



FirstCarolinaCare

2023 Formulary

(List of Covered Drugs)

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

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact FirstCarolinaCare Member Services at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 – September 30 voicemail will be used on weekends and holidays, or visit [FirstCarolinaCare.com/NHHA](https://www.FirstCarolinaCare.com/NHHA).

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

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

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take. When this drug list (formulary) refers to "we," "us" or "our," it means **New Hanover Health Advantage**. When it refers to "plan" or "our plan," it means **FirstCarolinaCare**.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 291-9336 (TTY: 711).

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame (855) 291-9336 (TTY: 711).

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New Hanover FirstCarolinaCare HMO-POS Formulary 00023538 Version 19

What is the FirstCarolinaCare Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year:

In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - o If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled "How do I request an exception to the FirstCarolinaCare Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the FirstCarolinaCare Formulary?"

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/01/2023. To get updated information about the drugs covered by FirstCarolinaCare, please contact us. Our contact information appears on the front and back cover pages. If there are negative changes made to the printed drug list within the covered year, you may be notified by mail identifying the changes. Drug lists located on our website are reviewed and updated on a monthly basis.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

12/01/2023

What if my drug is not on the Formulary?

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

If you learn that FirstCarolinaCare does not cover your drug, you have two options:

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

How do I request an exception to the FirstCarolinaCare formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, FirstCarolinaCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

FirstCarolinaCare provides transition fills for members who have a level-of-care change from one treatment setting to another. Please visit our website at FirstCarolinaCare.com/NHHA for further details.

For more information

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

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

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

FirstCarolinaCare Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by FirstCarolinaCare. If you have trouble finding your drug in the list, turn to the index that begins on page 72.

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

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

Drug Name	Drug Tier	Requirements/Limits
Opthalmic Agents		
Opthalmic Agents		
CYSTARAN SOLN 0.44%	5	PA, QL: 60 ML per 28 days

B/D This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

EA Each.

PA Prior Authorization. FirstCarolinaCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FirstCarolinaCare before you fill your prescriptions. If you don't get approval, FirstCarolinaCare may not cover the drug.

QL Quantity Limit. For certain drugs, FirstCarolinaCare limits the amount of the drug that FirstCarolinaCare will cover. For example, FirstCarolinaCare provides 30 tablets per prescription for citalopram hydrobromide. This may be in addition to a standard one-month or three-month supply.

ST Step Therapy. In some cases, FirstCarolinaCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FirstCarolinaCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FirstCarolinaCare will then cover Drug B.

Brand-name drugs are listed in parentheses after the generic. This does not mean the brand name is covered. Please refer to the actual listing for that drug to determine coverage.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib caps</i>	2	
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	1	GC
<i>diclofenac sodium er</i>	1	GC
<i>diclofenac sodium/misoprostol</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium gel 3%</i>	4	
<i>diflunisal tabs 500mg</i>	2	
<i>ec-naproxen</i>	1	GC
<i>etodolac er</i>	2	
<i>etodolac caps, tabs</i>	2	
<i>fenoprofen calcium caps 400mg</i>	1	GC
<i>fenoprofen calcium tabs</i>	1	GC
<i>flurbiprofen tabs</i>	1	GC
<i>ibu</i>	1	GC
<i>ibuprofen/famotidine</i>	2	
<i>ibuprofen susp</i>	1	GC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	GC
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml</i>	2	
<i>meclofenamate sodium caps</i>	1	GC
<i>mefenamic acid caps</i>	2	
<i>meloxicam tabs</i>	1	GC
<i>nabumetone tabs</i>	1	GC
<i>naproxen sodium tabs 275mg, 550mg</i>	1	GC
<i>naproxen tbec</i>	1	GC
<i>naproxen susp</i>	2	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	GC
<i>oxaprozin</i>	2	
<i>piroxicam caps</i>	2	
<i>salsalate tabs</i>	2	
<i>sulindac tabs</i>	1	GC
Opioid Analgesics, Long-acting		
<i>BELBUCA</i>	4	QL(60 EA per 30 days)
<i>buprenorphine</i>	2	
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr</i>	2	QL(10 EA per 30 days)
<i>fentanyl pt72 100mcg/hr</i>	2	QL(20 EA per 30 days)
<i>methadone hcl inj</i>	2	
<i>methadone hcl oral soln</i>	2	QL(1800 ML per 30 days)
<i>methadone hcl tabs</i>	2	QL(360 EA per 30 days)
<i>methadone hydrochloride intensol</i>	2	QL(1800 ML per 30 days)

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document. GC= We provide additional coverage of this prescription drug in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hydrochloride conc</i>	2	QL(1800 ML per 30 days)
<i>methadose sugar-free</i>	2	QL(1800 ML per 30 days)
<i>methadose conc 10mg/ml</i>	2	QL(1800 ML per 30 days)
<i>morphine sulfate er cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr</i>	2	QL(120 EA per 30 days)
NUCYNTA ER	3	
<i>oxycodone hcl er t12a</i>	2	QL(60 EA per 30 days)
OXYCODONE HYDROCHLORIDE ER T12A 40MG, 80MG	2	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	2	QL(60 EA per 30 days)
OXYCONTIN T12A	4	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 30mg</i>	2	QL(120 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	2	QL(60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	2	QL(120 EA per 30 days)
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	2	QL(60 EA per 30 days); ST
<i>tramadol hcl er tb24</i>	2	QL(30 EA per 30 days); ST
<i>tramadol hydrochloride er</i>	2	QL(30 EA per 30 days); ST
Opioid Analgesics, Short-acting		
<i>acetaminophen/caffeine/dihydrocodeine tabs</i>	2	QL(300 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine phosphate tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(4500 ML per 30 days)
<i>acetaminophen/codeine tabs 300mg; 60mg</i>	2	QL(180 EA per 30 days)
<i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg</i>	2	QL(360 EA per 30 days)
<i>ascomp/codeine</i>	2	
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	
<i>butalbital/aspirin/caffeine/codeine</i>	2	
<i>butorphanol tartrate inj</i>	2	
<i>butorphanol tartrate nasal soln</i>	2	QL(5 ML per 28 days)
<i>codeine sulfate tabs</i>	2	QL(180 EA per 30 days)
<i>duramorph</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	2	QL(2700 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	2	QL(240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	2	QL(150 EA per 30 days)
<i>hydromorphone hcl liqd</i>	2	QL(1200 ML per 30 days)
<i>hydromorphone hcl inj 10mg/ml, 1mg/ml, 4mg/ml</i>	2	
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(180 EA per 30 days)
<i>hydromorphone hydrochloride inj 2mg/ml, 50mg/5ml</i>	2	
LAZANDA SOLN 100MCG/ACT, 400MCG/ACT	5	PA
<i>morphine sulfate tabs</i>	2	QL(180 EA per 30 days)
MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML	2	
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 2mg/ml, 4mg/ml, 8mg/ml</i>	2	
<i>morphine sulfate inj 10mg/ml, 4mg/ml, 5mg/ml, 8mg/ml</i>	2	B/D
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL(200 ML per 30 days)
<i>morphine sulfate oral soln 20mg/5ml</i>	2	QL(300 ML per 30 days)
<i>morphine sulfate oral soln 10mg/5ml</i>	2	QL(700 ML per 30 days)
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	1	GC
<i>oxycodone hcl caps</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	2	QL(1300 ML per 30 days)
<i>oxycodone hydrochloride caps, tabs</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	2	QL(180 ML per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL(240 EA per 30 days)
<i>oxymorphone hydrochloride</i>	2	QL(180 EA per 30 days)
<i>tramadol hcl tabs</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	2	QL(120 EA per 30 days)
Anesthetics		
Local Anesthetics		
<i>glydo</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly prsy</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl jelly gel</i>	4	QL(30 ML per 30 days); PA
<i>lidocaine hcl/dextrose intraspinal soln 7.5%; 5%</i>	2	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	1	GC
<i>lidocaine hcl prsy 2%</i>	1	QL(30 ML per 30 days); PA; GC
<i>lidocaine hcl external soln 4%</i>	1	QL(250 ML per 30 days); PA; GC
<i>lidocaine hydrochloride inj 1%, 2%</i>	1	GC
<i>lidocaine/prilocaine crea</i>	2	QL(60 GM per 30 days); PA
<i>lidocaine oint 5%</i>	2	QL(150 GM per 30 days); PA
<i>lidocaine ptch 5%</i>	2	PA
PLIAGLIS CREA	4	QL(30 GM per 30 days); PA
Anti-Addiction/Substance Abuse Treatment Agents		

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Drug Name	Drug Tier	Requirements/Limits
Alcohol Deterrents/Anti-craving		
acamprosate calcium dr	2	
disulfiram tabs	2	
VIVITROL	5	
Opioid Dependence		
buprenorphine hcl/naloxone hcl	2	QL(90 EA per 30 days)
buprenorphine hcl subl	2	QL(90 EA per 30 days)
buprenorphine hcl inj	4	
buprenorphine hydrochloride/naloxone hydrochloride film	2	QL(90 EA per 30 days)
buprenorphine hydrochloride/naloxone hydrochloride subl 2mg; 0.5mg	2	QL(90 EA per 30 days)
LUCEMYRA	4	
naltrexone hcl tabs	1	GC
Opioid Reversal Agents		
naloxone hcl inj 2mg/2ml, 4mg/10ml	1	GC
naloxone hydrochloride liqd	2	
naloxone hydrochloride inj 0.4mg/ml	1	GC
NARCAN LIQD	3	
Smoking Cessation Agents		
bupropion hydrochloride er (sr) tb12 150mg	2	
NICOTROL INHALER	4	QL(480 EA per 30 days)
NICOTROL NS	4	QL(720 ML per 365 days)
varenicline starting month box	2	
varenicline tartrate	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate inj 1gm/4ml, 500mg/2ml	2	
gentak	1	GC
gentamicin sulfate pediatric	1	GC
gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%	1	GC
gentamicin sulfate ophthalmic soln	1	GC
gentamicin sulfate crea, oint	2	
gentamicin sulfate inj 40mg/ml	1	GC
isotonic gentamicin inj 0.8mg/ml; 0.9%	1	GC
neomycin sulfate	2	
neomycin/polymyxin b sulfates	2	
paromomycin sulfate	1	GC
streptomycin sulfate inj 1gm	1	GC
tobramycin sulfate inj	2	
tobramycin soln 0.3%	1	GC
ZEMDRI	5	
Antibacterials, Other		

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Drug Name	Drug Tier	Requirements/Limits
AEMCOLO	3	QL(12 EA per 30 days)
BACITRACIN INJ	1	GC
<i>bacitracin oint</i>	2	
<i>chloramphenicol sodium succinate</i>	1	GC
CLEOCIN SUPP	4	
<i>clindacin</i>	2	
<i>clindacin etz pledgets</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	GC
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	GC
<i>clindamycin palmitate hcl</i>	1	GC
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate crea, foam, gel, lotn, external soln, swab</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	1	GC
<i>colistimethate sodium</i>	4	
DALVANCE	5	
<i>daptomycin</i>	5	
DAPTOMYCIN/SODIUM CHLORIDE	4	
<i>fosfomycin tromethamine</i>	2	
KIMYRSA	5	
<i>lincomycin hcl inj</i>	2	
<i>lincomycin hydrochloride</i>	2	
<i>linezolid tabs</i>	4	QL(56 EA per 28 days)
<i>linezolid susr</i>	5	QL(1800 ML per 28 days)
<i>linezolid inj 600mg/300ml</i>	2	
<i>mafenide acetate pack</i>	4	
<i>methenamine hippurate</i>	2	
<i>metronidazole vaginal</i>	2	
<i>metronidazole caps 375mg</i>	1	GC
<i>metronidazole inj 500mg/100ml</i>	1	GC
<i>metronidazole tabs 250mg, 500mg</i>	1	GC
<i>mupirocin oint</i>	2	
<i>nitrofurantoin macrocrystals</i>	2	
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	
<i>nitrofurantoin monohydrate caps</i>	2	
NUVESSA	4	
ORBACTIV	5	
<i>polymyxin b sulfate inj</i>	2	
<i>silver sulfadiazine crea</i>	1	GC
SIVEXTRO	5	QL(6 EA per 30 days)
<i>ssd</i>	1	GC
SULFAMYLON	4	

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Drug Name	Drug Tier	Requirements/Limits
SYNERCID INJ 350MG; 150MG	5	
<i>tigecycline</i>	2	
<i>trimethoprim tabs</i>	1	GC
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 10gm</i>	4	
<i>vancomycin hydrochloride/dextrose inj 5%; 1gm/200ml, 5%; 500mg/100ml, 5%; 750mg/150ml</i>	4	
<i>vancomycin hydrochloride caps</i>	4	
VANCOMYCIN HYDROCHLORIDE INJ 1250MG/250ML, 1750MG/350ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1000mg/200ml, 1gm, 250mg, 500mg, 5gm, 750mg</i>	4	
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	
<i>vandazole</i>	2	
XIFAXAN	5	PA
Beta-lactam, Cephalosporins		
AVYCAZ	5	
<i>cefaclor er tb12 500mg</i>	2	
<i>cefaclor caps</i>	2	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	2	
<i>cefazolin sodium inj 100gm, 10gm, 1gm/50ml; 4%, 1gm, 300gm, 500mg</i>	2	
CEFAZOLIN INJ 2GM	2	
<i>cefazolin inj 2gm, 3gm</i>	2	
<i>cefdinir</i>	2	
CEFEPIME	3	
CEFEPIME HYDROCHLORIDE INJ 100GM, 2GM	3	
CEFEPIME/DEXTROSE	3	
<i>cefixime</i>	2	
CEFOTAXIME SODIUM INJ 1GM	1	GC
<i>cefotaxime sodium inj 2gm</i>	1	GC
<i>cefotetan/dextrose</i>	1	GC
<i>cefotetan inj 1gm, 2gm</i>	1	GC
<i>cefoxitin sodium</i>	1	GC
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime/dextrose</i>	1	GC
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	GC
<i>ceftriaxone in iso-osmotic dextrose inj 20mg/ml; 0</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	
<i>ceftriaxone/dextrose</i>	4	
<i>cefuroxime axetil tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	2	
<i>cephalexin</i>	1	GC
FETROJA	5	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
<i>tazicef inj 1gm, 2gm, 6gm</i>	1	GC
TEFLARO	5	
ZERBAXA	5	
Beta-lactam, Penicillins		
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	2	
<i>amoxicillin chew 125mg, 250mg</i>	1	GC
<i>amoxicillin caps, susr, tabs</i>	1	GC
<i>ampicillin sodium inj</i>	1	GC
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	1	GC
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	1	GC
<i>ampicillin caps 500mg</i>	1	GC
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
<i>dicloxacillin sodium</i>	1	GC
NAFCILLIN	5	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	2	
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	GC
<i>penicillin g potassium inj 2000000unit, 5000000unit</i>	1	GC
<i>penicillin g procaine</i>	1	GC
<i>penicillin v potassium</i>	1	GC
<i>piperacillin sodium/tazobactam sodium</i>	2	
Carbapenems		
<i>aztreonam</i>	2	
<i>ertapenem</i>	4	
<i>ertapenem sodium</i>	4	
<i>imipenem/cilastatin</i>	1	GC
<i>meropenem</i>	2	
MEROPENEM/SODIUM CHLORIDE INJ 1GM/50ML; 0.9%	5	
<i>meropenem/sodium chloride inj 500mg; 0.9%</i>	2	
Macrolides		
<i>azithromycin pack, susr, tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin inj 500mg</i>	2	
<i>clarithromycin er</i>	2	
<i>clarithromycin susr, tabs</i>	2	
DIFICID	5	
<i>e.e.s. 400 tabs</i>	2	
<i>ery</i>	2	
ERYTHROCIN LACTOBIONATE INJ 500MG	3	
<i>erythrocin stearate tabs 250mg</i>	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate susr, tabs</i>	2	
ERYTHROMYCIN LACTOBIONATE	3	
<i>erythromycin oint</i>	1	GC
<i>erythromycin cpep, gel</i>	2	
<i>erythromycin soln 2%</i>	2	
Quinolones		
BAXDELA	5	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	GC
<i>ciprofloxacin hydrochloride soln</i>	1	GC
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	GC
<i>ciprofloxacin i.v.-in d5w</i>	1	GC
<i>ciprofloxacin soln</i>	2	
<i>gatifloxacin</i>	2	
<i>levofloxacin</i>	2	
<i>levofloxacin in d5w</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj, ophthalmic soln, tabs</i>	2	
<i>ofloxacin ophthalmic soln, otic soln</i>	1	GC
<i>ofloxacin tabs 300mg, 400mg</i>	1	GC
Sulfonamides		
<i>sodium sulfacetamide</i>	2	
<i>sulfacetamide sodium soln</i>	1	GC
<i>sulfacetamide sodium lotn, oint</i>	2	
<i>sulfadiazine tabs</i>	1	GC
<i>sulfamethoxazole/trimethoprim</i>	1	GC
<i>sulfamethoxazole/trimethoprim ds</i>	1	GC
Tetracyclines		
<i>demeclocycline hcl tabs</i>	2	
<i>demeclocycline hydrochloride tabs 300mg</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate dr tbec 150mg, 75mg</i>	2	
<i>doxycycline hyclate caps, inj</i>	2	
<i>doxycycline hyclate tabs 100mg, 20mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate caps, tabs</i>	2	
<i>doxycycline susr</i>	2	
MINOCIN INJ	5	
<i>minocycline hcl caps 75mg</i>	1	GC
<i>minocycline hcl tabs</i>	1	GC
<i>minocycline hydrochloride er tb24 135mg, 45mg, 90mg</i>	2	
<i>minocycline hydrochloride caps</i>	1	GC
<i>mondoxyne nl caps 100mg</i>	2	
NUZYRA INJ	5	
NUZYRA TABS	5	QL(30 EA per 30 days)
<i>tetracycline hydrochloride caps</i>	2	
VIBRAMYCIN SYRP	4	
XERAVA	5	
Anticonvulsants		
<i>Anticonvulsants, Other</i>		
APTOM	5	ST
BRIVIACT	5	ST
ELEPSIA XR	5	ST
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate tabs</i>	2	
<i>felbamate susp</i>	5	
FINTEPLA	5	PA
FYCOMPA SUSP	5	
FYCOMPA TABS 2MG, 8MG	4	
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG	5	
<i>lamotrigine er</i>	2	
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine titration</i>	2	
<i>lamotrigine chew, tabs</i>	1	GC
<i>levetiracetam er</i>	1	GC
<i>levetiracetam/sodium chloride</i>	2	
<i>levetiracetam oral soln, tabs</i>	1	GC
<i>levetiracetam inj 500mg/5ml</i>	1	GC
<i>levetiracetam inj 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml</i>	2	
NAYZILAM	5	
<i>roweepra tabs 500mg</i>	1	GC
SPRITAM	4	ST
<i>subvenite</i>	1	GC
<i>subvenite starter kit/blue</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
<i>topiramate er cs24</i>	2	
<i>topiramate cpsp, tabs</i>	2	
XCOPRI TABS 100MG, 150MG, 50MG	4	
XCOPRI TABS 200MG	5	
XCOPRI TBPk 0	4	
XCOPRI TBPk 0	5	
Calcium Channel Modifying Agents		
CELONTIN CAPS 300MG	3	
<i>ethosuximide</i>	2	
METHSUXIMIDE	3	
<i>pregabalin</i>	2	
<i>zonisamide</i>	1	GC
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam</i>	4	
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium dr</i>	1	GC
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	1	GC
<i>gabapentin caps, soln</i>	1	GC
<i>gabapentin tabs 600mg, 800mg</i>	1	GC
<i>phenobarbital sodium inj 130mg/ml, 65mg/ml</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>primidone tabs</i>	1	GC
SYMPAZAN FILM 5MG	4	
SYMPAZAN FILM 10MG, 20MG	5	
<i>tiagabine hydrochloride</i>	2	
<i>valproate sodium inj</i>	1	GC
<i>valproic acid caps, soln</i>	1	GC
VALTOCO 10 MG DOSE	5	
VALTOCO 15 MG DOSE	5	
VALTOCO 20 MG DOSE	5	
VALTOCO 5 MG DOSE	5	
<i>vigabatrin</i>	5	
<i>vigadrone</i>	5	
Sodium Channel Agents		
<i>carbamazepine er</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew, susp, tabs</i>	1	GC
DILANTIN INFATABS	4	
DILANTIN CAPS	4	
<i>epitol</i>	1	GC
<i>fosphenytoin sodium</i>	1	GC
<i>lacosamide</i>	2	
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	
<i>phenytoin infatabs</i>	1	GC
<i>phenytoin sodium extended</i>	2	
<i>phenytoin sodium inj</i>	1	GC
<i>phenytoin chew, susp</i>	1	GC
<i>rufinamide susp</i>	5	
RUFINAMIDE TABS 200MG	3	
<i>rufinamide tabs 400mg</i>	5	
VIMPAT INJ	3	
VIMPAT ORAL SOLN	5	
VIMPAT TABS 50MG	3	
VIMPAT TABS 100MG, 150MG, 200MG	5	
ZONISADE	4	ST
Antidementia Agents		
Cholinesterase Inhibitors		
<i>donepezil hcl tbdp</i>	1	GC
<i>donepezil hcl tabs 10mg</i>	1	GC
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride odt</i>	1	GC
<i>donepezil hydrochloride tabs 10mg, 5mg</i>	1	GC
<i>galantamine hydrobromide er</i>	2	
<i>galantamine hydrobromide soln, tabs</i>	2	
<i>rivastigmine tartrate</i>	2	
<i>rivastigmine transdermal system</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl titration pak</i>	1	GC
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	GC
<i>memantine hydrochloride soln</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY	3	QL(60 EA per 30 days); ST
<i>bupropion hcl tabs 100mg</i>	1	GC
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	1	GC
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	4	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hydrochloride tabs 75mg</i>	1	GC
FORFIVO XL	4	ST
<i>mirtazapine odt</i>	1	GC
<i>mirtazapine tabs</i>	1	GC
<i>olanzapine/fluoxetine</i>	2	
SPRAVATO 56MG DOSE	5	PA
SPRAVATO 84MG DOSE	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	QL(30 EA per 30 days)
MARPLAN	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide soln, tabs</i>	1	GC
<i>citalopram hydrobromide caps</i>	4	
<i>desvenlafaxine er tb24 100mg, 50mg</i>	2	
<i>desvenlafaxine er tb24 100mg, 25mg, 50mg</i>	2	QL(30 EA per 30 days)
DRIZALMA SPRINKLE	4	
<i>duloxetine hcl cpep 40mg</i>	2	
<i>duloxetine hydrochloride cpep</i>	2	
<i>escitalopram oxalate tabs</i>	1	GC
<i>escitalopram oxalate soln</i>	4	
FETZIMA	4	ST
FETZIMA TITRATION PACK	4	ST
<i>fluoxetine dr</i>	1	GC
<i>fluoxetine hcl caps 20mg</i>	1	GC
<i>fluoxetine hcl soln</i>	1	GC
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	GC
<i>fluoxetine hydrochloride soln</i>	1	GC
<i>fluoxetine hydrochloride tabs 60mg</i>	4	
<i>fluvoxamine maleate</i>	1	GC
<i>fluvoxamine maleate er</i>	4	
<i>nefazodone hydrochloride</i>	2	
<i>paroxetine</i>	2	
<i>paroxetine hcl er</i>	2	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	GC
<i>paroxetine hydrochloride er tb24 12.5mg, 25mg</i>	2	
<i>paroxetine hydrochloride susp</i>	1	GC
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	GC
PEXEVA	4	ST
<i>sertraline hcl conc</i>	1	GC
<i>sertraline hcl tabs 25mg, 50mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hydrochloride caps</i>	4	
<i>sertraline hydrochloride tabs 100mg</i>	1	GC
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	GC
<i>trazodone hydrochloride tabs 300mg</i>	2	
TRINTELLIX	4	ST
VENLAFAXINE BESYLATE ER	4	ST
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	GC
<i>venlafaxine hydrochloride</i>	1	GC
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	GC
<i>venlafaxine hydrochloride er tb24 150mg, 75mg</i>	1	GC
VIIBRYD STARTER PACK	4	QL(60 EA per 365 days); ST
VIIBRYD TABS	4	QL(30 EA per 30 days); ST
<i>vilazodone hydrochloride</i>	2	QL(30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	PA
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	4	PA
<i>amoxapine</i>	2	
<i>chlordiazepoxide/amitriptyline</i>	4	PA
<i>clomipramine hydrochloride</i>	4	PA
<i>desipramine hydrochloride</i>	2	
<i>doxepin hcl caps 75mg</i>	4	PA
<i>doxepin hcl conc</i>	4	PA
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA
<i>imipramine hcl tabs 25mg, 50mg</i>	4	PA
<i>imipramine hydrochloride tabs 10mg</i>	4	PA
<i>imipramine pamoate</i>	4	PA
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
<i>perphenazine/amitriptyline</i>	4	PA
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate caps</i>	2	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>dimenhydrinate inj</i>	1	GC
<i>droperidol inj</i>	1	GC
<i>meclizine hcl tabs</i>	2	
<i>meclizine hydrochloride tabs 25mg</i>	2	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl supp 12.5mg, 25mg</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	4	PA
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	4	PA
<i>promethegan</i>	2	
<i>scopolamine</i>	2	
Emetogenic Therapy Adjuncts		
APONVIE	4	PA
<i>aprepitant</i>	4	PA
CINVANTI	4	PA
<i>dronabinol</i>	2	B/D
EMEND INJ, SUSR	4	PA
<i>fosaprepitant dimeglumine</i>	2	PA
<i>granisetron hcl inj 1mg/ml</i>	2	
<i>granisetron hydrochloride inj</i>	2	
<i>granisetron hydrochloride tabs</i>	2	B/D
<i>ondansetron hcl soln</i>	2	B/D
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hydrochloride tabs</i>	2	B/D
ONDANSETRON HYDROCHLORIDE INJ 4MG/2ML	2	
<i>ondansetron hydrochloride inj 40mg/20ml, 4mg/2ml</i>	2	
<i>ondansetron odt</i>	2	B/D
<i>palonosetron hydrochloride</i>	4	
SANCUSO	5	
Antifungals		
Antifungals		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA
<i>amphotericin b inj</i>	2	B/D
<i>caspofungin acetate inj 70mg</i>	4	
<i>caspofungin acetate inj 50mg</i>	5	
<i>ciclodan soln</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine crea</i>	2	
<i>ciclopirox gel, sham, susp</i>	2	
<i>clotrimazole/betamethasone dipropionate</i>	2	
<i>clotrimazole crea, soln, troc</i>	2	
CRESEMBA	5	PA
<i>econazole nitrate crea</i>	2	
ERAXIS INJ 50MG	4	
ERAXIS INJ 100MG	5	
<i>fluconazole in nacl inj 200mg/100ml; 0.9%</i>	2	
<i>fluconazole in sodium chloride</i>	2	
<i>fluconazole susr, tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>flucytosine caps</i>	5	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	2	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	5	
<i>ketoconazole crea, sham, tabs</i>	2	
MENTAX	4	ST
<i>micafungin inj 100mg</i>	2	
<i>micafungin inj 50mg</i>	5	
<i>miconazole 3 supp</i>	1	GC
NAFTIFINE HCL	3	ST
NAFTIFINE HYDROCHLORIDE CREA	3	ST
NAFTIFINE HYDROCHLORIDE GEL 1%	3	ST
<i>naftifine hydrochloride gel 2%</i>	4	ST
NAFTIN GEL 2%	4	ST
NATACYN	3	
NOXAFIL INJ	5	
<i>nyamyc</i>	2	
<i>nystatin/triamcinolone</i>	2	
<i>nystatin crea, oint, powd, susp, tabs</i>	2	
<i>nystop</i>	2	
ORAVIG	4	
<i>posaconazole dr</i>	5	
<i>posaconazole inj</i>	5	
<i>terbinafine hcl tabs</i>	2	
<i>terconazole</i>	2	
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	
<i>voriconazole inj</i>	5	PA
Antigout Agents		
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	GC
<i>colchicine tabs 0.6mg</i>	2	
<i>febuxostat</i>	2	
KRYSTEXXA	5	PA
<i>probenecid/colchicine</i>	1	GC
<i>probenecid tabs</i>	1	GC
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 23 days)
ERGOMAR	4	
ERGOTAMINE TARTRATE/CAFFEINE	3	
MIGERGOT	5	

