



# Blue MedicareRx<sup>SM</sup> Value Plus (PDP) 2025 Formulary (List of Covered Drugs or “Drug List”)

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

This formulary was updated on 7/1/2025. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at:

<b>Connecticut</b>	1-888-620-1747	<b>Rhode Island</b>	1-888-620-1748
<b>Massachusetts</b>	1-888-543-4917	<b>Vermont</b>	1-888-620-1746

or, for TTY/TDD users, 711, 24 hours a day, 7 days a week, or visit [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care 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, even if you haven't paid your deductible.

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Blue MedicareRx<sup>SM</sup> (PDP). When it refers to “plan” or “our plan,” it means Blue MedicareRx Value Plus.

This document includes a Drug List (Formulary) for our plan which is current as of 7/1/2025. For an updated Drug List (Formulary), please contact us. Our contact information, along with the date we last updated the Drug List (Formulary), appears on the front and back cover pages.

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

## **What is the Blue MedicareRx Value Plus formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue MedicareRx Value 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. Blue MedicareRx Value Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue MedicareRx Value 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 change?**

Most changes in drug coverage happen on January 1, but Blue MedicareRx Value Plus may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com).

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand-name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 7/1/2025. To get updated information about the drugs covered by Blue MedicareRx Value Plus, please contact us. Our contact information appears on the front and back cover pages. If we have other types of mid-year non-maintenance formulary changes unrelated to the reasons stated above (e.g. remove drugs from our formulary, add prior authorization requirements, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier), we will notify you by mail. You may also access our formulary on our website at [www.RxMedicarePlans.com](http://www.RxMedicarePlans.com) to get information showing changes to, additions, and/or deletions of medications contained in our formulary.

## **How do I use the Formulary?**

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

### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins at the back of this document. 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?**

Blue MedicareRx Value 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 3, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Blue MedicareRx Value Plus requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue MedicareRx Value Plus limits the amount of the drug that we will cover. For example, our plan provides 2 units per prescription for ATROVENT HFA. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue MedicareRx Value 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask Blue MedicareRx Value 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 Blue MedicareRx Value Plus formulary?” on page III for information about how to request an exception.

### **What if my drug is not on the Formulary?**

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

If you learn that Blue MedicareRx Value Plus does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by Blue MedicareRx Value Plus. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask Blue MedicareRx Value Plus to make an exception and cover your drug. See below for information about how to request an exception.

Compounds may or may not be covered by your plan benefit.

### **How do I request an exception to the Blue MedicareRx Value Plus Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Blue MedicareRx Value 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.
- 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.

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

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

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

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

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

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

If you change your level of care, such as a move from a hospital to a home setting, 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 up to a temporary 30-day supply when you go to a network pharmacy. After your first 30-day supply, you are required to use the plan's exception process.

Our transition supply will not cover drugs that Medicare does not allow Part D plans to cover or drugs that are covered under Medicare Part B.

## For more information

For more detailed information about your Blue MedicareRx Value Plus prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Blue MedicareRx Value 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/TDD users should call 1-877-486-2048. Or, visit <https://www.medicare.gov>.

## Blue MedicareRx Value Plus Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Blue MedicareRx Value Plus. If you have trouble finding your drug in the list, turn to the Index that begins at the back of this document.

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

The information in the Requirements/Limits column tells you if Blue MedicareRx Value Plus has any special requirements for coverage of your drug. The abbreviations you may see in the drug listing include:

- **B/D** stands for drugs covered under Medicare Part B or D.
- **QL** stands for Quantity Limits.
- **PA** stands for Prior Authorization.
- **ST** stands for Step Therapy.
- **LA** stands for Limited Access. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Care at the numbers that appear on the front and back cover pages, 24 hours a day, 7 days a week. TTY/TDD users should call 711.
- **NM** stands for No Mail Order. This prescription drug is not available through mail order service.

## Explanation of Tiers and Copayments/Coinsurance:

### Blue MedicareRx Value Plus Initial Coverage Stage

Tier Label	Retail Cost-Sharing or Out-of-Network (OON) Cost-Sharing*	Mail Order Cost-Sharing 90-day supply
	Preferred Retail Cost-Sharing	Standard Retail Cost-Sharing/ OON/LTC
Tier 1: Preferred Generic  Certain generic drugs that are available at the lowest copayment	\$1	\$6
Tier 2: Generic  Higher cost generic drugs available at a higher copayment than Tier 1 generic drugs	\$5	\$10
Tier 3: Preferred Brand  Many common brand name drugs and some higher cost generic drugs, many of which may have lower cost options available on Tier 1 or Tier 2***	22%	25%
Tier 4: Non-Preferred Drug  Higher cost generic and non-preferred drugs, many of which may have lower cost options available on Tier 1, Tier 2, and Tier 3***	35%	35%
Tier 5: Specialty Tier  Unique and/or very high-cost brand and some generic drugs of which you pay a percentage of the total drug cost which may require special handling and/or close monitoring***	25%	25%
		Not Applicable†

\* In addition to your copayment, at an out-of-network pharmacy you will pay the difference between the actual charge and what you would have paid at a network pharmacy. Amounts you pay may vary at out-of-network pharmacies.

\*\* Standard Retail Cost-Sharing applies to all Out-of-Network (OON) and Long-term Care (LTC) Cost-Sharing.

\*\*\* You pay the full cost of drugs on Tier 2, Tier 3, Tier 4 and Tier 5 until you have reached the yearly deductible.

† Specialty Tier drugs are not available for a 90-day retail or mail order supply.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<b>ANALGESICS</b>					
<b>GOUT</b>					
<i>allopurinol</i> TABS 100mg, 300mg	Tier 1		<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	Tier 4	QL PA
<i>colchicine</i> CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL	QL (10 patches / 30 days)		
<i>colchicine</i> TABS .6mg QL (120 tabs / 30 days)	Tier 2	QL	<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	Tier 4	QL PA
<i>colchicine w/ probenecid</i> tab 0.5-500 mg	Tier 3		QL (30 tabs / 30 days)		
<i>MITIGARE</i> CAPS .6mg QL (60 caps / 30 days)	Tier 3	QL	<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	Tier 5	QL PA
<i>probenecid</i> TABS 500mg	Tier 3		QL (30 tabs / 30 days)		
<b>MISCELLANEOUS</b>					
<i>lidocaine hcl</i> (local anesth.) SOLN .5%, 1%, 1.5%, 2%	Tier 3	B/D	<i>methadone hcl</i> TABS 5mg, 10mg	Tier 3	QL PA
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg QL (60 caps / 30 days)	Tier 3	QL	QL (90 tabs / 30 days)		
<i>celecoxib</i> CAPS 400mg QL (30 caps / 30 days)	Tier 3	QL	<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	Tier 3	QL PA
<i>diclofenac potassium</i> TABS Tier 2 50mg QL (120 tabs / 30 days)	Tier 2	QL	QL (90 tabs / 30 days)		
<i>diclofenac sodium</i> TB24 100mg	Tier 3		<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	Tier 2		<i>acetaminophen</i> w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	Tier 2	QL
<i>flurbiprofen</i> TABS 100mg	Tier 3		<i>acetaminophen</i> w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	Tier 2	QL
<i>ibu</i> TABS 400mg, 600mg, 800mg	Tier 2		<i>acetaminophen</i> w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	Tier 2	QL
<i>ibuprofen</i> SUSP 100mg/5ml	Tier 3		<i>acetaminophen</i> w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	Tier 2	QL
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	Tier 2		<i>endocet</i> tab 2.5-325mg QL (360 tabs / 30 days)	Tier 3	QL
<i>meloxicam</i> TABS 7.5mg, 15mg	Tier 1		<i>endocet</i> tab 5-325mg QL (360 tabs / 30 days)	Tier 3	QL
<i>nabumetone</i> TABS 500mg, 750mg	Tier 2		<i>endocet</i> tab 7.5-325mg QL (240 tabs / 30 days)	Tier 3	QL
<i>naproxen</i> TABS 250mg, 375mg, 500mg	Tier 1				
<i>sulindac</i> TABS 150mg, 200mg	Tier 2				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>endocet tab 10-325mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)</i>	Tier 4	QL	<i>oxycodone w/ acetaminophen tab 2.5-325 mg QL (360 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone- acetaminophen tab 5-325 mg QL (240 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 5-325 mg QL (360 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone- acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 7.5-325 mg QL (240 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone- acetaminophen tab 10-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>oxycodone w/ acetaminophen tab 10-325 mg QL (180 tabs / 30 days)</i>	Tier 3	QL
<i>hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)</i>	Tier 3	QL	<i>tramadol hcl TABS 50mg QL (240 tabs / 30 days)</i>	Tier 2	QL
<i>hydromorphone hcl TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<b>ANTI-INFECTIVES</b>		
<i>morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml</i>	Tier 4	B/D	<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
<i>morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)</i>	Tier 3	QL	<i>albendazole TABS 200mg QL (672 tabs / year)</i>	Tier 5	QL PA
<i>morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)</i>	Tier 3	QL	<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	Tier 4	
<i>morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)</i>	Tier 3	QL	<i>ARIKAYCE SUSP 590mg/8.4ml</i>	Tier 5	NM PA
<i>nalbuphine hcl SOLN 10mg/ml, 20mg/ml</i>	Tier 4		<i>atovaquone SUSP 750mg/5ml QL (300 mL / 30 days)</i>	Tier 4	QL PA
<i>oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)</i>	Tier 4	QL	<i>aztreonam SOLR 1gm, 2gm</i>	Tier 4	
			<i>CAYSTON SOLR 75mg</i>	Tier 5	NM PA
			<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	Tier 2	
			<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	Tier 3	
			<i>colistimethate sodium SOLR 150mg</i>	Tier 4	

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
dapsone TABS 25mg, 100mg	Tier 3		pentamidine isethionate inh SOLR 300mg	Tier 4	B/D
DAPTOMYCIN SOLR 350mg	Tier 5		pentamidine isethionate inj SOLR 300mg	Tier 4	
daptomycin SOLR 350mg, Tier 5 500mg			praziquantel TABS 600mg	Tier 4	
EMVERM CHEW 100mg QL (12 tabs / year)	Tier 5	QL	pyrimethamine TABS 25mg	Tier 5	QL PA QL (90 tabs / 30 days)
ertapenem sodium SOLR 1gm	Tier 3		streptomycin sulfate SOLR 1gm	Tier 4	
gentamicin in saline inj 0.8 mg/ml	Tier 3		sulfadiazine TABS 500mg	Tier 5	
gentamicin in saline inj 2 mg/ml	Tier 3		sulfamethoxazole- trimethoprim iv soln 400-80 mg/5ml	Tier 4	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	Tier 3		sulfamethoxazole- trimethoprim susp 200-40 mg/5ml	Tier 3	
imipenem-cilastatin intravenous for soln 250 mg	Tier 3		sulfamethoxazole- trimethoprim tab 400-80 mg	Tier 2	
imipenem-cilastatin intravenous for soln 500 mg	Tier 3		sulfamethoxazole- trimethoprim tab 800-160 mg	Tier 2	
IMPAVIDO CAPS 50mg	Tier 5	PA	tinidazole TABS 250mg, 500mg	Tier 3	
ivermectin TABS 3mg QL (12 tabs / 90 days)	Tier 3	QL PA	TOBI PODHALER CAPS 28mg	Tier 5	NM PA
linezolid SOLN 600mg/300ml	Tier 4		tobramycin NEBU 300mg/5ml	Tier 5	NM PA
linezolid SUSR 100mg/5ml QL (1800 mL / 30 days)	Tier 5	QL	tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	Tier 3	
linezolid TABS 600mg QL (60 tabs / 30 days)	Tier 4	QL	trimethoprim TABS 100mg	Tier 3	
LINEZOLID INJ 2MG/ML	Tier 4		vancomycin hcl CAPS 125mg	Tier 4	QL QL (80 caps / 180 days)
meropenem SOLR 1gm, 500mg	Tier 4		vancomycin hcl CAPS 250mg	Tier 4	QL QL (160 caps / 180 days)
methenamine hippurate TABS 1gm	Tier 3		vancomycin hcl SOLR 1gm, Tier 4 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	Tier 4	
metronidazole SOLN 500mg/100ml	Tier 3		VANCOMYCIN INJ 1 GM	Tier 4	
metronidazole TABS 250mg, 500mg	Tier 2		VANCOMYCIN INJ 500MG	Tier 4	
neomycin sulfate TABS 500mg	Tier 2		VANCOMYCIN INJ 750MG	Tier 4	
nitazoxanide TABS 500mg QL (6 tabs / 30 days)	Tier 5	QL	<b>ANTIFUNGALS</b>		
nitrofurantoin macrocrystal CAPS 50mg, 100mg	Tier 3		ABELCET SUSP 5mg/ml	Tier 4	B/D
nitrofurantoin monohyd macro CAPS 100mg	Tier 3				

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>amphotericin b</i> SOLR 50mg	Tier 4	B/D			
<i>amphotericin b liposome</i> SUSR 50mg	Tier 5	B/D			
<i>caspofungin acetate</i> SOLR 50mg, 70mg	Tier 4				
<i>fluconazole</i> SUSR 50mg/ml, 40mg/ml; TABS 50mg	Tier 3				
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	Tier 2				
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	Tier 3				
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	Tier 3				
<i>flucytosine</i> CAPS 250mg, 500mg	Tier 5	PA			
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	Tier 4				
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	Tier 4				
<i>itraconazole</i> CAPS 100mg	Tier 4	PA			
<i>ketoconazole</i> TABS 200mg	Tier 3	PA			
<i>micafungin sodium</i> SOLR 50mg, 100mg	Tier 4				
<i>nystatin</i> TABS 500000unit	Tier 3				
<i>posaconazole</i> SUSP 40mg/ml	Tier 5	QL PA			
QL (630 mL / 30 days)					
<i>posaconazole</i> TBEC 100mg	Tier 5	QL PA			
QL (93 tabs / 30 days)					
<i>terbinafine hcl</i> TABS 250mg	Tier 2	QL PA			
QL (30 tabs / 30 days)					
PA applies after a 90 day supply in a calendar year					
<i>voriconazole</i> SOLR 200mg	Tier 4	PA			
<i>voriconazole</i> SUSR 40mg/ml	Tier 5	QL PA			
QL (600 mL / 28 days)					
<i>voriconazole</i> TABS 50mg	Tier 4	QL			
QL (480 tabs / 30 days)					
<i>voriconazole</i> TABS 200mg	Tier 4	QL			
QL (120 tabs / 30 days)					
<b>ANTIMALARIALS</b>					
<i>atovaquone-proguanil hcl</i> tab 62.5-25 mg	Tier 4				
<i>atovaquone-proguanil hcl</i> tab 250-100 mg	Tier 4				
<i>chloroquine phosphate</i> TABS 250mg, 500mg	Tier 4				
<i>COARTEM</i> TAB 20-120MG	Tier 4				
<i>mefloquine hcl</i> TABS 250mg	Tier 3				
<i>primaquine phosphate</i> TABS 26.3mg	Tier 3				
<i>PRIMAQUINE</i> PHOSPHATE TABS 26.3mg	Tier 3				
<i>quinine sulfate</i> CAPS 324mg	Tier 4	PA			
<b>ANTIRETROVIRAL AGENTS</b>					
<i>abacavir sulfate</i> SOLN 20mg/ml	Tier 4	NM			
<i>abacavir sulfate</i> TABS 300mg	Tier 3	NM			
<i>APTIVUS</i> CAPS 250mg	Tier 5	NM			
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	Tier 4	NM			
<i>darunavir</i> TABS 600mg (60 tabs / 30 days)	Tier 5	QL NM			
<i>darunavir</i> TABS 800mg (30 tabs / 30 days)	Tier 5	QL NM			
<i>EDURANT</i> TABS 25mg	Tier 5	NM			
<i>efavirenz</i> TABS 600mg	Tier 4	NM			
<i>emtricitabine</i> CAPS 200mg	Tier 3	NM			
<i>EMTRIVA</i> SOLN 10mg/ml	Tier 4	NM			
<i>etravirine</i> TABS 100mg, 200mg	Tier 5	NM			
<i>fosamprenavir calcium</i> TABS 700mg	Tier 5	NM			
<i>FUZEON</i> SOLR 90mg	Tier 5	NM			
<i>INTELENCE</i> TABS 25mg	Tier 4	NM			
<i>ISENTRESS CHEW</i> 25mg	Tier 4	NM			
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	Tier 5	NM			
<i>ISENTRESS HD</i> TABS 600mg	Tier 5	NM			
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	Tier 3	NM			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
maraviroc TABS 150mg, 300mg	Tier 5	NM	DELSTRIGO TAB	Tier 5	NM
nevirapine SUSP 50mg/5ml; TB24 400mg	Tier 4	NM	DESCOZY TAB 120-15MG	Tier 5	NM
nevirapine TABS 200mg	Tier 2	NM	DESCOZY TAB 200/25MG	Tier 5	NM
NORVIR PACK 100mg	Tier 4	NM	DOVATO TAB 50-300MG	Tier 5	NM
PIFELTRO TABS 100mg	Tier 5	NM	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 5	NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	Tier 5	QL NM	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 5	NM
PREZISTA TABS 75mg QL (480 tabs / 30 days)	Tier 4	QL NM	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 5	NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	Tier 5	QL NM	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 5	NM
REYATAZ PACK 50mg	Tier 5	NM	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 5	NM
ritonavir TABS 100mg	Tier 3	NM	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 5	NM
RUKOBIA TB12 600mg	Tier 5	NM	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 4	NM
SELZENTRY SOLN 20mg/ml	Tier 5	NM	EVOTAZ TAB 300-150	Tier 5	NM
SUNLENCA TABS 300mg; TABS 300mg	Tier 5	NM	GENVOYA TAB	Tier 5	NM
TBPK 300mg tenofovir disoproxil fumarate	Tier 3	NM	JULUCA TAB 50-25MG	Tier 5	NM
TABS 300mg			lamivudine-zidovudine tab 150-300 mg	Tier 4	NM
TIVICAY TABS 10mg	Tier 3	NM	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 4	NM
TIVICAY TABS 25mg, 50mg	Tier 5	NM	lopinavir-ritonavir tab 100-25 mg	Tier 4	NM
TIVICAY PD TBSO 5mg	Tier 5	NM	lopinavir-ritonavir tab 200-50 mg	Tier 4	NM
TYBOST TABS 150mg	Tier 3	NM	ODEFSEY TAB	Tier 5	NM
VIRACEPT TABS 250mg, 625mg	Tier 5	NM	PREZCOBIX TAB 800-150	Tier 5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	Tier 5	NM	STRIBILD TAB	Tier 5	NM
zidovudine CAPS 100mg; SYRP 50mg/5ml	Tier 4	NM	SYMTUZA TAB	Tier 5	NM
zidovudine TABS 300mg	Tier 3	NM	TRIUMEQ PD TAB	Tier 3	NM
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>			TRIUMEQ TAB	Tier 5	NM
abacavir sulfate-lamivudine tab 600-300 mg	Tier 3	NM	<b>ANTITUBERCULAR AGENTS</b>		
BIKTARVY TAB 30-120-15 MG	Tier 5	NM	cycloserine CAPS 250mg	Tier 5	
BIKTARVY TAB 50-200-25 MG	Tier 5	NM	ethambutol hcl TABS 100mg, 400mg	Tier 3	
CIMDUO TAB 300-300	Tier 5	NM	isoniazid TABS 100mg, 300mg	Tier 2	
COMPLERA TAB	Tier 5	NM			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>			
PRIFTIN TABS 150mg	Tier 4		PAXLOVID PAK	Tier 2	QL			
<i>pyrazinamide</i> TABS 500mg	Tier 4		QL (22 tabs / 90 days)					
rifabutin CAPS 150mg	Tier 4		PAXLOVID TAB 150-100	Tier 2	QL			
rifampin CAPS 150mg, 300mg	Tier 3		QL (40 tabs / 90 days)					
rifampin SOLR 600mg	Tier 4		PAXLOVID TAB 300-100	Tier 2	QL			
SIRTURO TABS 20mg, 100mg	Tier 5	NM PA	QL (60 tabs / 90 days)					
TRECATOR TABS 250mg	Tier 4		PEGASYS SOLN	Tier 5	NM PA			
<b>ANTIVIRALS</b>								
acyclovir CAPS 200mg; TABS 400mg, 800mg	Tier 2		180mcg/ml; SOSY 180mcg/0.5ml					
acyclovir sodium SOLN 50mg/ml	Tier 4	B/D	PREVYMIS TABS 240mg, 480mg	Tier 5	QL PA			
adefovir dipivoxil TABS 10mg	Tier 4	NM	QL (28 tabs / 28 days)					
BARACLUDE SOLN .05mg/ml	Tier 5	NM ST	RELENZA DISKHALER	Tier 3	QL			
entecavir TABS .5mg, 1mg	Tier 4	NM	AEPB 5mg/blister QL (6 inhalers / year)					
EPCLUSUSA PAK 150-37.5	Tier 5	NM PA	ribavirin ( <i>hepatitis c</i> ) CAPS 200mg; TABS 200mg	Tier 3	NM			
EPCLUSUSA PAK 200-50MG	Tier 5	NM PA	rimantadine hydrochloride TABS 100mg	Tier 4				
EPCLUSUSA TAB 200-50MG	Tier 5	NM PA	valacyclovir hcl TABS 1gm, 500mg	Tier 3				
EPCLUSUSA TAB 400-100	Tier 5	NM PA	valganciclovir hcl SOLR 50mg/ml	Tier 5				
ganciclovir sodium SOLR 500mg	Tier 4	B/D	valganciclovir hcl TABS 450mg	Tier 3				
HARVONI PAK 33.75- 150MG	Tier 5	NM PA	VOSEVI TAB	Tier 5	NM PA			
HARVONI PAK 45-200MG	Tier 5	NM PA	<b>CEPHALOSPORINS</b>					
HARVONI TAB 45-200MG	Tier 5	NM PA	cefaclor CAPS 250mg, 500mg	Tier 3				
HARVONI TAB 90-400MG	Tier 5	NM PA	cefadroxil CAPS 500mg	Tier 2				
lamivudine ( <i>hbv</i> ) TABS 100mg	Tier 4	NM	CEFAZOLIN SOLR 2gm, 3gm	Tier 4				
LIVTENCITY TABS 200mg	Tier 5	QL NM PA	CEFAZOLIN INJ 1GM/50ML	Tier 4				
QL (336 tabs / 28 days)			cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	Tier 3				
MAVYRET PAK 50-20MG	Tier 5	NM PA	CEFAZOLIN SOLN 2GM/100ML-4%	Tier 4				
MAVYRET TAB 100-40MG	Tier 5	NM PA	CEFAZOLIN/DEX SOL 1GM/50ML-4%	Tier 4				
oseltamivir phosphate CAPS 30mg QL (168 caps / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 2GM/50ML-3%	Tier 4				
oseltamivir phosphate CAPS 45mg, 75mg QL (84 caps / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 3GM/50ML-2%	Tier 4				
oseltamivir phosphate SUSR 6mg/ml QL (1080 mL / year)	Tier 3	QL	CEFAZOLIN/DEX SOL 3GM/150ML-4%	Tier 4				
			cefdinir CAPS 300mg	Tier 2				

