Drug Tier	Requirements/Limits
THYROLAR-1	4	
THYROLAR-1/2	4	
THYROLAR-1/4	4	
THYROLAR-2	4	
THYROLAR-3	4	
UNITHROID	3	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA TABLET 10MG	5	QL(180 EA per 30 days); PA
ISTURISA TABLET 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABLET 5MG	5	QL(360 EA per 30 days); PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	3	
FIRMAGON INJECTION 80MG	4	QL(1 EA per 28 days); PA
FIRMAGON INJECTION 120MG/VIAL	5	QL(4 EA per 365 days); PA
LANREOTIDE ACETATE INJECTION 120MG/0.5ML	5	PA
<i>lanreotide acetate injection 120mg/0.5ml</i>	5	PA
<i>leuprolide acetate injection 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT (3-MONTH)	5	QL(1 EA per 84 days); PA
LUPRON DEPOT (4-MONTH)	5	QL(1 EA per 112 days); PA
LUPRON DEPOT (6-MONTH)	5	QL(1 EA per 168 days); PA
LUPRON DEPOT-PED (1-MONTH)	5	QL(1 EA per 28 days); PA
LUPRON DEPOT-PED (3-MONTH)	5	QL(1 EA per 84 days); PA
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SIGNIFOR	5	QL(60 ML per 30 days); PA
SIGNIFOR LAR	5	QL(1 EA per 28 days); PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
TRELSTAR MIXJECT INJECTION 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJECTION 11.25MG	4	QL(1 EA per 84 days); PA
TRIPTODUR	5	QL(1 EA per 168 days); PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tablet 10mg, 5mg</i>	2	
<i>propylthiouracil tablet</i>	2	
Immunological Agents		
<i>Angioedema Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
CINRYZE	5	PA
<i>icatibant acetate</i>	5	PA
<i>sajazir</i>	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	PA
BIVIGAM INJECTION 10%, 5GM/50ML	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
GAMASTAN	3	PA
GAMMAKED INJECTION 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA
GAMUNEX-C	5	PA
HEPAGAM B INJECTION 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
NABI-HB INJECTION 312UNIT/ML	4	B/D
PANZYGA	5	PA
PRIVIGEN	5	PA
SYNAGIS INJECTION 100MG/ML, 50MG/0.5ML	5	
VARIZIG INJECTION 125UNIT/1.2ML	5	PA
XEMBIFY	5	PA
<i>Immunological Agents, Other</i>		
ADBRY INJECTION 150MG/ML	5	QL(4 ML per 28 days); PA
ADBRY INJECTION 300MG/2ML	5	QL(6 ML per 28 days); PA
BENLYSTA	5	PA
COSENTYX SENSOREADY PEN	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY	5	QL(10 ML per 28 days); PA
COSENTYX INJECTION 125MG/5ML	5	PA
COSENTYX INJECTION 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJECTION 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJECTION 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJECTION 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ENJAYMO	5	PA
ILARIS INJECTION 150MG/ML	5	QL(2 ML per 28 days); PA
KINERET	5	PA
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA
ORENCIA INJECTION 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJECTION 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJECTION 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TABLET THERAPY PACK 0	5	QL(110 EA per 365 days); PA
RINVOQ	5	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ LQ	5	QL(360 ML per 30 days); PA
SAPHNELO	5	PA
SKYRIZI PEN	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 600MG/10ML, 75MG/0.83ML	5	PA
SKYRIZI INJECTION 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJECTION 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJECTION 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJECTION 130MG/26ML	5	PA
STELARA INJECTION 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
VEOPOZ	5	PA
VYVGART HYTRULO	5	PA
XELJANZ XR	5	QL(30 EA per 30 days); PA
XELJANZ SOLUTION	5	QL(300 ML per 30 days); PA
XELJANZ TABLET	5	QL(60 EA per 30 days); PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D
<i>cyclosporine modified</i>	4	B/D
<i>cyclosporine capsule 100mg, 25mg</i>	4	B/D
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS	5	QL(6 EA per 28 days); PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	5	QL(6 EA per 28 days); PA
CYLTEZO INJECTION 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ENBREL MINI	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA
ENBREL INJECTION 25MG	5	PA
ENBREL INJECTION 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJECTION 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	4	B/D
ENVARUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	5	B/D
<i>everolimus tablet 0.25mg</i>	4	B/D
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
<i>gengraf capsule 100mg, 25mg</i>	4	B/D
<i>gengraf solution</i>	4	B/D
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 0	5	QL(4 EA per 365 days); PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJECTION 80MG/0.8ML	5	QL(6 EA per 365 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-CD/UC/HS STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJECTION 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJECTION 40MG/0.4ML, 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
HUMIRA PEN INJECTION 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJECTION 40MG/0.8ML	5	QL(2 EA per 28 days); PA
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJECTION 40MG/0.4ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only
INFLECTRA	5	PA
INFLIXIMAB	5	PA
JYLAMVO	4	
<i>leflunomide</i>	2	
<i>methotrexate sodium tablet</i>	2	
<i>methotrexate sodium injection 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	
<i>methotrexate injection 50mg/2ml</i>	2	
<i>mycophenolate mofetil capsule, tablet</i>	4	B/D
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D
<i>mycophenolic acid dr</i>	4	B/D
ORENCIA INJECTION 250MG	5	PA
PROGRAF PACKET	4	B/D
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
SANDIMMUNE SOLUTION	4	B/D
<i>sirolimus solution, tablet</i>	4	B/D
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP	4	