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Drug Name	Drug Tier	Requirements/Limits
Prophylactic		
AIMOVIG	4	QL(2 ML per 30 days); PA
EMGALITY INJ 120MG/ML	4	QL(2 ML per 28 days); PA
EMGALITY INJ 100MG/ML	4	QL(3 ML per 30 days); PA
NURTEC	5	QL(18 EA per 30 days); PA
VYEPTI	5	PA
Serotonin (5-HT) Receptor Agonist		
<i>naratriptan hcl</i>	2	QL(18 EA per 30 days)
REYVOW TABS 50MG	4	QL(4 EA per 30 days); PA
REYVOW TABS 100MG	4	QL(8 EA per 30 days); PA
<i>rizatriptan benzoate</i>	2	QL(18 EA per 30 days)
<i>rizatriptan benzoate odt</i>	2	QL(18 EA per 30 days)
SUMATRIPTAN SUCCINATE REFILL	2	QL(4 ML per 30 days)
<i>sumatriptan succinate tabs</i>	2	QL(9 EA per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	2	QL(4 ML per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	QL(6 ML per 30 days)
<i>sumatriptan soln 20mg/act</i>	2	QL(12 EA per 30 days)
<i>sumatriptan soln 5mg/act</i>	2	QL(18 EA per 30 days)
<i>zolmitriptan odt</i>	2	QL(9 EA per 30 days)
<i>zolmitriptan tabs</i>	2	QL(9 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	
<i>pyridostigmine bromide tabs 60mg</i>	2	
REGONOL INJ 10MG/2ML	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone tabs</i>	2	
PRETOMANID	4	QL(30 EA per 30 days); PA
<i>rifabutin</i>	2	
Antituberculars		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	2	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid inj, syrp, tabs</i>	1	GC
PASER	4	
PRIFTIN	4	
<i>pyrazinamide tabs</i>	1	GC
<i>rifampin caps, inj</i>	2	
SIRTURO	5	PA
TRECTOR	4	
Antineoplastics		

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Drug Name	Drug Tier	Requirements/Limits
Alkylating Agents		
<i>bendamustine hydrochloride</i>	5	PA
BENDEKA	5	PA
BICNU	5	
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin inj 150mg/15ml, 450mg/45ml, 50mg/5ml, 600mg/60ml</i>	1	GC
CARMUSTINE INJ 300MG, 50MG	5	
<i>carmustine inj 100mg</i>	5	
<i>cisplatin inj 100mg/100ml, 200mg/200ml, 50mg/50ml</i>	1	GC
CYCLOPHOSPHAMIDE MONOHYDRATE INJ	5	
CYCLOPHOSPHAMIDE CAPS, TABS	3	B/D
CYCLOPHOSPHAMIDE INJ 500MG/2.5ML, 500MG/ML	5	
<i>cyclophosphamide inj 1gm/5ml, 500mg</i>	2	
<i>cyclophosphamide inj 1gm, 2gm</i>	5	
<i>dacarbazine inj 100mg, 200mg</i>	1	GC
EVOMELA	5	PA
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>ifosfamide inj 1gm/20ml, 3gm/60ml</i>	1	GC
<i>kemoplat</i>	1	GC
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
LEUKERAN	5	
MATULANE	5	PA
<i>melphalan hydrochloride</i>	2	PA
<i>oxaliplatin inj 50mg/10ml</i>	2	
<i>oxaliplatin inj 100mg/20ml, 100mg, 50mg</i>	5	
<i>paraplatin inj 1000mg/100ml, 450mg/45ml, 50mg/5ml</i>	1	GC
TEMODAR INJ	5	PA
<i>thiotepa inj 100mg, 15mg</i>	5	PA
TREANDA INJ 100MG, 25MG	5	PA
VALCHLOR	5	PA
YONDELIS	5	PA
ZANOSAR	5	
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate</i>	5	PA
<i>bicalutamide</i>	1	GC
ERLEADA	5	PA
<i>flutamide</i>	2	
<i>nilutamide</i>	5	

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NUBEQA	5	PA
XTANDI	5	PA
YONSA	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
<i>lenalidomide</i>	5	PA
POMALYST	5	QL(21 EA per 28 days); PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	PA
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
FASLODEX INJ 250MG/5ML	5	
<i>fulvestrant</i>	5	
SOLTAMOX	5	
<i>tamoxifen citrate tabs</i>	1	GC
<i>toremifene citrate</i>	5	PA
Antimetabolites		
ALIMTA	5	PA
ARRANON	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine aqueous</i>	1	B/D; GC
<i>cytarabine inj 100mg/ml, 20mg/ml</i>	1	B/D; GC
DROXIA	4	
<i>floxuridine inj</i>	2	B/D
FLUOROPLEX	5	
FLUOROURACIL CREA 0.5%	5	
<i>fluorouracil crea 5%</i>	2	
<i>fluorouracil external soln</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN	5	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
<i>gemcitabine hydrochloride inj 1gm/10ml, 200mg/2ml, 2gm/20ml</i>	5	
<i>hydroxyurea caps</i>	1	GC
INFUGEM	5	PA
LONSURF	5	PA
<i>mercaptopurine tabs</i>	2	
<i>nelarabine</i>	5	

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<i>pemetrexed disodium</i>	5	PA
PEMETREXED INJ 1GM/40ML, 850MG/34ML	4	PA
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	PA
<i>pemetrexed inj 1000mg, 100mg, 500mg, 750mg</i>	5	PA
PEMFEXY	5	PA
PRALATREXATE	5	
PURIXAN	5	
SIKLOS	4	
TABLOID	4	PA
VYXEOS	5	PA
Antineoplastics, Other		
ABRAXANE	5	
<i>adriamycin inj 10mg, 2mg/ml, 50mg</i>	1	B/D; GC
ADSTILADRIN	5	PA
AKEEGA	5	PA
ARSENIC TRIOXIDE INJ 10MG/10ML	3	
<i>arsenic trioxide inj 12mg/6ml</i>	5	
<i>azacitidine</i>	5	
BESREMI	5	PA
<i>bleomycin sulfate</i>	1	B/D; GC
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG/1.4ML	4	PA
BORTEZOMIB INJ 3.5MG	5	PA
<i>bortezomib inj 3.5mg</i>	5	PA
BRAFTOVI	5	PA
COLUMVI	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
<i>dactinomycin</i>	5	PA
<i>daunorubicin hydrochloride</i>	1	GC
DAURISMO	5	PA
<i>decitabine</i>	5	
<i>dexrazoxane</i>	5	
<i>docetaxel inj 160mg/16ml, 160mg/8ml, 20mg/ml, 80mg/4ml, 80mg/8ml</i>	2	
<i>docetaxel inj 20mg/2ml</i>	5	
<i>doxorubicin hcl inj 2mg/ml, 50mg</i>	1	B/D; GC
<i>doxorubicin hydrochloride liposomal</i>	5	
<i>doxorubicin hydrochloride inj 10mg</i>	1	B/D; GC
ELREXFIO	5	PA
ELZONRIS	5	PA
EPKINLY	5	PA
ERWINASE	5	

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Drug Name	Drug Tier	Requirements/Limits
FARYDAK	5	PA
<i>fludarabine phosphate inj 50mg/2ml, 50mg</i>	1	GC
GAVRETO	5	PA
HALAVEN	5	
IBRANCE	5	PA
<i>idarubicin hcl</i>	2	
<i>idarubicin hydrochloride</i>	2	
INREBIC	5	PA
ISTODAX	5	
IXEMPRA KIT	5	
JEVTANA	5	
KIMMTRAK	5	PA
KISQALI	5	PA
KRAZATI	5	PA
<i>leucovorin calcium tabs</i>	1	GC
<i>leucovorin calcium inj 100mg/10ml, 100mg, 200mg, 350mg, 500mg, 50mg</i>	1	GC
<i>levoleucovorin inj 50mg</i>	5	
LORBRENA	5	PA
LUMAKRAS	5	PA
LUNSUMIO	5	PA
LYNPARZA	5	PA
LYTGOBI	5	PA
MARQIBO	5	PA
MEKTOVI	5	PA
<i>mitomycin inj 20mg, 40mg, 5mg</i>	5	
<i>mitoxantrone hcl inj 2mg/ml</i>	2	
<i>mutamycin</i>	5	
NERLYNX	5	PA
NINLARO	5	PA
ONCASPAR	5	
ONUREG	5	
<i>paclitaxel</i>	1	GC
PACLITAXEL PROTEIN-BOUND PARTICLES	5	
PEMAZYRE	5	PA
PHEGO	5	PA
PIQRAY 200MG DAILY DOSE	5	PA
PIQRAY 250MG DAILY DOSE	5	PA
PIQRAY 300MG DAILY DOSE	5	PA
PROLEUKIN	5	
RETEVMO	5	PA
ROMIDEPSIN INJ 27.5MG/5.5ML	5	
<i>romidepsin inj 10mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK	5	PA
RYDAPT	5	PA
RYLAZE	5	
SCEMBLIX	5	PA
SYNRIBO	5	
TALVEY	5	PA
TALZENNA	5	PA
TAZVERIK	5	PA
TECVAYLI	5	PA
TICE BCG	4	
TRISENOX INJ 12MG/6ML	5	
TRUSELTIQ	5	PA
TUKYSA	5	PA
<i>valrubicin</i>	5	
VALSTAR	5	
VANFLYTA	5	PA
VELCADE	5	PA
VERZENIO	5	PA
<i>vinblastine sulfate inj 1mg/ml</i>	1	B/D; GC
<i>vincasar pfs</i>	1	B/D; GC
<i>vincristine sulfate</i>	1	B/D; GC
<i>vinorelbine tartrate</i>	1	GC
VITRAKVI	5	PA
VONJO	5	PA
XPOVIO	5	PA
XPOVIO 60 MG TWICE WEEKLY	5	PA
XPOVIO 80 MG TWICE WEEKLY	5	PA
ZALTRAP	5	
ZOLINZA	5	PA
Antineoplastics		
OPDUALAG	5	PA
ORSERDU	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole tabs</i>	1	GC
<i>exemestane</i>	2	
<i>letrozole</i>	2	
Enzyme Inhibitors		
BALVERSA	5	PA
ETOPOPHOS	5	
<i>etoposide inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC
<i>irinotecan hydrochloride inj 100mg/5ml, 40mg/2ml</i>	1	GC
KYPROLIS	5	
<i>toposar inj 100mg/5ml, 1gm/50ml, 500mg/25ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>topotecan hcl inj 4mg/4ml</i>	2	
<i>topotecan hydrochloride</i>	2	
ZYDELIG	5	PA
Molecular Target Inhibitors		
ALECENSA	5	PA
ALIQOPA	5	PA
ALUNBRIG	5	PA
AYVAKIT	5	PA
BELEODAQ	5	PA
BOSULIF	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE	5	PA
CAPRELSA	5	PA
COMETRIQ	5	PA
ERIVEDGE	5	PA
<i>erlotinib hydrochloride tabs</i>	5	PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	PA
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	PA
EXKIVITY	5	PA
FYARRO	5	PA
<i>gefitinib</i>	5	PA
GILOTRIF	5	PA
ICLUSIG	5	PA
IDHIFA	5	PA
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
INLYTA	5	PA
INQOVI	5	PA
IRESSA	5	PA
JAKAFI	5	QL(60 EA per 30 days); PA
JAYPIRCA TABS 100MG	5	PA
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA
KOSELUGO	5	PA
<i>lapatinib ditosylate</i>	5	PA
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 12MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 4 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
MEKINIST	5	PA
NEXAVAR	5	PA
ODOMZO	5	PA
OJJAARA	5	PA
<i>pazopanib hydrochloride</i>	5	PA
REZLIDHIA	5	PA
RUBRACA	5	PA
<i>sorafenib</i>	5	PA
<i>sorafenib tosylate</i>	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
TAFINLAR	5	PA
TAGRISSE	5	PA
TASIGNA	5	PA
<i>temsirolimus</i>	5	
TEPMETKO	5	PA
TIBSOVO	5	PA
TORISEL	5	
TURALIO	5	PA
UKONIQ	5	PA
VENCLEXTA STARTING PACK	5	PA
VENCLEXTA TABS 10MG	3	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI	5	PA
XOSPATA	5	PA
ZEJULA CAPS	5	PA
ZEJULA TABS 200MG, 300MG	5	PA
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF	5	PA
ZYKADIA TABS	5	PA
<i>Monoclonal Antibody/Antibody-Drug Conjugate</i>		
ADCETRIS	5	
ALYMSYS	5	PA
ARZERRA	5	
AVASTIN	5	
BAVENCIO	5	PA
BESPONSA	5	PA
BLINCYTO	5	PA
CYRAMZA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
DANYELZA	5	PA
DARZALEX	5	PA
DARZALEX FASPRO	5	PA
ELAHERE	5	PA
EMPLICITI	5	PA
ENHERTU	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN HYLECTA	5	PA
HERCEPTIN INJ 150MG	5	PA
HERZUMA	5	PA
IMFINZI	5	PA
IMJUDO	5	PA
JEMPERLI	5	PA
KADCYLA	5	
KANJINTI	5	PA
KEYTRUDA INJ 100MG/4ML	5	PA
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
MVASI	5	PA
MYLOTARG	5	PA
OGIVRI INJ 1.1%; 420MG, 150MG	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
PADCEV	5	PA
PERJETA	5	PA
POLIVY	5	PA
PORTRAZZA	5	PA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVAANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TIVDAK	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
TRUXIMA	5	PA
VECTIBIX INJ 100MG/5ML, 400MG/20ML	5	PA
VEGZELMA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
YERVOY	5	PA
ZYNLONTA	5	PA
ZYNYZ	5	PA
Retinoids		
<i>bexarotene</i>	5	PA
PANRETIN	5	
TARGRETIN GEL	5	PA
<i>tretinoin caps 10mg</i>	5	PA
Treatment Adjuncts		
ELITEK	5	PA
<i>mesna</i>	1	GC
MESNEX TABS	5	
Antiparasitics		
Anthelmintics		
<i>albendazole tabs</i>	5	
<i>ivermectin tabs 3mg</i>	2	PA
<i>praziquantel tabs</i>	2	
Antiprotozoals		
<i>atovaquone</i>	2	
<i>atovaquone/proguanil hcl</i>	2	
<i>chloroquine phosphate tabs</i>	1	GC
COARTEM	4	
<i>hydroxychloroquine sulfate tabs</i>	1	GC
KRINTAFEL	3	
<i>mefloquine hcl</i>	1	GC
<i>nitazoxanide</i>	5	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	B/D
PRIMAQUINE PHOSPHATE TABS	3	
<i>pyrimethamine tabs</i>	5	
<i>quinine sulfate caps 324mg</i>	2	PA
<i>tinidazole tabs</i>	2	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate tabs</i>	1	GC
<i>trihexyphenidyl hydrochloride</i>	2	
Antiparkinson Agents, Other		
<i>entacapone</i>	2	
ONGENTYS	4	ST
<i>tolcapone</i>	5	
Dopamine Agonists		
<i>apomorphine hydrochloride inj</i>	5	PA
<i>bromocriptine mesylate caps, tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	GC
<i>pramipexole dihydrochloride er</i>	2	
<i>ropinirole er</i>	2	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	GC
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	GC
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa/levodopa</i>	1	GC
<i>carbidopa/levodopa er</i>	2	
<i>carbidopa/levodopa odt</i>	1	GC
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	2	
RYTARY	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate tabs</i>	2	
<i>selegiline hcl caps, tabs</i>	2	
ZELAPAR	5	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl inj, tabs</i>	2	
<i>chlorpromazine hydrochloride conc, tabs</i>	2	
<i>fluphenazine decanoate inj</i>	2	
<i>fluphenazine hcl conc, inj, tabs</i>	2	
<i>fluphenazine hydrochloride elix</i>	2	
<i>haloperidol decanoate inj</i>	2	
<i>haloperidol lactate</i>	2	
<i>haloperidol conc, tabs</i>	2	
<i>loxapine</i>	1	GC
MOLINDONE HYDROCHLORIDE	3	
<i>perphenazine tabs</i>	2	
<i>pimozide</i>	2	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	GC
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	GC
2nd Generation/Atypical		
ABILIFY MAINTENA	5	ST
ABILIFY MYCITE	5	QL(30 EA per 30 days); ST
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); ST
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); ST
<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA	5	ST
ARISTADA INITIO	5	ST
ASENAPINE MALEATE SL	4	
CAPLYTA	5	QL(30 EA per 30 days); ST
FANAPT TITRATION PACK	4	ST
FANAPT TABS 1MG, 2MG, 4MG	4	ST
FANAPT TABS 10MG, 12MG, 6MG, 8MG	5	ST
INVEGA HAFYERA	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	ST
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	ST
INVEGA TRINZA	5	ST
LATUDA	5	ST
<i>lurasidone hydrochloride</i>	2	
LYBALVI	5	QL(30 EA per 30 days); ST
NUPLAZID CAPS	5	QL(30 EA per 30 days); PA
NUPLAZID TABS 10MG	5	QL(90 EA per 30 days); PA
<i>olanzapine odt</i>	2	
OLANZAPINE INJ	3	
<i>olanzapine tabs</i>	2	
<i>paliperidone er</i>	4	ST
PERSERIS	5	ST
<i>quetiapine fumarate er</i>	2	
<i>quetiapine fumarate tabs 100mg, 200mg, 25mg, 300mg, 400mg, 50mg</i>	1	GC
<i>quetiapine fumarate tabs 150mg</i>	1	QL(90 EA per 30 days); GC
REXULTI	5	ST
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	ST
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	ST
<i>risperidone</i>	2	
<i>risperidone odt</i>	2	
SECUADO	4	ST
VRAYLAR CPPK	4	QL(14 EA per 365 days); ST
VRAYLAR CAPS	5	QL(30 EA per 30 days); ST
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	2	ST
ZYPREXA RELPREVV INJ 210MG	4	ST
ZYPREXA RELPREVV INJ 300MG, 405MG	5	ST
Treatment-Resistant		
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	2	
VERSACLOZ	5	
Antispasticity Agents		