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	<i>erythromycin base</i> CPEP	Tier 4
<i>cefepime hcl</i> SOLR 1gm, 2gm	Tier 4	250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	
<i>cefixime</i> CAPS 400mg	Tier 4	<i>erythromycin lactobionate</i> SOLR 500mg	Tier 4
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	Tier 4	<b>FLUOROQUINOLONES</b>	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	Tier 3	<i>ciprofloxacin</i> 200 mg/100ml in d5w	Tier 3
<i>cefprozil</i> TABS 250mg, 500mg	Tier 3	<i>ciprofloxacin</i> 400 mg/200ml in d5w	Tier 3
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	Tier 4	<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	Tier 2
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	Tier 4	<i>levofloxacin</i> SOLN 25mg/ml	Tier 4
<i>cefuroxime axetil</i> TABS 250mg, 500mg	Tier 2	<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	Tier 2
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	Tier 3	<i>levofloxacin</i> in d5w iv soln 250 mg/50ml	Tier 3
<i>cephalexin</i> CAPS 250mg, 500mg	Tier 2	<i>levofloxacin</i> in d5w iv soln 500 mg/100ml	Tier 3
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 3	<i>levofloxacin</i> in d5w iv soln 750 mg/150ml	Tier 3
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	Tier 4	<i>moxifloxacin hcl</i> TABS 400mg	Tier 3
<i>TEFLARO</i> SOLR 400mg, 600mg	Tier 5	<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	Tier 4
<b>ERYTHROMYCINS/MACROLIDES</b>			
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	Tier 3	<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	Tier 2
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	Tier 2	<i>amoxicillin &amp; k clavulanate</i> for susp 200-28.5 mg/5ml	Tier 3
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml	Tier 4	<i>amoxicillin &amp; k clavulanate</i> for susp 250-62.5 mg/5ml	Tier 4
<i>clarithromycin</i> TABS 250mg, 500mg	Tier 3	<i>amoxicillin &amp; k clavulanate</i> for susp 400-57 mg/5ml	Tier 3
<i>DIFICID</i> SUSR 40mg/ml; TABS 200mg	Tier 5	<i>amoxicillin &amp; k clavulanate</i> for susp 600-42.9 mg/5ml	Tier 3
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	Tier 4	<i>amoxicillin &amp; k clavulanate</i> tab 250-125 mg	Tier 3
<i>ERYTHROCIN</i> LACTOBIONATE SOLR 500mg	Tier 4	<i>amoxicillin &amp; k clavulanate</i> tab 500-125 mg	Tier 2
		<i>amoxicillin &amp; k clavulanate</i> tab 875-125 mg	Tier 2

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
ampicillin CAPS 500mg	Tier 2	piperacillin sod-tazobactam	Tier 4
ampicillin & sulbactam	Tier 4	sod for inj 40.5 gm (36-4.5 gm)	
sodium for inj 1.5 (1-0.5) gm			
ampicillin & sulbactam	Tier 4	<b>TETRACYCLINES</b>	
sodium for inj 3 (2-1) gm		doxy 100 SOLR 100mg	Tier 4
ampicillin & sulbactam	Tier 4	doxycycline (monohydrate) CAPS 50mg, 100mg	Tier 2
sodium for iv soln 1.5 (1-0.5) gm		doxycycline (monohydrate) SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	Tier 3
ampicillin & sulbactam	Tier 4	doxycycline hyclate CAPS 50mg, 100mg; TABS 20mg, 100mg	Tier 3
sodium for iv soln 3 (2-1) gm		doxycycline hyclate SOLR 100mg	Tier 4
ampicillin & sulbactam	Tier 4	minocycline hcl CAPS 50mg, 75mg, 100mg	Tier 3
sodium for iv soln 15 (10-5) gm		tetracycline hcl CAPS 250mg, 500mg	Tier 4
ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	Tier 4	tigecycline SOLR 50mg	Tier 5
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	Tier 4	<b>ANTINEOPLASTIC AGENTS</b>	
dicloxacillin sodium CAPS 250mg, 500mg	Tier 3	<b>ALKYLATING AGENTS</b>	
nafcillin sodium SOLR 1gm, Tier 4 2gm		cyclophosphamide CAPS 25mg, 50mg	Tier 3 B/D
nafcillin sodium SOLR 10gm	Tier 5	CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Tier 4 B/D
penicillin g potassium SOLR 5000000unit, 20000000unit	Tier 4	GLEOSTINE CAPS 10mg, 40mg	Tier 4 NM
penicillin g sodium SOLR 5000000unit	Tier 4	GLEOSTINE CAPS 100mg	Tier 5 NM
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	Tier 2	LEUKERAN TABS 2mg	Tier 5
pfiZerpen SOLR 5000000unit, 20000000unit	Tier 4	<b>ANTIMETABOLITES</b>	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	Tier 4	INQOVI TAB 35-100MG QL (5 tabs / 28 days)	Tier 5 QL NM PA
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	Tier 4	LONSURF TAB 15-6.14 QL (100 tabs / 28 days)	Tier 5 QL NM PA
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	Tier 4	LONSURF TAB 20-8.19 QL (80 tabs / 28 days)	Tier 5 QL NM PA
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	Tier 4	mercaptopurine SUSP 2000mg/100ml	Tier 5 NM
		mercaptopurine TABS 50mg	Tier 3
		methotrexate sodium SOLN 1gm	B/D
		1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits			
ONUREG TABS 200mg, 300mg QL (14 tabs / 28 days)	Tier 5	NM PA	NUBEQA TABS 300mg QL (120 tabs / 30 days)	Tier 5	QL NM PA			
PURIXAN SUSP 2000mg/100ml	Tier 5	NM	ORGOVYX TABS 120mg	Tier 5	NM PA			
TABLOID TABS 40mg	Tier 5		ORSERDU TABS 86mg QL (90 tabs / 30 days)	Tier 5	QL NM PA			
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>								
abiraterone acetate TABS 250mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	ORSERDU TABS 345mg QL (30 tabs / 30 days)	Tier 5	QL NM PA			
abiraterone acetate TABS 500mg QL (60 tabs / 30 days)	Tier 5	QL NM PA	SOLTAMOX SOLN 10mg/5ml	Tier 5				
abirtega TABS 250mg QL (120 tabs / 30 days)	Tier 4	QL NM PA	tamoxifen citrate TABS 10mg, 20mg	Tier 2				
AKEEGA TAB 50/500MG QL (60 tabs / 30 days)	Tier 5	QL NM PA	toremifene citrate TABS 60mg	Tier 4	PA			
AKEEGA TAB 100/500 QL (60 tabs / 30 days)	Tier 5	QL NM PA	XTANDI CAPS 40mg QL (120 caps / 30 days)	Tier 5	QL NM PA			
anastrozole TABS 1mg	Tier 2		XTANDI TABS 40mg QL (120 tabs / 30 days)	Tier 5	QL NM PA			
bicalutamide TABS 50mg	Tier 2		XTANDI TABS 80mg QL (60 tabs / 30 days)	Tier 5	QL NM PA			
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	Tier 4	NM PA	<b>IMMUNOMODULATORS</b>					
ERLEADA TABS 60mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	Tier 5	QL NM PA			
ERLEADA TABS 240mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	lenalidomide CAPS 20mg, 25mg QL (21 caps / 28 days)	Tier 5	QL NM PA			
EULEXIN CAPS 125mg	Tier 5		POMALYST CAPS 1mg, 2mg, 3mg, 4mg QL (21 caps / 28 days)	Tier 5	QL NM PA			
exemestane TABS 25mg	Tier 4		THALOMID CAPS 50mg QL (84 caps / 28 days)	Tier 5	QL NM PA			
FIRMAGON SOLR 80mg	Tier 4	NM PA	THALOMID CAPS 100mg QL (112 caps / 28 days)	Tier 5	QL NM PA			
FIRMAGON SOLR 120mg/vial	Tier 5	NM PA	THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	Tier 5	QL NM PA			
letrozole TABS 2.5mg	Tier 2		<b>MISCELLANEOUS</b>					
leuprolide acetate KIT 1mg/0.2ml	Tier 4	NM PA	BESREMI SOSY 500mcg/ml QL (2 syringes / 28 days)	Tier 5	QL NM PA			
LUPRON DEPOT (1- MONTH) KIT 3.75mg	Tier 5	NM PA	bexarotene CAPS 75mg QL (300 caps / 30 days)	Tier 5	QL NM PA			
LUPRON DEPOT (3- MONTH) KIT 11.25mg	Tier 5	NM PA						
LYSODREN TABS 500mg	Tier 5	NM						
megestrol acetate TABS 20mg, 40mg	Tier 3							
nilutamide TABS 150mg	Tier 5							

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
hydroxyurea CAPS 500mg	Tier 2		BRAFTOVI CAPS 75mg	Tier 5	QL NM PA
IWILFIN TABS 192mg QL (240 tabs / 30 days)	Tier 5	QL NM PA	QL (180 caps / 30 days)		
MATULANE CAPS 50mg	Tier 5	NM	BRUKINSA CAPS 80mg	Tier 5	QL NM PA
tretinoin (chemotherapy) CAPS 10mg	Tier 5		QL (120 caps / 30 days)		
WELIREG TABS 40mg QL (90 tabs / 30 days)	Tier 5	QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
<b>MOLECULAR TARGET AGENTS</b>					
ALECENSA CAPS 150mg QL (240 caps / 30 days)	Tier 5	QL NM PA	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 30mg QL (120 tabs / 30 days)	Tier 5	QL NM PA	CALQUENCE TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG TABS 90mg, 180mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 100mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
ALUNBRIG PAK QL (30 tabs / 30 days)	Tier 5	QL NM PA	CAPRELSA TABS 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
AUGTYRO CAPS 40mg QL (240 caps / 30 days)	Tier 5	QL NM PA	COMETRIQ (60MG DOSE) KIT 20mg QL (84 caps / 28 days)	Tier 5	QL NM PA
AUGTYRO CAPS 160mg QL (60 caps / 30 days)	Tier 5	QL NM PA	COMETRIQ KIT 100MG QL (56 caps / 28 days)	Tier 5	QL NM PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	COMETRIQ KIT 140MG QL (112 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 3mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	COPIKTRA CAPS 15mg, 25mg QL (56 caps / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 4mg QL (56 tabs / 28 days)	Tier 5	QL NM PA	COTELLIC TABS 20mg QL (63 tabs / 28 days)	Tier 5	QL NM PA
BALVERSA TABS 5mg QL (28 tabs / 28 days)	Tier 5	QL NM PA	DANZITEN TABS 71mg, 95mg QL (112 tabs / 28 days)	Tier 5	QL NM PA
BOSULIF CAPS 50mg QL (360 caps / 30 days)	Tier 5	QL NM PA	dasatinib TABS 20mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
BOSULIF CAPS 100mg QL (150 caps / 25 days)	Tier 5	QL NM PA	dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
BOSULIF TABS 100mg QL (180 tabs / 30 days)	Tier 5	QL NM PA	DAURISMO TABS 25mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
BOSULIF TABS 400mg, 500mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	DAURISMO TABS 100mg QL (30 tabs / 30 days)	Tier 5	QL NM PA
			ERIVEDGE CAPS 150mg QL (30 caps / 30 days)	Tier 5	QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
<i>erlotinib hcl</i> TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
<i>erlotinib hcl</i> TABS 100mg, 150mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	<i>imatinib mesylate</i> TABS 100mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	<i>imatinib mesylate</i> TABS 400mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
<i>everolimus</i> TBSO 2mg QL (150 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	Tier 5 QL NM PA
<i>everolimus</i> TBSO 3mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	Tier 5 QL NM PA
<i>everolimus</i> TBSO 5mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	IMBRUVICA SUSP 70mg/ml QL (216 mL / 27 days)	Tier 5 QL NM PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	Tier 5 QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
FRUZAQLA CAPS 1mg QL (84 caps / 28 days)	Tier 5 QL NM PA	IMKELDI SOLN 80mg/ml QL (280 mL / 28 days)	Tier 5 QL NM PA
FRUZAQLA CAPS 5mg QL (21 caps / 28 days)	Tier 5 QL NM PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
GAVRETO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
gefitinib TABS 250mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	INREBIC CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA
GILOTRIF TABS 20mg, 30mg, 40mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	ITOVEBI TABS 3mg QL (56 tabs / 28 days)	Tier 5 QL NM PA
GOMEKLI CAPS 1mg QL (168 caps / 28 days)	Tier 5 QL NM PA	ITOVEBI TABS 9mg QL (28 tabs / 28 days)	Tier 5 QL NM PA
GOMEKLI CAPS 2mg QL (84 caps / 28 days)	Tier 5 QL NM PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
GOMEKLI TBSO 1mg QL (168 tabs / 28 days)	Tier 5 QL NM PA	JAYPIRCA TABS 50mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	Tier 5 QL NM PA	JAYPIRCA TABS 100mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	Tier 5 QL NM PA	KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	Tier 5 QL NM PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
KISQALI 400 DOSE TBPK 200mg	Tier 5 QL NM PA QL (42 tabs / 28 days)	LORBRENA TABS 25mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 400 PAK FEMARA	Tier 5 QL NM PA QL (70 tabs / 28 days)	LORBRENA TABS 100mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 600 DOSE TBPK 200mg	Tier 5 QL NM PA QL (63 tabs / 28 days)	LUMAKRAS TABS 120mg QL (240 tabs / 30 days)	Tier 5 QL NM PA
KISQALI 600 PAK FEMARA	Tier 5 QL NM PA QL (91 tabs / 28 days)	LUMAKRAS TABS 240mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
KOSELUGO CAPS 10mg	Tier 5 QL NM PA QL (240 caps / 30 days)	LUMAKRAS TABS 320mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
KOSELUGO CAPS 25mg	Tier 5 QL NM PA QL (120 caps / 30 days)	LYNPARZA TABS 100mg, 150mg	Tier 5 QL NM PA
KRAZATI TABS 200mg	Tier 5 QL NM PA QL (180 tabs / 30 days)	QL (120 tabs / 30 days)	
<i>lapatinib ditosylate</i> TABS 250mg	Tier 5 QL NM PA QL (180 tabs / 30 days)	LYTGOBI (12 MG DAILY DOSE) TBPK 4mg QL (84 tabs / 28 days)	Tier 5 QL NM PA
LAZCLUZE TABS 80mg	Tier 5 QL NM PA QL (60 tabs / 30 days)	LYTGOBI (16 MG DAILY DOSE) TBPK 4mg QL (112 tabs / 28 days)	Tier 5 QL NM PA
LAZCLUZE TABS 240mg	Tier 5 QL NM PA QL (30 tabs / 30 days)	LYTGOBI (20 MG DAILY DOSE) TBPK 4mg QL (140 tabs / 28 days)	Tier 5 QL NM PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	Tier 5 QL NM PA QL (30 caps / 30 days)	MEKINIST SOLR .05mg/ml QL (1260 mL / 30 days)	
LENVIMA 8 MG DAILY DOSE CPPK 4mg	Tier 5 QL NM PA QL (60 caps / 30 days)	MEKINIST TABS 2mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	Tier 5 QL NM PA QL (30 caps / 30 days)	MEKINIST TABS .5mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	Tier 5 QL NM PA QL (90 caps / 30 days)	MEKTOVI TABS 15mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	Tier 5 QL NM PA QL (60 caps / 30 days)	NERLYNX TABS 40mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	Tier 5 QL NM PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	Tier 5 QL NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	Tier 5 QL NM PA	ODOMZO CAPS 200mg QL (30 caps / 30 days)	Tier 5 QL NM PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	Tier 5 QL NM PA	OGSIVEO TABS 50mg QL (180 tabs / 30 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
OGSIVEO TABS 100mg, 150mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	ROMVIMZA CAPS 14mg, 20mg, 30mg QL (8 caps / 28 days)	Tier 5 QL NM PA
OJEMDA SUSR 25mg/ml QL (96 mL / 28 days)	Tier 5 QL NM PA	ROZLYTREK CAPS 100mg Tier 5 QL (180 caps / 30 days)	QL NM PA
OJEMDA TABS 100mg QL (24 tabs / 28 days)	Tier 5 QL NM PA	ROZLYTREK CAPS 200mg Tier 5 QL (90 caps / 30 days)	QL NM PA
OJJAARA TABS 100mg, 150mg, 200mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	ROZLYTREK PACK 50mg Tier 5 QL (336 packets / 28 days)	QL NM PA
<i>pazopanib hcl</i> TABS 200mg Tier 5 QL (120 tabs / 30 days)	QL NM PA	RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg QL (28 tabs / 28 days)	Tier 5 QL NM PA	RYDAPT CAPS 25mg QL (224 caps / 28 days)	Tier 5 QL NM PA
PIQRAY 200MG DAILY DOSE TBPK 200mg QL (28 tabs / 28 days)	Tier 5 QL NM PA	SCEMBLIX TABS 20mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
PIQRAY 250MG TAB DOSE Tier 5 QL (56 tabs / 28 days)	QL NM PA	SCEMBLIX TABS 40mg QL (300 tabs / 30 days)	Tier 5 QL NM PA
PIQRAY 300MG DAILY DOSE TBPK 150mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	SCEMBLIX TABS 100mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
QINLOCK TABS 50mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	<i>sorafenib tosylate</i> TABS 200mg QL (120 tabs / 30 days)	Tier 5 QL NM PA
RETEVMO CAPS 40mg QL (180 caps / 30 days)	Tier 5 QL NM PA	STIVARGA TABS 40mg QL (84 tabs / 28 days)	Tier 5 QL NM PA
RETEVMO CAPS 80mg QL (120 caps / 30 days)	Tier 5 QL NM PA	<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	Tier 5 QL NM PA
RETEVMO TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM PA	TABRECTA TABS 150mg, 200mg QL (112 tabs / 28 days)	Tier 5 QL NM PA
RETEVMO TABS 80mg, 120mg, 160mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	TAFINLAR CAPS 50mg, 75mg QL (120 caps / 30 days)	Tier 5 QL NM PA
REVUFORJ TABS 25mg QL (240 tabs / 30 days)	Tier 5 QL NM PA	TAFINLAR TBSO 10mg QL (900 tabs / 30 days)	Tier 5 QL NM PA
REVUFORJ TABS 110mg QL (120 tabs / 30 days)	Tier 5 QL NM PA		
REVUFORJ TABS 160mg QL (60 tabs / 30 days)	Tier 5 QL NM PA		
REZLIDHIA CAPS 150mg QL (60 caps / 30 days)	Tier 5 QL NM PA		

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	Tier 5 QL NM PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg QL (30 caps / 30 days)	Tier 5 QL NM PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	Tier 5 QL NM PA
TALZENNA CAPS .25mg QL (90 caps / 30 days)	Tier 5 QL NM PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	Tier 5 QL NM PA
TASIGNA CAPS 50mg QL (120 caps / 30 days)	Tier 5 QL NM PA	VITRAKVI CAPS 25mg QL (180 caps / 30 days)	Tier 5 QL NM PA
TASIGNA CAPS 150mg, 200mg QL (112 caps / 28 days)	Tier 5 QL NM PA	VITRAKVI CAPS 100mg QL (60 caps / 30 days)	Tier 5 QL NM PA
TAZVERIK TABS 200mg QL (240 tabs / 30 days)	Tier 5 QL NM PA	VITRAKVI SOLN 20mg/ml QL (300 mL / 30 days)	Tier 5 QL NM PA
TEPMETKO TABS 225mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	VIZIMPRO TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
TIBSOVO TABS 250mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	VONJO CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	VORANIGO TABS 10mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
TRUQAP TABS 160mg, 200mg QL (64 tabs / 28 days)	Tier 5 QL NM PA	VORANIGO TABS 40mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
TRUQAP TBPK 160mg, 200mg QL (4 packs / 28 days)	Tier 5 QL NM PA	XALKORI CAPS 200mg, 250mg; CPSP 50mg QL (120 caps / 30 days)	Tier 5 QL NM PA
TUKYSA TABS 50mg, 150mg QL (120 tabs / 30 days)	Tier 5 QL NM PA	XALKORI CPSP 20mg QL (240 caps / 30 days)	Tier 5 QL NM PA
TURALIO CAPS 125mg QL (120 caps / 30 days)	Tier 5 QL NM PA	XALKORI CPSP 150mg QL (180 caps / 30 days)	Tier 5 QL NM PA
VANFLYTA TABS 17.7mg, 26.5mg QL (56 tabs / 28 days)	Tier 5 QL NM PA	XOSPATA TABS 40mg QL (90 tabs / 30 days)	Tier 5 QL NM PA
VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	Tier 3 QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg QL (16 tabs / 28 days)	Tier 5 QL NM PA
VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	Tier 5 QL NM PA	XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg QL (4 tabs / 28 days)	Tier 5 QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	<b>CARDIOVASCULAR ACE INHIBITOR COMBINATIONS</b>	
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg QL (4 tabs / 28 days)	Tier 5 QL NM PA	amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg QL (24 tabs / 28 days)	Tier 5 QL NM PA	amlodipine besylate- benazepril hcl cap 5-10 mg QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	amlodipine besylate- benazepril hcl cap 5-20 mg QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg QL (32 tabs / 28 days)	Tier 5 QL NM PA	amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	Tier 2 QL
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg QL (8 tabs / 28 days)	Tier 5 QL NM PA	amlodipine besylate- benazepril hcl cap 10-20 mg QL (30 caps / 30 days)	Tier 2 QL
ZEJULA TABS 100mg, 200mg, 300mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	benazepril & hydrochlorothiazide tab 5- 6.25mg	Tier 3
ZELBORAF TABS 240mg QL (240 tabs / 30 days)	Tier 5 QL NM PA	benazepril & hydrochlorothiazide tab 10- 12.5 mg	Tier 3
ZOLINZA CAPS 100mg QL (120 caps / 30 days)	Tier 5 QL NM PA	benazepril & hydrochlorothiazide tab 20- 12.5 mg	Tier 3
ZYDELIG TABS 100mg, 150mg QL (60 tabs / 30 days)	Tier 5 QL NM PA	benazepril & hydrochlorothiazide tab 20- 25 mg	Tier 3
ZYKADIA TABS 150mg QL (84 tabs / 28 days)	Tier 5 QL NM PA	enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg	Tier 2
<b>PROTECTIVE AGENTS</b>		enalapril maleate & hydrochlorothiazide tab 10- 25 mg	Tier 2
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	Tier 3	fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg	Tier 3
mesna TABS 400mg	Tier 5	fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg	Tier 3
MESNEX TABS 400mg	Tier 5	lisinopril & hydrochlorothiazide tab 10- 12.5 mg	Tier 1

