

ZING HEALTH OF MICHIGAN, INC.

H4624-010 Zing Essential Wellness Diabetes & Heart IL (HMO C-SNP)
H4624-011 Zing Select Diabetes & Heart IN (HMO C-SNP)
H4624-012 Zing Select Diabetes & Heart MI (HMO C-SNP)
H4624-023 Zing Select Dialysis MI (HMO C-SNP)
H4624-025 Zing Select Dialysis IN (HMO C-SNP)
H4624-027 Zing Select Diabetes & Heart Complete IL (HMO C-SNP)
H4624-028 Zing Elite Diabetes & Heart IL (HMO C-SNP)
H4624-029 Zing Select Dialysis IL (HMO C-SNP)
H4624-031 Zing Elite Diabetes & Heart IN (HMO C-SNP)
H4624-032 Zing Elite Diabetes & Heart MI (HMO C-SNP)
H4624-033 Zing Elite Diabetes & Heart OH (HMO C-SNP)
H4624-034 Zing Select Diabetes & Heart OH (HMO C-SNP)
H4624-036 Zing Select Dialysis OH (HMO C-SNP)
H4624-039 Zing Elite Diabetes & Heart TN-MS (HMO C-SNP)
H4624-040 Zing Select Diabetes & Heart TN-MS (HMO C-SNP)
H4624-042 Zing Select Dialysis TN-MS (HMO C-SNP)
H4624-046 Zing Elite Balance MI (HMO C-SNP)
H6876-003 Zing Open Choice Diabetes & Heart MI (PPO C-SNP)
H6876-005 Zing Open Choice Diabetes & Heart IN (PPO C-SNP)
H6876-007 Zing Open Choice Diabetes & Heart TN (PPO C-SNP)
(collectively “Zing Health”)

2026 Formulary

(List of Covered Drugs)

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

Formulary ID: 00026134, Version Number 6

Effective Date: 03/01/2026

This formulary was updated on 02/11/2026. For more recent information or other questions, please contact Zing Health Member Services at 1-866-946-4458 (TTY users should call 711). Our office hours are 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 – March 31 (except Thanksgiving and Christmas Day) and 8:00 a.m. to 8:00 p.m., Monday – Friday, April 1 – September 30 or visit www.myzinghealth.com. This call is free.

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 Zing Health of Michigan, Inc.. When it refers to “plan” or “our plan,” it means Zing Health.

This document includes a list of the drugs (formulary) for our plan which is current as of 02/11/2026. 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, 2026, and from time to time during the year.

- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call our Member Services department at the number above. The call is free.
- ❖ Zing Health of Michigan, Inc. is an HMO, HMO C-SNP, PPO and PPO C-SNP with a Medicare contract. Enrollment in Zing Health of Michigan, Inc. depends on contract renewal.
- ❖ **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 (if applicable). 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 (if applicable).

What is the Zing Health Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Zing Health 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. Zing Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Zing Health's network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Zing Health, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.myzinghealth.com.

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 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 02/11/2026. To get updated information about the drugs covered by Zing Health please contact us. Our contact information appears on the front and back cover pages. In the event of CMS-approved mid-year non-maintenance formulary changes (e.g., remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we will update our formulary and post it on our website. You may obtain the updated formulary from our website or by calling us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 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 81. 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?

Zing Health 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.

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Zing Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Zing Health before you fill your prescriptions. If you don't get approval, Zing Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Zing Health limits the amount of the drug that Zing Health will cover. For example, Zing Health provides 60 capsules per prescription for celecoxib 100mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Zing Health 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, Zing Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Zing Health will then cover Drug B.

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

You can ask Zing Health 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 Zing Health formulary?" below for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Zing Health. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Zing Health.
- You can ask Zing Health 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 Zing Health Formulary?

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

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

Generally, Zing Health 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 can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but 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.

If you have a change in your medications due to a change in treatment setting (i.e., a level of care change) and you need a drug that is not on our formulary, we will provide up to a maximum 30-day supply of medication. A level of care change may include:

- Members who enter Long Term Care (LTC) facilities from hospitals
- Members who are discharged from a hospital to a home
- Members who end their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and revert to their Part D benefit
- Members who give up hospice status to revert to standard Medicare A and B benefits
- Members who end an LTC facility stay and return to the community
- Members who are discharged from psychiatric hospitals with drug regimens that are highly individualized

For more information

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

If you have questions about Zing Health, 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>.

Zing Health Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Zing Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 81.

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

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

Requirements Symbol	Name	Description
PA_BvD	Medicare Part B vs. Medicare part D	Some drugs may require Part B or Part D coverage determination, based on Medicare coverage rules.
EX	Excluded Drug	For select plans, we include prescription drug(s) not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Please refer to your Evidence of Coverage for more information about this coverage.
GC	Gap Coverage	For select plans, we provide additional coverage of this prescription drug in the Coverage Gap. Please refer to the drug costs charts on the following pages or review your Evidence of Coverage for more information about this coverage.
LD	Limited Distribution	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-855-946-4458. Hours of Operations are 8 a.m. to 8 p.m., 7 days a week (except Thanksgiving and Christmas Day) from October 1 – March 31, and 8 a.m. to 8 p.m., Monday – Friday (other technologies such as voicemail are used after hour, weekends, and on Federal Holidays from April 1 – September 30. TTY users should call 711.
NDS	Non-Extended Day Supply	You may be able to receive greater than 1-month supply of most of the drugs on your Formulary via mail order at a reduced cost share. Drugs noted with “NDS” are limited to a 1-month supply for both Retail and Mail Order.
NM	Not Available by Mail Order	This drug is not available through the mail order pharmacy
PA	Prior Authorization	Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescription.
PA_BvD	Prior Authorization Restriction for Part B vs. Part D Determination (PA _ BvD)	This drug may be eligible for payment under Medicare Part B or Part D. You, or your physician are required to get prior authorization from our plan to determine if this is covered under Medicare Part D before you fill your prescription for