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Drug Name	Drug Tier	Requirements/Limits
Antispasticity Agents		
<i>baclofen tabs</i>	2	
<i>baclofen inj 40mg/20ml</i>	2	B/D
<i>baclofen inj 50mcg/ml</i>	4	B/D
<i>baclofen inj 20000mcg/20ml, 500mcg/ml</i>	5	B/D
BOTOX	4	PA
<i>dantrolene sodium caps</i>	1	GC
DYSPORE	4	PA
GABLOFEN	4	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML	3	B/D
LIORESAL INTRATHECAL INJ 10MG/5ML	5	B/D
MYOBLOC	5	PA
<i>tizanidine hcl caps 4mg</i>	2	
<i>tizanidine hcl tabs 2mg</i>	1	GC
<i>tizanidine hydrochloride tabs</i>	1	GC
<i>tizanidine hydrochloride caps</i>	2	
XEOMIN INJ 100UNIT, 50UNIT	4	PA
XEOMIN INJ 200UNIT	5	PA
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir inj 500mg/10ml, 500mg</i>	1	B/D; GC
LIVTENCITY	5	
PREVYMIS	5	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	5	
ZIRGAN	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE SOLN	5	
<i>entecavir</i>	4	
EPIVIR HBV SOLN	4	
INTRON A	5	
<i>lamivudine tabs 100mg</i>	2	
VEMLIDY	5	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
LEDIPASVIR/SOFOSBUVIR	5	PA
MAVYRET	5	PA
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI	5	PA
ZEPATIER	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>Anti-HIV Agents, Integrase Inhibitors (INSTI)</i>		
APRETUDE	5	
BIKTARVY	5	
CABENUVA	5	
DELSTRIGO	5	
DOVATO	5	
GENVOYA	5	
ISENTRESS HD	5	
ISENTRESS PACK, TABS	5	
ISENTRESS CHEW 25MG	4	
ISENTRESS CHEW 100MG	5	
JULUCA	5	
STRIBILD	5	
TIVICAY PD	4	
TIVICAY TABS 10MG	4	
TIVICAY TABS 25MG, 50MG	5	
TRIUMEQ	5	
VOCABRIA	5	
<i>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</i>		
COMPLERA	5	
EDURANT	5	
<i>efavirenz</i>	4	
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	
<i>etravirine tabs 100mg</i>	4	
<i>etravirine tabs 200mg</i>	5	
INTELENCE TABS 25MG	4	
<i>nevirapine</i>	2	
<i>nevirapine er</i>	2	
ODEFSEY	5	
PIFELTRO	5	
<i>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</i>		
<i>abacavir</i>	2	
<i>abacavir sulfate</i>	2	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	
CIMDUO	5	
DESCOVY	5	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	5	
<i>emtricitabine/tenofovir disoproxil fumarate</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
EMTRIVA SOLN	4	
<i>lamivudine/zidovudine</i>	4	
<i>lamivudine soln 10mg/ml</i>	2	
<i>lamivudine tabs 150mg, 300mg</i>	2	
RETROVIR IV INFUSION	4	
STAVUDINE CAPS	1	GC
TEMIXYS	5	
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ PD	5	
TRIZIVIR	5	QL(60 EA per 30 days)
VIREAD POWD	5	
VIREAD TABS 150MG, 200MG, 250MG	5	
<i>zidovudine</i>	1	GC
Anti-HIV Agents, Other		
FUZEON	5	
<i>maraviroc</i>	5	
RUKOBIA	5	
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	
SUNLENCA	5	
TROGARZO	5	
TYBOST	3	
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS CAPS	5	
<i>atazanavir</i>	4	
<i>atazanavir sulfate</i>	4	
<i>darunavir tabs 600mg</i>	2	
<i>darunavir tabs 800mg</i>	5	
EVOTAZ	5	
<i>fosamprenavir calcium</i>	5	
INVIRASE TABS	5	
KALETRA TABS 200MG; 50MG	5	
LEXIVA SUSP	4	
<i>lopinavir/ritonavir</i>	4	
NORVIR PACK, SOLN	3	
PREZCOBIX	5	
PREZISTA SUSP	5	
PREZISTA TABS 150MG, 75MG	4	
PREZISTA TABS 600MG, 800MG	5	
REYATAZ PACK	5	
<i>ritonavir</i>	2	
SYMTUZA	5	

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Drug Name	Drug Tier	Requirements/Limits
VIRACEPT	5	
Anti-influenza Agents		
amantadine hcl caps, soln, tabs	2	
oseltamivir phosphate caps 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate susr	2	QL(1080 ML per 365 days)
RELENZA DISKHALER	3	
rimantadine hydrochloride	1	GC
XOFLUZA TBPk 80MG	4	QL(2 EA per 365 days)
XOFLUZA TBPk 20MG, 40MG	4	QL(4 EA per 365 days)
Antiherpetic Agents		
acyclovir sodium inj 50mg/ml	2	B/D
acyclovir caps, susp, tabs	2	
acyclovir crea, oint	4	
famciclovir tabs	2	
trifluridine	2	
valacyclovir hcl tabs 1gm	2	
valacyclovir hydrochloride tabs 500mg	2	
Anxiolytics		
Anxiolytics, Other		
buspirone hcl tabs 15mg, 30mg	2	
buspirone hydrochloride tabs 10mg, 5mg, 7.5mg	2	
meprobamate	4	PA
Benzodiazepines		
alprazolam er tb24 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam er tb24 2mg, 3mg	2	QL(90 EA per 30 days)
alprazolam odt tbdp 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam odt tbdp 2mg	2	QL(150 EA per 30 days)
alprazolam xr tb24 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam xr tb24 2mg, 3mg	2	QL(90 EA per 30 days)
alprazolam tabs 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tabs 2mg	2	QL(150 EA per 30 days)
chlordiazepoxide hcl caps 10mg, 5mg	2	QL(120 EA per 30 days)
chlordiazepoxide hydrochloride caps 25mg	2	QL(120 EA per 30 days)
clorazepate dipotassium tabs 15mg	2	QL(180 EA per 30 days)
clorazepate dipotassium tabs 7.5mg	2	QL(360 EA per 30 days)
clorazepate dipotassium tabs 3.75mg	2	QL(720 EA per 30 days)
diazepam intensol	2	
diazepam conc, oral soln	2	
diazepam tabs	2	QL(120 EA per 30 days)
diazepam inj 5mg/ml	2	
estazolam	2	QL(30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam inj 2mg/ml, 4mg/ml</i>	2	
<i>lorazepam tabs 0.5mg</i>	2	QL(120 EA per 30 days)
<i>lorazepam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tabs 1mg</i>	2	QL(90 EA per 30 days)
<i>midazolam hcl syrp</i>	2	
<i>midazolam hcl inj 10mg/10ml, 10mg/2ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>midazolam hydrochloride inj 10mg/10ml, 10mg/2ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	2	
<i>oxazepam</i>	2	QL(120 EA per 30 days)
<i>temazepam</i>	2	QL(30 EA per 30 days)
<i>triazolam</i>	2	QL(30 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		
EQUETRO	4	
<i>lithium</i>	1	GC
<i>lithium carbonate er</i>	1	GC
<i>lithium carbonate caps, tabs</i>	1	GC
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose tabs</i>	1	GC
ALOGLIPTIN	4	QL(30 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HCL	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL(60 EA per 30 days); ST
ALOGLIPTIN/PIOGLITAZONE	4	QL(30 EA per 30 days); ST
BYDUREON BCISE	4	
CYCLOSET	3	
<i>glimepiride</i>	1	GC
<i>glipizide er</i>	1	GC
<i>glipizide xl</i>	1	GC
<i>glipizide/metformin hydrochloride</i>	2	
GLIPIZIDE TABS 2.5MG	1	GC
<i>glipizide tabs 10mg, 5mg</i>	1	GC
INVOKAMET	3	QL(60 EA per 30 days)
INVOKAMET XR	3	QL(60 EA per 30 days)
INVOKANA	3	QL(30 EA per 30 days)
JANUMET	3	ST
JANUMET XR	3	ST
JANUVIA	3	ST
JARDIANCE	3	
JENTADUETO	3	QL(60 EA per 30 days); ST
JENTADUETO XR TB24 5MG; 1000MG	3	QL(30 EA per 30 days); ST
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL(60 EA per 30 days); ST

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Drug Name	Drug Tier	Requirements/Limits
KAZANO	4	QL(60 EA per 30 days); ST
KORLYM	5	PA
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	GC
<i>metformin hydrochloride soln</i>	1	GC
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	GC
<i>miglitol</i>	2	
<i>nateglinide</i>	2	
NESINA	4	QL(30 EA per 30 days); ST
OSENI	4	QL(30 EA per 30 days); ST
OZEMPIC	3	
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	2	
<i>pioglitazone hcl tabs 45mg</i>	2	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	2	
<i>repaglinide</i>	2	
RYBELSUS	3	
SYMLINPEN 120	4	PA
SYMLINPEN 60	4	PA
SYNJARDY	3	
SYNJARDY XR	3	
TRADJENTA	3	QL(30 EA per 30 days); ST
TRULICITY	3	
VICTOZA	3	
Glycemic Agents		
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
Insulins		
HUMALOG	3	QL(60 ML per 30 days); Select Insulin
HUMALOG JUNIOR KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
HUMALOG KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
HUMALOG MIX 50/50	3	QL(60 ML per 30 days); Select Insulin
HUMALOG MIX 50/50 KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
HUMALOG MIX 75/25	3	QL(60 ML per 30 days); Select Insulin

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 75/25 KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
<i>humulin 70/30</i>	2	QL(60 ML per 30 days); Select Insulin
HUMULIN 70/30 KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
<i>humulin n</i>	2	QL(60 ML per 30 days); Select Insulin
HUMULIN N KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
<i>humulin r</i>	2	QL(60 ML per 30 days); Select Insulin
HUMULIN R U-500 (CONCENTRATED)	3	QL(60 ML per 30 days); Select Insulin
HUMULIN R U-500 KWIKPEN	3	QL(60 ML per 30 days); Select Insulin
LANTUS	3	QL(60 ML per 30 days); Select Insulin
LANTUS SOLOSTAR	3	QL(60 ML per 30 days); Select Insulin
LEVEMIR	3	QL(60 ML per 30 days); Select Insulin
LEVEMIR FLEXPEN	3	QL(90 ML per 30 days); Select Insulin
LEVEMIR FLEXTOUCH	3	QL(90 ML per 30 days); Select Insulin
NOVOLOG	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	QL(60 ML per 30 days); ST
NOVOLOG MIX 70/30 RELION	4	QL(60 ML per 30 days); ST
NOVOLOG PENFILL	4	QL(60 ML per 30 days); ST
NOVOLOG RELION	4	QL(60 ML per 30 days); ST
TOUJEO MAX SOLOSTAR	3	QL(27 ML per 30 days); Select Insulin
TOUJEO SOLOSTAR	3	QL(27 ML per 30 days); Select Insulin
TRESIBA	3	QL(54 ML per 30 days); Select Insulin
TRESIBA FLEXTOUCH	3	QL(54 ML per 30 days); Select Insulin

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Drug Name	Drug Tier	Requirements/Limits
XULTOPHY 100/3.6	4	ST
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate</i>	2	
ELIQUIS STARTER PACK	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium/d5w inj 5%; 100unit/ml, 5%; 25000unit/500ml, 5%; 40unit/ml</i>	2	
<i>heparin sodium/dextrose inj 5%; 25000unit/250ml, 5%; 25000unit/500ml</i>	2	
<i>heparin sodium/nacl 0.45% inj 25000unit/250ml; 0.45%</i>	2	
<i>heparin sodium/sodium chloride 0.9% premix inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride 0.9% inj 1000unit/500ml; 0.9%</i>	2	
<i>heparin sodium/sodium chloride inj 25000unit/250ml; 0.45%, 25000unit/500ml; 0.45%</i>	2	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	
<i>jantoven</i>	1	GC
PRADAXA	4	
<i>warfarin sodium tabs</i>	1	GC
XARELTO	3	
XARELTO STARTER PACK	3	
Blood Products and Modifiers, Other		
<i>anagrelide hydrochloride</i>	2	
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 25MCG/0.42ML, 25MCG/ML, 40MCG/0.4ML, 40MCG/ML, 60MCG/0.3ML	4	PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML, 100MCG/ML, 150MCG/0.3ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/0.6ML, 500MCG/ML, 60MCG/ML	5	PA
DOPTelet	5	PA

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Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
EPOGEN INJ 20000UNIT/ML	5	PA
FYLNETRA	5	
GRANIX	5	
LEUKINE INJ 250MCG	5	PA
MOZOBIL	5	PA
MULPLETA	5	PA
NEULASTA	5	
NEULASTA ONPRO KIT	5	
NEUPOGEN	5	
NIVESTYM	5	
NPLATE	5	PA
NYVEPRIA	5	
PLERIXAFOR	5	PA
PROCRT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
PROMACTA	5	PA
REBLOZYL	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
STIMUFEND	5	
UDENYCA	5	
ZIEXTENZO	5	
Hemostasis Agents		
<i>aminocaproic acid inj</i>	1	GC
<i>aminocaproic acid tabs</i>	2	
<i>tranexamic acid inj, tabs</i>	2	
Platelet Modifying Agents		
<i>aspirin/dipyridamole</i>	2	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	PA
<i>cilostazol</i>	1	GC
<i>clopidogrel</i>	1	GC
<i>prasugrel</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa</i>	5	
<i>midodrine hcl</i>	2	
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hydrochloride</i>	5	
<i>phentolamine mesylate inj 5mg</i>	1	GC
<i>prazosin hydrochloride caps</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide</i>	2	
<i>irbesartan</i>	1	GC
<i>irbesartan/hydrochlorothiazide</i>	1	GC
<i>losartan potassium/hydrochlorothiazide</i>	1	GC
<i>losartan potassium tabs</i>	1	GC
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	
<i>olmesartan medoxomil tabs</i>	2	
<i>telmisartan</i>	2	
<i>telmisartan/hydrochlorothiazide</i>	2	
<i>valsartan/hydrochlorothiazide</i>	1	GC
<i>valsartan tabs</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl/hydrochlorothiazide</i>	1	GC
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	GC
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	GC
<i>benazepril hydrochloride tabs 20mg</i>	1	GC
<i>captopril tabs</i>	2	
<i>enalapril maleate/hydrochlorothiazide</i>	1	GC
<i>enalapril maleate tabs</i>	1	GC
<i>enalapril maleate soln</i>	4	
<i>enalaprilat</i>	1	GC
<i>fosinopril sodium</i>	1	GC
<i>fosinopril sodium/hydrochlorothiazide</i>	2	
<i>lisinopril/hydrochlorothiazide</i>	1	GC
<i>lisinopril tabs</i>	1	GC
<i>moexipril hcl</i>	1	GC
<i>perindopril erbumine</i>	1	GC
<i>quinapril hcl tabs 20mg, 40mg</i>	1	GC
<i>quinapril hydrochloride</i>	1	GC
<i>quinapril/hydrochlorothiazide</i>	1	GC
<i>ramipril</i>	1	GC
<i>trandolapril</i>	1	GC
<i>trandolapril/verapamil hcl er</i>	2	
Antiarrhythmics		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	GC
<i>amiodarone hydrochloride tabs 200mg</i>	1	GC
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	2	
<i>digitek tabs 0.125mg</i>	1	GC
<i>digitek tabs 0.25mg</i>	2	
DIGOXIN SOLN	3	
<i>digoxin tabs 125mcg</i>	1	GC
<i>digoxin tabs 250mcg</i>	2	
<i>digox tabs 125mcg</i>	1	GC
<i>digox tabs 250mcg</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
LANOXIN PEDIATRIC	4	
<i>lidocaine hcl in d5w inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl/dextrose inj 5%; 4mg/ml, 5%; 8mg/ml</i>	2	
<i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i>	1	GC
<i>mexiletine hcl</i>	2	
MULTAQ	4	
NEXTERONE INJ 150MG/100ML; 42.1MG/ML	3	
NEXTERONE INJ 360MG/200ML; 41.4MG/ML	5	
<i>procainamide hcl inj</i>	1	GC
<i>procainamide hydrochloride</i>	1	GC
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	2	
<i>quinidine gluconate cr</i>	2	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate tabs</i>	1	GC
<i>sorine</i>	1	GC
<i>sotalol hcl</i>	1	GC
<i>sotalol hcl (af) tabs 80mg</i>	1	GC
<i>sotalol hcl af</i>	1	GC
<i>sotalol hydrochloride (af)</i>	1	GC
<i>sotalol hydrochloride tabs 120mg, 160mg, 80mg</i>	1	GC
SOTYLIZE	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	1	GC
<i>atenolol/chlorthalidone</i>	1	GC
<i>atenolol tabs</i>	1	GC
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	GC
<i>bisoprolol fumarate</i>	1	GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	GC
<i>carvedilol</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate er</i>	2	
<i>esmolol hcl inj 100mg/10ml</i>	1	GC
<i>esmolol hydrochloride in sodium chloride</i>	2	
<i>esmolol hydrochloride in sodium chloride double strength</i>	2	
<i>esmolol hydrochloride/sodium chloride inj 2000mg/100ml; 4.1mg/ml, 2500mg/250ml; 5.9mg/ml</i>	2	
HEMANGEOL	4	
KAPSPARGO SPRINKLE	4	
<i>labetalol hydrochloride tabs</i>	1	GC
<i>labetalol hydrochloride inj 5mg/ml</i>	1	GC
<i>metoprolol succinate er</i>	1	GC
<i>metoprolol tartrate tabs</i>	1	GC
<i>metoprolol tartrate inj 5mg/5ml</i>	1	GC
<i>metoprolol/hydrochlorothiazide</i>	1	GC
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>nebivolol tabs 5mg</i>	2	
<i>pindolol tabs</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl inj, oral soln</i>	1	GC
<i>propranolol hcl tabs 40mg</i>	1	GC
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	GC
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	GC
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate tabs</i>	1	GC
CARDENE IV INJ 4.8%; 20MG/200ML	3	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl caps</i>	2	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine er</i>	1	GC
<i>nimodipine caps</i>	4	
NYMALIZE SOLN 6MG/ML	5	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt</i>	2	
<i>dilt-xr</i>	1	GC
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er cp12</i>	1	GC
<i>diltiazem hcl er tb24</i>	2	
<i>diltiazem hcl inj 100mg, 125mg/25ml, 50mg/10ml</i>	1	GC
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg</i>	1	GC
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	1	GC
<i>diltiazem hydrochloride tabs 120mg</i>	1	GC
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	1	GC
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	GC
<i>verapamil hcl sr cp24</i>	1	GC
<i>verapamil hcl tabs 40mg, 80mg</i>	1	GC
<i>verapamil hydrochloride er cp24 200mg</i>	1	GC
<i>verapamil hydrochloride er tbc 180mg</i>	1	GC
<i>verapamil hydrochloride inj</i>	1	GC
<i>verapamil hydrochloride tabs 120mg</i>	1	GC
Cardiovascular Agents, Other		
<i>acetazolamide sodium</i>	5	
<i>aliskiren</i>	4	
<i>amlodipine besylate/benazepril hcl caps 10mg; 40mg</i>	1	GC
<i>amlodipine besylate/benazepril hydrochloride</i>	1	GC
<i>amlodipine besylate/valsartan</i>	2	
<i>atropine sulfate inj 0.25mg/5ml</i>	1	GC
CAMZYOS	5	QL(30 EA per 30 days); PA
CORLANOR	4	
<i>dobutamine hcl/d5w inj 5%; 1mg/ml</i>	1	B/D; GC
<i>dobutamine hcl inj 250mg/20ml</i>	1	B/D; GC
<i>dobutamine hydrochloride/dextrose 5%</i>	1	B/D; GC
<i>dopamine hydrochloride</i>	1	B/D; GC
<i>dopamine hydrochloride/dextrose</i>	1	B/D; GC
<i>dopamine/d5w inj 5%; 3.2mg/ml</i>	1	B/D; GC
ENTRESTO	3	
KERENDIA	4	QL(30 EA per 30 days); PA
<i>metyrosine</i>	5	
<i>milrinone lactate in dextrose</i>	1	B/D; GC
<i>norepinephrine bitartrate</i>	2	
<i>pentoxifylline er</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
PRALUENT	3	QL(2 ML per 28 days); PA
<i>ranolazine er</i>	2	
REPATHA	3	QL(3 ML per 28 days); PA
REPATHA PUSHTRONEX SYSTEM	3	QL(3.5 ML per 28 days); PA
REPATHA SURECLICK	3	QL(3 ML per 28 days); PA
TAKHZYRO INJ 300MG/2ML	5	PA
VYNDAMAX	5	PA
VYNDAQEL	5	PA
Diuretics, Loop		
<i>bumetanide inj, tabs</i>	2	
<i>ethacrynate sodium</i>	5	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide inj, oral soln, tabs</i>	1	GC
<i>torsemide tabs</i>	1	GC
Diuretics, Potassium-sparing		
<i>amiloride hcl tabs</i>	1	GC
<i>amiloride/hydrochlorothiazide</i>	1	GC
<i>eplerenone</i>	2	
<i>spironolactone/hydrochlorothiazide</i>	1	GC
<i>spironolactone tabs</i>	1	GC
<i>triamterene/hydrochlorothiazide</i>	1	GC
<i>triamterene caps</i>	2	
Diuretics, Thiazide		
<i>chlorothiazide sodium</i>	1	GC
<i>chlorthalidone tabs 25mg, 50mg</i>	1	GC
DIURIL SUSP	4	
<i>hydrochlorothiazide caps, tabs</i>	1	GC
<i>indapamide tabs</i>	1	GC
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 150mg, 200mg, 43mg, 50mg, 67mg</i>	2	
<i>fenofibrate tabs</i>	2	
<i>fenofibric acid</i>	2	
<i>fenofibric acid dr</i>	2	
<i>gemfibrozil tabs</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	GC
<i>fluvastatin sodium er</i>	2	
<i>lovastatin tabs</i>	1	GC
<i>pravastatin sodium</i>	1	GC
<i>rosuvastatin calcium</i>	2	
<i>simvastatin tabs</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
Dyslipidemics, Other		
<i>cholestyramine light</i>	2	
<i>cholestyramine pack, powd</i>	2	
<i>colesevelam hydrochloride pack</i>	2	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	
<i>icosapent ethyl</i>	2	PA
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA
NEXLETOL	3	QL(30 EA per 30 days); PA
NEXLIZET	3	QL(30 EA per 30 days); PA
<i>niacin er</i>	2	
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
<i>prevalite</i>	2	
VASCEPA CAPS 0.5GM	4	PA
Vasodilators, Direct-acting Arterial/Venous		
BIDIL	4	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	1	GC
<i>isosorbide dinitrate tabs 40mg</i>	5	
<i>isosorbide mononitrate</i>	1	GC
<i>isosorbide mononitrate er</i>	1	GC
NITRO-BID	3	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	4	
<i>nitroglycerin in dextrose 5%</i>	2	
<i>nitroglycerin lingual soln</i>	2	
<i>nitroglycerin transdermal</i>	1	GC
<i>nitroglycerin inj 5mg/ml</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl inj</i>	1	GC
<i>hydralazine hcl tabs 10mg</i>	1	GC
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	GC
<i>minoxidil tabs</i>	1	GC
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine/dextroamphetamine cp24</i>	2	QL(120 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs</i>	2	QL(60 EA per 30 days)
<i>dextroamphetamine sulfate er</i>	2	QL(180 EA per 30 days)
DEXTROAMPHETAMINE SULFATE SOLN	3	QL(1800 ML per 30 days)
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL(180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hydrochloride caps 10mg, 25mg, 40mg, 60mg, 80mg</i>	2	
<i>atomoxetine caps 100mg, 18mg, 40mg, 60mg, 80mg</i>	2	
<i>clonidine hydrochloride er</i>	2	
<i>clonidine hydrochloride tb12 0.1mg</i>	2	
<i>dexmethylphenidate hcl er cp24 15mg, 20mg, 30mg, 35mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	QL(60 EA per 30 days)
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride cp24</i>	2	QL(30 EA per 30 days)
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL(60 EA per 30 days)
<i>methylphenidate hydrochloride cd cpcr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er cpcr 20mg, 30mg, 40mg, 50mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tb24</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 27mg, 36mg, 54mg, 72mg</i>	2	QL(30 EA per 30 days)
<i>methylphenidate hydrochloride er tbcr 10mg, 18mg, 20mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride chew 10mg</i>	2	QL(180 EA per 30 days)
<i>methylphenidate hydrochloride chew 2.5mg, 5mg</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride tabs</i>	2	QL(90 EA per 30 days)
<i>methylphenidate hydrochloride soln</i>	2	QL(900 ML per 30 days)
<i>relexxii tbcr 72mg</i>	2	QL(30 EA per 30 days)
Central Nervous System, Other		
<i>butalbital/acetaminophen/caffeine caps</i>	2	
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	2	
<i>butalbital/aspirin/caffeine caps</i>	2	
<i>caffeine citrate inj</i>	2	
<i>caffeine citrate oral soln 20mg/ml</i>	2	
EXSERVAN	5	
INGREZZA	5	PA
NUEDEXTA	3	PA
<i>riluzole</i>	4	
<i>tetrabenazine</i>	5	PA
ZTALMY	5	PA
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	