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1		amlodipine besylate-valsartan tab 5-320 mg	Tier 3	QL QL (30 tabs / 30 days)
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1		amlodipine besylate-valsartan tab 10-160 mg	Tier 3	QL QL (30 tabs / 30 days)
<b>ACE INHIBITORS</b>			amlodipine besylate-valsartan tab 10-320 mg	Tier 3	QL QL (30 tabs / 30 days)
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 1		ENTRESTO CAP 6-6MG	Tier 3	QL QL (240 caps / 30 days)
enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg	Tier 2		ENTRESTO CAP 15-16MG	Tier 3	QL QL (240 caps / 30 days)
fosinopril sodium TABS 10mg, 20mg, 40mg	Tier 2		ENTRESTO TAB 24-26MG	Tier 3	QL QL (60 tabs / 30 days)
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Tier 1		ENTRESTO TAB 49-51MG	Tier 3	QL QL (60 tabs / 30 days)
moexipril hcl TABS 7.5mg, 15mg	Tier 3		ENTRESTO TAB 97-103MG	Tier 3	QL QL (60 tabs / 30 days)
perindopril erbumine TABS 2mg, 4mg, 8mg	Tier 3		irbesartan- hydrochlorothiazide tab 150-12.5 mg	Tier 2	QL QL (60 tabs / 30 days)
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	Tier 2		irbesartan- hydrochlorothiazide tab 300-12.5 mg	Tier 2	QL QL (30 tabs / 30 days)
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	Tier 1		losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 2	
trandolapril TABS 1mg, 2mg, 4mg	Tier 2		losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 2	
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>			losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 2	
eplerenone TABS 25mg, 50mg	Tier 3		olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	Tier 3	QL QL (30 tabs / 30 days)
KERENDIA TABS 10mg, 20mg	Tier 3	QL QL (30 tabs / 30 days)	olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	Tier 3	QL QL (30 tabs / 30 days)
spironolactone TABS 25mg, 50mg, 100mg	Tier 1				
<b>ALPHA BLOCKERS</b>					
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	Tier 2				
prazosin hcl CAPS 1mg, 2mg, 5mg	Tier 3				
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	Tier 2				
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>					
amlodipine besylate- valsartan tab 5-160 mg	Tier 3	QL QL (30 tabs / 30 days)			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>									
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>valsartan TABS 40mg, 80mg, 160mg</i> QL (60 tabs / 30 days)	Tier 3	QL									
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>valsartan TABS 320mg</i> QL (30 tabs / 30 days)	Tier 3	QL									
<b><i>ANTIARRHYTHMICS</i></b>														
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	Tier 4										
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>amiodarone hcl TABS 200mg</i>	Tier 2										
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>disopyramide phosphate CAPS 100mg, 150mg</i>	Tier 4										
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	Tier 4	NM									
<b><i>ANGIOTENSIN II RECEPTOR ANTAGONISTS</i></b>			<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	Tier 3										
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i> QL (60 tabs / 30 days)	Tier 3	QL	<i>MULTAQ TABS 400mg</i> QL (60 tabs / 30 days)	Tier 4	QL									
<i>candesartan cilexetil TABS 32mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>pacerone TABS 100mg, 400mg</i>	Tier 4										
<i>irbesartan TABS 75mg, 150mg, 300mg</i> QL (30 tabs / 30 days)	Tier 2	QL	<i>pacerone TABS 200mg</i>	Tier 2										
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	Tier 1		<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	Tier 4										
<i>olmesartan medoxomil TABS 5mg</i> QL (60 tabs / 30 days)	Tier 2	QL	<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	Tier 3										
<i>olmesartan medoxomil TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 2	QL	<i>quinidine sulfate TABS 200mg, 300mg</i>	Tier 4										
<i>telmisartan TABS 20mg, 40mg</i> QL (30 tabs / 30 days)	Tier 3	QL	<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	Tier 2										
<b><i>ANTILIPEMICS, FIBRATES</i></b>			<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	Tier 3										
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	Tier 3		<b><i>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</i></b>											
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	Tier 3		<i>gemfibrozil TABS 600mg</i>	Tier 2		<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL	<b><i>PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D</i></b>			<i>lovastatin TABS 10mg, 20mg, 40mg</i> QL (60 tabs / 30 days)	Tier 1	QL
<i>gemfibrozil TABS 600mg</i>	Tier 2		<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i> QL (30 tabs / 30 days)	Tier 1	QL									
<b><i>PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D</i></b>			<i>lovastatin TABS 10mg, 20mg, 40mg</i> QL (60 tabs / 30 days)	Tier 1	QL									

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>pravastatin sodium TABS</i>	Tier 2	QL	<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Tier 2	
10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)			<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Tier 2	
<i>rosuvastatin calcium TABS</i>	Tier 3	QL			
5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)					
<i>simvastatin TABS</i> 5mg, 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	Tier 1	QL			
<b>ANTILIPIDEMICS, MISCELLANEOUS</b>					
<i>cholestyramine</i> PACK 4gm; Tier 3 POWD 4gm/dose			<i>acebutolol hcl</i> CAPS 200mg, 400mg	Tier 3	
<i>cholestyramine light</i> PACK Tier 3 4gm; POWD 4gm/dose			<i>atenolol</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	Tier 4		<i>bisoprolol fumarate</i> TABS 5mg, 10mg	Tier 2	
<i>colestipol hcl</i> TABS 1gm	Tier 3		<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Tier 1	
<i>ezetimibe</i> TABS 10mg	Tier 3		<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	Tier 3	
<i>NEXLETOL</i> TABS 180mg QL (30 tabs / 30 days)	Tier 3	QL	<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	Tier 2	
<i>NEXLIZET</i> TAB 180/10MG QL (30 tabs / 30 days)	Tier 3	QL	<i>metoprolol tartrate</i> SOLN 5mg/5ml	Tier 4	
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg QL (60 tabs / 30 days)	Tier 3	QL	<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	Tier 1	
<i>omega-3-acid ethyl esters</i> cap 1 gm	Tier 3	PA	<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	Tier 3		<i>nebivolol hcl</i> TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL
<i>REPATHA SOSY</i> 140mg/ml	Tier 3	NM PA	<i>pindolol</i> TABS 5mg, 10mg	Tier 3	
<i>REPATHA PUSHTRONEX</i> SYSTEM SOCT 420mg/3.5ml	Tier 3	NM PA	<i>propranolol hcl</i> CP24 60mg,Tier 3 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml	Tier 3	
<i>REPATHA SURECLICK</i> SOAJ 140mg/ml	Tier 3	NM PA	<i>propranolol hcl</i> TABS 10mg, 20mg, 40mg, 60mg, 80mg	Tier 2	
<i>VASCEPA</i> CAPS .5gm, 1gm	Tier 3		<i>timolol maleate</i> TABS 5mg, Tier 3 10mg, 20mg	Tier 2	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>					
<i>atenolol &amp; chlorthalidone tab</i> Tier 2 50-25 mg					
<i>atenolol &amp; chlorthalidone tab</i> Tier 2 100-25 mg					
<i>bisoprolol &amp; hydrochlorothiazide tab</i> 2.5-6.25 mg	Tier 2				
<b>CALCIUM CHANNEL BLOCKERS</b>					
<i>amlodipine besylate</i> TABS Tier 1 2.5mg, 5mg, 10mg					
<i>cartia xt</i> CP24 120mg, 180mg, 240mg, 300mg					
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg					
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg					

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<i>diltiazem hcl</i> SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	Tier 3	<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	Tier 1
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	Tier 2	<i>indapamide</i> TABS 1.25mg, Tier 2 2.5mg	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	Tier 2	<i>methazolamide</i> TABS 25mg, 50mg	Tier 4
<i>diltiazem hcl coated beads</i> CP24 360mg	Tier 4	<i>metolazone</i> TABS 2.5mg, Tier 2 5mg, 10mg	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 2
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	Tier 3	<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	Tier 2
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	Tier 3	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1
<i>nimodipine</i> CAPS 30mg	Tier 4	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	Tier 3	<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1
<i>verapamil hcl</i> SOLN 2.5mg/ml	Tier 4	<b>MISCELLANEOUS</b>	
<i>verapamil hcl</i> TABS 40mg, Tier 2 80mg, 120mg; TBCR 120mg, 180mg, 240mg		<i>aliskiren fumarate</i> TABS 150mg, 300mg	Tier 4
<b>DIURETICS</b>		<i>clonidine</i> PTWK .1mg/24hr, Tier 3 .2mg/24hr, .3mg/24hr	
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	Tier 3	<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	Tier 1
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 2	<i>CORLANOR</i> SOLN 5mg/5ml QL (450 mL / 30 days)	Tier 4 QL
<i>amiloride hcl</i> TABS 5mg	Tier 2	<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	Tier 4
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	Tier 3	<i>digoxin</i> TABS 125mcg, 250mcg QL (30 tabs / 30 days)	Tier 2 QL
<i>chlorthalidone</i> TABS 25mg, Tier 2 50mg		<i>droxidopa</i> CAPS 100mg QL (90 caps / 30 days)	Tier 5 QL NM PA
<i>furosemide</i> SOLN 10mg/ml, Tier 2 40mg/5ml		<i>droxidopa</i> CAPS 200mg, 300mg QL (180 caps / 30 days)	Tier 5 QL NM PA
<i>furosemide</i> TABS 20mg, 40mg, 80mg	Tier 1	<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	Tier 4
<i>furosemide inj</i> SOLN 10mg/ml	Tier 3		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg	Tier 3	PA	<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	Tier 5	QL NM PA
PA applies if 70 years and older			QL (60 tabs / 30 days)		
<i>hydralazine hcl</i> SOLN 20mg/ml	Tier 4		<b>CENTRAL NERVOUS SYSTEM</b>		
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 2		<b>ANTIANXIETY</b>		
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	Tier 4	QL	<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	Tier 2	QL
QL (60 tabs / 30 days)			QL (150 tabs / 30 days)		
<i>metyrosine</i> CAPS 250mg	Tier 5	NM PA	<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	Tier 2	
<i>midodrine hcl</i> TABS 2.5mg, 5mg	Tier 3		<i>buspirone hcl</i> TABS 7.5mg, 30mg	Tier 3	
<i>midodrine hcl</i> TABS 10mg	Tier 4		<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	Tier 3	
<i>minoxidil</i> TABS 2.5mg, 10mg	Tier 2		<i>lorazepam</i> CONC 2mg/ml	Tier 3	QL
<i>ranolazine</i> TB12 500mg, 1000mg	Tier 4		QL (150 mL / 30 days)		
<i>VERQUVO</i> TABS 2.5mg, 5mg, 10mg	Tier 3	QL PA	<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	Tier 2	
QL (30 tabs / 30 days)			<i>lorazepam</i> TABS .5mg, 1mg, 2mg	Tier 2	QL
<b>NITRATES</b>			QL (150 tabs / 30 days)		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	Tier 3		<i>lorazepam intensol</i> CONC 2mg/ml	Tier 3	QL
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	Tier 2		QL (150 mL / 30 days)		
<i>NITRO-BID</i> OINT 2%	Tier 3		<b>ANTIDEMENTIA</b>		
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	Tier 3		<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	Tier 2	QL
<i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg	Tier 2		QL (30 tabs / 30 days)		
<b>PULMONARY ARTERIAL HYPERTENSION</b>			<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	Tier 2	
<i>alyq</i> TABS 20mg	Tier 5	QL NM PA	<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	Tier 3	QL
QL (60 tabs / 30 days)			QL (30 caps / 30 days)		
<i>ambrisentan</i> TABS 5mg, 10mg	Tier 5	QL NM PA	<i>galantamine hydrobromide</i> SOLN 4mg/ml	Tier 4	QL
QL (30 tabs / 30 days)			QL (200 mL / 30 days)		
<i>bosentan</i> TABS 62.5mg, 125mg	Tier 5	QL NM PA	<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	Tier 3	QL
QL (60 tabs / 30 days)			QL (60 tabs / 30 days)		
<i>OPSUMIT</i> TABS 10mg	Tier 5	QL NM PA	<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	Tier 4	PA
QL (30 tabs / 30 days)			PA applies if 29 years and younger		
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	Tier 3	QL NM PA			
QL (360 tabs / 30 days)					

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>memantine hcl</i> TABS 5mg, 10mg PA applies if 29 years and younger	Tier 3	PA	<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL
<i>memantine hcl-donepezil hcl</i> Tier 4 <i>cap er 24hr 14-10 mg</i>			<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	Tier 3	
<i>memantine hcl-donepezil hcl</i> Tier 4 <i>cap er 24hr 21-10 mg</i>			<i>DRIZALMA SPRINKLE</i> CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	Tier 4	QL PA
<i>memantine hcl-donepezil hcl</i> Tier 4 <i>cap er 24hr 28-10 mg</i>			<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	Tier 3	QL
NAMZARIC CAP 7-10MG	Tier 4		<i>EMSAM</i> PT24 6mg/24hr, 9mg/24hr QL (30 patches / 30 days)	Tier 5	QL PA
NAMZARIC CAP 14-10MG	Tier 4		<i>escitalopram oxalate</i> SOLN 5mg/5ml Tier 4		
NAMZARIC CAP 21-10MG	Tier 4		<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg Tier 2		
NAMZARIC CAP 28-10MG	Tier 4		<i>FETZIMA</i> CP24 20mg, 40mg QL (60 caps / 30 days)	Tier 4	QL PA
NAMZARIC CAP PACK	Tier 4		<i>FETZIMA</i> CP24 80mg, 120mg QL (30 caps / 30 days)	Tier 4	QL PA
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr QL (30 patches / 30 days)	Tier 4	QL	<i>FETZIMA CAP TITRATIO</i> QL (2 packs / year)	Tier 4	QL PA
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg QL (60 caps / 30 days)	Tier 3	QL	<i>fluoxetine hcl</i> CAPS 10mg, 20mg Tier 1		
<b>ANTIDEPRESSANTS</b>					
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 3		<i>fluoxetine hcl</i> SOLN 20mg/5ml Tier 3		
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	Tier 3		<i>imipramine hcl</i> TABS 25mg, 50mg Tier 2		
AUVELITY TAB 45-105MG QL (60 tabs / 30 days)	Tier 4	QL PA	<i>MARPLAN</i> TABS 10mg QL (180 tabs / 30 days)	Tier 4	QL
<i>bupropion hcl</i> TABS 75mg, 100mg	Tier 2		<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg Tier 3		
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg QL (60 tabs / 30 days)	Tier 2	QL	<i>mirtazapine</i> TABS 15mg, 30mg, 45mg Tier 2		
<i>bupropion hcl</i> TB24 300mg QL (30 tabs / 30 days)	Tier 2	QL	<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg Tier 4		
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	Tier 3		<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg Tier 2		
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	Tier 1				
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	Tier 4	PA			
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Tier 4				

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
<i>nortriptyline hcl</i> SOLN 10mg/5ml	Tier 4	<b>ANTIPARKINSONIAN AGENTS</b>	
<i>paroxetine hcl</i> SUSP 10mg/5ml QL (900 mL / 30 days)	Tier 4 QL PA	<i>amantadine hcl</i> CAPS 100mg QL (120 caps / 30 days)	Tier 3 QL
<i>paroxetine hcl</i> TABS 10mg, Tier 2 20mg, 30mg, 40mg		<i>amantadine hcl</i> SOLN 50mg/5ml	Tier 3
<i>phenelzine sulfate</i> TABS 15mg	Tier 3	<i>benztropine mesylate</i> SOLN 1mg/ml	Tier 4
<i>protriptyline hcl</i> TABS 5mg, Tier 4 10mg		<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg PA applies if 70 years and older	Tier 2 PA
<i>RALDESY</i> SOLN 10mg/ml QL (1800 mL / 30 days)	Tier 4 QL PA	<i>bromocriptine mesylate</i> TABS 2.5mg	Tier 4
<i>sertraline hcl</i> CONC 20mg/ml	Tier 3	<i>carb/levo orally</i> <i>disintegrating tab 10-100mg</i>	Tier 3
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	Tier 1	<i>carb/levo orally</i> <i>disintegrating tab 25-100mg</i>	Tier 3
<i>tranylcypromine sulfate</i> TABS 10mg	Tier 4	<i>carb/levo orally</i> <i>disintegrating tab 25-250mg</i>	Tier 3
<i>trazodone hcl</i> TABS 50mg, Tier 2 100mg, 150mg		<i>carbidopa &amp; levodopa tab</i> 10-100 mg	Tier 2
<i>trimipramine maleate</i> CAPS 25mg, 50mg QL (120 caps / 30 days)	Tier 4 QL	<i>carbidopa &amp; levodopa tab</i> 25-100 mg	Tier 2
<i>trimipramine maleate</i> CAPS 100mg QL (60 caps / 30 days)	Tier 4 QL	<i>carbidopa &amp; levodopa tab</i> 25-250 mg	Tier 2
<i>TRINTELLIX</i> TABS 5mg, 10mg, 20mg QL (30 tabs / 30 days)	Tier 4 QL PA	<i>carbidopa &amp; levodopa tab er</i> 25-100 mg	Tier 3
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	Tier 2	<i>carbidopa &amp; levodopa tab er</i> 50-200 mg	Tier 3
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	Tier 3	<i>carbidopa-levodopa-</i> <i>entacapone tabs 12.5-50-</i> 200 mg	Tier 4
<i>vilazodone hcl</i> TABS 10mg, Tier 4 20mg, 40mg QL (30 tabs / 30 days)	QL	<i>carbidopa-levodopa-</i> <i>entacapone tabs 18.75-75-</i> 200 mg	Tier 4
<i>ZURZUVAE</i> CAPS 20mg, 25mg QL (28 caps / 14 days)	Tier 5 QL NM PA	<i>carbidopa-levodopa-</i> <i>entacapone tabs 25-100-</i> 200 mg	Tier 4
<i>ZURZUVAE</i> CAPS 30mg QL (14 caps / 14 days)	Tier 5 QL NM PA	<i>carbidopa-levodopa-</i> <i>entacapone tabs 31.25-125-</i> 200 mg	Tier 4
		<i>carbidopa-levodopa-</i> <i>entacapone tabs 37.5-150-</i> 200 mg	Tier 4

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 4		<i>ARISTADA PRSY</i>	Tier 4	QL
<i>entacapone TABS 200mg</i>	Tier 4		441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml		
<i>INBRIJA CAPS 42mg</i>	Tier 5	QL NM PA	QL (1 syringe / 28 days)		
QL (300 caps / 30 days)			<i>ARISTADA PRSY</i>	Tier 4	QL
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Tier 2		1064mg/3.9ml		
<i>rasagiline mesylate TABS .5mg, 1mg</i>	Tier 4	QL	QL (1 syringe / 56 days)		
QL (30 tabs / 30 days)			<i>ARISTADA INITIO PRSY</i>	Tier 4	
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Tier 2		675mg/2.4ml		
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	Tier 3		<i>asenapine maleate SUBL</i>	Tier 4	QL
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	Tier 3	PA	2.5mg, 5mg, 10mg		
PA applies if 70 years and older			QL (60 tabs / 30 days)		
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	Tier 2	PA	<i>CAPLYTA CAPS 10.5mg, 21mg, 42mg</i>	Tier 4	QL
PA applies if 70 years and older			QL (30 caps / 30 days)		
<b>ANTIPSYCHOTICS</b>			<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	Tier 4	
<i>ABILIFY ASIMTUFII PRSY</i>	Tier 4	QL			
720mg/2.4ml, 960mg/3.2ml			<i>clozapine TABS 25mg, 50mg</i>	Tier 3	
QL (1 syringe / 56 days)					
<i>ABILIFY MAINTENA PRSY</i>	Tier 4	QL	<i>clozapine TABS 100mg</i>	Tier 3	QL
300mg, 400mg			QL (270 tabs / 30 days)		
QL (1 syringe / 28 days)			<i>clozapine TABS 200mg</i>	Tier 3	QL
<i>ABILIFY MAINTENA SRER</i>	Tier 4	QL	QL (120 tabs / 30 days)		
300mg, 400mg			<i>clozapine TBDP 12.5mg, 25mg</i>	Tier 4	PA
QL (1 injection / 28 days)					
<i>ariPIPRAZOLE SOLN 1mg/ml</i>	Tier 4	QL	<i>clozapine TBDP 100mg</i>	Tier 4	QL PA
QL (900 mL / 30 days)			QL (270 tabs / 30 days)		
<i>ariPIPRAZOLE TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	Tier 4	QL	<i>clozapine TBDP 150mg</i>	Tier 4	QL PA
QL (30 tabs / 30 days)			QL (180 tabs / 30 days)		
<i>ariPIPRAZOLE TBDP 10mg, 15mg</i>	Tier 4	QL ST	<i>clozapine TBDP 200mg</i>	Tier 4	QL PA
QL (60 tabs / 30 days)			QL (120 tabs / 30 days)		
<b>PA</b> - Prior Authorization <b>QL</b> - Quantity Limits <b>ST</b> - Step Therapy <b>NM</b> - Not available at mail-order <b>B/D</b> - Covered under Medicare B or D			<i>COBENFY CAP 50-20MG</i>	Tier 4	QL PA
			QL (60 caps / 30 days)		
			<i>COBENFY CAP 100-20MG</i>	Tier 4	QL PA
			QL (60 caps / 30 days)		
			<i>COBENFY CAP 125-30MG</i>	Tier 4	QL PA
			QL (60 caps / 30 days)		

