



2025 Comprehensive Formulary

(List of Covered Drugs)



Commercial

Effective 1/1/2025

PHM-24-72905/CS/TZ/12-24



SummaCare/Apex Medication Request Form
Commercial/Marketplace/MEWA
Attn: Prior Authorization Department
Fax: 858-790-7100

☐ **REQUEST FOR EXPEDITED (URGENT) REVIEW:** BY CHECKING THIS BOX, I CERTIFY THAT APPLYING THE STANDARD REVIEW TIME FRAME MAY SERIOUSLY JEOPARDIZE THE LIFE OR HEALTH OF THE MEMBER OR THE MEMBER'S ABILITY TO REGAIN MAXIMUM FUNCTION

Date: _____

Time MRF was taken: _____

Physician Signature: _____

Physician Cell Phone #: _____

Medication Request Information (please complete each section of this form prior to transmittal): *Denotes Required Fields

Status			
Patient did not meet Guideline # for the following reason:			
PATIENT INFORMATION		PHYSICIAN INFORMATION	
*Name:		*Name:	
*ID#:		*Specialty:	
*Date of Birth:		*ID# / DEA#:	
*HQ:		*Phone: () -	*Fax: () -
Diagnosis (ICD-10 Code, if known):			
PHARMACY INFORMATION (If provided)			
*Pharmacy Name:		*Phone: () -	*Fax: () -
REQUESTED DRUG INFORMATION			
*Requested Drug:			
*Dose:		*Strength:	
*Quantity: (per month)	*Dosage Form: (Oral, Injection, etc)		*Length of Treatment: (Please be specific.)
Comments			
Reason for Medication Request (Please be specific, give detail.): Other Medications Tried and/or Failed including OTC (Please be specific, give detail. Chart notes preferred): Other Pertinent History (Relative or pertaining to this request.):			

****Note:** Specialty Vendor for SUM01, 02, 06, 07, 11, 16, 17 is AcariaHealth: 833-626-8417

Specialty Vendor for SUM14, SUM15 is SummaHealth Specialty Pharmacy: 888-874-8134

Effective: 11/2022

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Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution</i> <i>120-12 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet</i> <i>300-60 mg</i>	1	QL (180 per 30 days)
<i>belladonna alkaloids-opium rectal</i> <i>suppository 16.2-30 mg, 16.2-60 mg</i>	2	
<i>buprenorphine hcl buccal film 150 mcg, 300 mcg, 450 mcg, 600 mcg, 75 mcg, 750 mcg, 900 mcg</i> (Belbuca)	2	QL (60 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	2	QL (4 per 28 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> (Fioricet with Codeine)	2	QL (180 per 30 days)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	1	QL (180 per 30 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> (Fioricet)	2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	1	QL (360 per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (180 per 30 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> (Ascomp with Codeine)	2	QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (oxycodone-acetaminophen)	1	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	PA; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (Hysingla ER)	2	QL (30 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	2	PA; QL (30 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	2	PA; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine injection cartridge 10 mg/ml</i>	1	
<i>meperidine oral solution 50 mg/5 ml</i>	1	QL (900 per 30 days)
<i>meperidine oral tablet 50 mg</i>	1	QL (180 per 30 days)
<i>methadone oral concentrate 10 mg/ml</i> (Methadone Intensol)	1	QL (120 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	QL (240 per 30 days)
<i>methadone oral tablet, soluble 40 mg</i> (Methadose)	1	QL (30 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (methadone)	1	QL (30 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	2	QL (60 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	QL (30 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
MORPHINE ORAL TABLET 15 MG, 30 MG	2	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	2	QL (90 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	ST; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	QL (180 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	2	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> (OxyContin)	2	QL (60 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i> (OxyContin)	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	1	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	
<i>tencon oral tablet 50-325 mg</i> (butalbital-acetaminophen)	1	
<i>tramadol oral capsule,er biphasic 24 hr 25-75 150 mg</i>	2	QL (30 per 30 days)
<i>tramadol oral tablet 100 mg</i>	2	
<i>tramadol oral tablet 25 mg</i>	1	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (30 per 30 days)
<i>tramadol oral tablet, er multiphasic 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (330 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (butalbital-acetaminophen-caff)	2	
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 50 mg</i> (Celebrex)	2	PA; QL (60 per 30 days)
<i>celecoxib oral capsule 200 mg, 400 mg</i> (Celebrex)	2	PA; QL (30 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	2	
<i>diclofenac potassium oral tablet 25 mg</i> (Lofena)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 per 1 day)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i> (naproxen)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i> (ibuprofen)	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketoprofen oral capsule 25 mg</i> (Kiprofen)	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	2	
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>kiprofen oral capsule 25 mg</i> (ketoprofen)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i> (EC-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	2	
<i>piroxicam oral capsule 10 mg</i>	2	
<i>piroxicam oral capsule 20 mg</i> (Feldene)	2	
<i>salsalate oral tablet 500 mg, 750 mg</i> (Disalcid)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	2	
<i>tolmetin oral tablet 200 mg</i>	2	
<i>tolmetin oral tablet 600 mg</i> (Tolectin 600)	2	
Anesthetics		
Local Anesthetics		
<i>ana-lex kit rectal kit 2-2 %</i>	2	
<i>glydo mucous membrane jelly in applicator 2 %</i> (lidocaine hcl)	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-1 % (7 gram)</i>	2	
<i>lidocaine viscous mucous membrane solution 2 %</i> (lidocaine hcl)	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	2	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sublingual tablet</i> 2 mg, 8 mg	1	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 12-3 mg, 8-2 mg (Suboxone)	2	PA; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film</i> 2-0.5 mg, 4-1 mg (Suboxone)	2	PA; QL (30 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg, 8-2 mg	2	PA; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release</i> 12 hr 150 mg	1	QL (60 per 30 days)
<i>disulfiram oral tablet</i> 250 mg, 500 mg	1	
<i>naloxone injection solution</i> 0.4 mg/ml	2	
<i>naloxone injection syringe</i> 0.4 mg/ml	2	
<i>naloxone injection syringe</i> 1 mg/ml	2	
<i>naloxone nasal spray,non-aerosol</i> 4 mg/actuation (Narcan)	2	QL (4 per 30 days)
<i>naltrexone oral tablet</i> 50 mg	1	
NICOTROL INHALATION CARTRIDGE 10 MG	0	QL (336 per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	QL (50 per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	3	QL (4 per 30 days)
<i>varenicline oral tablet</i> 0.5 mg	0	QL (672 per 365 days)
<i>varenicline oral tablet</i> 1 mg (Chantix)	0	QL (336 per 365 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	2	
<i>alprazolam oral tablet</i> 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i> (diazepam)	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>quazepam oral tablet 15 mg</i> (Doral)	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	1	
<i>triazolam oral tablet 0.125 mg</i>	1	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	1	
Antibacterials		
Aminoglycosides		
<i>neomycin oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	2	PA; *May have Specialty Costshare
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> (Bethkis)	2	PA; *May have Specialty Costshare
Antibacterials, Miscellaneous		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> (clindamycin palmitate hcl)	1	
<i>fosfomycin tromethamine oral packet 3 gram</i>	2	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i> (methen-sod phos-meth blue-hyos)	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	2	QL (56 per 30 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	2	QL (112 per 30 days)
<i>vancomycin oral recon soln 25 mg/ml</i> (Firvanq)	2	QL (280 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i> (Firvanq)	2	QL (600 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
Macrolides		
<i>azithromycin oral packet 1 gram (Zithromax)</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; *May have Specialty Costshare; QL (300 per 30 days)
DIFICID ORAL TABLET 200 MG	3	PA; QL (20 per 30 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (erythromycin ethylsuccinate)	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i> (erythromycin)	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 500 mg</i> (erythromycin)	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i> (erythromycin stearate)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i> (Ery-Tab)	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 333 mg</i> (Ery-Tab)	2	

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous B-Lactam Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	3	PA; *May have Specialty Costshare; QL (84 per 56 days)
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200- 28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250- 62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600- 42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000- 62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
Quinolones		
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i> (sulfamethoxazole-trimethoprim)	2	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>doxycycline hyclate oral capsule 50 mg</i> (Morgidox)	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 100 mg</i>	1	QL (60 per 30 days)
<i>doxycycline hyclate oral tablet 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxine NL)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>mondoxylene oral capsule 100 mg, 75 mg</i> (doxycycline monohydrate)	2	QL (60 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN (CALCIUM) ORAL SYRUP 50 MG/5 ML	2	
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i> (Zytiga)	2	PA; *May have Specialty Costshare; QL (90 per 30 days)
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	3	PA; *May have Specialty Costshare
ALECENSA ORAL CAPSULE 150 MG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	QL (30 per 30 days)
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	3	PA; *May have Specialty Costshare
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>bexarotene oral capsule 75 mg</i> (Targretin)	2	PA; *May have Specialty Costshare; QL (420 per 30 days)
<i>bexarotene topical gel 1 %</i> (Targretin)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	PA
BOSULIF ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 50 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	3	PA; *May have Specialty Costshare
CABOMETYX ORAL TABLET 20 MG, 60 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>capecitabine oral tablet 150 mg</i> (Xeloda)	2	PA; *May have Specialty Costshare; QL (28 per 21 days)
<i>capecitabine oral tablet 500 mg</i> (Xeloda)	2	PA; *May have Specialty Costshare; QL (112 per 21 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	3	PA; *May have Specialty Costshare; QL (112 per 28 days)
<i>cyclophosphamide oral tablet 25 mg, 50 mg</i>	2	PA; *May have Specialty Costshare
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i> (Sprycel)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i> (Sprycel)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
DAURISMO ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE 150 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg</i> (Tarceva)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>erlotinib oral tablet 150 mg</i>	2	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>etoposide oral capsule 50 mg</i>	1	PA
<i>everolimus (antineoplastic) oral tablet 10 mg</i> (Torpenz)	2	PA; *May have Specialty Costshare
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg</i> (Torpenz)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 7.5 mg</i> (Torpenz)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> (Afinitor Disperz)	2	PA; *May have Specialty Costshare
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	PA; QL (30 per 30 days)
<i>flutamide oral capsule 125 mg</i> (Eulexin)	1	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	3	PA; *May have Specialty Costshare
<i>gefitinib oral tablet 250 mg</i> (Iressa)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; *May have Specialty Costshare; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; *May have Specialty Costshare; QL (21 per 28 days)
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
INREBIC ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG, 9 MG	3	PA; *May have Specialty Costshare
IWILFIN ORAL TABLET 192 MG	3	PA; *May have Specialty Costshare
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2)	2	PA; *May have Specialty Costshare
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	2	PA; *May have Specialty Costshare; QL (63 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lapatinib oral tablet 250 mg</i> (Tykerb)	2	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> (Revlimid)	2	PA; *May have Specialty Costshare; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	3	PA; *May have Specialty Costshare
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	PA; *May have Specialty Costshare
LONSURF ORAL TABLET 15-6.14 MG	3	PA; *May have Specialty Costshare; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	3	PA; *May have Specialty Costshare; QL (80 per 28 days)
LORBRENA ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	3	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	PA; *May have Specialty Costshare
MATULANE ORAL CAPSULE 50 MG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>melphalan oral tablet 2 mg</i> (Alkeran)	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	3	*May have Specialty Costshare
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	2	*May have Specialty Costshare; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; *May have Specialty Costshare
<i>pazopanib oral tablet 200 mg</i> (Votrient)	2	PA; *May have Specialty Costshare; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	3	PA; *May have Specialty Costshare; QL (21 per 28 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	
<i>sorafenib oral tablet 200 mg</i> (Nexavar)	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG (dasatinib)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG (dasatinib)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
STIVARGA ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Sutent)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
TABLOID ORAL TABLET 40 MG (thioguanine)	3	*May have Specialty Costshare
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	0	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	2	PA; *May have Specialty Costshare
TIBSOVO ORAL TABLET 250 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>toremifene oral tablet 60 mg</i> (Fareston)	2	PA; *May have Specialty Costshare
<i>torpenz oral tablet 10 mg</i> (everolimus (antineoplastic))	2	PA; *May have Specialty Costshare
<i>torpenz oral tablet 2.5 mg, 5 mg</i> (everolimus (antineoplastic))	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>torpenz oral tablet 7.5 mg</i> (everolimus (antineoplastic))	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	PA; *May have Specialty Costshare
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	2	
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; *May have Specialty Costshare
TURALIO ORAL CAPSULE 125 MG, 200 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	3	PA; *May have Specialty Costshare; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; *May have Specialty Costshare; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	3	PA; *May have Specialty Costshare
VITRAKVI ORAL SOLUTION 20 MG/ML	3	PA; *May have Specialty Costshare
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XOSPATA ORAL TABLET 40 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
XTANDI ORAL CAPSULE 40 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	3	PA; *May have Specialty Costshare
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	PA; *May have Specialty Costshare
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	(Librax (with clidinium))	1
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	(Cuvposa)	2
Anticonvulsants		
Anticonvulsants		
BRIVIACT ORAL SOLUTION 10 MG/ML	3	*May have Specialty Costshare; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	*May have Specialty Costshare; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	(Carbatrol)	1