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Drug Name	Drug Tier	Requirements/Limits
Multiple Sclerosis Agents		
AUBAGIO	5	
AVONEX PEN	5	
AVONEX INJ 30MCG/0.5ML	5	
BAFIERTAM	5	QL(120 EA per 30 days)
BETASERON	5	
<i>dalfampridine er</i>	3	PA
<i>dimethyl fumarate</i>	5	QL(60 EA per 30 days)
<i>dimethyl fumarate starterpack</i>	5	QL(120 EA per 365 days)
EXTAVIA	5	
<i>fingolimod</i>	5	
GILENYA	5	
<i>glatiramer acetate</i>	5	
<i>glatopa</i>	5	
MAVENCLAD	5	PA
MAYZENT STARTER PACK TBPk 0.25MG	4	QL(14 EA per 365 days)
MAYZENT STARTER PACK TBPk 0.25MG	5	QL(24 EA per 365 days)
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days)
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days)
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
<i>teriflunomide</i>	2	
TYSABRI	5	PA
VUMERITY	5	
ZEPOSIA	5	PA
ZEPOSIA 7-DAY STARTER PACK	5	PA
ZEPOSIA STARTER KIT	5	PA
Dental and Oral Agents		
Dental and Oral Agents		
<i>cevimeline hydrochloride</i>	2	
<i>chlorhexidine gluconate soln</i>	1	GC
KEPIVANCE	5	PA
<i>lidocaine hcl viscous</i>	1	GC
<i>lidocaine hcl mouth/throat soln 4%</i>	1	GC
<i>lidocaine hydrochloride viscous</i>	1	GC
<i>lidocaine viscous</i>	1	GC
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	GC
<i>pilocarpine hydrochloride</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide dental paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acutane</i>	4	PA
<i>acitretin</i>	4	
<i>adapalene pump</i>	2	
<i>adapalene crea, gel</i>	2	
<i>amnestem</i>	4	PA
<i>avita</i>	2	PA
<i>azelaic acid</i>	2	
AZELEX	4	PA
<i>claravis</i>	4	PA
FINACEA FOAM	4	
<i>isotretinoin caps</i>	4	PA
<i>metronidazole crea 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotn 0.75%</i>	2	
<i>myorisan</i>	4	PA
<i>rosadan</i>	2	
<i>tazarotene crea, gel</i>	4	PA
TAZORAC GEL	4	PA
TAZORAC CREA 0.05%	4	PA
<i>tretinoin microsphere pump</i>	4	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	PA
<i>zenatane</i>	4	PA
Dermatitis and Pruitus Agents		
<i>ala-cort crea 2.5%</i>	1	GC
<i>ammonium lactate lotn</i>	1	GC
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate emollient crea</i>	2	
<i>clobetasol propionate emollient foam</i>	4	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>desoximetasone crea 0.25%</i>	2	
<i>desoximetasone crea 0.05%</i>	4	
DOXEPIN HYDROCHLORIDE CREA 5%	3	QL(90 GM per 30 days)
<i>fluocinonide soln</i>	2	
<i>fluocinonide crea, gel, oint</i>	4	
<i>hydrocortisone crea 2.5%</i>	1	GC
<i>pimecrolimus</i>	2	
<i>selenium sulfide</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
<i>tovet</i>	4	
<i>Dermatological Agents, Other</i>		
<i>calcipotriene soln</i>	2	
<i>calcipotriene crea, oint</i>	4	
<i>calcitriol oint 3mcg/gm</i>	2	
<i>imiquimod pump</i>	5	
<i>imiquimod crea 5%</i>	2	
<i>methoxsalen caps</i>	5	
<i>podofilox</i>	1	GC
REGRANEX	5	PA
SANTYL	4	
VEREGEN	5	
<i>Pediculicides/Scabicides</i>		
<i>crotan</i>	2	
<i>ivermectin crea 1%</i>	4	
<i>ivermectin lotn 0.5%</i>	2	
<i>lindane sham</i>	2	
<i>malathion</i>	1	GC
<i>permethrin crea</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>Electrolyte/Mineral Replacement</i>		
<i>carglumic acid</i>	5	PA
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
CRYSVITA	5	PA
<i>dextrose 10%/nacl 0.45%</i>	1	GC
<i>dextrose 5% /electrolyte #48 viaflex</i>	1	GC
<i>dextrose 10%</i>	1	GC
<i>dextrose 10%/nacl 0.2%</i>	1	GC
<i>dextrose 2.5%/nacl 0.45%</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 25% inj 250mg/ml</i>	1	GC
<i>dextrose 5%</i>	1	GC
<i>dextrose 5%/lactated ringers inj 2.7meq/l; 109meq/l; 5%; 28meq/l; 4meq/l; 130meq/l</i>	1	GC
<i>dextrose 5%/nacl 0.2%</i>	1	GC
<i>dextrose 5%/nacl 0.3%</i>	1	GC
<i>dextrose 5%/nacl 0.33%</i>	1	GC
<i>dextrose 5%/nacl 0.45%</i>	1	GC
<i>dextrose 5%/nacl 0.9%</i>	1	GC
<i>dextrose 50%</i>	1	GC
<i>dextrose/sodium chloride</i>	1	GC
<i>dextrose inj 20%</i>	1	GC
<i>fluoride chew 1mg</i>	2	
IONOSOL-MB/DEXTROSE 5% INJ 22MEQ/L; 5%; 23MEQ/L; 3MEQ/L; 3MMOLE/L; 20MEQ/L; 25MEQ/L	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S PH 7.4	3	
ISOLYTE-S INJ 27MEQ/L; 98MEQ/L; 23MEQ/L; 3MEQ/L; 5MEQ/L; 140MEQ/L	3	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	1	GC
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	1	GC
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	1	GC
<i>klor-con</i>	2	
<i>klor-con 10</i>	1	GC
<i>klor-con 8</i>	1	GC
<i>klor-con m10</i>	1	GC
<i>klor-con m15</i>	1	GC
<i>klor-con m20</i>	1	GC
<i>magnesium sulfate in d5w inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate/dextrose inj 5%; 1gm/100ml</i>	1	GC
<i>magnesium sulfate inj 20gm/500ml, 2gm/50ml, 40gm/1000ml, 4gm/100ml, 4gm/50ml</i>	1	GC
<i>magnesium sulfate inj 50%</i>	2	
<i>multiple electrolytes injection type 1</i>	1	GC
NORMOSOL-M/D5W	3	
NORMOSOL-R	3	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
<i>potassium chloride er</i>	1	GC

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<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	GC
<i>potassium chloride/dextrose/sodium chloride inj 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.225%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	GC
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	GC
<i>potassium chloride pack, oral soln</i>	2	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	GC
<i>potassium citrate er</i>	1	GC
PROCALAMINE	3	B/D
<i>ringers injection inj 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.45% inj</i>	2	
<i>sodium chloride inj 0.45%, 0.9%, 3%, 5%</i>	2	
<i>sodium fluoride chew 1mg</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	5	
<i>deferasirox tbso</i>	5	PA
<i>deferiprone</i>	5	
FERRIPROX TWICE-A-DAY	5	
FERRIPROX SOLN	5	
JYNARQUE TABS	5	QL(120 EA per 30 days); PA
JYNARQUE TBPk	5	QL(56 EA per 28 days); PA
<i>penicillamine caps, tabs</i>	5	
SAMSCA TABS 15MG	5	PA
<i>sodium polystyrene sulfonate</i>	1	GC
<i>sps</i>	1	GC
TOLVAPTAN TABS 15MG	5	PA
<i>tolvaptan tabs 30mg</i>	5	PA
<i>trientine hydrochloride caps 250mg</i>	5	
VELTASSA	4	
Phosphate Binders		
<i>calcium acetate caps</i>	2	
<i>calcium acetate tabs 667mg</i>	2	
FOSRENOL PACK	5	
<i>lanthanum carbonate</i>	5	
PHOSLYRA	4	
<i>sevelamer carbonate tabs</i>	4	
<i>sevelamer carbonate pack</i>	5	
<i>sevelamer hydrochloride</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Vitamins		
<i>prenatal 19 tabs 100mg; 1000unit; 200mg; 7mg; 400unit; 12mcg; 25mg; 29mg; 1mg; 15mg; 20mg; 3mg; 3mg; 30unit; 20mg</i>	2	
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>virt-c dha</i>	2	
<i>vp-pnv-dha caps 80mg; 50mg; 400unit; 1mg; 12mcg; 200mg; 15.8mg; 28mg; 1mg; 30mg; 20mg; 16mg; 2500unit; 2.2mg; 6mg; 30unit; 20mg</i>	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	3	QL(60 EA per 30 days)
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flavor pack</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose soln</i>	2	
LINZESS	3	
LUBIPROSTONE	3	QL(60 EA per 30 days)
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	
SUPREP BOWEL PREP KIT	4	
Anti-Diarrheal Agents		
<i>alosetron hydrochloride</i>	5	
VIBERZI	5	PA
XERMELO	5	QL(90 EA per 30 days); PA
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate oral soln</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 0.4mg/2ml, 1mg/5ml, 4mg/20ml</i>	2	
GLYCOPYRROLATE TABS 1.5MG	4	
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	
<i>methscopolamine bromide tabs</i>	2	
Gastrointestinal Agents, Other		
CHENODAL	5	PA

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Drug Name	Drug Tier	Requirements/Limits
CHOLBAM	5	PA
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine</i>	4	
GATTEX	5	PA
<i>loperamide hcl caps</i>	2	
<i>metoclopramide hcl soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	2	
<i>metoclopramide hydrochloride inj</i>	2	
<i>metoclopramide hydrochloride tabs 10mg</i>	2	
<i>metoclopramide odt</i>	2	
MOVANTIK	4	QL(30 EA per 30 days)
OICALIVA	5	QL(30 EA per 30 days); PA
<i>peg-3350/electrolytes/ascorbate</i>	2	
RECTIV	4	
RELISTOR INJ	5	PA
RELISTOR TABS	5	QL(90 EA per 30 days); PA
SYMPROIC	4	QL(30 EA per 30 days)
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	2	
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl soln</i>	2	
<i>cimetidine hydrochloride soln 300mg/5ml</i>	2	
<i>cimetidine tabs</i>	2	
<i>famotidine premixed</i>	2	
<i>famotidine susr</i>	2	
<i>famotidine inj 200mg/20ml, 20mg/2ml, 40mg/4ml</i>	2	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine</i>	2	
Protectants		
<i>misoprostol</i>	1	GC
<i>sucralfate susp, tabs</i>	2	
Proton Pump Inhibitors		
DEXILANT	4	ST
<i>dexlansoprazole</i>	4	
<i>esomeprazole magnesium cpdr</i>	2	
<i>lansoprazole cpdr</i>	2	
<i>omeprazole dr cpdr</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium inj, tbec</i>	2	
<i>rabeprazole sodium</i>	2	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		

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Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
<i>betaine anhydrous</i>	5	
CERDELGA	5	PA
CEREZYME	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
CYSTAGON	4	PA
ELAPRASE	5	PA
ELELYSO	5	PA
EXONDYS 51	5	PA
FABRAZYME	5	PA
GALAFOLD	5	PA
KANUMA	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone</i>	5	PA
ORFADIN SUSP	5	PA
ORFADIN CAPS 20MG	5	PA
PANCREAZE CPEP 149900UNIT; 37000UNIT; 97300UNIT, 15200UNIT; 2600UNIT; 8800UNIT, 24600UNIT; 4200UNIT; 14200UNIT, 61500UNIT; 10500UNIT; 35500UNIT, 83900UNIT; 21000UNIT; 54700UNIT, 98400UNIT; 16800UNIT; 56800UNIT	3	
PROCYSBI	5	PA
RAVICTI	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate tabs</i>	5	
STRENSIQ	5	PA
SUCRAID	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
XIAFLEX	5	PA
XURIDEN	5	QL(120 EA per 30 days); PA
<i>yargesa</i>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
DARIFENACIN HYDROBROMIDE ER	3	
<i>fesoterodine fumarate er</i>	2	
<i>flavoxate hcl</i>	1	GC
GEMTESA	4	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln, tabs</i>	2	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
TOVIAZ	3	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	1	GC
<i>doxazosin tabs 2mg</i>	1	GC
<i>dutasteride caps</i>	2	
<i>finasteride tabs</i>	1	GC
<i>silodosin</i>	2	
<i>tadalafil tabs 5mg</i>	2	PA
<i>tamsulosin hydrochloride</i>	1	GC
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	GC
<i>terazosin hydrochloride caps 2mg</i>	1	GC
Genitourinary Agents, Other		
<i>acetic acid 0.25%</i>	2	
<i>bethanechol chloride tabs</i>	2	
ELMIRON	4	
LITHOSTAT	4	
RENACIDIN SOLN 1980.6MG/30ML; 59.4MG/30ML; 980.4MG/30ML	4	
RIMSO-50	4	
THIOLA EC	5	
<i>tiopronin</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ala-cort crea 1%</i>	1	GC
<i>alclometasone dipropionate</i>	1	GC
<i>amcinonide</i>	1	GC
<i>betamethasone dipropionate augmented</i>	2	
<i>betamethasone dipropionate crea, lotn, oint</i>	2	
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	GC
<i>betamethasone valerate crea, lotn, oint</i>	2	
BUDESONIDE FOAM 2MG	3	
<i>clobetasol propionate crea 0.05%</i>	2	
<i>clobetasol propionate foam 0.05%</i>	2	
<i>clobetasol propionate gel 0.05%</i>	2	
<i>clobetasol propionate oint 0.05%</i>	2	
<i>clobetasol propionate soln 0.05%</i>	2	
CORDRAN	4	
<i>desonide crea, lotn, oint</i>	2	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
<i>fludrocortisone acetate tabs</i>	1	GC
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide topical</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	2	
<i>flurandrenolide</i>	4	
<i>fluticasone propionate crea 0.05%</i>	1	GC
<i>fluticasone propionate oint 0.005%</i>	1	GC
<i>halobetasol propionate</i>	2	
<i>hydrocortisone butyrate (lipid)</i>	1	GC
<i>hydrocortisone butyrate (lipophilic)</i>	1	GC
<i>hydrocortisone butyrate crea, oint, soln</i>	1	GC
<i>hydrocortisone butyrate lotn</i>	2	
<i>hydrocortisone crea 1%, 2.5%</i>	1	GC
<i>hydrocortisone lotn 2.5%</i>	1	GC
<i>hydrocortisone oint 1%, 2.5%</i>	1	GC
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succinate</i>	2	
<i>methylprednisolone sodiumsuccinate inj 125mg, 40mg</i>	2	
<i>methylprednisolone tabs</i>	2	
<i>mometasone furoate crea, oint, soln</i>	1	GC
<i>nolix</i>	4	
<i>prednicarbate</i>	2	
<i>prednisolone sodium phosphate odt</i>	2	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln</i>	2	
PREDNISONE INTENSOL	3	
<i>prednisone soln, tbpk</i>	1	GC
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	GC
<i>procto-med hc</i>	1	GC
<i>proctosol hc</i>	1	GC
<i>proctozone-hc</i>	1	GC
<i>triamcinolone acetonide aers, crea, lotn, oint</i>	1	GC
<i>triderm</i>	1	GC
UCERIS FOAM	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</i>		
<i>chorionic gonadotropin</i>	4	PA
<i>desmopressin acetate inj, tabs</i>	2	
DESMOPRESSIN ACETATE NASAL SOLN 1.5MG/ML	5	
<i>desmopressin acetate nasal soln 0.01%</i>	2	
INCRELEX	5	PA
NORDITROPIN FLEXPOR	5	PA
NOVAREL INJ 5000UNIT	4	PA
<i>novarel inj 10000unit</i>	4	PA
OMNITROPE	5	PA
PREGNYL	4	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	4	PA
SEROSTIM	5	PA
STIMATE SOLN	5	
<i>vasopressin +rfid</i>	2	
<i>vasopressin inj 20unit/ml</i>	2	
<i>vasostrict</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
<i>Anabolic Steroids</i>		
OXANDROLONE TABS 2.5MG	3	QL(240 EA per 30 days); PA
<i>oxandrolone tabs 10mg</i>	2	QL(60 EA per 30 days); PA
<i>Androgens</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>danazol caps</i>	2	PA
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	2	
<i>testosterone pump</i>	2	PA
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	PA
Estrogens		
<i>amabelz tabs 1mg; 0.5mg</i>	2	
<i>aurovela 24 fe</i>	2	
<i>blisovi 24 fe</i>	2	
DEPO-ESTRADIOL INJ 5MG/ML	4	
<i>dotti</i>	2	
<i>estarylla</i>	2	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	GC
<i>estradiol/norethindrone acetate tabs 1mg; 0.5mg</i>	2	
ESTRADIOL VAGINAL TABS	3	
<i>estradiol crea, pttw, ptwk, oral tabs</i>	2	
ESTRING RING 7.5MCG/24HR	3	
FEMRING	4	
<i>femynor</i>	2	
<i>fyavolv</i>	2	
<i>hailey 24 fe</i>	2	
IMVEXXY MAINTENANCE PACK	4	PA
IMVEXXY STARTER PACK	4	PA
<i>jinteli</i>	2	
<i>junel fe 24</i>	2	
<i>larin 24 fe</i>	2	
<i>lyllana</i>	2	
MENEST TABS 2.5MG	4	
<i>microgestin 24 fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-lynyah</i>	2	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	
<i>norgestimate/ethinyl estradiol tabs 35mcg; 0.25mg</i>	2	
<i>nymyo</i>	2	
PREMARIN CREA	3	
PREMARIN INJ	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>sprintec 28</i>	2	
<i>tarina 24 fe</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>vylibra</i>	2	
<i>xulane</i>	2	
YUVAFEM	3	
<i>zafemy</i>	2	
Progestins		
<i>camila</i>	2	
CRINONE	4	PA
<i>deblitane</i>	2	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	GC
<i>megestrol acetate susp, tabs</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone acetate tabs</i>	1	GC
<i>norethindrone tabs</i>	2	
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>progesterone caps, inj</i>	1	GC
<i>sharobel</i>	2	
<i>tulana</i>	2	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	GC
<i>levo-t</i>	1	GC
<i>levothyroxine sodium tabs</i>	1	GC
<i>levothyroxine sodium caps</i>	4	
LEVOTHYROXINE SODIUM INJ 100MCG/ML	5	
<i>levothyroxine sodium inj 100mcg/5ml, 100mcg, 200mcg/5ml, 200mcg, 500mcg/5ml, 500mcg</i>	5	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium inj, tabs</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NIVA THYROID	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
SYNTHROID TABS	3	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT	4	
<i>unithroid</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
<i>Hormonal Agents, Suppressant (Adrenal)</i>		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>cabergoline</i>	2	
ELIGARD	4	PA
FIRMAGON INJ 80MG	4	
FIRMAGON INJ 120MG/VIAL	5	
LANREOTIDE ACETATE	5	PA
LEUPROLIDE ACETATE INJ 22.5MG	4	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LUPRON DEPOT-PED (1-MONTH)	5	PA
LUPRON DEPOT-PED (3-MONTH)	5	PA
LUPRON DEPOT-PED (6-MONTH)	5	PA
<i>octreotide acetate inj 1000mcg/ml, 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 500mcg/ml</i>	5	PA
ORGOVYX	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR MIXJECT INJ 11.25MG	4	PA
TRELSTAR MIXJECT INJ 22.5MG, 3.75MG	5	PA
ZOLADEX INJ 3.6MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ZOLADEX INJ 10.8MG	5	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>Antithyroid Agents</i>		
<i>methimazole tabs 10mg, 5mg</i>	1	GC
<i>propylthiouracil tabs</i>	1	GC
Immunological Agents		
<i>Angioedema Agents</i>		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant acetate</i>	5	PA
RUCONEST	5	PA
<i>sajazir</i>	5	PA
TAKHZYRO INJ 150MG/ML, 300MG/2ML	5	PA
<i>Immunoglobulins</i>		
ASCENIV	5	B/D
ATGAM	5	
BIVIGAM INJ 10%, 5GM/50ML	5	B/D
CUVITRU	5	PA
CYTOGAM INJ 50MG/ML	5	
FLEBOGAMMA DIF	5	B/D
GAMASTAN	4	
GAMMAGARD LIQUID	5	B/D
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	5	B/D
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	B/D
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	B/D
GAMUNEX-C	5	B/D
HEPAGAM B INJ 312UNIT/ML	5	B/D
HIZENTRA	5	PA
HYPERHEP B	4	B/D
HYPERRAB	3	B/D
HYPERRHO S/D MINI-DOSE	4	
HYPERRHO S/D INJ 1500UNIT	4	
HYQVIA	5	B/D
IMOGAM RABIES-HT INJ 300UNIT/2ML	3	B/D
KEDRAB	3	B/D
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB INJ 312UNIT/ML	5	B/D
OCTAGAM	5	B/D
PANZYGA	5	B/D
PRIVIGEN	5	B/D