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YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	5	QL(3 EA per 28 days); PA
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA 2-PEN KIT	5	QL(6 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	5	QL(2 EA per 28 days); PA
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	5	QL(6 EA per 28 days); PA
YUFLYMA CD/UC/HS STARTER	5	QL(3 EA per 28 days); PA
Vaccines		
ABRYSVO	3	
ACTHIB INJECTION 0	3	
ADACEL	3	
AREXVY	3	
<i>bcg vaccine injection 50mg</i>	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA	3	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	3	
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX INJECTION 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
MRESVIA	3	QL(0.5 ML per 999 days)
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
PRIORIX	3	
PROQUAD	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Pre-Filled Syringe
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	Single-dose vial; any pack size
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ SOLUTION	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VAXCHORA	3	
VAXELIS	3	
YF-VAX	3	
Inflammatory Bowel Disease Agents		
<i>Aminosalicylates</i>		
<i>balsalazide disodium</i>	4	
<i>mesalamine dr tablet delayed release 1.2gm</i>	4	
<i>mesalamine er capsule extended release 24 hour</i>	4	
<i>mesalamine enema, kit, suppository</i>	4	
SFROWASA	4	
<i>sulfasalazine tablet, tablet delayed release</i>	2	
<i>Glucocorticoids</i>		
<i>budesonide er</i>	5	
<i>budesonide capsule delayed release particles 3mg</i>	4	
<i>colocort</i>	4	
<i>hydrocortisone enema 100mg/60ml</i>	4	
<i>procto-med hc</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
<i>Metabolic Bone Disease Agents</i>		
<i>alendronate sodium solution</i>	4	
<i>alendronate sodium tablet 10mg, 35mg, 5mg</i>	6	
<i>alendronate sodium tablet 70mg</i>	6	QL(4 EA per 28 days)
<i>calcitonin-salmon solution</i>	3	QL(3.7 ML per 30 days)
<i>calcitriol capsule</i>	2	
<i>cinacalcet hydrochloride</i>	4	
FORTEO INJECTION 600MCG/2.4ML	5	PA
<i>ibandronate sodium tablet</i>	6	QL(1 EA per 28 days)
<i>paricalcitol capsule</i>	3	
PROLIA	4	QL(2 ML per 365 days)
RAYALDEE	5	
<i>risedronate sodium dr</i>	4	QL(4 EA per 28 days)
<i>risedronate sodium tablet 30mg, 5mg</i>	4	
<i>risedronate sodium tablet 150mg</i>	4	QL(1 EA per 28 days)
<i>risedronate sodium tablet 35mg</i>	4	QL(4 EA per 28 days)
<i>teriparatide</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
ALCOHOL PREP PADS	3	
AUGTYRO	5	PA
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	2	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	2	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	2	QL(200 EA per 30 days)
<i>bd veo insulin syringe ultra-fine/0.3ml/31g x 6mm</i>	2	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY	3	
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	2	QL(200 EA per 30 days)
ELLA	3	
IGALMI	4	PA
LAGEVRIO	3	QL(40 EA per 5 days)
LIVMARLI SOLUTION 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLUTION 9.5MG/ML	5	QL(90 ML per 30 days); PA
NUTRILIPID	2	B/D
OMNIPOD 5 DEXG7G6 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	QL(1 EA per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL(30 EA per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6	3	QL(1 EA per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL(30 EA per 30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	QL(1 EA per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL(30 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	3	QL(1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL(30 EA per 30 days)
OXLUMO	5	PA
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	3	QL(30 EA per 5 days); (300mg-100mg Pak) \$0 Copay
SKYCLARYS	5	QL(90 EA per 30 days); PA
<i>sodium chloride 0.9%</i>	2	
TYRVAYA	4	QL(8.4 ML per 30 days)
<i>ulticare micro pen needles/32g x 5/32"</i>	2	QL(200 EA per 30 days)
<i>unifine pentips 32gx6mm</i>	2	QL(200 EA per 30 days)
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VISTOGARD	5	
VYJUVEK	5	PA
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>atropine sulfate solution 1%</i>	2	
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	3	
COMBIGAN	3	
<i>cyclosporine emulsion 0.05%</i>	3	
CYSTARAN	5	QL(60 ML per 28 days)
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>neo-polycin</i>	3	
<i>neo-polycin hc</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/bacitracin ointment 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>polycin</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL(2.5 ML per 25 days)
SIMBRINZA	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	4	
TOBRADEX OINTMENT	4	
<i>tobramycin/dexamethasone</i>	4	
XIIDRA	4	QL(60 EA per 30 days)
ZYLET	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	
<i>cromolyn sodium solution 4%</i>	2	
<i>olopatadine hcl</i>	3	
<i>olopatadine hydrochloride solution 0.2%</i>	3	
Ophthalmic Anti-Infectives		
<i>bacitracin</i>	4	
BESIVANCE	4	
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	
<i>erythromycin ointment 5mg/gm</i>	2	
<i>gatifloxacin</i>	4	
<i>gentak ointment</i>	2	
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	
<i>levofloxacin ophthalmic solution 0.5%</i>	3	
<i>moxifloxacin hydrochloride solution 0.5%</i>	3	
NATACYN	4	
<i>ofloxacin ophthalmic solution 0.3%</i>	2	
<i>sulfacetamide sodium solution</i>	2	
<i>sulfacetamide sodium ointment</i>	3	
<i>tobramycin solution 0.3%</i>	1	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium solution 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate solution</i>	3	
<i>diclofenac sodium solution 0.1%</i>	2	
FLAREX	3	
<i>fluorometholone</i>	3	
<i>flurbiprofen sodium</i>	2	
ILEVRO	3	QL(4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine ophthalmic solution 0.4%</i>	3	
LOTEMAX SM	4	QL(20 GM per 365 days)
<i>prednisolone acetate</i>	2	
PROLENSA	4	QL(12 ML per 365 days)
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl solution 0.5%</i>	3	
<i>carteolol hcl</i>	2	
<i>levobunolol hcl solution 0.5%</i>	2	
<i>timolol maleate solution</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er</i>	3	
ALPHAGAN P SOLUTION 0.1%	3	
BRIMONIDINE TARTRATE SOLUTION 0.1%	3	
<i>brimonidine tartrate solution 0.2%</i>	2	
<i>brinzolamide</i>	4	
<i>dorzolamide hydrochloride</i>	2	
<i>methazolamide tablet</i>	4	
<i>pilocarpine hcl solution 1%, 2%, 4%</i>	3	
RHOPRESSA	3	QL(2.5 ML per 25 days)
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost solution</i>	1	
LUMIGAN	3	QL(2.5 ML per 25 days)
VYZULTA	4	QL(5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	4	
<i>ciprofloxacin solution 0.2%</i>	4	
<i>hydrocortisone/acetic acid</i>	4	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone suspension</i>	3	
<i>ofloxacin otic solution 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatory, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL(30 EA per 30 days)
ASMANEX HFA	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 14 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 7 METERED DOSES	4	QL(1 EA per 30 days)
BREZTRI AEROSPHERE	3	QL(23.6 GM per 28 days)

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<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>flunisolide solution 0.025%</i>	4	QL(50 ML per 30 days)
<i>fluticasone propionate suspension 50mcg/act</i>	1	
<i>mometasone furoate suspension 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDHALER	3	QL(21.2 GM per 30 days)
Antihistamines		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL(60 ML per 30 days)
<i>azelastine hydrochloride solution 0.1%</i>	2	QL(60 ML per 30 days)
<i>cyproheptadine hydrochloride tablet</i>	4	
<i>diphenhydramine hcl injection 50mg/ml</i>	4	
<i>diphenhydramine hydrochloride injection</i>	4	
<i>hydroxyzine hcl tablet 50mg</i>	3	
<i>hydroxyzine hydrochloride syrup</i>	4	
<i>hydroxyzine hydrochloride tablet 10mg, 25mg</i>	3	
<i>levocetirizine dihydrochloride tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium tablet</i>	1	
<i>montelukast sodium tablet chewable, packet</i>	2	
<i>zafirlukast</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal solution</i>	2	
<i>ipratropium bromide inhalation solution</i>	2	QL(312.5 ML per 30 days); B/D
LONHALA MAGNAIR REFILL KIT	5	QL(60 ML per 30 days)
SPIRIVA HANDIHALER	3	QL(30 EA per 30 days)
SPIRIVA RESPIMAT AEROSOL SOLUTION 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide</i>	3	QL(30 EA per 30 days)
YUPELRI	5	QL(90 ML per 30 days); B/D
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate er</i>	4	
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aerosol solution 108mcg/act</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebulization solution 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate</i>	4	QL(120 ML per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	
<i>formoterol fumarate nebulization solution</i>	4	QL(120 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 1.25mg/3ml</i>	4	QL(270 ML per 30 days); B/D
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa</i>	3	QL(30 GM per 30 days)
<i>levalbuterol nebulization solution</i>	4	QL(90 EA per 30 days); B/D
PROAIR RESPICLICK	3	QL(2 EA per 30 days)
SEREVENT DISKUS	3	QL(60 EA per 30 days)
<i>Cystic Fibrosis Agents</i>		
CAYSTON	5	PA
KALYDECO	5	PA
ORKAMBI TABLET	5	QL(112 EA per 28 days); PA
PULMOZYME	5	PA
TOBI PODHALER	5	QL(224 EA per 56 days)
<i>tobramycin nebulization solution 300mg/5ml</i>	5	B/D
TRIKAFTA TABLET THERAPY PACK	5	QL(84 EA per 28 days); PA
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	5	B/D
<i>Phosphodiesterase Inhibitors, Airways Disease</i>		
<i>roflumilast</i>	4	PA
<i>theophylline er tablet extended release 24 hour</i>	2	
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	
<i>Pulmonary Antihypertensives</i>		
ADEMPAS	5	QL(90 EA per 30 days); PA
<i>alyq</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan</i>	5	QL(30 EA per 30 days); PA
<i>epoprostenol sodium injection 0.5mg</i>	4	PA
<i>epoprostenol sodium injection 1.5mg</i>	5	PA
OPSUMIT	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tablet</i>	3	QL(90 EA per 30 days); PA; (20mg)
<i>tadalafil tablet 20mg</i>	4	QL(60 EA per 30 days); PA
VENTAVIS	5	QL(270 ML per 30 days); PA
<i>Pulmonary Fibrosis Agents</i>		
OFEV	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i>	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA	3	QL(24 GM per 30 days)
ANORO ELLIPTA	3	QL(60 EA per 30 days)
BREO ELLIPTA	3	QL(60 EA per 30 days)
BRONCHITOL	5	QL(560 EA per 28 days); PA
COMBIVENT RESPIMAT	3	QL(8 GM per 30 days)
DULERA AEROSOL 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN	5	PA
FASENRA INJECTION 10MG/0.5ML	4	PA
FASENRA INJECTION 30MG/ML	5	PA
<i>fluticasone propionate/salmeterol diskus</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJECTION 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJECTION 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJECTION 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA	3	QL(60 EA per 30 days)
<i>wixela inhub</i>	2	QL(60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	
<i>methocarbamol tablet 500mg, 750mg</i>	4	
<i>orphenadrine citrate er</i>	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL(30 EA per 30 days)
<i>eszopiclone</i>	4	QL(30 EA per 30 days)
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>temazepam capsule 15mg, 30mg</i>	3	QL(30 EA per 30 days)
<i>zaleplon capsule 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon capsule 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tablet</i>	2	QL(30 EA per 30 days)
Wakefulness Promoting Agents		
<i>armodafinil tablet 150mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>armodafinil tablet 50mg</i>	3	QL(60 EA per 30 days); PA
<i>armodafinil tablet 250mg</i>	4	QL(30 EA per 30 days); PA