Requirements Symbol	Name	Description
		the drug. Without prior approval, our plan may not cover this drug.
PA_NSO	Prior Authorization Restriction for new Starts Only (PA_NSO)	If this drug is new to the member, you or your physician are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan will not cover this drug.
QL	Quantity Limit	For certain drugs, our plan limits the amount of the drug that our plan will cover. This could include a per-prescription fill, daily, monthly, or yearly limitation. This limitation may be in addition to a standard one-month or three-month supply.
ST	Step Therapy	In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work your you, our plan will Cover Drug B.
ST_NSO	Step Therapy for New Start Only	If this drug is new to the member, you are required to first try certain drugs to treat your medical condition before we cover another drug for that condition.

Drug Cost Shares (Table 1):

- H4624-010 Zing Essential Wellness Diabetes & Heart IL (HMO C-SNP)
- H4624-012 Zing Select Diabetes & Heart MI (HMO C-SNP)
- H4624-023 Zing Select Dialysis MI (HMO C-SNP)
- H4624-025 Zing Select Dialysis IN (HMO C-SNP)
- H4624-028 Zing Elite Diabetes & Heart IL (HMO C-SNP)
- H4624-029 Zing Select Dialysis IL (HMO C-SNP)
- H4624-032 Zing Elite Diabetes & Heart MI (HMO C-SNP)
- H4624-036 Zing Select Dialysis OH (HMO C-SNP)
- H4624-042 Zing Select Dialysis TN-MS (HMO C-SNP)
- H6876-003 Zing Open Choice Diabetes & Heart MI (PPO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$0	Retail 30-day supply	\$0	\$5	\$47	25%	33%	\$0
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$0	\$0
	Retail 100-day supply	\$0	\$15	\$141	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$105 or 25%	Not available	\$0
	Mail Order 100-day supply	\$0	\$0	\$94	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$70 or 25%	Not available	\$0

*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.

Drug Cost Shares (Table 2):

H4624-011 Zing Select Diabetes & Heart IN (HMO C-SNP)

H4624-031 Zing Elite Diabetes & Heart IN (HMO C-SNP)

H4624-033 Zing Elite Diabetes & Heart OH (HMO C-SNP)

H4624-034 Zing Select Diabetes & Heart OH (HMO C-SNP)

H4624-039 Zing Elite Diabetes & Heart TN-MS (HMO C-SNP)

H4624-040 Zing Select Diabetes & Heart TN-MS (HMO C-SNP)

H6876-005 Zing Open Choice Diabetes & Heart IN (PPO C-SNP)

H6876-007 Zing Open Choice Diabetes & Heart TN (PPO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$0	Retail 30-day supply	\$0	\$8	\$47	25%	33%	\$0
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$0	\$0
	Retail 100-day supply	\$0	\$24	\$141	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$105 or 25%	Not available	\$0
	Mail Order 100-day supply	\$0	\$0	\$94	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$70 or 25%	Not available	\$0

*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.

Drug Cost Shares (Table 3):

H4624-027 Zing Select Diabetes & Heart Complete IL (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$615[^]	Retail 30-day supply	\$0	25%	25%	25%	25%	\$0
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$0	\$0
	Retail 100-day supply	\$0	25%	25%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$105 or 25%	Not available	\$0
	Mail Order 100-day supply	\$0	\$0	25%	25%	Not available	\$0
	Select Insulins	\$0	N/A	\$0	\$70 or 25%	Not available	\$0

[^]Applies only to Tiers 2, 3, 4 and 5; deductible amount and drug cost shares depend on LIS; deductible does not apply to insulins or vaccinations.

*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.

Drug Cost Shares (Table 4):

H4624-046 Zing Elite Balance MI (HMO C-SNP)

INITIAL COVERAGE:

Deductible	Pharmacy Type/ Day Supply	Tier 1 Preferred Generic (includes Insulins)	Tier 2 Generic (includes excluded drugs)	Tier 3 Preferred Brand	Tier 4 Non-preferred Drug	Tier 5 Specialty Drug	Tier 6 Select Care Drug
\$0	Retail 30-day supply	\$0	\$5	\$47	25%	33%	\$11
	Select Insulins*	\$0	N/A	\$0	\$35 or 25%	\$0	\$0
	Retail 100-day supply	\$0	\$15	\$141	25%	Not available	\$33
	Select Insulins	\$0	N/A	\$0	\$105 or 25%	Not available	\$0
	Mail Order 100-day supply	\$0	\$0	\$94	25%	Not available	\$33
	Select Insulins	\$0	N/A	\$0	\$70 or 25%	Not available	\$0

*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.

Notice of Non-Discrimination

Discrimination is against the law.

Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Zing Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Zing Health:

- 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 Member Services at 1-866-946-4458 (TTY 711).

If you believe that Zing Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Zing Health
Civil Rights Coordinator
225 W. Washington Street, Suite 450
Chicago, Illinois 60606
Phone: 1-866-946-4458, TTY number 711
Fax: 1-866-946-4458
Email: civilrightscordinator@myzinghealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Zing Health Civil Rights Coordinator 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, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Notice of Availability / Aviso de disponibilidad

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-946-4458 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-866-946-4458 (TTY: 711) o hable con su proveedor.

Chinese Traditional: 台語

注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-866-946-4458 (TTY: 711) 或與您的提供者討論。」

Chinese Simplified: 中文

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-946-4458（文本电话：711）或咨询您的服务提供商。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-946-4458 (TTY: 711) o makipag-usap sa iyong provider.