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Drug Name	Drug Tier	Requirements/Limits
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS INJ 100MG/ML, 50MG/0.5ML	5	PA
THYMOGLOBULIN	5	
WINRHO SDF INJ 15000UNIT/13ML, 1500UNIT/1.3ML	4	
WINRHO SDF INJ 2500UNIT/2.2ML, 5000UNIT/4.4ML	5	
XEMBIFY	5	B/D
Immunological Agents, Other		
ACTEMRA	5	PA
ACTEMRA ACTPEN	5	PA
ACTIMMUNE	5	
ARCALYST	5	PA
COSENTYX	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX UNOREADY	5	PA
DUPIXENT INJ 100MG/0.67ML	5	QL(1.34 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI	5	PA
ILARIS INJ 150MG/ML	5	PA
<i>leflunomide tabs</i>	2	
LEMTRADA	5	PA
OTEZLA	5	PA
RIDAURA	5	
RINVOQ	5	PA
SIMULECT	5	
SKYRIZI PEN	5	PA
SKYRIZI INJ 150MG/ML, 180MG/1.2ML, 360MG/2.4ML, 75MG/0.83ML	5	PA
SOLIRIS	5	PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	PA
SYLVANT	5	PA
TALTZ	5	PA
ULTOMIRIS INJ 1100MG/11ML, 300MG/3ML	5	PA
XELJANZ	5	PA
XELJANZ XR	5	PA
Immunostimulants		
PEGASYS	5	
<i>ribavirin tabs 200mg</i>	2	
Immunosuppressants		
ADALIMUMAB-ADAZ	5	PA
AMJEVITA INJ 40MG/0.8ML	5	PA
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 5MG	5	B/D
AVSOLA	5	PA
<i>azathioprine inj</i>	4	B/D
<i>azathioprine tabs 50mg</i>	1	B/D; GC
<i>azathioprine tabs 100mg, 75mg</i>	2	B/D
BENLYSTA	5	
CIMZIA	5	PA
CIMZIA STARTER KIT	5	PA
<i>cyclosporine modified</i>	2	B/D
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D
<i>cyclosporine inj 50mg/ml</i>	2	
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
<i>everolimus tabs 0.25mg</i>	2	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>engraft caps 100mg, 25mg</i>	2	B/D
<i>engraft soln</i>	2	B/D
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	PA
INFLECTRA	5	PA
<i>infliximab</i>	5	PA
KINERET	5	PA
LUPKYNIS	5	QL(180 EA per 30 days); PA
<i>methotrexate sodium tabs</i>	1	GC
<i>methotrexate sodium inj 1gm/40ml, 1gm, 250mg/10ml, 50mg/2ml</i>	1	GC
<i>methotrexate inj 50mg/2ml</i>	1	GC
MYCOPHENOLATE MOFETIL INJ	3	B/D
<i>mycophenolate mofetil caps, susr, tabs</i>	2	B/D
<i>mycophenolic acid dr</i>	2	B/D
NULOJIX	5	
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
PROGRAF PACK	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	QL(60 EA per 30 days); PA
<i>sirolimus tabs</i>	2	B/D
<i>sirolimus soln</i>	5	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D
XATMEP	4	
Vaccines		
ABRYSVO	3	
ACTHIB INJ 0	3	
ADACEL	3	
AREXVY	3	
BCG VACCINE INJ 50MG	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENG VAXIA	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	4	
ENGRIX-B	3	B/D
GARDASIL 9	4	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	4	
IXIARO	4	
JYNNEOS	3	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
M-M-R II	4	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	4	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENTACEL	4	
PREHEVBRIO	3	B/D
PRIORIX	4	
PROQUAD	3	
QUADRACEL	4	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTATEQ SOLN	4	
SHINGRIX	3	
STAMARIL	4	
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	3	
VARIZIG	5	
VAXELIS	4	
YF-VAX	4	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium</i>	2	
DIPENTUM	5	
<i>mesalamine dr</i>	2	
<i>mesalamine er cp24</i>	2	
<i>mesalamine enem, kit</i>	4	
<i>sulfasalazine tabs, tbec</i>	1	GC
Glucocorticoids		
<i>budesonide er</i>	5	
<i>budesonide cpep 3mg</i>	4	
CORTIFOAM FOAM	3	
<i>hydrocortisone crea 1%</i>	1	GC
<i>hydrocortisone enem 100mg/60ml</i>	4	
ORTIKOS	5	
<i>procto-pak</i>	1	GC
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium soln</i>	1	GC
<i>alendronate sodium tabs 10mg, 35mg, 5mg, 70mg</i>	1	GC
<i>calcitonin salmon nasal soln</i>	2	
<i>calcitonin salmon inj</i>	5	
<i>calcitonin-salmon soln</i>	2	
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	GC
<i>calcitriol inj 1mcg/ml</i>	1	GC
<i>calcitriol oral soln 1mcg/ml</i>	1	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	
<i>doxercalciferol caps 0.5mcg</i>	2	PA
<i>doxercalciferol caps 1mcg, 2.5mcg</i>	4	PA
<i>doxercalciferol inj</i>	2	PA
FORTEO INJ 600MCG/2.4ML	5	PA
<i>ibandronate sodium tabs</i>	2	
MIACALCIN INJ	5	
NATPARA	5	PA
<i>pamidronate disodium inj 30mg/10ml, 6mg/ml, 90mg/10ml</i>	1	GC
PARICALCITOL CAPS	3	
<i>paricalcitol inj</i>	4	
PROLIA	4	
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
TERIPARATIDE	5	PA
XGEVA	5	PA
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	4	
Miscellaneous Therapeutic Agents		
<i>Miscellaneous Therapeutic Agents</i>		
<i>acetylcysteine inj 200mg/ml</i>	2	
ALCOHOL PREP PADS	3	
AMINOSYN II	3	B/D
AMINOSYN-PF	3	B/D
AMINOSYN-PF 7%	3	B/D
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM	3	
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM	3	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM	3	
CLINISOL SF 15%	3	B/D
CLINOLIPID	3	B/D
COSELA	5	PA
CURITY ALL PURPOSE SPONGES 2"X2"	3	
CURITY GAUZE PADS 2"X2"	3	
<i>deferoxamine mesylate inj 2gm</i>	2	PA
<i>deferoxamine mesylate inj 500mg</i>	5	PA
<i>dichlorphenamide</i>	5	PA
DROPLET PEN NEEDLES 29GX10MM	3	
EASY COMFORT INSULIN SYRINGE/1ML/32GX5/16"	3	

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Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGES/0.5ML/32GX5/16"	3	
ELLA	3	
<i>fomepizole inj 1.5gm/1.5ml</i>	5	
FREAMINE III	3	B/D
GLOBAL ALCOHOL PREP EASE PADS	3	
GRASTEK	4	
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	B/D
KALBITOR	5	PA
KEVEYIS	5	PA
<i>lactated ringers irrigation soln 3meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	3	
LAGEVRIO	4	QL(40 EA per 5 days)
<i>levocarnitine soln, tabs</i>	1	GC
<i>methergine tabs</i>	5	
<i>methylergonovine maleate inj</i>	1	GC
<i>methylergonovine maleate tabs</i>	5	
MYALEPT	5	PA
NUTRILIPID	3	B/D
ORALAIR	4	
ORLADEYO	5	PA
PAXLOVID TBP 150MG; 100MG	4	QL(20 EA per 5 days)
PAXLOVID TBP 150MG; 100MG	4	QL(30 EA per 5 days)
PLENAMINE	3	B/D
PREMASOL	3	B/D
PROSOL	3	B/D
PROTOPAM CHLORIDE INJ	4	
RAGWITEK	4	
REMDESIVIR	5	
<i>ringers irrigation soln 4.5meq/l; 156meq/l; 4meq/l; 147meq/l</i>	1	GC
<i>sodium chloride 0.9%</i>	2	
<i>sodium phenylacetate/sodium benzoate</i>	5	
<i>sterile water for irrigation</i>	1	GC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	3	
<i>tis-u-sol</i>	1	GC
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2"	3	
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
VEKLURY	5	
VISTOGARD	5	
Ophthalmic Agents		
<i>Ophthalmic Agents, Other</i>		
<i>ak-poly-bac</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate soln 1%</i>	1	GC
<i>bacitracin/polymyxin b</i>	2	
<i>brimonidine tartrate/timolol maleate</i>	2	
COMBIGAN	3	
<i>cyclopentolate hcl</i>	1	GC
<i>cyclopentolate hydrochloride soln 1%</i>	1	GC
<i>cyclosporine emul 0.05%</i>	4	
CYSTADROPS	5	QL(20 ML per 28 days); PA
CYSTARAN	5	QL(60 ML per 28 days); PA
<i>dorzolamide hcl/timolol maleate</i>	1	GC
<i>dorzolamide hydrochloride/timolol maleate pf</i>	1	GC
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	2	
<i>neomycin/polymyxin/bacitracin oint 400unit/gm; 3.5mg/gm; 10000unit/gm</i>	2	
<i>neomycin/polymyxin/gramicidin</i>	1	GC
OXERVATE	5	PA
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	GC
<i>proparacaine hcl</i>	1	GC
RESTASIS	4	
RESTASIS MULTIDOSE	4	
RHOPRESSA	4	
ROCKLATAN	4	
SIMBRINZA	3	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	GC
VABYSMO	5	
XIIDRA	3	
Ophthalmic Anti-allergy Agents		
ALOCIL	4	
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	
<i>cromolyn sodium soln 4%</i>	1	GC
<i>epinastine hcl</i>	2	
<i>olopatadine hcl</i>	2	
<i>olopatadine hydrochloride soln 0.2%</i>	2	
<i>phenylephrine hcl</i>	1	GC
Ophthalmic Anti-inflammatories		
<i>bromfenac</i>	2	
BROMSITE	4	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	1	GC
<i>diclofenac sodium soln 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	1	GC
ILEVRO	4	
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	1	GC
<i>loteprednol etabonate susp</i>	2	
<i>neomycin/polymyxin/dexamethasone</i>	1	GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>prednisolone acetate</i>	1	GC
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	GC
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	GC
<i>tobramycin/dexamethasone</i>	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl soln 0.5%</i>	1	GC
<i>carteolol hcl</i>	1	GC
<i>levobunolol hcl soln 0.5%</i>	1	GC
<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	GC
<i>timolol maleate soln 0.5%</i>	2	Once Daily
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>apraclonidine</i>	1	GC
<i>brimonidine tartrate soln 0.15%, 0.2%</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hydrochloride</i>	1	GC
<i>methazolamide tabs</i>	2	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>latanoprost soln</i>	1	GC
LUMIGAN	3	
<i>tafluprost</i>	4	
<i>travoprost</i>	2	
VYZULTA	4	
XELPROS	4	
ZIOPTAN	4	
Otic Agents		
Otic Agents		
<i>acetic acid</i>	2	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>flac</i>	2	
<i>fluocinolone acetonide ear drops</i>	2	
<i>fluocinolone acetonide oil 0.01%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone/acetic acid</i>	2	
<i>neomycin/polymyxin/hc</i>	2	
<i>neomycin/polymyxin/hydrocortisone soln 1%; 3.5mg/ml; 10000unit/ml</i>	2	
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	
Respiratory Tract/Pulmonary Agents		
<i>Anti-inflammatories, Inhaled Corticosteroids</i>		
ASMANEX HFA	3	
ASMANEX TWISTHALER 120 METERED DOSES	3	
ASMANEX TWISTHALER 14 METERED DOSES	3	
ASMANEX TWISTHALER 30 METERED DOSES	3	
ASMANEX TWISTHALER 60 METERED DOSES	3	
ASMANEX TWISTHALER 7 METERED DOSES	3	
BREZTRI AEROSPHERE	3	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(240 EA per 30 days); ST
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(60 EA per 30 days); ST
FLOVENT HFA AERO 44MCG/ACT	4	QL(21.2 GM per 30 days); ST
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL(24 GM per 30 days); ST
<i>flunisolide soln 0.025%</i>	1	GC
<i>fluticasone propionate/salmeterol diskus</i>	2	
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	
PULMICORT FLEXHALER	3	
QVAR REDHALER	3	
<i>wixela inhub</i>	2	
<i>Antihistamines</i>		
<i>azelastine hcl nasal soln 0.15%</i>	2	
<i>azelastine hydrochloride</i>	2	
<i>cetirizine hydrochloride soln 1mg/ml</i>	2	
<i>cyproheptadine hcl syrp</i>	2	
<i>cyproheptadine hydrochloride tabs</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl elix</i>	2	PA
<i>diphenhydramine hcl inj 50mg/ml</i>	2	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	4	PA
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	4	PA
<i>hydroxyzine pamoate caps</i>	4	PA
<i>levocetirizine dihydrochloride tabs</i>	2	
<i>Antileukotrienes</i>		

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium chew, pack, tabs</i>	1	GC
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	
COMBIVENT RESPIMAT	3	
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D; GC
<i>ipratropium bromide inhalation soln</i>	1	B/D; GC
<i>ipratropium bromide nasal soln</i>	1	GC
LONHALA MAGNAIR REFILL KIT	4	
LONHALA MAGNAIR STARTER KIT	4	
SPIRIVA HANDIHALER	3	
SPIRIVA RESPIMAT	3	
TIOTROPIUM BROMIDE	3	
TUDORZA PRESSAIR	3	
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	GC
<i>albuterol sulfate hfa aers 108mcg/act</i>	2	
<i>albuterol sulfate syrp</i>	1	GC
<i>albuterol sulfate tabs</i>	2	
<i>albuterol sulfate nebu</i>	2	B/D
<i>arformoterol tartrate</i>	4	B/D
BEVESPI AEROSPHERE	4	
BROVANA	4	B/D
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	
<i>isoproterenol hydrochloride</i>	2	
ISUPREL INJ	3	
<i>levalbuterol hcl nebu</i>	4	B/D
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	B/D
<i>levalbuterol tartrate hfa</i>	2	
PROAIR DIGIHALER	3	
<i>proair hfa</i>	2	
PROAIR RESPICLICK	3	
SEREVENT DISKUS	3	
STRIVERDI RESPIMAT	3	
<i>terbutaline sulfate tabs</i>	2	
<i>terbutaline sulfate inj</i>	5	
<i>ventolin hfa</i>	2	
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA
KITABIS PAK	5	PA
ORKAMBI	5	PA
PULMOZYME	5	PA

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SYMDEKO	5	PA
TOBI PODHALER	5	PA
<i>tobramycin nebu 300mg/5ml</i>	5	PA
TRIKAFTA	5	PA
Mast Cell Stabilizers		
<i>cromolyn sodium nebu 20mg/2ml</i>	4	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline inj</i>	1	GC
DALIRESP	4	ST
<i>elixophyllin</i>	1	GC
<i>roflumilast</i>	2	ST
THEO-24	3	
<i>theophylline er tb24</i>	2	
<i>theophylline er tb12 300mg, 450mg</i>	2	
<i>theophylline soln</i>	1	GC
Pulmonary Antihypertensives		
ADEMPAS	5	PA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	PA
<i>epoprostenol sodium inj 0.5mg</i>	2	PA
<i>epoprostenol sodium inj 1.5mg</i>	5	PA
OPSUMIT	5	PA
ORENITRAM TITRATION KIT MONTH 1	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	3	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
REMODULIN	5	PA
SILDENAFIL CITRATE TABS	3	PA
<i>sildenafil citrate susr</i>	5	PA
<i>sildenafil inj</i>	5	PA
<i>tadalafil tabs 20mg</i>	5	PA
<i>treprostinil</i>	5	PA
TYVASO	5	PA
TYVASO DPI MAINTENANCE KIT	5	PA
TYVASO DPI TITRATION KIT	5	PA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI	5	QL(60 EA per 30 days); PA
UPTRAVI TITRATION PACK	5	QL(400 EA per 365 days); PA
VENTAVIS	5	PA
Pulmonary Fibrosis Agents		
ESBRIET	5	PA

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OFEV	5	QL(60 EA per 30 days); PA
<i>pirfenidone caps</i>	5	PA
PIRFENIDONE TABS 534MG	5	PA
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D
ANORO ELLIPTA	3	
ARALAST NP INJ 500MG	4	PA
ARALAST NP INJ 1000MG	5	PA
DULERA	3	
GLASSIA	5	PA
NUCALA	5	PA
PROLASTIN-C INJ 1000MG	4	PA
PROLASTIN-C INJ 1000MG/20ML	5	PA
<i>ribavirin solr 6gm</i>	5	PA
STIOLTO RESPIMAT	3	
SYMBICORT	3	
TEZSPIRE	5	QL(1.91 ML per 28 days); PA
TRELEGY ELLIPTA	3	
XOLAIR	5	PA
ZEMAIRA	5	PA
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hydrochloride tabs</i>	2	PA
<i>methocarbamol tabs 500mg, 750mg</i>	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	
DAYVIGO	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	
<i>flurazepam hcl</i>	2	QL(30 EA per 30 days)
<i>flurazepam hydrochloride caps 15mg</i>	2	QL(30 EA per 30 days)
HETLIOZ	5	PA
HETLIOZ LQ	5	PA
NEMBUTAL SODIUM	4	
<i>pentobarbital sodium</i>	4	
<i>ramelteon</i>	4	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA
<i>zolpidem tartrate tabs</i>	2	
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA
MODAFINIL	3	PA
SODIUM OXYBATE	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SUNOSI	4	QL(30 EA per 30 days); PA
XYREM	5	PA

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<i>acarbose</i>	32	ALECENSA	22
<i>accutane</i>	45	<i>alendronate sodium</i>	62
<i>acebutolol hydrochloride</i>	38	<i>alfuzosin hcl er</i>	52
<i>acetaminophen/caffeine/dihydrocodeine</i>	2	ALIMTA	18
<i>acetaminophen/codeine</i>	2	ALIQOPA	22
<i>acetaminophen/codeine phosphate</i>	2	<i>aliskiren</i>	40
<i>acetazolamide</i>	66	<i>allopurinol</i>	15
<i>acetazolamide er</i>	66	ALOCRIAL	65
<i>acetazolamide sodium</i>	40	ALOGLIPTIN	32
<i>acetic acid</i>	66	ALOGLIPTIN/METFORMIN HCL	32
<i>acetic acid 0.25%</i>	52	ALOGLIPTIN/METFORMIN	32
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<i>amlodipine besylate/benazepril hydrochloride</i>	40	ASMANEX TWISTHALER 120 METERED DOSES	67
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ANORO ELLIPTA	70	<i>atovaquone/proguanil hcl</i>	25
<i>apomorphine hydrochloride</i>	25	<i>atropine sulfate</i>	40
APONVIE	14	<i>atropine sulfate</i>	65
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<i>bacitracin/polymyxin b</i>	65	BEVESPI AEROSPHERE	68
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BAVENCIO	23	BICNU	17
BAXDELA	8	BIDIL	42
BCG VACCINE	61	BIKTARVY	29
BD INSULIN SYRINGE	63	<i>bisoprolol fumarate</i>	38
SAFETYGLIDE/1ML/29G X 1/2"		<i>bisoprolol fumarate/hydrochlorothiazide</i>	38
B-D INSULIN SYRINGE ULTRAFINE	63	BIVIGAM	58
II/0.3ML/31G X 5/16"		<i>bleomycin sulfate</i>	19
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FINE/1ML/31G X 8MM		BORTEZOMIB	19
BD PEN NEEDLE/ORIGINAL/ULTRA-	63	BOSULIF	22
FINE/29G X 12.7MM		BOTOX	28
BELBUCA	1	BRAFTOVI	19
BELEODAQ	22	BREZTRI AEROSPHERE	67
BELSOMRA	70	BRILINTA	36
<i>benazepril hcl</i>	37	<i>brimonidine tartrate</i>	66
<i>benazepril hcl/hydrochlorothiazide</i>	37	<i>brimonidine tartrate/timolol maleate</i>	65
<i>benazepril hydrochloride</i>	37	<i>brinzolamide</i>	66
<i>benazepril</i>	37	BRIVIACT	9
<i>hydrochloride/hydrochlorothiazide</i>		<i>bromfenac</i>	65
<i>bendamustine hydrochloride</i>	17	<i>bromocriptine mesylate</i>	25
BENDEKA	17	BROMSITE	65
BENLYSTA	60	BROVANA	68
<i>benztropine mesylate</i>	25	BRUKINSA	22

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Drug Name	Page #	Drug Name	Page #
BUDESONIDE	53	CAPRELSA	22
<i>budesonide</i>	62	<i>captopril</i>	37
<i>budesonide</i>	67	<i>carbamazepine</i>	11
<i>budesonide er</i>	62	<i>carbamazepine er</i>	10
<i>bumetanide</i>	41	<i>carbidopa</i>	26
<i>buprenorphine</i>	1	<i>carbidopa/levodopa</i>	26
<i>buprenorphine hcl</i>	4	<i>carbidopa/levodopa er</i>	26
<i>buprenorphine hcl/naloxone hcl</i>	4	<i>carbidopa/levodopa odt</i>	26
<i>buprenorphine hydrochloride/naloxone</i>	4	<i>carbidopa/levodopa/entacapone</i>	26
<i>hydrochloride</i>		<i>carboplatin</i>	17
<i>bupropion hcl</i>	11	CARDENE IV	39
<i>bupropion hydrochloride</i>	12	<i>carglumic acid</i>	46
<i>bupropion hydrochloride er (sr)</i>	4	CARMUSTINE	17
<i>bupropion hydrochloride er (sr)</i>	11	<i>carteolol hcl</i>	66
BUPROPION HYDROCHLORIDE ER	11	<i>cartia xt</i>	39
(XL)		<i>carvedilol</i>	38
<i>bupirone hcl</i>	31	<i>carvedilol phosphate er</i>	39
<i>bupirone hydrochloride</i>	31	<i>caspofungin acetate</i>	14
<i>busulfan</i>	17	CAYSTON	68
BUSULFEX	17	<i>cefaclor</i>	6
<i>butalbital/acetaminophen/caffeine</i>	43	<i>cefaclor er</i>	6
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	<i>cefadroxil</i>	6
<i>butalbital/aspirin/caffeine</i>	43	CEFAZOLIN	6
<i>butalbital/aspirin/caffeine/codeine</i>	2	<i>cefazolin sodium</i>	6
<i>butorphanol tartrate</i>	2	<i>cefazolin sodium/dextrose</i>	6
BYDUREON BCISE	32	<i>cefdinir</i>	6
CABENUVA	29	CEFEPIME	6
<i>cabergoline</i>	57	CEFEPIME HYDROCHLORIDE	6
CABLIVI	36	CEFEPIME/DEXTROSE	6
CABOMETYX	22	<i>cefixime</i>	6
<i>caffeine citrate</i>	43	CEFOTAXIME SODIUM	6
<i>calcipotriene</i>	46	<i>cefotetan</i>	6
<i>calcitonin salmon</i>	62	<i>cefotetan/dextrose</i>	6
<i>calcitonin-salmon</i>	62	<i>cefoxitin sodium</i>	6
<i>calcitriol</i>	46	<i>cefpodoxime proxetil</i>	6
<i>calcitriol</i>	62	<i>cefprozil</i>	6
<i>calcium acetate</i>	48	<i>ceftazidime</i>	6
CALQUENCE	22	<i>ceftazidime/dextrose</i>	6
<i>camila</i>	56	<i>ceftriaxone in iso-osmotic dextrose</i>	6
CAMZYOS	40	<i>ceftriaxone sodium</i>	6
<i>candesartan cilexetil</i>	37	<i>ceftriaxone/dextrose</i>	6
<i>candesartan cilexetil/hydrochlorothiazide</i>	37	<i>cefuroxime axetil</i>	6
CAPASTAT SULFATE	16	<i>cefuroxime sodium</i>	7
CAPLYTA	27	<i>celecoxib</i>	1