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
COBENFY STRT CAP PACK	Tier 4	QL PA  QL (2 packs / year)	LYBALVI TAB 10-10MG QL (30 tabs / 30 days)	Tier 4	QL
FANAPT TABS 1mg, 2mg, Tier 4 4mg, 6mg, 8mg, 10mg, 12mg  QL (60 tabs / 30 days)	QL PA		LYBALVI TAB 15-10MG QL (30 tabs / 30 days)	Tier 4	QL
FANAPT PAK	Tier 4	QL PA  QL (2 packs / year)	LYBALVI TAB 20-10MG QL (30 tabs / 30 days)	Tier 4	QL
fluphenazine decanoate	Tier 4		<i>molindone hcl</i> TABS 5mg, Tier 4 10mg, 25mg		
SOLN 25mg/ml			NUPLAZID CAPS 34mg QL (30 caps / 30 days)	Tier 4	QL NM PA
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	Tier 4		NUPLAZID TABS 10mg QL (30 tabs / 30 days)	Tier 4	QL NM PA
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	Tier 3		<i>olanzapine</i> SOLR 10mg QL (3 vials / 1 day)	Tier 4	QL
haloperidol decanoate	Tier 3		<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg  QL (60 tabs / 30 days)	Tier 3	QL
SOLN 50mg/ml, 100mg/ml			<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg  QL (30 tabs / 30 days)	Tier 3	QL
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	Tier 3		<i>olanzapine</i> TBDP 5mg, 15mg, 20mg  QL (30 tabs / 30 days)	Tier 4	QL ST
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml  QL (1 injection / 180 days)	Tier 4	QL	<i>olanzapine</i> TBDP 10mg QL (60 tabs / 30 days)	Tier 4	QL ST
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml  QL (1 syringe / 28 days)	Tier 4	QL	OPIPZA FILM 2mg, 5mg QL (30 films / 30 days)	Tier 4	QL PA
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml  QL (1 syringe / 90 days)	Tier 4	QL	OPIPZA FILM 10mg QL (90 films / 30 days)	Tier 4	QL PA
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	Tier 3		<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg  QL (30 tabs / 30 days)	Tier 4	QL
<i>lurasidone hcl</i> TABS 20mg, Tier 4 40mg, 60mg, 120mg  QL (30 tabs / 30 days)	QL		<i>paliperidone</i> TB24 6mg QL (60 tabs / 30 days)	Tier 4	QL
<i>lurasidone hcl</i> TABS 80mg Tier 4 QL (60 tabs / 30 days)	QL		<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	Tier 3	
LYBALVI TAB 5-10MG QL (30 tabs / 30 days)	Tier 4	QL	<i>pimozide</i> TABS 1mg, 2mg Tier 4		
			<i>quetiapine fumarate</i> TABS 25mg  QL (180 tabs / 30 days)	Tier 3	QL
			<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg  QL (90 tabs / 30 days)	Tier 3	QL
			<i>quetiapine fumarate</i> TABS 300mg, 400mg  QL (60 tabs / 30 days)	Tier 3	QL

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	Tier 4	QL PA	<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	Tier 4	QL
<i>quetiapine fumarate</i> TB24 150mg, 200mg QL (30 tabs / 30 days)	Tier 4	QL PA	<i>ziprasidone mesylate</i> SOLR 20mg QL (6 injections / 3 days)	Tier 4	QL
<i>REXULTI</i> TABS 3mg, 4mg QL (30 tabs / 30 days)	Tier 4	QL	<b>ANTISEIZURE AGENTS</b>		
<i>REXULTI</i> TABS .25mg,.5mg, 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL	<i>APTIOM</i> TABS 200mg, 400mg QL (30 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> SOLN 1mg/ml QL (240 mL / 30 days)	Tier 3	QL	<i>APTIOM</i> TABS 600mg, 800mg QL (60 tabs / 30 days)	Tier 4	QL
<i>risperidone</i> TABS .25mg,.5mg, 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	Tier 2		<i>BRIVIACT</i> SOLN 10mg/ml QL (600 mL / 30 days)	Tier 4	QL PA
<i>risperidone</i> TBDP 1mg, 2mg, 3mg QL (60 tabs / 30 days)	Tier 4	QL ST	<i>BRIVIACT</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>risperidone</i> TBDP 4mg QL (120 tabs / 30 days)	Tier 4	QL ST	<i>carbamazepine</i> CHEW 100mg; TABS 200mg QL (90 tabs / 30 days)	Tier 3	
<i>risperidone</i> TBDP .25mg,.5mg QL (90 tabs / 30 days)	Tier 4	QL ST	<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg QL (480 mL / 30 days)	Tier 4	
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg QL (2 injections / 28 days)	Tier 4	QL	<i>clobazam</i> SUSP 2.5mg/ml QL (60 tabs / 30 days)	Tier 4	QL PA
<i>SECUADO</i> PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	Tier 4	QL	<i>clobazam</i> TABS 10mg, 20mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	Tier 3		<i>clonazepam</i> TABS 2mg QL (300 tabs / 30 days)	Tier 2	QL
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	Tier 4		<i>clonazepam</i> TABS .5mg, 1mg QL (90 tabs / 30 days)	Tier 2	QL
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	Tier 3		<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	Tier 3	QL
<i>VERSACLOZ</i> SUSP 50mg/ml QL (600 mL / 30 days)	Tier 4	QL PA	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	Tier 3	QL
<i>VRAYLAR</i> CAPS 1.5mg QL (60 caps / 30 days)	Tier 4	QL			
<i>VRAYLAR</i> CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	Tier 4	QL			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days) PA applies if 65 years and older	Tier 4	QL PA	<i>EPIDIOLEX</i> SOLN 100mg/ml QL (600 mL / 30 days)	Tier 4	QL NM PA
<i>DIACOMIT</i> CAPS 250mg QL (360 caps / 30 days)	Tier 4	QL NM PA	<i>epitol</i> TABS 200mg EPRONTIA SOLN 25mg/ml Tier 4 QL (480 mL / 30 days)	Tier 3	QL PA
<i>DIACOMIT</i> CAPS 500mg QL (180 caps / 30 days)	Tier 4	QL NM PA	<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml <i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	Tier 3	QL PA
<i>DIACOMIT</i> PACK 250mg QL (360 packets / 30 days)	Tier 4	QL NM PA	<i>FINTEPLA</i> SOLN 2.2mg/ml Tier 4 QL (360 mL / 30 days)	QL NM PA	
<i>DIACOMIT</i> PACK 500mg QL (180 packets / 30 days)	Tier 4	QL NM PA	<i>FYCOMPA</i> SUSP .5mg/ml Tier 4 QL (720 mL / 30 days)	QL PA	
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA	<i>FYCOMPA</i> TABS 2mg QL (60 tabs / 30 days)	Tier 4	QL PA
<i>diazepam</i> TABS 2mg, 5mg, Tier 2 10mg QL (120 tabs / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 2	QL PA	<i>FYCOMPA</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg QL (30 tabs / 30 days)	Tier 4	QL PA
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	Tier 4		<i>gabapentin</i> CAPS 100mg, 300mg QL (360 caps / 30 days)	Tier 2	QL
<i>diazepam inj</i> SOLN 5mg/ml	Tier 4		<i>gabapentin</i> CAPS 400mg QL (270 caps / 30 days)	Tier 2	QL
<i>diazepam intenso</i> CONC 5mg/ml QL (240 mL / 30 days) PA applies if 65 years and older when greater than 5 day supply	Tier 3	QL PA	<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml QL (2160 mL / 30 days)	Tier 3	QL
<i>DILANTIN</i> CAPS 30mg	Tier 4		<i>gabapentin</i> TABS 600mg QL (180 tabs / 30 days)	Tier 2	QL
<i>divalproex sodium</i> CSDR 125mg	Tier 4		<i>gabapentin</i> TABS 800mg QL (120 tabs / 30 days)	Tier 2	QL
<i>divalproex sodium</i> TB24 250mg, 500mg	Tier 3		<i>lacosamide</i> SOLN 200mg/20ml <i>lacosamide</i> TABS 50mg QL (120 tabs / 30 days)	Tier 4	QL
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	Tier 2		<i>lacosamide</i> TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>lacosamide oral</i> SOLN 10mg/ml QL (1200 mL / 30 days)	Tier 4	QL	<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg QL (120 tabs / 30 days)	Tier 3	QL PA
<i>lamotrigine</i> CHEW 5mg, 25mg	Tier 3		PA applies if 70 years and older		
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	Tier 2		<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA applies if 70 years and older	Tier 4	PA
<i>levetiracetam</i> SOLN 100mg/ml	Tier 3		<i>phenytek</i> CAPS 200mg, 300mg	Tier 3	
<i>levetiracetam</i> SOLN 500mg/5ml	Tier 4		<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	Tier 3	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	Tier 2		<i>phenytoin sodium</i> SOLN 50mg/ml	Tier 3	
LEVETIRACETAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL	<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	Tier 3	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	Tier 4		<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	Tier 3	QL PA
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	Tier 4		<i>pregabalin</i> CAPS 200mg QL (90 caps / 30 days)	Tier 3	QL PA
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	Tier 4		<i>pregabalin</i> CAPS 225mg, 300mg QL (60 caps / 30 days)	Tier 3	QL PA
<i>methsuximide</i> CAPS 300mg	Tier 4		<i>pregabalin</i> SOLN 20mg/ml QL (900 mL / 30 days)	Tier 4	QL PA
NAYZILAM SOLN 5mg/0.1ml QL (10 nasal units per 30 days)	Tier 4	QL	<i>primidone</i> TABS 50mg, 125mg, 250mg	Tier 2	
<i>oxcarbazepine</i> SUSP 300mg/5ml	Tier 4		<i>roweepra</i> TABS 500mg	Tier 2	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	Tier 3		<i>rufinamide</i> SUSP 40mg/ml QL (2400 mL / 30 days)	Tier 4	QL PA
<i>phenobarbital</i> ELIX 20mg/5ml QL (1500 mL / 30 days) PA applies if 70 years and older	Tier 4	QL PA	<i>rufinamide</i> TABS 200mg QL (480 tabs / 30 days)	Tier 4	QL PA
			<i>rufinamide</i> TABS 400mg QL (240 tabs / 30 days)	Tier 4	QL PA
			SPRITAM TB3D 250mg QL (360 tabs / 30 days)	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
SPRITAM TB3D 500mg QL (180 tabs / 30 days)	Tier 4	QL	vigadroner PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
SPRITAM TB3D 750mg QL (120 tabs / 30 days)	Tier 4	QL	vigadroner TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA
SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	Tier 4	QL	VIGAFYDE SOLN 100mg/ml QL (900 mL / 30 days)	Tier 5	QL NM PA
subvenite TABS 25mg, 100mg, 150mg, 200mg	Tier 2		vigoder Pack 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA
SYMPAZAN FILM 5mg, 10mg, 20mg QL (60 films / 30 days)	Tier 4	QL PA	XCOPRI TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 4	QL
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	Tier 4		XCOPRI TABS 150mg, 200mg QL (60 tabs / 30 days)	Tier 4	QL
topiramate CPSP 15mg, 25mg	Tier 3		XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	Tier 4	QL
topiramate CPSP 50mg	Tier 4		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	Tier 4	QL
topiramate TABS 25mg, 50mg, 100mg, 200mg	Tier 2		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	Tier 4	QL
valproate sodium SOLN 100mg/ml	Tier 4		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	Tier 4	QL
valproate sodium SOLN 250mg/5ml	Tier 3		XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	Tier 4	QL
valproic acid CAPS 250mg	Tier 3		ZONISADE SUSP 100mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	zonisamide CAPS 25mg, 50mg, 100mg	Tier 3	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	ZTALMY SUSP 50mg/ml QL (1100 mL / 30 days)	Tier 4	QL NM PA
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml QL (10 blister packs per 30 days)	Tier 4	QL	amphetamine- dextroamphetamine cap er 24hr 5 mg QL (30 caps / 30 days)	Tier 4	QL PA
vigabatrin PACK 500mg QL (180 packets / 30 days)	Tier 5	QL NM PA	amphetamine- dextroamphetamine cap er 24hr 10 mg QL (30 caps / 30 days)	Tier 4	QL PA
vigabatrin TABS 500mg QL (180 tabs / 30 days)	Tier 5	QL NM PA			

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
amphetamine- dextroamphetamine cap er 24hr 15 mg QL (30 caps / 30 days)	Tier 4	QL PA	atomoxetine hcl CAPS 40mg QL (60 caps / 30 days)	Tier 4	QL
amphetamine- dextroamphetamine cap er 24hr 20 mg QL (30 caps / 30 days)	Tier 4	QL PA	atomoxetine hcl CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	Tier 4	QL
amphetamine- dextroamphetamine cap er 24hr 25 mg QL (30 caps / 30 days)	Tier 4	QL PA	dexamphetamine hcl TABS 2.5mg, 5mg QL (120 tabs / 30 days)	Tier 3	QL PA
amphetamine- dextroamphetamine cap er 24hr 30 mg QL (30 caps / 30 days)	Tier 4	QL PA	dexamphetamine hcl TABS 10mg QL (60 tabs / 30 days)	Tier 3	QL PA
amphetamine- dextroamphetamine tab 5 mg QL (60 tabs / 30 days)	Tier 3	QL PA	guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg QL (30 tabs / 30 days) PA applies if 70 years and older	Tier 3	QL PA
amphetamine- dextroamphetamine tab 7.5 mg QL (60 tabs / 30 days)	Tier 3	QL PA	guanfacine hcl (adhd) TB24 3mg QL (60 tabs / 30 days) PA applies if 70 years and older	Tier 3	QL PA
amphetamine- dextroamphetamine tab 10 mg QL (60 tabs / 30 days)	Tier 3	QL PA	methylphenidate hcl SOLN 5mg/5ml QL (1800 mL / 30 days)	Tier 4	QL PA
amphetamine- dextroamphetamine tab 12.5 mg QL (60 tabs / 30 days)	Tier 3	QL PA	methylphenidate hcl SOLN 10mg/5ml QL (900 mL / 30 days)	Tier 4	QL PA
amphetamine- dextroamphetamine tab 15 mg QL (60 tabs / 30 days)	Tier 3	QL PA	methylphenidate hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	Tier 3	QL PA
amphetamine- dextroamphetamine tab 20 mg QL (90 tabs / 30 days)	Tier 3	QL PA	methylphenidate hcl TABS 20mg QL (90 tabs / 30 days)	Tier 3	QL PA
amphetamine- dextroamphetamine tab 30 mg QL (60 tabs / 30 days)	Tier 3	QL PA	methylphenidate hcl TBCR 10mg, 20mg QL (90 tabs / 30 days)	Tier 4	QL PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	Tier 4	QL	<b>HYPNOTICS</b>		
			DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 3	QL
			doxepin hcl (sleep) TABS 3mg, 6mg QL (30 tabs / 30 days)	Tier 3	QL
			tasimelteon CAPS 20mg QL (30 caps / 30 days)	Tier 5	QL NM PA

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
<i>temazepam</i> CAPS 7.5mg, 30mg	Tier 4	QL PA  QL (30 caps / 30 days) PA applies if 65 years and older	<i>sumatriptan</i> SOLN 20mg/act	Tier 4	QL  QL (12 units / 30 days)
<i>temazepam</i> CAPS 15mg	Tier 4	QL PA  QL (60 caps / 30 days) PA applies if 65 years and older	<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	Tier 4	QL  QL (18 injections / 30 days)
<i>zolpidem tartrate</i> TABS 5mg, 10mg	Tier 2	QL PA  QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	Tier 4	QL  QL (12 injections / 30 days)
<b>MIGRAINE</b>			<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	Tier 2	QL  QL (12 tabs / 30 days)
AIMOVIG SOAJ 70mg/ml, 140mg/ml	Tier 3	QL NM PA  QL (1 pen / 30 days)	<i>UBRELVY</i> TABS 50mg, 100mg	Tier 3	QL PA  QL (16 tabs / 30 days)
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	Tier 5		<b>MISCELLANEOUS</b>		
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	Tier 5	QL PA  QL (8 mL / 30 days)	AUSTEDO TABS 6mg 120mg/ml	Tier 5	QL NM PA  QL (60 tabs / 30 days)
EMGALITY SOAJ 120mg/ml	Tier 3	QL NM PA  QL (2 pens / 30 days)	AUSTEDO TABS 9mg, 12mg	Tier 5	QL NM PA  QL (120 tabs / 30 days)
EMGALITY SOSY 100mg/ml	Tier 3	QL NM PA  QL (3 syringes / 30 days)	AUSTEDO XR TB24 6mg 120mg/ml	Tier 5	QL NM PA  QL (90 tabs / 30 days)
EMGALITY SOSY 120mg/ml	Tier 3	QL NM PA  QL (2 syringes / 30 days)	AUSTEDO XR TB24 12mg 24mg	Tier 5	QL NM PA  QL (120 tabs / 30 days)
<i>ergotamine w/ caffeine tab</i> 1-100 mg	Tier 3	QL PA  QL (40 tabs / 28 days)	AUSTEDO XR TB24 18mg, 24mg	Tier 5	QL NM PA  QL (60 tabs / 30 days)
NURTEC TBDP 75mg	Tier 3	QL PA  QL (16 tabs / 30 days)	AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	Tier 5	QL NM PA  QL (30 tabs / 30 days)
QULIPTA TABS 10mg, 30mg, 60mg	Tier 3	QL PA  QL (30 tabs / 30 days)	AUSTEDO XR TAB TITR KIT	Tier 5	QL NM PA  QL (2 packs / year)
<i>rizatriptan benzoate</i> TABS 5mg, 10mg	Tier 3	QL  QL (18 tabs / 30 days)	<i>lithium</i> SOLN 8meq/5ml	Tier 4	
<i>sumatriptan</i> SOLN 5mg/act	Tier 4	QL  QL (24 units / 30 days)	<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	Tier 2	
			<i>NUEDEXTA</i> CAP 20-10MG	Tier 4	QL PA  QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier      Limits</b>
<i>pyridostigmine bromide</i> TABS 60mg	Tier 3	<i>baclofen</i> TABS 10mg, 20mg	Tier 3
<i>riluzole</i> TABS 50mg	Tier 4	<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	Tier 3    QL PA
<i>tetrabenazine</i> TABS 12.5mg	Tier 5    QL NM PA QL (90 tabs / 30 days)	QL (90 tabs / 30 days) PA applies if 70 years and older after a 30 day supply in a calendar year	
<i>tetrabenazine</i> TABS 25mg	Tier 5    QL NM PA QL (120 tabs / 30 days)	<i>tizanidine hcl</i> TABS 2mg, 4mg	Tier 2
<b>MULTIPLE SCLEROSIS AGENTS</b>			
<i>BAFIERTAM</i> CPDR 95mg	Tier 5    QL NM PA QL (120 caps / 30 days)	<b>NARCOLEPSY/CATAPLEXY</b>	
<i>BETASERON</i> KIT .3mg	Tier 5    QL NM PA QL (14 syringes / 28 days)	<i>armodafinil</i> TABS 50mg QL (60 tabs / 30 days)	Tier 4    QL PA
<i>COPAXONE</i> SOSY 20mg/ml	Tier 5    QL NM PA QL (30 syringes / 30 days)	<i>armodafinil</i> TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	Tier 4    QL PA
<i>COPAXONE</i> SOSY 40mg/ml	Tier 5    QL NM PA QL (12 syringes / 28 days)	<i>modafinil</i> TABS 100mg QL (30 tabs / 30 days)	Tier 3    QL PA
<i>dalfampridine</i> TB12 10mg	Tier 3    QL NM PA QL (60 tabs / 30 days)	<i>modafinil</i> TABS 200mg QL (60 tabs / 30 days)	Tier 3    QL PA
<i>fingolimod hcl</i> CAPS .5mg	Tier 5    QL NM PA QL (30 caps / 30 days)	<i>SODIUM OXYBATE</i> SOLN 500mg/ml QL (540 mL / 30 days)	Tier 5    QL NM PA
<i>glatiramer acetate</i> SOSY 20mg/ml	Tier 5    QL NM PA QL (30 syringes / 30 days)	<b>PSYCHOTHERAPEUTIC-MISC</b>	
<i>glatiramer acetate</i> SOSY 40mg/ml	Tier 5    QL NM PA QL (12 syringes / 28 days)	<i>acamprosate calcium</i> TBEC 333mg	Tier 4
<i>glatopa</i> SOSY 20mg/ml	Tier 5    QL NM PA QL (30 syringes / 30 days)	<i>buprenorphine hcl</i> SUBL 2mg, 8mg QL (90 tabs / 30 days)	Tier 3    QL
<i>glatopa</i> SOSY 40mg/ml	Tier 5    QL NM PA QL (12 syringes / 28 days)	<i>buprenorphine hcl-naloxone</i> Tier 4 <i>hcl sl film 2-0.5 mg (base equiv)</i> QL (90 films / 30 days)	QL
<i>OCREVUS</i> SOLN 300mg/10ml	Tier 5    NM PA	<i>buprenorphine hcl-naloxone</i> Tier 4 <i>hcl sl film 4-1 mg (base equiv)</i> QL (90 films / 30 days)	QL
<b>MUSCULOSKELETAL THERAPY AGENTS</b>			
<i>baclofen</i> TABS 5mg	Tier 3    QL QL (90 tabs / 30 days)	<i>buprenorphine hcl-naloxone</i> Tier 4 <i>hcl sl film 8-2 mg (base equiv)</i> QL (90 films / 30 days)	QL
		<i>buprenorphine hcl-naloxone</i> Tier 4 <i>hcl sl film 12-3 mg (base equiv)</i> QL (60 films / 30 days)	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	Tier 2	QL	testosterone enanthate SOLN 200mg/ml	Tier 3	PA	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	Tier 2	QL	testosterone pump GEL 1.62%	Tier 4	QL PA QL (150 gm / 30 days)	
bupropion hcl (smoking deterrent) TB12 150mg QL (60 tabs / 30 days)	Tier 2	QL	<b>ANTIDIABETICS</b>			
disulfiram TABS 250mg, 500mg	Tier 3		acarbose TABS 25mg, 50mg, 100mg	Tier 3		
naloxone hcl LIQD 4mg/0.1ml	Tier 3		FARXIGA TABS 5mg, 10mg	Tier 3	QL QL (30 tabs / 30 days)	
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	Tier 2		glimepiride TABS 1mg, 2mg	Tier 1	QL QL (90 tabs / 30 days)	
naltrexone hcl TABS 50mg	Tier 3		glimepiride TABS 4mg QL (60 tabs / 30 days)	Tier 1	QL	
NICOTROL INHALER INHA 10mg	Tier 4		glipizide TABS 5mg QL (240 tabs / 30 days)	Tier 1	QL	
NICOTROL NS SOLN 10mg/ml	Tier 4		glipizide TABS 10mg QL (120 tabs / 30 days)	Tier 1	QL	
varenicline tartrate TABS .5mg, 1mg QL (56 tabs / 28 days)	Tier 4	QL	glipizide TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 2	QL	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack QL (2 packs / year)	Tier 4	QL	glipizide TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL	
VIVITROL SUSR 380mg	Tier 5	NM	glipizide xl TB24 2.5mg, 5mg QL (90 tabs / 30 days)	Tier 2	QL	
<b>ENDOCRINE AND METABOLIC ANDROGENS</b>						
danazol CAPS 50mg, 100mg, 200mg	Tier 4		glipizide xl TB24 10mg QL (60 tabs / 30 days)	Tier 2	QL	
depo-testosterone SOLN 100mg/ml, 200mg/ml	Tier 3	PA	glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	Tier 3	QL	
methyltestosterone CAPS 10mg QL (600 caps / 30 days)	Tier 5	QL PA	glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	Tier 3	QL	
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	Tier 4	QL PA	glipizide-metformin hcl tab 5-500 mg QL (120 tabs / 30 days)	Tier 3	QL	
testosterone cypionate SOLN 100mg/ml, 200mg/ml	Tier 3	PA	GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	Tier 3	QL	
			GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	Tier 3	QL	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	Tier 3	QL	MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml QL (4 pens / 28 days)	Tier 3	QL PA
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	Tier 3	QL	<i>nateglinide</i> TABS 60mg, 120mg QL (90 tabs / 30 days)	Tier 3	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	Tier 3	QL	OZEMPIK (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	Tier 3	QL PA
JANUMET XR TAB 50-1000 QL (30 tabs / 30 days)	Tier 3	QL	OZEMPIK (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA
JANUVIA TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	Tier 3	QL	OZEMPIK (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA
JARDIANCE TABS 10mg, 25mg QL (30 tabs / 30 days)	Tier 3	QL	OZEMPIK (2MG/DOSE) SOPN 8mg/3ml QL (1 pen / 28 days)	Tier 3	QL PA
JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	Tier 3	QL	<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB 2.5- 1000 QL (60 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> TABS 2mg QL (240 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL	<i>repaglinide</i> TABS .5mg, 1mg QL (120 tabs / 30 days)	Tier 2	QL
JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	Tier 3	QL	RYBELSUS TABS 3mg, 7mg, 14mg QL (30 tabs / 30 days)	Tier 3	QL PA
metformin hcl TABS 500mg QL (150 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	Tier 3	QL
metformin hcl TABS 850mg QL (90 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	Tier 3	QL
metformin hcl TABS 1000mg QL (75 tabs / 30 days)	Tier 1	QL	SYNJARDY TAB 12.5-500 QL (60 tabs / 30 days)	Tier 3	QL
metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL
metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	Tier 1	QL	SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	Tier 3	QL