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil tablet</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate</i>	5	QL(540 ML per 30 days); PA

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<i>acetaminophen/codeine</i>	8	<i>amabelz</i>	53
<i>acetazolamide</i>	39	<i>amantadine hcl</i>	32
<i>acetazolamide er</i>	67	<i>ambrisentan</i>	69
<i>acetic acid</i>	67	<i>amethia</i>	53
<i>acetic acid 0.25%</i>	51	<i>amethia lo</i>	53
<i>acitretin</i>	44	<i>amethyst</i>	53
ACTHIB	62	<i>amikacin sulfate</i>	10
ACTIMMUNE	60	<i>amiloride hcl</i>	40
<i>acyclovir</i>	32	<i>amiloride/hydrochlorothiazide</i>	39
<i>acyclovir</i>	46	AMINOSYN II	47
<i>acyclovir sodium</i>	32	AMINOSYN-PF	47
ADACEL	62	<i>amiodarone hydrochloride</i>	37
ADBRY	59	<i>amitriptyline hcl</i>	18
<i>adefovir dipivoxil</i>	29	<i>amitriptyline hydrochloride</i>	18
ADEMPAS	69	<i>amlodipine besylate</i>	38
ADTHYZA	57	<i>amlodipine besylate/benazepril hydrochloride</i>	39
ADVAIR HFA	70	<i>amlodipine besylate/valsartan</i>	39
<i>afirmelle</i>	53	<i>amlodipine/olmesartan medoxomil</i>	39
AIMOVIG	20	<i>ammonium lactate</i>	44
AKEEGA	22	<i>amnestem</i>	44
ALA-CORT	44	<i>amoxapine</i>	18
<i>albendazole</i>	26	<i>amoxicillin</i>	12
<i>albuterol sulfate</i>	68	<i>amoxicillin/clavulanate potassium</i>	12
<i>albuterol sulfate er</i>	68	<i>amoxicillin/clavulanate potassium er</i>	12
<i>albuterol sulfate hfa</i>	68	<i>amphetamine/dextroamphetamine</i>	41
<i>alclometasone dipropionate</i>	44	<i>amphotericin b</i>	19
ALCOHOL PREP PADS	64	<i>amphotericin b liposome</i>	19
ALDURAZYME	50	<i>ampicillin</i>	12
ALECENSA	23	<i>ampicillin sodium</i>	12
<i>alendronate sodium</i>	64	<i>ampicillin/sulbactam</i>	12
		<i>ampicillin-sulbactam</i>	12
		<i>anagrelide hydrochloride</i>	36
		<i>anastrozole</i>	23

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ANORO ELLIPTA	70	<i>aurovela fe 1.5/30</i>	53
<i>aprepitant</i>	19	<i>aurovela fe 1/20</i>	53
APTIOM	15	AUSTEDO	42
APTIVUS	31	AUSTEDO XR	42
AREXVY	62	AUSTEDO XR PATIENT TITRATION	42
<i>arformoterol tartrate</i>	68	KIT	
<i>aripiprazole</i>	27	AUVELITY	16
<i>aripiprazole odt</i>	27	<i>aviane</i>	53
ARISTADA	27	AVONEX	43
ARISTADA INITIO	28	AVONEX PEN	43
<i>armodafinil</i>	70	<i>ayuna</i>	53
ARMOUR THYROID	57	AYVAKIT	23
ARNUITY ELLIPTA	67	<i>azathioprine</i>	60
ASCENIV	59	<i>azelaic acid</i>	44
<i>asenapine maleate sl</i>	28	<i>azelastine hcl</i>	66
<i>ashlyna</i>	53	<i>azelastine hcl</i>	68
ASMANEX HFA	67	<i>azelastine hydrochloride</i>	68
ASMANEX TWISTHALER 120	67	<i>azithromycin</i>	13
METERED DOSES		<i>aztreonam</i>	10
ASMANEX TWISTHALER 14 METERED	67	<i>azurette</i>	53
DOSES		<i>bacitracin</i>	66
ASMANEX TWISTHALER 30 METERED	67	<i>bacitracin/polymyxin b</i>	65
DOSES		<i>baclofen</i>	29
ASMANEX TWISTHALER 60 METERED	67	BACTROBAN NASAL	46
DOSES		BAFIERTAM	43
ASMANEX TWISTHALER 7 METERED	67	<i>balsalazide disodium</i>	63
DOSES		BALVERSA	23
<i>aspirin/dipyridamole</i>	36	<i>balziva</i>	53
<i>aspirin/dipyridamole er</i>	36	BAQSIMI ONE PACK	34
ASTAGRAF XL	60	BAQSIMI TWO PACK	34
<i>atazanavir</i>	31	BARACLUDGE	29
<i>atazanavir sulfate</i>	31	<i>bcg vaccine</i>	62
<i>atenolol</i>	38	BD INSULIN SYRINGE	64
<i>atenolol/chlorthalidone</i>	39	SAFETYGLIDE/1ML/29G X 1/2"	
<i>atomoxetine</i>	42	B-D INSULIN SYRINGE ULTRAFINE	64
<i>atomoxetine hydrochloride</i>	42	II/0.3ML/31G X 5/16"	
<i>atorvastatin calcium</i>	40	BD INSULIN SYRINGE ULTRA-	64
<i>atovaquone</i>	26	FINE/0.5ML/30G X 12.7MM	
<i>atovaquone/proguanil hcl</i>	26	BD INSULIN SYRINGE ULTRA-	64
<i>atropine sulfate</i>	65	FINE/1ML/31G X 8MM	
ATROVENT HFA	68	BD PEN NEEDLE/ORIGINAL/ULTRA-	64
<i>abra eq</i>	53	FINE/29G X 12.7MM	
AUGMENTIN	12	<i>bd veo insulin syringe ultra-fine/0.3ml/31g x</i>	64
AUGTYRO	64	<i>6mm</i>	
<i>aurovela 1.5/30</i>	53	<i>bekyree</i>	53
<i>aurovela 1/20</i>	53	BELSOMRA	70

