



# Blue Cross and Blue Shield of Minnesota FlexRx Drug Formulary

January 2025

Please consider talking to your health care provider about prescribing formulary drugs, which may help reduce your out-of-pocket costs. This list may help guide you and your health care provider in selecting an appropriate drug for you.

The drug formulary is regularly updated. Please log in to [www.coupehealth.com](http://www.coupehealth.com) for the most up-to-date formulary.

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To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

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## Introduction

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) are pleased to present the FlexRx drug formulary (drug list). Our goal is to give members access to safe and effective prescription drugs at a reasonable cost.

Drugs not listed in this formulary are non-preferred. Blue Cross may choose to not add a drug to the formulary because of effectiveness or safety concerns, or because a similar, more cost-effective drug is already on the formulary. New drugs may not be covered or may be non-preferred until reviewed and approved for inclusion by the Pharmacy and Therapeutics (P&T) Committee and Coverage Committee.

Blue Cross encourages providers to prescribe preferred drugs.

Your drug benefit is presented in the Drug Formulary, and includes most prescription drugs, although some restrictions and exclusions do apply. For example, investigational drugs or drugs indicated for cosmetic purposes (e.g., Propecia for hair growth) may not be eligible for coverage under your prescription drug benefit. Some drugs may only be available through your medical benefit. Coverage and copayment levels vary depending on the plan. This prescription drug benefit places prescription drugs into the following Copay/Coinsurance levels:

- Preferred Generic drugs
- Preferred Brand drugs
- Non-preferred Generic drugs
- Non-preferred Brand drugs
- Specialty drugs

There are various types of pharmacy benefit programs. To understand which program you have, please refer to your Member Booklet or call the number on your member ID card for more information.

## Pharmacy and Therapeutics (P&T) Committee and Coverage Committee

The Blue Cross Coverage Committee selects drugs for this formulary based on recommendations of an independent Pharmacy and Therapeutics (P&T) Committee that includes practicing physicians and pharmacists. Decisions to add or remove drugs from the FlexRx formulary are based on the drug's safety, effectiveness, uniqueness and cost. The P&T Committee and Coverage Committee meet at least quarterly. All drugs are reviewed each year as required by the National Committee on Quality Assurance (NCQA) standards.

You can find recent changes and the current version of the formulary at [coupehealth.com](https://www.coupehealth.com).

## Formulary Guidelines

The requirement of P&T and Coverage Committee review is a precondition of Blue Cross coverage and:

- Applies in addition to all other conditions and terms stated in Blue Cross contracts and stated herein; and
- Applies to drugs and select medical devices when administered in any manner that is approved by the U.S. Food and Drug Administration (FDA); and
- Applies to approved drugs legally prescribed and select medical devices legally used when administered in any manner that is not mentioned in the labeling approved by the FDA (referred to as an “off-label” use). Use of a drug or medical device for an indication, dosage form, dose regimen, population, or other use parameter not mentioned in the approved labeling is considered to be an “off-label” use.

These guidelines in no way imply that members should not receive specific services based on the recommendation of the provider. These guidelines govern coverage and not clinical practices. Providers are responsible for giving medical advice and treating members. Members with specific health care needs should consult an appropriate health care provider.

Members and providers have the right to appeal coverage decisions. These rights are explained in member and provider plan documents. Members with questions about appeal rights should call customer service at the number on the back of their member ID card. Providers can call provider services at **833-749-1969**.

This information is not an offer of coverage, solicitation of coverage, summary of coverage or guarantee of coverage. All products and coverage guidelines are subject to applicable laws and regulations. Member or provider coverage is contingent on all the applicable terms, conditions, limitations and exclusions of member or provider plan documents.

## Formulary Addition Request

Any health care provider may request in writing that the Blue Cross Coverage Committee consider adding or deleting a drug from the formulary. All formulary requests are brought before the Coverage Committee.

## Generic Drugs

Blue Cross encourages use of generic drugs as a way to provide high-quality, cost-effective care. Generic drugs are safe, effective and they may cost less than brand name drugs. Members will likely pay a lower copayment or coinsurance for a generic drug.

## Frequently Asked Questions About Generics

### **Are generics as good as brand name drugs?**

Both brand name and generic drugs must be approved by the FDA. Generic drugs meet the same high standards as brand name drugs.

### **Why should I take generics rather than brand name drugs?**

We must all do our part to make health care affordable. One way is to be wise consumers of drugs. Generics provide the same effectiveness and safety as their brand name counterparts, but are often lower in cost. This typically occurs when competition among several manufacturers who produce the generic drug, results in lower prices for it. Lower costs generally mean lower copayments for members. Generics also save money for your health plan, so it can help keep insurance premiums as low as possible.

### **How can I take advantage of lower-cost generics?**

Ask your pharmacist for a generic whenever available. Also, talk with your health care provider about prescribing generic drugs. Most drug classes include some generic drugs.

## How to Use This List

The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS). Please use the drug search function to find current information for drugs on the drug list. Generic drugs are shown in lower-case **boldface** type. Most generic drugs are followed by a reference brand drug in (parentheses). Some generic products have no reference brand. Brand prescription drugs are shown in capital letters followed by the generic name. The Requirements/Limits column displays information about whether that drug is a specialty drug or requires prior authorization, quantity limits, or step therapy. Below are the meanings of the indicators used in the Drug Tier and Requirements/Limits columns.

1. Drug Tier – Indicates the formulary tier level for each drug.

- Preferred Generic drugs (Tier 1)
- Preferred Brand drugs (Tier 2)

This list does not include non-preferred generic and non-preferred brand drugs that may be covered based on your benefit.

Note: For select plans, members will pay no more than \$25 per prescription per month for covered insulin products. Please refer to your specific coverage.

2. Specialty (SP) - Indicates this is a specialty drug.

Note: Additional information about specialty drugs can be found in this document under the topic Benefit programs.

3. Prior Authorization (PA) - Some drugs require prior authorization to ensure appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. If the PA indicator is present, then the PA program noted is possibly applied to your benefit.

4. Quantity Limits (QL) - Limits the quantity (e.g., tablets, capsules, ounces, etc.) of drugs that can be dispensed over a given period of time to encourage safe and appropriate use. If the QL indicator is present, then the QL program noted is possibly applied to your benefit.

5. Step Therapy (ST) - Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. If the ST indicator is present, then the ST program noted is possibly applied to your benefit.

Some plans may have Utilization Management (UM) programs (e.g. PA, QL, and ST) on additional drugs beyond those noted in this document.

**Compounded prescriptions:** Compounded prescriptions contain two or more drugs mixed together. The end product cannot be available in an equivalent commercial form. Plus, at least one ingredient must be an FDA-approved prescription drug. Compounded prescriptions are processed according to member benefits.

**Injectable drugs:** Self-administered injectable drugs are generally part of the pharmacy benefit and may be included on the formulary. Injectable drugs are processed according to member benefits. Some injectable drugs that need to be administered by a health care professional are covered only under the plan's medical benefit.

**Non-FDA approved:** Drugs that have not received FDA approval are not covered.

## Benefit Programs

### 90dayRx

Blue Cross has an optional 90dayRx program. Members with this benefit may receive up to a 90-day supply of drugs at a reduced cost. In addition to being able to obtain up to a 90-day supply of drugs through our mail service pharmacy you may be able to receive up to a 90-day supply of drugs through a participating retail pharmacy. Please refer to your plan documents for complete coverage details.

### Affordable Care Act

Please note, some drugs may have \$0 cost-sharing under the Affordable Care Act (ACA). Examples of categories of drugs that may be subject to \$0 cost share include aspirin, bowel preparation, breast cancer preventive, select contraceptive drugs and devices, fluoride supplements, folic acid supplements, iron supplements, select Human Immunodeficiency Virus (HIV) agent for pre-exposure prophylaxis (PrEP), select single agent statins, tobacco cessation, and select vaccines.

For a complete listing of products covered at \$0, refer to the ACA Preventive Drug List at [coupehealth.com](https://www.coupehealth.com).

### Retail Pharmacy Vaccine Program

Blue Cross has an optional vaccine pharmacy program for flu, pneumonia, shingles, diphtheria tetanus combinations, human papillomavirus (HPV) and meningitis vaccines. Members with this benefit can simply present their health plan member ID card when visiting a participating pharmacy. The cost share will be based on their pharmacy coverage for this benefit. Members can go to [coupehealth.com](https://www.coupehealth.com) to locate network pharmacies that administer approved vaccines for Blue Cross members.

Please note that age limitations, advance registration or other requirements may apply. The availability of each vaccine may vary by individual pharmacy or location. For your convenience, you may contact the pharmacy in advance if you have questions or to make sure these services are available at a particular location.

### Specialty drugs

Blue Cross has a specialty pharmacy network. Members with this benefit must obtain their specialty drugs from an in-network specialty provider or they will pay 100 percent of the drug cost. Some Blue Cross groups offer specific benefits for specialty drug products, which may include a specific cost share or network limitation regardless of tier placement. Please refer to your member booklet to determine your payment amount and the specific quantities allowed under your group's benefit. Specialty products are typically injectable drugs that can be self-administered by a patient or family member and are used to treat serious or chronic medical conditions such as multiple sclerosis, hemophilia, hepatitis, and rheumatoid arthritis.

The specialty drug vendors and drugs covered by this specialty drug benefit are listed at [coupehealth.com](https://www.coupehealth.com).

## Managing Drug Usage

Utilization management programs are developed to manage appropriate use of drugs. These programs follow FDA guidelines, clinical evidence and research. They also help manage pharmacy spend in your plan.

- **Prior Authorization:** Ensures appropriate prescribing and use before a drug will be covered. Coverage may be approved after certain criteria are met.
- **Quantity Limit:** Limits the quantity (e.g., tablets, capsules, ounces, etc.) of drugs that can be dispensed over a given period of time to encourage safe and appropriate use.
- **Step Therapy:** Requires members to try another drug that may be more safe, clinically effective and, in some cases, less expensive, before a more expensive drug will be approved. This encourages usage of clinically appropriate and/or lower-cost drugs.

Remember, drug decisions are between you and your health care provider. Only you and your health care provider can determine which drug is right for you. Discuss any questions or concerns you have about drugs you are taking or are prescribed with your health care provider.

You, your prescribing health care provider, or your authorized representative can ask for a Drug List formulary exception if your drug is not on (or is being removed from) the Drug List (also known as a formulary), or the drug required as part of a prior authorization, step therapy or quantity limits has been found to be (or likely to be) not right for you or does not work as well in treating your condition.

Steps on how a prescriber may request an exception:

- For an easy way to submit prior authorization or formulary exception requests for your patients at no additional cost, consider using an electronic prior authorization tool, through CoverMyMeds®. CoverMyMeds is an online submission method for health care providers to submit requests to our pharmacy benefit manager. It eliminates traditional paper forms and faxes and greatly reduces follow-up calls. To get started, go to [CoverMyMeds.com](https://CoverMyMeds.com) and click on the link to **Create an Account**.
- Alternatively, a prescriber may obtain a *Request for Prescription Drug Coverage Exception* request form online at **[providers.bluecrossmn.com](https://providers.bluecrossmn.com)** in the Tools & Resources section. The prescriber can also obtain the form by calling provider services at **833-749-1969**.
- Submit the completed request form to the following address or fax:  
Prime Therapeutics  
Clinical Review Department  
2900 Ames Crossing Road  
Eagan, MN 55121  
Fax number: **1.855.212.8110**

## Abbreviation Key

**aer**..... aerosol  
**cap**.....capsules  
**chew**.....chewable  
**conc**.....concentrate  
**cr**..... controlled release  
**dr**..... delayed release  
**ec**..... enteric coated  
**equiv**..... equivalent  
**er**..... extended release  
**gm**.....gram  
**inhal**..... inhaler  
**inj**.....injection  
**liqd**..... liquid  
**mg**..... milligram  
**ml**.....milliliter

**nebu**..... nebulizer  
**odt**.....orally disintegrating tabs  
**oint**..... ointment  
**ophth**..... ophthalmic  
**osm**..... osmotic release  
**pack**..... packets  
**powd**..... powder  
**pttw**..... twice-weekly patch  
**sl**..... sublingual  
**soln**..... solution  
**suppos**..... suppositories  
**susp**..... suspension  
**tab**..... tablets  
**td**.....transdermal  
**w/**..... with

## Notice of Nondiscrimination and Accessibility

At Coupe Health, we treat everyone fairly. We don't exclude you, or treat you less favorably, because of your race, skin color, national origin, age, disability status, or sex (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes). We follow federal civil rights laws and don't discriminate against anyone based on these traits.

If you communicate best in a language other than English, you can request free language assistance services.

If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge.

**Need these services?** Call 1-833-749-1969 (TTY:711).

### Discrimination is against the law

If we failed to provide services or discriminated in another way based on your race, skin color, national origin, age, disability status, or sex, (including sexual orientation; sex characteristics including intersex traits; pregnancy or related conditions; gender identity; and sex stereotypes), you can file a complaint with our Civil Rights Coordinator.

Nondiscrimination complaint forms and assistance with completing the form are available by calling 1-833-749-1969 (TTY:711) or emailing [HealthValet@coupehealth.com](mailto:HealthValet@coupehealth.com).

Email the completed form to [Civil.Rights.Coord@CoupeHealth.Com](mailto:Civil.Rights.Coord@CoupeHealth.Com) or send it by mail to:

Coupe Health  
Attn: Civil Rights Coordinator P3-2  
P.O. Box 64560  
Eagan, MN 55164-0560

You can also file a civil rights complaint with the U.S. Department of Health and Human Services

- electronically through the Office for Civil Rights complaint portal:  
[ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)
- by mail at: U.S. Department of Health and Human Services,  
200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201
- or by phone at: 1-800-368-1019, 1-800-537-7697 (TDD)

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



**ENGLISH**

ATTENTION: If you speak a language other than English, language services are available free of charge. If you have a vision, hearing, or speech impairment, we can communicate in a way that works best for you. This may include using sign language interpreters, providing documents in large print or Braille, audio recordings, or other aids at no charge. Call 1-833-749-1969 (TTY 711).

**ESPAÑOL (Spanish)**

ATENCIÓN: Si habla Español, puede solicitar servicios gratuitos de asistencia lingüística. Si tiene una deficiencia visual, auditiva o del habla, podemos comunicarnos de la manera que le resulte mejor a usted. Esto puede incluir el uso de intérpretes de lengua de señas, el suministro de documentos en letra grande o braille, grabaciones de audio u otras ayudas sin cargo. Llame al 1-833-749-1969 (TTY 711).

**(Arabic) العربية**

تنبيه: إذا كنت تتحدث العربية، يمكنك طلب خدمات المساعدة اللغوية المجانية. إذا كنت تعاني من إعاقة بصرية أو سمعية أو نطقية، يمكننا التواصل معك بالطريقة التي تناسبك. وقد يشمل ذلك استخدام مترجمين للغة الإشارة، أو توفير المستندات بحروف كبيرة أو بطريقة برايل، أو تسجيلات صوتية، أو غيرها من الوسائل المساعدة من دون مقابل. اتصل على الرقم (الهاتف النصي 711) 1-833-749-1969.

**አማርኛ (Amharic)**

ትኩረት ይሰጥ፡- አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እገዛ አገልግሎቶችን መጠየቅ ይችላሉ። የማየት፣ የመስማት ወይም የመናገር ችግር ካለብዎት ለእርስዎ በተሻለ በሚሠራው መንገድ መግባባት እንችላለን። ይህ ደግሞ የምልክት ቋንቋ አስተርጓሚዎችን መጠቀም፣ በትላልቅ ህትመቶች ወይም በብሬይል የተጻፉ ሰነዶችን፣ የድምፅ ቅጂዎችን ወይም ሌሎች መርጃዎችን ያለ ክፍያ ማቅረብን ይጨምራል። 1-833-749-1969 (TTY 711) ላይ ይደውሉ።

**LUS HMOOB (Hmong)**

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob, koj tuaj yeem thov cov kev pab cuam uas pab hom lus tau dawb. Yog hais tias koj qhov muag tsis pom kev zoo, tsis hnov lus, los sis hais tsis tau lus, peb tuaj yeem sib txuas lus hauv ib txoj hau kev uas ua hauj lwm tau zoo tshaj plaws rau koj. Qhov no tej zaum yuav muaj xam nrog kev siv cov neeg txhais lus piav tes, kev muab cov ntaub ntauv luam tawm ua tus ntauv loj los sis Ua Ntawv Su Rau Cov Neeg Tsis Pom Kev Siv Tau (Braille), kev kaw ua suab lus, los sis lwm yam kev pab yam tsis tau them nqi. Hu rau 1-833-749-1969 (TTY 711).

**廣東話 (Cantonese – Traditional Chinese)**

請注意：如果您說廣東話，您可要求免費語言協助服務。如果您有視力、聽力或言語障礙，我們會以最適合您的方式與您溝通。這可能包括使用手語傳譯員、免費提供大字體或點字文件、錄音或其他輔助工具。請致電 1-833-749-1969 聽障熱線 (TTY 711)。

**简体中文 (Chinese Simplified)**

注意：如果您说普通话，则可以免费申请语言协助服务。如果您有视力、听力或语言障碍，我们可以用最适合您的方式与您交流。这可能包括免费提供手语翻译、大字体或盲文文件、录音或其他辅助工具。请致电 1-833-749-1969 (文字电话 711)。

**SOOMALI (Somali)**

XASUUSIN: Haddii aad ku hadasho Soomali, waxaad codsan kartaa adeegyada caawimaadda luqada oo bilaash ah. Haddii aad laxaad la'aan kataahy aragga, maqalka, ama hadalka, waxaanu kugula xidhiidhi karnaa habka adiga kuugu habboon. Tan waxaa ka mid ah in aan isticmaalno turjumaanada luuqada dhegoolaha, in la bixiyo waraaco ku qoran xarfaha waaweyn ama qoraalka indhoolayaasha, in la sameeyo cajalado la duubay, ama in la helo waxyaabo kale oo caawimaad ah oo bilaash ah. Wac 1-833-749-1969 (TTY 711).

**FRANÇAIS (French)**

ATTENTION : Si vous parlez Français, vous pouvez demander des services d'assistance linguistique gratuits. Si vous avez une déficience visuelle, auditive ou vocale, nous pouvons communiquer de la manière qui vous convient le mieux. Il peut s'agir d'interprètes en langue des signes, de documents en gros caractères ou en braille, d'enregistrements audio ou d'autres aides gratuites. Composez le 1-833-749-1969 (ATS 711).

**ខ្មែរ (Khmer)**

ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ អ្នកអាចស្នើសុំសេវាជំនួយបកប្រែភាសាដោយឥតគិតថ្លៃ។ ប្រសិនបើអ្នកមើលមិនឃើញ ស្តាប់មិនឮ ឬនិយាយមិនបាន យើងអាចប្រើប្រាស់ឯកសារជាមួយអ្នកតាមរបៀបផ្សេងដែលមានប្រសិទ្ធភាពបំផុតសម្រាប់អ្នក។ ការប្រើប្រាស់ឯកសារនេះអាចមានដូចជា អ្នកបកប្រែភាសាសញ្ញា ការផ្តល់ឯកសារដែលបោះពុម្ពអក្សរធំៗ ឬអក្សរស្នាប ឬការថតទុកជាសំឡេង ឬជំនួយផ្សេងទៀត ដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-833-749-1969 (TTY 711)។

**한국어 (Korean)**

주의: 한국어를 사용하시는 경우 귀하는 무료 언어 지원 서비스를 요청하실 수 있습니다. 시각 장애, 청각 장애 또는 언어 장애가 있는 경우 저희는 귀하에게 가장 적합한 방법으로 연락을 드릴 수 있습니다. 여기에는 수화통역사 이용, 대형 활자 또는 점자로 작성된 문서 제공, 음성 녹음 또는 기타 무료 지원이 포함될 수 있습니다. 1-833-749-1969 (TTY 711) 번으로 전화하십시오.

**ကညီကျိန် (Karen)**

ဟ်သုတ်ဟ်သး- နမ့ကတိၤ ကညီကျိန် န့ၣ်,  
နယုကျိန်ဂ့ၢ်ဝိတ်တိၤစၢၤမၤစၢၤလၢတလၢ်ဘူးလဲ သ့န့ၣ်လီၤ  
နမ့အိၣ်ဒီးတၢ်တလၢတပဲ့လၢ မဲၣ်တၢ်ထံၣ်, တၢ်နၢ်ဟူ, မ့တမ့ၢ်  
တၢ်စံးကတိၤတၢ်န့ၣ် ပဆဲးကျၢဆဲးကျိးတၢ်လၢ  
ကျဲကဲထီၣ်လိာ်ထီၣ်အဂ့ၢ်တၢ်လၢနဂီၢ်သ့န့ၣ်လီၤ တၢ်အံၤ  
ပၣ်ယုၣ်ဒီး တၢ်စူးကါ နီၢ်ခိက့ၢ်ဂီၢ်ကျိန်အပူၤကျိန်ထံတၢ်တဖၣ်,  
တၢ်ဟ့ၣ်လံာ်လဲၣ်တဖၣ်လၢ အလံာ်ဖျၢၣ်ဖးဒိၣ်, မ့တမ့ၢ်  
ပုၤမဲၣ်ဘျီၣ်အလံာ်, တၢ်ကလုာ်, မ့တမ့ၢ် တၢ်မၤစၢၤဂ့ၢ်တဖၣ်  
လၢတလၢ်အဘူးလဲန့ၣ်လီၤ ကိးလီၤတဲစိဆူ  
1-833-749-1969 (TTY 711) တက့ၢ်

**မြန်မာဘာသာ (Burmese)**

သတိပြုရန်- သင်သည် မြန်မာဘာသာ စကားကို ပြောပါက  
အခမဲ့ ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများကို  
တောင်းဆိုနိုင်ပါသည်။ သင့်တွင် အမြင်အာရုံ၊ အကြားအာရုံ  
သို့မဟုတ် စကားပြောခြင်း ချို့ယွင်းမှုရှိနေပါက သင့်အတွက်  
အသင့်လျော်ဆုံးဖြစ်မည့်နည်းလမ်းဖြင့် ကျွန်ုပ်တို့ထံသို့  
ဆက်သွယ်နိုင်ပါသည်။ ၎င်းတွင် လက်ဟန်ပြဘာသာစကား  
စကားပြန်များကို အသုံးပြုခြင်း၊ စာရွက်စာတမ်းများကို  
ပုံနှိပ်စာလုံးကြီးများ သို့မဟုတ် မျက်မမြင်စာဖြင့် ပံ့ပိုးပေးခြင်း၊  
အသံဖမ်းယူခြင်းများ သို့မဟုတ်  
အခြားအထောက်အကူများဖြင့် အခမဲ့ပံ့ပိုးပေးခြင်းတို့  
ပါဝင်ပါသည်။ 1-833-749-1969  
(TTY 711) သို့ ဖုန်းခေါ်ဆိုပါ။

**OROMOO (Oromo)**

Xiyyeeffannoon haa kennamu:- Oromo Afaan kan  
dubbatan yoo ta'e, tajaajiloota gargaarsa afaanii  
bilisaa gaafachuu ni dandeessu. Rakkoo ilaaluu,  
dhaga'u ykn dubbachuu yoo qabaattan, karaa isiniif  
mijatuun haala isiniif galuun mari'achuu ni  
dandeenya. Kunis of keessatti kan qabatu, hiiktota  
afaan mallattoo fayyadamuun maxxansa gurguddaa  
ykn bireeylii, waraabbiwwan sagalee ykn gargaarsota  
biroo kaffaltii tokkoo malee gaafachuu dha.  
1-833-749-1969 (TTY 711) irratti bilbilaa.

**РУССКИЙ (Russian)**

ВНИМАНИЕ: Если ваш язык — РУССКИЙ, вы можете  
запросить бесплатные услуги языковой поддержки.  
Если у вас есть нарушение зрения, слуха или речи, мы  
можем общаться таким образом, который лучше всего  
подходит вам. Это может включать бесплатное  
использование переводчиков на языке жестов,  
предоставление документов крупным шрифтом или  
шрифтом Брайля, использование аудиозаписей или  
других вспомогательных средств. Звоните по телефону  
1-833-749-1969 (TTY 711).

**ພາສາລາວ (Lao)**

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າ ພາສາລາວ,  
ທ່ານສາມາດຂໍບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ໂດຍບໍ່ເສຍຄ່າ.  
ຖ້າທ່ານມີຄວາມບໍ່ກວ້າງໃຈດ້ານສາຍຕາ, ການໄດ້ຍິນ ຫຼື  
ການປາກເວົ້າ,  
ພວກເຮົາສາມາດສ້າງສານດ້ວຍວິທີທີ່ເໝາະສົມກັບທ່ານທີ່ສຸດ.  
ອັນນີ້ອາດຈະລວມເຖິງການໃຊ້ນ້ຳຍພາສາມື,  
ການຈັດກຽມເອກະສານເປັນໂຕພິມໃຫຍ່ ຫຼື ອັກສອນນູນ,  
ການບັນທຶກສຽງ ຫຼື  
ການຊ່ວຍເຫຼືອດ້ານສື່ອື່ນໆໂດຍບໍ່ເສຍຄ່າໃຊ້ຈ່າຍໃດໆ. ໂທ  
1-833-749-1969 (TTY 711).

**Tagalog (Tagalog)**

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari  
kang humingi ng mga libreng serbisyo na tulong sa  
wika. Kung may kapansanan ka sa paningin, pandinig,  
o pananalita, maaari tayong mag-usap sa paraan na  
pinakamabuti para sa iyo. Maaaring kabilang dito ang  
paggamit ng mga interpreter ng sign language,  
pagbibigay ng mga dokumento na malalaki ang  
pagkaprinta o Braille, mga audio recording, o iba  
pang mga tulong nang walang bayad. Tumawag sa  
1-833-749-1969 (TTY 711).

**VIETNAMESE (Vietnamese)**

LƯU Ý: Nếu quý vị nói Vietnamese, quý vị có thể yêu  
cầu dịch vụ hỗ trợ ngôn ngữ miễn phí. Nếu quý vị bị  
khiếm thị, khiếm thính hoặc khuyết tật về âm ngữ,  
chúng tôi có thể giao tiếp theo cách phù hợp nhất  
với quý vị. Điều này có thể bao gồm việc sử dụng  
thông dịch viên ngôn ngữ ký hiệu, cung cấp tài liệu  
dạng bản in cỡ chữ lớn hoặc chữ nổi, bản ghi âm  
hoặc các phương tiện hỗ trợ khác miễn phí. Xin gọi  
số 1-833-749-1969 (TTY 711).