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

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 10UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	
NOVOLIN R FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 15UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 20UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 25UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 30UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	Tier 3		OMNIPOD GO KIT 35UNT/DY QL (15 pods / 30 days)	Tier 4	QL PA	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	Tier 3		OMNIPOD MIS CLASSIC QL (15 pods / 30 days)	Tier 4	QL PA	
OMNIPOD 5 DX KIT INT G7G6 QL (1 kit / year)	Tier 4	QL PA	SOLIQUA INJ 100/33 QL (5 pens / 25 days)	Tier 3	QL	
OMNIPOD 5 DX MIS POD G7G6 QL (15 pods / 30 days)	Tier 4	QL PA	TRESIBA SOLN 100unit/ml TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Tier 3		
OMNIPOD 5 G7 KIT INTRO QL (1 kit / year)	Tier 4	QL PA	XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	Tier 3	QL	
OMNIPOD 5 G7 MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA	<b>CALCIUM REGULATORS</b>			
OMNIPOD 5 LB KIT INTRO G6 QL (1 kit / year)	Tier 4	QL PA	alendronate sodium TABS 10mg, 35mg, 70mg	Tier 1		
OMNIPOD 5 LB MIS PODS G6 QL (15 pods / 30 days)	Tier 4	QL PA	calcitonin (salmon) spray SOLN 200unit/act	Tier 3	B/D	
OMNIPOD DASH KIT INTRO QL (1 kit / year)	Tier 4	QL PA	ibandronate sodium TABS 150mg	Tier 3	B/D	
OMNIPOD DASH MIS PODS QL (15 pods / 30 days)	Tier 4	QL PA	PAMIDRONATE DISODIUM SOLN 6mg/ml	Tier 3	B/D	
				pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	Tier 3	B/D
				PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	Tier 4	QL NM
				TERIPARATIDE SOPN 620mcg/2.48ml	Tier 5	NM PA

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
XGEVA SOLN 120mg/1.7ml	Tier 5	NM PA	DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Tier 3	
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	Tier 4	B/D NM	desogest-eth estrad & eth estradiol tab 0.15-0.02/0.01 mg(21/5)	Tier 3	
<b>CHELATING AGENTS</b>					
CHEMET CAPS 100mg	Tier 5		drospirenone-ethinyl	Tier 3	
deferasirox TABS 90mg	Tier 3	NM PA	estradiol tab 3-0.02 mg		
deferasirox TABS 180mg, 360mg; TBSO 125mg	Tier 4	NM PA	drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 3	
deferasirox TBSO 250mg, 500mg	Tier 5	NM PA	elonest	Tier 3	
kionex SUSP 15gm/60ml	Tier 3		eluryng	Tier 3	
LOKELMA PACK 5gm, 10gm	Tier 3		emzahh TABS .35mg	Tier 3	
penicillamine TABS 250mg	Tier 5	NM	enilloring	Tier 3	
sodium polystyrene sulfonate powder		Tier 3	enpresse-28	Tier 3	
sps SUSP 15gm/60ml	Tier 3		enskyce	Tier 3	
sps rectal SUSP 15gm/60ml		Tier 3	errin TABS .35mg	Tier 3	
trientine hcl CAPS 250mg	Tier 5	NM PA	estarylla	Tier 3	
<b>CONTRACEPTIVES</b>					
afirmelle	Tier 3		ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 3	
altavera	Tier 3		ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg		
alyacen 1/35	Tier 3		etongestrel-ethinyl	Tier 3	
alyacen 7/7/7	Tier 3		estradiol va ring 0.12-0.015 mg/24hr		
apri	Tier 3		falmina	Tier 3	
aranelle	Tier 3		feirza 1.5/30	Tier 3	
aubra eq	Tier 3		feirza 1/20	Tier 3	
aurovela 1/20	Tier 3		hailey 1.5/30	Tier 3	
aurovela fe 1.5/30	Tier 3		haloette	Tier 3	
aurovela fe 1/20	Tier 3		heather TABS .35mg	Tier 3	
aviane	Tier 3		iclevia	Tier 3	
ayuna	Tier 3		incassia TABS .35mg	Tier 3	
azurette	Tier 3		introvale	Tier 3	
balziva	Tier 3		isibloom	Tier 3	
blisovi fe 1.5/30	Tier 3		jasmiel	Tier 3	
briellyn	Tier 3		jolessa	Tier 3	
camila TABS .35mg	Tier 3		juleber	Tier 3	
chateau eq	Tier 3		junel 1.5/30	Tier 3	
cryselle-28	Tier 3		junel 1/20	Tier 3	
cyred eq	Tier 3		junel fe 1.5/30	Tier 3	
dasetta 1/35	Tier 3		junel fe 1/20	Tier 3	
dasetta 7/7/7	Tier 3		kariva	Tier 3	
deblitane TABS .35mg	Tier 3		kelnor 1/35	Tier 3	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
kelnor 1/50	Tier 3		norelgestromin-ethinyl	Tier 3	
kurvelo	Tier 3		estradiol td ptwk 150-35		
larin 1.5/30	Tier 3		mcg/24hr		
larin 1/20	Tier 3		norethindrone	Tier 3	
larin fe 1.5/30	Tier 3		(contraceptive) TABS		
larin fe 1/20	Tier 3		.35mg		
lessina	Tier 3		norethindrone ac-ethinyl	Tier 3	
levonest	Tier 3		estradi-fe tab 1-20/1-30/1-35		
levonorgestrel & ethinyl estradiol (91-day) tab 0.15- 0.03 mg	Tier 3		mg-mcg		
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 3		norethindrone ace & ethinyl	Tier 3	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 3		estradiol tab 1 mg-20 mcg		
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	Tier 3		norethindrone ace & ethinyl	Tier 3	
levora 0.15/30-28	Tier 3		estradiol-fe tab 1 mg-20 mcg		
LILETTA IUD 20.1mcg/day	Tier 3	NM	norgestimate & ethinyl	Tier 3	
loestrin 1.5/30-21	Tier 3		estradiol tab 0.25 mg-35		
loestrin 1/20-21	Tier 3		mcg		
loestrin fe 1.5/30	Tier 3		norgestimate-eth estrad tab	Tier 3	
loestrin fe 1/20	Tier 3		0.18-25/0.215-25/0.25-25		
loryna	Tier 3		mg-mcg		
low-ogestrel	Tier 3		norgestimate-eth estrad tab	Tier 3	
lutera	Tier 3		0.18-35/0.215-35/0.25-35		
lyeq TABS .35mg	Tier 3		mg-mcg		
lyza TABS .35mg	Tier 3		norlyroc TABS .35mg	Tier 3	
marlissa	Tier 3		nortrel 0.5/35 (28)	Tier 3	
medroxyprogesterone acetate (contraceptive)	Tier 3		nortrel 1/35 (21)	Tier 3	
SUSP 150mg/ml; SUSY 150mg/ml			nortrel 1/35 (28)	Tier 3	
microgestin 1.5/30	Tier 3		nortrel 7/7/7	Tier 3	
microgestin 1/20	Tier 3		nylia 1/35	Tier 3	
microgestin fe 1.5/30	Tier 3		nylia 7/7/7	Tier 3	
microgestin fe 1/20	Tier 3		ocella	Tier 3	
mili	Tier 3		philith	Tier 3	
mono-linyah	Tier 3		pimtrea	Tier 3	
necon 0.5/35-28	Tier 3		portia-28	Tier 3	
NEXPLANON IMPL 68mg	Tier 3	NM	reclipsen	Tier 3	
nikki	Tier 3		setlakin	Tier 3	
nora-be TABS .35mg	Tier 3		sharobel TABS .35mg	Tier 3	
			simliya	Tier 3	
			sprintec 28	Tier 3	
			sronyx	Tier 3	
			syeda	Tier 3	
			tarina fe 1/20 eq	Tier 3	
			tilia fe	Tier 3	
			tri-estarrylla	Tier 3	
			tri-legest fe	Tier 3	
			tri-linyah	Tier 3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
tri-lo-estarrylla	Tier 3	estradiol valerate OIL	Tier 4
tri-lo-marzia	Tier 3	10mg/ml, 20mg/ml, 40mg/ml	
tri-lo-milli	Tier 3	fyavolv tab 0.5mg-2.5mcg	Tier 3
tri-lo-sprintec	Tier 3	fyavolv tab 1mg-5mcg	Tier 3
tri-mili	Tier 3	jinteli	Tier 3
tri-nymyo	Tier 3	lyllana PTTW .025mg/24hr, Tier 3	
tri-sprintec	Tier 3	.037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	
tri-vylibra	Tier 3	mimvey	Tier 3
tri-vylibra lo	Tier 3	norethindrone acetate- ethinyl estradiol tab 0.5 mg- 2.5 mcg	Tier 3
trivora-28	Tier 3	norethindrone acetate- ethinyl estradiol tab 1 mg-5 mcg	Tier 3
turqoz	Tier 3	yuvafem TABS 10mcg	Tier 4
valtya 1/50	Tier 3	<b>GLUCOCORTICOIDS</b>	
velivet	Tier 3	dexamethasone ELIX	Tier 3
vestura	Tier 3	.5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	
vienna	Tier 3	dexamethasone sodium	Tier 3
viorele	Tier 3	phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	
vyfemla	Tier 3	fludrocortisone acetate	Tier 2
vylibra	Tier 3	TABS .1mg	
wera	Tier 3	hydrocortisone TABS 5mg,	Tier 3
xarah fe	Tier 3	10mg, 20mg	
xulane	Tier 3	hydrocortisone sod	Tier 4
zafemy	Tier 3	succinate SOLR 100mg	
zovia 1/35	Tier 3	methylprednisolone TABS	Tier 3 B/D
zumandimine	Tier 3	4mg, 8mg, 16mg, 32mg	
<b>ESTROGENS</b>		methylprednisolone TBPK	Tier 2
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Tier 3	4mg	
estradiol PTTW	Tier 3	methylprednisolone acetate	Tier 3 B/D
.025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK		SUSP 40mg/ml, 80mg/ml	
.025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr		methylprednisolone sod	Tier 3 B/D
estradiol TABS .5mg, 1mg, Tier 2 2mg		succ SOLR 40mg, 125mg, 1000mg	
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 3	prednisolone SOLN	Tier 2 B/D
estradiol & norethindrone acetate tab 1-0.5 mg	Tier 3	15mg/5ml	
estradiol vaginal CREA	Tier 3	prednisolone sodium	Tier 4 B/D
.1mg/gm		phosphate SOLN 5mg/5ml, 25mg/5ml	
estradiol vaginal TABS 10mcg	Tier 4	prednisolone sodium	Tier 2 B/D
		phosphate SOLN 15mg/5ml	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>			
<i>prednisone</i> SOLN 5mg/5ml	Tier 4	B/D	<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA			
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Tier 1	B/D	<i>lanreotide acetate</i> SOLN 120mg/0.5ml	Tier 5	NM PA			
<i>prednisone</i> TBPK 5mg, 10mg	Tier 3		<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	Tier 4	B/D			
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	Tier 4		<i>mifepristone (hyperglycemia)</i> TABS 300mg	Tier 5	NM PA			
<b>GLUCOSE ELEVATING AGENTS</b>								
<i>diazoxide</i> SUSP 50mg/ml	Tier 5		<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	Tier 5	NM PA			
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	Tier 3		<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	Tier 4	NM PA			
<b>MISCELLANEOUS</b>								
<i>betaine powder for oral solution</i>	Tier 5	NM	<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	Tier 5	NM PA			
<i>cabergoline</i> TABS .5mg	Tier 3		<i>raloxifene hcl</i> TABS 60mg	Tier 3				
<i>carglumic acid</i> TBSO 200mg	Tier 5	NM PA	<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	Tier 5	NM PA			
CERDELGA CAPS 84mg	Tier 5	NM PA	<i>SIGNIFOR</i> SOLN .3mg/ml, .6mg/ml, .9mg/ml	Tier 5	NM PA			
<i>cinacalcet hcl</i> TABS 30mg, QL (60 tabs / 30 days)	Tier 4	B/D QL NM	<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	Tier 5	NM PA			
<i>cinacalcet hcl</i> TABS 90mg	Tier 5	B/D QL NM	<i>SOMATULINE DEPOT</i> SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	Tier 5	NM PA			
QL (120 tabs / 30 days)			<i>SOMAVERT</i> SOLR 10mg, 15mg, 20mg, 25mg, 30mg	Tier 5	NM PA			
CYSTAGON CAPS 50mg, 150mg	Tier 4	NM PA	<i>SYNAREL</i> SOLN 2mg/ml	Tier 5	PA			
<i>desmopressin acetate</i> SOLN 4mcg/ml	Tier 5		<i>VEOZAH</i> TABS 45mg	Tier 4	PA			
<i>desmopressin acetate</i> TABS .1mg, .2mg	Tier 3		<b>PROGESTINS</b>					
<i>desmopressin acetate spray</i> SOLN .01%	Tier 4		<i>gallifrey</i> TABS 5mg	Tier 3				
<i>desmopressin acetate spray</i> refrigerated SOLN .01%	Tier 4		<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	Tier 2				
GENOTROPIN CART 5mg, 12mg	Tier 5	NM PA	<i>megestrol acetate</i> SUSP 40mg/ml	Tier 3				
GENOTROPIN MINIQUICK PRSY .2mg	Tier 3	NM PA	<i>norethindrone acetate</i> TABS 5mg	Tier 3				
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Tier 5	NM PA	<i>progesterone</i> CAPS 100mg, 200mg	Tier 3				
INCRELEX SOLN 40mg/4ml	Tier 5	NM PA						

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<b>THYROID AGENTS</b>					
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2		<i>aprepitant capsule therapy</i> pack 80 & 125 mg	Tier 4	B/D
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2		<i>compro</i> SUPP 25mg	Tier 4	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2		<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	Tier 4	B/D QL
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	Tier 2		QL (60 caps / 30 days)		
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	Tier 3		<i>meclizine hcl</i> TABS 12.5mg, 25mg	Tier 2	
<i>methimazole</i> TABS 5mg, 10mg	Tier 2		<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	Tier 3	
<i>propylthiouracil</i> TABS 50mg	Tier 3		<i>metoclopramide hcl</i> TABS 5mg, 10mg	Tier 2	
<i>SYNTHROID</i> TABS 25mcg, Tier 4 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg			<i>ondansetron</i> TBDP 4mg, 8mg	Tier 3	B/D
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Tier 2		<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	Tier 3	
<b>VITAMIN D ANALOGS</b>					
<i>calcitriol</i> CAPS .25mcg, .5mcg	Tier 2	B/D	<i>ondansetron hcl</i> TABS 4mg, 8mg	Tier 3	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	Tier 4	B/D	<i>prochlorperazine</i> SUPP 25mg	Tier 4	
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	Tier 4	B/D	<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	Tier 4	
<b>GASTROINTESTINAL ANTIEMETICS</b>					
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	Tier 4	B/D	<i>prochlorperazine maleate</i> TABS 5mg, 10mg	Tier 2	
<b>ANTISPASMODICS</b>					
			<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	Tier 3	PA
			PA applies if 70 years and older after a 30 day supply in a calendar year		
			<i>scopolamine</i> PT72 1mg/3days	Tier 4	QL PA
			QL (10 patches / 30 days)		
			PA applies if 70 years and older after a 30 day supply in a calendar year		
			<b>ANTISPASMODICS</b>		
			<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	Tier 3	
			<i>dicyclomine hcl</i> SOLN 10mg/5ml	Tier 4	
			<i>glycopyrrolate</i> TABS 1mg QL (90 tabs / 30 days)	Tier 3	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
glycopyrrolate TABS 2mg QL (120 tabs / 30 days)	Tier 3	QL	gavilyte-g	Tier 2	
<b>H2-RECEPTOR ANTAGONISTS</b>			gavilyte-n/flavor pack	Tier 2	
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	Tier 3		generlac SOLN 10gm/15ml	Tier 3	
famotidine TABS 20mg, 40mg	Tier 2		lactulose SOLN 10gm/15ml	Tier 3	
famotidine in nacl 0.9% iv soln 20 mg/50ml	Tier 3		lactulose (encephalopathy) SOLN 10gm/15ml	Tier 3	
nizatidine CAPS 150mg, 300mg	Tier 4		peg 3350-kcl-na bicarb-nacl-Tier 2 na sulfate for soln 236 gm		
<b>INFLAMMATORY BOWEL DISEASE</b>			peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 2	
balsalazide disodium CAPS Tier 3 750mg			PLENUV SOL	Tier 4	
budesonide CPEP 3mg QL (90 caps / 30 days)	Tier 4	QL PA	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	Tier 3	
budesonide TB24 9mg QL (30 tabs / 30 days)	Tier 5	QL PA	<b>MISCELLANEOUS</b>		
hydrocortisone (intrarectal) ENEM 100mg/60ml	Tier 4		alosetron hcl TABS 1mg QL (60 tabs / 30 days)	Tier 5	QL PA
mesalamine CP24 .375gm QL (120 caps / 30 days)	Tier 4	QL	alosetron hcl TABS .5mg QL (60 tabs / 30 days)	Tier 4	QL PA
mesalamine CPDR 400mg QL (180 caps / 30 days)	Tier 4	QL	CREON CAP 3000UNIT	Tier 3	
mesalamine ENEM 4gm QL (1680 mL / 28 days)	Tier 4	QL	CREON CAP 6000UNIT	Tier 3	
mesalamine SUPP 1000mg Tier 4 QL (30 suppositories / 30 days)			CREON CAP 12000UNT	Tier 3	
mesalamine TBEC 1.2gm QL (120 tabs / 30 days)	Tier 4	QL	CREON CAP 24000UNT	Tier 3	
mesalamine w/ cleanser KIT 4gm QL (28 bottles / 28 days)	Tier 4	QL	CREON CAP 36000UNT	Tier 3	
sulfasalazine TABS 500mg Tier 2			cromolyn sodium (mastocytosis) CONC 100mg/5ml	Tier 4	
sulfasalazine TBEC 500mg Tier 3			diphenoxylate w/ atropine tab 2.5-0.025 mg	Tier 3	
<b>LAXATIVES</b>			GATTEX KIT 5mg	Tier 5	NM PA
constulose SOLN 10gm/15ml	Tier 3		LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	Tier 3	QL
enulose SOLN 10gm/15ml	Tier 3		loperamide hcl CAPS 2mg	Tier 3	
gavilyte-c	Tier 2		misoprostol TABS 100mcg, Tier 3 200mcg		
			MOVANTIK TABS 12.5mg, Tier 3 25mg QL (30 tabs / 30 days)		
			RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml QL (28 syringes / 28 days)	Tier 5	QL PA
			sucralfate TABS 1gm	Tier 3	
			ursodiol CAPS 300mg	Tier 3	
			ursodiol TABS 250mg, 500mg	Tier 4	