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<i>benazepril hcl</i>	37	<i>buprenorphine</i>	8
<i>benazepril hydrochloride</i>	37	<i>buprenorphine hcl</i>	10
<i>benazepril hydrochloride/hydrochlorothiazide</i>	39	<i>buprenorphine hcl/naloxone hcl</i>	10
BENLYSTA	59	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	10
<i>benznidazole</i>	26	<i>bupropion hcl</i>	16
<i>benztropine mesylate</i>	26	<i>bupropion hydrochloride</i>	17
BESIVANCE	66	<i>bupropion hydrochloride er (sr)</i>	10
BESREMI	22	<i>bupropion hydrochloride er (sr)</i>	16
<i>betaine anhydrous</i>	50	<i>bupropion hydrochloride er (xl)</i>	17
<i>betamethasone dipropionate</i>	45	<i>bupirone hcl</i>	32
<i>betamethasone dipropionate augmented</i>	44	<i>bupirone hydrochloride</i>	32
<i>betamethasone valerate</i>	45	<i>butalbital/acetaminophen/caffeine</i>	42
BETASERON	43	BYDUREON BCISE	33
<i>betaxolol hcl</i>	38	BYETTA	33
<i>betaxolol hcl</i>	67	CABENUVA	29
<i>bethanechol chloride</i>	51	<i>cabergoline</i>	58
<i>bexarotene</i>	26	CABLIVI	36
BEXSERO	62	CABOMETYX	23
<i>bicalutamide</i>	21	<i>calcipotriene</i>	45
BICILLIN L-A	12	<i>calcitonin-salmon</i>	64
BIKTARVY	29	<i>calcitriol</i>	64
<i>bisoprolol fumarate</i>	38	<i>calcium acetate</i>	48
<i>bisoprolol fumarate/hydrochlorothiazide</i>	39	CALQUENCE	23
BIVIGAM	59	<i>camila</i>	56
<i>blisovi fe 1.5/30</i>	53	<i>camrese</i>	53
<i>blisovi fe 1/20</i>	53	<i>camrese lo</i>	53
BOOSTRIX	62	<i>candesartan cilexetil</i>	37
BOSULIF	23	<i>candesartan cilexetil/hydrochlorothiazide</i>	39
BRAFTOVI	23	CAPLYTA	28
BREO ELLIPTA	70	CAPRELSA	23
BREZTRI AEROSPHERE	67	<i>captopril</i>	37
<i>brillyn</i>	53	<i>captopril/hydrochlorothiazide</i>	39
BRILINTA	36	<i>carbamazepine</i>	15
BRIMONIDINE TARTRATE	67	<i>carbamazepine er</i>	15
<i>brimonidine tartrate/timolol maleate</i>	65	<i>carbidopa</i>	27
<i>brinzolamide</i>	67	<i>carbidopa/levodopa</i>	27
BRIVIACT	14	<i>carbidopa/levodopa er</i>	27
<i>bromfenac sodium</i>	66	<i>carbidopa/levodopa odt</i>	27
<i>bromocriptine mesylate</i>	26	<i>carglumic acid</i>	47
BRONCHITOL	70	<i>carteolol hcl</i>	67
BRUKINSA	23	<i>cartia xt</i>	38
<i>budesonide</i>	63	<i>carvedilol</i>	38
<i>budesonide</i>	68	<i>caspofungin acetate</i>	19
<i>budesonide er</i>	63	CAYSTON	69
<i>bumetanide</i>	40	<i>cefaclor</i>	11

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CEFAZOLIN	11	<i>ciprofloxacin i.v.-in d5w</i>	13
<i>cefazolin sodium</i>	11	<i>ciprofloxacin/dexamethasone</i>	67
<i>cefdinir</i>	11	<i>cisplatin</i>	21
<i>cefepime</i>	11	<i>citalopram hydrobromide</i>	17
<i>cefepime hydrochloride</i>	11	<i>claravis</i>	44
<i>cefixime</i>	11	<i>clarithromycin</i>	13
<i>cefotaxime sodium</i>	11	<i>clarithromycin er</i>	13
<i>cefotetan</i>	11	CLENPIQ	49
<i>cefoxitin sodium</i>	11	CLIMARA PRO	53
<i>cefpodoxime proxetil</i>	11	<i>clindacin etz pledgets</i>	10
<i>cefprozil</i>	11	<i>clindamycin hcl</i>	10
<i>ceftazidime</i>	12	<i>clindamycin hydrochloride</i>	10
<i>ceftazidime/dextrose</i>	12	<i>clindamycin palmitate hydrochloride</i>	10
<i>ceftriaxone sodium</i>	12	<i>clindamycin phosphate</i>	10
<i>cefuroxime axetil</i>	12	<i>clindamycin phosphate</i>	46
<i>cefuroxime sodium</i>	12	<i>clobazam</i>	15
<i>celecoxib</i>	8	<i>clobetasol propionate</i>	45
<i>cephalexin</i>	12	<i>clobetasol propionate e</i>	45
CERDELGA	50	<i>clomipramine hydrochloride</i>	18
<i>chateal</i>	53	<i>clonazepam</i>	15
<i>chateal eq</i>	53	<i>clonazepam odt</i>	15
CHEMET	48	<i>clonidine</i>	36
<i>chlorhexidine gluconate</i>	44	<i>clonidine hydrochloride</i>	36
<i>chloroquine phosphate</i>	26	<i>clopidogrel</i>	36
<i>chlorothiazide</i>	40	<i>clorazepate dipotassium</i>	32
<i>chlorpromazine hcl</i>	27	<i>clotrimazole</i>	19
<i>chlorpromazine hydrochloride</i>	27	<i>clotrimazole/betamethasone dipropionate</i>	46
<i>chlorthalidone</i>	40	CLOVIQUE	48
CHOLBAM	50	<i>clozapine</i>	29
<i>cholestyramine</i>	40	<i>clozapine odt</i>	29
<i>cholestyramine light</i>	40	COARTEM	26
<i>ciclodan</i>	46	<i>colchicine</i>	20
<i>ciclopirox</i>	46	<i>colesevelam hydrochloride</i>	40
<i>ciclopirox nail lacquer</i>	46	<i>colestipol hcl</i>	40
<i>ciclopirox olamine</i>	46	<i>colistimethate sodium</i>	11
<i>cidofovir</i>	29	<i>colocort</i>	63
<i>cilostazol</i>	36	COLUMVI	22
CIMDUO	30	COMBIGAN	65
<i>cinacalcet hydrochloride</i>	64	COMBIVENT RESPIMAT	70
CINRYZE	59	COMETRIQ	23
CIPRO	13	COMPLERA	30
<i>ciprofloxacin</i>	13	<i>compro</i>	18
<i>ciprofloxacin</i>	67	<i>constulose</i>	48
<i>ciprofloxacin hcl</i>	13	COPIKTRA	23
<i>ciprofloxacin hydrochloride</i>	13	CORLANOR	39