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>carbamazepine oral tablet, chewable 200 mg</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	2	QL (60 per 30 days)
<i>divalproex oral capsule, delayed release 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i> (carbamazepine)	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral tablet 400 mg</i> (Felbatol)	1	QL (270 per 30 days)
<i>felbamate oral tablet 600 mg</i> (Felbatol)	1	QL (180 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
<i>gabapentin oral tablet extended release 24 hr 300 mg, 600 mg</i> (Gralise)	2	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG (gabapentin)	3	PA; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; QL (60 per 30 days)
<i>lacosamide oral solution 10 mg/ml</i> (Vimpat)	2	PA; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Vimpat)	2	PA; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i> (Subvenite)	1	
<i>lamotrigine oral tablet 25 mg</i> (Subvenite)	1	QL (180 per 30 days)
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7)</i> (Lamictal ODT Starter (Blue))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	2	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) - 100 mg (14)</i> (Lamictal ODT Starter (Green))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg</i> (Lamictal XR)	2	QL (90 per 30 days)
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i> (Lamictal XR)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet extended release 24hr 25 mg, 50 mg</i> (Lamictal XR)	2	QL (180 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet, disintegrating 100 mg</i> (Lamictal ODT)	2	QL (90 per 30 days)
<i>lamotrigine oral tablet, disintegrating 200 mg</i> (Lamictal ODT)	2	QL (60 per 30 days)
<i>lamotrigine oral tablet, disintegrating 25 mg, 50 mg</i> (Lamictal ODT)	2	QL (180 per 30 days)
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Subvenite Starter (Blue) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (42) -100 mg (7)</i> (Subvenite Starter (Orange) Kit)	1	
<i>lamotrigine oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (Subvenite Starter (Green) Kit)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
<i>methsuximide oral capsule 300 mg</i> (Celontin)	2	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 60 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	1	
<i>primidone oral tablet 125 mg</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
<i>rufinamide oral tablet 200 mg</i> (Banzel)	2	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i> (Banzel)	2	PA; QL (240 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg</i> (lamotrigine)	1	
<i>subvenite oral tablet 25 mg</i> (lamotrigine)	1	QL (180 per 30 days)
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i> (lamotrigine)	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i> (lamotrigine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i> (lamotrigine)	1	
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	2	QL (120 per 30 days)
<i>tiagabine oral tablet 16 mg</i>	2	QL (90 per 30 days)
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule,extended release 24hr 100 mg, 200 mg</i> (Trokendi XR)	2	QL (60 per 30 days)
<i>topiramate oral capsule,extended release 24hr 25 mg</i> (Trokendi XR)	2	QL (240 per 30 days)
<i>topiramate oral capsule,extended release 24hr 50 mg</i> (Trokendi XR)	2	QL (120 per 30 days)
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	QL (30 per 30 days)
<i>topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg</i> (Qudexy XR)	2	QL (60 per 30 days)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Vigpoder)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
<i>vigpoder oral powder in packet 500 mg</i> (vigabatrin)	3	PA; *May have Specialty Costshare; QL (180 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	2	ST; QL (30 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	ST; QL (60 per 30 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	2	ST; QL (30 per 30 days)
XCOPRI ORAL TABLET 200 MG	2	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	ST; QL (30 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg</i>	2	QL (30 per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 7 mg</i> (Namenda XR)	2	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	1	QL (49 per 28 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> (Exelon Patch)	2	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	2	
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	2	ST; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	ST; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 6-50 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg</i> (Symbyax)	2	QL (30 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i> (Paxil)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> (Viibryd)	1	ST; QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	2	QL (30 per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	2	QL (60 per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-45 mg</i>	2	QL (30 per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	2	QL (30 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ST; QL (3.4 per 28 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	ST; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML (exenatide)	2	PA; ST; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML (exenatide)	2	PA; ST; QL (1.2 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (dapagliflozin propanediol)	2	QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	QL (30 per 30 days)
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML)	2	PA; QL (1.5 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	2	
<i>pioglitazone-metformin oral tablet 15-500 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-850 mg</i> (Actoplus MET)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 30 days)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	2	QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	3	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	3	PA; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (60 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG (dapaglifloz propaned-metformin)	2	QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-500 MG, 2.5-1,000 MG, 5-500 MG	2	QL (30 per 30 days)
Insulins		
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	QL (12 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	QL (40 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	QL (30 per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	QL (40 per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	QL (30 per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	QL (40 per 28 days)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	QL (30 per 28 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	QL (30 per 28 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	QL (24 per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i> (Humalog Mix 75-25 KwikPen)	2	QL (30 per 28 days)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i> (Admelog SoloStar U-100 Insulin)	2	QL (30 per 28 days)

Drug Name		Drug Tier	Requirements/Limits
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	(Humalog Junior KwikPen U-100)	2	QL (30 per 28 days)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	(Admelog U-100 Insulin lispro)	2	QL (40 per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML		2	QL (30 per 28 days)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)		2	QL (12 per 28 days)
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML		2	QL (30 per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML		2	QL (40 per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	(insulin glargine-yfgn)	2	QL (40 per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin glargine-yfgn)	2	QL (30 per 28 days)
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML		2	ST; QL (30 per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	(insulin glargine u-300 conc)	2	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	(insulin glargine u-300 conc)	2	QL (13.5 per 28 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	(insulin degludec)	2	QL (30 per 28 days)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	(insulin degludec)	2	QL (18 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
TRESIBA U-100 INSULIN (insulin degludec) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	QL (18 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL (15 per 28 days)
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	1	QL (60 per 30 days)
glipizide oral tablet extended release (Glucotrol XL) 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5- 250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25- 250 mg, 2.5-500 mg, 5-500 mg	1	
Antifungals		
Antifungals		
ciclopirox topical cream 0.77 % (Ciclodan)	1	QL (90 per 30 days)
ciclopirox topical gel 0.77 %	2	
ciclopirox topical shampoo 1 %	2	
ciclopirox topical solution 8 % (Ciclodan)	1	QL (19.8 per 30 days)
ciclopirox topical suspension 0.77 % (Loprox (as olamine))	1	QL (90 per 30 days)
clotrimazole mucous membrane troche 10 mg	1	
clotrimazole topical cream 1 % (Antifungal (clotrimazole))	1	
clotrimazole topical solution 1 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	
clotrimazole-betamethasone topical lotion 1-0.05 %	2	
EXELDERM TOPICAL CREAM 1 % (sulconazole)	3	

Drug Name	Drug Tier	Requirements/Limits
EXELDERM TOPICAL SOLUTION (sulconazole) 1 %	3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 200 mg</i> (Diflucan)	1	
<i>fluconazole oral tablet 150 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>itraconazole oral solution 10 mg/ml</i> (Sporanox)	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	QL (180 per 30 days)
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>luliconazole topical cream 1 %</i> (Luzu)	2	ST; QL (60 per 28 days)
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i> (Vusion)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i>	2	QL (180 per 30 days)
<i>naftifine topical gel 1 %</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	
<i>nystop topical powder 100,000 unit/gram</i> (nystatin)	1	
<i>oxiconazole topical cream 1 %</i>	2	QL (180 per 30 days)
<i>sulconazole topical cream 1 %</i> (Exelderm)	2	
<i>sulconazole topical solution 1 %</i> (Exelderm)	2	
<i>tavaborole topical solution with applicator 5 %</i>	2	PA; QL (10 per 30 days)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	2	
<i>voriconazole oral tablet 200 mg</i>	2	
<i>voriconazole oral tablet 50 mg</i> (Vfend)	2	
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg</i> (Zyloprim)	1	
<i>allopurinol oral tablet 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i> (Colcris)	2	QL (120 per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i> (Uloric)	2	ST; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
Antihistamines		
Antihistamines		
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	1	
<i>alavert oral tablet, disintegrating 10 mg</i> (loratadine)	1	
<i>all day allergy (cetirizine) oral capsule 10 mg</i>	1	
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i> (cetirizine)	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG (fexofenadine)	1	