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVE DRUGS</b>		
<b>PENICILLINS</b>		
AMOXICILLIN – amoxicillin (trihydrate) chew tab 125 mg, 250 mg	2	
<b>amoxicillin (trihydrate) cap 250 mg, 500 mg</b>	1	
<b>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</b>	1	
<b>amoxicillin (trihydrate) tab 500 mg, 875 mg</b>	1	
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml</b>	1	
<b>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml (Augmentin)</b>	1	
<b>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)</b>	1	
<b>amoxicillin &amp; k clavulanate tab 250-125 mg</b>	1	
<b>amoxicillin &amp; k clavulanate tab 500-125 mg, 875-125 mg (Augmentin)</b>	1	
AMOXICILLIN/CLAVULANATE P – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	2	
<b>ampicillin cap 500 mg</b>	1	
AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	2	
<b>dicloxacillin sodium cap 250 mg, 500 mg</b>	1	
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml, 250 mg/5ml	2	
<b>penicillin v potassium tab 250 mg, 500 mg</b>	1	
<b>CEPHALOSPORINS</b>		
CEFADROXIL – cefadroxil tab 1 gm	2	
<b>cefadroxil cap 500 mg</b>	1	
<b>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</b>	1	
<b>cefdinir cap 300 mg</b>	1	
<b>cefdinir for susp 125 mg/5ml, 250 mg/5ml</b>	1	
<b>cefixime cap 400 mg (Suprax)</b>	1	
<b>cefixime for susp 100 mg/5ml, 200 mg/5ml (Suprax)</b>	1	
<b>cefprozil for susp 125 mg/5ml, 250 mg/5ml</b>	1	
<b>cefprozil tab 250 mg, 500 mg</b>	1	
<b>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</b>	1	
<b>ceftriaxone sodium for iv soln 1 gm, 2 gm</b>	1	
<b>cefuroxime axetil tab 250 mg, 500 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>cephalexin cap 250 mg, 500 mg</b> (Keflex)	1	
<b>cephalexin for susp 125 mg/5ml, 250 mg/5ml</b>	1	
<b>MACROLIDES</b>		
AZITHROMYCIN – azithromycin powd pack for susp 1 gm	2	
<b>azithromycin for susp 100 mg/5ml, 200 mg/5ml</b> (Zithromax)	1	
<b>azithromycin tab 250 mg, 500 mg, 600 mg</b> (Zithromax)	1	
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml, 250 mg/5ml	2	
<b>clarithromycin tab 250 mg, 500 mg</b> (Biaxin)	1	
DIFICID – fidaxomicin tab 200 mg	2	
DIFICID – fidaxomicin for susp 40 mg/ml	2	
<b>TETRACYCLINES</b>		
<b>demeclocycline hcl tab 150 mg, 300 mg</b>	1	
<b>doxycycline hyclate cap 50 mg</b>	1	
<b>doxycycline hyclate cap 100 mg</b> (Vibramycin)	1	
<b>doxycycline hyclate tab delayed release 75 mg, 100 mg, 150 mg</b>	1	PA
<b>doxycycline hyclate tab 20 mg, 100 mg</b>	1	
<b>doxycycline monohydrate cap 50 mg</b>	1	
<b>doxycycline monohydrate cap 100 mg</b> (Monodox)	1	
<b>doxycycline monohydrate tab 50 mg, 75 mg</b> (Adoxa)	1	
<b>doxycycline monohydrate tab 100 mg</b> (Adoxa pak 1/100)	1	
<b>doxycycline monohydrate tab 150 mg</b> (Adoxa pak 1/150)	1	
<b>minocycline hcl cap 50 mg, 75 mg, 100 mg</b> (Minocin)	1	
<b>minocycline hcl tab er 24hr 45 mg, 90 mg, 135 mg</b>	1	PA
<b>FLUOROQUINOLONES</b>		
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml), 500 mg/5ml (10%) (10 gm/100ml)	2	
<b>ciprofloxacin hcl tab 250 mg (base equiv), 500 mg (base equiv)</b> (Cipro)	1	
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	1	
<b>levofloxacin oral soln 25 mg/ml</b>	1	
<b>levofloxacin tab 250 mg, 500 mg, 750 mg</b> (Levaquin)	1	
<b>AMINOGLYCOSIDES</b>		
HUMATIN – paromomycin sulfate cap 250 mg	2	
<b>neomycin sulfate tab 500 mg</b>	1	
<b>tobramycin nebu soln 300 mg/5ml</b> (Tobi)	1	PA, QL (56 ampules/56 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>SULFONAMIDES</b>		
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>	1	
<b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</b>	1	
<b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</b>	1	
<b>TUBERCULOSIS</b>		
<b>ethambutol hcl tab 100 mg, 400 mg (Myambutol)</b>	1	
ISONIAZID – isoniazid tab 100 mg	2	
<b>isoniazid syrup 50 mg/5ml</b>	1	
<b>isoniazid tab 300 mg</b>	1	
PRIFTIN – rifapentine tab 150 mg	2	
<b>pyrazinamide tab 500 mg</b>	1	
<b>rifabutin cap 150 mg (Mycobutin)</b>	1	
<b>rifampin cap 150 mg, 300 mg (Rifadin)</b>	1	
<b>FUNGAL INFECTIONS</b>		
<b>fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan)</b>	1	
<b>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan)</b>	1	
<b>flucytosine cap 250 mg, 500 mg (Ancobon)</b>	1	
<b>griseofulvin microsize susp 125 mg/5ml</b>	1	
<b>griseofulvin microsize tab 500 mg</b>	1	
<b>itraconazole cap 100 mg (Sporanox)</b>	1	QL (120 capsules/30 days)
NOXAFIL – posaconazole for delayed release susp packet 300 mg	2	PA
<b>posaconazole susp 40 mg/ml (Noxafil)</b>	1	PA
<b>posaconazole tab delayed release 100 mg (Noxafil)</b>	1	PA
<b>terbinafine hcl tab 250 mg (Lamisil)</b>	1	QL (30 tablets/30 days)
<b>voriconazole for susp 40 mg/ml (Vfend)</b>	1	PA
<b>voriconazole tab 50 mg, 200 mg (Vfend)</b>	1	PA
<b>VIRAL INFECTIONS</b>		
<b>Cytomegalovirus</b>		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b>	1	
<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b>	1	
<b>Hepatitis</b>		
BARACLUDE – entecavir oral soln 0.05 mg/ml	2	
<b>entecavir tab 0.5 mg, 1 mg (Baraclude)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
EPCLUSA – sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	2	PA, QL (28 packets/28 days), SP
EPCLUSA – sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	2	PA, QL (30 tablets/30 days), SP
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	2	PA, QL (30 packs/30 days), SP
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	2	PA, QL (30 tablets/30 days), SP
<b>lamivudine tab 100 mg (hbv)</b> (Epivir hbv)	1	
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	2	PA, QL (30 tablets/30 days), SP
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	2	PA, QL (90 tablets/30 days), SP
MAVYRET – glecaprevir-pibrentasvir pellet pack 50-20 mg	2	PA, QL (140 packets/28 days), SP
PEGASYS – peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	2	SP
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	2	SP
RIBAVIRIN – ribavirin cap 200 mg	2	SP
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	2	PA, QL (30 tablets/30 days), SP
SOVALDI – sofosbuvir tab 200 mg, 400 mg	2	PA, QL (30 tablets/30 days), SP
SOVALDI – sofosbuvir pellet pack 150 mg, 200 mg	2	PA, QL (30 packs/30 days), SP
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	2	
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	2	PA, QL (30 tablets/30 days), SP
<b>Herpes</b>		
<b>acyclovir cap 200 mg</b> (Zovirax)	1	
<b>acyclovir susp 200 mg/5ml</b> (Zovirax)	1	
<b>acyclovir tab 400 mg, 800 mg</b> (Zovirax)	1	
<b>famciclovir tab 125 mg, 250 mg, 500 mg</b>	1	
<b>valacyclovir hcl tab 500 mg, 1 gm</b> (Valtrex)	1	
<b>HIV/AIDS</b>		
<b>abacavir sulfate soln 20 mg/ml (base equiv)</b> (Ziagen)	1	QL (960 ml/30 days)
<b>abacavir sulfate tab 300 mg (base equiv)</b> (Ziagen)	1	QL (60 tablets/30 days)
<b>abacavir sulfate-lamivudine tab 600-300 mg</b> (Epzicom)	1	QL (30 tablets/30 days)
APTIVUS – tipranavir cap 250 mg	2	QL (120 capsules/30 days)
<b>atazanavir sulfate cap 150 mg (base equiv), 300 mg (base equiv)</b> (Reyataz)	1	QL (30 capsules/30 days)
<b>atazanavir sulfate cap 200 mg (base equiv)</b> (Reyataz)	1	QL (60 capsules/30 days)
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	2	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	2	QL (30 tablets/30 days)
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	2	QL (30 tablets/30 days)
<b>darunavir tab 600 mg</b> (Prezista)	1	QL (60 tablets/30 days)
<b>darunavir tab 800 mg</b> (Prezista)	1	QL (30 tablets/30 days)
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	2	QL (30 tablets/30 days)
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	2	QL (30 tablets/30 days)
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	2	QL (30 tablets/30 days)
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)	2	QL (30 tablets/30 days)
EFAVIRENZ – efavirenz cap 50 mg	2	QL (90 tablets/30 days)
EFAVIRENZ – efavirenz cap 200 mg	2	QL (60 tablets/30 days)
<b>efavirenz tab 600 mg</b> (Sustiva)	1	QL (30 tablets/30 days)
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b> (Atripla)	1	QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</b> (Symfi lo)	1	QL (30 tablets/30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b> (Symfi)	1	QL (30 tablets/30 days)
<b>emtricitabine caps 200 mg</b> (Emtriva)	1	QL (30 capsules/30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</b> (Truvada)	1	QL (30 tablets/30 days)
EMTRIVA – emtricitabine soln 10 mg/ml	2	QL (680 ml/28 days)
<b>etravirine tab 100 mg, 200 mg</b> (Intelence)	1	QL (60 tablets/30 days)
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	2	QL (30 tablets/30 days)
<b>fosamprenavir calcium tab 700 mg (base equiv)</b> (Lexiva)	1	QL (120 tablets/30 days)
FUZEON – enfuvirtide for inj 90 mg	2	QL (60 vials/30 days), SP
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	2	QL (30 tablets/30 days)
INTELENCE – etravirine tab 25 mg	2	QL (120 tablets/30 days)
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv), 100 mg (base equiv)	2	QL (180 tablets/30 days)
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	2	QL (60 packets/30 days)
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	2	QL (60 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	2	QL (60 tablets/30 days)
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	2	QL (30 tablets/30 days)
<b>lamivudine oral soln 10 mg/ml</b> (Epivir)	1	QL (960 ml/30 days)
<b>lamivudine tab 150 mg</b> (Epivir)	1	QL (60 tablets/30 days)
<b>lamivudine tab 300 mg</b> (Epivir)	1	QL (30 tablets/30 days)
<b>lamivudine-zidovudine tab 150-300 mg</b> (Combivir)	1	QL (60 tablets/30 days)
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b> (Kaletra)	1	QL (480 ml/30 days)
<b>lopinavir-ritonavir tab 100-25 mg</b> (Kaletra)	1	QL (180 tablets/30 days)
<b>lopinavir-ritonavir tab 200-50 mg</b> (Kaletra)	1	QL (120 tablets/30 days)
<b>maraviroc tab 150 mg</b> (Selzentry)	1	QL (60 tablets/30 days)
<b>maraviroc tab 300 mg</b> (Selzentry)	1	QL (120 tablets/30 days)
NEVIRAPINE – nevirapine susp 50 mg/5ml	2	QL (1200 ml/30 days)
<b>nevirapine tab er 24hr 400 mg</b> (Viramune xr)	1	QL (30 tablets/30 days)
<b>nevirapine tab 200 mg</b> (Viramune)	1	QL (60 tablets/30 days)
NORVIR – ritonavir powder packet 100 mg	2	QL (360 packets/30 days)
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	2	QL (30 tablets/30 days)
PREZCOBIX – darunavir-cobicistat tab 800-150 mg	2	QL (30 tablets/30 days)
PREZISTA – darunavir oral susp 100 mg/ml	2	QL (400 ml/30 days)
PREZISTA – darunavir tab 75 mg	2	QL (300 tablets/30 days)
PREZISTA – darunavir tab 150 mg	2	QL (180 tablets/30 days)
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	2	QL (240 packets/30 days)
<b>ritonavir tab 100 mg</b> (Norvir)	1	QL (360 tablets/30 days)
SELZENTRY – maraviroc oral soln 20 mg/ml	2	QL (1840 ml/30 days)
STRIBILD – elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	2	QL (30 tablets/30 days)
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	2	QL (30 tablets/30 days)
<b>tenofovir disoproxil fumarate tab 300 mg</b> (Viread)	1	QL (30 tablets/30 days)
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	2	QL (60 tablets/30 days)
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv)	2	QL (360 tablets/30 days)
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	2	QL (30 tablets/30 days)
TRIUMEQ PD – abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	2	QL (180 tablets/30 days)



Drug Name	Drug Tier	Requirements/Limits
TYBOST – cobicistat tab 150 mg	2	QL (30 tablets/30 days)
VIRACEPT – nelfinavir mesylate tab 250 mg	2	QL (270 tablets/30 days)
VIRACEPT – nelfinavir mesylate tab 625 mg	2	QL (120 tablets/30 days)
VIREAD – tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	2	QL (30 tablets/30 days)
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	2	QL (4 bottles/30 days)
<b>zidovudine cap 100 mg</b> (Retrovir)	1	QL (180 capsules/30 days)
<b>zidovudine syrup 10 mg/ml</b> (Retrovir)	1	QL (1920 ml/30 days)
<b>zidovudine tab 300 mg</b>	1	QL (60 tablets/30 days)
<b>Influenza</b>		
<b>oseltamivir phosphate cap 30 mg (base equiv)</b> (Tamiflu)	1	QL (40 capsules/120 days)
<b>oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv)</b> (Tamiflu)	1	QL (20 capsules/120 days)
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b> (Tamiflu)	1	QL (300 ml/120 days)
<b>MALARIA</b>		
<b>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</b> (Malarone)	1	
<b>chloroquine phosphate tab 250 mg, 500 mg</b>	1	
<b>hydroxychloroquine sulfate tab 200 mg</b> (Plaquenil)	1	
<b>mefloquine hcl tab 250 mg</b>	1	
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> (Primaquine phosphate)	1	
<b>pyrimethamine tab 25 mg</b> (Daraprim)	1	
<b>WORM INFECTIONS</b>		
<b>albendazole tab 200 mg</b> (Albenza)	1	
BENZNIDAZOLE – benznidazole tab 12.5 mg, 100 mg	2	
<b>ivermectin tab 3 mg</b> (Stromectol)	1	
<b>praziquantel tab 600 mg</b> (Biltricide)	1	
<b>OTHER ANTI-INFECTIVES</b>		
<b>atovaquone susp 750 mg/5ml</b> (Mepron)	1	
<b>clindamycin hcl cap 75 mg, 150 mg, 300 mg</b> (Cleocin)	1	
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</b> (Cleocin pediatric gr)	1	
<b>dapsone tab 25 mg, 100 mg</b>	1	
IMPAVIDO – miltefosine cap 50 mg	2	
LAGEVRIO – molnupiravir cap 200 mg	2	QL (40 capsules/30 days)
<b>linezolid for susp 100 mg/5ml</b> (Zyvox)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>linezolid iv soln 600 mg/300ml (2 mg/ml) (Zyvox)</b>	1	
<b>linezolid tab 600 mg (Zyvox)</b>	1	
<b>metronidazole tab 250 mg, 500 mg (Flagyl)</b>	1	
NITAZOXANIDE – nitazoxanide tab 500 mg	2	QL (12 tablets/90 days)
<b>nitrofurantoin macrocrystalline cap 50 mg, 100 mg (Macrochantin)</b>	1	
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b>	1	
<b>nitrofurantoin susp 25 mg/5ml</b>	1	
PAXLOVID – nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (20 tablets/30 days)
PAXLOVID – nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	2	QL (30 tablets/30 days)
SIVEXTRO – tedizolid phosphate tab 200 mg	2	
SULFADIAZINE – sulfadiazine tab 500 mg	2	
<b>trimethoprim tab 100 mg</b>	1	
<b>vancomycin hcl cap 125 mg (base equivalent), 250 mg (base equivalent) (Vancocin hcl)</b>	1	
XIFAXAN – rifaximin tab 550 mg	2	
<b>IMMUNIZING AGENTS</b>		
BCG VACCINE – bcg vaccine for inj soln 50 mg	2	
PREHEVBRIO – hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	2	
PREVNAR 20 – pneumococcal 20-valent conjugate vaccine sus pref syr 0.5 ml	2	
PRIORIX – measles-mumps-rubella virus vaccines for subcutaneous susp	2	
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2	
VAXNEUVANCE – pneumococcal 15-valent conjugate vaccine sus pref syr 0.5 ml	2	
<b>CANCER DRUGS</b>		
<b>abiraterone acetate tab 250 mg (Zytiga)</b>	1	PA, QL (120 tablets/30 days), SP
<b>abiraterone acetate tab 500 mg (Zytiga)</b>	1	PA, QL (60 tablets/30 days), SP
ABRAXANE – paclitaxel protein-bound particles for iv susp 100 mg	2	SP
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	2	SP
ADCETRIS – brentuximab vedotin for iv soln 50 mg	2	SP
AKEEGA – niraparib tosylate-abiraterone acetate tab 50-500 mg, 100-500 mg	2	PA, QL (60 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	2	PA, QL (240 capsules/30 days), SP
ALIQOPA – copanlisib hcl for iv soln 60 mg (base equivalent)	2	SP
ALUNBRIG – brigatinib tab initiation therapy pack 90 mg & 180 mg	2	PA, QL (1 pack/180 days), SP
ALUNBRIG – brigatinib tab 30 mg	2	PA, QL (120 tablets/30 days), SP
ALUNBRIG – brigatinib tab 90 mg, 180 mg	2	PA, QL (30 tablets/30 days), SP
ALYMSYS – bevacizumab-maly iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	SP
<b>anastrozole tab 1 mg</b> (Arimidex)	1	
ANKTIVA – nogapendekin alfa inbak-pmln intravesical soln 400 mcg/0.4ml	2	SP
<b>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</b>	1	SP
<b>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</b> (Trisenox)	1	SP
ASPARLAS – calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)	2	SP
AUGTYRO – repotrectinib cap 40 mg	2	PA, QL (240 capsules/30 days), SP
AVASTIN – bevacizumab iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	SP
AYVAKIT – avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	2	PA, QL (30 tablets/30 days), SP
<b>azacitidine for inj 100 mg</b> (Vidaza)	1	SP
BALVERSA – erdafitinib tab 3 mg	2	PA, QL (90 tablets/30 days), SP
BALVERSA – erdafitinib tab 4 mg	2	PA, QL (60 tablets/30 days), SP
BALVERSA – erdafitinib tab 5 mg	2	PA, QL (30 tablets/30 days), SP
BAVENCIO – avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	2	SP
BELEODAQ – belinostat for iv inj 500 mg	2	SP
BELRAPZO – bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	2	SP
<b>bendamustine hcl for iv soln 25 mg, 100 mg</b> (Treanda)	1	SP
BENDAMUSTINE HYDROCHLORID – bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	2	SP
BENDEKA – bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	2	SP
BESPONSA – inotuzumab ozogamicin for iv soln 0.9 mg	2	SP
BESREMI – ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	2	PA, QL (2 syringes/28 days), SP
<b>bexarotene cap 75 mg</b> (Targretin)	1	PA, SP
<b>bicalutamide tab 50 mg</b> (Casodex)	1	SP

Drug Name	Drug Tier	Requirements/Limits
<b>bleomycin sulfate for inj 15 unit, 30 unit</b>	1	
BLINCYTO – blinatumomab for iv infusion 35 mcg	2	SP
BORTEZOMIB – bortezomib for inj 1 mg, 2.5 mg	2	SP
<b>bortezomib for inj 3.5 mg</b> (Velcade)	1	SP
BOSULIF – bosutinib cap 50 mg	2	PA, QL (30 capsules/30 days), SP
BOSULIF – bosutinib cap 100 mg	2	PA, QL (150 capsules/30 days), SP
BOSULIF – bosutinib tab 100 mg	2	PA, QL (90 tablets/30 days), SP
BOSULIF – bosutinib tab 400 mg, 500 mg	2	PA, QL (30 tablets/30 days), SP
BRAFTOVI – encorafenib cap 75 mg	2	PA, QL (180 capsules/30 days), SP
BRUKINSA – zanubrutinib cap 80 mg	2	PA, QL (120 capsules/30 days), SP
<b>busulfan inj 6 mg/ml</b> (Busulfex)	1	
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent), 40 mg (base equivalent), 60 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
CALQUENCE – acalabrutinib maleate tab 100 mg	2	PA, QL (60 tablets/30 days), SP
CAMCEVI – leuprolide mesylate (6 month) emulsion prefilled syr 42 mg	2	SP
<b>capecitabine tab 150 mg, 500 mg</b> (Xeloda)	1	PA, SP
CAPRELSA – vandetanib tab 100 mg	2	PA, QL (60 tablets/30 days), SP
CAPRELSA – vandetanib tab 300 mg	2	PA, QL (30 tablets/30 days), SP
<b>carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml</b>	1	
<b>carmustine for inj 100 mg</b> (Bicnu)	1	SP
CISPLATIN – cisplatin inj 200 mg/200ml (1 mg/ml)	2	
CISPLATIN – cisplatin iv for inj 50 mg	2	
<b>cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml)</b>	1	
<b>cladribine iv soln 10 mg/10ml (1 mg/ml)</b>	1	SP
<b>clofarabine iv soln 1 mg/ml</b> (Clolar)	1	SP
COLUMVI – glofitamab-gxbm iv soln 2.5 mg/2.5ml (1 mg/ml), 10 mg/10ml (1 mg/ml)	2	SP
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	2	PA, QL (1 carton/28 days), SP
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	2	PA, QL (1 carton/28 days), SP
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	2	PA, QL (1 carton/28 days), SP
COPIKTRA – duvelisib cap 15 mg, 25 mg	2	PA, QL (56 capsules/28 days), SP
COSELA – trilaciclib dihydrochloride for iv soln 300 mg	2	SP

Drug Name	Drug Tier	Requirements/Limits
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	2	PA, QL (63 tablets/28 days), SP
CYCLOPHOSPHAMIDE – cyclophosphamide tab 25 mg, 50 mg	2	SP
CYCLOPHOSPHAMIDE – cyclophosphamide iv soln 500 mg/5ml (100 mg/ml), 1000 mg/10ml (100 mg/ml), 2000 mg/20ml (100 mg/ml), 500 mg/2.5ml (200 mg/ml), 1 gm/5ml (200 mg/ml), 2 gm/10ml (200 mg/ml), 500 mg/ml, 1 gm/2ml (500 mg/ml), 2 gm/4ml (500 mg/ml)	2	
<b>cyclophosphamide cap 25 mg, 50 mg</b> (Cyclophosphamide)	1	SP
<b>cyclophosphamide for inj 500 mg, 1 gm, 2 gm</b>	1	
CYCLOPHOSPHAMIDE MONOHYDR – cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	2	
CYRAMZA – ramucirumab iv soln 100 mg/10ml (for infusion), 500 mg/50ml (for infusion)	2	SP
CYTARABINE – cytarabine inj 20 mg/ml	2	
<b>cytarabine inj pf 20 mg/ml, 100 mg/ml</b>	1	
DACARBAZINE – dacarbazine for inj 100 mg	2	
<b>dacarbazine for inj 200 mg</b>	1	
DANYELZA – naxitamab-ggqk iv soln 40 mg/10ml (4 mg/ml)	2	SP
DARZALEX – daratumumab iv soln 100 mg/5ml, 400 mg/20ml	2	SP
DARZALEX FASPRO – daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml	2	
<b>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</b> (Daunorubicin hydroch)	1	SP
DAUNORUBICIN HYDROCHLORID – daunorubicin hcl iv soln 50 mg/10ml (base equiv)	2	SP
DAURISMO – glasdegib maleate tab 25 mg (base equivalent)	2	PA, QL (60 tablets/30 days), SP
DAURISMO – glasdegib maleate tab 100 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
<b>decitabine for inj 50 mg</b> (Dacogen)	1	SP
<b>dexrazoxane hcl for inj 250 mg (base equivalent), 500 mg (base equivalent)</b> (Zinecard)	1	
DOCETAXEL – docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)	2	SP
DOCETAXEL – docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml	2	SP
<b>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml)</b> (Taxotere)	1	SP