French: ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-946-4458 (TTY: 711) ou parlez à votre fournisseur.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-946-4458 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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Korean: 한국어

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-946-4458 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-946-4458 (TTY: 711) или обратитесь к своему поставщику услуг.

Arabic:

العربية

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Hindi: हिंदी

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-946-4458 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

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Haitian Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan 1-866-946-4458 (TTY: 711) oswa pale avèk founisè w la.

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Japanese:

日本語

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DRUG LIST

ZING_CY26_6T_STND_CSNP eff 03/01/2026

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
<i>probenecid</i> TABS 500mg	2	

MISCELLANEOUS

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

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	2	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	2	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, PA
<i>atovaquone SUSP 750mg/5ml</i>	2	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	2	
BLUJEPa TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	2	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>fosfomicin tromethamine PACK 3gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin TABS 3mg</i>	2	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	2	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>polymyxin b sulfate SOLR 500000unit</i>	2	
<i>praziquantel TABS 600mg</i>	2	
<i>pyrimethamine TABS 25mg</i>	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	NDS
<i>sulfadiazine TABS 500mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	2	
TOBI PODHALER CAPS 28mg	5	NDS, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	2	
<i>trimethoprim TABS 100mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	

ANTIFUNGALS

<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>casprofungin acetate</i> SOLR 50mg, 70mg	2	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	2	
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	2	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	
APTIVUS CAPS 250mg	5	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	
<i>darunavir</i> TABS 600mg	2	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	2	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
<i>efavirenz</i> TABS 600mg	2	
<i>emtricitabine</i> CAPS 200mg	2	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	NDS
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>ritonavir</i> TABS 100mg	2	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	
<i>isoniazid</i> SYRP 50mg/5ml	2	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	
<i>rifabutin</i> CAPS 150mg	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NDS, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir</i> TABS .5mg, 1mg	2	
EPCLUSA PAK 150-37.5	5	NDS, PA
EPCLUSA PAK 200-50MG	5	NDS, PA
EPCLUSA TAB 200-50MG	5	NDS, PA
EPCLUSA TAB 400-100	5	NDS, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
<i>lamivudine (hbv)</i> TABS 100mg	2	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	5	NDS, PA
MAVYRET TAB 100-40MG	5	NDS, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	2	
<i>rimantadine hydrochloride</i> TABS 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	5	NDS, PA

CEPHALOSPORINS

<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefprozime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	NDS

ERYTHROMYCINS/MACROLIDES

<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
DIFICID SUSR 40mg/ml	5	NDS
e.e.s. 400 TABS 400mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<i>fidaxomicin</i> TABS 200mg	5	NDS

FLUOROQUINOLONES

<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	2	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	2	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	2	

PENICILLINS

<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	2	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	2	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	2	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	
<i>NUZYRA SOLR 100mg</i>	5	NDS
<i>NUZYRA TABS 150mg</i>	5	NDS, QL (30 tabs / 14 days)
<i>tetracycline hcl CAPS 250mg, 500mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tigecycline</i> SOLR 50mg	2	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	5	NDS, B/D
BENDEKA SOLN 100mg/4ml	5	NDS, B/D
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	4	
GLEOSTINE CAPS 100mg	5	NDS
LEUKERAN TABS 2mg	5	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	2	
<i>lomustine</i> CAPS 100mg	5	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	2	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), PA
<i>abirtega</i> TABS 250mg	2	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	PA
FIRMAGON SOLR 120mg/vial	5	NDS, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), PA
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, PA
LYSODREN TABS 500mg	5	NDS
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), PA

IMMUNOMODULATORS

<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), PA

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	5	NDS
<i>mesna</i> TABS 400mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA

MITOTIC INHIBITORS

<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel inj 100mg</i>	5	NDS, B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib</i> SOLR 3.5mg	5	NDS, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), PA
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	5	NDS, PA
HERCEPTIN SOLR 150mg	5	NDS, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), PA
HERZUMA SOLR 150mg, 420mg	5	NDS, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 100mg	2	QL (90 tabs / 30 days), PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D
KANJINTI SOLR 150mg, 420mg	5	NDS, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	5	NDS, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	5	NDS, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), PA
PHESGO SOL	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), PA
TAGRISSE TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, PA
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sacubitril-valsartan tab 49-51 mg</i>	6	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	6	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	2	QL (90 caps / 30 days), PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	NDS, QL (180 caps / 30 days), PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	2	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA applies if 65 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	2	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	1	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	2	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	5	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	2	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg	2	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), PA
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	2	QL (60 tabs / 30 days), PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	2	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTI-DEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone TABS 200mg</i>	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	2	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year), PA
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), PA
ANTIEPILEPTIC AGENTS		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), PA
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
LEVETIRACETAM TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	

Drug Name	Drug Tier	Requirements/Limits
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> SOLN 25mg/ml	2	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl</i> CAPS 10mg, 18mg, 25mg	2	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	2	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl</i> SOLN 5mg/5ml	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA

HYPNOTICS

<i>DAYVIGO</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	2	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), PA
<i>temazepam</i> CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

<i>AIMOVIG</i> SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
<i>EMGALITY</i> SOAJ 120mg/ml	3	QL (2 pens / 30 days), PA
<i>EMGALITY</i> SOSY 100mg/ml	3	QL (3 syringes / 30 days), PA
<i>EMGALITY</i> SOSY 120mg/ml	3	QL (2 syringes / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
<i>NURTEC</i> TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>QULIPTA</i> TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

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

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), PA
<i> fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), PA
<i> glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
<i> glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
<i> glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), PA
<i> glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), PA