Drug Name		Drug Tier	Requirements/Limits
ALLEGRA-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 60-120 MG	(fexofenadine- pseudoephedrine)	1	
ALLEGRA-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	(fexofenadine- pseudoephedrine)	1	
<i>allerclear d-12hr oral tablet extended release 12 hr 5-120 mg</i>		1	
<i>allerclear d-24hr oral tablet extended release 24 hr 10-240 mg</i>	(loratadine- pseudoephedrine)	1	
<i>aller-ease oral tablet 180 mg</i>	(fexofenadine)	1	
<i>aller-ease oral tablet 60 mg</i>	(fexofenadine)	1	
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	(cetirizine)	1	
<i>allergy relief (fexofenadine) oral tablet 180 mg</i>	(fexofenadine)	1	
<i>allergy relief (fexofenadine) oral tablet 60 mg</i>	(fexofenadine)	1	
<i>allergy relief (loratadine) oral tablet,disintegrating 10 mg</i>	(loratadine)	1	
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg</i>	(fexofenadine- pseudoephedrine)	1	
<i>aller-tec d oral tablet extended release 12 hr 5-120 mg</i>	(cetirizine- pseudoephedrine)	1	
<i>aller-tec oral tablet 10 mg</i>	(cetirizine)	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>		1	
<i>carbinoxamine maleate oral tablet 4 mg</i>		1	
<i>cetiri-d oral tablet extended release 12 hr 5-120 mg</i>	(cetirizine- pseudoephedrine)	1	
<i>cetirizine oral solution 1 mg/ml</i>	(Allergy Relief (cetirizine))	1	
<i>cetirizine oral solution 5 mg/5 ml</i>		1	
<i>cetirizine oral tablet 10 mg</i>	(Aller-Tec)	1	
<i>cetirizine oral tablet 5 mg</i>	(Allergy Relief (cetirizine))	1	
<i>cetirizine oral tablet,chewable 10 mg</i>	(Children's Wal-Zyr)	1	
<i>cetirizine oral tablet,chewable 5 mg</i>	(Children's Cetirizine)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i> (Aller-Tec D)	1	
<i>child allergy relief(cetirizine) oral solution 1 mg/ml</i> (cetirizine)	1	
<i>children's allegra allergy oral suspension 30 mg/5 ml</i> (fexofenadine)	1	QL (300 per 30 days)
<i>children's allegra allergy oral tablet,disintegrating 30 mg</i>	1	
<i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i> (fexofenadine)	1	QL (300 per 30 days)
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i> (cetirizine)	1	
<i>children's cetirizine oral solution 1 mg/ml</i> (cetirizine)	1	
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML (loratadine)	1	
CHILDREN'S CLARITIN ORAL TABLET,CHEWABLE 5 MG	1	
<i>children's wal-fex oral suspension 30 mg/5 ml</i> (fexofenadine)	1	QL (300 per 30 days)
<i>children's wal-zyr oral solution 1 mg/ml</i> (cetirizine)	1	
<i>children's wal-zyr oral tablet,chewable 10 mg</i> (cetirizine)	1	
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML (cetirizine)	1	
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,DISINTEGRATING 10 MG	1	
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i> (cetirizine)	1	
CLARITIN LIQUI-GEL ORAL CAPSULE 10 MG (loratadine)	1	
CLARITIN ORAL TABLET 10 MG (loratadine)	1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG (loratadine)	1	
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 5 MG	1	

Drug Name		Drug Tier	Requirements/Limits
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG		1	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	(loratadine- pseudoephedrine)	1	
<i>clemastine oral tablet 2.68 mg</i>		1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>		1	
<i>cyproheptadine oral tablet 4 mg</i>		1	
<i>desloratadine oral tablet 5 mg</i>	(Clarinet)	2	ST; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>		2	ST; QL (30 per 30 days)
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	(Allegra Allergy)	1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	(Allegra-D 12 Hour)	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>		1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	(Xyzal)	1	QL (300 per 30 days)
<i>levocetirizine oral tablet 5 mg</i>	(24HR Allergy Relief)	1	QL (30 per 30 days)
<i>loradamed oral tablet 10 mg</i>	(loratadine)	1	
<i>lorata-d oral tablet extended release 24 hr 10-240 mg</i>	(loratadine- pseudoephedrine)	1	
<i>loratadine oral solution 5 mg/5 ml</i>	(Children's Claritin)	1	
<i>loratadine oral tablet 10 mg</i>	(Claritin)	1	
<i>loratadine oral tablet, disintegrating 10 mg</i>	(Alavert)	1	
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>		1	
<i>loratadine-d oral tablet extended release 24 hr 10-240 mg</i>	(loratadine- pseudoephedrine)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>		1	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	(promethazine- phenylephrine)	1	
<i>respa-ar oral tablet extended release 12 hr 8-90-0.24 mg</i>		2	