Drug Name	Drug Tier	Requirements/Limits
<b>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</b> (Docetaxel)	1	SP
<b>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</b> (Docetaxel)	1	SP
DOCIVYX – docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml	2	SP
<b>doxorubicin hcl for inj 50 mg</b>	1	SP
<b>doxorubicin hcl inj 2 mg/ml</b>	1	SP
<b>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</b> (Doxil)	1	SP
DOXORUBICIN HYDROCHLORIDE – doxorubicin hcl for inj 10 mg	2	SP
ELAHERE – mirvetuximab soravtansine-gynx iv soln 100 mg/20ml	2	SP
ELIGARD – leuprolide acetate for subcutaneous inj kit 7.5 mg	2	SP
ELIGARD – leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	2	SP
ELIGARD – leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	2	SP
ELIGARD – leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	2	SP
ELITEK – rasburicase for iv soln 1.5 mg, 7.5 mg	2	SP
ELLECE – epirubicin hcl iv soln 50 mg/25ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	2	
ELREXFIO – elranatamab-bcmm subcutaneous soln 44 mg/1.1ml, 76 mg/1.9ml	2	SP
ELZONRIS – tagraxofusp-erzs iv soln 1000 mcg/ml	2	
EMCYT – estramustine phosphate sodium cap 140 mg	2	SP
EMPLICITI – elotuzumab for iv soln 300 mg, 400 mg	2	SP
ENHERTU – fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	2	SP
EPKINLY – epcoritamab-bysp subcutaneous soln 4 mg/0.8ml, 48 mg/0.8ml	2	SP
ERBITUX – cetuximab iv soln 100 mg/50ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	2	SP
<b>eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)</b> (Halaven)	1	SP
ERIVEDGE – vismodegib cap 150 mg	2	PA, QL (30 capsules/30 days), SP
ERLEADA – apalutamide tab 60 mg	2	PA, QL (120 tablets/30 days), SP
ERLEADA – apalutamide tab 240 mg	2	PA, QL (30 tablets/30 days), SP
<b>erlotinib hcl tab 25 mg (base equivalent)</b> (Tarceva)	1	PA, QL (60 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
<b>erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent)</b> (Tarceva)	1	PA, QL (30 tablets/30 days), SP
ETOPOPHOS – etoposide phosphate iv for inj 100 mg (base equivalent)	2	
ETOPOSIDE – etoposide cap 50 mg	2	SP
<b>etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</b>	1	
EULEXIN – flutamide cap 125 mg	2	SP
<b>everolimus tab for oral susp 2 mg, 5 mg</b> (Afinitor disperz)	1	PA, QL (60 tablets/30 days), SP
<b>everolimus tab for oral susp 3 mg</b> (Afinitor disperz)	1	PA, QL (90 tablets/30 days), SP
<b>everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</b> (Afinitor)	1	PA, QL (30 tablets/30 days), SP
EVOMELA – melphalan hcl for inj 50 mg (propylene glycol (pg) free)	2	
<b>exemestane tab 25 mg</b> (Aromasin)	1	
FIRMAGON – degarelix acetate for inj 80 mg (base equiv), 120 mg/vial (240 mg dose)	2	SP
FLOXURIDINE – floxuridine for inj 0.5 gm	2	
FLUDARABINE PHOSPHATE – fludarabine phosphate for inj 50 mg	2	
<b>fludarabine phosphate inj 25 mg/ml</b>	1	
<b>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</b>	1	
FOLOTYN – pralatrexate iv inj 20 mg/ml, 40 mg/2ml	2	SP
FOTIVDA – tivozanib hcl cap 0.89 mg (base equivalent), 1.34 mg (base equivalent)	2	PA, QL (21 capsules/28 days), SP
FRUZAQLA – fruquintinib cap 1 mg	2	PA, QL (84 capsules/28 days), SP
FRUZAQLA – fruquintinib cap 5 mg	2	PA, QL (21 capsules/28 days), SP
<b>fulvestrant inj soln pref syr 250 mg/5ml</b> (Faslodex)	1	SP
FYARRO – sirolimus protein-bound particles for iv susp 100 mg	2	SP
GAVRETO – pralsetinib cap 100 mg	2	PA, QL (120 capsules/30 days), SP
GAZYVA – obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	2	SP
<b>gefitinib tab 250 mg</b> (Iressa)	1	PA, QL (30 tablets/30 days), SP
<b>gemcitabine hcl for inj 200 mg, 1 gm</b> (Gemzar)	1	
<b>gemcitabine hcl for inj 2 gm</b>	1	
<b>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv), 1 gm/26.3ml (38 mg/ml) (base equiv), 2 gm/52.6ml (38 mg/ml) (base equiv)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
GEMCITABINE HYDROCHLORIDE – gemcitabine hcl inj 200 mg/2ml (100 mg/ml) (base equiv), 1 gm/10ml (100 mg/ml) (base equiv), 1.5 gm/15ml (100 mg/ml) (base equiv), 2 gm/20ml (100 mg/ml) (base equiv)	2	
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent), 30 mg (base equivalent), 40 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
GLEOSTINE – lomustine cap 10 mg, 40 mg, 100 mg	2	SP
GLIADEL WAFER – carmustine in polifeprosan intracranial implant wafer 7.7 mg	2	
HEPZATO/50MM DOUBLE BALLO – melphalan hcl for intra-arterial soln 50 mg (base equiv)	2	
HEPZATO/62MM DOUBLE BALLO – melphalan hcl for intra-arterial soln 50 mg (base equiv)	2	
HERCEPTIN – trastuzumab for iv soln 150 mg	2	SP
HERCEPTIN HYLECTA – trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml	2	
HERZUMA – trastuzumab-pkrb for iv soln 150 mg, 420 mg	2	SP
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv), 1 mg (base equiv)	2	PA, SP
<b>hydroxyurea cap 500 mg (Hydrea)</b>	1	SP
IBRANCE – palbociclib cap 75 mg, 100 mg, 125 mg	2	PA, QL (21 capsules/28 days), SP
IBRANCE – palbociclib tab 75 mg, 100 mg, 125 mg	2	PA, QL (21 tablets/28 days), SP
ICLUSIG – ponatinib hcl tab 10 mg (base equiv), 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)	2	PA, QL (30 tablets/30 days), SP
<b>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml) (Idamycin pfs)</b>	1	
IDHIFA – enasidenib mesylate tab 50 mg (base equivalent), 100 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
IFEX – ifosfamide for inj 1 gm, 3 gm	2	
IFOSFAMIDE – ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml)	2	
IFOSFAMIDE – ifosfamide for inj 3 gm	2	
<b>ifosfamide for inj 1 gm (Ifex)</b>	1	
<b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>	1	PA, QL (90 tablets/30 days), SP
<b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>	1	PA, QL (60 tablets/30 days), SP
IMBRUVICA – ibrutinib tab 140 mg, 280 mg, 420 mg	2	PA, QL (30 tablets/30 days), SP
IMBRUVICA – ibrutinib oral susp 70 mg/ml	2	PA, QL (216 mls/30 days), SP
IMBRUVICA – ibrutinib cap 70 mg	2	PA, QL (30 capsules/30 days), SP



Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA – ibrutinib cap 140 mg	2	PA, QL (90 capsules/30 days), SP
IMDELLTRA – tarlatamab-dlle for iv infusion 1 mg, 10 mg	2	
IMFINZI – durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml), 500 mg/10ml (50 mg/ml)	2	SP
IMJUDO – tremelimumab-actl soln for iv infusion 25 mg/1.25ml, 300 mg/15ml	2	SP
IMLYGIC – talimogene laherparepvec intralesional inj 1000000 unit/ml, 100000000 unit/ml	2	
INLYTA – axitinib tab 1 mg	2	PA, QL (180 tablets/30 days), SP
INLYTA – axitinib tab 5 mg	2	PA, QL (120 tablets/30 days), SP
INQOVI – decitabine-cedazuridine tab 35-100 mg	2	PA, QL (5 tablets/28 days), SP
INREBIC – fedratinib hcl cap 100 mg	2	PA, QL (120 capsules/30 days), SP
IRINOTECAN – irinotecan hcl inj 500 mg/25ml (20 mg/ml)	2	
<b>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml), 300 mg/15ml (20 mg/ml) (Camptosar)</b>	1	
IWILFIN – eflornithine hcl tab 192 mg	2	PA, QL (240 tablets/30 days), SP
IXEMPRA KIT – ixabepilone for iv infusion 15 mg, 45 mg	2	SP
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent), 10 mg (base equivalent), 15 mg (base equivalent), 20 mg (base equivalent), 25 mg (base equivalent)	2	PA, QL (60 tablets/30 days), SP
JAYPIRCA – pirtobrutinib tab 50 mg	2	PA, QL (30 tablets/30 days), SP
JAYPIRCA – pirtobrutinib tab 100 mg	2	PA, QL (60 tablets/30 days), SP
JEMPERLI – dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	2	SP
JEVTANA – cabazitaxel inj 60 mg/1.5ml (for iv infusion)	2	SP
KADCYLA – ado-trastuzumab emtansine for iv soln 100 mg, 160 mg	2	SP
KANJINTI – trastuzumab-anns for iv soln 150 mg, 420 mg	2	SP
KEPIVANCE – palifermin for iv inj 5.16 mg	2	
KEYTRUDA – pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	2	SP
KHAPZORY – levoleucovorin for iv soln 175 mg	2	SP
KIMMTRAK – tebentafusp-tebn iv soln 100 mcg/0.5ml	2	SP
KISQALI – ribociclib succinate tab pack 200 mg daily dose	2	PA, QL (21 tablets/28 days), SP
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	2	PA, QL (42 tablets/28 days), SP
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	2	PA, QL (63 tablets/28 days), SP
KOSELUGO – selumetinib sulfate cap 10 mg	2	PA, QL (240 capsules/30 days), SP
KOSELUGO – selumetinib sulfate cap 25 mg	2	PA, QL (120 capsules/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
KRAZATI – adagrasib tab 200 mg	2	PA, QL (180 tablets/30 days), SP
KYPROLIS – carfilzomib for inj 10 mg, 30 mg, 60 mg	2	SP
<b>lapatinib ditosylate tab 250 mg (base equiv)</b> (Tykerb)	1	PA, QL (180 tablets/30 days), SP
LAZCLUZE – lazertinib mesylate tab 80 mg	2	PA, QL (60 tablets/30 days)
LAZCLUZE – lazertinib mesylate tab 240 mg	2	PA, QL (30 tablets/30 days)
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	2	PA, QL (30 capsules/30 days), SP
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose)	2	PA, QL (90 capsules/30 days), SP
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	2	PA, QL (60 capsules/30 days), SP
LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	2	PA, QL (90 capsules/30 days), SP
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	2	PA, QL (60 capsules/30 days), SP
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose)	2	PA, QL (90 capsules/30 days), SP
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	2	PA, QL (30 capsules/30 days), SP
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose)	2	PA, QL (60 capsules/30 days), SP
<b>letrozole tab 2.5 mg</b> (Femara)	1	
LEUCOVORIN CALCIUM – leucovorin calcium inj 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	
<b>leucovorin calcium for inj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</b>	1	
<b>leucovorin calcium tab 5 mg, 15 mg, 25 mg</b>	1	
LEUKERAN – chlorambucil tab 2 mg	2	SP
LEUPROLIDE ACETATE – leuprolide acetate (3 month) for inj 22.5 mg	2	SP
<b>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</b>	1	SP
LEVOLEUCOVORIN CALCIUM – levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)	2	
<b>levoleucovorin calcium for iv inj 50 mg (base equiv)</b> (Fusilev)	1	
<b>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</b>	1	
LIBTAYO – cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)	2	
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	2	PA, QL (60 tablets/28 days), SP
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	2	PA, QL (80 tablets/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
LOQTORZI – toripalimab-tpzi iv soln 240 mg/6ml (40 mg/ml)	2	SP
LORBRENA – lorlatinib tab 25 mg	2	PA, QL (90 tablets/30 days), SP
LORBRENA – lorlatinib tab 100 mg	2	PA, QL (30 tablets/30 days), SP
LUMAKRAS – sotorasib tab 120 mg	2	PA, QL (240 tablets/30 days), SP
LUMAKRAS – sotorasib tab 320 mg	2	PA, QL (90 tablets/30 days), SP
LUNSUMIO – mosunetuzumab-axgb iv soln 1 mg/ml, 30 mg/30ml (1 mg/ml)	2	SP
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg, 7.5 mg	2	SP
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	2	SP
LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg	2	SP
LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg	2	SP
LUTATHERA – lutetium lu 177 dotatate iv soln 370 mbq/ml (10 mci/ml)	2	
LYNPARZA – olaparib tab 100 mg, 150 mg	2	PA, QL (120 tablets/30 days), SP
LYSODREN – mitotane tab 500 mg	2	PA, SP
LYTGOBI – futibatinib tab therapy pack 4 mg (12 mg daily dose)	2	PA, QL (84 tablets/28 days), SP
LYTGOBI – futibatinib tab therapy pack 4 mg (16 mg daily dose)	2	PA, QL (112 tablets/28 days), SP
LYTGOBI – futibatinib tab therapy pack 4 mg (20 mg daily dose)	2	PA, QL (140 tablets/28 days), SP
MARGENZA – margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	2	SP
MATULANE – procarbazine hcl cap 50 mg	2	PA, SP
<b>megestrol acetate susp 40 mg/ml</b> (Megace oral)	1	
<b>megestrol acetate tab 20 mg, 40 mg</b>	1	
MEKINIST – trametinib dimethyl sulfoxide for soln 0.05 mg/ml (base eq)	2	PA, QL (1170 mls/28 days), SP
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	2	PA, QL (90 tablets/30 days), SP
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
MEKTOVI – binimetinib tab 15 mg	2	PA, QL (180 tablets/30 days), SP
<b>melphalan hcl for inj 50 mg (base equiv)</b> (Alkeran)	1	
<b>mercaptopurine tab 50 mg</b>	1	SP
<b>mesna inj 100 mg/ml</b> (Mesnex)	1	

Drug Name	Drug Tier	Requirements/Limits
MESNEX – mesna tab 400 mg	2	
METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	
<b>methotrexate sodium for inj 1 gm</b>	1	
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</b>	1	
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>	1	
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	1	
<b>mitomycin for iv soln 5 mg, 20 mg, 40 mg</b>	1	
<b>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml), 25 mg/12.5ml (2 mg/ml), 30 mg/15ml (2 mg/ml)</b>	1	
MONJUVI – tafasitamab-cxix for iv soln 200 mg	2	
MVASI – bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	SP
MYLERAN – busulfan tab 2 mg	2	SP
MYLOTARG – gemtuzumab ozogamicin for iv soln 4.5 mg	2	
<b>nelarabine iv soln 5 mg/ml (Arranon)</b>	1	SP
NERLYNX – neratinib maleate tab 40 mg (base equivalent)	2	PA, QL (180 tablets/30 days), SP
<b>nilutamide tab 150 mg (Nilandron)</b>	1	SP
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent), 3 mg (base equivalent), 4 mg (base equivalent)	2	PA, QL (3 capsules/28 days), SP
NUBEQA – darolutamide tab 300 mg	2	PA, QL (120 tablets/30 days), SP
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	2	PA, QL (30 capsules/30 days), SP
OGIVRI – trastuzumab-dkst for iv soln 150 mg, 420 mg	2	SP
OGSIVEO – nirogacestat hydrobromide tab 50 mg	2	PA, QL (180 tablets/30 days), SP
OGSIVEO – nirogacestat hydrobromide tab 100 mg, 150 mg	2	PA, QL (56 tablets/28 days), SP
OJEMDA – tovorafenib tab 100 mg	2	PA, QL (24 tablets/28 days), SP
OJEMDA – tovorafenib for oral susp 25 mg/ml	2	PA, QL (8 bottles/28 days), SP
OJJAARA – momelotinib dihydrochloride tab 100 mg, 150 mg, 200 mg	2	PA, QL (30 tablets/30 days), SP
ONCASPAR – pegaspargase inj 750 unit/ml	2	SP
ONIVYDE – irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	2	SP
ONTRUZANT – trastuzumab-dttb for iv soln 150 mg, 420 mg	2	SP
ONUREG – azacitidine tab 200 mg, 300 mg	2	PA, QL (14 tablets/28 days), SP
OPDIVO – nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	2	SP

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG – nivolumab-relatlimab-rmbw 240-80 mg/20ml	2	SP
ORGOVYX – relugolix tab 120 mg	2	PA, QL (30 tablets/30 days), SP
ORSERDU – elacestrant hydrochloride tab 86 mg	2	PA, QL (90 tablets/30 days), SP
ORSERDU – elacestrant hydrochloride tab 345 mg	2	PA, QL (30 tablets/30 days), SP
OXALIPLATIN – oxaliplatin iv soln 200 mg/40ml	2	
<b>oxaliplatin for iv inj 50 mg, 100 mg</b>	1	
<b>oxaliplatin iv soln 50 mg/10ml, 100 mg/20ml</b>	1	
PACLITAXEL – paclitaxel iv conc 150 mg/25ml (6 mg/ml)	2	
<b>paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100 mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/ml)</b>	1	
PACLITAXEL PROTEIN-BOUND – paclitaxel protein-bound particles for iv susp 100 mg	2	SP
PADCEV – enfortumab vedotin-ejfv for iv soln 20 mg, 30 mg	2	SP
PARAPLATIN – carboplatin iv soln 1000 mg/100ml	2	
<b>pazopanib hcl tab 200 mg (base equiv) (Votrient)</b>	1	PA, QL (120 tablets/30 days), SP
PEDMARK – sodium thiosulfate iv soln 125 mg/ml (12.5%)	2	SP
PEMAZYRE – pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	2	PA, QL (14 tablets/21 days), SP
PEMETREXED – pemetrexed ditromethamine for iv soln 100 mg (base equiv), 500 mg (base equiv)	2	SP
PEMETREXED – pemetrexed iv soln 100 mg/4ml, 500 mg/20ml, 1 gm/40ml	2	SP
PEMETREXED – pemetrexed disodium iv soln 100 mg/4ml (base equiv), 500 mg/20ml (base equiv), 850 mg/34ml (base equiv), 1 gm/40ml (base equiv)	2	SP
<b>pemetrexed disodium for iv soln 100 mg (base equiv), 500 mg (base equiv) (Alimta)</b>	1	SP
<b>pemetrexed disodium for iv soln 750 mg (base equiv), 1000 mg (base equiv)</b>	1	SP
PEMFEXY – pemetrexed iv soln 500 mg/20ml	2	SP
PEMRYDI RTU – pemetrexed disodium iv soln 100 mg/10ml (base equiv), 500 mg/50ml (base equiv)	2	SP
PERJETA – pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)	2	SP
PHESGO – pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml, 80 mg-40 mg-2000 unt/ml	2	SP
PHOTOFRIN – porfimer sodium for inj 75 mg	2	SP
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	2	PA, QL (28 tablets/30 days), SP
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	2	PA, QL (56 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	2	PA, QL (56 tablets/30 days), SP
PLUVICTO – lutetium lu 177 vipivotide tetraxetan iv soln 1000 mbq/ml	2	
POLIVY – polatuzumab vedotin-piiq for iv solution 30 mg, 140 mg	2	SP
POMALYST – pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg	2	PA, QL (21 capsules/28 days), SP
PORTRAZZA – necitumumab iv soln 800 mg/50ml (16 mg/ml)	2	SP
POTELIGEO – mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	2	SP
PROLEUKIN – aldesleukin for iv soln 22000000 unit	2	SP
PROVENGE – sipuleucel-t iv susp 50,000,000 cells	2	
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	2	SP
QINLOCK – ripretinib tab 50 mg	2	PA, QL (90 tablets/30 days), SP
RETEVMO – selpercatinib cap 40 mg	2	PA, QL (180 capsules/30 days), SP
RETEVMO – selpercatinib cap 80 mg	2	PA, QL (120 capsules/30 days), SP
RETEVMO – selpercatinib tab 40 mg	2	PA, QL (90 tablets/30 days), SP
RETEVMO – selpercatinib tab 80 mg, 120 mg, 160 mg	2	PA, QL (60 tablets/30 days), SP
REZLIDHIA – olutasidenib cap 150 mg	2	PA, QL (60 capsules/30 days), SP
RIABNI – rituximab-arrx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	
RITUXAN – rituximab iv soln 100 mg/10ml, 500 mg/50ml	2	
<b>romidepsin for iv inj 10 mg (Istodax (overfill))</b>	1	SP
ROZLYTREK – entrectinib pellet pack 50 mg	2	PA, QL (336 packets/28 days), SP
ROZLYTREK – entrectinib cap 100 mg	2	PA, QL (30 capsules/30 days), SP
ROZLYTREK – entrectinib cap 200 mg	2	PA, QL (90 capsules/30 days), SP
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent), 250 mg (base equivalent), 300 mg (base equivalent)	2	PA, QL (120 tablets/30 days), SP
RUXIENCE – rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	
RYBREVANT – amivantamab-vmjw iv soln 350 mg/7ml	2	SP
RYDAPT – midostaurin cap 25 mg	2	PA, QL (240 capsules/30 days), SP
RYLAZE – asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	2	SP
RYTELO – imetelstat sodium for iv soln 47 mg, 188 mg	2	
SARCLISA – isatuximab-irfc iv soln 100 mg/5ml, 500 mg/25ml	2	SP

Drug Name	Drug Tier	Requirements/Limits
SCSEMBLIX – asciminib hcl tab 20 mg	2	PA, QL (60 tablets/30 days), SP
SCSEMBLIX – asciminib hcl tab 40 mg	2	PA, QL (300 tablets/30 days), SP
SCSEMBLIX – asciminib hcl tab 100 mg	2	PA, QL (120 tablets/30 days), SP
SOLTAMOX – tamoxifen citrate oral soln 10 mg/5ml (base equivalent)	2	
<b>sorafenib tosylate tab 200 mg (base equivalent)</b> (Nexavar)	1	PA, QL (120 tablets/30 days), SP
SPRYCEL – dasatinib tab 20 mg	2	PA, QL (90 tablets/30 days), SP
SPRYCEL – dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	2	PA, QL (30 tablets/30 days), SP
STIVARGA – regorafenib tab 40 mg	2	PA, QL (84 tablets/28 days), SP
STRONTIUM CHLORIDE SR-89 – strontium-89 chloride inj 1 mci/ml	2	
<b>sunitinib malate cap 12.5 mg (base equivalent)</b> (Sutent)	1	PA, QL (90 capsules/30 days), SP
<b>sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent)</b> (Sutent)	1	PA, QL (30 capsules/30 days), SP
TABLOID – thioguanine tab 40 mg	2	SP
TABRECTA – capmatinib hcl tab 150 mg, 200 mg	2	PA, QL (112 tablets/28 days), SP
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent), 75 mg (base equivalent)	2	PA, QL (120 capsules/30 days), SP
TAFINLAR – dabrafenib mesylate tab for oral susp 10 mg (base equiv)	2	PA, QL (840 tablets/28 days), SP
TAGRISSO – osimertinib mesylate tab 40 mg (base equivalent), 80 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
TALVEY – talquetamab-tgvs subcutaneous soln 3 mg/1.5ml (2 mg/ml), 40 mg/ml	2	SP
TALZENNA – talazoparib tosylate cap 0.1 mg (base equivalent), 0.35 mg (base equivalent), 0.5 mg (base equivalent), 0.75 mg (base equivalent), 1 mg (base equivalent)	2	PA, QL (30 capsules/30 days), SP
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	2	PA, QL (90 capsules/30 days), SP
<b>tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent)</b>	1	
TASIGNA – nilotinib hcl cap 50 mg (base equivalent), 150 mg (base equivalent), 200 mg (base equivalent)	2	PA, QL (120 capsules/30 days), SP
TAZVERIK – tazemetostat hbr tab 200 mg	2	PA, QL (240 tablets/30 days), SP
TECENTRIQ – atezolizumab iv soln 840 mg/14ml, 1200 mg/20ml	2	SP
TECVAYLI – teclistamab-cqyv subcutaneous soln 30 mg/3ml (10 mg/ml), 153 mg/1.7ml (90 mg/ml)	2	SP
TEMODAR – temozolomide for iv soln 100 mg	2	

Drug Name	Drug Tier	Requirements/Limits
<b>temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg</b> (Temodar)	1	PA, SP
<b>temsirolimus soln for iv infusion 25 mg/ml</b> (Torisel)	1	SP
TEPMETKO – tepotinib hcl tab 225 mg	2	PA, QL (60 tablets/30 days), SP
TEVIMBRA – tislelizumab-jsgr iv soln 100 mg/10ml	2	
<b>thiotepa for inj 15 mg, 100 mg</b> (Tepadina)	1	
TIBSOVO – ivosidenib tab 250 mg	2	PA, QL (60 tablets/30 days), SP
TICE BCG – bcg live intravesical for susp 50 mg	2	
TIVDAK – tisotumab vedotin-tftv for iv solution 40 mg	2	SP
<b>topotecan hcl for inj 4 mg (base equiv)</b> (Hycamtin)	1	SP
<b>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</b> (Topotecan hcl)	1	
<b>toremifene citrate tab 60 mg (base equivalent)</b> (Fareston)	1	SP
TRAZIMERA – trastuzumab-qyyp for iv soln 150 mg, 420 mg	2	SP
TRELSTAR MIXJECT – triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg	2	SP
<b>tretinoin cap 10 mg</b>	1	PA, SP
TRODELVY – sacituzumab govitecan-hziy for iv soln 180 mg	2	SP
TRUQAP – capivasertib tab 160 mg, 200 mg	2	PA, QL (64 tablets/28 days), SP
TRUXIMA – rituximab-abbs iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	2	
TUKYSA – tucatinib tab 50 mg	2	PA, QL (300 tablets/30 days), SP
TUKYSA – tucatinib tab 150 mg	2	PA, QL (120 tablets/30 days), SP
TURALIO – pexidartinib hcl cap 125 mg (base equivalent)	2	PA, QL (120 capsules/30 days), SP
UNITUXIN – dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	2	SP
<b>valrubicin soln for intravesical instillation 40 mg/ml</b> (Valstar)	1	SP
VANFLYTA – quizartinib dihydrochloride tab 17.7 mg	2	PA, QL (28 tablets/28 days), SP
VANFLYTA – quizartinib dihydrochloride tab 26.5 mg	2	PA, QL (56 tablets/28 days), SP
VECTIBIX – panitumumab iv soln 100 mg/5ml, 400 mg/20ml	2	SP
VEGZELMA – bevacizumab-adcd iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	SP
VENCLEXTA – venetoclax tab 10 mg	2	PA, QL (60 tablets/30 days), SP
VENCLEXTA – venetoclax tab 50 mg	2	PA, QL (30 tablets/30 days), SP
VENCLEXTA – venetoclax tab 100 mg	2	PA, QL (180 tablets/30 days), SP



Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	2	PA, QL (1 pack/180 days), SP
VERZENIO – abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg	2	PA, QL (60 tablets/30 days), SP
VINBLASTINE SULFATE – vinblastine sulfate inj 1 mg/ml	2	
VINCRISTINE SULFATE – vincristine sulfate iv soln 1 mg/ml	2	
<b>vinorelbine tartrate inj 10 mg/ml (base equiv), 50 mg/5ml (10 mg/ml) (base equiv)</b> (Navelbine)	1	
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	2	PA, QL (300 ml/30 days), SP
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	2	PA, QL (180 capsules/30 days), SP
VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)	2	PA, QL (60 capsules/30 days), SP
VIVIMUSTA – bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	2	SP
VIZIMPRO – dacomitinib tab 15 mg, 30 mg, 45 mg	2	PA, QL (30 tablets/30 days), SP
VONJO – pacritinib citrate cap 100 mg	2	PA, QL (120 capsules/30 days), SP
VORANIGO – vorasidenib tab 10 mg	2	PA, QL (60 tablets/30 days)
VORANIGO – vorasidenib tab 40 mg	2	PA, QL (30 tablets/30 days)
VYXEOS – daunorubicin-cytarabine liposome for iv inj 44-100 mg	2	SP
WELIREG – belzutifan tab 40 mg	2	PA, QL (90 tablets/30 days), SP
XALKORI – crizotinib cap 200 mg, 250 mg	2	PA, QL (120 capsules/30 days), SP
XALKORI – crizotinib cap sprinkle 20 mg, 50 mg	2	PA, QL (120 capsules/30 days), SP
XALKORI – crizotinib cap sprinkle 150 mg	2	PA, QL (180 capsules/30 days), SP
XOFIGO – radium ra 223 dichloride inj 30 microcurie/ml (1100 kbq/ml)	2	
XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)	2	PA, QL (90 tablets/30 days), SP
XPOVIO – selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)	2	PA, QL (1 box/28 days), SP
XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly)	2	PA, QL (1 box/28 days), SP
XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly)	2	PA, QL (1 box/28 days), SP
XTANDI – enzalutamide cap 40 mg	2	PA, QL (120 capsules/30 days), SP
XTANDI – enzalutamide tab 40 mg	2	PA, QL (120 tablets/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
XTANDI – enzalutamide tab 80 mg	2	PA, QL (60 tablets/30 days), SP
YERVOY – ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml), 200 mg/40ml (5 mg/ml)	2	SP
YONDELIS – trabectedin for inj 1 mg	2	SP
YONSA – abiraterone acetate micronized tab 125 mg	2	PA, QL (120 tablets/30 days), SP
ZALTRAP – ziv-aflibercept iv soln 100 mg/4ml (for infusion), 200 mg/8ml (for infusion)	2	SP
ZANOSAR – streptozocin for inj 1 gm	2	SP
ZEJULA – niraparib tosylate tab 100 mg (base equivalent), 200 mg (base equivalent), 300 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
ZELBORAF – vemurafenib tab 240 mg	2	PA, QL (240 tablets/30 days), SP
ZEPZELCA – lurbinectedin for iv soln 4 mg	2	SP
ZEVALIN Y-90 – ibritumomab tiuxetan for yttrium-90 (y-90) kit 3.2 mg/2ml	2	
ZIRABEV – bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	2	SP
ZOLINZA – vorinostat cap 100 mg	2	PA, QL (120 capsules/30 days), SP
ZYDELIG – idelalisib tab 100 mg, 150 mg	2	PA, QL (60 tablets/30 days), SP
ZYKADIA – ceritinib tab 150 mg	2	PA, QL (90 tablets/30 days), SP
ZYNLONTA – loncastuximab tesirine-lpyl for iv soln 10 mg	2	SP
ZYNYZ – retifanlimab-dlwr iv soln 500 mg/20ml (25 mg/ml)	2	SP
<b>HORMONES, DIABETES AND RELATED DRUGS</b>		
<b>CORTICOSTEROIDS</b>		
<b>budesonide delayed release particles cap 3 mg</b> (Entocort ec)	1	
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml	2	
<b>dexamethasone elixir 0.5 mg/5ml</b>	1	
DEXAMETHASONE INTENSOL – dexamethasone conc 1 mg/ml	2	
<b>dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</b>	1	
<b>fludrocortisone acetate tab 0.1 mg</b>	1	
<b>hydrocortisone tab 5 mg, 10 mg, 20 mg</b> (Cortef)	1	
<b>methylprednisolone tab therapy pack 4 mg (21)</b> (Medrol dosepak)	1	
<b>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</b> (Medrol)	1	
<b>prednisolone sod phosph oral soln 6.7 mg/5ml</b> (5 mg/5ml base) (Pediapred)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>	1	
<b>prednisolone soln 15 mg/5ml</b>	1	
PREDNISONE – prednisone oral soln 5 mg/5ml	2	
<b>prednisone tab therapy pack 10 mg (21), 10 mg (48)</b>	1	
<b>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</b>	1	
<b>MALE HORMONES</b>		
<b>danazol cap 50 mg, 100 mg, 200 mg</b>	1	
<b>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone)</b>	1	
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml	2	
<b>testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel)</b>	1	PA, QL (60 packets/30 days)
<b>testosterone td gel 12.5 mg/act (1%)</b>	1	PA, QL (4 bottles/30 days)
<b>testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)</b>	1	PA, QL (2 bottles/30 days)
<b>testosterone td soln 30 mg/act (Axiron)</b>	1	PA, QL (2 bottles/30 days)
<b>ESTROGENS</b>		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day	2	
DEPO-ESTRADIOL – estradiol cypionate im in oil 5 mg/ml	2	
DUAVEE – conjugated estrogens-bazedoxifene tab 0.45-20 mg	2	
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella)</b>	1	
<b>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (EstroGel)</b>	1	
<b>estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace)</b>	1	
<b>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel)</b>	1	
<b>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot)</b>	1	
<b>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara)</b>	1	
<b>estradiol valerate im in oil 20 mg/ml, 40 mg/ml (Delestrogen)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
MYFEMBREE – relugolix-estradiol-norethindrone acetate tab 40-1-0.5 mg	2	PA, QL (30 tablets/30 days)
ORIAHNN – elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack	2	PA, QL (1 box/28 days)
PREMARIN – estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	2	
PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)	2	
PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg	2	
<b>PROGESTINS</b>		
<b>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg (Provera)</b>	1	
<b>norethindrone acetate tab 5 mg (Aygestin)</b>	1	
<b>progesterone cap 100 mg, 200 mg (Prometrium)</b>	1	
<b>BIRTH CONTROL</b>		
ANNOVERA – segesterone ace-ethinyl estradiol va ring 0.15-0.013 mg/24hr	2	
CAYA – diaphragm arc-spring	2	
CONDOMS - MALE - VARIOUS	2	
DEPO-SUBQ PROVERA 104 – medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	2	
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)</b>	1	
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)</b>	1	
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)</b>	1	
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral)</b>	1	
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)</b>	1	
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)</b>	1	
ELLA – ulipristal acetate tab 30 mg	2	
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</b>	1	
FEMCAP – cervical cap 22 mm, 26 mm, 30 mm	2	
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</b>	1	
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7) (Loseasonique)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b> (Seasonique)	1	
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	1	
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</b>	1	
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	1	
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	1	
LO LOESTRIN FE – norethin-eth estradiol-fe tab 1 mg-10 mcg (24)/10 mcg (2)	2	
<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b> (Depo-provera contrac)	1	
<b>medroxyprogesterone acetate im susp 150 mg/ml</b> (Depo-provera contrac)	1	
NATAZIA – estradiol valerate-dienogest tab 3 mg /2-2 mg/2-3 mg/1 mg	2	
NEXTSTELLIS – drospirenone-estetrol tab 3-14.2 mg	2	
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b>	1	
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Ovcon-35)	1	
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Brevicon-28)	1	
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Norinyl 1+35)	1	
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	1	
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> (Generess fe)	1	
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Estrstep fe)	1	
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Loestrin 1/20-21)	1	
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Loestrin 1.5/30-21)	1	
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> (Loestrin fe 1/20)	1	
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> (Loestrin fe 1.5/30)	1	
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Minastrin 24 fe)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> (Taytulla)	1	
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b>	1	
<b>norethindrone tab 0.35 mg</b> (Ortho micronor)	1	
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Ortho-novum 7/7/7)	1	
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> (Tri-norinyl 28)	1	
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> (Ortho-cyclen)	1	
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> (Ortho tri-cyclen lo)	1	
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> (Ortho tri-cyclen)	1	
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	1	
NUVARING – etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
OMNIFLEX DIAPHRAGM – diaphragms	2	
OPILL – norgestrel tab 0.075 mg	2	
SLYND – drospirenone tab 4 mg	2	
TWIRLA – levonorgestrel-ethinyl estradiol td ptwk 120-30 mcg/24hr	2	
TYBLUME – levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg	2	
VELIVET – desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	2	
WIDE-SEAL SILICONE DIAPHR – diaphragm wide seal 60 mm, 65 mm, 70 mm, 75 mm, 80 mm, 85 mm, 90 mm, 95 mm	2	
<b>INFERTILITY</b>		
CLOMID – clomiphene citrate tab 50 mg	2	
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml	2	PA, QL (15 cartridges/30 days), SP
FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml	2	PA, QL (8 cartridges/30 days), SP
FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml	2	PA, QL (5 cartridges/30 days), SP
<b>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</b> (Ganirelix acetate)	1	PA, QL (5 syringes/30 days), SP
ORLISSA – elagolix sodium tab 150 mg (base equiv)	2	PA, QL (30 tablets/30 days)
ORLISSA – elagolix sodium tab 200 mg (base equiv)	2	PA, QL (60 tablets/30 days)
OVIDREL – choriogonadotropin alfa inj 250 mcg/0.5ml	2	PA, QL (2 syringes/30 days), SP
PREGNYL – chorionic gonadotropin for im inj 10000 unit	2	PA, QL (2 vials/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
PREGNYL W/DILUENT BENZYL – chorionic gonadotropin for im inj 10000 unit	2	PA, QL (2 vials/30 days), SP
<b>DIABETES</b>		
<b>acarbose tab 25 mg, 50 mg, 100 mg</b> (Precose)	1	
BAQSIMI ONE PACK – glucagon nasal powder 3 mg/dose	2	
BAQSIMI TWO PACK – glucagon nasal powder 3 mg/dose	2	
<b>diazoxide susp 50 mg/ml</b> (Proglycem)	1	
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent), 10 mg (base equivalent)	2	QL (30 tablets/30 days)
<b>glimepiride tab 1 mg, 2 mg, 4 mg</b> (Amaryl)	1	
<b>glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg</b> (Glucotrol xl)	1	
<b>glipizide tab 5 mg, 10 mg</b> (Glucotrol)	1	
<b>glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg</b>	1	
GLUCAGON EMERGENCY KIT FO – glucagon (rdna) for inj kit 1 mg	2	
GLUCAGON EMERGENCY KIT FO – glucagon hcl for inj 1 mg	2	
GLYBURIDE MICRONIZED – glyburide micronized tab 1.5 mg, 3 mg, 6 mg	2	
<b>glyburide tab 1.25 mg, 2.5 mg, 5 mg</b>	1	
<b>glyburide-metformin tab 1.25-250 mg</b>	1	
<b>glyburide-metformin tab 2.5-500 mg, 5-500 mg</b> (Glucovance)	1	
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	2	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	2	
GVOKE KIT – glucagon subcutaneous soln 1 mg/0.2ml	2	
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	2	
JANUMET – sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg, 100-1000 mg	2	QL (30 tablets/30 days)
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	2	QL (60 tablets/30 days)
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)	2	QL (30 tablets/30 days)
JARDIANCE – empagliflozin tab 10 mg, 25 mg	2	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>metformin hcl tab er 24hr 500 mg</b> (Glucophage xr)	1	QL (120 tablets/30 days)
<b>metformin hcl tab er 24hr 750 mg</b> (Glucophage xr)	1	QL (60 tablets/30 days)
<b>metformin hcl tab 500 mg, 850 mg, 1000 mg</b> (Glucophage)	1	
MOUNJARO – tirzepatide soln pen-injector 2.5 mg/0.5ml	2	PA, QL (4 pens/180 days)
MOUNJARO – tirzepatide soln pen-injector 5 mg/0.5ml, 7.5 mg/0.5ml, 10 mg/0.5ml, 12.5 mg/0.5ml, 15 mg/0.5ml	2	PA, QL (4 pens/28 days)
<b>nateglinide tab 60 mg, 120 mg</b> (Starlix)	1	
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	PA, QL (1 pen/28 days)
<b>pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv)</b> (Actos)	1	
<b>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</b> (Actoplus met)	1	
<b>repaglinide tab 0.5 mg</b>	1	
<b>repaglinide tab 1 mg, 2 mg</b> (Prandin)	1	
RYBELSUS – semaglutide tab 3 mg	2	PA, QL (30 tablets/180 days)
RYBELSUS – semaglutide tab 7 mg, 14 mg	2	PA, QL (30 tablets/30 days)
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	2	QL (6 pens/30 days), ST
SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	2	
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	2	
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg, 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	2	QL (60 tablets/30 days)
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg, 25-5-1000 mg	2	QL (30 tablets/30 days)
TRIJARDY XR – empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg	2	QL (60 tablets/30 days)
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	PA, QL (4 pens/28 days)
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 2.5-1000 mg, 5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR – dapagliflozin prop-metformin hcl tab er 24hr 5-500 mg, 10-500 mg, 10-1000 mg	2	QL (30 tablets/30 days)



Drug Name	Drug Tier	Requirements/Limits
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	2	QL (5 pens/30 days), ST
ZEGALOGUE – dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml	2	
ZEGALOGUE – dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml	2	
<b>Insulin</b>		
The formulary includes vials and insulin pens for the insulin products listed.		
<b>Rapid-Acting Insulins</b>		
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	2	QL (100 ml/30 days)
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	2	QL (100 ml/30 days)
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	2	QL (100 ml/30 days)
HUMALOG – insulin lispro soln cartridge 100 unit/ml	2	QL (100 ml/30 days)
HUMALOG – insulin lispro inj soln 100 unit/ml	2	QL (100 ml/30 days)
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2	QL (100 ml/30 days)
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2	QL (100 ml/30 days)
HUMALOG TEMPO PEN – insulin lispro soln pen-inj w/ transmitter port 100 unit/ml	2	QL (100 mls/30 days)
LYUMJEV – insulin lispro-aabc inj 100 unit/ml	2	QL (100 ml/30 days)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2	QL (100 ml/30 days)
LYUMJEV KWIKPEN – insulin lispro-aabc soln pen-injector 200 unit/ml	2	QL (100 ml/30 days)
LYUMJEV TEMPO PEN – insulin lispro-aabc soln pen-inj w/ transmit port 100 unit/ml	2	QL (100 mls/30 days)
NOVOLOG – insulin aspart inj soln 100 unit/ml	2	QL (100 ml/30 days)
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	2	QL (100 ml/30 days)
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	2	QL (100 ml/30 days)
<b>Short-Acting Insulins</b>		
HUMULIN R – insulin regular (human) inj 100 unit/ml	2	QL (100 ml/30 days)
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml	2	QL (100 ml/30 days)
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	2	QL (100 ml/30 days)
NOVOLIN R – insulin regular (human) inj 100 unit/ml	2	QL (100 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN – insulin regular (human) soln pen-injector 100 unit/ml	2	QL (100 ml/30 days)
<b>Intermediate-Acting Insulins</b>		
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)	2	QL (100 ml/30 days)
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2	QL (100 ml/30 days)
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)	2	QL (100 ml/30 days)
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2	QL (100 ml/30 days)
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml	2	QL (100 ml/30 days)
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	QL (100 ml/30 days)
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	2	QL (100 ml/30 days)
NOVOLIN N FLEXPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	QL (100 ml/30 days)
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
NOVOLIN 70/30 FLEXPEN REL – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	2	QL (100 ml/30 days)
<b>Basal Insulins</b>		
INSULIN GLARGINE-YFGN – insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (100 ml/30 days)
INSULIN GLARGINE-YFGN – insulin glargine-yfgn inj 100 unit/ml	2	QL (100 ml/30 days)
LEVEMIR – insulin detemir inj 100 unit/ml	2	QL (100 ml/30 days)
LEVEMIR FLEXPEN – insulin detemir soln pen-injector 100 unit/ml	2	QL (100 ml/30 days)
SEMGLEE – insulin glargine-yfgn soln pen-injector 100 unit/ml	2	QL (100 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
SEMGLEE – insulin glargine-yfgn inj 100 unit/ml	2	QL (100 ml/30 days)
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (100 ml/30 days)
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (100 ml/30 days)
TRESIBA – insulin degludec inj 100 unit/ml	2	QL (100 ml/30 days)
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2	QL (100 ml/30 days)
<b>THYROID REGULATION</b>		
<b>euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg (Synthroid)</b>	1	
<b>levo-t - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)</b>	1	
<b>levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)</b>	1	
<b>levoxyl - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg (Synthroid)</b>	1	
<b>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg (Cytomel)</b>	1	
<b>methimazole tab 5 mg, 10 mg (Tapazole)</b>	1	
<b>propylthiouracil tab 50 mg</b>	1	
THYQUIDITY – levothyroxine sodium oral solution 100 mcg/5ml	2	
<b>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (Synthroid)</b>	1	
<b>GROWTH HORMONE</b>		
GENOTROPIN – somatropin for subcutaneous inj cartridge 5 mg, 12 mg (36 unit)	2	PA, SP
GENOTROPIN MINIQUICK – somatropin for subcutaneous inj prefilled syr 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, 2 mg	2	PA, SP
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	2	SP
OMNITROPE – somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	2	PA, SP
OMNITROPE – somatropin for inj 5.8 mg	2	PA, SP
<b>OTHER HORMONES AND RELATED DRUGS</b>		

Drug Name	Drug Tier	Requirements/Limits
ALDURAZYME – laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)	2	SP
ALENDRONATE SODIUM – alendronate sodium tab 5 mg	2	QL (30 tablets/30 days)
<b>alendronate sodium tab 10 mg</b>	1	QL (30 tablets/30 days)
<b>alendronate sodium tab 35 mg</b>	1	QL (4 tablets/28 days)
<b>alendronate sodium tab 70 mg</b> (Fosamax)	1	QL (4 tablets/28 days)
<b>betaine powder for oral solution</b> (Cystadane)	1	SP
<b>cabergoline tab 0.5 mg</b>	1	
<b>calcitonin (salmon) nasal soln 200 unit/act</b> (Miacalcin)	1	
<b>calcitriol cap 0.25 mcg, 0.5 mcg</b> (Rocaltrol)	1	
<b>carglumic acid soluble tab 200 mg</b> (Carbaglu)	1	PA, SP
<b>cinacalcet hcl tab 30 mg (base equiv), 60 mg (base equiv), 90 mg (base equiv)</b> (Sensipar)	1	PA, SP
<b>desmopressin acetate inj 4 mcg/ml</b> (Ddavp)	1	
<b>desmopressin acetate nasal spray soln 0.01%</b> (Ddavp)	1	
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	1	
<b>desmopressin acetate preservative free (pf) inj 4 mcg/ml</b> (Ddavp)	1	
<b>desmopressin acetate tab 0.1 mg, 0.2 mg</b> (Ddavp)	1	
FABRAZYME – agalsidase beta for iv soln 5 mg, 35 mg	2	SP
GALAFOLD – migalastat hcl cap 123 mg (base equivalent)	2	PA, QL (14 capsules/28 days), SP
<b>ibandronate sodium tab 150 mg (base equivalent)</b> (Boniva)	1	QL (1 tablet/30 days)
KERENDIA – finerenone tab 10 mg, 20 mg	2	PA, QL (30 tablets/30 days)
<b>levocarnitine oral soln 1 gm/10ml (10%)</b> (Carnitor)	1	
<b>levocarnitine tab 330 mg</b> (Carnitor)	1	
LUPRON DEPOT-PED (1-MONTH – leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg)	2	SP
LUPRON DEPOT-PED (3-MONTH – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg)	2	SP
LUPRON DEPOT-PED (6-MONTH – leuprolide acet (6 month) for im inj pediatric kit 45 mg)	2	SP
<b>methylergonovine maleate tab 0.2 mg</b>	1	
MYCAPSSA – octreotide acetate cap delayed release 20 mg	2	PA, QL (120 capsules/30 days), SP
NAGLAZYME – galsulfase soln for iv infusion 1 mg/ml	2	SP
<b>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</b> (Orfadin)	1	SP
NITYR – nitisinone tab 2 mg, 5 mg, 10 mg	2	SP

Drug Name	Drug Tier	Requirements/Limits
OCTREOTIDE ACETATE – octreotide acetate subcutaneous soln pref syr 50 mcg/ml, 100 mcg/ml, 500 mcg/ml	2	PA, QL (90 syringes/30 days), SP
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml)</b> (Sandostatin)	1	PA, QL (90 ml/30 days), SP
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b> (Sandostatin)	1	PA, QL (18 vials/30 days), SP
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b> (Sandostatin)	1	PA, QL (90 ml/90 days), SP
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b> (Sandostatin)	1	PA, QL (6 vials/30 days), SP
ORFADIN – nitisinone susp 4 mg/ml	2	SP
<b>raloxifene hcl tab 60 mg</b> (Evista)	1	
REVCOVI – elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	2	SP
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg, 20 mg, 30 mg	2	PA, QL (1 kit/28 days), SP
<b>sodium phenylbutyrate oral powder 3 gm/teaspoonful</b> (Buphenyl)	1	PA, SP
<b>sodium phenylbutyrate tab 500 mg</b> (Buphenyl)	1	PA, SP
SOMAVERT – pegvisomant for inj 10 mg (as protein), 15 mg (as protein), 20 mg (as protein), 25 mg (as protein), 30 mg (as protein)	2	PA, QL (30 vials/30 days), SP
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml	2	PA, SP
<b>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</b> (Forteo)	1	PA, QL (1 pen/28 days), SP
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	2	PA, QL (1 pen/30 days), SP
<b>HEART AND CIRCULATORY DRUGS</b>		
<b>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS</b>		
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b>	1	
<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</b> (Lotensin hct)	1	
<b>benazepril hcl tab 5 mg, 10 mg</b>	1	
<b>benazepril hcl tab 20 mg, 40 mg</b> (Lotensin)	1	
<b>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</b>	1	
CAPTOPRIL/HYDROCHLOROTHIA – captopril & hydrochlorothiazide tab 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	2	
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> (Vaseretic)	1	
<b>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</b> (Vasotec)	1	
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</b>	1	
<b>fosinopril sodium tab 10 mg, 20 mg, 40 mg</b>	1	
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</b> (Zestoretic)	1	
<b>lisinopril tab 2.5 mg, 30 mg, 40 mg</b> (Zestril)	1	
<b>lisinopril tab 5 mg, 10 mg, 20 mg</b> (Prinivil)	1	
<b>moexipril hcl tab 7.5 mg, 15 mg</b>	1	
PERINDOPRIL ERBUMINE – perindopril erbumine tab 2 mg, 8 mg	2	
<b>perindopril erbumine tab 4 mg</b> (Aceon)	1	
<b>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</b> (Accupril)	1	
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</b> (Accuretic)	1	
QUINAPRIL/HYDROCHLOROTHIA – quinapril-hydrochlorothiazide tab 20-25 mg	2	
<b>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</b> (Altace)	1	
<b>trandolapril tab 1 mg, 2 mg</b> (Mavik)	1	
<b>trandolapril tab 4 mg</b>	1	
<b>ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs) AND COMBINATIONS</b>		
<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</b> (Exforge hct)	1	QL (30 tablets/30 days)
<b>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</b> (Atacand)	1	QL (60 tablets/30 days)
<b>candesartan cilexetil tab 32 mg</b> (Atacand)	1	QL (30 tablets/30 days)
<b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</b> (Atacand hct)	1	QL (30 tablets/30 days)
<b>irbesartan tab 75 mg, 150 mg, 300 mg</b> (Avapro)	1	QL (30 tablets/30 days)
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</b> (Avalide)	1	QL (30 tablets/30 days)
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</b> (Hyzaar)	1	QL (30 tablets/30 days)
<b>losartan potassium tab 25 mg, 50 mg</b> (Cozaar)	1	QL (60 tablets/30 days)
<b>losartan potassium tab 100 mg</b> (Cozaar)	1	QL (30 tablets/30 days)
<b>olmesartan medoxomil tab 5 mg</b> (Benicar)	1	QL (60 tablets/30 days)
<b>olmesartan medoxomil tab 20 mg, 40 mg</b> (Benicar)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</b> (Benicar hct)	1	QL (30 tablets/30 days)
<b>telmisartan tab 20 mg, 40 mg, 80 mg</b> (Micardis)	1	QL (30 tablets/30 days)
<b>valsartan tab 40 mg, 80 mg, 160 mg</b> (Diovan)	1	QL (60 tablets/30 days)
<b>valsartan tab 320 mg</b> (Diovan)	1	QL (30 tablets/30 days)
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</b> (Diovan hct)	1	QL (30 tablets/30 days)
<b>BETA BLOCKERS AND COMBINATIONS</b>		
<b>acebutolol hcl cap 200 mg, 400 mg</b>	1	
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> (Tenoretic 50)	1	
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> (Tenoretic 100)	1	
<b>atenolol tab 25 mg, 50 mg, 100 mg</b> (Tenormin)	1	
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</b> (Ziac)	1	
<b>bisoprolol fumarate tab 5 mg</b>	1	
<b>bisoprolol fumarate tab 10 mg</b> (Zebeta)	1	
<b>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</b> (Coreg)	1	
<b>labetalol hcl tab 100 mg, 200 mg, 300 mg</b>	1	
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> (Lopressor hct)	1	
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg, 100-50 mg</b>	1	
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</b> (Toprol xl)	1	
<b>metoprolol tartrate tab 25 mg</b>	1	
<b>metoprolol tartrate tab 50 mg, 100 mg</b> (Lopressor)	1	
<b>nadolol tab 20 mg, 40 mg, 80 mg</b> (Corgard)	1	
<b>pindolol tab 5 mg, 10 mg</b>	1	
<b>PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml</b>	2	
<b>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</b> (Inderal la)	1	
<b>propranolol hcl oral soln 20 mg/5ml</b>	1	
<b>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</b>	1	
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>		
<b>amlodipine besylate tab 2.5 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b> (Norvasc)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-40 mg</b>	1	
<b>amlodipine besylate-benazepril hcl cap 5-10 mg, 5-20 mg, 10-20 mg, 10-40 mg (Lotrel)</b>	1	
<b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg (Azor)</b>	1	QL (30 tablets/30 days)
<b>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg (Exforge)</b>	1	QL (30 tablets/30 days)
<b>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</b>	1	
<b>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</b>	1	
<b>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd)</b>	1	
<b>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac)</b>	1	
<b>diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)</b>	1	
<b>diltiazem hcl tab 90 mg</b>	1	
<b>ENTRESTO – sacubitril-valsartan tab 24-26 mg, 49-51 mg, 97-103 mg</b>	2	
<b>ENTRESTO – sacubitril-valsartan sprinkle cap 6-6 mg, 15-16 mg</b>	2	
<b>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</b>	1	
<b>nifedipine tab er 24hr 30 mg, 60 mg (Adalat cc)</b>	1	
<b>nifedipine tab er 24hr 90 mg</b>	1	
<b>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg (Procardia xl)</b>	1	
<b>nimodipine cap 30 mg</b>	1	
<b>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg (Verelan)</b>	1	
<b>verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan sr)</b>	1	
<b>verapamil hcl tab 40 mg</b>	1	
<b>verapamil hcl tab 80 mg, 120 mg (Calan)</b>	1	
<b>CHEST PAIN (ANGINA)</b>		
<b>isosorbide dinitrate tab 5 mg (Isordil titradose)</b>	1	
<b>isosorbide dinitrate tab 10 mg, 20 mg, 30 mg</b>	1	
<b>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</b>	1	
<b>isosorbide mononitrate tab 10 mg, 20 mg</b>	1	
<b>NITRO-BID – nitroglycerin oint 2%</b>	2	
<b>NITRO-TIME – nitroglycerin cap er 2.5 mg, 6.5 mg, 9 mg</b>	2	