MUSCULOSKELETAL THERAPY AGENTS

<i> baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i> baclofen</i> TABS 10mg, 20mg	2	
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	
<i> tizanidine hcl</i> TABS 2mg, 4mg	2	

NARCOLEPSY/CATAPLEXY

<i> armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i> armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i> modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i> modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), PA

PSYCHOTHERAPEUTIC-MISC

<i> acamprosate calcium</i> TBEC 333mg	2	
<i> buprenorphine hcl</i> SUBL 2mg	2	QL (180 tabs / 30 days)
<i> buprenorphine hcl</i> SUBL 8mg	2	QL (120 tabs / 30 days)
<i> buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (180 films / 30 days)
<i> buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i> buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (120 films / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent) TB12 150mg</i>	2	QL (60 tabs / 30 days)
<i>disulfiram TABS 250mg, 500mg</i>	2	
<i>KLOXXADO LIQD 8mg/0.1ml</i>	3	
<i>naloxone hcl LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml</i>	2	
<i>naltrexone hcl TABS 50mg</i>	2	
<i>NICOTROL NS SOLN 10mg/ml</i>	4	
<i>varenicline tartrate TABS .5mg, 1mg</i>	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	QL (2 packs / year)
<i>VIVITROL SUSR 380mg</i>	5	NDS

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol CAPS 50mg, 100mg, 200mg</i>	2	
<i>depo-testosterone SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm</i>	2	QL (300 gm / 30 days), PA
<i>testosterone cypionate SOLN 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate SOLN 200mg/ml</i>	2	PA
<i>testosterone pump GEL 1.62%</i>	2	QL (150 gm / 30 days), PA

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	2	
<i>dapagliflozin propanediol TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>FARXIGA TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	6	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	6	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	6	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	6	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	6	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	6	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	6	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	6	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	6	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	6	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	6	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000 MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000 MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	6	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	1	PA
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	3	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	3	
INSULIN PEN NEEDLES: EMBECTA-BD	1	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	1	PA
INSULIN SYRINGES: EMBECTA-BD	1	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days)
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days)
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NDS, PA
XTRENBO SOLN 120mg/1.7ml	4	PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D

CHELATING AGENTS

CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	PA
<i>deferasirox</i> TABS 180mg, 360mg	4	PA
<i>deferasirox</i> TBSO 250mg, 500mg	5	NDS, PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NDS, PA

CONTRACEPTIVES

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
LILETTA IUD 20.1mcg/day	3	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
NEXPLANON IMPL 68mg	3	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1- 20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xarah fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>hydrocortisone sod succinate</i> SOLR 100mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, PA
<i>betaine powder for oral solution</i>	5	NDS
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NDS, PA
CERDELGA CAPS 84mg	5	NDS, PA
CEREZYME SOLR 400unit	5	NDS, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days)
<i>cinacalcet hcl</i> TABS 90mg	2	B/D, QL (120 tabs / 30 days)
CYSTAGON CAPS 50mg, 150mg	4	PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, PA
INCRELEX SOLN 40mg/4ml	5	NDS, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, PA
<i>raloxifene hcl</i> TABS 60mg	2	
REVCOVI SOLN 2.4mg/1.5ml	5	NDS, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, PA; (generic of JYNARQUE)

Drug Name	Drug Tier	Requirements/Limits
<i>tolvaptan</i> TBPK 15mg	5	NDS, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> 420 gm	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol</i> 17.5-3.13-1.6 gm/177ml	2	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	2	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg</i>	4	
GATTEX KIT 5mg	5	NDS, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl CAPS</i> 2mg	2	
<i>misoprostol TABS</i> 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate TABS</i> 1gm	2	
<i>ursodiol CAPS</i> 300mg; TABS 250mg, 500mg	2	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR</i> 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR</i> 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole CPDR</i> 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium SOLR</i> 40mg	2	
<i>pantoprazole sodium TBEC</i> 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
GENITOURINARY AGENTS		
Genitourinary Agents, Other		
<i>sildenafil citrate</i> TABS 25mg, 50mg, 100mg	2	ED, QL (6 tabs / 30 days)
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	2	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	2	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NDS, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<i>ticagrelor</i> TABS 60mg, 90mg	2	

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), PA
HADLIMA PUSH TOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), PA
INFLIXIMAB SOLR 100mg	5	NDS, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
REMICADE SOLR 100mg	5	NDS, PA
RENFLEXIS SOLR 100mg	5	NDS, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	5	NDS, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA SOLN 200mg/20ml	5	NDS, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), PA
YESINTEK SOLN 130mg/26ml	3	PA

Drug Name	Drug Tier	Requirements/Limits
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, PA
GAMASTAN INJ	4	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, PA
ARCALYST SOLR 220mg	5	NDS, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	2	B/D
<i>gengraf</i> CAPS 25mg, 100mg	2	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	2	
D5W/NACL INJ 0.45%	2	

Drug Name	Drug Tier	Requirements/Limits
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	2	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% in lactated ringers</i>	2	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	2	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	2	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	2	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	2	
TPN ELECTROL INJ	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

<i>klor-con</i> PACK 20meq	2	
KLOR-CON 8 TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

<i>aminosyn ii soln 15%</i>	2	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose</i> SOLN 50%	2	B/D
DEXTROSE 10% SOLN 10%	2	
DEXTROSE 70% SOLN 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	2	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1%	1	
<i>sulfacetamide sodium (ophth) SOLN</i> 10%	2	
<i>tobramycin (ophth) SOLN</i> .3%	1	
<i>trifluridine SOLN</i> 1%	2	
XDEMVY SOLN .25%	5	NDS, PA
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	2	
<i>diclofenac sodium (ophth) SOLN</i> .1%	2	
<i>fluorometholone (ophth) SUSP</i> .1%	2	
<i>flurbiprofen sodium SOLN</i> .03%	2	
<i>ketorolac tromethamine (ophth) SOLN</i> .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP</i> 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	