Drug Name		Drug Tier	Requirements/Limits
wal-fex allergy oral tablet 180 mg, 60 mg	(fexofenadine)	1	
wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg	(fexofenadine-pseudoephedrine)	1	
wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg	(fexofenadine-pseudoephedrine)	1	
wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg		1	
wal-itin d oral tablet extended release 24 hr 10-240 mg	(loratadine-pseudoephedrine)	1	
wal-itin oral solution 5 mg/5 ml	(loratadine)	1	
wal-itin oral tablet 10 mg	(loratadine)	1	
wal-zyr (cetirizine) oral capsule 10 mg		1	
wal-zyr (cetirizine) oral tablet 10 mg	(cetirizine)	1	
wal-zyr d oral tablet extended release 12 hr 5-120 mg	(cetirizine-pseudoephedrine)	1	
ZYRTEC ORAL CAPSULE 10 MG		1	
ZYRTEC-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	(cetirizine-pseudoephedrine)	1	
Anti-Infectives (Skin And Mucous Membrane)			
Anti-Infectives (Skin And Mucous Membrane)			
clindamycin phosphate vaginal cream 2 %	(Cleocin)	1	
GYNAZOLE-1 VAGINAL CREAM 2 %		2	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	(Vandazole)	1	
terconazole vaginal cream 0.4 %, 0.8 %		1	
terconazole vaginal suppository 80 mg		1	
Antimigraine Agents			
Antimigraine Agents			
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML		2	PA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 225 MG/1.5 ML	2	PA; QL (1 per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL (12 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	ST; QL (15 per 14 days)
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	2	ST; QL (8 per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i> (Relpax)	2	ST; QL (12 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	QL (40 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	2	ST; QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (1 per 1 day)
REYVOW ORAL TABLET 100 MG, 50 MG	2	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (12 per 30 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg</i> (Maxalt-MLT)	1	QL (12 per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i> (Imitrex)	1	QL (9 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (16 per 30 days)
<i>zolmitriptan nasal spray, non-aerosol 2.5 mg, 5 mg</i> (Zomig)	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (12 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
<i>cycloserine oral capsule 250 mg</i>	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	3	PA; *May have Specialty Costshare; QL (188 per 168 days)
SIRTURO ORAL TABLET 20 MG	3	PA; *May have Specialty Costshare; QL (940 per 168 days)
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; QL (1 per 21 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 40 mg</i>	2	PA; QL (4 per 1 day)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA; QL (2 per 1 day)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA; QL (3 per 1 day)
<i>compro rectal suppository 25 mg</i> (prochlorperazine)	1	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i> (Diclegis)	2	QL (120 per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	QL (60 per 30 days)
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (8 per 28 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine (meclizine))	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (50 per 15 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 16 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>phenadoz rectal suppository 25 mg</i> (promethazine)	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compro)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Promethegan)	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (promethazine)	1	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	
<i>trimethobenzamide oral capsule 300 mg</i>	2	
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	2	
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg</i>	1	QL (36 per 16 days)
EMVERM ORAL TABLET,CHEWABLE 100 MG (mebendazole)	3	PA
<i>hydroxychloroquine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	QL (90 per 30 days)
<i>hydroxychloroquine oral tablet 300 mg</i> (Sovuna)	1	QL (60 per 30 days)
<i>hydroxychloroquine oral tablet 400 mg</i>	1	QL (60 per 30 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
KRINTAFEL ORAL TABLET 150 MG	3	QL (4 per 30 days)
<i>mefloquine oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i> (Alinia)	2	QL (60 per 30 days)
<i>paromomycin oral capsule 250 mg</i> (Humatin)	2	
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	1	QL (1 per 28 days)
<i>praziquantel oral tablet 600 mg</i> (Biltricide)	2	
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	
<i>pyrimethamine oral tablet 25 mg</i> (Daraprim)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>apomorphine subcutaneous cartridge</i> (APOKYN) 10 mg/ml	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet 25-100 mg</i> (Dhivy)	1	
<i>carbidopa-levodopa oral tablet 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	ST; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 4.5 mg</i>	2	QL (30 per 30 days)
<i>pramipexole oral tablet extended release 24 hr 1.5 mg, 2.25 mg, 3 mg, 3.75 mg</i> (Mirapex ER)	2	QL (30 per 30 days)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	QL (30 per 30 days)
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	2	QL (90 per 30 days)
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
Antipsychotic Agents		
Antipsychotic Agents		
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	QL (60 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> (Saphris)	2	QL (60 per 30 days)
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	1	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	QL (90 per 30 days)
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> (Latuda)	2	PA NSO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i> (Latuda)	2	PA NSO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	2	QL (120 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> (Invega)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	2	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)
<i>quetiapine oral tablet 150 mg</i>	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	ST; *May have Specialty Costshare; QL (30 per 30 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	3	*May have Specialty Costshare; QL (7 per 28 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (60 per 30 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	*May have Specialty Costshare; QL (960 per 30 days)
<i>abacavir oral tablet 300 mg</i>	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	3	*May have Specialty Costshare; QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	3	*May have Specialty Costshare; QL (60 per 30 days)
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	*May have Specialty Costshare; QL (380 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg</i>	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>atazanavir oral capsule 200 mg</i> (Reyataz)	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i> (Reyataz)	2	*May have Specialty Costshare; QL (30 per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir oral tablet 600 mg, 800 mg</i> (Prezista)	2	*May have Specialty Costshare; QL (60 per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	*May have Specialty Costshare
<i>efavirenz oral tablet 600 mg</i>	2	*May have Specialty Costshare
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i> (Atripla)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg</i> (Symfi Lo)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 600-300-300 mg</i> (Symfi)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>emtricitabine oral capsule 200 mg</i> (Emtriva)	2	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i> (Truvada)	2	*May have Specialty Costshare; QL (30 per 30 days)
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	QL (720 per 30 days)
<i>etravirine oral tablet 100 mg</i> (Intence)	2	*May have Specialty Costshare; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i> (Intence)	2	*May have Specialty Costshare; QL (60 per 30 days)
<i>fosamprenavir oral tablet 700 mg</i>	2	*May have Specialty Costshare; QL (120 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
INTELENCE ORAL TABLET 25 MG	2	*May have Specialty Costshare; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL TABLET 500 MG	2	*May have Specialty Costshare; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	*May have Specialty Costshare; QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	*May have Specialty Costshare; QL (180 per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	2	QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	2	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	2	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	*May have Specialty Costshare; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	2	*May have Specialty Costshare; QL (1800 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	2	*May have Specialty Costshare; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i> (Kaletra)	2	*May have Specialty Costshare; QL (240 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i> (Kaletra)	2	*May have Specialty Costshare; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg</i> (Selzentry)	3	*May have Specialty Costshare; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet 300 mg</i> (Selzentry)	3	*May have Specialty Costshare; QL (120 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	2	QL (30 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	*May have Specialty Costshare; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	*May have Specialty Costshare; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	2	*May have Specialty Costshare; QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	2	*May have Specialty Costshare; QL (480 per 30 days)
<i>ritonavir oral tablet 100 mg</i> (Norvir)	3	*May have Specialty Costshare; QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	*May have Specialty Costshare; QL (930 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	*May have Specialty Costshare; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	3	*May have Specialty Costshare; QL (60 per 30 days)
SUNLENCA ORAL TABLET 300 MG	3	PA; *May have Specialty Costshare
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	2	*May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	*May have Specialty Costshare; QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	3	*May have Specialty Costshare; QL (180 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	*May have Specialty Costshare; QL (30 per 30 days)
TRUVADA ORAL TABLET 167-250 MG (emtricitabine-tenofovir (tdf))	3	*May have Specialty Costshare; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	*May have Specialty Costshare
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	*May have Specialty Costshare; QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	QL (1920 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	2	QL (60 per 30 days)
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (20 per 180 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i> (Tamiflu)	2	QL (10 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (180 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	2	QL (30 per 5 days); AGE (Min 12 Years)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	3	QL (2 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
Hcv Antivirals		
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	2	PA; *May have Specialty Costshare; QL (30 per 29 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
EPCLUSA ORAL TABLET 200-50 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
EPCLUSA ORAL TABLET 400-100 (sofosbuvir-velpatasvir) MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 (ledipasvir-sofosbuvir) MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	3	PA; *May have Specialty Costshare
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	3	PA; *May have Specialty Costshare
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i> (Hepsera)	2	*May have Specialty Costshare; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	*May have Specialty Costshare; QL (630 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	3	*May have Specialty Costshare; QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>lagevrio (eua) oral capsule 200 mg</i>	2	QL (40 per 5 days); AGE (Min 18 Years)
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	2	QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	2	QL (74 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	*May have Specialty Costshare; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	*May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml	2	*May have Specialty Costshare; QL (24 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	2	*May have Specialty Costshare; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe</i> 5 (Arixtra) mg/0.4 ml	2	*May have Specialty Costshare; QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 7.5 mg/0.6 ml	2	*May have Specialty Costshare; QL (18 per 30 days)
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	1	
<i>heparin (porcine) injection solution</i> 5,000 unit/ml	1	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	1	
<i>heparin, porcine (pf) injection</i> syringe 5,000 unit/0.5 ml	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2</i> (warfarin) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2</i> (Jantoven) <i>mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,</i> <i>7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	QL (51 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (900 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	2	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	2	QL (60 per 30 days)
Blood Formation Modifiers		
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	3	PA; *May have Specialty Costshare; QL (0.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; *May have Specialty Costshare
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; *May have Specialty Costshare
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; *May have Specialty Costshare
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; *May have Specialty Costshare
Hematologic Agents, Miscellaneous		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> (Amicar)	2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> (Amicar)	1	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	QL (60 per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	QL (4 per 30 days)
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	2	QL (30 per 30 days)
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>doxazosin oral tablet 1 mg, 4 mg</i> (Cardura)	1	
<i>doxazosin oral tablet 2 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyline)	2	PA; *May have Specialty Costshare
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	ST
<i>candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	2	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	ST
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	ST
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	ST
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i> (Epaned)	2	QL (1200 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (amiodarone)	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	1	QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg</i>	1	
<i>nadolol oral tablet 80 mg</i> (Corgard)	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Bystolic)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg</i> (sotalol)	1	
<i>sorine oral tablet 80 mg</i> (sotalol)	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> (sotalol)	1	
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (diltiazem hcl)	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiadylt ER)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i> (Cardizem LA)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> (diltiazem hcl)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (diltiazem hcl)	1	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (diltiazem hcl)	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (digoxin)	1	
<i>digox oral tablet 125 mcg (0.125 mg)</i> (digoxin)	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i> (Digitek)	1	
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i> (Lanoxin)	1	PA
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Auvi-Q)	1	QL (4 per 1 day)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	QL (4 per 1 day)
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	3	PA; *May have Specialty Costshare
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i> (Demser)	2	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	2	ST; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	2	ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	2	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>tolvaptan oral tablet 15 mg</i> (Samsca)	2	PA; *May have Specialty Costshare; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i> (Samsca)	2	PA; *May have Specialty Costshare; QL (60 per 365 days)
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i> (Dyrenium)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	2	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	0	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>cholestyramine light oral powder in packet 4 gram</i>	(cholestyramine-aspartame)	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	2	
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	2	
<i>colestipol oral packet 5 gram</i>		1	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i>	(Zetia)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i>	(Vytorin 10-10)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	(Vytorin 10-20)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i>	(Vytorin 10-40)	2	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	(Vytorin 10-80)	2	PA NSO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg</i>		2	
<i>fenofibrate micronized oral capsule 67 mg</i>		1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	(Tricor)	1	
<i>fenofibrate oral capsule 50 mg</i>	(Lipofen)	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	(Fenoglide)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>		1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	(Fibricor)	1	
<i>fluvastatin oral capsule 20 mg</i>		2	QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>		2	QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	(Lescol XL)	2	QL (30 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	(Lopid)	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		0	QL (60 per 30 days)
NEXLETOL ORAL TABLET 180 MG		2	PA
NEXLIZET ORAL TABLET 180-10 MG		2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>		2	

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	QL (30 per 30 days)
<i>prevalite oral powder in packet 4 gram</i> (cholestyramine-aspartame)	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL (2 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	0	QL (30 per 30 days)
<i>simvastatin oral tablet 5 mg</i>	0	QL (30 per 30 days)
<i>simvastatin oral tablet 80 mg</i>	0	PA NSO; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM (icosapent ethyl)	2	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM (icosapent ethyl)	2	QL (120 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	2	PA NSO; QL (30 per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	ST
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 40 mg</i> (Isordil)	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titrados)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	

Drug Name		Drug Tier	Requirements/Limits
<i>isosorbide-hydralazine oral tablet</i>	(BiDil)	2	
20-37.5 mg			
<i>minitran transdermal patch 24 hour</i>	(nitroglycerin)	1	
0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr			
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>		1	
NITRO-BID TRANSDERMAL	(nitroglycerin)	2	
OINTMENT 2 %			
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	(Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	(Nitro-Dur)	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	(Nitrolingual)	2	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	(nitroglycerin)	1	
Central Nervous System Agents			
Central Nervous System Agents			
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	(Evekeo)	2	PA; QL (120 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	(Strattera)	2	QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	(Strattera)	2	QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG		3	PA; *May have Specialty Costshare; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG		3	PA; *May have Specialty Costshare; QL (60 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML		2	PA; *May have Specialty Costshare; QL (1 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML		2	PA; *May have Specialty Costshare; QL (1 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG		2	PA; *May have Specialty Costshare; QL (14 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (glatiramer)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (glatiramer)	2	PA; *May have Specialty Costshare; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i> (Dexedrine Spansule)	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> (ProCentra)	2	QL (1800 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i> (Zenzedi)	1	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i> (Zenzedi)	2	QL (90 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i> (Zenzedi)	1	QL (90 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> (Mydayis)	2	PA NSO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	PA NSO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	PA NSO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine-amphetamine</i> (Adderall) <i>oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i> 120 mg, 120 mg (14)- 240 mg (46), 240 mg (Tecfidera)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>fingolimod oral capsule 0.5 mg</i> (Gilenya)	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	3	PA; *May have Specialty Costshare; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i> (glatiramer)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i> (glatiramer)	3	PA; *May have Specialty Costshare; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	2	QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	2	PA; *May have Specialty Costshare
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> (Vyvanse)	1	PA NSO; QL (30 per 30 days)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> (Vyvanse)	2	PA NSO; QL (30 per 30 days)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	PA; *May have Specialty Costshare; QL (20 per 336 days)
MAYZENT ORAL TABLET 0.25 MG	2	PA; *May have Specialty Costshare; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	2	PA; *May have Specialty Costshare; QL (7 per 1 day)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	2	PA; *May have Specialty Costshare; QL (12 per 1 day)
<i>metadate er oral tablet extended release 20 mg</i> (methylphenidate hcl)	2	QL (90 per 30 days)
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	2	PA; QL (150 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i> (Metadate CD)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i> (Metadate CD)	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	2	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	2	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	2	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i> (Methylin)	2	
<i>methylphenidate hcl oral solution 5 mg/5 ml</i> (Methylin)	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	PA NSO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	2	PA NSO; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	PA NSO
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	QL (90 per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> (Daytrana)	2	PA NSO; QL (30 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i> (Lyrica CR)	2	QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	3	PA NSO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR- ER.BIPHASIC24HR 30 MG	3	PA NSO; QL (60 per 30 days)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	PA NSO; QL (60 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (4 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 44 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (4 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 44 MCG/0.5 ML	2	PA; *May have Specialty Costshare; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; *May have Specialty Costshare; QL (4.2 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; *May have Specialty Costshare; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	3	PA; *May have Specialty Costshare
<i>teriflunomide oral tablet 14 mg, 7 mg</i> (Aubagio)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i> (Xenazine)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i> (Xenazine)	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; *May have Specialty Costshare
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine)	3	PA NSO; QL (30 per 30 days)