Drug Name	Drug Tier	Requirements/Limits
<b>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</b> (Nitrostat)	1	
<b>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</b> (Nitro-dur)	1	
<b>CHOLESTEROL LOWERING</b>		
<b>atorvastatin calcium tab 10 mg (base equivalent), 20 mg (base equivalent), 40 mg (base equivalent)</b> (Lipitor)	1	QL (45 tablets/30 days)
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> (Lipitor)	1	QL (30 tablets/30 days)
<b>cholestyramine light powder 4 gm/dose</b> (Questran light)	1	
<b>cholestyramine powder 4 gm/dose</b> (Questran)	1	
<b>colesevelam hcl tab 625 mg</b> (Welchol)	1	
<b>colestipol hcl granules 5 gm</b> (Colestid)	1	
<b>colestipol hcl tab 1 gm</b> (Colestid)	1	
<b>ezetimibe tab 10 mg</b> (Zetia)	1	
<b>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</b> (Vytorin)	1	QL (30 tablets/30 days)
<b>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</b> (Lofibra)	1	
<b>fenofibrate tab 48 mg, 145 mg</b> (Tricor)	1	
<b>fenofibrate tab 54 mg, 160 mg</b> (Lofibra)	1	
<b>gemfibrozil tab 600 mg</b> (Lopid)	1	
<b>lovastatin tab 10 mg, 20 mg</b>	1	QL (60 tablets/30 days)
<b>lovastatin tab 40 mg</b> (Mevacor)	1	QL (60 tablets/30 days)
NEXLETOL – bempedoic acid tab 180 mg	2	PA, QL (30 tablets/30 days)
NEXLIZET – bempedoic acid-ezetimibe tab 180-10 mg	2	PA, QL (30 tablets/30 days)
<b>niacin tab er 500 mg (antihyperlipidemic), 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)</b> (Niaspan)	1	
<b>omega-3-acid ethyl esters cap 1 gm</b> (Lovaza)	1	
<b>pravastatin sodium tab 10 mg</b>	1	QL (45 tablets/30 days)
<b>pravastatin sodium tab 20 mg, 40 mg</b> (Pravachol)	1	QL (45 tablets/30 days)
<b>pravastatin sodium tab 80 mg</b> (Pravachol)	1	QL (30 tablets/30 days)
REPATHA – [NDC 72511] – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (2 syringes/30 days)
REPATHA PUSHTRONEX SYSTEM – [NDC 72511] – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2	PA, QL (2 systems/28 days)
REPATHA SURECLICK – [NDC 72511] – evolocumab subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (2 pens/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</b> (Crestor)	1	QL (45 tablets/30 days)
<b>rosuvastatin calcium tab 40 mg</b> (Crestor)	1	QL (30 tablets/30 days)
<b>simvastatin tab 5 mg, 10 mg, 40 mg</b> (Zocor)	1	QL (45 tablets/30 days)
<b>simvastatin tab 20 mg</b> (Zocor)	1	QL (60 tablets/30 days)
<b>simvastatin tab 80 mg</b> (Zocor)	1	QL (30 tablets/30 days)
VASCEPA – icosapent ethyl cap 0.5 gm	1	PA, QL (240 capsules/30 days)
VASCEPA – icosapent ethyl cap 1 gm	1	PA, QL (120 capsules/30 days)
<b>FLUID REDUCTION</b>		
<b>acetazolamide cap er 12hr 500 mg</b> (Diamox)	1	
<b>acetazolamide tab 125 mg, 250 mg</b>	1	
<b>amiloride hcl tab 5 mg</b>	1	
AMILORIDE/HYDROCHLOROTHIA – amiloride & hydrochlorothiazide tab 5-50 mg	2	
<b>bumetanide tab 0.5 mg, 1 mg, 2 mg</b> (Bumex)	1	
<b>chlorthalidone tab 25 mg, 50 mg</b>	1	
<b>furosemide oral soln 10 mg/ml</b>	1	
<b>furosemide tab 20 mg, 40 mg, 80 mg</b> (Lasix)	1	
<b>hydrochlorothiazide cap 12.5 mg</b> (Microzide)	1	
<b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</b>	1	
<b>indapamide tab 1.25 mg, 2.5 mg</b>	1	
<b>metolazone tab 2.5 mg, 5 mg, 10 mg</b>	1	
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> (Aldactazide)	1	
<b>spironolactone tab 25 mg, 50 mg, 100 mg</b> (Aldactone)	1	
<b>toremide tab 5 mg, 100 mg</b>	1	
<b>toremide tab 10 mg, 20 mg</b> (Demadex)	1	
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b> (Dyazide)	1	
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</b> (Maxzide-25)	1	
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg</b> (Maxzide)	1	
<b>HEART RHYTHM</b>		
<b>amiodarone hcl tab 100 mg, 200 mg, 400 mg</b>	1	
<b>disopyramide phosphate cap 100 mg, 150 mg</b> (Norpace)	1	
<b>flecainide acetate tab 50 mg, 100 mg, 150 mg</b>	1	
<b>mexiletine hcl cap 150 mg, 200 mg, 250 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</b> (Rythmol sr)	1	
<b>propafenone hcl tab 150 mg, 225 mg, 300 mg</b>	1	
<b>quinidine gluconate tab er 324 mg</b>	1	
QUINIDINE SULFATE – quinidine sulfate tab 200 mg, 300 mg	2	
<b>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</b> (Betapace af)	1	
<b>sotalol hcl tab 80 mg, 120 mg, 160 mg</b> (Betapace)	1	
<b>sotalol hcl tab 240 mg</b>	1	
<b>OTHER HEART RELATED DRUGS</b>		
<b>ambrisentan tab 5 mg, 10 mg</b> (Letairis)	1	PA, QL (30 tablets/30 days), SP
<b>bosentan tab 62.5 mg, 125 mg</b> (Tracleer)	1	PA, QL (60 tablets/30 days), SP
<b>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</b> (Catapres)	1	
<b>clonidine td patch weekly 0.1 mg/24hr</b> (Catapres-tts-1)	1	
<b>clonidine td patch weekly 0.2 mg/24hr</b> (Catapres-tts-2)	1	
<b>clonidine td patch weekly 0.3 mg/24hr</b> (Catapres-tts-3)	1	
CORLANOR – ivabradine hcl oral soln 5 mg/5ml (base equiv)	2	PA, QL (600 ml/30 days)
<b>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)</b> (Lanoxin)	1	
<b>doxazosin mesylate tab 1 mg, 2 mg, 4 mg</b> (Cardura)	1	QL (30 tablets/30 days)
<b>doxazosin mesylate tab 8 mg</b> (Cardura)	1	QL (60 tablets/30 days)
<b>eplerenone tab 25 mg, 50 mg</b> (Inspra)	1	
<b>guanfacine hcl tab 1 mg, 2 mg</b>	1	
<b>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</b>	1	
<b>ivabradine hcl tab 5 mg (base equiv), 7.5 mg (base equiv)</b> (Corlanor)	1	PA, QL (60 tablets/30 days)
METHYLDOPA – methyldopa tab 250 mg, 500 mg	2	
<b>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</b>	1	
<b>minoxidil tab 2.5 mg, 10 mg</b>	1	
OPSUMIT – macitentan tab 10 mg	2	PA, QL (30 tablets/30 days), SP
<b>phenoxybenzamine hcl cap 10 mg</b> (Dibenzyline)	1	
<b>prazosin hcl cap 1 mg, 2 mg, 5 mg</b> (Minipress)	1	
<b>sildenafil citrate tab 20 mg</b> (Revatio)	1	PA, QL (90 tablets/30 days), SP
<b>tadalafil tab 20 mg (pah)</b> (Adcirca)	1	PA, QL (60 tablets/30 days), SP
<b>terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent)</b>	1	QL (30 capsules/30 days)
<b>terazosin hcl cap 10 mg (base equivalent)</b>	1	QL (60 capsules/30 days)

Drug Name	Drug Tier	Requirements/Limits
TRACLEER – bosentan tab for oral susp 32 mg	2	PA, QL (120 tablets/30 days), SP
UPTRAVI – selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg	2	PA, QL (60 tablets/30 days), SP
UPTRAVI TITRATION PACK – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	2	PA, QL (1 pack/180 days), SP
VENTAVIS – iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	2	PA, QL (270 ampules/30 days), SP
VERQUVO – vericiguat tab 2.5 mg, 5 mg, 10 mg	2	PA, QL (30 tablets/30 days)
VYNDAMAX – tafamidis cap 61 mg	2	PA, QL (30 capsules/30 days), SP
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	2	PA, QL (120 capsules/30 days), SP
<b>ERECTILE DYSFUNCTION</b>		
<b>sildenafil citrate tab 25 mg, 50 mg, 100 mg</b> (Viagra)	1	QL (6 tablets/30 days)
<b>tadalafil tab 2.5 mg, 5 mg</b> (Cialis)	1	QL (30 tablets/30 days)
<b>tadalafil tab 10 mg, 20 mg</b> (Cialis)	1	QL (6 tablets/30 days)
<b>BEE STING KITS</b>		
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</b> (Epipen-jr 2-pak)	1	
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</b> (Epipen 2-pak)	1	
<b>RESPIRATORY DRUGS</b>		
<b>ANTIHISTAMINES</b>		
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	1	
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	2	
<b>cyproheptadine hcl syrup 2 mg/5ml</b>	1	
<b>cyproheptadine hcl tab 4 mg</b>	1	
<b>levocetirizine dihydrochloride tab 5 mg</b> (Xyzal)	1	
<b>promethazine hcl oral soln 6.25 mg/5ml</b>	1	
<b>promethazine hcl suppos 12.5 mg, 25 mg</b>	1	
<b>promethazine hcl tab 12.5 mg, 25 mg, 50 mg</b>	1	
<b>NASAL PRODUCTS</b>		
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b>	1	QL (2 bottles/30 days)
<b>flunisolide nasal soln 25 mcg/act (0.025%)</b>	1	QL (3 bottles/30 days)
<b>fluticasone propionate nasal susp 50 mcg/act</b>	1	QL (1 bottle/30 days)
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b>	1	QL (2 bottles/30 days)
<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b>	1	QL (3 bottles/30 days)
<b>COUGH/COLD/ALLERGY</b>		
<b>acetylcysteine inhal soln 10%, 20%</b>	1	
<b>benzonatate cap 100 mg</b> (Tessalon perles)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>benzonatate cap 200 mg</b>	1	
<b>sodium chloride soln nebu 3%</b>	1	
<b>sodium chloride soln nebu 7% (Hyper-sal)</b>	1	
<b>ASTHMA/COPD</b>		
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2	QL (1 inhaler/30 days)
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Proair hfa)</b>	1	QL (2 canisters/30 days)
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</b>	1	
<b>albuterol sulfate syrup 2 mg/5ml</b>	1	
ANORO ELLIPTA – umecclidinium-vilanterol aero powd ba 62.5-25 mcg/act	2	QL (1 inhaler/30 days)
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2	QL (1 inhaler/30 days)
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	2	QL (1 canister/30 days)
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act, 200 mcg/act	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/act (breath activated)	2	QL (1 inhaler/30 days)
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	2	QL (2 inhalers/30 days)
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 50-25 mcg/act	2	QL (1 inhalers/30 days)
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	2	QL (1 inhaler/30 days)
BREZTRI AEROSPHERE – budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	QL (1 canister/30 days)
<b>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml (Pulmicort)</b>	1	
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	2	QL (2 inhalers/30 days)
<b>cromolyn sodium soln nebu 20 mg/2ml</b>	1	
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2	QL (3 inhalers/30 days)

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	2	PA, QL (1 pen/56 days), SP
FLUTICASONE PROPIONATE HF – fluticasone propionate hfa inhal aero 44 mcg/act	2	QL (1 inhaler/30 days), ST
FLUTICASONE PROPIONATE HF – fluticasone propionate hfa inhal aer 110 mcg/act	2	QL (1 inhaler/30 days), ST
FLUTICASONE PROPIONATE HF – fluticasone propionate hfa inhal aer 220 mcg/act	2	QL (2 inhalers/30 days), ST
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2	QL (1 inhaler/30 days)
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</b> (Advair diskus)	1	QL (1 inhaler/30 days)
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/act (base eq)	2	QL (1 inhaler/30 days)
<b>ipratropium bromide inhal soln 0.02%</b>	1	
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	1	
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b> (Xopenex concentrate)	1	
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv), 0.63 mg/3ml (base equiv), 1.25 mg/3ml (base equiv)</b> (Xopenex)	1	
<b>montelukast sodium chew tab 4 mg (base equiv), 5 mg (base equiv)</b> (Singulair)	1	
<b>montelukast sodium oral granules packet 4 mg (base equiv)</b> (Singulair)	1	
<b>montelukast sodium tab 10 mg (base equiv)</b> (Singulair)	1	
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	2	PA, QL (3 syringes/28 days), SP
NUCALA – mepolizumab subcutaneous solution pref syringe 40 mg/0.4ml	2	PA, QL (1 syringe/28 days), SP
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml	2	PA, QL (3 syringes/28 days), SP
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	2	QL (1 inhaler/30 days)
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	2	QL (2 inhalers/30 days)
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/act (base equiv)	2	QL (1 inhaler/30 days)
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	1	QL (30 capsules/30 days)
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2	QL (1 inhaler/30 days)

Drug Name	Drug Tier	Requirements/Limits
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2	QL (1 inhaler/30 days)
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	1	QL (3 inhalers/30 days)
TEZSPIRE – tezepelumab-ekko subcutaneous soln auto-inj 210 mg/1.91ml	2	PA, QL (1 pen/28 days)
<b>theophylline tab er 12hr 300 mg, 450 mg</b>	1	
<b>theophylline tab er 24hr 400 mg, 600 mg</b>	1	
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	2	QL (1 inhaler/30 days)
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 canisters/30 days)
XOLAIR – omalizumab subcutaneous soln auto-injector 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	PA, SP
XOLAIR – omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml, 300 mg/2ml	2	PA, SP
<b>zafirlukast tab 10 mg, 20 mg (Accolate)</b>	1	
<b>OTHER RESPIRATORY DRUGS</b>		
KALYDECO – ivacaftor tab 150 mg	2	PA, QL (60 tablets/30 days), SP
KALYDECO – ivacaftor packet 5.8 mg, 13.4 mg, 25 mg, 50 mg, 75 mg	2	PA, QL (60 packets/30 days), SP
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg	2	PA, QL (120 tablets/30 days), SP
ORKAMBI – lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg	2	PA, QL (60 packets/30 days), SP
PULMOZYME – dornase alfa inhal soln 2.5 mg/2.5ml	2	SP
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	2	PA, QL (30 tablets/30 days), SP
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	2	PA, QL (60 tablets/30 days), SP
TRIKAFTA – elexacaf-tezacaf-ivacaf 80-40-60 mg& ivacaf 59.5mg thpk gran	2	PA, QL (56 packs/28 days), SP
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg& ivacaf 75mg thpk gran	2	PA, QL (56 packs/28 days), SP
TRIKAFTA – elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	2	PA, QL (90 tablets/30 days), SP
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	2	PA, QL (90 tablets/30 days), SP
<b>GASTROINTESTINAL DRUGS</b>		
<b>LAXATIVES</b>		
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	2	

Drug Name	Drug Tier	Requirements/Limits
<b>lactulose solution 10 gm/15ml</b>	1	
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b> (Golytely)	1	
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> (Nulytely/ flavor pack)	1	
<b>DIARRHEA</b>		
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg</b> (Lomotil)	1	
DIPHENOXYLATE/ATROPINE – diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	2	
<b>loperamide hcl cap 2 mg</b>	1	
<b>ULCER/GERD</b>		
<b>dicyclomine hcl cap 10 mg</b> (Bentyl)	1	
<b>dicyclomine hcl oral soln 10 mg/5ml</b>	1	
<b>dicyclomine hcl tab 20 mg</b>	1	
<b>esomeprazole magnesium cap delayed release 20 mg</b> (base eq), 40 mg (base eq) (Nexium)	1	QL (60 capsules/30 days)
<b>esomeprazole magnesium for delayed release susp</b> <b>packet 10 mg, 20 mg, 40 mg</b> (Nexium)	1	QL (60 packets/30 days)
<b>famotidine for susp 40 mg/5ml</b>	1	
<b>famotidine tab 40 mg</b> (Pepcid)	1	
<b>glycopyrrolate tab 1 mg</b> (Robinul)	1	
<b>glycopyrrolate tab 2 mg</b> (Robinul forte)	1	
<b>lansoprazole cap delayed release 15 mg, 30 mg</b> (Prevacid)	1	QL (60 capsules/30 days)
<b>misoprostol tab 100 mcg, 200 mcg</b> (Cytotec)	1	
NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg	2	QL (30 packets/30 days), ST
NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg	2	QL (30 packets/30 days), ST
<b>omeprazole cap delayed release 10 mg, 20 mg, 40 mg</b>	1	QL (60 capsules/30 days)
<b>pantoprazole sodium ec tab 20 mg (base equiv), 40 mg</b> (base equiv) (Protonix)	1	QL (60 tablets/30 days)
<b>rabeprazole sodium ec tab 20 mg</b> (Aciphex)	1	QL (60 tablets/30 days)
<b>sucralfate tab 1 gm</b> (Carafate)	1	
<b>NAUSEA AND VOMITING</b>		
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b> (Emend)	1	QL (2 packs/30 days)
<b>aprepitant capsule 40 mg</b> (Emend)	1	
<b>aprepitant capsule 80 mg</b> (Emend)	1	QL (4 capsules/30 days)
<b>aprepitant capsule 125 mg</b> (Emend)	1	QL (2 capsules/30 days)



Drug Name	Drug Tier	Requirements/Limits
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)	2	QL (6 packs/30 days)
<b>fosaprepitant dimeglumine for iv infusion 150 mg (base eq) (Emend)</b>	1	
<b>granisetron hcl tab 1 mg</b>	1	QL (14 tablets/30 days)
<b>meclizine hcl tab 12.5 mg, 25 mg</b>	1	
ONDANSETRON HCL – ondansetron hcl tab 24 mg	2	QL (1 tablet/30 days)
<b>ondansetron hcl inj 4 mg/2ml (2 mg/ml), 40 mg/20ml (2 mg/ml)</b>	1	
<b>ondansetron hcl oral soln 4 mg/5ml (Zofran)</b>	1	QL (2 bottles/30 days)
<b>ondansetron hcl tab 4 mg, 8 mg (Zofran)</b>	1	QL (21 tablets/30 days)
ONDANSETRON HYDROCHLORIDE – ondansetron hcl inj soln pref syr 4 mg/2ml	2	
<b>ondansetron orally disintegrating tab 4 mg, 8 mg (Zofran odt)</b>	1	QL (21 tablets/30 days)
<b>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) (Aloxi)</b>	1	
<b>scopolamine td patch 72hr 1 mg/3days (Transderm-scop)</b>	1	
<b>DIGESTIVE ENZYMES</b>		
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2	
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit, 60000-189600-252600 unit	2	
<b>OTHER GASTROINTESTINAL DRUGS</b>		
<b>alosetron hcl tab 0.5 mg (base equiv), 1 mg (base equiv) (Lotronex)</b>	1	PA, QL (60 tablets/30 days)
<b>balsalazide disodium cap 750 mg (Colazal)</b>	1	
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>	1	
CHENODAL – chenodiol tab 250 mg	2	SP
ENTYVIO – vedolizumab soln pen-injector 108 mg/0.68ml	2	PA, QL (2 pens/28 days)
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	1	
<b>mesalamine cap dr 400 mg (Delzicol)</b>	1	
<b>mesalamine cap er 24hr 0.375 gm (Apriso)</b>	1	
<b>mesalamine enema 4 gm</b>	1	
<b>mesalamine suppos 1000 mg (Canasa)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>mesalamine tab delayed release 800 mg</b>	1	
<b>mesalamine tab delayed release 1.2 gm</b> (Lialda)	1	
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	1	
<b>metoclopramide hcl tab 5 mg (base equivalent), 10 mg (base equivalent)</b> (Reglan)	1	
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent), 25 mg (base equivalent)	2	PA, QL (30 tablets/30 days)
OMVOH – mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml	2	PA, QL (2 pens/28 days), SP
OMVOH – mirikizumab-mrkz subcutaneous sol prefill syringe 100 mg/ml	2	PA, QL (2 syringes/28 days), SP
<b>sevelamer carbonate packet 0.8 gm, 2.4 gm</b> (Renvela)	1	
<b>sevelamer carbonate tab 800 mg</b> (Renvela)	1	
SKYRIZI – risankizumab-rzaa subcutaneous soln cartridge 180 mg/1.2ml, 360 mg/2.4ml	2	PA, QL (1 cartridge/56 days), SP
<b>sulfasalazine tab delayed release 500 mg</b> (Azulfidine en-tabs)	1	
<b>sulfasalazine tab 500 mg</b> (Azulfidine)	1	
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	2	PA, QL (30 tablets/30 days)
TRULANCE – plecanatide tab 3 mg	2	PA, QL (30 tablets/30 days)
<b>ursodiol cap 300 mg</b> (Actigall)	1	
<b>ursodiol tab 250 mg</b> (Urso 250)	1	
<b>ursodiol tab 500 mg</b> (Urso forte)	1	
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	2	
VIBERZI – eluxadolone tab 75 mg, 100 mg	2	
<b>GENITOURINARY DRUGS</b>		
<b>URINARY TRACT SPASMS</b>		
<b>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</b> (Urecholine)	1	
MYRBETRIQ – mirabegron granules for oral extended release susp 8 mg/ml	2	QL (300 ml/28 days)
MYRBETRIQ – mirabegron tab er 24 hr 25 mg, 50 mg	2	QL (30 tablets/30 days)
<b>oxybutynin chloride solution 5 mg/5ml</b>	1	QL (600 ml/30 days)
<b>oxybutynin chloride tab er 24hr 5 mg</b> (Ditropan xl)	1	QL (30 tablets/30 days)
<b>oxybutynin chloride tab er 24hr 10 mg, 15 mg</b> (Ditropan xl)	1	QL (60 tablets/30 days)
<b>oxybutynin chloride tab 5 mg</b>	1	QL (120 tablets/30 days)
<b>solifenacin succinate tab 5 mg</b> (Vesicare)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>solifenacin succinate tab 10 mg</b> (Vesicare)	1	QL (30 tablets/20 days)
<b>tolterodine tartrate tab 1 mg, 2 mg</b> (Detrol)	1	QL (60 tablets/30 days)
<b>VAGINAL PRODUCTS</b>		
<b>clindamycin phosphate vaginal cream 2%</b> (Cleocin)	1	
CLINDESSE – clindamycin phosphate (one dose) vaginal cream 2%	2	
ENDOMETRIN – progesterone vaginal insert 100 mg	2	
<b>estradiol vaginal cream 0.1 mg/gm</b> (Estrace)	1	
<b>estradiol vaginal tab 10 mcg</b> (Vagifem)	1	
ESTRING – estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	2	
<b>metronidazole vaginal gel 0.75%</b> (Metrogel-vaginal)	1	
PHEXXI – lactic acid-citric acid-potassium bitartrate gel 1.8-1-0.4%	2	
<b>terconazole vaginal cream 0.4%</b> (Terazol 7)	1	
<b>terconazole vaginal cream 0.8%</b>	1	
<b>terconazole vaginal suppos 80 mg</b>	1	
VANDAZOLE – metronidazole vaginal gel 0.75%	2	
<b>OTHER GENITOURINARY DRUGS</b>		
<b>alfuzosin hcl tab er 24hr 10 mg</b> (Uroxatral)	1	QL (30 tablets/30 days)
CYSTAGON – cysteamine bitartrate cap 50 mg, 150 mg	2	SP
<b>dutasteride cap 0.5 mg</b> (Avodart)	1	QL (30 capsules/30 days)
<b>finasteride tab 5 mg</b> (Proscar)	1	QL (30 tablets/30 days)
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg	2	
<b>potassium citrate tab er 5 meq (540 mg)</b> (Urocit-k 5)	1	
<b>potassium citrate tab er 10 meq (1080 mg)</b> (Urocit-k 10)	1	
<b>potassium citrate tab er 15 meq (1620 mg)</b> (Urocit-k 15)	1	
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b> (Shohls solution modi)	1	
<b>tamsulosin hcl cap 0.4 mg</b> (Flomax)	1	QL (30 capsules/30 days)
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>		
<b>ANXIETY</b>		
<b>alprazolam tab er 24hr 0.5 mg, 1 mg, 2 mg, 3 mg</b> (Xanax xr)	1	
<b>alprazolam tab 0.25 mg, 0.5 mg, 1 mg, 2 mg</b> (Xanax)	1	
<b>bupirone hcl tab 5 mg, 10 mg, 15 mg, 30 mg</b>	1	
<b>diazepam conc 5 mg/ml</b>	1	
<b>diazepam oral soln 1 mg/ml</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>diazepam tab 2 mg, 5 mg, 10 mg</b> (Valium)	1	
<b>hydroxyzine hcl syrup 10 mg/5ml</b>	1	
<b>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</b>	1	
<b>hydroxyzine pamoate cap 25 mg, 50 mg</b> (Vistaril)	1	
<b>lorazepam conc 2 mg/ml</b>	1	
<b>lorazepam tab 0.5 mg, 1 mg, 2 mg</b> (Ativan)	1	
<b>DEPRESSION</b>		
<b>amitriptyline hcl tab 10 mg, 50 mg, 75 mg, 100 mg, 150 mg</b>	1	
<b>amitriptyline hcl tab 25 mg</b> (Elavil)	1	
<b>bupropion hcl tab er 12hr 100 mg, 150 mg, 200 mg</b> (Wellbutrin sr)	1	QL (60 tablets/30 days)
<b>bupropion hcl tab er 24hr 150 mg, 300 mg</b> (Wellbutrin xl)	1	QL (30 tablets/30 days)
<b>bupropion hcl tab 75 mg</b>	1	QL (60 tablets/30 days)
<b>bupropion hcl tab 100 mg</b>	1	QL (120 tablets/30 days)
<b>citalopram hydrobromide oral soln 10 mg/5ml</b>	1	QL (600 ml/30 days)
<b>citalopram hydrobromide tab 10 mg (base equiv), 20 mg (base equiv), 40 mg (base equiv)</b> (Celexa)	1	QL (30 tablets/30 days)
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv)</b> (Pristiq)	1	QL (30 tablets/30 days)
<b>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg</b>	1	
<b>doxepin hcl conc 10 mg/ml</b>	1	
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq)</b> (Cymbalta)	1	QL (60 capsules/30 days)
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b> (Lexapro)	1	QL (600 ml/30 days)
<b>escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv)</b> (Lexapro)	1	QL (30 tablets/30 days)
<b>fluoxetine hcl cap 10 mg</b> (Prozac)	1	QL (30 capsules/30 days)
<b>fluoxetine hcl cap 20 mg</b> (Prozac)	1	QL (120 capsules/30 days)
<b>fluoxetine hcl cap 40 mg</b> (Prozac)	1	QL (60 capsules/30 days)
<b>fluoxetine hcl solution 20 mg/5ml</b>	1	QL (600 ml/30 days)
<b>fluvoxamine maleate tab 25 mg, 50 mg</b>	1	QL (30 tablets/30 days)
<b>fluvoxamine maleate tab 100 mg</b>	1	QL (90 tablets/30 days)
<b>imipramine hcl tab 10 mg, 25 mg, 50 mg</b> (Tofranil)	1	
<b>mirtazapine tab 7.5 mg</b>	1	QL (30 tablets/30 days)
<b>mirtazapine tab 15 mg, 30 mg, 45 mg</b> (Remeron)	1	QL (30 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg</b> (Pamelor)	1	
<b>nortriptyline hcl soln 10 mg/5ml</b>	1	
<b>paroxetine hcl tab 10 mg, 20 mg, 40 mg</b> (Paxil)	1	QL (30 tablets/30 days)
<b>paroxetine hcl tab 30 mg</b> (Paxil)	1	QL (60 tablets/30 days)
PHENELZINE SULFATE – phenelzine sulfate tab 15 mg	2	
<b>sertraline hcl tab 25 mg, 50 mg</b> (Zoloft)	1	QL (30 tablets/30 days)
<b>sertraline hcl tab 100 mg</b> (Zoloft)	1	QL (60 tablets/30 days)
<b>trazodone hcl tab 50 mg, 100 mg, 150 mg</b>	1	
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent), 150 mg (base equivalent)</b> (Effexor xr)	1	QL (30 capsules/30 days)
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> (Effexor xr)	1	QL (90 capsules/30 days)
<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent), 75 mg (base equivalent), 100 mg (base equivalent)</b>	1	QL (90 tablets/30 days)
ZURZUVAE – zuranolone cap 20 mg, 25 mg	2	QL (28 capsules/365 days), SP
ZURZUVAE – zuranolone cap 30 mg	2	QL (14 capsules/365 days), SP
<b>PSYCHOTIC AND BIPOLAR DISORDERS</b>		
<b>aripiprazole tab 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg</b> (Abilify)	1	QL (30 tablets/30 days)
<b>clozapine tab 25 mg</b> (Clozaril)	1	QL (90 tablets/30 days)
<b>clozapine tab 50 mg</b>	1	QL (90 tablets/30 days)
<b>clozapine tab 100 mg</b> (Clozaril)	1	QL (270 tablets/30 days)
<b>clozapine tab 200 mg</b>	1	QL (120 tablets/30 days)
<b>fluphenazine decanoate inj 25 mg/ml</b>	1	
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml	2	
<b>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</b>	1	
FLUPHENAZINE HYDROCHLORID – fluphenazine hcl elixir 2.5 mg/5ml	2	
<b>haloperidol decanoate im soln 50 mg/ml</b> (Haldol decanoate 50)	1	
<b>haloperidol decanoate im soln 100 mg/ml</b> (Haldol decanoate 100)	1	
<b>haloperidol lactate oral conc 2 mg/ml</b>	1	
<b>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</b>	1	
LITHIUM CARBONATE – lithium carbonate cap 150 mg, 600 mg	2	
<b>lithium carbonate cap 150 mg, 600 mg</b> (Lithium carbonate)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>lithium carbonate cap 300 mg</b>	1	
<b>lithium carbonate tab er 300 mg</b> (Lithobid)	1	
<b>lithium carbonate tab er 450 mg</b>	1	
<b>lithium carbonate tab 300 mg</b>	1	
<b>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</b>	1	
<b>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</b> (Latuda)	1	QL (30 tablets/30 days)
<b>lurasidone hcl tab 80 mg</b> (Latuda)	1	QL (60 tablets/30 days)
<b>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</b> (Zyprexa zydis)	1	QL (30 tablets/30 days)
<b>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg</b> (Zyprexa)	1	QL (30 tablets/30 days)
<b>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</b>	1	
<b>prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent)</b>	1	
<b>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</b> (Seroquel xr)	1	QL (60 tablets/30 days)
<b>quetiapine fumarate tab er 24hr 150 mg, 200 mg</b> (Seroquel xr)	1	QL (30 tablets/30 days)
<b>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</b> (Seroquel)	1	QL (90 tablets/30 days)
<b>quetiapine fumarate tab 300 mg, 400 mg</b> (Seroquel)	1	QL (60 tablets/30 days)
REXULTI – brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	2	QL (30 tablets/30 days), ST
<b>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</b> (Risperdal m-tab)	1	QL (60 tablets/30 days)
<b>risperidone orally disintegrating tab 4 mg</b> (Risperdal m-tab)	1	QL (120 tablets/30 days)
<b>risperidone soln 1 mg/ml</b> (Risperdal)	1	QL (480 ml/30 days)
<b>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</b> (Risperdal)	1	QL (60 tablets/30 days)
<b>risperidone tab 4 mg</b> (Risperdal)	1	QL (120 tablets/30 days)
<b>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</b>	1	
<b>trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent)</b>	1	
VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)	2	QL (30 capsules/30 days), ST
<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg</b> (Geodon)	1	QL (60 capsules/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>SLEEP AIDS</b>		
BELSOMRA – suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	2	QL (30 tablets/30 days), ST
estazolam tab 1 mg, 2 mg	1	
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta)	1	QL (30 tablets/30 days)
midazolam hcl syrup 2 mg/ml (base equivalent)	1	
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg	1	
temazepam cap 15 mg, 30 mg (Restoril)	1	
zaleplon cap 5 mg, 10 mg (Sonata)	1	QL (30 capsules/30 days)
zolpidem tartrate tab er 6.25 mg, 12.5 mg (Ambien cr)	1	QL (30 tablets/30 days)
zolpidem tartrate tab 5 mg, 10 mg (Ambien)	1	QL (30 tablets/30 days)
<b>HYPERACTIVITY/NARCOLEPSY</b>		
amphetamine-dextroamphetamine cap er 24hr 5 mg, 15 mg, 20 mg, 25 mg, 30 mg (Adderall xr)	1	QL (30 capsules/30 days)
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	1	QL (60 capsules/30 days)
amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg (Adderall)	1	QL (60 tablets/30 days)
amphetamine-dextroamphetamine tab 20 mg (Adderall)	1	QL (90 tablets/30 days)
armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg (Nuvigil)	1	
atomoxetine hcl cap 10 mg (base equiv), 18 mg (base equiv), 25 mg (base equiv), 40 mg (base equiv) (Strattera)	1	QL (60 capsules/30 days)
atomoxetine hcl cap 60 mg (base equiv), 80 mg (base equiv), 100 mg (base equiv) (Strattera)	1	QL (30 capsules/30 days)
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	1	QL (120 tablets/30 days)
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr)	1	QL (30 capsules/30 days)
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin)	1	QL (60 tablets/30 days)
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	1	QL (90 capsules/30 days)
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine)	1	QL (120 capsules/30 days)
dextroamphetamine sulfate tab 5 mg	1	QL (90 tablets/30 days)
dextroamphetamine sulfate tab 10 mg	1	QL (180 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv)</b> (Intuniv)	1	QL (30 tablets/30 days)
<b>lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</b> (Vyvanse)	1	QL (30 capsules/30 days)
<b>lisdexamfetamine dimesylate chew tab 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</b> (Vyvanse)	1	QL (30 tablets/30 days)
<b>methylphenidate hcl cap er 10 mg (cd), 20 mg (cd), 30 mg (cd), 40 mg (cd), 50 mg (cd), 60 mg (cd)</b>	1	QL (30 capsules/30 days)
<b>methylphenidate hcl cap er 24hr 20 mg (la), 30 mg (la), 40 mg (la)</b> (Ritalin la)	1	QL (30 capsules/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg, 27 mg, 54 mg</b> (Concerta)	1	QL (30 tablets/30 days)
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b> (Concerta)	1	QL (60 tablets/30 days)
<b>methylphenidate hcl tab er 10 mg, 20 mg</b>	1	QL (90 tablets/30 days)
<b>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</b> (Ritalin)	1	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 18 mg, 27 mg, 54 mg	2	QL (30 tablets/30 days)
METHYLPHENIDATE HYDROCHLO – methylphenidate hcl tab er 24hr 36 mg	2	QL (60 tablets/30 days)
<b>modafinil tab 100 mg, 200 mg</b> (Provigil)	1	
SUNOSI – solriamfetol hcl tab 75 mg (base equiv), 150 mg (base equiv)	2	PA, QL (30 tablets/30 days)
<b>MULTIPLE SCLEROSIS</b>		
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	2	QL (1 kit/28 days), SP, ST
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	2	QL (1 kit/28 days), SP, ST
BETASERON – interferon beta-1b for inj kit 0.3 mg	2	QL (14 vials/28 days), SP, ST
<b>dimethyl fumarate capsule delayed release 120 mg</b> (Tecfidera)	1	QL (56 capsules/180 days), SP
<b>dimethyl fumarate capsule delayed release 240 mg</b> (Tecfidera)	1	QL (60 capsules/30 days), SP
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</b> (Tecfidera starter pa)	1	QL (1 kit/180 days), SP
<b> fingolimod hcl cap 0.5 mg (base equiv)</b> (Gilenya)	1	QL (30 capsules/30 days), SP, ST
<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b> (Copaxone)	1	QL (30 syringes/30 days), SP
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b> (Copaxone)	1	QL (12 syringes/28 days), SP
KESIMPTA – ofatumumab soln auto-injector 20 mg/0.4ml	2	QL (1 pen/28 days), SP, ST



Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs), 10 mg (8 tabs)	2	QL (8 tablets/301 days), SP, ST
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	2	QL (10 tablets/301 days), SP, ST
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	2	QL (12 tablets/301 days), SP, ST
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	2	QL (14 tablets/301 days), SP, ST
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	2	QL (9 tablets/301 days), SP, ST
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	2	QL (20 tablets/301 days), SP, ST
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	2	QL (120 tablets/30 days), SP, ST
MAYZENT – siponimod fumarate tab 1 mg (base equiv), 2 mg (base equiv)	2	QL (30 tablets/30 days), SP, ST
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (7) starter pack	2	QL (1 pack/180 days), SP, ST
MAYZENT STARTER PACK – siponimod fumarate tab 0.25 mg (12) starter pack	2	QL (1 pack/180 days), SP, ST
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	2	QL (2 pens/28 days), SP, ST
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	2	QL (2 syringes/28 days), SP, ST
PLEGRIDY – peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	2	QL (2 syringes/28 days), SP, ST
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	2	QL (1 kit/180 days), SP, ST
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	2	QL (1 kit/180 days), SP, ST
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	2	QL (12 syringes/28 days), SP, ST
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	2	QL (12 syringes/28 days), SP, ST
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	QL (1 kit/180 days), SP, ST
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	2	QL (1 kit/180 days), SP, ST
<b>teriflunomide tab 7 mg, 14 mg</b> (Aubagio)	1	QL (30 tablets/30 days), SP
VUMERITY – diroximel fumarate capsule delayed release 231 mg	2	QL (120 capsules/30 days), SP, ST
ZEPOSIA – ozanimod hcl cap 0.92 mg	2	PA, QL (30 capsules/30 days), SP
ZEPOSIA STARTER KIT – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 21 x 0.92 mg	2	PA, QL (28 capsules/180 days), SP
ZEPOSIA 7-DAY STARTER PAC – ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	2	PA, QL (1 kit/180 days), SP
<b>TOBACCO CESSATION</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)</b>	1	
<b>nicotine polacrilex gum 2 mg – otc</b>	1	
<b>nicotine polacrilex gum 4 mg – otc</b>	1	
<b>nicotine polacrilex lozenge 2 mg – otc</b>	1	
<b>nicotine polacrilex lozenge 4 mg – otc</b>	1	
<b>nicotine td patch 24hr 7 mg/24hr – otc</b>	1	
<b>nicotine td patch 24hr 14 mg/24hr – otc</b>	1	
<b>nicotine td patch 24hr 21 mg/24hr – otc</b>	1	
NICOTINE TRANSDERMAL SYSTEM – OTC – nicotine td patch 24 hr kit 21-14-7 mg/24hr	2	
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	2	
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	2	
<b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg (base equiv)</b>	1	
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b>	1	
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>		
<b>acamprosate calcium tab delayed release 333 mg</b>	1	
<b>disulfiram tab 250 mg, 500 mg (Antabuse)</b>	1	
<b>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg</b>	1	
<b>donepezil hydrochloride tab 5 mg, 10 mg (Aricept)</b>	1	
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	2	
<b>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne)</b>	1	
<b>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg (Namenda xr)</b>	1	
<b>memantine hcl oral solution 2 mg/ml (Namenda)</b>	1	
<b>memantine hcl tab 5 mg, 10 mg (Namenda)</b>	1	
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack (Namenda titration pa)</b>	1	
NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	2	PA, QL (60 capsules/30 days)
PIMOZIDE – pimozone tab 1 mg, 2 mg	2	
<b>rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent)</b>	1	

Drug Name	Drug Tier	Requirements/Limits
SAVELLA – milnacipran hcl tab 12.5 mg, 25 mg, 50 mg, 100 mg	2	QL (60 tablets/30 days)
SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	2	QL (1 pack/180 days)
<b>tetrabenazine tab 12.5 mg</b> (Xenazine)	1	PA, QL (240 tablets/30 days), SP
<b>tetrabenazine tab 25 mg</b> (Xenazine)	1	PA, QL (120 tablets/30 days), SP
<b>WEIGHT LOSS</b>		
<b>phentermine hcl cap 15 mg, 30 mg</b>	1	PA, QL (30 capsules/30 days)
<b>phentermine hcl cap 37.5 mg</b> (Adipex-p)	1	PA, QL (30 capsules/30 days)
<b>phentermine hcl tab 37.5 mg</b> (Adipex-p)	1	PA, QL (30 tablets/30 days)
<b>PAIN RELIEF DRUGS</b>		
<b>NON-NARCOTIC DRUGS</b>		
<b>aspirin chew tab 81 mg</b>	1	
<b>aspirin tab delayed release 81 mg</b>	1	
<b>butalbital-acetaminophen tab 50-325 mg</b>	1	QL (180 tablets/30 days)
<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b> (Esgic)	1	QL (180 tablets/30 days)
<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b> (Fiorinal)	1	QL (180 capsules/30 days)
<b>ketorolac tromethamine tab 10 mg</b>	1	QL (20 tablets/1 prescription)
<b>NARCOTIC DRUGS</b>		
<b>acetaminophen w/ codeine tab 300-15 mg</b> (Tylenol/codeine)	1	QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-30 mg</b> (Tylenol/codeine #3)	1	QL (360 tablets/30 days)
<b>acetaminophen w/ codeine tab 300-60 mg</b> (Tylenol/codeine #4)	1	QL (180 tablets/30 days)
ACETAMINOPHEN/CODEINE – acetaminophen w/ codeine soln 120-12 mg/5ml	2	QL (2700 mls/30 days)
<b>buprenorphine hcl sl tab 2 mg (base equiv), 8 mg (base equiv)</b>	1	QL (6 tablets/90 days)
<b>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</b> (Fiorinal/codeine #3)	1	QL (180 capsules/30 days)
CODEINE SULFATE – codeine sulfate tab 15 mg, 60 mg	2	QL (180 tablets/30 days)
<b>codeine sulfate tab 30 mg</b> (Codeine sulfate)	1	QL (180 tablets/30 days)
FENTANYL CITRATE ORAL TRA – fentanyl citrate lozenge on a handle 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	2	PA, QL (120 lozenges/30 days)
<b>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr</b> (Duragesic)	1	PA, QL (15 patches/30 days)
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	1	QL (2700 ml/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</b> (Norco)	1	QL (180 tablets/30 days)
<b>hydrocodone-acetaminophen tab 5-325 mg</b> (Norco)	1	QL (240 tablets/30 days)
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	1	QL (150 tablets/30 days)
<b>hydromorphone hcl liqd 1 mg/ml</b> (Dilaudid)	1	QL (1440 ml/30 days)
<b>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</b> (Dilaudid)	1	QL (180 tablets/30 days)
<b>methadone hcl conc 10 mg/ml</b> (Methadose)	1	QL (90 ml/30 days)
<b>methadone hcl soln 5 mg/5ml</b> (Methadone hcl)	1	QL (900 ml/30 days)
<b>methadone hcl soln 10 mg/5ml</b> (Methadone hcl)	1	QL (450 ml/30 days)
<b>methadone hcl tab for oral susp 40 mg</b>	1	QL (90 tablets/30 days)
<b>methadone hcl tab 5 mg, 10 mg</b> (Dolophine)	1	QL (90 tablets/30 days)
MORPHINE SULFATE – morphine sulfate oral soln 20 mg/5ml	2	QL (1350 ml/30 days)
<b>morphine sulfate oral soln 10 mg/5ml</b>	1	QL (2700 ml/30 days)
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	1	QL (270 ml/30 days)
<b>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</b> (Ms contin)	1	PA, QL (90 tablets/30 days)
<b>morphine sulfate tab 15 mg</b> (Morphine sulfate)	1	QL (360 tablets/30 days)
<b>morphine sulfate tab 30 mg</b> (Morphine sulfate)	1	QL (180 tablets/30 days)
<b>naltrexone hcl tab 50 mg</b>	1	
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	2	PA, QL (60 tablets/30 days)
<b>oxycodone hcl soln 5 mg/5ml</b>	1	QL (5400 ml/30 days)
<b>oxycodone hcl tab 5 mg</b> (Roxicodone)	1	QL (360 tablets/30 days)
<b>oxycodone hcl tab 10 mg, 20 mg</b>	1	QL (180 tablets/30 days)
<b>oxycodone hcl tab 15 mg, 30 mg</b> (Roxicodone)	1	QL (180 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> (Percocet)	1	QL (360 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> (Percocet)	1	QL (240 tablets/30 days)
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> (Percocet)	1	QL (180 tablets/30 days)
<b>tramadol hcl tab 50 mg</b> (Ultram)	1	QL (240 tablets/30 days)
<b>tramadol-acetaminophen tab 37.5-325 mg</b> (Ultracet)	1	QL (240 tablets/30 days)
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	2	PA, QL (60 capsules/30 days)
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg	2	PA, QL (240 capsules/30 days)
<b>RHEUMATOID AND OSTEOARTHRITIS</b>		
ADALIMUMAB-AATY 1-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml, 80 mg/0.8ml	2	PA, QL (2 pens/28 days), SP

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-AATY 2-PEN KIT – adalimumab-aaty auto-injector kit 40 mg/0.4ml	2	PA, QL (2 pens/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 20 mg/0.2ml	2	PA, QL (2 syringes/28 days), SP
ADALIMUMAB-AATY 2-SYRINGE – adalimumab-aaty prefilled syringe kit 40 mg/0.4ml	2	PA, QL (1 kit/28 days), SP
ADALIMUMAB-ADAZ – adalimumab-adaz soln auto-injector 40 mg/0.4ml	2	PA, QL (2 pens/28 days), SP
ADALIMUMAB-ADAZ – adalimumab-adaz soln prefilled syringe 40 mg/0.4ml	2	PA, QL (2 syringes/28 days), SP
ARCALYST – riloncept for inj 220 mg	2	PA, QL (8 vials/28 days), SP
<b>celecoxib cap 50 mg, 100 mg, 200 mg, 400 mg</b> (Celebrex)	1	
<b>diclofenac potassium tab 50 mg</b>	1	
<b>diclofenac sodium tab delayed release 50 mg, 75 mg</b>	1	
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	2	PA, QL (4 syringes/28 days), SP
ENBREL – etanercept subcutaneous inj 25 mg/0.5ml	2	PA, QL (8 vials/28 days), SP
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	2	PA, QL (4 cartridges/28 days), SP
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	2	PA, QL (4 pens/28 days), SP
<b>etodolac cap 200 mg, 300 mg</b>	1	
<b>etodolac tab 400 mg</b> (Lodine)	1	
<b>etodolac tab 500 mg</b>	1	
FLURBIPROFEN – flurbiprofen tab 50 mg	2	ST
<b>flurbiprofen tab 100 mg</b>	1	
HADLIMA – adalimumab-bwwd soln prefilled syringe 40 mg/0.4ml, 40 mg/0.8ml	2	PA, QL (2 syringes/28 days), SP
HADLIMA PUSH TOUCH – adalimumab-bwwd soln auto-injector 40 mg/0.4ml, 40 mg/0.8ml	2	PA, QL (2 pens/28 days), SP
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	2	PA, QL (2 syringes/28 days), SP
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	2	PA, QL (2 pens/28 days), SP
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml	2	PA, QL (1 kit/180 days), SP
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	2	PA, QL (1 kit/180 days), SP
<b>ibuprofen susp 100 mg/5ml</b>	1	
<b>ibuprofen tab 400 mg, 600 mg, 800 mg</b>	1	

Drug Name	Drug Tier	Requirements/Limits
<b>indomethacin cap 25 mg, 50 mg</b>	1	
<b>leflunomide tab 10 mg, 20 mg</b> (Arava)	1	
<b>meloxicam tab 7.5 mg, 15 mg</b> (Mobic)	1	
<b>nabumetone tab 500 mg, 750 mg</b>	1	
<b>naproxen tab 250 mg, 375 mg</b>	1	
<b>naproxen tab 500 mg</b> (Naprosyn)	1	
OTEZLA – apremilast tab 20 mg, 30 mg	2	PA, QL (60 tablets/30 days), SP
OTEZLA – apremilast tab starter therapy pack 4 x 10 mg & 51 x 20 mg	2	PA, QL (1 pack/180 days), SP
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	2	PA, QL (1 kit/180 days), SP
OTREXUP – methotrexate soln pf auto-injector 10 mg/0.4ml, 12.5 mg/0.4ml, 15 mg/0.4ml, 17.5 mg/0.4ml, 20 mg/0.4ml, 22.5 mg/0.4ml, 25 mg/0.4ml	2	ST
<b>piroxicam cap 10 mg, 20 mg</b> (Feldene)	1	
RINVOQ – upadacitinib tab er 24hr 15 mg, 30 mg	2	PA, QL (30 tablets/30 days), SP
RINVOQ – upadacitinib tab er 24hr 45 mg	2	PA, QL (84 tablets/365 days), SP
RINVOQ LQ – upadacitinib oral soln 1 mg/ml	2	PA, QL (360 mls/30 days), SP
SIMLANDI 1-PEN KIT – adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	PA, QL (2 pens/28 days), SP
SIMLANDI 2-PEN KIT – adalimumab-ryvk auto-injector kit 40 mg/0.4ml	2	PA, QL (2 pens/28 days), SP
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	2	PA, QL (1 syringe/28 days), SP
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	2	PA, QL (1 syringe/28 days), SP
<b>sulindac tab 150 mg, 200 mg</b>	1	
TYENNE – tocilizumab-aazg subcutaneous soln auto-inj 162 mg/0.9ml	2	PA, QL (4 pens/28 days)
TYENNE – tocilizumab-aazg subcutaneous soln pref syr 162 mg/0.9ml	2	PA, QL (4 syringes/28 days)
XELJANZ – tofacitinib citrate oral soln 1 mg/ml (base equivalent)	2	PA, QL (240 ml/30 days), SP
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	2	PA, QL (60 tablets/30 days), SP
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	2	PA, QL (240 tablets/365 days), SP
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	2	PA, QL (30 tablets/30 days), SP
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)	2	PA, QL (120 tablets/365 days), SP
<b>MIGRAINE HEADACHES</b>		

Drug Name	Drug Tier	Requirements/Limits
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml, 140 mg/ml	2	PA, QL (1 pen/28 days)
AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	2	PA, QL (3 injection devices/84 days)
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	2	PA, QL (3 syringes/84 days)
<b>dihydroergotamine mesylate inj 1 mg/ml</b> (D.h.e. 45)	1	QL (24 ampules/28 days)
<b>divalproex sodium tab er 24 hr 250 mg, 500 mg</b> (Depakote er)	1	
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	PA, QL (1 pen/28 days)
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2	PA, QL (9 syringes/180 days)
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2	PA, QL (1 syringe/28 days)
<b>naratriptan hcl tab 1 mg (base equiv), 2.5 mg (base equiv)</b> (Amerge)	1	QL (18 tablets/30 days)
NURTEC – rimegepant sulfate tab disint 75 mg	2	PA, QL (16 tablets/30 days)
QULIPTA – atogepant tab 10 mg, 30 mg, 60 mg	2	PA, QL (30 tablets/30 days)
REYVOW – lasmiditan succinate tab 50 mg, 100 mg	2	PA, QL (8 tablets/30 days)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq)</b> (Maxalt-mlt)	1	QL (18 tablets/30 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	1	QL (18 tablets/30 days)
<b>rizatriptan benzoate tab 10 mg (base equivalent)</b> (Maxalt)	1	QL (18 tablets/30 days)
<b>sumatriptan nasal spray 5 mg/act, 20 mg/act</b> (Imitrex)	1	QL (12 inhalers/30 days)
<b>sumatriptan succinate inj 6 mg/0.5ml</b> (Imitrex)	1	QL (10 vials/30 days)
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</b> (Imitrex statdose sys)	1	QL (12 doses/30 days)
<b>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</b> (Imitrex)	1	QL (18 tablets/30 days)
UBRELVY – ubrogepant tab 50 mg, 100 mg	2	PA, QL (16 tablets/30 days)
<b>zolmitriptan orally disintegrating tab 2.5 mg, 5 mg</b> (Zomig zmt)	1	QL (12 tablets/30 days)
<b>zolmitriptan tab 2.5 mg, 5 mg</b> (Zomig)	1	QL (12 tablets/30 days)
<b>GOUT</b>		
<b>allopurinol tab 100 mg, 300 mg</b> (Zyloprim)	1	
<b>colchicine tab 0.6 mg</b> (Colcrys)	1	
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	1	
<b>probenecid tab 500 mg</b>	1	
<b>OPIOID DEPENDENCE TREATMENT</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b> (Suboxone)	1	QL (120 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv), 12-3 mg (base equiv)</b> (Suboxone)	1	QL (60 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b> (Suboxone)	1	QL (60 films/30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	1	QL (120 tablets/30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	1	QL (90 tablets/30 days)
<b>NEUROMUSCULAR DRUGS</b>		
<b>SEIZURES</b>		
APTIOM – eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	2	
<b>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</b> (Carbatrol)	1	
<b>carbamazepine chew tab 100 mg</b>	1	
<b>carbamazepine susp 100 mg/5ml</b> (Tegretol)	1	
<b>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</b> (Tegretol-xr)	1	
<b>carbamazepine tab 200 mg</b> (Tegretol)	1	
<b>clonazepam tab 0.5 mg, 1 mg, 2 mg</b> (Klonopin)	1	
<b>diazepam rectal gel delivery system 10 mg, 20 mg</b> (Diastat acudial)	1	
DILANTIN – phenytoin sodium extended cap 30 mg, 100 mg	2	
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> (Depakote sprinkles)	1	
<b>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</b> (Depakote)	1	
<b>divalproex sodium tab er 24 hr 250 mg, 500 mg</b> (Depakote er)	1	
EPIDIOLEX – cannabidiol soln 100 mg/ml	2	PA, SP
<b>ethosuximide cap 250 mg</b> (Zarontin)	1	
<b>ethosuximide soln 250 mg/5ml</b> (Zarontin)	1	
<b>felbamate susp 600 mg/5ml</b> (Felbatol)	1	
<b>felbamate tab 400 mg, 600 mg</b> (Felbatol)	1	
<b>gabapentin cap 100 mg, 300 mg, 400 mg</b> (Neurontin)	1	
<b>gabapentin oral soln 250 mg/5ml</b> (Neurontin)	1	
<b>gabapentin tab 600 mg, 800 mg</b> (Neurontin)	1	
<b>lacosamide oral solution 10 mg/ml</b> (Vimpat)	1	