ANTIALLERGICS

<i>azelastine hcl (ophth) SOLN</i> .05%	2	
<i>cromolyn sodium (ophth) SOLN</i> 4%	1	
ZERVIAE SOLN .24%	4	

ANTIGLAUCOMA

<i>betaxolol hcl (ophth) SOLN</i> .5%	2	
<i>brimonidine tartrate SOLN</i> .2%	1	
<i>brinzolamide SUSP</i> 1%	2	ST
<i>carteolol hcl (ophth) SOLN</i> 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl SOLN</i> 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost SOLN</i> .005%	1	
<i>levobunolol hcl SOLN</i> .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl SOLN</i> 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth) SOLG</i> .25%, .5%	2	
<i>timolol maleate (ophth) SOLN</i> .25%, .5%	1	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic) SOLN</i> 1%	2	

Drug Name	Drug Tier	Requirements/Limits
CYSTADROPS SOLN .37%	5	NDS, PA
CYSTARAN SOLN .44%	5	NDS, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

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

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA HANDIHALER CAPS 18mcg	4	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	4	QL (1 inhaler / 30 days)
<i>tiotropium bromide</i> CAPS 18mcg	2	QL (30 caps / 30 days)
ANTIHISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, PA

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breynd</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>neuc</i>	2	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	2	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> SHAM 1%	2	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	2	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	2	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	2	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

DERMATOLOGY, LOCAL ANESTHETICS

<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	2	QL (3 patches / 1 day), PA

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
<i>PANRETIN</i> GEL .1%	5	NDS, QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

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

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<i>carbidopa & levodopa tab 10-100 mg</i>	35	<i>cefoxitin sodium</i>	9
<i>carbidopa & levodopa tab 25-100 mg</i>	35	<i>cefpodoxime proxetil</i>	9
<i>carbidopa & levodopa tab 25-250 mg</i>	35	<i>cefprozil</i>	9
<i>carbidopa & levodopa tab er 25-100 mg</i>	35	<i>ceftazidime</i>	9
<i>carbidopa & levodopa tab er 50-200 mg</i>	36	<i>ceftriaxone sodium</i>	9
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	36	<i>cefuroxime axetil</i>	9
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	36	<i>cefuroxime sodium</i>	9
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	36	<i>celecoxib</i>	1
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	36	<i>cephalexin</i>	9
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	36	CEQR SIMPL KIT PATCH 2U (3-DAY)	50
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	36	CEQR SIMPL KIT PATCH 2U (4-DAY)	50
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		<i>cholestyramine</i>	28
		<i>cholestyramine light</i>	28
		<i>ciclopirox</i>	80

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<i>cilostazol</i>	64	<i>clopidogrel bisulfate</i>	65
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<i>cinacalcet hcl</i>	57	<i>clotrimazole (topical)</i>	80
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<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	10	<i>clozapine</i>	37
<i>ciprofloxacin hcl</i>	10	COARTEM TAB 20-120MG.....	5
<i>ciprofloxacin hcl (ophth)</i>	73	COBENFY CAP 100-20MG	37
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<i>clarithromycin</i>	9	<i>colchicine w/ probenecid tab 0.5-500</i> mg	1
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<i>clobazam</i>	40	<i>cromolyn sodium (mastocytosis)</i>	62
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<i>dapsone</i>	3	<i>diclofenac potassium</i>	1
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<i>doxorubicin hcl</i>	14	<i>fumarate tab 100-150 mg</i>	7
<i>doxorubicin hcl liposomal</i>	14	<i>emtricitabine-tenofovir disoproxil</i>	
<i>doxy 100</i>	11	<i>fumarate tab 133-200 mg</i>	7
<i>doxycycline (monohydrate)</i>	11	<i>emtricitabine-tenofovir disoproxil</i>	
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<i>droxidopa</i>	31	<i>tab 10-25 mg</i>	24
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<i>mg</i>	63	<i>endocet tab 5-325mg</i>	2
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<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	5	<i>galantamine hydrobromide</i>	33
<i>flucytosine</i>	5	<i>gallifrey</i>	59
<i>fludrocortisone acetate</i>	57	GAMASTAN INJ	68
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<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	24	<i>gentamicin in saline inj 1.2 mg/ml</i>	3
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<i>isoniazid</i>	8	<i>inj</i>	71
<i>isosorbide dinitrate</i>	32	<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	
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<i>isotretinoin</i>	80	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
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<i>itraconazole</i>	5	<i>kcl 20 meq/l (0.15%) in dextrose 5% &</i>	
<i>ivabradine hcl</i>	31	<i>nacl 0.9% inj</i>	71
<i>ivermectin</i>	4	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	
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<i>malathion</i>	83	<i>metoprolol & hydrochlorothiazide tab</i>	
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<i>pemetrexed disodium</i>	13	<i>pirfenidone</i>	77
PENBRAYA INJ	70	<i>piroxicam</i>	1
<i>penicillamine</i>	52	<i>plenamine</i>	73
<i>penicillin g potassium</i>	11	PLENVU SOL.....	61
<i>penicillin g sodium</i>	11	<i>podofilox</i>	83
<i>penicillin v potassium</i>	11	<i>polymyxin b sulfate</i>	4
PENMENVY INJ.....	70	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	74
PENTACEL INJ.....	70	POMALYST.....	14
<i>pentamidine isethionate inh</i>	4	<i>portia-28</i>	55
<i>pentamidine isethionate inj</i>	4	<i>posaconazole</i>	5
<i>pentoxifylline</i>	65	POT CHL 20MEQ/L IN NAACL 0.45% INJ	71
<i>perampanel</i>	42		
<i>perindopril erbumine</i>	25		
<i>periogard</i>	83		
<i>permethrin</i>	83		
<i>perphenazine</i>	38		
<i>pfizerpen</i>	11		
<i>phenelzine sulfate</i>	35		