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COSENTYX SENSOREADY PEN	59	<i>delyla</i>	53
COSENTYX UNOREADY	59	<i>demeclocycline hcl</i>	13
COTELIC	23	<i>demeclocycline hydrochloride</i>	13
CREON	50	DENGVAXIA	62
<i>cromolyn sodium</i>	50	DEPO-PROVERA	56
<i>cromolyn sodium</i>	66	DEPO-SUBQ PROVERA 104	56
<i>cromolyn sodium</i>	69	DESCOVY	30
<i>cryselle-28</i>	53	<i>desipramine hydrochloride</i>	18
CURITY GAUZE PADS 2"X2" 12 PLY	64	<i>desmopressin acetate</i>	52
CUTAQUIG	59	<i>desogestrel/ethinyl estradiol</i>	53
CUVITRU	59	<i>desonide</i>	45
<i>cyclafem 1/35</i>	53	<i>desoximetasone</i>	45
<i>cyclafem 7/7/7</i>	53	<i>desvenlafaxine er</i>	17
<i>cyclobenzaprine hydrochloride</i>	70	<i>dexamethasone</i>	52
<i>cyclophosphamide</i>	21	<i>dexamethasone sodium phosphate</i>	66
<i>cycloserine</i>	20	DEXILANT	50
<i>cyclosporine</i>	60	<i>dexlansoprazole</i>	50
<i>cyclosporine</i>	65	<i>dextroamphetamine sulfate</i>	42
<i>cyclosporine modified</i>	60	<i>dextroamphetamine sulfate er</i>	42
CYLTEZO	60	<i>dextrose 5%</i>	47
CYLTEZO STARTER PACKAGE FOR	60	<i>dextrose 5%/sodium chloride 0.45%</i>	47
CROHNS DISEASE/UC/HS		<i>dextrose 5%/sodium chloride 0.9%</i>	47
CYLTEZO STARTER PACKAGE FOR	60	DIACOMIT	15
PSORIASIS		<i>diazepam</i>	32
CYLTEZO STARTER PACKAGE FOR	60	<i>diazepam intensol</i>	32
PSORIASIS/UVEITIS		<i>diazepam rectal gel</i>	15
<i>cyproheptadine hydrochloride</i>	68	<i>diazoxide</i>	34
CYSTAGON	50	<i>diclofenac potassium</i>	8
CYSTARAN	65	<i>diclofenac sodium</i>	8
<i>dalfampridine er</i>	43	<i>diclofenac sodium</i>	46
<i>danazol</i>	52	<i>diclofenac sodium</i>	66
<i>dantrolene sodium</i>	29	<i>diclofenac sodium dr</i>	8
<i>dapsone</i>	20	<i>diclofenac sodium er</i>	8
DAPTACEL	62	<i>dicloxacillin sodium</i>	12
<i>daptomycin</i>	11	<i>dicyclomine hcl</i>	49
DAPTOMYCIN/SODIUM CHLORIDE	11	<i>dicyclomine hydrochloride</i>	49
<i>darunavir</i>	31	DIFICID	13
DARZALEX FASPRO	25	<i>diflunisal</i>	8
<i>dasatinib</i>	23	<i>digitek</i>	37
<i>dasetta 1/35</i>	53	<i>digox</i>	37
<i>dasetta 7/7/7</i>	53	<i>digoxin</i>	37
DAURISMO	23	<i>dihydroergotamine mesylate</i>	20
<i>daysee</i>	53	DILANTIN	16
<i>deblitane</i>	56	<i>diltiazem hcl</i>	38

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<i>diltiazem hcl er</i>	38	<i>econazole nitrate</i>	19
<i>diltiazem hydrochloride</i>	39	EDARBI	37
<i>diltiazem hydrochloride er</i>	38	EDARBYCLOR	39
<i>dilt-xr</i>	38	EDURANT	30
<i>dimethyl fumarate</i>	43	<i>efavirenz</i>	30
<i>dimethyl fumarate starterpack</i>	43	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	30
<i>diphenhydramine hcl</i>	68	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	30
<i>diphenhydramine hydrochloride</i>	68	<i>effe-r-k</i>	47
<i>diphenoxylate hydrochloride/atropine sulfate</i>	49	ELAPRASE	50
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	62	<i>elinest</i>	53
<i>disulfiram</i>	9	ELIQUIS	35
<i>divalproex sodium</i>	15	ELIQUIS STARTER PACK	35
<i>divalproex sodium dr</i>	15	ELLA	64
<i>divalproex sodium er</i>	15	ELMIRON	51
<i>dofetilide</i>	37	<i>eluryng</i>	53
<i>dolishale</i>	53	EMCYT	21
<i>donepezil hcl</i>	16	EMGALITY	20
<i>donepezil hydrochloride</i>	16	EMPAVELI	59
DOPTELET	36	EMSAM	17
<i>dorzolamide hcl/timolol maleate</i>	65	<i>emtricitabine</i>	30
<i>dorzolamide hydrochloride</i>	67	<i>emtricitabine/tenofovir disoproxil fumarate</i>	30
DOTTI	53	<i>emtricitabine/tenofovir disoproxil fumarate</i>	30
DOVATO	29	EMTRIVA	30
<i>doxazosin mesylate</i>	51	<i>emzahh</i>	56
<i>doxepin hcl</i>	18	<i>enalapril maleate</i>	37
<i>doxepin hydrochloride</i>	18	<i>enalapril maleate/hydrochlorothiazide</i>	39
<i>doxy 100</i>	13	ENBREL	60
<i>doxycycline</i>	14	ENBREL MINI	60
<i>doxycycline hyclate</i>	13	ENBREL SURECLICK	60
<i>doxycycline hyclate</i>	44	ENDARI	50
<i>doxycycline monohydrate</i>	13	<i>endocet</i>	8
<i>d-penamamine</i>	51	ENGERIX-B	62
DRIZALMA SPRINKLE	17	<i>enilloring</i>	53
<i>dronabinol</i>	19	ENJAYMO	59
DROXIA	21	<i>enoxaparin sodium</i>	35
<i>droxidopa</i>	36	<i>enpresse-28</i>	53
DULERA	70	<i>entacapone</i>	26
<i>duloxetine hydrochloride</i>	17	<i>entecavir</i>	29
DUPIXENT	59	ENTRESTO	39
<i>dutasteride</i>	51	<i>enulose</i>	48
<i>dutasteride/tamsulosin hydrochloride</i>	51	ENVARUSUS XR	60
EASY COMFORT INSULIN SYRINGE/0.3ML/31G X 1/2"	64	EPIDIOLEX	14
		<i>epinephrine</i>	39