Drug Name		Drug Tier	Requirements/Limits
Contraceptives			
Contraceptives			
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>after pill oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>aftera oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>amethia lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	0	
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR		2	QL (1 per 365 days)
<i>apri oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>		0	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>aviane oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>ayuna oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>		0	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>		0	
<i>camila oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(1 norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM		2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>deblitane oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Azurette (28))	0	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	(Apri)	0	
<i>dolishale oral tablet 90-20 mcg (28)</i>	(levonorgestrel-ethinyl estrad)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	0	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	(Tydemy)	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	(Jasmiel (28))	0	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	0	
<i>econtra one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
ELLA ORAL TABLET 30 MG		2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>emzahh oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>enskyce oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>errin oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	

Drug Name		Drug Tier	Requirements/Limits
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	0	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1/50 (28))	0	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	0	QL (1 per 28 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
FC2 FEMALE CONDOM		2	QL (30 per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM		2	
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG		2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
GYNOL II VAGINAL GEL 3 %		2	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	(etonogestrel-ethinyl estradiol)	0	QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>her style oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)

Drug Name		Drug Tier	Requirements/Limits
<i>incassia oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>isibloom oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>jencycla oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(levonorgestrel-ethinyl estrad)	0	QL (91 per 91 days)
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(levonorgest-eth.estradiol-iron)	0	QL (28 per 28 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>kalliga oral tablet 0.15-0.03 mg</i>	(desogestrel-ethinyl estradiol)	0	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG		2	

Drug Name		Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(Camrese Lo)	0	QL (91 per 91 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	(Rivelsa)	0	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Amethia)	0	QL (91 per 91 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>		0	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	(Joyeaux)	0	QL (28 per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	(After Pill)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	(Afirmelle)	0	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	(Altavera (28))	0	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	(Amethyst (28))	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	(Iclevia)	0	QL (91 per 91 days)

Drug Name		Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(Enpresse)	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG		2	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)		2	
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	(l norgest/e.estradiol-e.estrad)	0	QL (91 per 91 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>lyleq oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>lyza oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>melodetta 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(norethindrone ac-eth estradiol)	0	
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>mili oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG		2	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>my choice oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>my way oral tablet 1.5 mg</i>	(levonorgestrel)	0	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG		2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		0	
<i>new day oral tablet 1.5 mg</i>	(levonorgestrel)	0	
NEXPLANON SUBDERMAL IMPLANT 68 MG		0	QL (1 per 365 days)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)		2	QL (30 per 30 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>nora-be oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	(Xulane)	0	QL (3 per 28 days)
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(Wymzya Fe)	0	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	(Kaitlib Fe)	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	0	
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	(Aurovela 1.5/30 (21))	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Aurovela 1/20 (21))	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(Gemmily)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1-20 (28))	0	
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Aurovela Fe 1.5/30 (28))	0	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(Tilia Fe)	0	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	(Charlotte 24 Fe)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Estarylla)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Estarylla)	0	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Estarylla)	0	
<i>norlyda oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		0	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>		0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	(norethindrone-ethin estradiol)	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>ocella oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM 65 MM		2	
<i>opcicon one-step oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>option-2 oral tablet 1.5 mg</i>	(levonorgestrel)	0	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	

Drug Name	Drug Tier	Requirements/Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	2	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	PA
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog- e.estradiol/e.estradiol)	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>pirmella oral tablet 1-35 mg-mcg</i> (norethindrone-ethin estradiol)	0	
<i>portia 28 oral tablet 0.15-0.03 mg</i> (levonorgestrel-ethinyl estradiol)	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (desogestrel-ethinyl estradiol)	0	
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (1 norgest/e.estradiol- e.estradiol)	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (levonorgestrel-ethinyl estradiol)	0	QL (91 per 91 days)
<i>sharobel oral tablet 0.35 mg</i> (norethindrone (contraceptive))	0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (desog- e.estradiol/e.estradiol)	0	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (1 norgest/e.estradiol- e.estradiol)	0	QL (91 per 91 days)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	2	
SLYND ORAL TABLET 4 MG (28)	2	QL (28 per 28 days)
<i>sprintec (28) oral tablet 0.25-35 mg- mcg</i> (norgestimate-ethinyl estradiol)	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (levonorgestrel-ethinyl estradiol)	0	
<i>syeda oral tablet 3-0.03 mg</i> (drospirenone-ethinyl estradiol)	0	
<i>take action oral tablet 1.5 mg</i> (levonorgestrel)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(norethindrone-e.estradiol-iron)	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	(norethindrone-e.estradiol-iron)	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	0	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG		2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	(norethindrone-e.estradiol-iron)	0	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	(levonorg-eth estrad triphasic)	0	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(norgestimate-ethinyl estradiol)	0	

Drug Name		Drug Tier	Requirements/Limits
<i>tulana oral tablet 0.35 mg</i>	(norethindrone (contraceptive))	0	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	(norgestrel-ethinyl estradiol)	0	
<i>tyblume oral tablet, chewable 0.1 mg-20 mcg</i>		0	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	(drospirenone-e.estradiol-lm.fa)	0	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %		2	
<i>vcf contraceptive gel vaginal gel 4 %</i>		2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>		0	
<i>vestura (28) oral tablet 3-0.02 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	(levonorgestrel-ethinyl estrad)	0	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(desog-e.estradiol/e.estradiol)	0	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>		0	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	(norgestimate-ethinyl estradiol)	0	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>		0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM		2	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	(noreth-ethinyl estradiol-iron)	0	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	0	QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	(norelgestromin-ethin.estradiol)	0	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	(ethynodiol diac-eth estradiol)	0	
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	(drospirenone-ethinyl estradiol)	0	

Drug Name	Drug Tier	Requirements/Limits
Cough And Cold Products		
Cough And Cold Products		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>bromfed dm oral syrup 2-30-10 mg/5 ml</i> (brompheniramine-pseudoeph-dm)	2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> (Bromfed DM)	2	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	QL (300 per 30 days); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i> (Hydromet)	1	QL (900 per 30 days); AGE (Min 18 Years)
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i> (Hycodan (with homatropine))	1	QL (180 per 30 days); AGE (Min 18 Years)
<i>hydromet oral syrup 5-1.5 mg/5 ml</i> (hydrocodone-homatropine)	1	QL (900 per 30 days); AGE (Min 18 Years)
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	QL (900 per 30 days); AGE (Min 18 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	QL (900 per 30 days); AGE (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
KOURZEQ DENTAL PASTE 0.1 % (triamcinolone acetonide)	1	
<i>oralone dental paste 0.1 %</i> (triamcinolone acetonide)	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>periogard mucous membrane mouthwash 0.12 %</i> (chlorhexidine gluconate)	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Kourzeq)	1	

Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acitretin oral capsule 22.5 mg</i>	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (30 per 7 days)
<i>ammonium lactate topical cream 12 %</i>	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i> (isotretinoin)	2	PA
<i>azelaic acid topical gel 15 %</i>	2	
<i>benzoyl peroxide topical foam 9.8 %</i> (BenzePrO)	1	
<i>bp 10-1 topical cleanser 10-1 %</i> (sulfacetamide sodium-sulfur)	2	
<i>bpo topical gel 8 %</i> (benzoyl peroxide)	2	
<i>brimonidine topical gel with pump 0.33 %</i> (Mirvaso)	2	QL (30 per 30 days)
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
<i>calcipotriene topical foam 0.005 %</i> (Sorilux)	2	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i> (Taclonex)	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	
<i>cem-urea topical gel 45 %</i> (urea)	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	PA
<i>cleansing wash topical cleanser 10-4-10 %</i> (sulfacetamide sod-sulfur-urea)	2	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (aluminum chloride)	3	
<i>exoderm topical lotion 25-1 %</i>	1	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	PA
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical solution 2 %</i>	1	
<i>fluorouracil topical solution 5 %</i>	1	PA
<i>imiquimod topical cream in packet 5 %</i>	1	QL (24 per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg</i> (Amnesteem)	2	PA
<i>isotretinoin oral capsule 25 mg, 35 mg</i> (Absorica)	2	PA
<i>isotretinoin oral capsule 30 mg</i> (Claravis)	2	PA
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	2	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	PA
OPZELURA TOPICAL CREAM 1.5 %	3	PA; *May have Specialty Costshare
<i>podocon topical liquid 25 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	QL (15 per 30 days)
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i> (Virasal)	2	
<i>salicylic acid topical foam 6 %</i> (Salvax)	2	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i> (Keralyt)	1	
<i>sss 10-5 topical foam 10-5 %</i> (sulfacetamide sodium-sulfur)	1	
<i>sulfacetamide sodium topical cleanser 10 %</i> (Ovace)	1	
<i>sulfacetamide sodium topical shampoo 10 %</i> (Ovace Plus Shampoo)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %</i> (Avar LS)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i> (Avar)	1	QL (2838 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4 %</i> (Sumaxin)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i> (Avar-E)	1	
<i>sulfacetamide sodium-sulfur topical cream 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 9.8-4.8 %</i> (Plexion)	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> (Sumaxin)	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 9.8-4.8 %</i> (Plexion Cleansing Cloths)	2	
<i>sulfacetamide-niacinamide topical cream 10-4 %</i> (Eceoxia)	2	
TOLAK TOPICAL CREAM 4 %	2	
<i>urea nail stick topical solution 50 %</i> (urea)	1	
<i>urea topical cream 40 %, 47 %</i>	1	
<i>urea topical cream 45 %</i> (Uramaxin)	1	
<i>urea topical foam 35 %</i> (Hydro 35)	1	
<i>urea topical gel 45 %</i> (CEM-Urea)	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (isotretinoin)	2	PA
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Clindacin)	2	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i> (Clindagel)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin ETZ)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Neuac)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i> (Acanya)	2	
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	3	
CORTISPORIN TOPICAL OINTMENT 1 %	3	
<i>ery pads topical swab 2 %</i> (erythromycin with ethanol)	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	
<i>erythromycin with ethanol topical solution 2 %</i>	1	QL (120 per 30 days)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	2	
<i>gentamicin topical cream 0.1 %</i>	1	QL (90 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	QL (90 per 30 days)
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	2	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i>	2	QL (90 per 30 days)
<i>mupirocin topical ointment 2 %</i> (Centany)	1	QL (90 per 30 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (SSD)	1	
<i>ssd topical cream 1 %</i> (silver sulfadiazine)	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i> (hydrocortisone)	1	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	2	
<i>amcinonide topical lotion 0.1 %</i>	2	
<i>amcinonide topical ointment 0.1 %</i>	2	
<i>anucort-hc rectal suppository 25 mg</i> (hydrocortisone acetate)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam (Luxiq) 0.12 %</i>	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene (augmented))	2	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 %</i>	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	
<i>clobetasol-levocetirizine topical shampoo 0.05-2 %</i> (Chlohux)	2	
<i>clobetasol-niacinamide topical cream 0.05-4 %</i> (Chlooxia)	2	
<i>clobetasol-niacinamide topical ointment 0.05-4 %</i> (Chlooxia)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol-niacinamide topical solution 0.05-4 %</i> (Chlooxia)	2	
<i>clocortolone pivalate topical cream 0.1 %</i>	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	
<i>desonide topical gel 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i> (Topicort)	2	
<i>desoximetasone-niacinamide topical ointment 0.05-4 %</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	2	
<i>fluocinolone-niacinamide topical cream 0.01-4 %</i> (Tetoxia)	2	
<i>fluocinolone-niacinamide topical cream 0.025-4 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i> (fluocinonide-emollient)	2	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	2	
<i>flurandrenolide topical lotion 0.05 %</i> (Cordran)	2	
<i>flurandrenolide topical ointment 0.05 %</i> (Cordran)	2	QL (120 per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate topical lotion</i> (Beser) 0.05 %	2	
<i>fluticasone propionate topical ointment</i> 0.005 %	1	
<i>halcinonide topical cream</i> 0.1 % (Halog)	2	
<i>halobetasol propionate topical cream</i> 0.05 %	2	
<i>halobetasol propionate topical ointment</i> 0.05 %	2	
<i>hydrocortisone acetate rectal suppository</i> 25 mg (Anucort-HC)	1	
<i>hydrocortisone acetate rectal suppository</i> 30 mg (Hemmorex-HC)	1	
<i>hydrocortisone butyrate topical cream</i> 0.1 %	2	
<i>hydrocortisone butyrate topical lotion</i> 0.1 % (Locoid)	2	QL (236 per 30 days)
<i>hydrocortisone butyrate topical ointment</i> 0.1 %	2	
<i>hydrocortisone butyrate topical solution</i> 0.1 %	2	
<i>hydrocortisone topical cream</i> 2.5 %	1	
<i>hydrocortisone topical lotion</i> 2.5 %	1	
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment</i> 2.5 %	1	
<i>hydrocortisone valerate topical cream</i> 0.2 %	2	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	2	
<i>hydrocortisone-pramoxine rectal cream</i> 1-1 %, 2.5-1 % (Analpram-HC)	1	
<i>hydrocortisone-pramoxine topical cream</i> 2.5-1 %	1	
<i>mometasone topical cream</i> 0.1 %	1	
<i>mometasone topical ointment</i> 0.1 %	1	
<i>mometasone topical solution</i> 0.1 %	1	
<i>pimecrolimus topical cream</i> 1 % (Elidel)	2	PA
<i>prednicarbate topical cream</i> 0.1 %	2	
<i>prednicarbate topical ointment</i> 0.1 %	2	