Drug Name	Drug Requirements/ Tier	Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Requirements/ Limits
VOWST CAP QL (12 caps / 30 days)	Tier 5	QL NM PA	MYRBETRIQ SRER 8mg/ml QL (300 mL / 28 days)	Tier 4	QL
XERMELO TABS 250mg QL (84 tabs / 28 days)	Tier 5	QL NM PA	MYRBETRIQ TB24 25mg, 50mg QL (30 tabs / 30 days)	Tier 4	QL
XIFAXAN TABS 550mg	Tier 5	PA	oxybutynin chloride SOLN 5mg/5ml QL (600 mL / 30 days)	Tier 3	QL
ZENPEP CAP 3000UNIT	Tier 4		oxybutynin chloride TABS 5mg QL (120 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 5000UNIT	Tier 4		oxybutynin chloride TB24 5mg QL (30 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 10000UNT	Tier 4		oxybutynin chloride TB24 10mg, 15mg QL (60 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 15000UNT	Tier 4		solifenacain succinate TABS 5mg, 10mg QL (30 tabs / 30 days)	Tier 4	QL
ZENPEP CAP 20000UNT	Tier 4		tolterodine tartrate CP24 2mg, 4mg QL (30 caps / 30 days)	Tier 4	QL ST
ZENPEP CAP 25000UNT	Tier 4		tolterodine tartrate TABS 1mg, 2mg QL (60 tabs / 30 days)	Tier 4	QL
ZENPEP CAP 40000UNT	Tier 4		trospium chloride TABS 20mg QL (60 tabs / 30 days)	Tier 3	QL
ZENPEP CAP 60000UNT	Tier 4		<b>VAGINAL ANTI-INFECTIVES</b>		
<b>PROTON PUMP INHIBITORS</b>			clindamycin phosphate vaginal CREA 2%	Tier 3	
<i>lansoprazole</i> CPDR 15mg, 30mg QL (60 caps / 30 days)	Tier 3	QL	metronidazole vaginal GEL .75%	Tier 3	
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	Tier 2		terconazole vaginal CREA .4%, .8%	Tier 3	
<i>pantoprazole sodium</i> SOLR Tier 4 40mg	Tier 4		<b>HEMATOLOGIC</b>		
<i>pantoprazole sodium</i> TBEC Tier 2 20mg, 40mg	Tier 2		<b>ANTICOAGULANTS</b>		
<b>GENITOURINARY</b>			dabigatran etexilate mesylate CAPS 75mg, 150mg QL (60 caps / 30 days)	Tier 4	QL
<b>BENIGN PROSTATIC HYPERPLASIA</b>			dabigatran etexilate mesylate CAPS 110mg QL (120 caps / 30 days)	Tier 4	QL
<i>alfuzosin hcl</i> TB24 10mg QL (30 tabs / 30 days)	Tier 2	QL			
<i>dutasteride</i> CAPS .5mg QL (30 caps / 30 days)	Tier 3	QL			
<i>finasteride</i> TABS 5mg QL (30 tabs / 30 days)	Tier 2	QL			
<i>tadalafil</i> TABS 5mg QL (30 tabs / 30 days)	Tier 3	QL PA			
<i>tamsulosin hcl</i> CAPS .4mg QL (60 caps / 30 days)	Tier 2	QL			
<b>MISCELLANEOUS</b>					
<i>acetic acid</i> SOLN .25% <i>bethanechol chloride</i> TABS Tier 3 5mg, 10mg, 25mg, 50mg	Tier 2				
<i>potassium citrate</i> (alkalinizer) TBCR 15meq, 540mg, 1080mg	Tier 3				
<b>URINARY ANTISPASMODICS</b>					
GEMTESA TABS 75mg QL (30 tabs / 30 days)	Tier 4	QL			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL	PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	Tier 3	NM PA
ELIQUIS TABS 5mg QL (74 tabs / 30 days)	Tier 3	QL	PROCRIT SOLN 20000unit/ml, 40000unit/ml	Tier 5	NM PA
ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)	Tier 3	QL	ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Tier 5	NM PA
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 4		<b>MISCELLANEOUS</b>		
fondaparinux sodium SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Tier 4		ALVAIZ TABS 9mg, 54mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
HEP SOD/NACL INJ 25000UNT	Tier 3		ALVAIZ TABS 18mg, 36mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Tier 3	B/D	anagrelide hcl CAPS .5mg, 1mg	Tier 4	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		BERINERT KIT 500unit QL (24 boxes / 30 days)	Tier 5	QL NM PA
rivaroxaban TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL	cilostazol TABS 50mg, 100mg	Tier 2	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Tier 1		DOPTELET TABS 20mg	Tier 5	NM PA
XARELTO SUSR 1mg/ml QL (620 mL / 30 days)	Tier 3	QL	HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	Tier 5	QL NM PA
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	Tier 3	QL	HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	Tier 5	QL NM PA
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	Tier 3	QL	icatibant acetate SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	Tier 3	QL	<i>l</i> -glutamine (sickle cell) PACK 5gm	Tier 5	NM PA
<b>HEMATOPOIETIC GROWTH FACTORS</b>			pentoxifylline TBCR 400mg	Tier 2	
FULPHILA SOSY 6mg/0.6ml QL (2 syringes / 28 days)	Tier 5	QL NM PA	sajazir SOSY 30mg/3ml QL (9 syringes / 30 days)	Tier 5	QL NM PA
			SIKLOS TABS 100mg	Tier 4	
			SIKLOS TABS 1000mg	Tier 5	
			TAVNEOS CAPS 10mg QL (180 caps / 30 days)	Tier 5	QL NM PA
			tranexamic acid SOLN 1000mg/10ml	Tier 4	
			tranexamic acid TABS 650mg	Tier 3	

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
<b>PLATELET AGGREGATION INHIBITORS</b>			
aspirin-dipyridamole cap er	Tier 4  12hr 25-200 mg	DUPIXENT SOAJ  200mg/1.14ml, 300mg/2ml  QL (4 pens / 28 days)	Tier 5 QL NM PA
BRILINTA TABS 60mg, 90mg	Tier 3	DUPIXENT SOSY  200mg/1.14ml, 300mg/2ml  QL (4 syringes / 28 days)	Tier 5 QL NM PA
clopidogrel bisulfate TABS 75mg	Tier 1	ENBREL SOLN  25mg/0.5ml  QL (16 vials / 28 days)	Tier 5 QL NM PA
dipyridamole TABS 25mg, 50mg, 75mg  PA applies if 70 years and older	Tier 3  PA	ENBREL SOSY  25mg/0.5ml  QL (16 syringes / 28 days)	Tier 5 QL NM PA
prasugrel hcl TABS 5mg, 10mg	Tier 3	ENBREL SOSY 50mg/ml  QL (8 syringes / 28 days)	Tier 5 QL NM PA
ticagrelor TABS 60mg, 90mg	Tier 3	ENBREL MINI SOCT  50mg/ml  QL (8 cartridges / 28 days)	Tier 5 QL NM PA
<b>IMMUNOLOGIC AGENTS</b>			
<b>AUTOIMMUNE AGENTS</b>			
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml  QL (56 pens / 365 days)	Tier 5 QL NM PA	ENBREL SURECLICK  SOAJ 50mg/ml  QL (8 pens / 28 days)	Tier 5 QL NM PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml  QL (56 syringes / 365 days)	Tier 5 QL NM PA	HUMIRA PSKT 10mg/0.1ml Tier 5 QL NM PA  QL (2 syringes / 28 days)	Tier 5 QL NM PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml  QL (2 packs / year)	Tier 5 QL NM PA	HUMIRA PSKT 20mg/0.2ml Tier 5 QL NM PA  QL (4 syringes / 28 days)	Tier 5 QL NM PA
COSENTYX SOLN 125mg/5ml	Tier 5 NM PA	HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml  QL (6 syringes / 28 days)	Tier 5 QL NM PA
COSENTYX SOSY 75mg/0.5ml  QL (16 syringes / 365 days)	Tier 5 QL NM PA	HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml  QL (6 pens / 28 days)	Tier 5 QL NM PA
COSENTYX SOSY 150mg/ml  QL (32 syringes / 365 days)	Tier 5 QL NM PA	HUMIRA PEN AJKT 80mg/0.8ml  QL (4 pens / 28 days)	Tier 5 QL NM PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml  QL (32 pens / 365 days)	Tier 5 QL NM PA	HUMIRA PEN KIT PS/UV  QL (3 pens / 28 days)	Tier 5 QL NM PA
COSENTYX UNOREADY SOAJ 300mg/2ml  QL (16 pens / 365 days)	Tier 5 QL NM PA	HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml  QL (3 pens / 28 days)	Tier 5 QL NM PA
<b>Prior Authorization PA - Prior Authorization    Quantity Limits QL - Quantity Limits    Step Therapy ST - Step Therapy    Not available at mail-order B/D - Covered under Medicare B or D</b>			

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
IDACIO (2 PEN) AJKT 40mg/0.8ml QL (56 pens / 365 days)	Tier 5 QL NM PA	STELARA SOLN 130mg/26ml	Tier 5 NM PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml QL (56 syringes / 365 days)	Tier 5 QL NM PA	STELARA SOSY 45mg/0.5ml, 90mg/ml QL (1 syringe / 28 days)	Tier 5 QL NM PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA	TREMFYA SOAJ 100mg/ml QL (1 pen / 28 days)	Tier 5 QL NM PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml QL (2 packs / year)	Tier 5 QL NM PA	TREMFYA SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 5 QL NM PA
PYZCHIVA SOLN 130mg/26ml	Tier 5 NM PA	TREMFYA SOLN 200mg/20ml	Tier 5 NM PA
PYZCHIVA SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 3 QL NM PA	TREMFYA SOSY 100mg/ml QL (1 syringe / 28 days)	Tier 5 QL NM PA
PYZCHIVA SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 5 QL NM PA	TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml QL (2 pens / 28 days)	Tier 5 QL NM PA
RINVOQ TB24 15mg, 30mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	TYENNE SOAJ 162mg/0.9ml QL (4 pens / 28 days)	Tier 5 QL NM PA
RINVOQ TB24 45mg QL (168 tabs / year)	Tier 5 QL NM PA	TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5 NM PA
RINVOQ LQ SOLN 1mg/ml QL (360 mL / 30 days)	Tier 5 QL NM PA	TYENNE SOSY 162mg/0.9ml QL (4 syringes / 28 days)	Tier 5 QL NM PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml QL (1 cartridge / 56 days)	Tier 5 QL NM PA	VELSIPITY TABS 2mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
SKYRIZI SOLN 600mg/10ml	Tier 5 NM PA	XELJANZ SOLN 1mg/ml QL (480 mL / 24 days)	Tier 5 QL NM PA
SKYRIZI SOSY 150mg/ml QL (6 syringes / 365 days)	Tier 5 QL NM PA	XELJANZ TABS 5mg, 10mg QL (60 tabs / 30 days)	Tier 5 QL NM PA
SKYRIZI PEN SOAJ 150mg/ml QL (6 pens / 365 days)	Tier 5 QL NM PA	XELJANZ XR TB24 11mg, 22mg QL (30 tabs / 30 days)	Tier 5 QL NM PA
SOTYKTU TABS 6mg QL (30 tabs / 30 days)	Tier 5 QL NM PA	YESINTEK SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 3 QL NM PA
STELARA SOLN 45mg/0.5ml QL (1 vial / 28 days)	Tier 5 QL NM PA		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
YESINTEK SOLN 130mg/26ml	Tier 3	NM PA	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
YESINTEK SOSY 45mg/0.5ml QL (1 syringe / 28 days)	Tier 3	QL NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA
YESINTEK SOSY 90mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)</b>					
hydroxychloroquine sulfate TABS 200mg	Tier 3		<b>IMMUNOMODULATORS</b>		
JYLAMVO SOLN 2mg/ml leflunomide TABS 10mg, 20mg QL (30 tabs / 30 days)	Tier 4	B/D	ACTIMMUNE SOLN 100mcg/0.5ml	Tier 5	NM PA
methotrexate sodium TABS 2.5mg	Tier 3	QL	ARCALYST SOLR 220mg	Tier 5	NM PA
XATMEP SOLN 2.5mg/ml	Tier 4	B/D	<b>IMMUNOSUPPRESSANTS</b>		
<b>IMMUNOGLOBULINS</b>					
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA	ASTAGRAF XL CP24 5mg	Tier 5	B/D NM
BIVIGAM SOLN 5gm/50ml, 10%	Tier 5	NM PA	ASTAGRAF XL CP24 .5mg, 1mg	Tier 4	B/D NM
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	Tier 5	NM PA	azathioprine TABS 50mg	Tier 3	B/D
GAMASTAN INJ	Tier 4	B/D NM	BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	Tier 5	NM PA	BENLYSTA SOLR 120mg, 400mg	Tier 5	NM PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	Tier 5	NM PA	cyclosporine CAPS 25mg, 100mg	Tier 4	B/D NM
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	Tier 5	NM PA	cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	Tier 5	NM PA	everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	Tier 5	B/D NM
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	Tier 5	NM PA	gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	Tier 4	B/D NM
<b>PA - Prior Authorization   QL - Quantity Limits   ST - Step Therapy   NM - Not available at mail-order   B/D - Covered under Medicare B or D</b>					

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
REZUROCK TABS 200mg QL (30 tabs / 30 days)	Tier 5	QL NM PA	PEDIARIX INJ 0.5ML	Tier 1	
sirolimus SOLN 1mg/ml	Tier 5	B/D NM	PEDVAX HIB SUSP 7.5mcg/0.5ml	Tier 1	
sirolimus TABS .5mg, 1mg, 2mg	Tier 4	B/D NM	PENBRAYA INJ	Tier 1	
tacrolimus CAPS .5mg, 1mg, 5mg	Tier 4	B/D NM	PENTACEL INJ	Tier 1	
<b>VACCINES</b>			PRIORIX INJ	Tier 1	
ABRYSVO SOLR 120mcg/0.5ml	Tier 1		PROQUAD INJ	Tier 1	
ACTHIB INJ	Tier 1		QUADRACEL INJ 0.5ML	Tier 1	
ADACEL INJ	Tier 1		RABAVERT INJ	Tier 1	B/D
AREXVY SUSR 120mcg/0.5ml	Tier 1		RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	Tier 1	B/D
BCG VACCINE SOLR 50mg	Tier 1		ROTARIX SUS	Tier 1	
BEXSERO SUSY .5ml	Tier 1		ROTATEQ SOL	Tier 1	
BOOSTRIX INJ	Tier 1		SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	Tier 1	QL
DAPTACEL INJ	Tier 1		TENIVAC INJ 5-2LF	Tier 1	B/D
DENGVAXIA SUS	Tier 1		TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	Tier 1	
DIP/TET PED INJ 25-5LFU	Tier 1	B/D	TRUMENBA SUSY .5ml	Tier 1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	Tier 1	B/D	TWINRIX INJ	Tier 1	
GARDASIL 9 SUSP .5ml; SUSY .5ml	Tier 1		TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	Tier 1	
HAVRIX SUSP 1440elu/ml; Tier 1 SUSY 720elu/0.5ml			VAQTA SUSP 25unit/0.5ml, Tier 1 50unit/ml		
HEPLISAV-B SOSY 20mcg/0.5ml	Tier 1	B/D	VARIVAX SUSR 1350pfu/0.5ml	Tier 1	
HIBERIX SOLR 10mcg	Tier 1		VAXCHORA SUS	Tier 1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	Tier 1	B/D	VIMKUNYA SUSY 40mcg/0.8ml	Tier 1	
INFANRIX INJ	Tier 1		VIVOTIF CAP EC	Tier 1	
IPOL INJ INACTIVE	Tier 1		YF-VAX INJ	Tier 1	
IXCHIQ INJ	Tier 1		<b>NUTRITIONAL/SUPPLEMENTS</b>		
IXIARO INJ	Tier 1		<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
JYNNEOS SUSP .5ml	Tier 1	B/D	D2.5W/NACL INJ 0.45%	Tier 4	
KINRIX INJ	Tier 1		D10W/NACL INJ 0.2%	Tier 3	
M-M-R II INJ	Tier 1		dextrose 2.5% w/ sodium chloride 0.45%	Tier 3	
MENACTRA INJ	Tier 1		dextrose 5% in lactated ringers	Tier 3	
MENQUADFI SOLN .5ml	Tier 1				
MENVEO INJ	Tier 1				
MENVEO SOL	Tier 1				
MRESVIA SUSY 50mcg/0.5ml	Tier 1				

Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
dextrose 5% w/ sodium chloride 0.2%	Tier 3	magnesium sulfate SOLN	Tier 3
dextrose 5% w/ sodium chloride 0.3%	Tier 3	2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	
dextrose 5% w/ sodium chloride 0.9%	Tier 3	magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	Tier 3
dextrose 5% w/ sodium chloride 0.45%	Tier 3	multiple electrolytes ph 5.5	Tier 4
dextrose 5% w/ sodium chloride 0.225%	Tier 3	multiple electrolytes ph 7.4	Tier 4
dextrose 10% w/ sodium chloride 0.45%	Tier 3	POT CHL 20MEQ/L IN NACL 0.9% INJ	Tier 4
ISOLYTE-P INJ /D5W	Tier 4	POT CHL 20MEQ/L IN NACL 0.45% INJ	Tier 4
ISOLYTE-S INJ PH 7.4	Tier 4	POT CHL 40MEQ/L IN NACL 0.9% INJ	Tier 4
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	Tier 3	potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	Tier 3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	Tier 3	potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	Tier 3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	Tier 3	sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%	Tier 3
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	Tier 3	TPN ELECTROL INJ	Tier 4 B/D
kcl 20 meq/l (0.15%) in nacl 0.9% inj	Tier 3	<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	Tier 3	klor-con PACK 20meq	Tier 4
kcl 20 meq/l (0.149%) in nacl 0.45% inj	Tier 3	klor-con 8 TBCR 8meq	Tier 2
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	Tier 3	klor-con 10 TBCR 10meq	Tier 2
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	Tier 3	klor-con m10 TBCR 10meq	Tier 2
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	Tier 3	klor-con m15 TBCR 15meq	Tier 2
kcl 40 meq/l (0.3%) in nacl 0.9% inj	Tier 3	klor-con m20 TBCR 20meq	Tier 2
KCL/D5W/NACL INJ 0.3/0.9%	Tier 4	M-NATAL PLUS TAB	Tier 3
lactated ringer's solution	Tier 3	potassium chloride CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	Tier 2
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	Tier 3	potassium chloride PACK 20meq; SOLN 10%, 20%	Tier 4
		potassium chloride er TBCR 10meq, 15meq, 20meq	Tier 2
		PRENATAL TAB 27-1MG	Tier 3
		PRENATAL TAB PLUS	Tier 3
		sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	Tier 2