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<i>epitol</i>	16	FANAPT	28
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<i>eplerenone</i>	40	FARXIGA	33
<i>epoprostenol sodium</i>	69	FARYDAK	24
EPRONTIA	14	FASENRA	70
<i>ergoloid mesylates</i>	16	FASENRA PEN	70
<i>ergotamine tartrate/caffeine</i>	20	<i>fayosim</i>	54
ERIVEDGE	23	<i>febuxostat</i>	20
ERLEADA	21	<i>felbamate</i>	14
<i>erlotinib hydrochloride</i>	23	<i>felodipine er</i>	38
<i>errin</i>	56	<i>femynor</i>	54
<i>ertapenem</i>	12	<i>fenofibrate</i>	40
<i>ertapenem sodium</i>	12	<i>fenofibrate micronized</i>	40
<i>ery</i>	46	<i>fenofibric acid dr</i>	40
<i>erythromycin</i>	46	<i>fentanyl</i>	8
<i>erythromycin</i>	66	<i>fentanyl citrate oral transmucosal</i>	9
<i>erythromycin dr</i>	13	FETZIMA	17
<i>erythromycin ethylsuccinate</i>	13	FETZIMA TITRATION PACK	17
<i>erythromycin/benzoyl peroxide</i>	44	FINACEA	44
<i>escitalopram oxalate</i>	17	<i>finasteride</i>	51
<i>esomeprazole magnesium</i>	50	<i>fingolimod hydrochloride</i>	43
<i>estarylla</i>	54	FINTEPLA	14
<i>estradiol</i>	54	FIRMAGON	58
<i>estradiol/norethindrone acetate</i>	54	FLAREX	66
ESTRING	54	<i>flecainide acetate</i>	37
<i>eszopiclone</i>	70	<i>fluconazole</i>	19
<i>ethambutol hydrochloride</i>	20	<i>fluconazole in dextrose</i>	19
<i>ethosuximide</i>	15	<i>fluconazole in sodium chloride</i>	19
<i>ethynodiol diacetate/ethinyl estradiol</i>	54	<i>flucytosine</i>	19
<i>etodolac</i>	8	<i>fludrocortisone acetate</i>	52
<i>etonogestrel/ethinyl estradiol</i>	54	<i>flunisolide</i>	68
<i>etravirine</i>	30	<i>fluocinolone acetonide</i>	45
EUCRISA	45	<i>fluocinolone acetonide body</i>	45
EUTHYROX	57	<i>fluocinolone acetonide scalp</i>	45
<i>everolimus</i>	23	<i>fluocinolone acetonide topical</i>	45
<i>everolimus</i>	60	<i>fluocinonide</i>	45
EVOTAZ	31	<i>fluorometholone</i>	66
EVRYSDI	50	<i>fluorouracil</i>	46
<i>exemestane</i>	23	<i>fluoxetine hydrochloride</i>	17
EXKIVITY	23	<i>fluphenazine decanoate</i>	27
<i>ezetimibe</i>	41	<i>fluphenazine hcl</i>	27
<i>ezetimibe/simvastatin</i>	41	<i>fluphenazine hydrochloride</i>	27
FABRAZYME	50	<i>flurbiprofen</i>	8
<i>falmina</i>	54	<i>flurbiprofen sodium</i>	66
<i>famciclovir</i>	32	<i>flutamide</i>	21

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<i>fluticasone propionate</i>	68	GENVOYA	30
<i>fluticasone propionate/salmeterol</i>	70	GILOTRIF	24
<i>fluticasone propionate/salmeterol diskus</i>	70	<i>glatiramer acetate</i>	43
<i>fluvastatin</i>	40	GLEOSTINE	21
<i>fluvastatin sodium er</i>	40	<i>glimepiride</i>	33
<i>fluvoxamine maleate</i>	17	<i>glipizide</i>	33
<i>fondaparinux sodium</i>	35	<i>glipizide er</i>	33
<i>formoterol fumarate</i>	69	<i>glipizide xl</i>	33
FORTEO	64	<i>glipizide/metformin hydrochloride</i>	33
<i>fosamprenavir calcium</i>	31	GLUCAGEN HYPOKIT	34
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ORSERDU	22	<i>perindopril erbumine</i>	37
<i>orsythia</i>	55	<i>permethrin</i>	46
<i>oseltamivir phosphate</i>	32	<i>perphenazine</i>	27
OSMOLEX ER	26	PERSERIS	28
OSPHENA	57	<i>phenadoz</i>	18
OTEZLA	46	<i>phenelzine sulfate</i>	17
OTEZLA	59	<i>phenobarbital</i>	15
<i>oxacillin sodium</i>	12	PHENYTEK	16
<i>oxaprozin</i>	8	<i>phenytoin</i>	16
OXBRYTA	36	<i>phenytoin infatabs</i>	16
<i>oxcarbazepine</i>	16	<i>phenytoin sodium extended</i>	16
OXLUMO	65	PHESGO	22
<i>oxybutynin chloride</i>	51	<i>philith</i>	55
<i>oxybutynin chloride er</i>	51	PIFELTRO	30
<i>oxycodone hydrochloride</i>	9	<i>pilocarpine hcl</i>	67
<i>oxycodone/acetaminophen</i>	9	<i>pilocarpine hydrochloride</i>	44
OZEMPIC	33	<i>pimozide</i>	27
PACERONE	37	<i>pimtrea</i>	55
<i>paliperidone er</i>	28	<i>pindolol</i>	38
PANRETIN	26	<i>pioglitazone hcl</i>	33
<i>pantoprazole sodium</i>	50	<i>pioglitazone hcl/metformin hcl</i>	33
PANZYGA	59	<i>pioglitazone hydrochloride</i>	33
<i>paricalcitol</i>	64	<i>piperacillin sodium/tazobactam sodium</i>	12
<i>paroex</i>	44	PIQRAY 200MG DAILY DOSE	24
<i>paromomycin sulfate</i>	10	PIQRAY 250MG DAILY DOSE	24
<i>paroxetine hcl</i>	17	PIQRAY 300MG DAILY DOSE	24
<i>paroxetine hydrochloride</i>	17	<i>pirfenidone</i>	70
PASER	21	<i>pirmella 1/35</i>	55
PAXLOVID	65	<i>pirmella 7/7/7</i>	55
<i>pazopanib hydrochloride</i>	24	<i>piroxicam</i>	8
PEDIARIX	62	<i>pitavastatin calcium</i>	40
PEDVAX HIB	62	PLENAMINE	47
<i>peg 3350/electrolytes</i>	49	<i>podofilox</i>	46
<i>peg-3350/electrolytes</i>	49	<i>polycin</i>	65
<i>peg-3350/nacl/na bicarbonate/kcl</i>	49	<i>polymyxin b sulfate/trimethoprim sulfate</i>	66
PEGANONE	16	POMALYST	21
PEGASYS	60	<i>portia-28</i>	55
<i>pegylax</i>	49	<i>posaconazole</i>	19
PEMAZYRE	22	<i>posaconazole dr</i>	19
PENBRAYA	62	<i>potassium chloride</i>	48
<i>penicillamine</i>	51	<i>potassium chloride er</i>	47

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<i>potassium chloride sr</i>	48	<i>promethazine hydrochloride</i>	18
<i>potassium citrate er</i>	48	<i>promethazine hydrochloride plain</i>	18
PRALUENT	41	<i>promethegan</i>	18
<i>pramipexole dihydrochloride</i>	26	<i>propafenone hcl</i>	37
<i>prasugrel hydrochloride</i>	36	<i>propafenone hydrochloride</i>	37
<i>pravastatin sodium</i>	40	<i>propafenone hydrochloride er</i>	37
<i>praziquantel</i>	26	<i>propranolol hcl</i>	38
<i>prazosin hydrochloride</i>	37	<i>propranolol hcl er</i>	38
<i>prednisolone</i>	52	<i>propranolol hydrochloride</i>	38
<i>prednisolone acetate</i>	67	<i>propranolol hydrochloride er</i>	38
<i>prednisolone sodium phosphate</i>	52	<i>propylthiouracil</i>	58
<i>prednisone</i>	52	PROQUAD	63
<i>pregabalin</i>	43	<i>protriptyline hcl</i>	18
PREHEVBRIO	62	PULMOZYME	69
PREMARIN	55	PURIXAN	22
<i>premium lidocaine</i>	9	<i>pyrazinamide</i>	21
PREMPHASE	56	<i>pyridostigmine bromide</i>	20
PREMPRO	56	<i>pyrimethamine</i>	26
<i>prenatal</i>	48	PYRUKYND	36
<i>prevalite</i>	41	PYRUKYND TAPER PACK	36
<i>previfem</i>	56	QINLOCK	21
PREVYMIS	29	QUADRACEL	63
PREZCOBIX	31	<i>quetiapine fumarate</i>	28
PREZISTA	31	<i>quetiapine fumarate er</i>	28
PRIFTIN	21	<i>quinapril hydrochloride</i>	37
<i>primaquine phosphate</i>	26	<i>quinapril/hydrochlorothiazide</i>	39
<i>primidone</i>	15	<i>quinidine sulfate</i>	37
PRIORIX	63	<i>quinine sulfate</i>	26
PRIVIGEN	59	QULIPTA	20
PROAIR RESPICLICK	69	QVAR REDIHALER	68
<i>probenecid</i>	20	RABAVERT	63
<i>probenecid/colchicine</i>	20	<i>rabeprazole sodium</i>	50
<i>prochlorperazine</i>	18	<i>raloxifene hydrochloride</i>	57
<i>prochlorperazine edisylate</i>	18	<i>ramelteon</i>	70
<i>prochlorperazine maleate</i>	18	<i>ramipril</i>	37
PROCRIT	36	<i>ranolazine er</i>	39
<i>procto-med hc</i>	63	<i>rasagiline mesylate</i>	27
<i>proctosol hc</i>	63	RAYALDEE	64
<i>proctozone-hc</i>	63	REBETOL	29
<i>progesterone</i>	57	REBIF	43
PROGRAF	61	REBIF REBIDOSE	43
PROLASTIN-C	50	REBIF REBIDOSE TITRATION PACK	43
PROLENSA	67	REBIF TITRATION PACK	43
PROLIA	64	RECOMBIVAX HB	63
PROMACTA	36	RECTIV	49
<i>promethazine hcl</i>	18	RELENZA DISKHALER	32