POT CHL 20MEQ/L IN NAACL 0.9% INJ	71	PROLASTIN-C	77
.....	71	PROLIA	52
POT CHL 40MEQ/L IN NAACL 0.9% INJ	71	<i>promethazine hcl</i>	60
.....	71	<i>propafenone hcl</i>	27
<i>potassium chloride</i>	72	<i>propracaine hcl</i>	75
<i>potassium chloride 20 meq/l (0.15%)</i>	72	<i>propranolol hcl</i>	29
<i>in dextrose 5% inj</i>	72	<i>propylthiouracil</i>	59
<i>potassium chloride microencapsulated</i>	72	PROQUAD INJ	70
<i>crystals er</i>	72	PROSOL INJ 20%	73
<i>potassium citrate (alkalinizer)</i>	63	<i>protriptyline hcl</i>	35
<i>pramipexole dihydrochloride</i>	36	PULMOZYME	78
<i>prasugrel hcl</i>	65	<i>pyrazinamide</i>	8
<i>pravastatin sodium</i>	28	<i>pyridostigmine bromide</i>	46
<i>praziquantel</i>	4	<i>pyrimethamine</i>	4
<i>prazosin hcl</i>	25	PYZCHIVA	66
<i>prednisolone</i>	57	Q	
<i>prednisolone acetate (ophth)</i>	74	QINLOCK	21
PREDNISOLONE SODIUM PHOSP	74	QUADRACEL INJ 0.5ML	70
<i>prednisolone sodium phosphate</i>	57	<i>quetiapine fumarate</i>	38
<i>prednisone</i>	57	<i>quinapril hcl</i>	25
PREDNISONE INTENSOL.....	57	<i>quinidine sulfate</i>	28
<i>pregabalin</i>	42	<i>quinine sulfate</i>	6
PREMASOL SOL 10%	73	QULIPTA	45
PRENATAL TAB 27-1MG.....	72	R	
PRENATAL TAB PLUS.....	72	RABAVERT INJ	70
<i>prevalite</i>	28	RALDESY.....	35
PREVYMIS	8	<i>raloxifene hcl</i>	58
PREZCOBIX TAB 675/150	7	<i>ramelteon</i>	45
PREZCOBIX TAB 800-150	7	<i>ramipril</i>	25
PREZISTA.....	6	<i>ranolazine</i>	32
PRIFTIN	8	<i>rasagiline mesylate</i>	36
<i>primaquine phosphate</i>	5	<i>reclipsen</i>	55
PRIMAQUINE PHOSPHATE	6	RECOMBIVAX HB.....	70
<i>primidone</i>	42	RELENZA DISKHALER	8
PRIORIX INJ	70	RELISTOR	62
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<i>probenecid</i>	1	RENFLEXIS	66
<i>prochlorperazine</i>	60	<i>repaglinide</i>	49
<i>prochlorperazine edisylate</i>	60	REPATHA.....	28
<i>prochlorperazine maleate</i>	60	REPATHA SURECLICK	28
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<i>proctocort</i>	83	RESTASIS MULTIDOSE.....	75
<i>procto-med hc</i>	83	RETEVMO	21
<i>proctosol hc</i>	83	REVCovi.....	58
<i>proctozone-hc</i>	83	REVUFORJ	21
<i>progesterone</i>	59	REXULTI	39
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REZLIDHIA	21	<i>sharobel</i>	55
REZUROCK	69	SHINGRIX	70
RHOPRESSA	74	SIGNIFOR	58
<i>ribavirin (hepatitis c)</i>	8	SIKLOS.....	65
<i>rifabutin</i>	8	<i>sildenafil citrate</i>	63
<i>rifampin</i>	8	<i>sildenafil citrate (pulmonary</i> <i>hypertension)</i>	32
<i>riluzole</i>	46	<i>silver sulfadiazine</i>	80
<i>rimantadine hydrochloride</i>	8	SIMBRINZA SUS 1-0.2%.....	74
RINVOQ	66	<i>simliya</i>	55
RINVOQ LQ	66	<i>simvastatin</i>	28
<i>risperidone</i>	39	<i>sirolimus</i>	69
<i>risperidone microspheres</i>	39	SIRTURO.....	8
<i>ritonavir</i>	6	SKYRIZI.....	66, 67
<i>rivaroxaban</i>	64	SKYRIZI PEN	67
<i>rivastigmine</i>	33	<i>sod sulfate-pot sulf-mg sulf oral sol</i> <i>17.5-3.13-1.6 gm/177ml</i>	61
<i>rivastigmine tartrate</i>	33	<i>sodium chloride</i>	72
<i>rizatriptan benzoate</i>	46	<i>sodium chloride (gu irrigant)</i>	83
ROCKLATAN DRO	74	<i>sodium fluoride chew; tab; 1.1 (0.5 f)</i> <i>mg/ml soln</i>	72
<i>roflumilast</i>	78	SODIUM OXYBATE.....	47
ROMVIMZA	21	<i>sodium phenylbutyrate</i>	58
<i>ropinirole hydrochloride</i>	36	<i>sodium polystyrene sulfonate powder</i>	52
<i>rosuvastatin calcium</i>	28	<i>solifenacin succinate</i>	63
ROTARIX SUS	70	SOLQUA INJ 100/33	51
ROTATEQ SOL.....	70	SOLTAMOX.....	14
<i>roweepa</i>	42	SOLU-CORTEF	57
ROZLYTREK.....	21	SOMATULINE DEPOT	58
RUBRACA	21	SOMAVERT	58
<i>rufinamide</i>	42	<i>sorafenib tosylate</i>	21
RUKOBIA.....	6	<i>sotalol hcl</i>	28
RYBELSUS	49	<i>sotalol hcl (afib/afl)</i>	28
RYDAPT.....	21	SOTYKTU	67
S		SPIRIVA HANDIHALER	76
<i>sacubitril-valsartan tab 24-26 mg</i>	26	SPIRIVA RESPIMAT.....	76
<i>sacubitril-valsartan tab 49-51 mg</i>	27	<i>spironolactone</i>	25
<i>sacubitril-valsartan tab 97-103 mg</i> ...27		<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	30
<i>sajazir</i>	65	<i>sprintec 28</i>	55
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<i>sapropterin dihydrochloride</i>	58	<i>sps</i>	52
SCEMBLIX	21	<i>sps rectal</i>	52
<i>scopolamine</i>	60	<i>sronyx</i>	55
SECUADO.....	39	<i>ssd</i>	80
<i>selegiline hcl</i>	36		
<i>selenium sulfide</i>	80		
SELZENTRY	6		
SEREVENT DISKUS.....	76		
<i>sertraline hcl</i>	35		