Drug Name		Drug Tier	Requirements/Limits
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(hydrocortisone)	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %		3	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>		2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	(Kenalog)	2	
<i>triamcinolone acetonide topical cream 0.025 %</i>		1	
<i>triamcinolone acetonide topical cream 0.1 %</i>	(Triderm)	1	
<i>triamcinolone acetonide topical cream 0.5 %</i>	(Triderm)	1	QL (454 per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>		1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>		1	
<i>triamcinolone-niacinamide topical cream 0.1-4 %</i>		1	
<i>triderm topical cream 0.1 %</i>	(triamcinolone acetonide)	1	
<i>triderm topical cream 0.5 %</i>	(triamcinolone acetonide)	1	QL (454 per 30 days)
Dermatological Retinoids			
<i>adapalene topical cream 0.1 %</i>	(Differin)	1	AGE (Max 25 Years)
<i>adapalene topical gel 0.1 %</i>	(Differin)	1	AGE (Max 25 Years)
<i>adapalene topical gel 0.3 %</i>		1	AGE (Max 25 Years)
<i>adapalene topical lotion 0.1 %</i>	(Differin)	1	AGE (Max 25 Years)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	(Epiduo)	2	QL (45 per 30 days); AGE (Max 25 Years)
<i>avita topical cream 0.025 %</i>	(tretinoin)	1	AGE (Max 25 Years)
<i>avita topical gel 0.025 %</i>	(tretinoin)	1	AGE (Max 25 Years)
<i>tazarotene topical cream 0.05 %</i>	(Tazorac)	2	
<i>tazarotene topical cream 0.1 %</i>	(Tazorac)	2	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	(Tazorac)	2	

Drug Name		Drug Tier	Requirements/Limits
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	(Retin-A Micro)	2	AGE (Max 25 Years)
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	(Retin-A Micro Pump)	2	AGE (Max 25 Years)
<i>tretinoin topical cream 0.025 %</i>	(Avita)	1	AGE (Max 25 Years)
<i>tretinoin topical cream 0.05 %, 0.1 %</i>	(Retin-A)	2	AGE (Max 25 Years)
<i>tretinoin topical gel 0.01 %</i>	(Retin-A)	2	AGE (Max 25 Years)
<i>tretinoin topical gel 0.025 %</i>	(Avita)	2	AGE (Max 25 Years)
<i>tretinoin topical gel 0.05 %</i>	(Atralin)	2	AGE (Max 25 Years)
Scabicides And Pediculicides			
<i>ivermectin topical cream 1 %</i>	(Soolantra)	2	
<i>ivermectin topical lotion 0.5 %</i>	(Sklice)	2	QL (117 per 30 days)
<i>ivermectin-metronidazol-niacin topical gel 1-1-4 %</i>	(Aveidaoxia)	1	
<i>lindane topical shampoo 1 %</i>		1	
<i>malathion topical lotion 0.5 %</i>	(Ovide)	2	
<i>permethrin topical cream 5 %</i>	(Elimite)	1	
<i>spinosad topical suspension 0.9 %</i>	(Natroba)	2	
Devices			
Devices			
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN		2	
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN		2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"		2	
BD LUER-LOK SYRINGE SYRINGE 1 ML 20 GAUGE X 1"		2	
BD SAFETYGLIDE NEEDLE NEEDLE 27 GAUGE X 5/8"		2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	(pen needle, diabetic)	2	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"		2	
BD VEO INSULIN SYRINGE UF SYRINGE 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	(insulin syringe-needle u-100)	2	

Drug Name	Drug Tier	Requirements/Limits
INJECT-EASE DEVICE	2	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD CLASSIC PDM KIT(GEN 3)	2	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 365 days)
OMNIPOD DASH PDM KIT (GEN 4)	2	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	2	QL (15 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>miglustat oral capsule 100 mg</i> (Yargesa)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> (Orfadin)	3	PA; *May have Specialty Costshare
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	PA; *May have Specialty Costshare
<i>sapropterin oral powder in packet 100 mg, 500 mg</i> (Javygtor)	3	PA; *May have Specialty Costshare
<i>sapropterin oral tablet,soluble 100 mg</i> (Javygtor)	3	PA; *May have Specialty Costshare
<i>yargesa oral capsule 100 mg</i> (miglustat)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 UNIT, 5,000- 17,000- 24,000 UNIT, 60,000- 189,600- 252,600 UNIT	2	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	QL (40 per 30 days)
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>atropine ophthalmic (eye) drops 0.01 %</i> , 0.025 %, 0.05 %	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>atropine ophthalmic (eye) drops, emulsion 0.01 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i> (Astepro Allergy)	2	QL (60 per 30 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	QL (12 per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i> (Dymista)	2	ST; QL (23 per 30 days)
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i> (Otovel)	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	QL (50 per 30 days)
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	3	PA; *May have Specialty Costshare; QL (60 per 28 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	QL (10 per 30 days)
<i>homatropaire ophthalmic (eye) drops 5 %</i> (homatropine hbr)	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i> , 42 mcg (0.06 %)	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
MIEBO (PF) OPTHALMIC (EYE) DROPS 100 %	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Eye Allergy Itch-Redness Rlf)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Eye Allergy Itch Relief)	2	QL (2.5 per 25 days)
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i> , 2.5 %	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phenyleph-tropicamide in water ophthalmic (eye) drops 2.5-1 %</i>	2	
<i>proparacaine ophthalmic (eye) drops</i> (Alcaine) 0.5 %	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	2	PA
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic</i> (Polycin) <i>(eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	2	
<i>bleph-10 ophthalmic (eye) drops 10</i> (sulfacetamide sodium) <i>%</i>	2	
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10- 0.2 %	2	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>ciprofloxacin hcl otic (ear)</i> (Cetraxal) <i>dropperette 0.2 %</i>	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	

Drug Name	Drug Tier	Requirements/Limits
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	1	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (Neo-Polycin HC)	1	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g (Neo-Polycin)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 % (Maxitrol)	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 % (Maxitrol)	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1% (neomycin-bacitracin-poly-hc)	1	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	1	
ofloxacin otic (ear) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram (bacitracin-polymyxin b)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	QL (3.4 per 16 days)
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	2	ST; QL (17.2 per 30 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> (Restasis)	2	QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	QL (30 per 28 days)
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	QL (10 per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i> (Durezol)	2	QL (20 per 28 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (25 per 30 days)
<i>fluocinolone acetone oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	QL (20 per 28 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	QL (6.8 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	QL (20 per 30 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	QL (7 per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> (Lotemax)	2	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> (Lotemax)	1	QL (20 per 14 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Allergy Nasal (mometasone))	2	QL (17 per 30 days)
<i>nasal allergy nasal aerosol,spray 55 mcg</i> (triamcinolone acetonide)	1	QL (16.9 per 30 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Pred Forte)	1	QL (40 per 28 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	QL (40 per 28 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (cyclosporine)	2	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	QL (112 per 10 days)
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i> (Dexilant)	2	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i> (Nexium)	2	ST; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i> (Nexium Packet)	2	ST; QL (30 per 30 days)
<i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i>	2	ST; QL (30 per 30 days)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 20 mg</i> (Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Acid Reducer (lansoprazole))	1	QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i> (Prevacid SoluTab)	1	ST; QL (30 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>nizatidine oral solution 150 mg/10 ml</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (30 per 30 days)
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	
<i>omeprazole oral tablet, disintegrat, delay rel 20 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i> (Zegerid)	2	ST; QL (30 per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i> (Protonix)	2	ST; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	QL (30 per 30 days)
PRILOSEC OTC ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG (omeprazole magnesium)	1	
<i>rabeprazole oral capsule, delayed rel sprinkle 10 mg</i> (AcipHex Sprinkle)	2	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (AcipHex)	2	ST; QL (30 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i> (Carafate)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
ZEGERID OTC ORAL CAPSULE 20-1.1 MG-GRAM (omeprazole-sodium bicarbonate)	1	QL (30 per 30 days)
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet, dispersible 200 mg</i> (Carbaglu)	3	PA; *May have Specialty Costshare
<i>constulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>enulose oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>generlac oral solution 10 gram/15 ml</i> (lactulose)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i> (Oscimin)	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> (Levbid)	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> (Ed-Spaz)	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i> (Oscimin SL)	1	
<i>hyosyne oral drops 0.125 mg/ml</i> (hyoscyamine sulfate)	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i> (hyoscyamine sulfate)	1	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml, 15-20 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	