Drug Name	Drug Tier	Requirements/Limits
<b>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</b> (Vimpat)	1	
<b>lamotrigine tab chewable dispersible 5 mg, 25 mg</b> (Lamictal chewable di)	1	
<b>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</b> (Lamictal)	1	
<b>levetiracetam oral soln 100 mg/ml</b> (Keppra)	1	
<b>levetiracetam tab er 24hr 500 mg, 750 mg</b> (Keppra xr)	1	
<b>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</b> (Keppra)	1	
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> (Trileptal)	1	
<b>oxcarbazepine tab 150 mg, 300 mg, 600 mg</b> (Trileptal)	1	
<b>phenytoin chew tab 50 mg</b> (Dilantin infatabs)	1	
<b>phenytoin sodium extended cap 100 mg</b> (Dilantin)	1	
<b>phenytoin sodium extended cap 200 mg, 300 mg</b> (Phenytek)	1	
<b>phenytoin susp 125 mg/5ml</b> (Dilantin-125)	1	
<b>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</b> (Lyrica)	1	QL (90 capsules/30 days)
<b>pregabalin cap 225 mg, 300 mg</b> (Lyrica)	1	QL (60 capsules/30 days)
<b>pregabalin soln 20 mg/ml</b> (Lyrica)	1	QL (900 ml/30 days)
<b>primidone tab 50 mg, 250 mg</b> (Mysoline)	1	
<b>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</b> (Gabitril)	1	
<b>topiramate sprinkle cap 15 mg, 25 mg</b> (Topamax sprinkle)	1	
<b>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</b> (Topamax)	1	
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> (Depakene)	1	
<b>valproic acid cap 250 mg</b> (Depakene)	1	
<b>zonisamide cap 25 mg, 100 mg</b> (Zonegran)	1	
<b>zonisamide cap 50 mg</b>	1	
<b>PARKINSON'S DISEASE</b>		
<b>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg</b>	1	
<b>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg</b>	1	
<b>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</b> (Sinemet)	1	
<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</b> (Stalevo 50)	1	
<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</b> (Stalevo 75)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg</b> (Stalevo 100)	1	
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</b> (Stalevo 125)	1	
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</b> (Stalevo 150)	1	
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg</b> (Stalevo 200)	1	
CARBIDOPA/LEVODOPA ODT – carbidopa & levodopa orally disintegrating tab 10-100 mg, 25-100 mg, 25-250 mg	2	
<b>entacapone tab 200 mg</b> (Comtan)	1	
INBRIJA – levodopa inhal powder cap 42 mg	2	SP
<b>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</b> (Mirapex)	1	
<b>rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv)</b> (Azilect)	1	
<b>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</b> (Requip)	1	
<b>selegiline hcl cap 5 mg</b> (Eldepryl)	1	
<b>selegiline hcl tab 5 mg</b>	1	
TRIHEXYPHENIDYL HCL – trihexyphenidyl hcl oral soln 0.4 mg/ml	2	
<b>trihexyphenidyl hcl tab 2 mg, 5 mg</b>	1	
<b>MUSCLE RELAXANTS</b>		
<b>baclofen tab 10 mg, 20 mg</b>	1	
<b>chlorzoxazone tab 500 mg</b>	1	
<b>cyclobenzaprine hcl tab 5 mg, 10 mg</b>	1	
<b>methocarbamol tab 500 mg</b> (Robaxin)	1	
<b>methocarbamol tab 750 mg</b> (Robaxin-750)	1	
<b>orphenadrine citrate tab er 12hr 100 mg</b>	1	
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	1	
<b>tizanidine hcl tab 4 mg (base equivalent)</b> (Zanaflex)	1	
<b>OTHER NEUROMUSCULAR DRUGS</b>		
<b>pyridostigmine bromide oral soln 60 mg/5ml</b> (Mestinon)	1	
<b>pyridostigmine bromide tab er 180 mg</b> (Mestinon timespan)	1	
<b>pyridostigmine bromide tab 60 mg</b> (Mestinon)	1	
<b>riluzole tab 50 mg</b> (Rilutek)	1	SP
<b>SUPPLEMENTS</b>		

Drug Name	Drug Tier	Requirements/Limits
<b>VITAMINS</b>		
<b>ergocalciferol cap 1.25 mg (50000 unit)</b> (Drisdol)	1	
<b>phytonadione inj 1 mg/0.5ml (2 mg/ml), 10 mg/ml</b>	1	
<b>phytonadione tab 5 mg</b> (Mephyton)	1	
<b>MULTIVITAMINS</b>		
KOSHER PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 30-1 mg	2	
PRENATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	2	
PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	2	
PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	2	
PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	2	
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg	2	
<b>MINERALS AND ELECTROLYTES</b>		
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b> (K-phos neutral)	1	
<b>potassium chloride cap er 8 meq, 10 meq</b>	1	
POTASSIUM CHLORIDE ER – potassium chloride tab er 8 meq (600 mg)	2	
<b>potassium chloride microencapsulated crys er tab 10 meq, 20 meq</b>	1	
<b>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</b>	1	
<b>potassium chloride tab er 8 meq (600 mg)</b>	1	
<b>potassium chloride tab er 10 meq</b> (K-tab)	1	
<b>potassium phosphate monobasic tab 500 mg</b> (K-phos)	1	
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)	2	
SODIUM FLUORIDE – sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	2	
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf)</b>	1	
<b>BLOOD MODIFYING DRUGS</b>		
ADVATE – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit	2	PA, QL (1 ml/30 days), SP
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
ALPHANATE – antihemophilic factor/vwf (human) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit	2	PA, QL (1 ml/30 days), SP
ALPHANINE SD – coagulation factor ix for inj 500 unit, 1000 unit, 1500 unit	2	PA, QL (1 ml/30 days), SP
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	PA, QL (1 ml/30 days), SP
ALTUVIIIIO – antihemophilic fact rcmb fc-vwf-xten-ehtl for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit, 4000 unit	2	PA, QL (1 ml/30 days), SP
<b>aminocaproic acid inj 250 mg/ml</b>	1	
<b>anagrelide hcl cap 0.5 mg (Agrylin)</b>	1	
<b>anagrelide hcl cap 1 mg</b>	1	
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml, 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	2	PA, SP
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	2	PA, SP
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit	2	PA, QL (10 vials/30 days), SP
BRILINTA – ticagrelor tab 60 mg, 90 mg	2	
CERDELGA – eliglustat tartrate cap 84 mg (base equivalent)	2	PA, QL (60 capsules/30 days), SP
CEREZYME – imiglucerase for inj 400 unit	2	SP
<b>cilostazol tab 50 mg, 100 mg</b>	1	
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>	1	
COAGADEX – coagulation factor x (human) for inj 250 unit, 500 unit	2	SP
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	2	SP
<b>cyanocobalamin inj 1000 mcg/ml</b>	1	
<b>dipyridamole tab 25 mg, 50 mg, 75 mg</b>	1	
DROXIA – hydroxyurea cap 200 mg, 300 mg, 400 mg	2	SP
ELIQUIS – apixaban tab 2.5 mg	2	QL (60 tablets/30 days)
ELIQUIS – apixaban tab 5 mg	2	QL (74 tablets/30 days)

Drug Name	Drug Tier	Requirements/Limits
ELIQUIS STARTER PACK – apixaban tab starter pack 5 mg	2	QL (1 pack/180 days)
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit, 500 unit, 750 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit, 4000 unit, 5000 unit, 6000 unit	2	PA, QL (1 ml/30 days), SP
EMPAVELI – pegcetacoplan subcutaneous soln 1080 mg/20ml (54 mg/ml)	2	PA, QL (8 vials/28 days), SP
<b>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox)</b>	1	QL (30 syringes/90 days)
<b>enoxaparin sodium inj 300 mg/3ml (Lovenox)</b>	1	QL (10 vials/90 days)
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
FABHALTA – iptacopan hcl cap 200 mg	2	PA, QL (60 capsules/30 days), SP
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit, 1000 unit, 2500 unit	2	SP
<b>folic acid tab 1 mg</b>	1	
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	2	SP
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	SP
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	2	PA, QL (27 vials/28 days), SP
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	2	PA, QL (1 vial/30 days), SP
HEMLIBRA – emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml), 300 mg/2ml (150 mg/ml)	2	PA, QL (QL is based on weight), SP
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml, 60 mg/0.4ml (150 mg/ml), 150 mg/ml	2	PA, QL (4 vials/28 days), SP
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	2	PA, QL (8 vials/28 days), SP
HEMOFIL M – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit, 1700 unit	2	PA, QL (1 ml/30 days), SP
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit, 500-1200 unit, 1000-2400 unit	2	PA, QL (1 ml/30 days), SP
<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Firazyr)</b>	1	PA, QL (6 syringes/30 days), SP
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3500 unit	2	PA, QL (1 ml/30 days), SP
IXINITY – coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	2	PA, QL (1 ml/30 days), SP
JIVI – antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
KOATE – antihemophilic factor (human) for inj 250 unit, 500 unit, 1000 unit	2	PA, QL (1 ml/30 days), SP
KOATE-DVI – antihemophilic factor (human) for inj 500 unit, 1000 unit	2	PA, QL (1 ml/30 days), SP
KOGENATE FS – antihemophilic factor recomb (rfviii) for inj kit 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
KOVALTRY – antihemophilic factor recomb (rahf-pfm) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP
NIVESTYM – filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	2	SP
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit, 500 unit, 1000 unit, 1500 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg), 2 mg (2000 mcg), 5 mg (5000 mcg), 8 mg (8000 mcg)	2	PA, QL (1 ml/30 days), SP
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit, 500 unit	2	PA, QL (1 ml/30 days), SP
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	PA, QL (1 ml/30 days), SP
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit, 500 unit	2	PA, QL (1 ml/30 days), SP
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit, 1500 unit, 2000 unit, 2500 unit, 3000 unit, 4000 unit	2	PA, QL (1 ml/30 days), SP
NYVEPRIA – pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	2	SP
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	2	SP
<b>pentoxifylline tab er 400 mg</b>	1	
<b>prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient)</b>	1	
PROCRT – epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	PA, SP
PROFILNINE – factor ix complex for inj 500 unit, 1000 unit, 1500 unit	2	PA, QL (1 ml/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv), 12.5 mg (base eq)	2	PA, QL (30 packets/30 days), SP
PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv), 25 mg (base equiv)	2	PA, QL (30 tablets/30 days), SP
PROMACTA – eltrombopag olamine tab 50 mg (base equiv), 75 mg (base equiv)	2	PA, QL (60 tablets/30 days), SP
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt, 1000 unt, 2000 unt, 3000 unt	2	PA, QL (Dependent on patient weight and number of doses), SP
RECOMBINATE – antihemophilic factor recomb (rfviii) for inj 220-400 unit, 401-800 unit, 801-1240 unit, 1241-1800 unit, 1801-2400 unit	2	PA, QL (1 ml/30 days), SP
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	2	PA, SP
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit, 500 unit, 1000 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit	2	PA, QL (8 vials/30 days), SP
TAKHZYRO – lanadelumab-flyo soln pref syringe 150 mg/ml, 300 mg/2ml (150 mg/ml)	2	PA, QL (2 syringes/28 days), SP
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	2	PA, QL (2 vials/28 days), SP
TRETTEN – coagulation factor xiii a-subunit for inj 2500 unit	2	SP
VONVENDI – von willebrand factor (recombinant) for inj 650 unit, 1300 unit	2	PA, QL (1 ml/30 days), SP
<b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</b> (Coumadin)	1	
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	2	PA, QL (1 ml/30 days), SP
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	2	PA, QL (1 ml/30 days), SP
XARELTO – rivaroxaban for susp 1 mg/ml	2	QL (4 bottles/30 days)
XARELTO – rivaroxaban tab 2.5 mg, 15 mg	2	QL (60 tablets/30 days)
XARELTO – rivaroxaban tab 10 mg, 20 mg	2	QL (30 tablets/30 days)
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	2	QL (51 tablets/30 days)
XYNTHA – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	PA, QL (1 ml/30 days), SP
XYNTHA – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit	2	PA, QL (1 ml/30 days), SP
XYNTHA SOLOFUSE – antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit, 500 unit	2	PA, QL (1 ml/30 days), SP

Drug Name	Drug Tier	Requirements/Limits
XYNTHA SOLOFUSE – antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit, 2000 unit, 3000 unit	2	PA, QL (1 ml/30 days), SP
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	2	SP
<b>TOPICAL DRUGS</b>		
<b>EYE</b>		
<b>Anti-infectives</b>		
BACITRACIN – bacitracin ophth oint 500 unit/gm	2	
<b>bacitracin-polymyxin b ophth oint</b>	1	
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b> (Ciloxan)	1	
<b>erythromycin ophth oint 5 mg/gm</b>	1	
<b>gentamicin sulfate ophth soln 0.3%</b>	1	
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b> (Vigamox)	1	
NATACYN – natamycin ophth susp 5%	2	
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b>	1	
NEOMYCIN/POLYMYXIN/GRAMIC – neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
<b>ofloxacin ophth soln 0.3%</b> (Ocuflax)	1	
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> (Polytrim)	1	
<b>sulfacetamide sodium ophth soln 10%</b> (Bleph-10)	1	
<b>tobramycin ophth soln 0.3%</b> (Tobrex)	1	
TRIFLURIDINE – trifluridine ophth soln 1%	2	
<b>Steroids and Combination Products</b>		
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	1	
<b>fluorometholone ophth susp 0.1%</b> (Fml liquifilm)	1	
LOTEMAX – loteprednol etabonate ophth oint 0.5%	2	
LOTEMAX SM – loteprednol etabonate ophth gel 0.38%	2	
<b>loteprednol etabonate ophth gel 0.5%</b> (Lotemax)	1	
<b>loteprednol etabonate ophth susp 0.5%</b> (Lotemax)	1	
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> (Maxitrol)	1	
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> (Maxitrol)	1	
PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%	2	



Drug Name	Drug Tier	Requirements/Limits
SULFACETAMIDE SODIUM/PRED – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	2	
ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	2	
<b>Glaucoma</b>		
<b>brimonidine tartrate ophth soln 0.1%</b> (Alphagan p)	1	
<b>brimonidine tartrate ophth soln 0.2%</b>	1	
CARTEOLOL HCL – carteolol hcl ophth soln 1%	2	
<b>dorzolamide hcl ophth soln 2%</b> (Trusopt)	1	
<b>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</b> (Cosopt)	1	
<b>latanoprost ophth soln 0.005%</b> (Xalatan)	1	QL (2.5 ml/30 days)
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	2	
LUMIGAN – bimatoprost ophth soln 0.01%	2	QL (2.5 ml/30 days)
<b>pilocarpine hcl ophth soln 1%, 2%, 4%</b> (Isopto carpine)	1	
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2	
<b>timolol maleate ophth soln 0.25%, 0.5%</b> (Timoptic)	1	
<b>Other Eye Products</b>		
<b>azelastine hcl ophth soln 0.05%</b>	1	
CROMOLYN SODIUM – cromolyn sodium ophth soln 4%	2	
CYCLOGYL – cyclopentolate hcl ophth soln 2%	2	
<b>cyclopentolate hcl ophth soln 1%</b> (Cyclogyl)	1	
<b>diclofenac sodium ophth soln 0.1%</b>	1	
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	2	
<b>ketorolac tromethamine ophth soln 0.4%</b> (Acular Is)	1	
<b>ketorolac tromethamine ophth soln 0.5%</b> (Acular)	1	
RESTASIS – cyclosporine (ophth) emulsion 0.05%	1	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%	2	PA, QL (1 bottle/30 days)
<b>tropicamide ophth soln 0.5%</b>	1	
<b>tropicamide ophth soln 1%</b> (Mydracyl)	1	
XIIDRA – lifitegrast ophth soln 5%	2	PA, QL (60 vials/30 days)
<b>EAR</b>		
<b>acetic acid otic soln 2%</b>	1	
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	2	
<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b> (Ciprodex)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	1	
<b>neomycin-polymyxin-hc otic soln 1%</b>	1	
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	1	
<b>ofloxacin otic soln 0.3%</b> (Floxin otic)	1	
<b>MOUTH AND THROAT (LOCAL)</b>		
<b>chlorhexidine gluconate soln 0.12%</b> (Peridex)	1	
<b>clotrimazole troche 10 mg</b>	1	
FLUORIDEX SENSITIVITY REL – sodium fluoride-potassium nitrate paste 1.1-5%	2	
<b>lidocaine hcl viscous soln 2%</b>	1	
<b>nystatin susp 100000 unit/ml</b>	1	
<b>pilocarpine hcl tab 5 mg, 7.5 mg</b> (Salagen)	1	
PREVIDENT RINSE – sodium fluoride rinse 0.2%	2	
<b>sodium fluoride cream 1.1%</b> (Prevident 5000 plus)	1	
<b>sodium fluoride gel 1.1% (0.5% f)</b> (Prevident fluoride)	1	
<b>sodium fluoride paste 1.1%</b> (Prevident 5000 boost)	1	
<b>sodium fluoride rinse 0.2%</b> (Prevident rinse)	1	
<b>sodium fluoride-potassium nitrate gel 1.1-5%</b> (Prevident 5000 sensi)	1	
<b>triamcinolone acetonide dental paste 0.1%</b>	1	
<b>ANORECTAL</b>		
<b>hydrocortisone acetate suppos 25 mg</b>	1	
<b>hydrocortisone enema 100 mg/60ml</b> (Cortenema)	1	
<b>hydrocortisone perianal cream 1%</b> (Proctocort)	1	
<b>hydrocortisone perianal cream 2.5%</b> (Anusol-hc)	1	
<b>SKIN CONDITIONS/PRODUCTS</b>		
<b>Acne</b>		
<b>acutane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</b>	1	
<b>adapalene gel 0.3%</b> (Differin)	1	
<b>amnestem - isotretinoin cap 10 mg, 20 mg, 40 mg</b>	1	
<b>azelaic acid gel 15%</b> (Finacea)	1	
<b>claravis - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</b>	1	
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b> (Duac)	1	
<b>clindamycin phosphate gel 1%</b> (Cleocin-t)	1	
<b>clindamycin phosphate lotion 1%</b> (Cleocin-t)	1	
<b>clindamycin phosphate soln 1%</b> (Cleocin-t)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>clindamycin phosphate swab 1%</b> (Cleocin-t)	1	
ERY – erythromycin pads 2%	2	
<b>erythromycin gel 2%</b> (Erygel)	1	
<b>erythromycin soln 2%</b>	1	
<b>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</b>	1	
<b>metronidazole cream 0.75%</b> (Metrocream)	1	
<b>metronidazole gel 0.75%</b>	1	
<b>metronidazole gel 1%</b> (Metrogel)	1	
SOOLANTRA – ivermectin cream 1%	1	
<b>sulfacetamide sodium lotion 10% (acne)</b> (Klaron)	1	
<b>tazarotene cream 0.1%</b> (Tazorac)	1	
<b>tazarotene gel 0.05%, 0.1%</b> (Tazorac)	1	
TAZORAC – tazarotene cream 0.05%	2	
<b>tretinoin cream 0.025%, 0.05%, 0.1%</b> (Retin-a)	1	
<b>tretinoin gel 0.01%</b> (Retin-a)	1	
<b>zenatane - isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</b>	1	
<b>Anti-infectives</b>		
<b>ciclopirox gel 0.77%</b>	1	
<b>ciclopirox olamine cream 0.77% (base equiv)</b> (Loprox)	1	
<b>ciclopirox olamine susp 0.77% (base equiv)</b> (Loprox)	1	
<b>ciclopirox shampoo 1%</b> (Loprox shampoo)	1	
<b>ciclopirox solution 8%</b> (Penlac nail lacquer)	1	QL (6.6 ml/30 days)
<b>clotrimazole cream 1%</b>	1	
<b>clotrimazole w/ betamethasone cream 1-0.05%</b> (Lotrisone)	1	
<b>diclofenac sodium soln 1.5%</b>	1	QL (2 bottles/30 days)
<b>econazole nitrate cream 1%</b>	1	
<b>gentamicin sulfate cream 0.1%</b>	1	
<b>ketoconazole cream 2%</b>	1	
<b>ketoconazole shampoo 2%</b> (Nizoral)	1	
<b>mupirocin oint 2%</b>	1	
<b>nystatin cream 100000 unit/gm</b>	1	
<b>nystatin oint 100000 unit/gm</b>	1	
<b>nystatin topical powder 100000 unit/gm</b>	1	
<b>silver sulfadiazine cream 1%</b> (Silvadene)	1	
<b>Corticosteroids</b>		
<b>alclometasone dipropionate oint 0.05%</b>	1	QL (120 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>betamethasone dipropionate augmented cream 0.05%</b> (Diprolene af)	1	QL (200 grams/28 days)
<b>betamethasone dipropionate augmented oint 0.05%</b> (Diprolene)	1	QL (200 grams/28 days)
<b>betamethasone dipropionate lotion 0.05%</b>	1	QL (120 ml/30 days)
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	1	QL (135 grams/30 days)
<b>betamethasone valerate lotion 0.1% (base equivalent)</b>	1	QL (120 ml/30 days)
<b>betamethasone valerate oint 0.1% (base equivalent)</b>	1	QL (135 grams/30 days)
<b>clobetasol propionate cream 0.05%</b> (Temovate)	1	QL (210 grams/28 days)
<b>clobetasol propionate emollient base cream 0.05%</b>	1	QL (210 grams/28 days)
<b>clobetasol propionate gel 0.05%</b> (Temovate)	1	QL (210 grams/28 days)
<b>clobetasol propionate oint 0.05%</b> (Temovate)	1	QL (210 grams/28 days)
<b>clobetasol propionate shampoo 0.05%</b> (Clobex)	1	QL (236 ml/30 days)
<b>clobetasol propionate soln 0.05%</b> (Temovate)	1	QL (200 ml/28 days)
<b>desonide cream 0.05%</b> (Desowen)	1	QL (120 grams/30 days)
<b>desonide oint 0.05%</b>	1	QL (120 grams/30 days)
<b>desoximetasone cream 0.25%</b> (Topicort)	1	QL (120 grams/30 days)
<b>desoximetasone oint 0.25%</b> (Topicort)	1	QL (120 grams/30 days)
ENSTILAR – calcipotriene-betamethasone dipropionate foam 0.005-0.064%	2	
<b>fluocinolone acetonide oil 0.01% (body oil)</b> (Derma- smoothe/fs bod)	1	QL (118 ml/30 days)
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> (Derma- smoothe/fs sca)	1	QL (118 ml/30 days)
FLUOCINONIDE – fluocinonide gel 0.05%	2	QL (120 grams/30 days), ST
<b>fluocinonide cream 0.05%</b>	1	QL (120 grams/30 days)
<b>fluocinonide oint 0.05%</b>	1	QL (120 grams/30 days)
<b>fluocinonide soln 0.05%</b>	1	QL (120 ml/30 days)
<b>fluticasone propionate cream 0.05%</b> (Cutivate)	1	QL (120 grams/30 days)
<b>fluticasone propionate oint 0.005%</b>	1	QL (120 grams/30 days)
HYDROCORTISONE – hydrocortisone lotion 2.5%	2	QL (118 mls/30 days), ST
<b>hydrocortisone cream 2.5%</b>	1	QL (454 grams/30 days)
<b>hydrocortisone oint 2.5%</b>	1	QL (454 grams/30 days)
<b>mometasone furoate cream 0.1%</b> (Elocon)	1	QL (135 grams/30 days)
<b>mometasone furoate oint 0.1%</b> (Elocon)	1	QL (135 grams/30 days)
<b>mometasone furoate solution 0.1% (lotion)</b> (Elocon)	1	QL (120 ml/30 days)
<b>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</b>	1	QL (454 grams/30 days)
<b>triamcinolone acetonide lotion 0.025%, 0.1%</b>	1	QL (120 grams/30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>triamcinolone acetonide oint 0.025%, 0.1%</b>	1	QL (454 grams/30 days)
<b>triamcinolone acetonide oint 0.5%</b>	1	QL (120 grams/30 days)
<b>Other Skin Products</b>		
ADBRY – tralokinumab-ldrm subcutaneous soln auto-injector 300 mg/2ml	2	PA, QL (2 pens/28 days), SP
ADBRY – tralokinumab-ldrm subcutaneous soln prefilled syr 150 mg/ml	2	PA, QL (4 syringes/28 days), SP
CALCIPOTRIENE – calcipotriene soln 0.005% (50 mcg/ml)	2	
CARAC – fluorouracil cream 0.5%	2	PA, QL (30 grams/28 days)
CIBINQO – abrocitinib tab 50 mg, 100 mg, 200 mg	2	PA, QL (30 tablets/30 days), SP
COSENTYX – secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml	2	PA, QL (1 syringe/28 days), SP
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	2	PA, QL (2 syringes/28 days), SP
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	2	PA, QL (1 pen/28 days), SP
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	2	PA, QL (2 syringes/28 days), SP
COSENTYX UNOREADY – secukinumab subcutaneous soln auto-injector 300 mg/2ml	2	PA, QL (1 pen/28 days), SP
DUPIXENT – dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	2	PA, QL (2 pens/28 days), SP
DUPIXENT – dupilumab subcutaneous soln pen-injector 300 mg/2ml	2	PA, QL (4 pens/28 days), SP
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	2	PA, QL (2 syringes/28 days), SP
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	2	PA, QL (4 syringes/28 days), SP
FLUOROURACIL – fluorouracil soln 2%	2	
<b>fluorouracil cream 5%</b> (Efudex)	1	PA, QL (240 grams/84 days)
<b>fluorouracil soln 5%</b>	1	
<b>imiquimod cream 5%</b> (Aldara)	1	QL (96 packs/120 days)
<b>lactic acid (ammonium lactate) cream 12%</b> (Lac-hydrin)	1	
<b>lidocaine hcl soln 4%</b> (Xylocaine)	1	PA, QL (150 ml/30 days)
<b>lidocaine oint 5%</b>	1	PA, QL (100 grams/30 days)
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	1	QL (60 grams/30 days)
<b>malathion lotion 0.5%</b> (Ovide)	1	
<b>permethrin cream 5%</b> (Elimite)	1	
<b>selenium sulfide lotion 2.5%</b>	1	