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REMICADE	61	<i>roweepra</i>	14
RENFLEXIS	61	<i>roweepra xr</i>	14
<i>repaglinide</i>	33	ROZLYTREK	24
REPATHA	41	RUBRACA	24
REPATHA PUSHTRONEX SYSTEM	41	<i>rufinamide</i>	16
REPATHA SURECLICK	41	RUKOBIA	31
RESTASIS	66	RUXIENCE	25
RESTASIS MULTIDOSE	66	RYBELSUS	33
RETACRIT	36	RYDAPT	25
RETEVMO	22	RYTARY	27
RETROVIR IV INFUSION	31	<i>sajazir</i>	59
REVCOVI	50	SANDIMMUNE	61
REVLIMID	21	SANTYL	46
REXULTI	28	SAPHNELO	60
REYATAZ	31	<i>sapropterin dihydrochloride</i>	50
REZLIDHIA	24	SAVELLA	43
REZUROCK	61	SAVELLA TITRATION PACK	43
RHOPRESSA	67	SCEMBLIX	22
<i>ribavirin</i>	29	<i>scopolamine</i>	18
<i>rifabutin</i>	20	SECUADO	28
<i>rifampin</i>	21	<i>selegiline hcl</i>	27
<i>riluzole</i>	43	<i>selenium sulfide</i>	45
RINVOQ	59	SELZENTRY	31
RINVOQ LQ	60	SEREVENT DISKUS	69
<i>risedronate sodium</i>	64	<i>sertraline hcl</i>	18
<i>risedronate sodium dr</i>	64	<i>sertraline hydrochloride</i>	18
RISPERDAL CONSTA	28	<i>setlakin</i>	56
<i>risperidone</i>	28	<i>sevelamer carbonate</i>	48
<i>risperidone er</i>	28	SFROWASA	63
<i>risperidone odt</i>	28	<i>sharobel</i>	57
<i>ritonavir</i>	31	SHINGRIX	63
<i>rivastigmine tartrate</i>	16	SIGNIFOR	58
<i>rivastigmine transdermal system</i>	16	SIGNIFOR LAR	58
<i>rivelsa</i>	56	<i>sildenafil citrate</i>	69
<i>rizatriptan benzoate</i>	20	<i>silodosin</i>	51
<i>rizatriptan benzoate odt</i>	20	<i>silver sulfadiazine</i>	46
ROCKLATAN	66	SIMBRINZA	66
<i>roflumilast</i>	69	<i>simliya</i>	56
ROLVEDON	36	<i>simpesse</i>	56
<i>ropinirole er</i>	26	<i>simvastatin</i>	40
<i>ropinirole hcl</i>	26	<i>sirolimus</i>	61
<i>ropinirole hydrochloride</i>	27	SIRTURO	21
<i>rosadan</i>	44	SKYCLARYS	65
<i>rosuvastatin calcium</i>	40	SKYRIZI	60
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<i>sodium chloride 0.45%</i>	48	<i>sucralfate</i>	50
<i>sodium chloride 0.9%</i>	65	<i>sulfacetamide sodium</i>	66
<i>sodium oxybate</i>	71	<i>sulfacetamide sodium/prednisolone sodium</i>	66
<i>sodium phenylbutyrate</i>	51	<i>phosphate</i>	
<i>sodium polystyrene sulfonate</i>	48	<i>sulfadiazine</i>	13
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	49	<i>sulfamethoxazole/trimethoprim</i>	13
<i>sofosbuvir/velpatasvir</i>	29	<i>sulfamethoxazole/trimethoprim ds</i>	13
<i>solifenacin succinate</i>	51	<i>sulfasalazine</i>	63
SOLQUA 100/33	33	<i>sulindac</i>	8
SOLTAMOX	21	<i>sumatriptan</i>	20
SOMATULINE DEPOT	58	<i>sumatriptan succinate</i>	20
SOMAVERT	58	<i>sunitinib malate</i>	25
<i>sorafenib</i>	25	SUNLENCA	31
<i>sorafenib tosylate</i>	25	SUTAB	49
<i>sorine</i>	37	SYMPAZAN	15
<i>sotalol hcl</i>	38	SYMTUZA	31
<i>sotalol hydrochloride</i>	38	SYNAGIS	59
<i>sotalol hydrochloride (af)</i>	38	SYNJARDY	33
SOTYKTU	46	SYNJARDY XR	33
SPEVIGO	45	SYNRIBO	22
SPIRIVA HANDIHALER	68	SYNTHROID	57
SPIRIVA RESPIMAT	68	TABLOID	22
<i>spironolactone</i>	40	TABRECTA	21
<i>spironolactone/hydrochlorothiazide</i>	39	<i>tacrolimus</i>	45
SPRAVATO 56MG DOSE	17	<i>tacrolimus</i>	61
SPRAVATO 84MG DOSE	17	<i>tadalafil</i>	51
<i>sprintec 28</i>	56	<i>tadalafil</i>	69
SPRITAM	14	TAFINLAR	25
SPRYCEL	25	TAGRISSE	25
<i>sps</i>	48	TALZENNA	25
<i>sronyx</i>	56	<i>tamoxifen citrate</i>	21
<i>ssd</i>	46	<i>tamsulosin hydrochloride</i>	51
STAMARIL	63	<i>tarina fe 1/20</i>	56
<i>stavudine</i>	31	<i>tarina fe 1/20 eq</i>	56
STELARA	60	TASIGNA	25
STIOLTO RESPIMAT	70	<i>tazarotene</i>	44
STIVARGA	25	TAZICEF	12
STRENSIQ	51	<i>taztia xt</i>	39
<i>streptomycin sulfate</i>	10	TAZVERIK	22
STRIBILD	30	TDVAX	63
<i>subvenite</i>	14	TEFLARO	12
<i>subvenite starter kit/blue</i>	14	TEGSEDI	51
<i>subvenite starter kit/green</i>	14	<i>telmisartan</i>	37
<i>subvenite starter kit/orange</i>	14	<i>telmisartan/hydrochlorothiazide</i>	40
		<i>temazepam</i>	70