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CELONTIN	10	cladribine	18
cephalexin	7	claravis	45
CERDELGA	51	clarithromycin	8
CEREZYME	51	clarithromycin er	8
cetirizine hydrochloride	67	CLEOCIN	5
cevimeline hydrochloride	44	clindacin	5
CHEMET	48	clindacin etz pledgets	5
CHENODAL	49	clindamycin hcl	5
chloramphenicol sodium succinate	5	clindamycin hydrochloride	5
chlordiazepoxide hcl	31	clindamycin palmitate hcl	5
chlordiazepoxide hydrochloride	31	clindamycin phosphate	5
chlordiazepoxide/amitriptyline	13	clindamycin phosphate/dextrose	5
chlorhexidine gluconate	44	CLINIMIX 4.25%/DEXTROSE 10%	46
chloroquine phosphate	25	CLINIMIX 4.25%/DEXTROSE 5%	46
chlorothiazide sodium	41	CLINIMIX 5%/DEXTROSE 15%	46
chlorpromazine hcl	26	CLINIMIX 5%/DEXTROSE 20%	46
chlorpromazine hydrochloride	26	CLINIMIX 6/5	46
chlorthalidone	41	CLINIMIX 8/10	46
CHOLBAM	50	CLINIMIX 8/14	46
cholestyramine	42	CLINIMIX E 2.75%/DEXTROSE 5%	46
cholestyramine light	42	CLINIMIX E 4.25%/DEXTROSE 10%	46
chorionic gonadotropin	54	CLINIMIX E 4.25%/DEXTROSE 5%	46
ciclodan	14	CLINIMIX E 5%/DEXTROSE 15%	46
ciclopirox	14	CLINIMIX E 5%/DEXTROSE 20%	46
ciclopirox nail lacquer	14	CLINIMIX E 8/10	46
ciclopirox olamine	14	CLINIMIX E 8/14	46
cidofovir	28	CLINISOL SF 15%	63
cilostazol	36	CLINOLIPID	63
CIMDUO	29	clobazam	10
cimetidine	50	clobetasol propionate	45
cimetidine hcl	50	clobetasol propionate	53
cimetidine hydrochloride	50	clobetasol propionate e	45
CIMZIA	60	clobetasol propionate emollient	45
CIMZIA STARTER KIT	60	clofarabine	18
cinacalcet hydrochloride	63	clomipramine hydrochloride	13
CINRYZE	58	clonazepam	10
CINVANTI	14	clonazepam odt	10
ciprofloxacin	8	clonidine hcl	36
ciprofloxacin hcl	8	clonidine hydrochloride	36
ciprofloxacin hydrochloride	8	clonidine hydrochloride	43
ciprofloxacin i.v.-in d5w	8	clonidine hydrochloride er	43
ciprofloxacin/dexamethasone	66	clopidogrel	36
cisplatin	17	clorazepate dipotassium	31
citalopram hydrobromide	12	clotrimazole	14

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<i>clotrimazole/betamethasone dipropionate</i>	14	CYCLOSET	32
<i>clozapine</i>	27	<i>cyclosporine</i>	60
<i>clozapine odt</i>	27	<i>cyclosporine</i>	65
COARTEM	25	<i>cyclosporine modified</i>	60
<i>codeine sulfate</i>	2	<i>cyproheptadine hcl</i>	67
<i>colchicine</i>	15	<i>cyproheptadine hydrochloride</i>	67
<i>colesevelam hydrochloride</i>	42	CYRAMZA	23
<i>colestipol hcl</i>	42	CYSTADROPS	65
<i>colistimethate sodium</i>	5	CYSTAGON	51
COLUMVI	19	CYSTARAN	65
COMBIGAN	65	<i>cytarabine</i>	18
COMBIVENT RESPIMAT	68	<i>cytarabine aqueous</i>	18
COMETRIQ	22	CYTOGAM	58
COMPLERA	29	<i>dabigatran etexilate</i>	35
<i>compro</i>	13	<i>dacarbazine</i>	17
<i>constulose</i>	49	<i>dactinomycin</i>	19
COPIKTRA	19	<i>dalfampridine er</i>	44
CORDRAN	53	DALIRESP	69
CORLANOR	40	DALVANCE	5
CORTIFOAM	62	<i>danazol</i>	55
COSELA	63	<i>dantrolene sodium</i>	28
COSENTYX	59	DANYELZA	24
COSENTYX SENSOREADY PEN	59	<i>dapsone</i>	16
COSENTYX UNOREADY	59	DAPTACEL	61
COTELIC	19	<i>daptomycin</i>	5
CREON	51	DAPTOMYCIN/SODIUM CHLORIDE	5
CRESEMBA	14	DARIFENACIN HYDROBROMIDE ER	52
CRINONE	56	<i>darunavir</i>	30
<i>cromolyn sodium</i>	50	DARZALEX	24
<i>cromolyn sodium</i>	65	DARZALEX FASPRO	24
<i>cromolyn sodium</i>	69	<i>daunorubicin hydrochloride</i>	19
<i>crotan</i>	46	DAURISMO	19
CRYSVITA	46	DAYVIGO	70
CURITY ALL PURPOSE SPONGES	63	<i>deblitane</i>	56
2"X2"		<i>decitabine</i>	19
CURITY GAUZE PADS 2"X2"	63	<i>deferasirox</i>	48
CUVITRU	58	<i>deferiprone</i>	48
<i>cyclobenzaprine hydrochloride</i>	70	<i>deferoxamine mesylate</i>	63
<i>cyclopentolate hcl</i>	65	DELSTRIGO	29
<i>cyclopentolate hydrochloride</i>	65	<i>demeclocycline hcl</i>	8
CYCLOPHOSPHAMIDE	17	<i>demeclocycline hydrochloride</i>	8
CYCLOPHOSPHAMIDE	17	DENG VAXIA	61
MONOHYDRATE		DEPO-ESTRADIOL	55
<i>cycloserine</i>	16	DEPO-SUBQ PROVERA 104	56

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DESCOVY	29	diclofenac sodium	65
desipramine hydrochloride	13	diclofenac sodium dr	1
desloratadine	67	diclofenac sodium er	1
desmopressin acetate	54	diclofenac sodium/misoprostol	1
desonide	53	dicloxacillin sodium	7
desoximetasone	45	dicyclomine hcl	49
desvenlafaxine er	12	dicyclomine hydrochloride	49
dexamethasone	53	DIFICID	8
DEXAMETHASONE INTENSOL	53	diflunisal	1
dexamethasone sodium phosphate	53	digitek	38
dexamethasone sodium phosphate	65	digox	38
DEXILANT	50	DIGOXIN	38
dexlansoprazole	50	dihydroergotamine mesylate	15
dexmethylphenidate hcl	43	DILANTIN	11
dexmethylphenidate hcl er	43	DILANTIN INFATABS	11
dexmethylphenidate hydrochloride	43	diltiazem hcl	40
dexmethylphenidate hydrochloride er	43	diltiazem hcl cd	39
dexrazoxane	19	diltiazem hcl er	39
DEXTROAMPHETAMINE SULFATE	42	diltiazem hydrochloride	40
dextroamphetamine sulfate er	42	diltiazem hydrochloride er	40
dextrose	47	dilt-xr	39
dextrose 10%/nacl 0.45%	46	dimenhydrinate	13
dextrose 5% /electrolyte #48 viaflex	46	dimethyl fumarate	44
dextrose 10%	46	dimethyl fumarate starterpack	44
dextrose 10%/nacl 0.2%	46	DIPENTUM	62
dextrose 2.5%/nacl 0.45%	46	diphenhydramine hcl	67
dextrose 25%	47	diphenhydramine hydrochloride	67
dextrose 5%	47	diphenoxylate hydrochloride/atropine	50
dextrose 5%/lactated ringers	47	sulfate	
dextrose 5%/nacl 0.2%	47	diphenoxylate/atropine	50
dextrose 5%/nacl 0.3%	47	DIPHThERIA/TETANUS TOXOIDS	61
dextrose 5%/nacl 0.33%	47	ADSORBED PEDIATRIC	
dextrose 5%/nacl 0.45%	47	disulfiram	4
dextrose 5%/nacl 0.9%	47	DIURIL	41
dextrose 50%	47	divalproex sodium	10
dextrose/sodium chloride	47	divalproex sodium dr	10
DIACOMIT	10	divalproex sodium er	10
diazepam	31	dobutamine hcl	40
diazepam intensol	31	dobutamine hcl/d5w	40
diazepam rectal gel	10	dobutamine hydrochloride/dextrose 5%	40
diazoxide	33	docetaxel	19
dichlorphenamide	63	dofetilide	38
diclofenac potassium	1	donepezil hcl	11
diclofenac sodium	1	donepezil hydrochloride	11

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<i>donepezil hydrochloride odt</i>	11	<i>ec-naproxen</i>	1
<i>dopamine hydrochloride</i>	40	<i>econazole nitrate</i>	14
<i>dopamine hydrochloride/dextrose</i>	40	EDURANT	29
<i>dopamine/d5w</i>	40	<i>efavirenz</i>	29
DOPTLET	35	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	29
<i>dorzolamide hcl/timolol maleate</i>	65	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	29
<i>dorzolamide hydrochloride</i>	66	ELAHERE	24
<i>dorzolamide hydrochloride/timolol maleate</i>	65	ELAPRASE	51
<i>pf</i>		ELELYSO	51
<i>dotti</i>	55	ELEPSIA XR	9
DOVATO	29	ELIGARD	57
<i>doxazosin</i>	52	ELIQUIS	35
<i>doxazosin mesylate</i>	52	ELIQUIS STARTER PACK	35
<i>doxepin hcl</i>	13	ELITEK	25
<i>doxepin hydrochloride</i>	13	<i>elixophyllin</i>	69
DOXEPIN HYDROCHLORIDE	45	ELLA	64
<i>doxepin hydrochloride</i>	70	ELMIRON	52
<i>doxercalciferol</i>	63	ELREXFIO	19
<i>doxorubicin hcl</i>	19	ELZONRIS	19
<i>doxorubicin hydrochloride</i>	19	EMCYT	18
<i>doxorubicin hydrochloride liposomal</i>	19	EMEND	14
<i>doxy 100</i>	8	EMGALITY	16
<i>doxycycline</i>	9	EMPAVELI	59
<i>doxycycline hyclate</i>	8	EMPLICITI	24
<i>doxycycline hyclate dr</i>	8	EMSAM	12
<i>doxycycline monohydrate</i>	9	<i>emtricitabine</i>	29
DRIZALMA SPRINKLE	12	<i>emtricitabine/tenofovir disoproxil</i>	29
<i>dronabinol</i>	14	<i>emtricitabine/tenofovir disoproxil fumarate</i>	29
<i>droperidol</i>	13	EMTRIVA	30
DROPLET PEN NEEDLES 29GX10MM	63	<i>enalapril maleate</i>	37
DROXIA	18	<i>enalapril maleate/hydrochlorothiazide</i>	37
<i>droxidopa</i>	37	<i>enalaprilat</i>	37
DULERA	70	ENBREL	60
<i>duloxetine hcl</i>	12	ENBREL MINI	60
<i>duloxetine hydrochloride</i>	12	ENBREL SURECLICK	60
DUPIXENT	59	<i>endocet</i>	2
<i>duramorph</i>	2	ENGERIX-B	61
<i>dutasteride</i>	52	ENHERTU	24
DYSPORT	28	<i>enoxaparin sodium</i>	35
<i>e.e.s. 400</i>	8	<i>entacapone</i>	25
EASY COMFORT INSULIN	63	<i>entecavir</i>	28
SYRINGE/1ML/32GX5/16"		ENTRESTO	40
EASY COMFORT INSULIN	64		
SYRINGES/0.5ML/32GX5/16"			

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<i>enulose</i>	49	<i>estradiol/norethindrone acetate</i>	55
EPCLUSA	28	ESTRING	55
EPIDIOLEX	9	<i>ethacrynate sodium</i>	41
<i>epinastine hcl</i>	65	<i>ethacrynic acid</i>	41
<i>epinephrine</i>	68	<i>ethambutol hydrochloride</i>	16
<i>epitol</i>	11	<i>ethosuximide</i>	10
EPIVIR HBV	28	<i>etodolac</i>	1
EPKINLY	19	<i>etodolac er</i>	1
<i>eplerenone</i>	41	ETOPOPHOS	21
EPOGEN	36	<i>etoposide</i>	21
<i>epoprostenol sodium</i>	69	<i>etravirine</i>	29
EPRONTIA	9	<i>euthyrox</i>	56
EQUETRO	32	<i>everolimus</i>	22
ERAXIS	14	<i>everolimus</i>	60
ERBITUX	24	EVOMELA	17
ERGOMAR	15	EVOTAZ	30
ERGOTAMINE TARTRATE/CAFFEINE	15	<i>exemestane</i>	21
ERIVEDGE	22	EXKIVITY	22
ERLEADA	17	EXONDYS 51	51
<i>erlotinib hydrochloride</i>	22	EXSERVAN	43
<i>errin</i>	56	EXTAVIA	44
<i>ertapenem</i>	7	<i>ezetimibe</i>	42
<i>ertapenem sodium</i>	7	FABRAZYME	51
ERWINASE	19	<i>famciclovir</i>	31
<i>ery</i>	8	<i>famotidine</i>	50
ERYTHROCIN LACTOBIONATE	8	<i>famotidine premixed</i>	50
<i>erythrocin stearate</i>	8	FANAPT	27
<i>erythromycin</i>	8	FANAPT TITRATION PACK	27
<i>erythromycin base</i>	8	FARYDAK	20
<i>erythromycin dr</i>	8	FASLODEX	18
<i>erythromycin ethylsuccinate</i>	8	<i>febuxostat</i>	15
ERYTHROMYCIN LACTOBIONATE	8	<i>felbamate</i>	9
ESBRIET	69	<i>felodipine er</i>	39
<i>escitalopram oxalate</i>	12	FEMRING	55
<i>esmolol hcl</i>	39	<i>femynor</i>	55
<i>esmolol hydrochloride in sodium chloride</i>	39	<i>fenofibrate</i>	41
<i>esmolol hydrochloride in sodium chloride</i>	39	<i>fenofibrate micronized</i>	41
<i>double strength</i>		<i>fenofibric acid</i>	41
<i>esmolol hydrochloride/sodium chloride</i>	39	<i>fenofibric acid dr</i>	41
<i>esomeprazole magnesium</i>	50	<i>fenoprofen calcium</i>	1
<i>estarylla</i>	55	<i>fentanyl</i>	1
<i>estazolam</i>	31	<i>fentanyl citrate oral transmucosal</i>	2
ESTRADIOL	55	FERRIPROX	48
<i>estradiol valerate</i>	55	FERRIPROX TWICE-A-DAY	48

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<i>fesoterodine fumarate er</i>	52	<i>flurbiprofen sodium</i>	66
FETROJA	7	<i>flutamide</i>	17
FETZIMA	12	<i>fluticasone propionate</i>	53
FETZIMA TITRATION PACK	12	<i>fluticasone propionate</i>	67
FINACEA	45	<i>fluticasone propionate/salmeterol</i>	67
<i>finasteride</i>	52	<i>fluticasone propionate/salmeterol diskus</i>	67
<i> fingolimod</i>	44	<i>fluvastatin sodium er</i>	41
FINTEPLA	9	<i>fluvoxamine maleate</i>	12
FIRMAGON	57	<i>fluvoxamine maleate er</i>	12
<i>flac</i>	66	FOLOTYN	18
<i>flavoxate hcl</i>	52	<i>fomepizole</i>	64
FLEBOGAMMA DIF	58	<i>fondaparinux sodium</i>	35
<i>flecainide acetate</i>	38	FORFIVO XL	12
FLOVENT DISKUS	67	FORTEO	63
FLOVENT HFA	67	<i>fosamprenavir calcium</i>	30
<i>floxuridine</i>	18	<i>fosaprepitant dimeglumine</i>	14
<i>fluconazole</i>	14	<i>fosfomycin tromethamine</i>	5
<i>fluconazole in nacl</i>	14	<i>fosinopril sodium</i>	37
<i>fluconazole in sodium chloride</i>	14	<i>fosinopril sodium/hydrochlorothiazide</i>	37
<i>flucytosine</i>	15	<i>fosphenytoin sodium</i>	11
<i>fludarabine phosphate</i>	20	FOSRENOL	48
<i>fludrocortisone acetate</i>	53	FOTIVDA	18
<i>flunisolide</i>	67	FRAGMIN	35
<i>fluocinolone acetonide</i>	53	FREAMINE III	64
<i>fluocinolone acetonide</i>	66	<i>fulvestrant</i>	18
<i>fluocinolone acetonide body</i>	53	<i>furosemide</i>	41
<i>fluocinolone acetonide ear drops</i>	66	FUZEON	30
<i>fluocinolone acetonide scalp</i>	53	FYARRO	22
<i>fluocinolone acetonide topical</i>	53	<i>fyavolv</i>	55
<i>fluocinonide</i>	45	FYCOMPA	9
<i>fluoride</i>	47	FYLNETRA	36
<i>fluorometholone</i>	66	<i>gabapentin</i>	10
FLUOROPLEX	18	GABLOFEN	28
FLUOROURACIL	18	GALAFOLD	51
<i>fluoxetine dr</i>	12	<i>galantamine hydrobromide</i>	11
<i>fluoxetine hcl</i>	12	<i>galantamine hydrobromide er</i>	11
<i>fluoxetine hydrochloride</i>	12	GAMASTAN	58
<i>fluphenazine decanoate</i>	26	GAMMAGARD LIQUID	58
<i>fluphenazine hcl</i>	26	GAMMAGARD S/D IGA LESS THAN	58
<i>fluphenazine hydrochloride</i>	26	1MCG/ML	
<i>flurandrenolide</i>	53	GAMMAKED	58
<i>flurazepam hcl</i>	70	GAMMAPLEX	58
<i>flurazepam hydrochloride</i>	70	GAMUNEX-C	58
<i>flurbiprofen</i>	1	<i>ganciclovir</i>	28

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Drug Name	Page #	Drug Name	Page #
GARDASIL 9	61	HADLIMA PUSHTOUCH	60
<i>gatifloxacin</i>	8	HAEGARDA	58
GATTEX	50	<i>hailey 24 fe</i>	55
<i>gavilyte-c</i>	49	HALAVEN	20
<i>gavilyte-g</i>	49	<i>halobetasol propionate</i>	53
<i>gavilyte-n/flavor pack</i>	49	<i>haloperidol</i>	26
GAVRETO	20	<i>haloperidol decanoate</i>	26
GAZYVA	24	<i>haloperidol lactate</i>	26
<i>gefitinib</i>	22	HARVONI	28
<i>gemcitabine hydrochloride</i>	18	HAVRIX	61
<i>gemfibrozil</i>	41	<i>heather</i>	56
GEMTESA	52	HEMANGEOL	39
<i>generlac</i>	49	HEPAGAM B	58
<i>engraf</i>	60	<i>heparin sodium</i>	35
<i>gentak</i>	4	<i>heparin sodium/d5w</i>	35
<i>gentamicin sulfate</i>	4	<i>heparin sodium/dextrose</i>	35
<i>gentamicin sulfate pediatric</i>	4	<i>heparin sodium/nacl 0.45%</i>	35
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	<i>heparin sodium/sodium chloride</i>	35
GENVOYA	29	<i>heparin sodium/sodium chloride 0.9%</i>	35
GILENYA	44	<i>heparin sodium/sodium chloride 0.9%</i>	35
GILOTRIF	22	<i>premix</i>	
GLASSIA	70	HEPLISAV-B	61
<i>glatiramer acetate</i>	44	HERCEPTIN	24
<i>glatopa</i>	44	HERCEPTIN HYLECTA	24
GLEOSTINE	17	HERZUMA	24
<i>glimepiride</i>	32	HETLIOZ	70
GLIPIZIDE	32	HETLIOZ LQ	70
<i>glipizide er</i>	32	HIBERIX	61
<i>glipizide xl</i>	32	HIZENTRA	58
<i>glipizide/metformin hydrochloride</i>	32	HUMALOG	33
GLOBAL ALCOHOL PREP EASE PADS	64	HUMALOG JUNIOR KWIKPEN	33
GLUCAGEN HYPOKIT	33	HUMALOG KWIKPEN	33
GLUCAGON EMERGENCY KIT	33	HUMALOG MIX 50/50	33
GLUCAGON EMERGENCY KIT FOR	33	HUMALOG MIX 50/50 KWIKPEN	33
LOW BLOOD SUGAR		HUMALOG MIX 75/25	33
<i>glycopyrrolate</i>	49	HUMALOG MIX 75/25 KWIKPEN	34
<i>glydo</i>	3	HUMIRA	60
<i>granisetron hcl</i>	14	HUMIRA PEDIATRIC CROHNS	60
<i>granisetron hydrochloride</i>	14	DISEASE STARTER PACK	
GRANIX	36	HUMIRA PEN	60
GRASTEK	64	HUMIRA PEN-CD/UC/HS STARTER	60
<i>griseofulvin microsize</i>	15	HUMIRA PEN-PEDIATRIC UC	60
<i>griseofulvin ultramicrosize</i>	15	STARTER PACK	
HADLIMA	60	HUMIRA PEN-PS/UV STARTER	60

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<i>humulin 70/30</i>	34	<i>ifosfamide</i>	17
HUMULIN 70/30 KWIKPEN	34	ILARIS	59
<i>humulin n</i>	34	ILEVRO	66
HUMULIN N KWIKPEN	34	<i>imatinib mesylate</i>	22
<i>humulin r</i>	34	IMBRUVICA	22
HUMULIN R U-500 (CONCENTRATED)	34	IMFINZI	24
HUMULIN R U-500 KWIKPEN	34	<i>imipenem/cilastatin</i>	7
<i>hydralazine hcl</i>	42	<i>imipramine hcl</i>	13
<i>hydralazine hydrochloride</i>	42	<i>imipramine hydrochloride</i>	13
<i>hydrochlorothiazide</i>	41	<i>imipramine pamoate</i>	13
<i>hydrocodone bitartrate/acetaminophen</i>	2	<i>imiquimod</i>	46
<i>hydrocodone/acetaminophen</i>	3	<i>imiquimod pump</i>	46
<i>hydrocodone/ibuprofen</i>	3	IMJUDO	24
<i>hydrocortisone</i>	45	IMOGAM RABIES-HT	58
<i>hydrocortisone</i>	53	IMOVAX RABIES (H.D.C.V.)	61
<i>hydrocortisone</i>	62	IMVEXXY MAINTENANCE PACK	55
<i>hydrocortisone butyrate</i>	53	IMVEXXY STARTER PACK	55
<i>hydrocortisone butyrate (lipid)</i>	53	<i>incassia</i>	56
<i>hydrocortisone butyrate (lipophilic)</i>	53	INCRELEX	54
<i>hydrocortisone/acetic acid</i>	67	<i>indapamide</i>	41
<i>hydromorphone hcl</i>	3	INFANRIX	61
<i>hydromorphone hydrochloride</i>	3	INFLECTRA	60
<i>hydroxychloroquine sulfate</i>	25	<i>infliximab</i>	60
<i>hydroxyprogesterone caproate</i>	56	INFUGEM	18
<i>hydroxyurea</i>	18	INGREZZA	43
<i>hydroxyzine hcl</i>	67	INLYTA	22
<i>hydroxyzine hydrochloride</i>	67	INQOVI	22
<i>hydroxyzine pamoate</i>	67	INREBIC	20
HYPERHEP B	58	INTELENCE	29
HYPERRAB	58	INTRALIPID	64
HYPERRHO S/D	58	INTRON A	28
HYPERRHO S/D MINI-DOSE	58	INVEGA HAFYERA	27
HYQVIA	58	INVEGA SUSTENNA	27
<i>ibandronate sodium</i>	63	INVEGA TRINZA	27
IBRANCE	20	INVIRASE	30
<i>ibu</i>	1	INVOKAMET	32
<i>ibuprofen</i>	1	INVOKAMET XR	32
<i>ibuprofen/famotidine</i>	1	INVOKANA	32
<i>icatibant acetate</i>	58	IONOSOL-MB/DEXTROSE 5%	47
ICLUSIG	22	IPOL INACTIVATED IPV	61
<i>icosapent ethyl</i>	42	<i>ipratropium bromide</i>	68
<i>idarubicin hcl</i>	20	<i>ipratropium bromide/albuterol sulfate</i>	68
<i>idarubicin hydrochloride</i>	20	<i>irbesartan</i>	37
IDHIFA	22	<i>irbesartan/hydrochlorothiazide</i>	37