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
WESTAB PLUS TAB 27-1MG	Tier 3		BESIVANCE SUSP .6%	Tier 3	
<b>IV NUTRITION</b>					
CLINIMIX INJ 4.25/D5W	Tier 4	B/D	CILOXAN OINT .3%	Tier 3	
CLINIMIX INJ 4.25/D10	Tier 4	B/D	ciprofloxacin hcl (ophth)	Tier 2	
CLINIMIX INJ 5%/D15W	Tier 4	B/D	SOLN .3%		
CLINIMIX INJ 5%/D20W	Tier 4	B/D	erythromycin (ophth) OINT	Tier 2	
CLINIMIX INJ 6/5	Tier 4	B/D	5mg/gm		
CLINIMIX INJ 8/10	Tier 4	B/D	gentamicin sulfate (ophth)	Tier 2	
CLINIMIX INJ 8/14	Tier 4	B/D	SOLN .3%		
clinisol sf 15%	Tier 4	B/D	moxifloxacin hcl (ophth)	Tier 3	QL
CLINOLIPID EMU 20%	Tier 4	B/D	SOLN .5%		
dextrose SOLN 5%, 10%	Tier 3		QL (12 mL / 30 days)		
dextrose SOLN 50%, 70%	Tier 3	B/D	NATACYN SUSP 5%	Tier 4	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	Tier 4	B/D	neo-polycin 5(3.5)mg- 400unt-10000unt op oin	Tier 3	
NUTRILIPID EMUL 20gm/100ml	Tier 4	B/D	neomycin-bacitrac zn- polymyx 5(3.5)mg-400unt- 10000unt op oin	Tier 3	
plenamine	Tier 4	B/D	neomycin-polomyx-gramicid	Tier 3	
PREMASOL SOL 10%	Tier 5	B/D	op sol 1.75-10000-0.025mg- unt-mg/ml		
PROSOL INJ 20%	Tier 4	B/D	ofloxacin (ophth) SOLN .3%	Tier 2	
TRAVASOL INJ 10%	Tier 4	B/D	polycin ophth oint	Tier 2	
TROPHAMINE INJ 10%	Tier 4	B/D	polymyxin b-trimethoprim ophth soln 10000 unit/ml- 0.1%	Tier 1	
<b>OPHTHALMIC</b>					
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>					
bacitracin-polymyxin-	Tier 3		sulfacetamide sodium	Tier 3	
neomycin-hc ophth oint 1%			(ophth) OINT 10%; SOLN 10%		
neo-polycin hc ophth oint 1%	Tier 3		tobramycin (ophth) SOLN	Tier 1	
neomycin-polymyxin- dexamethasone ophth oint 0.1%	Tier 2		.3%		
neomycin-polymyxin- dexamethasone ophth susp 0.1%	Tier 2		trifluridine SOLN 1%	Tier 4	
sulfacetamide sodium- prednisolone ophth soln 10- 0.23(0.25)%	Tier 2		XDEMVY SOLN .25%	Tier 5	NM PA
TOBRADEX OIN 0.3-0.1%	Tier 3		ZIRGAN GEL .15%	Tier 4	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 3		<b>ANTI-INFLAMMATORIES</b>		
ZYLET SUS 0.5-0.3%	Tier 3		bromfenac sodium (ophth)	Tier 3	
<b>ANTI-INFECTIVES</b>			SOLN .07%		
bacitracin (ophthalmic)	Tier 3		bromfenac sodium (ophth)	Tier 4	
OINT 500unit/gm			SOLN .075%		
bacitracin-polymyxin b ophth oint	Tier 2		dexamethasone sodium phosphate (ophth) SOLN .1%	Tier 3	
			diclofenac sodium (ophth)	Tier 2	
			SOLN .1%		
			FLAREX SUSP .1%	Tier 4	
			fluorometholone (ophth)	Tier 3	
			SUSP .1%		

<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier Limits</b>
<i>flurbiprofen sodium</i> SOLN .03%	Tier 3	<b>MISCELLANEOUS</b>	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	Tier 3	ATROPINE SULFATE SOLN 1%	Tier 3
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	Tier 2	<i>atropine sulfate (ophthalmic)</i> SOLN 1%	Tier 3
LOTEMAX OINT .5%	Tier 3	CYSTADROPS SOLN .37%	Tier 5 NM PA
<i>loteprednol etabonate SUSP</i> .2%	Tier 3	CYSTARAN SOLN .44%	Tier 5 NM PA
<i>prednisolone acetate (ophth)</i> SUSP 1%	Tier 3	EYSUVIS SUSP .25%	Tier 4
<b>ANTIALLERGICS</b>		MIEBO SOLN 1.338gm/ml	Tier 3
<i>azelastine hcl (ophth)</i> SOLN .05%	Tier 2	<i>proparacaine hcl</i> SOLN .5%	Tier 3
<i>cromolyn sodium (ophth)</i> SOLN 4%	Tier 2	RESTASIS EMUL .05%	Tier 3
ZERVIAE SOLN .24%	Tier 4	RESTASIS MULTIDOSE EMUL .05%	Tier 3
<b>ANTIGLAUCOMA</b>		IIDRA SOLN 5%	Tier 3
<i>betaxolol hcl (ophth)</i> SOLN .5%	Tier 3	<b>OTIC</b>	
BETOPTIC-S SUSP .25%	Tier 4	<b>OTIC AGENTS</b>	
<i>brimonidine tartrate</i> SOLN .2%	Tier 1	<i>acetic acid (otic)</i> SOLN 2%	Tier 3
<i>brimonidine tartrate</i> SOLN .15%	Tier 4	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	Tier 4
<i>brinzolamide</i> SUSP 1%	Tier 4	<i>flac</i> OIL .01%	Tier 3
<i>carteolol hcl (ophth)</i> SOLN 1%	Tier 2	<i>fluocinolone acetonide (otic)</i> OIL .01%	Tier 3
COMBIGAN SOLN 0.2/0.5%	Tier 3	<i>neomycin-polymyxin-hc otic</i> soln 1%	Tier 3
<i>dorzolamide hcl</i> SOLN 2%	Tier 2	<i>neomycin-polymyxin-hc otic</i> susp 3.5 mg/ml-10000 unit/ml-1%	Tier 3
<i>dorzolamide hcl-timolol maleate ophth</i> soln 2-0.5%	Tier 2	<i>ofloxacin (otic)</i> SOLN .3%	Tier 4
<i>latanoprost</i> SOLN .005%	Tier 1	<b>RESPIRATORY</b>	
<i>levobunolol hcl</i> SOLN .5%	Tier 2	<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	Tier 3	ANORO ELLIPT AER 62.5- 25 QL (60 blisters / 30 days)	QL
RHOPRESSA SOLN .02%	Tier 4	BEVESPI AER 9-4.8MCG QL (1 inhaler / 30 days)	QL
ROCKLATAN DRO	Tier 4	BREZTRI AERO AER SPHERE QL (1 inhaler / 30 days)	QL
SIMBRINZA SUS 1-0.2%	Tier 4		
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	Tier 3		
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	Tier 1		
VYZULTA SOLN .024%	Tier 4		

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	Tier 3	QL  QL (4 inhalers / 28 days)	hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	Tier 3	PA  PA applies if 70 years and older after a 30 day supply in a calendar year
COMBIVENT AER 20-100	Tier 4	QL  QL (2 inhalers / 30 days)	hydroxyzine pamoate CAPS 25mg, 50mg	Tier 3	PA  PA applies if 70 years and older after a 30 day supply in a calendar year
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 3	B/D	levocetirizine dihydrochloride TABS 5mg	Tier 2	QL  QL (30 tabs / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	Tier 3	QL  QL (60 blisters / 30 days)	<b>BETA AGONISTS</b>		
TRELEGY AER ELLIPTA 200-62.5-25 MCG	Tier 3	QL  QL (60 blisters / 30 days)	albuterol sulfate AERS 108mcg/act	Tier 3	QL  QL (2 inhalers / 30 days)  (generic of Proair HFA)
<b>ANTICHOLINERGICS</b>			albuterol sulfate AERS 108mcg/act	Tier 3	QL  QL (2 inhalers / 30 days)  (generic of Proventil HFA)
ATROVENT HFA AERS 17mcg/act	Tier 4	QL  QL (2 inhalers / 30 days)	albuterol sulfate AERS 108mcg/act	Tier 3	QL  QL (2 inhalers / 30 days)  (generic of Ventolin HFA)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Tier 3	QL  QL (30 blisters / 30 days)	albuterol sulfate NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	Tier 3	B/D
ipratropium bromide SOLN .02%	Tier 2	B/D	albuterol sulfate NEBU .083%	Tier 2	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	Tier 3		albuterol sulfate SYRP 2mg/5ml	Tier 3	
<b>ANTIHISTAMINES</b>			albuterol sulfate TABS 2mg, 4mg	Tier 4	
azelastine hcl SOLN .1%	Tier 3		levalbuterol tartrate AERO 45mcg/act	Tier 3	QL ST
cetirizine hcl SOLN 5mg/5ml	Tier 2	QL  QL (300 mL / 30 days)	QL (2 inhalers / 30 days)		
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	Tier 3	PA  PA applies if 70 years and older after a 30 day supply in a calendar year	SEREVENT DISKUS AEPB 50mcg/dose	Tier 3	QL
diphenhydramine hcl SOLN 50mg/ml	Tier 3		QL (60 inhalations / 30 days)		
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	Tier 4	PA  PA applies if 70 years and older	terbutaline sulfate TABS 2.5mg, 5mg	Tier 4	

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)	Tier 3	QL	KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg QL (56 packets / 28 days)	Tier 5	QL NM PA
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)	Tier 3	QL	KALYDECO TABS 150mg QL (60 tabs / 30 days)	Tier 5	QL NM PA
<b>LEUKOTRIENE MODULATORS</b>					
montelukast sodium CHEW 4mg, 5mg; TABS 10mg	Tier 2		OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	Tier 5	QL NM PA
montelukast sodium PACK 4mg	Tier 4		ORKAMBI GRA 75-94MG QL (56 packets / 28 days)	Tier 5	QL NM PA
zafirlukast TABS 10mg, 20mg	Tier 3		ORKAMBI GRA 100-125 QL (56 packets / 28 days)	Tier 5	QL NM PA
<b>MISCELLANEOUS</b>					
acetylcysteine SOLN 10%, 20%	Tier 4	B/D	ORKAMBI GRA 150-188 QL (56 packets / 28 days)	Tier 5	QL NM PA
ALYFTREK TAB 4-20-50 QL (84 tabs / 28 days)	Tier 5	QL NM PA	ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA
ALYFTREK TAB 10-50-125 QL (56 tabs / 28 days)	Tier 5	QL NM PA	ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	Tier 5	QL NM PA
ARALAST NP SOLR 500mg, 1000mg	Tier 5	NM PA	pirfenidone CAPS 267mg QL (270 caps / 30 days)	Tier 5	QL NM PA
BRONCHITOL CAPS 40mg QL (560 caps / 28 days)	Tier 5	QL NM PA	pirfenidone TABS 267mg QL (270 tabs / 30 days)	Tier 5	QL NM PA
cromolyn sodium NEBU 20mg/2ml	Tier 3	B/D	pirfenidone TABS 534mg, 801mg QL (90 tabs / 30 days)	Tier 5	QL NM PA
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml (generic of EpiPen)	Tier 3		PROLASTIN-C SOLN 1000mg/20ml	Tier 5	NM PA
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)	Tier 3		PULMOZYME SOLN 2.5mg/2.5ml	Tier 5	NM PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml QL (1 syringe / 28 days)	Tier 5	QL NM PA	roflumilast TABS 250mcg QL (56 tabs / year)	Tier 4	QL
FASENRA PEN SOAJ 30mg/ml QL (1 pen / 28 days)	Tier 5	QL NM PA	roflumilast TABS 500mcg QL (30 tabs / 30 days)	Tier 4	QL
<b>PA - Prior Authorization    QL - Quantity Limits    ST - Step Therapy    NM - Not available at mail-order    B/D - Covered under Medicare B or D</b>					
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<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
<i>theophylline</i> TB24 400mg, 600mg	Tier 3		ALVESCO AERS 160mcg/act	Tier 4	QL
TRIKAFTA PAK 59.5MG QL (56 packs / 28 days)	Tier 5	QL NM PA	QL (2 inhalers / 30 days)		
TRIKAFTA PAK 75MG QL (56 packs / 28 days)	Tier 5	QL NM PA	ARNUNITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Tier 3	QL
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	Tier 5	QL NM PA	QL (30 inhalations / 30 days)		
TRIKAFTA TAB 100-50- 75MG & 150MG QL (84 tabs / 28 days)	Tier 5	QL NM PA	<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	Tier 4	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>					
XOLAIR SOAJ 75mg/0.5ml, Tier 5 300mg/2ml QL (4 pens / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	Tier 3	QL
XOLAIR SOAJ 150mg/ml QL (8 pens / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	Tier 3	QL
XOLAIR SOLR 150mg QL (8 vials / 28 days)	Tier 5	QL NM PA	ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	Tier 3	QL
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml QL (4 syringes / 28 days)	Tier 5	QL NM PA	AIRSUPRA AER 90-80MCG Tier 3 QL (3 inhalers / 30 days)		
XOLAIR SOSY 150mg/ml QL (8 syringes / 28 days)	Tier 5	QL NM PA	BREO ELLIPTA INH 50- 25MCG QL (60 blisters / 30 days)	Tier 3	QL
ZEMAIRA SOLR 1000mg, Tier 5 4000mg, 5000mg	NM PA		BREO ELLIPTA INH 100-25 Tier 3 QL (60 blisters / 30 days)		
<b>NASAL STEROIDS</b>			BREO ELLIPTA INH 200-25 Tier 3 QL (60 blisters / 30 days)		
<i>flunisolide (nasal)</i> SOLN .025% QL (3 bottles / 30 days)	Tier 3	QL	<i>breyna</i> QL (3 inhalers / 30 days)	Tier 3	QL
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act QL (1 bottle / 30 days)	Tier 2	QL	<i>budesonide-formoterol fumarate dihyd aerosol 80- 4.5 mcg/act</i> QL (3 inhalers / 30 days)	Tier 3	QL
XHANCE EXHU 93mcg/act QL (32 mL / 30 days)	Tier 4	QL PA	<i>budesonide-formoterol fumarate dihyd aerosol 160- 4.5 mcg/act</i> QL (3 inhalers / 30 days)	Tier 3	QL
<b>STEROID INHALANTS</b>					
ALVESCO AERS 80mcg/act QL (3 inhalers / 30 days)	Tier 4	QL			

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Limits</b>
DULERA AER 50-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	sulfacetamide sodium (acne) LOTN 10% QL (118 mL / 30 days)	Tier 4	QL
DULERA AER 100-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	tretinoin CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	Tier 4	QL PA
DULERA AER 200-5MCG QL (3 inhalers / 30 days)	Tier 4	QL	zenatane CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)</i>	Tier 3	QL	<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)</i>	Tier 3	QL	gentamicin sulfate (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	Tier 3	QL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act QL (60 inhalations / 30 days) (generic PRASCO not covered)</i>	Tier 3	QL	mupirocin OINT 2% QL (220 gm / 30 days)	Tier 2	QL
wixela inhba QL (60 inhalations / 30 days)	Tier 3	QL	silver sulfadiazine CREA 1% ssd CREA 1%	Tier 2	
<b>TOPICAL</b>			<b>DERMATOLOGY, ANTIFUNGALS</b>		
<b>DERMATOLOGY, ACNE</b>			ciclopirox olamine CREA .77% QL (90 gm / 30 days)	Tier 3	QL
accutane CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	ciclopirox olamine SUSP .77% QL (60 mL / 30 days)	Tier 3	QL
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	clotrimazole (topical) CREA 1% QL (45 gm / 30 days)	Tier 2	QL
claravis CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	clotrimazole (topical) SOLN 1% QL (60 mL / 30 days)	Tier 3	QL
clindamycin phosphate (topical) LOTN 1%; SOLN 1% QL (60 mL / 30 days)	Tier 3	QL	clotrimazole w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	Tier 3	QL
erythromycin (acne aid) SOLN 2% QL (60 mL / 30 days)	Tier 3	QL	ketoconazole (topical) CREA 2% QL (60 gm / 30 days)	Tier 3	QL
isotretinoin CAPS 10mg, 20mg, 30mg, 40mg	Tier 4	PA	ketoconazole (topical) SHAM 2% QL (120 mL / 30 days)	Tier 2	QL
			klayesta POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL
			nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	Tier 2	QL	<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	Tier 3	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL	<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	Tier 3	QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	Tier 3	QL	<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 4	QL
<i>selenium sulfide</i> LOTN 2.5%	Tier 2		<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	Tier 4	QL
<b>DERMATOLOGY, ANTIPSORIATICS</b>					
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	Tier 4	PA	<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	Tier 4	QL
<i>calcipotriene</i> SOLN .005% QL (120 mL / 30 days)	Tier 3	QL PA	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	Tier 4	QL
<i>ENSTILAR</i> AER QL (120 gm / 30 days)	Tier 4	QL PA	<i>fluocinolone acetonide</i> CREA .025% QL (120 gm / 30 days)	Tier 4	QL
<i>tazarotene</i> CREA .05%, .1% QL (60 gm / 30 days)	Tier 3	QL PA	<i>fluocinolone acetonide</i> .01% QL (118.28 mL / 30 days)	Tier 3	QL
TAZORAC CREA .05% QL (60 gm / 30 days)	Tier 4	QL PA	<i>fluocinolone acetonide</i> OIL Tier 3 QL (120 gm / 30 days)	Tier 3	QL
<b>DERMATOLOGY, CORTICOSTEROIDS</b>					
<i>ala-cort</i> CREA 1% Tier 2			<i>fluocinolone acetonide</i> OINT .025% QL (120 gm / 30 days)	Tier 3	QL
<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	Tier 3	QL	<i>fluocinolone acetonide</i> SOLN .01% QL (60 mL / 30 days)	Tier 4	QL
<i>betamethasone dipropionate</i> (topical) CREA .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	Tier 3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	Tier 4	QL
<i>betamethasone dipropionate</i> (topical) OINT .05% QL (120 gm / 30 days)	Tier 4	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> augmented CREA .05% QL (120 gm / 30 days)	Tier 3	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	Tier 3	QL
<i>betamethasone dipropionate</i> augmented GEL .05%; OINT .05% QL (120 gm / 30 days)	Tier 4	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	Tier 3	
<i>betamethasone dipropionate</i> augmented LOTN .05% QL (120 mL / 30 days)	Tier 4	QL	<i>halobetasol propionate</i> CREA .05%; OINT .05% QL (50 gm / 30 days)	Tier 4	QL

<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>	<b>Drug Name</b>	<b>Drug Requirements/ Tier</b>	<b>Requirements/ Limits</b>			
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	Tier 2		<i>fluorouracil (topical)</i> CREA 5% QL (40 gm / 30 days)	Tier 4	QL			
<i>hydrocortisone (topical)</i> OINT 1% QL (30 gm / 30 days)	Tier 2	QL	<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	Tier 3	QL			
<i>hydrocortisone valerate</i> CREA .2% QL (60 gm / 30 days)	Tier 3	QL	<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	Tier 3				
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	Tier 3		<i>imiquimod</i> CREA 5% QL (24 packets / 30 days)	Tier 3	QL			
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5% QL (454 gm / 30 days)	Tier 2	QL	<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	Tier 2				
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	Tier 3		<i>metronidazole (topical)</i> CREA .75%; GEL .75% QL (45 gm / 30 days)	Tier 3	QL			
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	Tier 2		<i>nitroglycerin (intra-anal)</i> OINT .4% QL (30 gm / 30 days)	Tier 4	QL			
<i>triderm</i> CREA .5% QL (454 gm / 30 days)	Tier 2	QL	<i>PANRETIN</i> GEL .1% QL (60 gm / 30 days)	Tier 5	QL PA			
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>								
<i>glydo</i> PRSY 2% QL (60 mL / 30 days)	Tier 3	QL PA	<i>pimecrolimus</i> CREA 1% QL (100 gm / 30 days)	Tier 4	QL PA			
<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	Tier 4	QL PA	<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	Tier 3	QL			
<i>lidocaine</i> PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>procto-med hc</i> CREA 2.5% QL (30 gm / 30 days)	Tier 3				
<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	Tier 3	QL PA	<i>proctocort</i> CREA 1% QL (30 gm / 30 days)	Tier 3				
<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	Tier 2	B/D QL	<i>proctosol hc</i> CREA 2.5% QL (30 gm / 30 days)	Tier 3				
<i>lidocan</i> PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>proctozone-hc</i> CREA 2.5% QL (30 gm / 30 days)	Tier 3				
<i>tridacaine ii</i> PTCH 5% QL (3 patches / 1 day)	Tier 4	QL PA	<i>tacrolimus (topical)</i> OINT .03%, .1% QL (100 gm / 30 days)	Tier 4	QL PA			
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>								
<i>bexarotene (topical)</i> GEL 1% QL (60 gm / 30 days)	Tier 5	QL NM PA	<i>VALCHLOR</i> GEL .016% QL (60 gm / 30 days)	Tier 5	QL NM PA			
<i>diclofenac sodium (topical)</i> SOLN 1.5% QL (300 mL / 28 days)	Tier 3	QL	<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>					
			<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	Tier 4	QL			
			<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	Tier 3	QL			
<b>DERMATOLOGY, WOUND CARE AGENTS</b>								
			<i>REGRANEX</i> GEL .01% QL (30 gm / 30 days)	Tier 5	QL PA			
			<i>SANTYL</i> OINT 250unit/gm QL (180 gm / 30 days)	Tier 4	QL			
			<i>sodium chloride (gu irrigant)</i> SOLN .9% QL (30 gm / 30 days)	Tier 3				

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

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<i>bosentan</i> .....20	<i>buprenorphine hcl-</i>	<i>carbidopa-levodopa-</i>
<b>BOSULIF</b> .....10	<i>naloxone hcl sl tab 2-0.5</i>	<i>entacapone tabs 25-100-</i>
<b>BRAFTOVI</b> .....10	<i>mg (base equiv) .....32</i>	<i>200 mg</i> ..... 22