Drug Name	Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i> (Amitiza)	2	QL (60 per 30 days)
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
<i>metoclopramide hcl oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (120 per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	PA; QL (30 per 30 days)
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	2	
<i>oscimin oral tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sl sublingual tablet 0.125 mg</i> (hyoscyamine sulfate)	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i> (hyoscyamine sulfate)	1	
<i>propantheline oral tablet 15 mg</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	3	PA; *May have Specialty Costshare
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	2	PA; *May have Specialty Costshare
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SYMPROIC ORAL TABLET 0.2 MG	2	QL (30 per 30 days)
TRULANCE ORAL TABLET 3 MG	2	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg</i>	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	

Drug Name	Drug Tier	Requirements/Limits
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> (peg 3350-electrolytes)	1	
<i>gavilyte-n oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> (MoviPrep)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>peg-prep oral kit 5-210 mg-gram</i>	2	
POLYETHYLENE GLYCOL 3350(BULK) POWDER	1	
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> (Suprep Bowel Prep Kit)	1	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (peg-electrolyte soln)	1	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> (Fosrenol)	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	2	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	2	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	ST; QL (30 per 30 days)
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i> (Toviaz)	2	ST; QL (30 per 30 days)
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (mirabegron)	2	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	ST; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	QL (60 per 30 days)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	2	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i> (Pyridium)	1	

Drug Name		Drug Tier	Requirements/Limits
<i>silodosin oral capsule 4 mg, 8 mg</i>	(Rapaflo)	2	QL (30 per 30 days)
<i>tamsulosin oral capsule 0.4 mg</i>	(Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>		1	
<i>ustell oral capsule 120-0.12 mg</i>		2	
Heavy Metal Antagonists			
Heavy Metal Antagonists			
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	(Jadenu Sprinkle)	3	PA; *May have Specialty Costshare
<i>deferasirox oral tablet 180 mg</i>	(Jadenu)	3	PA; *May have Specialty Costshare
<i>deferasirox oral tablet 360 mg, 90 mg</i>	(Jadenu)	2	PA; *May have Specialty Costshare
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	(Exjade)	2	PA; *May have Specialty Costshare
<i>penicillamine oral capsule 250 mg</i>	(Cuprimine)	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
<i>penicillamine oral tablet 250 mg</i>	(Depen Titratabs)	3	PA; *May have Specialty Costshare; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying			
Androgens			
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	(estrogens-methyltestosterone)	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	(estrogens-methyltestosterone)	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>		1	
<i>estratest f.s. oral tablet 1.25-2.5 mg</i>	(estrogens-methyltestosterone)	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg</i>	(Covaryx H.S.)	1	
<i>estrogens-methyltestosterone oral tablet 1.25-2.5 mg</i>	(Covaryx)	1	
<i>methyltestosterone oral capsule 10 mg</i>		2	PA NSO; QL (150 per 30 days)
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>		1	PA

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	PA NSO; QL (10 per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA NSO; QL (10 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA NSO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	2	PA NSO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	2	PA NSO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	2	PA NSO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA NSO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> (AndroGel)	2	PA NSO; QL (37.5 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA NSO; QL (180 per 30 days)
Estrogens And Antiestrogens		
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (estradiol)	2	QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i> (Divigel)	2	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch</i> (Dotti) <i>semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i> (Climara) <i>0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Yuvaferm)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	QL (1 per 90 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
INTRAROSA VAGINAL INSERT 6.5 MG	2	QL (30 per 30 days)
<i>jinteli oral tablet 1-5 mg-mcg</i> (norethindrone ac-eth estradiol)	1	
<i>lyllana transdermal patch</i> (estradiol) <i>semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 28 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> (Fyavolv)	1	
OSPHENA ORAL TABLET 60 MG	3	PA; QL (30 per 30 days)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.9 MG	2	
PREMARIN ORAL TABLET 0.625 MG, 1.25 MG (conjugated estrogens)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	PA; QL (30 per 30 days)
<i>yuvaferm vaginal tablet 10 mcg</i> (estradiol)	1	

Drug Name	Drug Tier	Requirements/Limits
Glucocorticoids/Mineralocorticoids		
<i>cortisone oral tablet 25 mg</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	
<i>methylprednisolone oral tablet 16 mg, 4 mg, 8 mg</i> (Medrol)	1	
<i>methylprednisolone oral tablet 32 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	
<i>prednisolone oral tablet 5 mg</i> (Millipred)	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	1	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
Pituitary		
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 150 mcg/spray (0.1 ml)</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
GENOTROPIN MINISQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; *May have Specialty Costshare
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; *May have Specialty Costshare
MYFEMBREE ORAL TABLET 40- 1-0.5 MG	2	PA; QL (1 per 1 day)
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; *May have Specialty Costshare
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	PA; *May have Specialty Costshare
<i>octreotide acetate injection solution</i> (Sandostatin) <i>100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	PA; *May have Specialty Costshare
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	PA; *May have Specialty Costshare
ORGOVYX ORAL TABLET 120 MG	2	PA; *May have Specialty Costshare
ORIASIN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
ORILISSA ORAL TABLET 150 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	2	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; *May have Specialty Costshare
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; *May have Specialty Costshare
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL (0.65 per 84 days)
ENDOMETRIN VAGINAL INSERT 100 MG	2	PA; QL (60 per 30 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	0	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	0	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Gallifrey)	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
ARMOUR THYROID ORAL (thyroid (pork)) TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (levothyroxine)	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Euthyrox)	1	
<i>levothyroxine oral tablet 300 mcg</i> (Synthroid)	1	

Drug Name	Drug Tier	Requirements/Limits
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg (Cytomel)	1	
methimazole oral tablet 10 mg, 5 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (thyroid (pork))	2	
propylthiouracil oral tablet 50 mg	1	
sski oral solution 1 gram/ml (potassium iodide)	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (levothyroxine)	3	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg (NP Thyroid)	2	
Immunological Agents		
Immunological Agents		
adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml (Hyrimoz(CF) Pen)	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
adalimumab-adaz subcutaneous syringe 20 mg/0.2 ml, 40 mg/0.4 ml (Hyrimoz(CF))	2	PA; *May have Specialty Costshare; QL (0.8 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; *May have Specialty Costshare
azathioprine oral tablet 100 mg, 75 mg (Azasan)	1	
azathioprine oral tablet 50 mg (Imuran)	1	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
cyclosporine modified oral capsule 100 mg, 25 mg (Gengraf)	2	
cyclosporine modified oral capsule 50 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	*May have Specialty Costshare
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	3	PA; *May have Specialty Costshare; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; *May have Specialty Costshare; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; *May have Specialty Costshare; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; *May have Specialty Costshare
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; *May have Specialty Costshare
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; *May have Specialty Costshare
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	*May have Specialty Costshare
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> (Zortress)	3	*May have Specialty Costshare
<i>gengraf oral capsule 100 mg, 25 mg</i> (cyclosporine modified)	2	
<i>gengraf oral solution 100 mg/ml</i> (cyclosporine modified)	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; *May have Specialty Costshare

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; *May have Specialty Costshare
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (6 per 28 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; *May have Specialty Costshare; QL (3 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; *May have Specialty Costshare; QL (2 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	ST
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	2	
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA NSO; *May have Specialty Costshare; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA NSO; *May have Specialty Costshare; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA NSO; *May have Specialty Costshare; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA NSO; *May have Specialty Costshare; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; *May have Specialty Costshare; QL (55 per 28 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (19)	2	PA; *May have Specialty Costshare; QL (27 per 14 days)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	*May have Specialty Costshare
RINVOQ LQ ORAL SOLUTION 1 MG/ML	2	PA; *May have Specialty Costshare; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	3	
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML (adalimumab-ryvk)	2	PA; *May have Specialty Costshare; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus oral solution 1 mg/ml</i>	3	*May have Specialty Costshare
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	*May have Specialty Costshare
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.83 ML	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; *May have Specialty Costshare
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; *May have Specialty Costshare
SOTYKTU ORAL TABLET 6 MG	2	PA; *May have Specialty Costshare
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 84 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	*May have Specialty Costshare
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	2	PA; *May have Specialty Costshare; QL (1 per 56 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; *May have Specialty Costshare
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; *May have Specialty Costshare; QL (4 per 28 days)
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; *May have Specialty Costshare; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; *May have Specialty Costshare; QL (30 per 30 days)
Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	0	QL (1 per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
AREXVY ANTIGEN COMPONENT INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG	0	AGE (Min 50 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 10 Years and Max 25 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5- 8-5 LF-MCG-LF/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)

Drug Name	Drug Tier	Requirements/Limits
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0	QL (3 per 365 days)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0	QL (3 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (1.5 per 365 days); AGE (Min 9 Years and Max 45 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	QL (2 per 365 days)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	QL (1 per 365 days)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	PA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 11 Years and Max 23 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	QL (0.5 per 30 days); AGE (Min 2 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	QL (1 per 365 days); AGE (Min 11 Years and Max 23 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	QL (2 per 365 days)
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	0	AGE (Min 60 Years)
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	0	QL (1 per 365 days)

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA MENACWY COMPONENT(PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 5 MCG/0.5 ML	0	QL (1 per 365 days)
PENBRAYA MENB COMPONENT (PF) INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (1 per 365 days)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	QL (0.5 per 365 days)
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	0	QL (3 per 365 days)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	0	QL (2 per 365 days)
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	0	QL (2 per 365 days)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	QL (3 per 365 days)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	QL (3 per 365 days)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	QL (2 per 365 days); AGE (Min 50 Years)