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IRESSA	22	KALBITOR	64
<i>irinotecan hydrochloride</i>	21	KALETRA	30
ISENTRESS	29	KALYDECO	68
ISENTRESS HD	29	KANJINTI	24
ISOLYTE-P/DEXTROSE 5%	47	KANUMA	51
ISOLYTE-S	47	KAPSPARGO SPRINKLE	39
ISOLYTE-S PH 7.4	47	KAZANO	33
<i>isoniazid</i>	16	<i>kcl 0.075%/d5w/nacl 0.45%</i>	47
<i>isoproterenol hydrochloride</i>	68	<i>kcl 0.15%/d5w/nacl 0.2%</i>	47
<i>isosorbide dinitrate</i>	42	<i>kcl 0.15%/d5w/nacl 0.225%</i>	47
<i>isosorbide dinitrate/hydralazine</i>	42	<i>kcl 0.15%/d5w/nacl 0.45%</i>	47
<i>hydrochloride</i>		<i>kcl 0.15%/d5w/nacl 0.9%</i>	47
<i>isosorbide mononitrate</i>	42	<i>kcl 0.3%/d5w/nacl 0.45%</i>	47
<i>isosorbide mononitrate er</i>	42	<i>kcl 0.3%/d5w/nacl 0.9%</i>	47
<i>isotonic gentamicin</i>	4	KEDRAB	58
<i>isotretinoin</i>	45	<i>kemoplast</i>	17
<i>isradipine</i>	39	KEPIVANCE	44
ISTODAX	20	KERENDIA	40
ISTURISA	57	<i>ketoconazole</i>	15
ISUPREL	68	<i>ketorolac tromethamine</i>	1
<i>itraconazole</i>	15	<i>ketorolac tromethamine</i>	66
<i>ivermectin</i>	25	KEVEYIS	64
<i>ivermectin</i>	46	KEYTRUDA	24
IXEMPRA KIT	20	KIMMTRAK	20
IXIARO	61	KIMYRSA	5
JAKAFI	22	KINERET	60
<i>jantoven</i>	35	KINRIX	61
JANUMET	32	KISQALI	20
JANUMET XR	32	KISQALI FEMARA 200 DOSE	17
JANUVIA	32	KISQALI FEMARA 400 DOSE	17
JARDIANCE	32	KISQALI FEMARA 600 DOSE	17
JAYPIRCA	22	KITABIS PAK	68
JEMPERLI	24	<i>klor-con</i>	47
<i>jencycla</i>	56	<i>klor-con 10</i>	47
JENTADUETO	32	<i>klor-con 8</i>	47
JENTADUETO XR	32	<i>klor-con m10</i>	47
JEVTANA	20	<i>klor-con m15</i>	47
<i>jinteli</i>	55	<i>klor-con m20</i>	47
JULUCA	29	KORLYM	33
<i>junel fe 24</i>	55	KOSELUGO	22
JUXTAPID	42	KRAZATI	20
JYNARQUE	48	KRINTAFEL	25
JYNNEOS	61	KRISTALOSE	49
KADCYLA	24	KRYSTEXXA	15

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KYPROLIS	21	levalbuterol hydrochloride	68
<i>labetalol hydrochloride</i>	39	levalbuterol tartrate hfa	68
<i>lacosamide</i>	11	LEVEMIR	34
<i>lactated ringers irrigation</i>	64	LEVEMIR FLEXPEN	34
<i>lactulose</i>	49	LEVEMIR FLEXTOUCH	34
LAGEVRIO	64	<i>levetiracetam</i>	9
<i>lamivudine</i>	28	<i>levetiracetam er</i>	9
<i>lamivudine</i>	30	<i>levetiracetam/sodium chloride</i>	9
<i>lamivudine/zidovudine</i>	30	<i>levobunolol hcl</i>	66
<i>lamotrigine</i>	9	<i>levocarnitine</i>	64
<i>lamotrigine er</i>	9	<i>levocetirizine dihydrochloride</i>	67
<i>lamotrigine starter kit/blue</i>	9	<i>levofloxacin</i>	8
<i>lamotrigine starter kit/green</i>	9	<i>levofloxacin in d5w</i>	8
<i>lamotrigine starter kit/orange</i>	9	<i>levoleucovorin</i>	20
<i>lamotrigine titration</i>	9	<i>levo-t</i>	56
LANOXIN PEDIATRIC	38	<i>levothyroxine sodium</i>	56
LANREOTIDE ACETATE	57	<i>levoxyl</i>	56
<i>lansoprazole</i>	50	LEXIVA	30
<i>lanthanum carbonate</i>	48	LIBTAYO	24
LANTUS	34	<i>lidocaine</i>	3
LANTUS SOLOSTAR	34	<i>lidocaine hcl</i>	3
<i>lapatinib ditosylate</i>	22	<i>lidocaine hcl</i>	38
<i>larin 24 fe</i>	55	<i>lidocaine hcl</i>	44
<i>latanoprost</i>	66	<i>lidocaine hcl in d5w</i>	38
LATUDA	27	<i>lidocaine hcl jelly</i>	3
LAZANDA	3	<i>lidocaine hcl viscous</i>	44
LEDIPASVIR/SOFOSBUVIR	28	<i>lidocaine hcl/dextrose</i>	3
<i>leflunomide</i>	59	<i>lidocaine hcl/dextrose</i>	38
LEMTRADA	59	<i>lidocaine hydrochloride</i>	3
<i>lenalidomide</i>	18	<i>lidocaine hydrochloride viscous</i>	44
LENVIMA 10 MG DAILY DOSE	22	<i>lidocaine viscous</i>	44
LENVIMA 12MG DAILY DOSE	22	<i>lidocaine/prilocaine</i>	3
LENVIMA 14 MG DAILY DOSE	22	<i>lincomycin hcl</i>	5
LENVIMA 18 MG DAILY DOSE	22	<i>lincomycin hydrochloride</i>	5
LENVIMA 20 MG DAILY DOSE	22	<i>lindane</i>	46
LENVIMA 24 MG DAILY DOSE	22	<i>linezolid</i>	5
LENVIMA 4 MG DAILY DOSE	22	LINZESS	49
LENVIMA 8 MG DAILY DOSE	22	LIORESAL INTRATHECAL	28
<i>letrozole</i>	21	<i>liothyronine sodium</i>	56
<i>leucovorin calcium</i>	20	<i>lisinopril</i>	37
LEUKERAN	17	<i>lisinopril/hydrochlorothiazide</i>	37
LEUKINE	36	<i>lithium</i>	32
LEUPROLIDE ACETATE	57	<i>lithium carbonate</i>	32
<i>levalbuterol hcl</i>	68	<i>lithium carbonate er</i>	32

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LITHOSTAT	52	MARPLAN	12
LIVTENCITY	28	MARQIBO	20
LONHALA MAGNAIR REFILL KIT	68	MATULANE	17
LONHALA MAGNAIR STARTER KIT	68	<i>matzim la</i>	40
LONSURF	18	MAVENCLAD	44
<i>loperamide hcl</i>	50	MAVYRET	28
<i>lopinavir/ritonavir</i>	30	MAYZENT	44
<i>lorazepam</i>	32	MAYZENT STARTER PACK	44
LORBRENA	20	<i>meclizine hcl</i>	13
<i>losartan potassium</i>	37	<i>meclizine hydrochloride</i>	13
<i>losartan potassium/hydrochlorothiazide</i>	37	<i>meclofenamate sodium</i>	1
<i>loteprednol etabonate</i>	66	<i>medroxyprogesterone acetate</i>	56
<i>lovastatin</i>	41	<i>mefenamic acid</i>	1
<i>loxapine</i>	26	<i>mefloquine hcl</i>	25
LUBIPROSTONE	49	<i>megestrol acetate</i>	56
LUCEMYRA	4	MEKINIST	23
LUMAKRAS	20	MEKTOVI	20
LUMIGAN	66	<i>meloxicam</i>	1
LUMIZYME	51	<i>melphalan hydrochloride</i>	17
LUMOXITI	24	<i>memantine hcl titration pak</i>	11
LUNSUMIO	20	<i>memantine hydrochloride</i>	11
LUPKYNIS	60	<i>memantine hydrochloride er</i>	11
LUPRON DEPOT (1-MONTH)	57	MENACTRA	61
LUPRON DEPOT (3-MONTH)	57	MENEST	55
LUPRON DEPOT (4-MONTH)	57	MENQUADFI	61
LUPRON DEPOT (6-MONTH)	57	MENTAX	15
LUPRON DEPOT-PED (1-MONTH)	57	MENVEO	61
LUPRON DEPOT-PED (3-MONTH)	57	<i>meprobamate</i>	31
LUPRON DEPOT-PED (6-MONTH)	57	<i>mercaptopurine</i>	18
<i>lurasidone hydrochloride</i>	27	<i>meropenem</i>	7
LYBALVI	27	MEROPENEM/SODIUM CHLORIDE	7
<i>lyleq</i>	56	<i>mesalamine</i>	62
<i>lyllana</i>	55	<i>mesalamine dr</i>	62
LYNPARZA	20	<i>mesalamine er</i>	62
LYSODREN	57	<i>mesna</i>	25
LYTGOBI	20	MESNEX	25
<i>lyza</i>	56	<i>metformin hydrochloride</i>	33
<i>mafenide acetate</i>	5	<i>metformin hydrochloride er</i>	33
<i>magnesium sulfate</i>	47	<i>methadone hcl</i>	1
<i>magnesium sulfate in d5w</i>	47	<i>methadone hydrochloride</i>	2
<i>magnesium sulfate/dextrose</i>	47	<i>methadone hydrochloride intensol</i>	1
<i>malathion</i>	46	<i>methadose</i>	2
<i>maraviroc</i>	30	<i>methadose sugar-free</i>	2
MARGENZA	24	<i>methazolamide</i>	66

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<i>methenamine hippurate</i>	5	MINOCIN	9
<i>methergine</i>	64	<i>minocycline hcl</i>	9
<i>methimazole</i>	58	<i>minocycline hydrochloride</i>	9
<i>methocarbamol</i>	70	<i>minocycline hydrochloride er</i>	9
<i>methotrexate</i>	60	<i>minoxidil</i>	42
<i>methotrexate sodium</i>	60	<i>mirtazapine</i>	12
<i>methoxsalen</i>	46	<i>mirtazapine odt</i>	12
<i>methscopolamine bromide</i>	49	<i>misoprostol</i>	50
METHSUXIMIDE	10	<i>mitomycin</i>	20
<i>methylergonovine maleate</i>	64	<i>mitoxantrone hcl</i>	20
<i>methylphenidate hydrochloride</i>	43	M-M-R II	61
<i>methylphenidate hydrochloride cd</i>	43	MODAFINIL	70
<i>methylphenidate hydrochloride er</i>	43	<i>moexipril hcl</i>	37
<i>methylprednisolone</i>	54	MOLINDONE HYDROCHLORIDE	26
<i>methylprednisolone acetate</i>	53	<i>mometasone furoate</i>	54
<i>methylprednisolone dose pack</i>	53	<i>mondoxyne nl</i>	9
<i>methylprednisolone sodium succinate</i>	54	MONJUVI	24
<i>methylprednisolone sodiumsuccinate</i>	54	<i>mono-lynyah</i>	55
<i>metoclopramide hcl</i>	50	<i>montelukast sodium</i>	68
<i>metoclopramide hydrochloride</i>	50	<i>morphine sulfate</i>	3
<i>metoclopramide odt</i>	50	<i>morphine sulfate er</i>	2
<i>metolazone</i>	41	MOVANTIK	50
<i>metoprolol succinate er</i>	39	<i>moxifloxacin hydrochloride/sodium</i>	8
<i>metoprolol tartrate</i>	39	<i>hydrochloride</i>	
<i>metoprolol/hydrochlorothiazide</i>	39	<i>moxifloxacin hydrochloride</i>	8
<i>metronidazole</i>	5	MOZOBIL	36
<i>metronidazole</i>	45	MULPLETA	36
<i>metronidazole vaginal</i>	5	MULTAQ	38
<i>metyrosine</i>	40	<i>multiple electrolytes injection type 1</i>	47
<i>mexiletine hcl</i>	38	<i>mupirocin</i>	5
MIACALCIN	63	<i>mutamycin</i>	20
<i>micafungin</i>	15	MVASI	24
<i>miconazole 3</i>	15	MYALEPT	64
MICRHOGAM ULTRA-FILTERED PLUS	58	MYCOPHENOLATE MOFETIL	60
<i>microgestin 24 fe</i>	55	<i>mycophenolic acid dr</i>	60
<i>midazolam hcl</i>	32	MYLOTARG	24
<i>midazolam hydrochloride</i>	32	MYOBLOC	28
<i>midodrine hcl</i>	37	<i>myorisan</i>	45
MIGERGOT	15	MYRBETRIQ	52
<i>miglitol</i>	33	NABI-HB	58
<i>miglustat</i>	51	<i>nabumetone</i>	1
<i>mili</i>	55	<i>nadolol</i>	39
<i>milrinone lactate in dextrose</i>	40	NAFCILLIN	7
<i>mimvey</i>	55	<i>nafcillin sodium</i>	7

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NAFTIFINE HCL	15	NEXLIZET	42
NAFTIFINE HYDROCHLORIDE	15	NEXTERONE	38
NAFTIN	15	<i>niacin</i>	42
NAGLAZYME	51	<i>niacin er</i>	42
<i>nalbuphine hcl</i>	3	<i>niacor</i>	42
<i>naloxone hcl</i>	4	<i>nicardipine hcl</i>	39
<i>naloxone hydrochloride</i>	4	NICARDIPINE HYDROCHLORIDE	39
<i>naltrexone hcl</i>	4	NICARDIPINE	39
<i>naproxen</i>	1	HYDROCHLORIDE/SODIUM	
<i>naproxen sodium</i>	1	CHLORIDE	
<i>naratriptan hcl</i>	16	NICOTROL INHALER	4
NARCAN	4	NICOTROL NS	4
NATACYN	15	<i>nifedipine er</i>	39
<i>nateglinide</i>	33	<i>nilutamide</i>	17
NATPARA	63	<i>nimodipine</i>	39
NAYZILAM	9	NINLARO	20
<i>nebivolol</i>	39	<i>nitazoxanide</i>	25
<i>nebivolol hydrochloride</i>	39	<i>nitisinone</i>	51
<i>nefazodone hydrochloride</i>	12	NITRO-BID	42
<i>nelarabine</i>	18	NITRO-DUR	42
NEMBUTAL SODIUM	70	<i>nitrofurantoin macrocrystals</i>	5
<i>neomycin sulfate</i>	4	<i>nitrofurantoin monohydrate</i>	5
<i>neomycin/bacitracin/polymyxin</i>	65	<i>nitrofurantoin monohydrate/macrocrystals</i>	5
<i>neomycin/polymyxin b sulfates</i>	4	<i>nitroglycerin</i>	42
<i>neomycin/polymyxin/bacitracin</i>	65	<i>nitroglycerin in dextrose 5%</i>	42
<i>neomycin/polymyxin/bacitracin/hydrocortis one</i>	65	<i>nitroglycerin lingual</i>	42
<i>neomycin/polymyxin/dexamethasone</i>	66	<i>nitroglycerin transdermal</i>	42
<i>neomycin/polymyxin/gramicidin</i>	65	NIVA THYROID	57
<i>neomycin/polymyxin/hc</i>	67	NIVESTYM	36
<i>neomycin/polymyxin/hydrocortisone</i>	66	<i>nizatidine</i>	50
<i>neomycin/polymyxin/hydrocortisone</i>	67	<i>nolix</i>	54
<i>neo-polycin</i>	65	<i>nora-be</i>	56
<i>neo-polycin hc</i>	65	NORDITROPIN FLEXPPO	54
NERLYNX	20	<i>norepinephrine bitartrate</i>	40
NESINA	33	<i>norethindrone</i>	56
NEULASTA	36	<i>norethindrone acetate</i>	56
NEULASTA ONPRO KIT	36	<i>norethindrone acetate/ethinyl estradiol</i>	55
NEUPOGEN	36	<i>norgestimate/ethinyl estradiol</i>	55
NEUPRO	26	<i>norlyda</i>	56
<i>nevirapine</i>	29	<i>norlyroc</i>	56
<i>nevirapine er</i>	29	NORMOSOL-M/D5W	47
NEXAVAR	23	NORMOSOL-R	47
NEXLETOL	42	<i>nortriptyline hcl</i>	13
		<i>nortriptyline hydrochloride</i>	13

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NORVIR	30	OGIVRI	24
NOVAREL	54	OJJAARA	23
NOVOLOG	34	OLANZAPINE	27
NOVOLOG FLEXPEN	34	<i>olanzapine odt</i>	27
NOVOLOG FLEXPEN RELION	34	<i>olanzapine/fluoxetine</i>	12
NOVOLOG MIX 70/30	34	<i>olmesartan medoxomil</i>	37
NOVOLOG MIX 70/30 PREFILLED	34	<i>olmesartan medoxomil/hydrochlorothiazide</i>	37
FLEXPEN		<i>olopatadine hcl</i>	65
NOVOLOG MIX 70/30 PREFILLED	34	<i>olopatadine hydrochloride</i>	65
FLEXPEN RELION		<i>omega-3-acid ethyl esters</i>	42
NOVOLOG MIX 70/30 RELION	34	<i>omeprazole</i>	50
NOVOLOG PENFILL	34	<i>omeprazole dr</i>	50
NOVOLOG RELION	34	OMNITROPE	54
NOXAFIL	15	ONCASPAR	20
<i>np thyroid 120</i>	57	<i>ondansetron hcl</i>	14
<i>np thyroid 15</i>	57	<i>ondansetron hydrochloride</i>	14
<i>np thyroid 30</i>	57	<i>ondansetron odt</i>	14
<i>np thyroid 60</i>	57	ONGENTYS	25
<i>np thyroid 90</i>	57	ONTRUZANT	24
NPLATE	36	ONUREG	20
NUBEQA	18	OPDIVO	24
NUCALA	70	OPDUALAG	21
NUCYNTA ER	2	OPSUMIT	69
NUEDEXTA	43	ORALAIR	64
NULOJIX	60	<i>oralone dental paste</i>	44
NUPLAZID	27	ORAVIG	15
NURTEC	16	ORBACTIV	5
NUTRILIPID	64	ORENCIA	60
NUVESSA	5	ORENCIA CLICKJECT	60
NUZYRA	9	ORENITRAM	69
<i>nyamyc</i>	15	ORENITRAM TITRATION KIT MONTH	69
NYMALIZE	39	1	
<i>nymyo</i>	55	ORENITRAM TITRATION KIT MONTH	69
<i>nystatin</i>	15	2	
<i>nystatin/triamcinolone</i>	15	ORENITRAM TITRATION KIT MONTH	69
<i>nystop</i>	15	3	
NYVEPRIA	36	ORFADIN	51
OCALIVA	50	ORGOVYX	57
OCTAGAM	58	ORKAMBI	68
<i>octreotide acetate</i>	57	ORLADEYO	64
ODEFSEY	29	ORSERDU	21
ODOMZO	23	ORTIKOS	62
OFEV	70	<i>oseltamivir phosphate</i>	31
<i>ofloxacin</i>	8	OSENI	33

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OSMOPREP	49	pazopanib hydrochloride	23
OSPHENA	56	PEDIARIX	61
OTEZLA	59	PEDVAX HIB	61
oxacillin sodium	7	peg-3350/electrolytes	49
oxaliplatin	17	peg-3350/electrolytes/ascorbate	50
OXANDROLONE	54	peg-3350/nacl/na bicarbonate/kcl	49
oxaprozin	1	PEGASYS	59
oxazepam	32	PEMAZYRE	20
oxcarbazepine	11	PEMETREXED	19
OXERVATE	65	pemetrexed disodium	19
OXTELLAR XR	11	PEMFEXY	19
oxybutynin chloride	52	penicillamine	48
oxybutynin chloride er	52	penicillin g potassium	7
oxycodone hcl	3	penicillin g potassium in iso-osmotic dextrose	7
oxycodone hcl er	2	penicillin g procaine	7
oxycodone hydrochloride	3	penicillin v potassium	7
OXYCODONE HYDROCHLORIDE ER	2	PENTACEL	61
oxycodone/acetaminophen	3	pentamidine isethionate	25
OXYCONTIN	2	pentobarbital sodium	70
oxymorphone hydrochloride	3	pentoxifylline er	40
oxymorphone hydrochloride er	2	perindopril erbumine	37
oxymorphone hydrochlorideer	2	periogard	44
OZEMPIC	33	PERJETA	24
paclitaxel	20	permethrin	46
PACLITAXEL PROTEIN-BOUND	20	perphenazine	26
PARTICLES		perphenazine/amitriptyline	13
PADCEV	24	PERSERIS	27
paliperidone er	27	PEXEVA	12
palonosetron hydrochloride	14	phenelzine sulfate	12
pamidronate disodium	63	phenobarbital	10
PANCREAZE	51	phenobarbital sodium	10
PANRETIN	25	phenoxybenzamine hydrochloride	37
pantoprazole sodium	50	phentolamine mesylate	37
PANZYGA	58	phenylephrine hcl	65
paraplatin	17	phenytoin	11
PARICALCITOL	63	phenytoin infatabs	11
paromomycin sulfate	4	phenytoin sodium	11
paroxetine	12	phenytoin sodium extended	11
paroxetine hcl	12	PHESGO	20
paroxetine hcl er	12	PHOSLYRA	48
paroxetine hydrochloride	12	PIFELTRO	29
paroxetine hydrochloride er	12	pilocarpine hcl	66
PASER	16	pilocarpine hydrochloride	44
PAXLOVID	64		

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<i>pimecrolimus</i>	45	<i>pravastatin sodium</i>	41
<i>pimozide</i>	26	<i>praziquantel</i>	25
<i>pindolol</i>	39	<i>prazosin hydrochloride</i>	37
<i>pioglitazone hcl</i>	33	<i>prednicarbate</i>	54
<i>pioglitazone hcl/metformin hcl</i>	33	<i>prednisolone</i>	54
<i>pioglitazone hcl-glimepiride</i>	33	<i>prednisolone acetate</i>	66
<i>pioglitazone hydrochloride</i>	33	<i>prednisolone sodium phosphate</i>	54
<i>piperacillin sodium/tazobactam sodium</i>	7	<i>prednisolone sodium phosphate</i>	66
PIQRAY 200MG DAILY DOSE	20	<i>prednisolone sodium phosphate odt</i>	54
PIQRAY 250MG DAILY DOSE	20	<i>prednisone</i>	54
PIQRAY 300MG DAILY DOSE	20	PREDNISONE INTENSOL	54
<i>pirfenidone</i>	70	<i>pregabalin</i>	10
<i>piroxicam</i>	1	PREGNYL	54
PLASMA-LYTE A	47	<i>pregnyl w/diluent benzyl alcohol/nacl</i>	54
PLASMA-LYTE-148	47	PREHEVBRIO	61
PLEGRIDY	44	PREMARIN	55
PLEGRIDY STARTER PACK	44	PREMASOL	64
PLENAMINE	64	PREMPRO	55
PLERIXAFOR	36	<i>prenatal</i>	49
PLIAGLIS	3	<i>prenatal 19</i>	49
<i>podofilox</i>	46	PRETOMANID	16
POLIVY	24	<i>prevalite</i>	42
<i>polycin</i>	65	<i>previfem</i>	55
<i>polymyxin b sulfate</i>	5	PREVYMIS	28
<i>polymyxin b sulfate/trimethoprim sulfate</i>	65	PREZCOBIX	30
POMALYST	18	PREZISTA	30
PORTRAZZA	24	PRIFTIN	16
<i>posaconazole</i>	15	PRIMAQUINE PHOSPHATE	25
<i>posaconazole dr</i>	15	<i>primidone</i>	10
<i>potassium chloride</i>	48	PRIORIX	61
<i>potassium chloride er</i>	47	PRIVIGEN	58
<i>potassium chloride/dextrose</i>	48	PROAIR DIGIHALER	68
<i>potassium chloride/dextrose/lactated</i>	48	<i>proair hfa</i>	68
<i>ringers</i>		PROAIR RESPICLICK	68
<i>potassium chloride/dextrose/sodium</i>	48	<i>probenecid</i>	15
<i>chloride</i>		<i>probenecid/colchicine</i>	15
<i>potassium chloride/sodium chloride</i>	48	<i>procainamide hcl</i>	38
<i>potassium citrate er</i>	48	<i>procainamide hydrochloride</i>	38
PRADAXA	35	PROCALAMINE	48
PRALATREXATE	19	<i>prochlorperazine</i>	13
PRALUENT	41	<i>prochlorperazine edisylate</i>	13
<i>pramipexole dihydrochloride</i>	26	<i>prochlorperazine maleate</i>	13
<i>pramipexole dihydrochloride er</i>	26	PROCRIT	36
<i>prasugrel</i>	36	<i>procto-med hc</i>	54