<i>carbidopa-levodopa-</i>	<b>CEQUR SIMPL MIS</b>	<i>clomipramine hcl</i> .....21
<i>entacapone tabs 31.25-</i>	<b>INSERTER</b> .....	<i>clonazepam</i> .....25
<i>125-200 mg</i> .....22	<b>CERDELGA</b> .....39	<i>clonidine</i> .....19
<i>carbidopa-levodopa-</i>	<i>cetirizine hcl</i> .....51	<i>clonidine hcl</i> .....19
<i>entacapone tabs 37.5-</i>	<i>chateal eq</i> .....36	<i>clopidogrel bisulfate</i> .....44
<i>150-200 mg</i> .....22	<b>CHEMET</b> .....36	<i>clorazepate dipotassium</i> .26
<i>carbidopa-levodopa-</i>	<i>chlorhexidine gluconate</i>	<i>clotrimazole</i> .....57
<i>entacapone tabs 50-200-</i>	<i>(mouth-throat)</i> .....57	<i>clotrimazole (topical)</i> .....54
<i>200 mg</i> .....23	<i>chloroquine phosphate</i> ....4	<i>clotrimazole w/</i>
<i>carglumic acid</i> .....39	<i>chlorpromazine hcl</i> .....23	<i>betamethasone cream 1-</i>
<i>carteolol hcl (ophth)</i> .....50	<i>chlorthalidone</i> .....19	<i>0.05%</i> .....54
<i>cartia xt</i> .....18	<i>cholestyramine</i> .....18	<i>clozapine</i> .....23
<i>carvedilol</i> .....18	<i>cholestyramine light</i> .....18	<b>COARTEM TAB 20-120MG</b>
<i>caspofungin acetate</i> .....4	<i>ciclopirox olamine</i> .....54	.....4
<i>CAYSTON</i> .....2	<i>cilostazol</i> .....43	<b>COBENFY CAP 100-20MG</b>
<i>cefaclor</i> .....6	<i>CILOXAN</i> .....49	.....23
<i>cefadroxil</i> .....6	<i>CIMDUO TAB 300-300</i> ....5	<b>COBENFY CAP 125-30MG</b>
<i>CEFAZOLIN</i> .....6	<i>cinacalcet hcl</i> .....39	.....23
<i>CEFAZOLIN INJ</i>	<i>ciprofloxacin 200 mg/100ml</i>	<b>COBENFY CAP 50-20MG</b>
<i>1GM/50ML</i> .....6	<i>in d5w</i> .....7	.....23
<i>cefazolin sodium</i> .....6	<i>ciprofloxacin 400 mg/200ml</i>	<b>COBENFY STRT CAP</b>
<i>CEFAZOLIN SOLN</i>	<i>in d5w</i> .....7	<i>PACK</i> .....24
<i>2GM/100ML-4%</i> .....6	<i>ciprofloxacin hcl</i> .....7	<i>colchicine</i> .....1
<i>CEFAZOLIN/DEX SOL</i>	<i>ciprofloxacin hcl (ophth)</i> ..49	<i>colchicine w/ probenecid</i>
<i>1GM/50ML-4%</i> .....6	<i>ciprofloxacin-</i>	<i>tab 0.5-500 mg</i> .....1
<i>CEFAZOLIN/DEX SOL</i>	<i>dexamethasone otic susp</i>	<i>colestipol hcl</i> .....18
<i>2GM/50ML-3%</i> .....6	<i>0.3-0.1%</i> .....50	<i>colistimethate sodium</i> .....2
<i>CEFAZOLIN/DEX SOL</i>	<i>citalopram hydrobromide</i> 21	<b>COMBIGAN SOL 0.2/0.5%</b>
<i>3GM/150ML-4%</i> .....6	<i>claravis</i> .....54	.....50
<i>CEFAZOLIN/DEX SOL</i>	<i>clarithromycin</i> .....7	<b>COMBIVENT AER 20-100</b>
<i>3GM/50ML-2%</i> .....6	<i>clindamycin hcl</i> .....2	.....51
<i>cefdinir</i> .....6, 7	<i>clindamycin phosphate</i> ....2	<b>COMETRIQ (60MG DOSE)</b>
<i>cefpime hcl</i> .....7	<i>clindamycin phosphate</i>	.....10
<i>cefixime</i> .....7	<i>(topical)</i> .....54	<b>COMETRIQ KIT 100MG</b> .10
<i>cefoxitin sodium</i> .....7	<i>clindamycin phosphate</i>	<b>COMETRIQ KIT 140MG</b> .10
<i>cefpodoxime proxetil</i> .....7	<i>vaginal</i> .....42	<b>COMPLERA TAB</b> .....5
<i>cefprozil</i> .....7	<i>CLINIMIX INJ 4.25/D10</i> ..49	<i>compro</i> .....40
<i>ceftazidime</i> .....7	<i>CLINIMIX INJ 4.25/D5W</i> .49	<i>constulose</i> .....41
<i>ceftriaxone sodium</i> .....7	<i>CLINIMIX INJ 5%/D15W</i> .49	<b>COPAXONE</b> .....31
<i>cefuroxime axetil</i> .....7	<i>CLINIMIX INJ 5%/D20W</i> .49	<b>COPIKTRA</b> .....10
<i>cefuroxime sodium</i> .....7	<i>CLINIMIX INJ 6/5</i> .....49	<b>CORLANOR</b> .....19
<i>celecoxib</i> .....1	<i>CLINIMIX INJ 8/10</i> .....49	<b>COSENTYX</b> .....44
<i>cephalexin</i> .....7	<i>CLINIMIX INJ 8/14</i> .....49	<b>COSENTYX</b>
<i>CEQUR SIMPL KIT PATCH</i>	<i>clinisol sf 15%</i> .....49	<i>SENSOREADY PEN</i> ...44
<i>2U (3-DAY)</i> .....34	<i>CLINOLIPID EMU 20%</i> ...49	<b>COSENTYX UNREADY</b>
<i>CEQUR SIMPL KIT PATCH</i>	<i>clobazam</i> .....25	.....44
<i>2U (4-DAY)</i> .....34	<i>clobetasol propionate</i> ....55	<b>COTELLIC</b> .....10
	<i>clobetasol propionate e</i> ...55	<b>CREON CAP 12000UNT</b> 41

CREON CAP 24000UNT	41	DESCOVY TAB 200/25MG	.....	5	dicloxacillin sodium .....	8
CREON CAP 3000UNIT	.41	desipramine hcl.....	21	dicyclomine hcl .....	40	
CREON CAP 36000UNT	41	desmopressin acetate....	39	DIFICID.....	7	
CREON CAP 6000UNIT	.41	desmopressin acetate		digoxin .....	19	
cromolyn sodium.....	52	spray .....	39	dihydroergotamine		
cromolyn sodium (mastocytosis).....	41	desmopressin acetate		mesylate.....	30	
cromolyn sodium (ophth)	50	spray refrigerated.....	39	DILANTIN .....	26	
cryselle-28 .....	36	desogest-eth estrad & eth		diltiazem hcl.....	18, 19	
cyclobenzaprine hcl .....	31	estrad tab 0.15-0.02/0.01		diltiazem hcl coated beads		
cyclophosphamide.....	8	mg(21/5).....	36	.....	19	
CYCLOPHOSPHAMIDE .....	8	desvenlafaxine succinate	21	diltiazem hcl extended		
cycloserine.....	5	dexamethasone .....	38	release beads.....	19	
cyclosporine.....	46	dexamethasone sodium		dilt-xr.....	18	
cyclosporine modified (for		phosphate .....	38	DIP/TET PED INJ 25-5LFU		
microemulsion).....	46	dexamethasone sodium		.....	47	
cyproheptadine hcl.....	51	phosphate (ophth) .....	49	diphenhydramine hcl.....	51	
cyred eq.....	36	dexamethylphenidate hcl .....	29	diphenoxylate w/ atropine		
CYSTADROPS .....	50	dextrose .....	49	tab 2.5-0.025 mg .....	41	
CYSTAGON .....	39	dextrose 10% w/ sodium		dipyridamole .....	44	
CYSTARAN .....	50	chloride 0.45% .....	48	disopyramide phosphate.	17	
<b>D</b>		dextrose 2.5% w/ sodium		disulfiram .....	32	
D10W/NACL INJ 0.2%....	47	chloride 0.45% .....	47	divalproex sodium.....	26	
D2.5W/NACL INJ 0.45%.	47	dextrose 5% in lactated		dofetilide .....	17	
dabigatran etexilate		ringers .....	47	donepezil hydrochloride..	20	
mesylate.....	42	dextrose 5% w/ sodium		DOPTELET .....	43	
dalfampridine .....	31	chloride 0.2% .....	48	dorzolamide hcl.....	50	
danazol .....	32	dextrose 5% w/ sodium		dorzolamide hcl-timolol		
DANZITEN.....	10	chloride 0.3% .....	48	maleate ophth soln 2-		
dapsone.....	3	dextrose 5% w/ sodium		0.5%.....	50	
DAPTACEL INJ .....	47	chloride 0.45% .....	48	dotti.....	38	
daptomycin .....	3	dextrose 5% w/ sodium		DOVATO TAB 50-300MG.5		
DAPTO MYCIN.....	3	chloride 0.9% .....	48	doxazosin mesylate .....	16	
darunavir.....	4	DIACOMIT .....	26	doxepin hcl.....	21	
dasatinib .....	10	diazepam .....	26	doxepin hcl (sleep).....	29	
dasetta 1/35.....	36	diazepam (anticonvulsant)		doxy 100 .....	8	
dasetta 7/7/7.....	36	.....	26	doxycycline (monohydrate)		
DAURISMO .....	10	diazepam inj .....	26	.....	8	
DAYVIGO .....	29	diazepam intensol.....	26	doxycycline hyclate.....	8	
deblitane .....	36	diazoxide .....	39	DRIZALMA SPRINKLE .....	21	
deferasirox.....	36	diclofenac potassium .....	1	dronabinol .....	40	
DELSTRIGO TAB .....	5	diclofenac sodium.....	1	drospirenone-ethinyl		
DENGVAXIA SUS .....	47	diclofenac sodium (ophth)		estradiol tab 3-0.02 mg	36	
DEPO-SUBQ PROVERA		.....	49	drospirenone-ethinyl		
104 .....	36	diclofenac sodium (topical)		estradiol tab 3-0.03 mg	36	
depo-testosterone.....	32	.....	56	droxidopa .....	19	
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.....	5			.....	54	

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DULERA AER 50-5MCG .....	54	erythromycin (acne aid) .....	54
duloxetine hcl.....	21	erythromycin (ophth) .....	49
DUPIXENT .....	44	erythromycin base .....	7
dutasteride.....	42	erythromycin lactobionate .....	7
<b>E</b>		escitalopram oxalate .....	21
EDURANT .....	4	estarrylla .....	36
efavirenz .....	4	estradiol .....	38
efavirenz-emtricitabine-		estradiol & norethindrone	
tenofovir df tab 600-200-		acetate tab 0.5-0.1 mg ..	38
300 mg .....	5	estradiol & norethindrone	
efavirenz-lamivudine-		acetate tab 1-0.5 mg ..	38
tenofovir df tab 400-300-		estradiol vaginal .....	38
300 mg .....	5	estradiol valerate .....	38
efavirenz-lamivudine-		ethambutol hcl .....	5
tenofovir df tab 600-300-		ethosuximide .....	26
300 mg .....	5	ethynodiol diacetate &	
ELIGARD .....	9	ethinyl estradiol tab 1	
elinest .....	36	mg-35 mcg .....	36
ELIQUIS .....	43	ethynodiol diacetate &	
ELIQUIS STARTER PACK .....	43	ethinyl estradiol tab 1	
eluryng .....	36	mg-50 mcg .....	36
EMGALITY .....	30	etongestrel-ethinyl	
EMSAM .....	21	estradiol va ring 0.12-	
emtricitabine .....	4	0.015 mg/24hr .....	36
emtricitabine-tenofovir		etravirine .....	4
disoproxil fumarate tab		EULEXIN .....	9
100-150 mg .....	5	euthyrox .....	40
emtricitabine-tenofovir		everolimus .....	11
disoproxil fumarate tab		everolimus	
133-200 mg .....	5	(immunosuppressant) ..	46
emtricitabine-tenofovir		EVOTAZ TAB 300-150 .....	5
disoproxil fumarate tab		exemestane .....	9
167-250 mg .....	5	EYSUVIS .....	50
emtricitabine-tenofovir		ezetimibe .....	18
disoproxil fumarate tab		<b>F</b>	
200-300 mg .....	5	falmina .....	36
EMTRIVA .....	4	famotidine .....	41
EMVERM .....	3	famotidine in nacl 0.9% iv	
emzahh.....	36	soln 20 mg/50ml .....	41
enalapril maleate .....	16	FANAPT .....	24
enalapril maleate &		FANAPT PAK .....	24
hydrochlorothiazide tab		FARXIGA .....	32
10-25 mg .....	15	FASENRA .....	52
		FASENRA PEN .....	52
		feirza 1.5/30 .....	36
		feirza 1/20 .....	36

<i>felbamate</i> .....26	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....54	<i>GEMTESA</i> .....42
<i>felodipine</i> .....19	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....54	<i>generlac</i> .....41
<i>fenofibrate</i> .....17	<i>fluvoxamine maleate</i> .....20	<i>gengraf</i> .....46
<i>fenofibrate micronized</i> ....17	<i>fondaparinux sodium</i> .....43	<i>GENOTROPIN</i> .....39
<i>fentanyl</i> .....1	<i>fosamprenavir calcium</i> .....4	<i>GENOTROPIN MINIQUICK</i> .....39
<i>FETZIMA</i> .....21	<i>fosinopril sodium</i> .....16	<i>gentamicin in saline inj 0.8 mg/ml</i> .....3
<i>FETZIMA CAP TITRATIO</i> .....21	<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....15	<i>gentamicin in saline inj 2 mg/ml</i> .....3
<i>FIASP</i> .....34	<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....15	<i>gentamicin sulfate</i> .....3
<i>FIASP FLEXTOUCH</i> .....34	<i>FOTIVDA</i> .....11	<i>gentamicin sulfate (ophth)</i> .....49
<i>FIASP PENFILL</i> .....34	<i>FRUZAQLA</i> .....11	<i>gentamicin sulfate (topical)</i> .....54
<i>FIASP PUMPCART</i> .....34	<i>FULPHILA</i> .....43	<i>GENVOYA TAB</i> .....5
<i>finasteride</i> .....42	<i>furosemide</i> .....19	<i>GILOTrif</i> .....11
<i> fingolimod hcl</i> .....31	<i>furosemide inj</i> .....19	<i>glatiramer acetate</i> .....31
<i>FINTEPLA</i> .....26	<i>FUZEON</i> .....4	<i>glatopa</i> .....31
<i>FIRMAGON</i> .....9	<i>fyavolv tab 0.5mg-2.5mcg</i> .....38	<i>GLEOSTINE</i> .....8
<i>flac</i> .....50	<i>fyavolv tab 1mg-5mcg</i> .....38	<i>glimepiride</i> .....32
<i>FLAREX</i> .....49	<i>FYCOMPA</i> .....26	<i>glipizide</i> .....32
<i>FLEBOGAMMA DIF</i> .....46	<b>G</b>	<i>glipizide xl</i> .....32
<i>flecainide acetate</i> .....17	<i> gabapentin</i> .....26	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....32
<i>fluconazole</i> .....4	<i> galantamine hydrobromide</i> .....20	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....32
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	<i> gallifrey</i> .....39	<i>glipizide-metformin hcl tab 5-500 mg</i> .....32
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	<i> GAMASTAN INJ</i> .....46	<i>glycopyrrolate</i> .....40, 41
<i>flucytosine</i> .....4	<i> GAMMAGARD LIQUID</i> ..46	<i>glydo</i> .....56
<i>fludrocortisone acetate</i> ..38	<i> GAMMAGARD S/D IGA LESS TH</i> .....46	<i>GLYXAMBI TAB 10-5 MG</i> .....32
<i>flunisolide (nasal)</i> .....53	<i> GAMMAKED</i> .....46	<i>GLYXAMBI TAB 25-5 MG</i> .....32
<i>fluocinolone acetonide</i> ....55	<i> GAMMAPLEX</i> .....46	<i>GOMEKLI</i> .....11
<i>fluocinolone acetonide (otic)</i> .....50	<i> GAMUNEX-C</i> .....46	<i>griseofulvin microsize</i> ....4
<i>fluocinonide</i> .....55	<i> ganciclovir sodium</i> .....6	<i>griseofulvin ultramicrosize</i> 4
<i>fluocinonide emulsified base</i> .....	<i> GARDASIL 9</i> .....47	<i>guanfacine hcl</i> .....20
<i>fluorometholone (ophth)</i> ..49	<i> GATTEX</i> .....41	<i>guanfacine hcl (adhd)</i> ....29
<i>fluorouracil (topical)</i> .....56	<i> GAUZE PADS 2</i> .....34	<b>H</b>
<i>fluoxetine hcl</i> .....21	<i> gavilyte-c</i> .....41	<i>HAEGARDA</i> .....43
<i>fluphenazine decanoate</i> ..24	<i> gavilyte-g</i> .....41	<i>hailey 1.5/30</i> .....36
<i>fluphenazine hcl</i> .....24	<i> gavilyte-n/flavor pack</i> .....41	<i>halobetasol propionate</i> ...55
<i>flurbiprofen</i> .....1	<i> GAVRETO</i> .....11	<i>haloette</i> .....36
<i>flurbiprofen sodium</i> .....	<i> gefitinib</i> .....11	<i>haloperidol</i> .....24
<i>fluticasone propionate</i> ....55	<i> gemfibrozil</i> .....17	<i>haloperidol decanoate</i> ....24
<i>fluticasone propionate (nasal)</i> .....53		<i>haloperidol lactate</i> .....24
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....		

HARVONI PAK 33.75-	<i>hydrocortisone sod succinate</i>	INSULIN PEN NEEDLES:
150MG .....	.....38	BD-EMBECTA.....34
HARVONI PAK 45-200MG	<i>hydrocortisone valerate</i>	INSULIN SAFETY
.....6	.....56	NEEDLES: BD-
HARVONI TAB 45-200MG6	<i>hydromorphone hcl</i>	EMBECTA.....34
HARVONI TAB 90-400MG6	.....2	INSULIN SYRINGES: BD-
HAVRIX .....	<i>hydroxychloroquine sulfate</i>	EMBECTA.....34
heather .....	.....46	INTELENCE.....4
HEP SOD/NACL INJ	<i>hydroxyurea</i>	INTRALIPID .....
25000UNT.....43	.....10	49
<i>heparin sodium (porcine)</i>	<i>hydroxyzine hcl</i>	<i>introvale</i> .....36
43	.....51	INVEGA HAFYERA .....
HEPLISAV-B .....	<i>hydroxyzine pamoate</i>	INVEGA SUSTENNA.....24
47	.....51	INVEGA TRINZA .....
HIBERIX .....	I	IPOL INJ INACTIVE .....
47	<i>ibandronate sodium</i>	47
HUMIRA .....	.....35	<i>ipratropium bromide</i> .....51
44	IBRANCE.....11	<i>ipratropium bromide (nasal)</i>
HUMIRA PEN .....	<i>ibu</i>	.....51
44	.....1	<i>ipratropium-albuterol nebu</i>
HUMIRA PEN KIT PS/UV	<i>ibuprofen</i>	soln 0.5-2.5(3) mg/3ml/51
.....44	.....1	irbesartan.....17
HUMIRA PEN-CD/UC/HS	<i>icatibant acetate</i>	irbesartan-
START .....	.....43	<i>hydrochlorothiazide tab</i>
HUMIRA PEN-PEDIATRIC	<i>iclevia</i>	150-12.5 mg.....16
UC S .....	.....36	irbesartan-
HUMULIN R U-500	<i>ICLUSIG</i>	<i>hydrochlorothiazide tab</i>
(CONCENTR.....34	.....11	300-12.5 mg.....16
HUMULIN R U-500	IDACIO (2 PEN).....45	ISENTRESS .....
KWIKPEN .....	IDACIO (2 SYRINGE).....45	ISENTRESS HD .....
34	IDACIO CROHN INJ	isibloom .....
hydralazine hcl.....20	DISEASE .....	ISOLYTE-P INJ /D5W....48
hydrochlorothiazide.....19	IDACIO PLAQU INJ	ISOLYTE-S INJ PH 7.4...48
hydrocodone bitartrate.....1	PSORIASIS.....45	isoniazid.....5
hydrocodone-	IDHIFA.....11	isosorbide dinitrate.....20
acetaminophen soln 7.5-	<i>imatinib mesylate</i>	isosorbide mononitrate ...20
325 mg/15ml .....	.....11	isotretinoin .....
hydrocodone-	IMBRUVICA.....11	54
acetaminophen tab 10-	<i>imipenem-cilastatin</i>	ITOVEBI .....
325 mg .....	intravenous for soln 250	11
hydrocodone-	mg .....	<i>itraconazole</i> .....
acetaminophen tab 5-325	.....3	4
mg .....	<i>imipramine hcl</i>	ivabradine hcl.....20
hydrocodone-	.....21	ivermectin .....
acetaminophen tab 7.5-	<i>imiquimod</i>	3
325 mg .....	.....56	IWILFIN .....
hydrocodone-ibuprofen tab	IMKELDI .....	10
7.5-200 mg.....2	IMOVAZ RABIES	IXCHIQ INJ .....
hydrocortisone .....	(H.D.C.V.).....47	47
38	IMPAVIDO .....	IXIARO INJ .....
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.....41	<i>incassia</i>	J
hydrocortisone (rectal)....56	.....36	JAKAFI .....
hydrocortisone (topical) ..56	INCRELEX.....39	11
	INCRUSE ELLIPTA .....	jantoven .....
	51	43
	<i>indapamide</i>	JANUMET TAB 50-1000..33
	.....19	JANUMET TAB 50-500MG
	INFANRIX INJ.....47	.....33
	INLYTA .....	
	INQOVI TAB 35-100MG ...8	
	INREBIC .....	
	11	

JANUMET XR TAB 100-	
1000 .....	33
JANUMET XR TAB 50-	
1000 .....	33
JANUMET XR TAB 50-	
500MG .....	33
JANUVIA .....	33
JARDIANCE .....	33
jasmiel .....	36
javygtor .....	39
JAYPIRCA .....	11
JENTADUETO TAB 2.5-	
1000 .....	33
JENTADUETO TAB 2.5-	
500 .....	33
JENTADUETO TAB 2.5-	
850 .....	33
JENTADUETO TAB XR	
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JENTADUETO TAB XR 5-	
1000MG .....	33
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proparacaine hcl .....	50	REZUROCK.....	47
propranolol hcl .....	18	RHOPRESSA .....	50
propylthiouracil.....	40	ribavirin (hepatitis c).....	6
PROQUAD INJ .....	47	rifabutin.....	6
PROSOL INJ 20% .....	49	rifampin.....	6
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PURIXAN.....	9	RINVOQ .....	45
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		rizatriptan benzoate .....	30
		ROCKLATAN DRO .....	50
		roflumilast .....	52
		ROMVIMZA .....	13
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		sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln ..	48
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80 mg/5ml .....	3	tadalafil (pulmonary	
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VOSEVI TAB .....	6	XPOVIO PAK (40 MG TWICE WEEKLY) .....	15	ziprasidone hcl.....	25
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P.O. Box 30011, Pittsburgh, PA 15222-0330

This formulary was updated on 7/1/2025. For more recent information or other questions, please contact Blue MedicareRx Value Plus, at:

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