Drug Name	Drug Tier	Requirements/Limits
TDVAX INTRAMUSCULAR (tetanus-diphtheria toxoids-td) SUSPENSION 2-2 LF UNIT/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	QL (0.5 per 365 days); AGE (Min 7 Years)
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	0	PA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	QL (1.5 per 365 days); AGE (Min 10 Years and Max 25 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	QL (4 per 365 days)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	QL (2 per 365 days)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	QL (2 per 365 days)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	QL (2 per 365 days)
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	QL (0.5 per 365 days)

Inflammatory Bowel Disease Agents

Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	2	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	2	QL (90 per 30 days)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i> (Uceris)	2	QL (30 per 30 days)
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	2	ST
<i>mesalamine oral capsule, extended release 500 mg</i> (Pentasa)	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> (Apriso)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	1	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 30 days)
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i> (Sensipar)	3	*May have Specialty Costshare; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i> (Sensipar)	3	*May have Specialty Costshare; QL (120 per 30 days)
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>ibandronate oral tablet 150 mg</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	
<i>paricalcitol oral capsule 4 mcg</i>	2	
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	2	QL (4 per 28 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	2	QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	2	PA; *May have Specialty Costshare; QL (2.4 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; *May have Specialty Costshare; QL (1.56 per 28 days)
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	3	PA; *May have Specialty Costshare; QL (12 per 30 days)
<i>betaine oral powder 1 gram/scoop</i> (Cystadane)	3	PA; *May have Specialty Costshare
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazoxide oral suspension 50 mg/ml</i> (Proglycem)	2	
ELMIRON ORAL CAPSULE 100 MG	3	PA
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	QL (2 per 28 days)
<i>guanidine oral tablet 125 mg</i>	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO- INJECTOR 0.5 MG/0.1 ML	2	QL (0.4 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO- INJECTOR 1 MG/0.2 ML	2	QL (0.8 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL (0.8 per 30 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	2	QL (0.4 per 30 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	
<i>hydroxyzine pamoate oral capsule</i> <i>100 mg, 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg,</i> <i>15 mg, 25 mg, 5 mg</i>	1	PA
<i>methylergonovine oral tablet 0.2 mg</i>	1	QL (28 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; *May have Specialty Costshare; QL (1 per 1 day)
<i>paroxetine mesylate(menop.sym) oral</i> <i>capsule 7.5 mg</i>	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral syrup</i> (Mestinon) <i>60 mg/5 ml</i>	2	
<i>pyridostigmine bromide oral tablet</i> <i>30 mg</i>	1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon) <i>60 mg</i>	1	
<i>pyridostigmine bromide oral tablet</i> (Mestinon Timespan) <i>extended release 180 mg</i>	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	3	*May have Specialty Costshare; QL (24 per 14 days)
VOWST ORAL CAPSULE	3	PA; *May have Specialty Costshare
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 0.6 MG/0.6 ML	2	QL (2.4 per 30 days)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL (2.4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
ALPHAGAN P OPHTHALMIC (brimonidine) (EYE) DROPS 0.1 %	2	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>bimatoprost (pf) ophthalmic (eye) drops 0.01 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	QL (2.5 per 25 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> (Combigan)	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> (Azopt)	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> (Cosopt (PF))	2	QL (60 per 30 days)
<i>dorzolamide-timolol (pf) ophthalmic (eye) drops 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic (eye)</i> <i>drops 1 %, 2 %, 4 %</i>	1	
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
<i>tafluprost (pf) ophthalmic (eye)</i> (Zioptan (PF)) <i>dropperette 0.0015 %</i>	2	QL (30 per 30 days)
<i>timol-brimon-dorzol-bimato(pf)</i> <i>ophthalmic (eye) drops 0.5 %-0.15</i> <i>%- 2 %-0.01 %</i>	2	
<i>timolol maleate (pf) ophthalmic (eye)</i> (Timoptic Ocudose <i>dropperette 0.25 %, 0.5 %</i> (PF))	2	QL (60 per 30 days)
<i>timolol maleate ophthalmic (eye)</i> <i>drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye)</i> (Istalol) <i>drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel</i> <i>forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol-bimatoprost (pf) ophthalmic</i> <i>(eye) drops 0.5-0.01 %</i>	2	
<i>timolol-dorzolam-bimatopro(pf)</i> <i>ophthalmic (eye) drops 0.5-2-0.01 %</i>	2	
<i>travoprost ophthalmic (eye) drops</i> (Travatan Z) <i>0.004 %</i>	2	QL (2.5 per 30 days)

Replacement Preparations

Replacement Preparations

<i>effer-k oral tablet, effervescent 25</i> <i>meq</i>	(potassium bicarb-citric acid)	1	
<i>klor-con m10 oral tablet,er</i> <i>particles/crystals 10 meq</i>	(potassium chloride)	1	
<i>klor-con m15 oral tablet,er</i> <i>particles/crystals 15 meq</i>	(potassium chloride)	1	
<i>klor-con m20 oral tablet,er</i> <i>particles/crystals 20 meq</i>	(potassium chloride)	1	
<i>potassium chloride oral capsule,</i> <i>extended release 10 meq, 8 meq</i>		1	
<i>potassium chloride oral liquid 20</i> <i>meq/15 ml, 40 meq/15 ml</i>		1	
<i>potassium chloride oral packet 20</i> <i>meq</i>	(Klor-Con)	2	
<i>potassium chloride oral tablet</i> <i>extended release 10 meq</i>	(Klor-Con 10)	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral tablet extended release 15 meq</i>	1	
<i>potassium chloride oral tablet extended release 20 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 8)	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet, er particles/crystals 15 meq</i> (Klor-Con M15)	1	
<i>potassium chloride oral tablet, er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (fluticasone propion-salmeterol)	2	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (fluticasone furoate-vilanterol)	2	QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	2	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i> (Pulmicort)	2	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i> (Pulmicort)	2	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide-formoterol inhalation hfa (Breyna) aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (30.9 per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	1	QL (60 per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	1	QL (120 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	2	QL (12 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	2	QL (24 per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol (Wixela Inhub) inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> (fluticasone propion- salmeterol)	2	QL (60 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 (Singulair) mg</i>	1	
<i>montelukast oral tablet 10 mg (Singulair)</i>	1	
<i>montelukast oral tablet, chewable 4 (Singulair) mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg (Accolate)</i>	2	
Bronchodilators		
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa (Ventolin HFA) aerosol inhaler 90 mcg/actuation</i>	1	QL (17 per 25 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i> (Brovana)	2	QL (120 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	QL (10.7 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (8 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i> (Perforomist)	1	QL (120 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	2	QL (30 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER (tiotropium bromide) INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL (4 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (4 per 30 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200- 62.5-25 MCG	2	QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	3	*May have Specialty Costshare; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>nebusal inhalation solution for nebulization 3 %</i> (sodium chloride)	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; *May have Specialty Costshare; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; *May have Specialty Costshare; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; *May have Specialty Costshare; QL (1 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; *May have Specialty Costshare; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
<i>pirfenidone oral tablet 267 mg</i> (Esbriet)	3	PA; *May have Specialty Costshare; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg</i>	3	PA; *May have Specialty Costshare; QL (21 per 30 days)
<i>pirfenidone oral tablet 801 mg</i> (Esbriet)	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i> (Daliresp)	2	QL (30 per 30 days)
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	2	
<i>sodium chloride inhalation solution for nebulization 3 %</i> (NebuSal)	1	
<i>sodium chloride inhalation solution for nebulization 7 %</i> (Hyper-Sal)	1	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; *May have Specialty Costshare; QL (56 per 28 days)
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	3	PA; *May have Specialty Costshare
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; *May have Specialty Costshare
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	3	PA; *May have Specialty Costshare; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; *May have Specialty Costshare; QL (5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	3	PA; *May have Specialty Costshare; QL (5 per 28 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>baclofen oral tablet 15 mg</i>	1	QL (160 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>baclofen oral tablet 5 mg</i>	1	QL (480 per 30 days)
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	QL (120 per 30 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	2	QL (240 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	QL (120 per 30 days)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg</i>	1	QL (120 per 30 days)
<i>dantrolene oral capsule 25 mg</i> (Dantrium)	1	QL (90 per 30 days)
<i>dantrolene oral capsule 50 mg</i>	1	QL (90 per 30 days)
<i>metaxall oral tablet 800 mg</i> (metaxalone)	2	QL (120 per 30 days)
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2	QL (120 per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	1	QL (240 per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	1	QL (180 per 30 days)
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	QL (60 per 30 days)
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i> (Norgesic)	2	QL (120 per 30 days)
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i> (Orphengesic Forte)	2	QL (120 per 30 days)
<i>orphengesic forte oral tablet 50-770-60 mg</i> (orphenadrine-asa-caffeine)	2	QL (120 per 30 days)
<i>tizanidine oral capsule 2 mg</i> (Zanaflex)	2	QL (540 per 30 days)
<i>tizanidine oral capsule 4 mg</i> (Zanaflex)	2	QL (270 per 30 days)
<i>tizanidine oral capsule 6 mg</i> (Zanaflex)	2	QL (180 per 30 days)
<i>tizanidine oral tablet 2 mg</i>	1	QL (540 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i> (Nuvigil)	2	PA; QL (90 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	ST; QL (30 per 30 days)
<i>doxepin oral tablet 3 mg, 6 mg</i> (Silenor)	2	ST; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	ST; QL (30 per 30 days)
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; *May have Specialty Costshare; QL (150 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG (tasimelteon)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i> (Rozerem)	2	QL (30 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i> (Xyrem)	3	PA; *May have Specialty Costshare; QL (540 per 30 days)
<i>tasimelteon oral capsule 20 mg</i> (HetlioZ)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	2	PA; *May have Specialty Costshare
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	ST; QL (30 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	3	PA; *May have Specialty Costshare; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i> (tadalafil (pulm. hypertension))	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	3	PA; *May have Specialty Costshare; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bosentan oral tablet 125 mg, 62.5 mg</i> (Tracleer)	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	3	PA; *May have Specialty Costshare; QL (30 per 30 days)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	3	PA; *May have Specialty Costshare
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	3	PA; *May have Specialty Costshare
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	3	PA; *May have Specialty Costshare
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; *May have Specialty Costshare
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	3	PA; *May have Specialty Costshare; QL (224 per 30 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> (Alyq)	2	PA; *May have Specialty Costshare; QL (60 per 30 days)
<i>tadalafil oral tablet 2.5 mg</i>	2	PA
<i>tadalafil oral tablet 5 mg</i> (Cialis)	2	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; *May have Specialty Costshare; QL (120 per 30 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; *May have Specialty Costshare; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	3	PA; *May have Specialty Costshare; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; *May have Specialty Costshare; QL (200 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
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