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TENIVAC	63	tolterodine tartrate	51
tenofovir disoproxil fumarate	31	tolterodine tartrate er	51
TEPMETKO	25	topiramate	14
terazosin hcl	37	topotecan hcl	23
terazosin hydrochloride	37	topotecan hydrochloride	23
terbinafine hcl	19	toremifene citrate	21
terconazole	19	torpenz	25
teriparatide	64	torseamide	40
testosterone	52	TOUJEO MAX SOLOSTAR	35
testosterone cypionate	52	TOUJEO SOLOSTAR	35
testosterone enanthate	52	TRADJENTA	33
testosterone pump	52	tramadol hydrochloride	9
TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT	63	tramadol hydrochloride/acetaminophen	9
tetrabenazine	43	trandolapril	37
tetracycline hydrochloride	14	trandolapril/verapamil hcl er	40
TEVIMBRA	25	tranexamic acid	36
THALOMID	21	tranylcypramine sulfate	17
theophylline er	69	TRAZIMERA	25
thioridazine hcl	27	trazodone hydrochloride	18
thiothixene	27	TRECTOR	21
THYROID	57	TRELEGY ELLIPTA	70
THYROLAR-1	58	TRELSTAR MIXJECT	58
THYROLAR-1/2	58	TRESIBA	35
THYROLAR-1/4	58	TRESIBA FLEXTOUCH	35
THYROLAR-2	58	tretinoin	26
THYROLAR-3	58	tretinoin	44
tiadylt er	39	tri femynor	56
tiagabine hydrochloride	15	triamcinolone acetonide	45
TIBSOVO	25	triamcinolone acetonide	52
TICOVAC	63	triamcinolone acetonide dental paste	44
timolol maleate	67	triamterene/hydrochlorothiazide	40
tinidazole	11	triderm	45
tiotropium bromide	68	trientine hydrochloride	48
TIVICAY	30	tri-estarylla	56
TIVICAY PD	30	trifluoperazine hcl	27
tizanidine hcl	29	trifluoperazine hydrochloride	27
tizanidine hydrochloride	29	trifluridine	66
TOBI PODHALER	69	trihexyphenidyl hydrochloride	26
TOBRADEX	66	TRIJARDY XR	34
TOBRADEX ST	66	TRIKAFTA	69
tobramycin	66	tri-linyah	56
tobramycin	69	trilyte	49
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		trimipramine maleate	18

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TRINTELLIX	18	<i>vancomycin hcl</i>	11
<i>tri-nymyo</i>	56	<i>vancomycin hydrochloride</i>	11
<i>tri-previfem</i>	56	VANFLYTA	25
TRIPTODUR	58	VAQTA	63
<i>tri-sprintec</i>	56	<i>varenicline starting month box</i>	10
TRIUMEQ	31	<i>varenicline tartrate</i>	10
TRIUMEQ PD	31	VARIVAX	63
<i>trivora-28</i>	56	VARIZIG	59
<i>tri-vylibra</i>	56	VAXCHORA	63
TRIZIVIR	31	VAXELIS	63
TROGARZO	31	VELPHORO	48
<i>tropium chloride</i>	51	VELTASSA	48
<i>tropium chloride er</i>	51	VENCLEXTA	25
TRULICITY	34	VENCLEXTA STARTING PACK	25
TRUMENBA	63	<i>venlafaxine hydrochloride</i>	18
TRUQAP	25	<i>venlafaxine hydrochloride er</i>	18
TRUSELTIQ	22	VENTAVIS	69
TUKYSA	22	VEOPOZ	60
<i>tulana</i>	57	<i>verapamil hcl</i>	39
TURALIO	25	<i>verapamil hcl er</i>	39
<i>turqoz</i>	56	<i>verapamil hcl sr</i>	39
TWINRIX	63	<i>verapamil hydrochloride</i>	39
TYBOST	31	<i>verapamil hydrochloride er</i>	39
TYMLOS	64	VERQUVO	41
TYPHIM VI	63	VERSACLOZ	29
TYRVAYA	65	VERZENIO	25
TYSABRI	43	V-GO 20	65
UBRELVY	20	V-GO 30	65
UDENYCA	36	V-GO 40	65
UDENYCA ONBODY	36	<i>vicodin hp</i>	9
<i>ulticare micro pen needles/32g x 5/32"</i>	65	VIDEX EC	31
<i>unifine pentips 32gx6mm</i>	65	VIDEX PEDIATRIC	31
UNITHROID	58	<i>vienva</i>	56
<i>urea</i>	46	<i>vigabatrin</i>	15
<i>ursodiol</i>	49	<i>vigadrone</i>	15
<i>valacyclovir hydrochloride</i>	32	VIGAFYDE	15
VALCHLOR	21	<i>vigpoder</i>	15
<i>valganciclovir</i>	29	VIIBRYD STARTER PACK	18
<i>valganciclovir hydrochloride</i>	29	<i>vilazodone hydrochloride</i>	18
<i>valproic acid</i>	33	VIMIZIM	51
<i>valsartan</i>	37	<i>viorele</i>	56
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VIZIMPRO	25	XTAMPZA ER	8
VOCABRIA	30	XTANDI	21
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VONJO	22	YF-VAX	63
VORANIGO	25	YUFLYMA 1-PEN KIT	62
<i>voriconazole</i>	19	YUFLYMA 2-PEN KIT	62
VOSEVI	29	YUFLYMA 2-SYRINGE KIT	62
VOTRIENT	25	YUFLYMA CD/UC/HS STARTER	62
VOWST	49	YUPELRI	68
VRAYLAR	28	<i>yuvafem</i>	56
VUMERITY	43	<i>zafirlukast</i>	68
<i>vyfemla</i>	56	<i>zaleplon</i>	70
VYJUVEK	65	ZARXIO	36
<i>vylibra</i>	56	ZEJULA	25
VYNDAMAX	40	ZELBORAF	25
VYVGART HYTRULO	60	<i>zenatane</i>	44
VYZULTA	67	ZENPEP	51
<i>warfarin sodium</i>	35	ZEPOSIA	43
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<i>wera</i>	56	ZEPOSIA STARTER KIT	44
<i>wixela inhub</i>	70	<i>zidovudine</i>	31
XALKORI	25	<i>ziprasidone hcl</i>	28
XARELTO	35	<i>ziprasidone mesylate</i>	28
XARELTO STARTER PACK	35	ZIRGAN	66
XATMEP	61	ZOKINVY	51
XCOPRI	14	ZOLINZA	23
XELJANZ	60	<i>zolmitriptan</i>	20
XELJANZ XR	60	<i>zolpidem tartrate</i>	70
XEMBIFY	59	<i>zolpidem tartrate er</i>	70
XERMELO	49	ZONISADE	16
XGEVA	64	<i>zonisamide</i>	16
XIFAXAN	49	<i>zovia 1/35</i>	56
XIGDUO XR	34	<i>zovia 1/35e</i>	56
XIIDRA	66	ZTALMY	43
XOFLUZA	32	ZURZUVAE	17
XOLAIR	60	ZYDELIG	25
XOLREMDI	36	ZYKADIA	25
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Senior Care Plus

A Medicare Advantage Plan from Hometown Health.

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Senior Care Plus at 775-982-3112 or toll-free at 888-775-7003 (TTY users should call the State Relay Service at 711). (We are not open 7 days a week all year round) Hours are 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30. You may also visit www.SeniorCarePlus.com.

Senior Care Plus is a Medicare Advantage Plan with a Medicare contract. Enrollment in Senior Care Plus depends on contract renewal.

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

This information is available for free in other languages. Please call our customer service number at 775-982-3112 or toll-free at 888-775-7003. TTY users should call the State Relay Service at 711. We are available Monday through Sunday, 8:00 am to 8:00 pm.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente de Senior Care Plus al 775-982-3112 o al número gratuito al 888-775-7003. Los usuarios de TTY deben llamar al Servicio de Retransmisión del Estado al 711. Estamos disponibles de lunes a domingo, de 8:00 am a 8:00 pm.