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<i>procto-pak</i>	62	RABAVERT	62
<i>proctosol hc</i>	54	<i>rabeprazole sodium</i>	50
<i>proctozone-hc</i>	54	RAGWITEK	64
PROCYSBI	51	<i>raloxifene hydrochloride</i>	56
<i>progesterone</i>	56	<i>ramelteon</i>	70
PROGRAF	60	<i>ramipril</i>	37
PROLASTIN-C	70	<i>ranolazine er</i>	41
PROLEUKIN	20	<i>rasagiline mesylate</i>	26
PROLIA	63	RAVICTI	51
PROMACTA	36	REBIF	44
<i>promethazine hcl</i>	14	REBIF REBIDOSE	44
<i>promethazine hydrochloride</i>	14	REBIF REBIDOSE TITRATION PACK	44
<i>promethegan</i>	14	REBIF TITRATION PACK	44
<i>propafenone hcl</i>	38	REBLOZYL	36
<i>propafenone hydrochloride er</i>	38	RECOMBIVAX HB	62
<i>proparacaine hcl</i>	65	RECTIV	50
<i>propranolol hcl</i>	39	REGONOL	16
<i>propranolol hcl er</i>	39	REGRANEX	46
<i>propranolol hydrochloride</i>	39	RELENZA DISKHALER	31
<i>propranolol hydrochloride er</i>	39	<i>relexxii</i>	43
<i>propylthiouracil</i>	58	RELISTOR	50
PROQUAD	61	REMDESIVIR	64
PROSOL	64	REMICADE	61
PROTOPAM CHLORIDE	64	REMODULIN	69
<i>protriptyline hcl</i>	13	RENACIDIN	52
PULMICORT FLEXHALER	67	RENFLEXIS	61
PULMOZYME	68	<i>repaglinide</i>	33
PURIXAN	19	REPATHA	41
<i>pyrazinamide</i>	16	REPATHA PUSHTRONEX SYSTEM	41
<i>pyridostigmine bromide</i>	16	REPATHA SURECLICK	41
<i>pyridostigmine bromide er</i>	16	RESTASIS	65
<i>pyrimethamine</i>	25	RESTASIS MULTIDOSE	65
QINLOCK	18	RETACRIT	36
QUADRACEL	61	RETEVMO	20
<i>quetiapine fumarate</i>	27	RETROVIR IV INFUSION	30
<i>quetiapine fumarate er</i>	27	REVLIMID	18
<i>quinapril hcl</i>	37	REXULTI	27
<i>quinapril hydrochloride</i>	37	REYATAZ	30
<i>quinapril/hydrochlorothiazide</i>	37	REYVOW	16
<i>quinidine gluconate cr</i>	38	REZLIDHIA	23
<i>quinidine gluconate er</i>	38	REZUROCK	61
<i>quinidine sulfate</i>	38	RHOGAM ULTRA-FILTERED PLUS	59
<i>quinine sulfate</i>	25	RHOPHYLAC	59
QVAR REDIHALER	67	RHOPRESSA	65

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RIABNI	24	RYLAZE	21
<i>ribavirin</i>	59	RYTARY	26
<i>ribavirin</i>	70	<i>sajazir</i>	58
RIDAURA	59	<i>salsalate</i>	1
<i>rifabutin</i>	16	SAMSCA	48
<i>rifampin</i>	16	SANCUSO	14
<i>riluzole</i>	43	SANDOSTATIN LAR DEPOT	57
<i>rimantadine hydrochloride</i>	31	SANTYL	46
RIMSO-50	52	<i>sapropterin dihydrochloride</i>	51
<i>ringers injection</i>	48	SARCLISA	24
<i>ringers irrigation</i>	64	SAVELLA	43
RINVOQ	59	SAVELLA TITRATION PACK	43
<i>risedronate sodium</i>	63	SCEMBLIX	21
<i>risedronate sodium dr</i>	63	<i>scopolamine</i>	14
RISPERDAL CONSTA	27	SECUADO	27
<i>risperidone</i>	27	<i>selegiline hcl</i>	26
<i>risperidone odt</i>	27	<i>selenium sulfide</i>	45
<i>ritonavir</i>	30	SELZENTRY	30
RITUXAN	24	SEREVENT DISKUS	68
RITUXAN HYCELA	24	SEROSTIM	54
<i>rivastigmine tartrate</i>	11	<i>sertraline hcl</i>	12
<i>rivastigmine transdermal system</i>	11	<i>sertraline hydrochloride</i>	13
<i>rizatriptan benzoate</i>	16	<i>sevelamer carbonate</i>	48
<i>rizatriptan benzoate odt</i>	16	<i>sevelamer hydrochloride</i>	48
ROCKLATAN	65	<i>sharobel</i>	56
<i>roflumilast</i>	69	SHINGRIX	62
ROMIDEPSIN	20	SIGNIFOR	57
<i>ropinirole er</i>	26	SIGNIFOR LAR	57
<i>ropinirole hcl</i>	26	SIKLOS	19
<i>ropinirole hydrochloride</i>	26	<i>sildenafil</i>	69
<i>rosadan</i>	45	SILDENAFIL CITRATE	69
<i>rosuvastatin calcium</i>	41	<i>silodosin</i>	52
ROTARIX	62	<i>silver sulfadiazine</i>	5
ROTATEQ	62	SIMBRINZA	65
<i>roweepira</i>	9	SIMULECT	59
ROZLYTREK	21	<i>simvastatin</i>	41
RUBRACA	23	<i>sirolimus</i>	61
RUCONEST	58	SIRTURO	16
<i>rufinamide</i>	11	SIVEXTRO	5
RUKOBIA	30	SKYRIZI	59
RUXIENCE	24	SKYRIZI PEN	59
RYBELSUS	33	<i>sodium chloride</i>	48
RYBREVANT	24	<i>sodium chloride 0.45%</i>	48
RYDAPT	21	<i>sodium chloride 0.9%</i>	64

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<i>sodium fluoride</i>	48	<i>streptomycin sulfate</i>	4
SODIUM OXYBATE	70	STRIBILD	29
<i>sodium phenylacetate/sodium benzoate</i>	64	STRIVERDI RESPIMAT	68
<i>sodium phenylbutyrate</i>	51	<i>subvenite</i>	9
<i>sodium polystyrene sulfonate</i>	48	<i>subvenite starter kit/blue</i>	9
<i>sodium sulfacetamide</i>	8	<i>subvenite starter kit/green</i>	10
SODIUM SULFATE/POTASSIUM	49	<i>subvenite starter kit/orange</i>	10
SULFATE/MAGNESIUM SULFATE		SUCRAID	51
SOFOSBUVIR/VELPATASVIR	28	<i>sucralfate</i>	50
<i>solifenacin succinate</i>	52	<i>sulfacetamide sodium</i>	8
SOLIRIS	59	<i>sulfacetamide sodium/prednisolone sodium</i>	66
SOLTAMOX	18	<i>phosphate</i>	
SOMATULINE DEPOT	57	<i>sulfadiazine</i>	8
SOMAVERT	57	<i>sulfamethoxazole/trimethoprim</i>	8
<i>sorafenib</i>	23	<i>sulfamethoxazole/trimethoprim ds</i>	8
<i>sorafenib tosylate</i>	23	SULFAMYLON	5
<i>sorine</i>	38	<i>sulfasalazine</i>	62
<i>sotalol hcl</i>	38	<i>sulindac</i>	1
<i>sotalol hcl (af)</i>	38	<i>sumatriptan</i>	16
<i>sotalol hcl af</i>	38	<i>sumatriptan succinate</i>	16
<i>sotalol hydrochloride</i>	38	SUMATRIPTAN SUCCINATE REFILL	16
<i>sotalol hydrochloride (af)</i>	38	<i>sunitinib malate</i>	23
SOTYLIZE	38	SUNLENCA	30
SOVALDI	28	SUNOSI	71
SPIRIVA HANDIHALER	68	SUPRAX	7
SPIRIVA RESPIMAT	68	SUPREP BOWEL PREP KIT	49
<i>spironolactone</i>	41	SURE COMFORT INSULIN SYRINGE/U-	64
<i>spironolactone/hydrochlorothiazide</i>	41	100/0.5ML/29G X 1/2"	
SPRAVATO 56MG DOSE	12	SYLVANT	59
SPRAVATO 84MG DOSE	12	SYMBICORT	70
<i>sprintec 28</i>	55	SYMDEKO	69
SPRITAM	9	SYMLINPEN 120	33
SPRYCEL	23	SYMLINPEN 60	33
<i>sps</i>	48	SYMPAZAN	10
<i>ssd</i>	5	SYMPROIC	50
STAMARIL	62	SYMTUZA	30
STAVUDINE	30	SYNAGIS	59
STELARA	59	SYNAREL	57
<i>sterile water for irrigation</i>	64	SYNERCID	6
STIMATE	54	SYNJARDY	33
STIMUFEND	36	SYNJARDY XR	33
STIOLTO RESPIMAT	70	SYNRIBO	21
STIVARGA	23	SYNTHROID	57
STRENSIQ	51	TABLOID	19

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TABRECTA	18	testosterone	55
<i>tacrolimus</i>	46	<i>testosterone cypionate</i>	55
<i>tacrolimus</i>	61	<i>testosterone enanthate</i>	55
<i>tadalafil</i>	52	<i>testosterone pump</i>	55
<i>tadalafil</i>	69	<i>tetrabenazine</i>	43
TAFINLAR	23	<i>tetracycline hydrochloride</i>	9
<i>tafluprost</i>	66	TEZSPIRE	70
TAGRISO	23	THALOMID	18
TAKHZYRO	41	THEO-24	69
TAKHZYRO	58	<i>theophylline</i>	69
TALTZ	59	<i>theophylline er</i>	69
TALVEY	21	THIOLA EC	52
TALZENNA	21	<i>thioridazine hcl</i>	26
<i>tamoxifen citrate</i>	18	<i>thiotepa</i>	17
<i>tamsulosin hydrochloride</i>	52	<i>thiothixene</i>	26
TARGRETIN	25	THYMOGLOBULIN	59
<i>tarina 24 fe</i>	55	THYROID	57
TASIGNA	23	<i>tiadylt er</i>	40
<i>tasimelteon</i>	70	<i>tiagabine hydrochloride</i>	10
<i>tazarotene</i>	45	TIBSOVO	23
<i>tazicef</i>	7	TICE BCG	21
TAZORAC	45	TICOVAC	62
<i>taztia xt</i>	40	<i>tigecycline</i>	6
TAZVERIK	21	<i>timolol maleate</i>	39
TDVAX	62	<i>timolol maleate</i>	66
TECENTRIQ	24	<i>timolol maleate ophthalmic gel forming</i>	66
TECVAYLI	21	<i>tinidazole</i>	25
TEFLARO	7	<i>tiopronin</i>	52
<i>telmisartan</i>	37	TIOTROPIUM BROMIDE	68
<i>telmisartan/hydrochlorothiazide</i>	37	TIROSINT	57
<i>temazepam</i>	32	<i>tis-u-sol</i>	64
TEMIXYS	30	TIVDAK	24
TEMODAR	17	TIVICAY	29
<i>temsirolimus</i>	23	TIVICAY PD	29
TENIVAC	62	<i>tizanidine hcl</i>	28
<i>tenofovir disoproxil fumarate</i>	30	<i>tizanidine hydrochloride</i>	28
TEPMETKO	23	TOBI PODHALER	69
<i>terazosin hcl</i>	52	<i>tobramycin</i>	4
<i>terazosin hydrochloride</i>	52	<i>tobramycin</i>	69
<i>terbinafine hcl</i>	15	<i>tobramycin sulfate</i>	4
<i>terbutaline sulfate</i>	68	<i>tobramycin/dexamethasone</i>	66
<i>terconazole</i>	15	TODAYS HEALTH ORIGINAL PEN	64
<i>teriflunomide</i>	44	NEEDLES 29G X 1/2"	
TERIPARATIDE	63	<i>tolcapone</i>	25

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Drug Name	Page #	Drug Name	Page #
<i>tolterodine tartrate</i>	52	<i>triazolam</i>	32
<i>tolterodine tartrate er</i>	52	<i>triderm</i>	54
TOLVAPTAN	48	<i>trientine hydrochloride</i>	48
<i>topiramate</i>	10	<i>trifluoperazine hcl</i>	26
<i>topiramate er</i>	10	<i>trifluoperazine hydrochloride</i>	26
<i>toposar</i>	21	<i>trifluridine</i>	31
<i>topotecan hcl</i>	22	<i>trihexyphenidyl hydrochloride</i>	25
<i>topotecan hydrochloride</i>	22	TRIKAFTA	69
<i>toremifene citrate</i>	18	<i>trimethoprim</i>	6
TORISEL	23	<i>trimethoprim sulfate/polymyxin b sulfate</i>	65
<i>torseamide</i>	41	<i>trimipramine maleate</i>	13
TOUJEO MAX SOLOSTAR	34	TRINTELLIX	13
TOUJEO SOLOSTAR	34	TRISENOX	21
<i>tovet</i>	46	TRIUMEQ	29
TOVIAZ	52	TRIUMEQ PD	30
TRADJENTA	33	TRIZIVIR	30
<i>tramadol hcl</i>	3	TRODELVY	24
<i>tramadol hcl er</i>	2	TROGARZO	30
<i>tramadol hydrochloride</i>	3	TROPHAMINE	64
<i>tramadol hydrochloride er</i>	2	<i>trospium chloride</i>	52
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>trospium chloride er</i>	52
<i>trandolapril</i>	37	TRULICITY	33
<i>trandolapril/verapamil hcl er</i>	37	TRUMENBA	62
<i>tranexamic acid</i>	36	TRUSELTIQ	21
<i>tranylcypromine sulfate</i>	12	TRUXIMA	24
TRAVASOL	64	TUDORZA PRESSAIR	68
<i>travoprost</i>	66	TUKYSA	21
TRAZIMERA	24	<i>tulana</i>	56
<i>trazodone hydrochloride</i>	13	TURALIO	23
TREANDA	17	TWINRIX	62
TRECATOR	16	TYBOST	30
TRELEGY ELLIPTA	70	TYPHIM VI	62
TRELSTAR MIXJECT	57	TYSABRI	44
<i>treprostinil</i>	69	TYVASO	69
TRESIBA	34	TYVASO DPI MAINTENANCE KIT	69
TRESIBA FLEXTOUCH	34	TYVASO DPI TITRATION KIT	69
<i>tretinoin</i>	25	TYVASO REFILL	69
<i>tretinoin</i>	45	TYVASO STARTER	69
<i>tretinoin microsphere</i>	45	UCERIS	54
<i>tretinoin microsphere pump</i>	45	UDENYCA	36
<i>triamcinolone acetonide</i>	54	UKONIQ	23
<i>triamcinolone acetonide dental paste</i>	45	ULTOMIRIS	59
<i>triamterene</i>	41	<i>unithroid</i>	57
<i>triamterene/hydrochlorothiazide</i>	41	UPTRAVI	69

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Drug Name	Page #	Drug Name	Page #
UPTRAVI TITRATION PACK	69	<i>venlafaxine hydrochloride</i>	13
<i>ursodiol</i>	50	<i>venlafaxine hydrochloride er</i>	13
VABYSMO	65	VENTAVIS	69
<i>valacyclovir hcl</i>	31	<i>ventolin hfa</i>	68
<i>valacyclovir hydrochloride</i>	31	<i>verapamil hcl</i>	40
VALCHLOR	17	<i>verapamil hcl er</i>	40
<i>valganciclovir</i>	28	<i>verapamil hcl sr</i>	40
<i>valganciclovir hydrochloride</i>	28	<i>verapamil hydrochloride</i>	40
<i>valproate sodium</i>	10	<i>verapamil hydrochloride er</i>	40
<i>valproic acid</i>	10	VEREGEN	46
<i>valrubicin</i>	21	VERSACLOZ	27
<i>valsartan</i>	37	VERZENIO	21
<i>valsartan/hydrochlorothiazide</i>	37	VIBERZI	49
VALSTAR	21	VIBRAMYCIN	9
VALTOCO 10 MG DOSE	10	VICTOZA	33
VALTOCO 15 MG DOSE	10	<i>vigabatrin</i>	10
VALTOCO 20 MG DOSE	10	<i>vigadrone</i>	10
VALTOCO 5 MG DOSE	10	VIIBRYD	13
<i>vancomycin</i>	6	VIIBRYD STARTER PACK	13
<i>vancomycin hcl</i>	6	<i>vilazodone hydrochloride</i>	13
<i>vancomycin hydrochloride</i>	6	VIMIZIM	51
<i>vancomycin hydrochloride/dextrose</i>	6	VIMPAT	11
<i>vandazole</i>	6	<i>vinblastine sulfate</i>	21
VANFLYTA	21	<i>vincasar pfs</i>	21
VAQTA	62	<i>vincristine sulfate</i>	21
<i>varenicline starting month box</i>	4	<i>vinorelbine tartrate</i>	21
<i>varenicline tartrate</i>	4	VIRACEPT	31
VARIVAX	62	VIREAD	30
VARIZIG	62	<i>virt-c dha</i>	49
VASCEPA	42	VISTOGARD	64
<i>vasopressin</i>	54	VITRAKVI	21
<i>vasopressin +rfid</i>	54	VIVITROL	4
<i>vasostrict</i>	54	VIZIMPRO	23
VAXELIS	62	VOCABRIA	29
VECTIBIX	24	VONJO	21
VEGZELMA	24	<i>voriconazole</i>	15
VEKLURY	64	VOTRIENT	23
VELCADE	21	<i>vp-pnv-dha</i>	49
VELTASSA	48	VPRIV	51
VEMLIDY	28	VRAYLAR	27
VENCLEXTA	23	VUMERITY	44
VENCLEXTA STARTING PACK	23	VYEPTI	16
VENLAFAXINE BESYLATE ER	13	<i>vylibra</i>	56
<i>venlafaxine hcl er</i>	13	VYNDAMAX	41

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Drug Name	Page #	Drug Name	Page #
VYNDAQEL	41	ZEJULA	23
VYXEOS	19	ZELAPAR	26
VYZULTA	66	ZELBORAF	23
<i>warfarin sodium</i>	35	ZEMAIRA	70
WELIREG	23	ZEMDRI	4
WINRHO SDF	59	<i>zenatane</i>	45
<i>wixela inhub</i>	67	ZENPEP	52
XALKORI	23	ZEPATIER	28
XARELTO	35	ZEPOSIA	44
XARELTO STARTER PACK	35	ZEPOSIA 7-DAY STARTER PACK	44
XATMEP	61	ZEPOSIA STARTER KIT	44
XCOPRI	10	ZEPZELCA	17
XELJANZ	59	ZERBAXA	7
XELJANZ XR	59	<i>zidovudine</i>	30
XELPROS	66	ZIEXTENZO	36
XEMBIFY	59	ZIOPTAN	66
XEOMIN	28	<i>ziprasidone hcl</i>	27
XERAVA	9	<i>ziprasidone mesylate</i>	27
XERMELO	49	ZIRGAN	28
XGEVA	63	ZOLADEX	57
XIAFLEX	51	<i>zoledronic acid</i>	63
XIFAXAN	6	ZOLINZA	21
XIIDRA	65	<i>zolmitriptan</i>	16
XOFLUZA	31	<i>zolmitriptan odt</i>	16
XOLAIR	70	<i>zolpidem tartrate</i>	70
XOSPATA	23	ZONISADE	11
XPOVIO	21	<i>zonisamide</i>	10
XPOVIO 60 MG TWICE WEEKLY	21	ZTALMY	43
XPOVIO 80 MG TWICE WEEKLY	21	ZYDELIG	22
XTANDI	18	ZYKADIA	23
<i>xulane</i>	56	ZYNLONTA	25
XULTOPHY 100/3.6	35	ZYNYZ	25
XURIDEN	51	ZYPREXA RELPREVV	27
XYREM	71		
<i>yargesa</i>	51		
YERVOY	25		
YF-VAX	62		
YONDELIS	17		
YONSA	18		
YUVAFEM	56		
<i>zafemy</i>	56		
<i>zafirlukast</i>	68		
ZALTRAP	21		
ZANOSAR	17		

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Discrimination is Against the Law

FirstCarolinaCare Insurance Company complies with applicable Federal Civil Rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity). FirstCarolinaCare Insurance Company does not exclude people or treat them differently because of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity).

FirstCarolinaCare Insurance Company provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters.

- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters.

- Information written in other languages.

If you need these services, contact Customer Service. If you believe that FirstCarolinaCare Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex (including pregnancy, sexual orientation and gender identity), you can file a grievance with: FirstCarolinaCare Insurance Company, Customer Service, 3310 Fields South Drive, Champaign, Illinois 61822, telephone: (800) 481-1092, fax: (217) 902-9705, CustomerService@FirstCarolinaCare.com.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service is available to help you.

You can also file a Civil Rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHS Building, Washington, DC 20201, (800) 368-1019, (800) 537-7697 (TDD). Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at (877) 210-9167 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al (877) 210-9167 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 (877) 210-9167 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 (877) 210-9167 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa (877) 210-9167 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au (877) 210-9167 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi (877) 210-9167 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter (877) 210-9167 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 (877) 210-9167 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону (877) 210-9167 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. مترجم فوري، ليس عليك سوى الاتصال بنا على (877-210-9167(TTY:711) . سيقوم شخص ما يتحدث العربية هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें (877) 210-9167 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero (877) 210-9167 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número (877) 210-9167 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan (877) 210-9167 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer (877) 210-9167 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、(877) 210-9167 (TTY: 711)にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact FirstCarolinaCare Member Services, at (855) 291-9336 or, for TTY users, 711, 8 a.m. to 8 p.m., local time, 7 days a week. From April 1 - September 30 voicemail will be used on weekends and holidays, or visit FirstCarolinaCare.com/NHHA.



(855) 291-9336, TTY/TDD 711
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