STELARA	67	<i>tadalafil</i>	63
STIVARGA	21	<i>tadalafil (pulmonary hypertension)</i> ...	32
<i>streptomycin sulfate</i>	4	TAFINLAR.....	22
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<i>subvenite</i>	43	TALZENNA.....	22
SUBVENITE	43	<i>tamoxifen citrate</i>	14
<i>sucralfate</i>	62	<i>tamsulosin hcl</i>	63
<i>sulfacetamide sodium (acne)</i>	80	<i>tarina fe 1/20 eq</i>	55
<i>sulfacetamide sodium (ophth)</i>	74	<i>tasimelteon</i>	45
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	73	TAVNEOS	65
<i>sulfadiazine</i>	4	<i>tazarotene</i>	81
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	4	<i>tazicef</i>	9
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	4	TAZVERIK	22
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	4	TECENTRIQ	22
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	4	TECENTRIQ INJ HYBREZA.....	22
SULFAMYLON.....	80	TEFLARO	9
<i>sulfasalazine</i>	61	<i>telmisartan</i>	27
<i>sulindac</i>	1	<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	27
<i>sumatriptan</i>	46	<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	27
<i>sumatriptan succinate</i>	46	<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>25 mg</i>	27
<i>sunitinib malate</i>	21	<i>temazepam</i>	45
SUNLENCA	6	TENIVAC INJ 5-2LF.....	70
<i>syeda</i>	55	<i>tenofovir disoproxil fumarate</i>	6
SYMDEKO TAB 100-150	78	TEPMETKO	22
SYMDEKO TAB 50-75MG	78	<i>terazosin hcl</i>	25
SYMPAZAN	43	<i>terbinafine hcl</i>	5
SYMTUZA TAB.....	7	<i>terbutaline sulfate</i>	76
SYNAREL.....	58	<i>terconazole vaginal</i>	63
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SYNJARDY TAB 12.5-500.....	49	TERIPARATIDE.....	52
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SYNJARDY TAB 5-500MG.....	49	<i>testosterone cypionate</i>	48
SYNJARDY XR TAB 10-1000	50	<i>testosterone enanthate</i>	48
SYNJARDY XR TAB 12.5-1000 MG.....	50	<i>testosterone pump</i>	48
SYNJARDY XR TAB 25-1000	50	<i>tetrabenazine</i>	46
SYNJARDY XR TAB 5-1000MG	49	<i>tetracycline hcl</i>	11
SYNTHROID.....	59	THALOMID	14
T		<i>theophylline</i>	78
TABLOID	13	<i>thioridazine hcl</i>	39
TABRECTA	22	<i>thiothixene</i>	39
<i>tacrolimus</i>	69	<i>tiadylt er</i>	30
<i>tacrolimus (topical)</i>	83	<i>tiagabine hcl</i>	43
		TIBSOVO.....	22
		<i>ticagrelor</i>	65

TICOVAC	70	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tigecycline</i>	12	MCG	75
<i>tilia fe</i>	55	TREMFYA.....	67
<i>timolol maleate</i>	29	TREMFYA INDUCTION PACK FO	67
<i>timolol maleate (ophth)</i>	74	TREMFYA PEN	67
<i>tinidazole</i>	4	<i>treprostinil</i>	32
<i>tiotropium bromide</i>	76	<i>tretinoin</i>	80
TIVICAY	6	<i>tretinoin (chemotherapy)</i>	15
TIVICAY PD	6	<i>triamcinolone acetonide (mouth)</i>	83
<i>tizanidine hcl</i>	47	<i>triamcinolone acetonide (topical)</i>	82
TOBI PODHALER	4	<i>triamterene & hydrochlorothiazide cap</i>	
TOBRADEX OIN 0.3-0.1%	73	37.5-25 mg	30
<i>tobramycin</i>	4	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin (ophth)</i>	74	37.5-25 mg	30
<i>tobramycin sulfate</i>	4	<i>triamterene & hydrochlorothiazide tab</i>	
<i>tobramycin-dexamethasone ophth susp</i>		75-50 mg	31
0.3-0.1%.....	73	<i>tridacaine ii</i>	82
<i>tolterodine tartrate</i>	63	<i>triderm</i>	82
<i>tolvaptan</i>	58, 59	<i>trientine hcl</i>	52
<i>tolvaptan tab therapy pack 30 & 15 mg</i>		<i>tri-estarylla</i>	55
.....	59	<i>trifluoperazine hcl</i>	39
<i>tolvaptan tab therapy pack 45 & 15 mg</i>		<i>trifluridine</i>	74
.....	59	<i>trihexyphenidyl hcl</i>	36
<i>tolvaptan tab therapy pack 60 & 30 mg</i>		TRIJARDY XR TAB ER 24HR 10-5-	
.....	59	1000MG	50
<i>tolvaptan tab therapy pack 90 & 30 mg</i>		TRIJARDY XR TAB ER 24HR 12.5-2.5-	
.....	59	1000MG	50
<i>topiramate</i>	43	TRIJARDY XR TAB ER 24HR 25-5-	
<i>toremifene citrate</i>	14	1000MG	50
<i>torpenz</i>	22	TRIJARDY XR TAB ER 24HR 5-2.5-	
<i>toremide</i>	30	1000MG	50
TOUJEO MAX SOLOSTAR	51	TRIKAFTA PAK 59.5MG	78
TOUJEO SOLOSTAR	51	TRIKAFTA PAK 75MG	78
TPN ELECTROL INJ	72	TRIKAFTA TAB 100-50-75MG & 150MG	
TRADJENTA	50	78
<i>tramadol hcl</i>	2	TRIKAFTA TAB 50-25-37.5MG & 75MG	
<i>tramadol-acetaminophen tab 37.5-325</i>		78
mg	3	<i>tri-legest fe</i>	55
<i>trandolapril</i>	25	<i>tri-linyah</i>	55
<i>tranexamic acid</i>	65	<i>tri-lo-estarylla</i>	55
<i>tranylcypromine sulfate</i>	35	<i>tri-lo-marzia</i>	55
TRAVASOL INJ 10%.....	73	<i>tri-lo-mili</i>	55
TRAZIMERA	22	<i>tri-lo-sprintec</i>	55
<i>trazodone hcl</i>	35	<i>trimethoprim</i>	4
TRELEGY AER ELLIPTA 100-62.5-25		<i>tri-mili</i>	55
MCG	75	<i>trimipramine maleate</i>	35
		TRINTELLIX	35

<i>tri-sprintec</i>	55	VALTOCO 20 MG DOSE	43
TRIUMEQ PD TAB	7	VALTOCO 5 MG DOSE	43
TRIUMEQ TAB	7	<i>valtya 1/35</i>	55
<i>tri-vylibra</i>	55	<i>valtya 1/50</i>	55
<i>tri-vylibra lo</i>	55	<i>vancomycin hcl</i>	5
TROGARZO.....	6	VANCOMYCIN INJ 1 GM.....	5
TROPHAMINE INJ 10%.....	73	VANCOMYCIN INJ 500MG	5
<i>tropium chloride</i>	63	VANCOMYCIN INJ 750MG	5
TRULICITY	50	VANFLYTA	22
TRUMENBA	70	VAQTA	70
TRUQAP	22	<i>varenicline tartrate</i>	48
TRUXIMA.....	22	<i>varenicline tartrate tab 11 x 0.5 mg &</i> <i>42 x 1 mg start pack</i>	48
TUKYSA	22	VARIVAX	70
TURALIO	22	VASCEPA.....	29
<i>turqoz</i>	55	VAXCHORA SUS	70
<i>twice-daily clindamycin phosphate</i> <i>(topical)</i>	80	<i>velivet</i>	55
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TYBOST.....	6	VENCLEXTA	22
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<i>ursodiol</i>	62	VERZENIO	23
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<i>valganciclovir hcl</i>	9	VIGAFYDE	43
<i>valproate sodium</i>	43	<i>vilazodone hcl</i>	35
<i>valproic acid</i>	43	VIMKUNYA	70
<i>valsartan</i>	27	<i>vincristine sulfate</i>	15
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i>	27	<i>vinorelbine tartrate</i>	15
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i>	27	<i>viorele</i>	56
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i>	27	VIRACEPT.....	6
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i>	27	VIREAD.....	7
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	27	VITRAKVI	23
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<i>voriconazole</i>	5	XPOVIO PAK (100 MG ONCE WEEKLY)	23
VOSEVI TAB	9	XPOVIO PAK (40 MG ONCE WEEKLY)	23
VOWST CAP.....	62	XPOVIO PAK (40 MG TWICE WEEKLY)	23
VRAYLAR.....	39	XPOVIO PAK (60 MG ONCE WEEKLY)	23
<i>vyfemla</i>	56	XPOVIO PAK (60 MG TWICE WEEKLY)	23
<i>vylibra</i>	56	XPOVIO PAK (80 MG ONCE WEEKLY)	23
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<i>water for irrigation, sterile irrigation soln</i>	83	<i>xulane</i>	56
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XARELTO STAR TAB 15/20MG	64	ZEJULA	23
XATMEP	68	ZELBORAF	23
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XIGDUO XR TAB 10-500MG	50	<i>ziprasidone hcl</i>	39
XIGDUO XR TAB 2.5-1000	50	<i>ziprasidone mesylate</i>	39
XIGDUO XR TAB 5-1000MG	50	ZIRABEV	23
XIGDUO XR TAB 5-500MG	50	ZIRGAN	74
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<i>zoledronic acid</i>	52	<i>zumandimine</i>	56
ZOLINZA	24	ZURZUVAE	35
<i>zolpidem tartrate</i>	45	ZYDELIG	24
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