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI – risankizumab-rzaa soln prefilled syringe 150 mg/ml	2	PA, QL (1 injection device/84 days), SP
SKYRIZI PEN – risankizumab-rzaa soln auto-injector 150 mg/ml	2	PA, QL (1 pen/84 days), SP
SOTYKTU – deucravacitinib tab 6 mg	2	PA, QL (30 tablets/30 days), SP
STELARA – ustekinumab inj 45 mg/0.5ml	2	PA, QL (1 vial/84 days), SP
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	2	PA, QL (1 syringe/84 days), SP
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	2	PA, QL (1 syringe/56 days), SP
<b>tacrolimus oint 0.03%, 0.1%</b> (Protopic)	1	ST
TREMFYA – guselkumab soln pen-injector 100 mg/ml	2	PA, QL (1 pen/56 days), SP
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	2	PA, QL (1 syringe/56 days), SP
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	2	SP
<b>MISCELLANEOUS CATEGORIES (includes supplies and devices)</b>		
<b>DIABETIC SUPPLIES</b>		
BLOOD GLUCOSE METER – ASCENSIA CONTOUR, CONTOUR NEXT/EZ/GEN/LINK/ONE, CONTOUR PLUS	2	
CALIBRATION LIQUID – ASCENSIA CONTOUR, CONTOUR NEXT	2	
CONTINUOUS BLOOD GLUCOSE SYSTEM, SENSOR, and TRANSMITTER – MEDTRONIC Guardian Connect	2	
DEXCOM G6 RECEIVER – continuous glucose system receiver	2	
DEXCOM G6 SENSOR – continuous glucose system sensor	2	
DEXCOM G6 TRANSMITTER – continuous glucose system transmitter	2	
DEXCOM G7 RECEIVER – continuous glucose system receiver	2	
DEXCOM G7 SENSOR – continuous glucose system sensor	2	
INSULIN PEN NEEDLES – NOVOFINE, OTHER VARIOUS MANUFACTURERS	2	
INSULIN PUMP and SUPPLIES – MEDTRONIC MINIMED	2	
INSULIN SYRINGES – VARIOUS MANUFACTURERS	2	
LANCETS – ASCENSIA	2	
LANCETS – VARIOUS MANUFACTURERS	2	
TEST STRIPS – ASCENSIA CONTOUR, CONTOUR NEXT, CONTOUR PLUS	2	QL (204 strips/30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH INTRO KIT (G – insulin infusion disposable pump kit)	2	QL (1 kit/720 days)
OMNIPOD DASH PODS (GEN 4) – insulin infusion disposable pump reservoir	2	QL (6 boxes/30 days)
OMNIPOD 5 G6 INTRO KIT (G – insulin infusion disposable pump kit)	2	QL (1 kit/720 days)
OMNIPOD 5 G6 PODS (GEN 5) – insulin infusion disposable pump reservoir	2	QL (6 boxes/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump reservoir	2	QL (6 boxes/30 days)
OMNIPOD 5 LIBRE2 PLUS G6 – insulin infusion disposable pump kit	2	QL (1 kit/720 days)
<b>ORAL INHALER-ASSIST DEVICES - SPACERS</b>		
The formulary includes a number of products available only as brand products. The most commonly prescribed are AEROCHAMBER, EASIVENT, INSPIREASE and MICROCHAMBER.		
AEROCHAMBER, EASIVENT, INSPIREASE, MICROCHAMBER, VARIOUS MANUFACTURERS	2	
<b>MISCELLANEOUS DRUGS</b>		
<b>azathioprine tab 50 mg</b> (Imuran)	1	
CHEMET – succimer cap 100 mg	2	
<b>cyclosporine cap 25 mg, 100 mg</b> (Sandimmune)	1	
<b>cyclosporine modified cap 25 mg, 100 mg</b> (Neoral)	1	
<b>cyclosporine modified cap 50 mg</b> (Cyclosporine modifie)	1	
<b>cyclosporine modified oral soln 100 mg/ml</b> (Neoral)	1	
<b>deferasirox granules packet 90 mg, 180 mg</b> (Jadenu sprinkle)	1	PA, QL (30 packets/30 days), SP
<b>deferasirox granules packet 360 mg</b> (Jadenu sprinkle)	1	PA, QL (180 packets/30 days), SP
<b>deferasirox tab for oral susp 125 mg, 250 mg</b> (Exjade)	1	PA, QL (30 tablets/30 days), SP
<b>deferasirox tab for oral susp 500 mg</b> (Exjade)	1	PA, QL (90 tablets/30 days), SP
<b>deferasirox tab 90 mg</b> (Jadenu)	1	PA, QL (30 tablets/30 days), SP
<b>deferasirox tab 180 mg</b>	1	PA, QL (30 tablets/30 days), SP
<b>deferasirox tab 360 mg</b> (Jadenu)	1	PA, QL (180 tablets/30 days), SP
ENSPRYNG – satralizumab-mwge subcutaneous soln pref syringe 120 mg/ml	2	PA, QL (1 syringe/28 days), SP
<b>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</b> (Zortress)	1	
KLOXXADO – naloxone hcl nasal spray 8 mg/0.1ml	2	
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm, 10 gm	2	
<b>mycophenolate mofetil cap 250 mg</b> (Cellcept)	1	

Drug Name	Drug Tier	Requirements/Limits
<b>mycophenolate mofetil for oral susp 200 mg/ml</b> (Cellcept)	1	
<b>mycophenolate mofetil tab 500 mg</b> (Cellcept)	1	
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</b> (Myfortic)	1	
MYHIBBIN – mycophenolate mofetil oral susp 200 mg/ml	2	
<b>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</b>	1	
<b>naloxone hcl nasal spray 4 mg/0.1ml</b> (Narcan)	1	
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b>	1	
NALOXONE HYDROCHLORIDE – naloxone hcl soln cartridge 0.4 mg/ml	2	
OPVEE – nalmefene hcl nasal spray 2.7 mg/0.1ml (base equiv)	2	
<b>penicillamine tab 250 mg</b> (Depen titratabs)	1	SP
PROGRAF – tacrolimus inj 5 mg/ml	2	
REVLIMID – lenalidomide caps 2.5 mg	2	PA, QL (30 capsules/30 days), SP
REVLIMID – lenalidomide cap 5 mg, 10 mg	2	PA, QL (30 capsules/30 days), SP
REVLIMID – lenalidomide cap 15 mg, 20 mg, 25 mg	2	PA, QL (21 capsules/28 days), SP
REXTOVY – naloxone hcl nasal spray 4 mg/0.25ml	2	
<b>sirolimus oral soln 1 mg/ml</b> (Rapamune)	1	
<b>sirolimus tab 0.5 mg, 1 mg, 2 mg</b> (Rapamune)	1	
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b>	1	
<b>sodium polystyrene sulfonate powder</b> (Kayexalate)	1	
<b>tacrolimus cap 0.5 mg, 1 mg, 5 mg</b> (Prograf)	1	
THALOMID – thalidomide cap 50 mg	2	PA, QL (90 capsules/30 days), SP
THALOMID – thalidomide cap 100 mg	2	PA, QL (120 capsules/30 days), SP
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colestipol hcl tab 1 gm (Colestid).....	39	daunorubicin hcl iv soln 20 mg/4ml (base equiv) (Daunorubicin hydroch).....	11
COLUMVI.....	10	DAUNORUBICIN HYDROCHLORID.....	11
COMBIPATCH.....	25	DAURISMO.....	11
COMBIVENT RESPIMAT.....	43	decitabine for inj 50 mg (Dacogen).....	11
COMETRIQ.....	10	deferasirox granules packet 90 mg, 180 mg (Jadenu sprinkle).....	77
COMPLERA.....	5	deferasirox granules packet 360 mg (Jadenu sprinkle).....	77
CONDOMS.....	26	deferasirox tab for oral susp 125 mg, 250 mg (Exjade).....	77
CONTINUOUS BLOOD GLUCOSE SYSTEM, SENSOR, and TRANSMITTER – MEDTRONIC Guardian Connect.....	76	deferasirox tab for oral susp 500 mg (Exjade).....	77
COPIKTRA.....	10	deferasirox tab 180 mg.....	77
CORIFACT.....	66	deferasirox tab 90 mg (Jadenu).....	77
CORLANOR.....	41	deferasirox tab 360 mg (Jadenu).....	77
COSELA.....	10	DELSTRIGO.....	5
COSENTYX.....	75	demeclocycline hcl tab 150 mg, 300 mg.....	2
COSENTYX SENSOREADY PEN.....	75	DEPO-ESTRADIOL.....	25
COSENTYX UNOREADY.....	75	DEPO-SUBQ PROVERA 104.....	26
COTELLIC.....	11	DESCOVY.....	5
CREON.....	47	desmopressin acetate inj 4 mcg/ml (Ddavp).....	34
CROMOLYN SODIUM.....	71	desmopressin acetate nasal spray soln 0.01% (Ddavp).....	34
cromolyn sodium soln nebu 20 mg/2ml.....	43	desmopressin acetate nasal spray soln 0.01% (refrigerated).....	34
cyanocobalamin inj 1000 mcg/ml.....	66	desmopressin acetate preservative free (pf) inj 4 mcg/ml (Ddavp).....	34
cyclobenzaprine hcl tab 5 mg, 10 mg.....	64	desmopressin acetate tab 0.1 mg, 0.2 mg (Ddavp).....	34
CYCLOGYL.....	71	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette).....	26
cyclopentolate hcl ophth soln 1% (Cyclogyl).....	71	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	26
CYCLOPHOSPHAMIDE.....	11	desonide cream 0.05% (Desowen).....	74
cyclophosphamide cap 25 mg, 50 mg (Cyclophosphamide).....	11	desonide oint 0.05%.....	74
cyclophosphamide for inj 500 mg, 1 gm, 2 gm.....	11	desoximetasone cream 0.25% (Topicort).....	74
CYCLOPHOSPHAMIDE MONOHYDR.....	11		
cyclosporine cap 25 mg, 100 mg (Sandimmune).....	77		
cyclosporine modified cap 25 mg, 100 mg (Neoral).....	77		

desoximetasone oint 0.25% (Topicort).....	74	diltiazem hcl tab 30 mg, 60 mg, 120 mg (Cardizem)....	38
desvenlafaxine succinate tab er 24hr 25 mg (base equiv), 50 mg (base equiv), 100 mg (base equiv) (Pristiq).....	50	dimethyl fumarate capsule delayed release 120 mg (Tecfidera).....	54
DEXAMETHASONE.....	24	dimethyl fumarate capsule delayed release 240 mg (Tecfidera).....	54
dexamethasone elixir 0.5 mg/5ml.....	24	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Tecfidera starter pa).....	54
DEXAMETHASONE INTENSOL.....	24	DIPHENOXYLATE/ATROPINE.....	46
dexamethasone tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg.....	24	diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	46
DEXCOM G6 RECEIVER.....	76	dipyridamole tab 25 mg, 50 mg, 75 mg.....	66
DEXCOM G7 RECEIVER.....	76	disopyramide phosphate cap 100 mg, 150 mg (Norpace).....	40
DEXCOM G6 SENSOR.....	76	disulfiram tab 250 mg, 500 mg (Antabuse).....	56
DEXCOM G7 SENSOR.....	76	divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....	62
DEXCOM G6 TRANSMITTER.....	76	divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg (Depakote).....	62
dexmethylphenidate hcl cap er 24 hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg (Focalin xr).....	53	divalproex sodium tab er 24 hr 250 mg, 500 mg (Depakote er).....	61,62
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg (Focalin).....	53	DOCETAXEL.....	11
dexrazoxane hcl for inj 250 mg (base equivalent), 500 mg (base equivalent) (Zincard).....	11	docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml) (Taxotere).....	11
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg (Dexedrine).....	53	docetaxel for inj conc 160 mg/8ml (20 mg/ml) (Docetaxel).....	12
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine).....	53	docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml (Docetaxel).....	12
dextroamphetamine sulfate tab 5 mg.....	53	DOCIVYX.....	12
dextroamphetamine sulfate tab 10 mg.....	53	donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	56
diazepam conc 5 mg/ml.....	49	donepezil hydrochloride tab 5 mg, 10 mg (Aricept)....	56
diazepam oral soln 1 mg/ml.....	49	dorzolamide hcl ophth soln 2% (Trusopt).....	71
diazepam rectal gel delivery system 10 mg, 20 mg (Diastat acudial).....	62	dorzolamide hcl-timolol maleate ophth soln 2-0.5% (Cosopt).....	71
diazepam tab 2 mg, 5 mg, 10 mg (Valium).....	50	DOVATO.....	5
diazoxide susp 50 mg/ml (Proglycem).....	29	doxazosin mesylate tab 1 mg, 2 mg, 4 mg (Cardura).....	41
diclofenac potassium tab 50 mg.....	59	doxazosin mesylate tab 8 mg (Cardura).....	41
diclofenac sodium ophth soln 0.1%.....	71	doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg.....	50
diclofenac sodium soln 1.5%.....	73	doxepin hcl conc 10 mg/ml.....	50
diclofenac sodium tab delayed release 50 mg, 75 mg.....	59	doxorubicin hcl for inj 50 mg.....	12
dicloxacillin sodium cap 250 mg, 500 mg.....	1	doxorubicin hcl inj 2 mg/ml.....	12
dicyclomine hcl cap 10 mg (Bentyl).....	46	doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml (Doxil).....	12
dicyclomine hcl oral soln 10 mg/5ml.....	46	DOXORUBICIN HYDROCHLORIDE.....	12
dicyclomine hcl tab 20 mg.....	46	doxycycline hyclate cap 50 mg.....	2
DIFICID.....	2	doxycycline hyclate cap 100 mg (Vibramycin).....	2
digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg) (Lanoxin).....	41	doxycycline hyclate tab delayed release 75 mg, 100 mg, 150 mg.....	2
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45).....	61	doxycycline hyclate tab 20 mg, 100 mg.....	2
DILANTIN.....	62	doxycycline monohydrate cap 50 mg.....	2
diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	38	doxycycline monohydrate cap 100 mg (Monodox).....	2
diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	38	doxycycline monohydrate tab 50 mg, 75 mg (Adoxa).....	2
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg (Cardizem cd).....	38		
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (Tiazac).....	38		
diltiazem hcl tab 90 mg.....	38		

doxycycline monohydrate tab 100 mg (Adoxa pak 1/100).....	2	ENBREL.....	59
doxycycline monohydrate tab 150 mg (Adoxa pak 1/150).....	2	ENBREL MINI.....	59
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	26	ENBREL SURECLICK.....	59
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz).....	26	ENDOMETRIN.....	49
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz).....	26	ENHERTU.....	12
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Safyral).....	26	enoxaparin sodium inj 300 mg/3ml (Lovenox).....	67
DROXIA.....	66	enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml (Lovenox).....	67
DUAVEE.....	25	ENSPRYNG.....	77
DULERA.....	43	ENSTILAR.....	74
duloxetine hcl enteric coated pellets cap 20 mg (base eq), 30 mg (base eq), 60 mg (base eq) (Cymbalta).....	50	entacapone tab 200 mg (Comtan).....	64
DUPIXENT.....	75	entecavir tab 0.5 mg, 1 mg (Baraclude).....	3
dutasteride cap 0.5 mg (Avodart).....	49	ENTRESTO.....	38
<b>E</b>		ENTYVIO.....	47
econazole nitrate cream 1%.....	73	EPCLUSA.....	4
EDURANT.....	5	EPIDIOLEX.....	62
EFAVIRENZ.....	5	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....	42
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Atripla).....	5	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....	42
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg (Symfi).....	5	EPKINLY.....	12
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg (Symfi lo).....	5	eplerenone tab 25 mg, 50 mg (Inspra).....	41
efavirenz tab 600 mg (Sustiva).....	5	ERBITUX.....	12
ELAHERE.....	12	ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	65
ELIGARD.....	12	eribulin mesylate inj 1 mg/2ml (0.5 mg/ml) (Halaven).....	12
ELIQUIS.....	66	ERIVEDGE.....	12
ELIQUIS STARTER PACK.....	67	ERLEADA.....	12
ELITEK.....	12	erlotinib hcl tab 100 mg (base equivalent), 150 mg (base equivalent) (Tarceva).....	13
ELLA.....	26	erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....	12
ELLENCE.....	12	ERY.....	73
ELOCTATE.....	67	erythromycin gel 2% (Erygel).....	73
ELREXFIO.....	12	erythromycin ophth oint 5 mg/gm.....	70
ELZONRIS.....	12	erythromycin soln 2%.....	73
EMCYT.....	12	escitalopram oxalate soln 5 mg/5ml (base equiv) (Lexapro).....	50
EMEND.....	47	escitalopram oxalate tab 5 mg (base equiv), 10 mg (base equiv), 20 mg (base equiv) (Lexapro).....	50
EMGALITY.....	61	esomeprazole magnesium cap delayed release 20 mg (base eq), 40 mg (base eq) (Nexium).....	46
EMPAVELI.....	67	esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg (Nexium).....	46
EMPLICITI.....	12	ESPEROCT.....	67
emtricitabine caps 200 mg (Emtriva).....	5	estazolam tab 1 mg, 2 mg.....	53
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg (Truvada).....	5	estradiol & norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg (Activella).....	25
EMTRIVA.....	5	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) (Estrogel).....	25
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	35	estradiol tab 0.5 mg, 1 mg, 2 mg (Estrace).....	25
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	36	estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%) (Divigel).....	25
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg (Vasotec).....	36		

estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Vivelle-dot).....	25	FEMCAP.....	26
estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr (Climara).....	25	fenofibrate micronized cap 67 mg, 134 mg, 200 mg (Lofibra).....	39
estradiol vaginal cream 0.1 mg/gm (Estrace).....	49	fenofibrate tab 54 mg, 160 mg (Lofibra).....	39
estradiol vaginal tab 10 mcg (Vagifem).....	49	fenofibrate tab 48 mg, 145 mg (Tricor).....	39
estradiol valerate im in oil 20 mg/ml, 40 mg/ml (Delestrogen).....	25	FENTANYL CITRATE ORAL TRA.....	57
ESTRING.....	49	fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr (Duragesic).....	57
eszopiclone tab 1 mg, 2 mg, 3 mg (Lunesta).....	53	FIASP.....	31
ethambutol hcl tab 100 mg, 400 mg (Myambutol).....	3	FIASP FLEXTOUCH.....	31
ethosuximide cap 250 mg (Zarontin).....	62	FIASP PENFILL.....	31
ethosuximide soln 250 mg/5ml (Zarontin).....	62	finasteride tab 5 mg (Proscar).....	49
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	26	finolimid hcl cap 0.5 mg (base equiv) (Gilenya).....	54
etodolac cap 200 mg, 300 mg.....	59	FIRMAGON.....	13
etodolac tab 500 mg.....	59	flecainide acetate tab 50 mg, 100 mg, 150 mg.....	40
etodolac tab 400 mg (Lodine).....	59	FLOXURIDINE.....	13
ETOPOPHOS.....	13	fluconazole for susp 10 mg/ml, 40 mg/ml (Diflucan).....	3
ETOPOSIDE.....	13	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg (Diflucan).....	3
etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml).....	13	flucytosine cap 250 mg, 500 mg (Ancobon).....	3
etravirine tab 100 mg, 200 mg (Intelence).....	5	FLUDARABINE PHOSPHATE.....	13
EULEXIN.....	13	fludarabine phosphate inj 25 mg/ml.....	13
euthyrox - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg (Synthroid).....	33	fludrocortisone acetate tab 0.1 mg.....	24
everolimus tab for oral susp 2 mg, 5 mg (Afinitor disperz).....	13	flunisolide nasal soln 25 mcg/act (0.025%).....	42
everolimus tab for oral susp 3 mg (Afinitor disperz).....	13	fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod).....	74
everolimus tab 2.5 mg, 5 mg, 7.5 mg, 10 mg (Afinitor).....	13	fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca).....	74
everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (Zortress).....	77	FLUOCINONIDE.....	74
EVOMELA.....	13	fluocinonide cream 0.05%.....	74
EVOTAZ.....	5	fluocinonide oint 0.05%.....	74
exemestane tab 25 mg (Aromasin).....	13	fluocinonide soln 0.05%.....	74
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg (Vytorin).....	39	FLUORIDEX SENSITIVITY REL.....	72
ezetimibe tab 10 mg (Zetia).....	39	fluorometholone ophth susp 0.1% (Fml liquifilm).....	70
<b>F</b>		FLUOROURACIL.....	75
FABHALTA.....	67	fluorouracil cream 5% (Efudex).....	75
FABRAZYME.....	34	fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml).....	13
famciclovir tab 125 mg, 250 mg, 500 mg.....	4	fluorouracil soln 5%.....	75
famotidine for susp 40 mg/5ml.....	46	fluoxetine hcl cap 10 mg (Prozac).....	50
famotidine tab 40 mg (Pepcid).....	46	fluoxetine hcl cap 20 mg (Prozac).....	50
FARXIGA.....	29	fluoxetine hcl cap 40 mg (Prozac).....	50
FASENRA PEN.....	44	fluoxetine hcl solution 20 mg/5ml.....	50
FEIBA.....	67	fluphenazine decanoate inj 25 mg/ml.....	51
felbamate susp 600 mg/5ml (Felbatol).....	62	FLUPHENAZINE HCL.....	51
felbamate tab 400 mg, 600 mg (Felbatol).....	62	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	51
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	38	FLUPHENAZINE HYDROCHLORID.....	51
		FLURBIPROFEN.....	59
		FLURBIPROFEN SODIUM.....	71
		flurbiprofen tab 100 mg.....	59
		FLUTICASONE PROPIONATE/SA.....	44
		fluticasone propionate cream 0.05% (Cutivate).....	74
		FLUTICASONE PROPIONATE HF.....	44
		fluticasone propionate nasal susp 50 mcg/act.....	42
		fluticasone propionate oint 0.005%.....	74



fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (Advair diskus).....	44	GLIADEL WAFER.....	14
flvoxamine maleate tab 100 mg.....	50	glimepiride tab 1 mg, 2 mg, 4 mg (Amaryl).....	29
flvoxamine maleate tab 25 mg, 50 mg.....	50	glipizide-metformin hcl tab 2.5-250 mg, 2.5-500 mg, 5-500 mg.....	29
folic acid tab 1 mg.....	67	glipizide tab er 24hr 2.5 mg, 5 mg, 10 mg (Glucotrol xl).....	29
FOLLISTIM AQ.....	28	glipizide tab 5 mg, 10 mg (Glucotrol).....	29
FOLOTYN.....	13	GLUCAGON EMERGENCY KIT FO.....	29
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva).....	5	glyburide-metformin tab 1.25-250 mg.....	29
fosaprepitant dimeglumine for iv infusion 150 mg (base eq) (Emend).....	47	glyburide-metformin tab 2.5-500 mg, 5-500 mg (Glucovance).....	29
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg.....	36	GLYBURIDE MICRONIZED.....	29
fosinopril sodium tab 10 mg, 20 mg, 40 mg.....	36	glyburide tab 1.25 mg, 2.5 mg, 5 mg.....	29
FOTIVDA.....	13	glycopyrrolate tab 1 mg (Robinul).....	46
FRUZAQLA.....	13	glycopyrrolate tab 2 mg (Robinul forte).....	46
FULPHILA.....	67	GLYXAMBI.....	29
fulvestrant inj soln pref syr 250 mg/5ml (Faslodex).....	13	granisetron hcl tab 1 mg.....	47
furosemide oral soln 10 mg/ml.....	40	GRANIX.....	67
furosemide tab 20 mg, 40 mg, 80 mg (Lasix).....	40	griseofulvin microsize susp 125 mg/5ml.....	3
FUZEON.....	5	griseofulvin microsize tab 500 mg.....	3
FYARRO.....	13	guanfacine hcl tab er 24hr 1 mg (base equiv), 2 mg (base equiv), 3 mg (base equiv), 4 mg (base equiv) (Intuniv).....	54
<b>G</b>		guanfacine hcl tab 1 mg, 2 mg.....	41
gabapentin cap 100 mg, 300 mg, 400 mg (Neurontin).....	62	GVOKE HYPOPEN 1-PACK.....	29
gabapentin oral soln 250 mg/5ml (Neurontin).....	62	GVOKE HYPOPEN 2-PACK.....	29
gabapentin tab 600 mg, 800 mg (Neurontin).....	62	GVOKE KIT.....	29
GALAFOLD.....	34	GVOKE PFS.....	29
GALANTAMINE HYDROBROMIDE.....	56	<b>H</b>	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg (Razadyne).....	56	HADLIMA.....	59
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Ganirelix acetate).....	28	HADLIMA PUSHTOUCH.....	59
GAVILYTE-C.....	45	HAEGARDA.....	67
GAVRETO.....	13	haloperidol decanoate im soln 50 mg/ml (Haldol decanoate 50).....	51
GAZYVA.....	13	haloperidol decanoate im soln 100 mg/ml (Haldol decanoate 100).....	51
gefitinib tab 250 mg (Iressa).....	13	haloperidol lactate oral conc 2 mg/ml.....	51
gemcitabine hcl for inj 2 gm.....	13	haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg.....	51
gemcitabine hcl for inj 200 mg, 1 gm (Gemzar).....	13	HARVONI.....	4
gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv), 1 gm/26.3ml (38 mg/ml) (base equiv), 2 gm/52.6ml (38 mg/ml) (base equiv).....	13	HEMLIBRA.....	67
GEMCITABINE HYDROCHLORIDE.....	14	HEMOFIL M.....	67
gemfibrozil tab 600 mg (Lopid).....	39	HEPZATO/50MM DOUBLE BALLO.....	14
GENOTROPIN.....	33	HEPZATO/62MM DOUBLE BALLO.....	14
GENOTROPIN MINIQUICK.....	33	HERCEPTIN.....	14
gentamicin sulfate cream 0.1%.....	73	HERCEPTIN HYLECTA.....	14
gentamicin sulfate ophth soln 0.3%.....	70	HERZUMA.....	14
GENVOYA.....	5	HUMALOG.....	31
GILOTRIF.....	14	HUMALOG JUNIOR KWIKPEN.....	31
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone).....	54	HUMALOG KWIKPEN.....	31
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone).....	54	HUMALOG MIX 50/50.....	32
GLEOSTINE.....	14	HUMALOG MIX 75/25.....	32
		HUMALOG MIX 50/50 KWIKPEN.....	32
		HUMALOG MIX 75/25 KWIKPEN.....	32
		HUMALOG TEMPO PEN.....	31

HUMATE-P.....	67	IFOSFAMIDE.....	14
HUMATIN.....	2	<b>ifosfamide for inj 1 gm (Ifex).....</b>	<b>14</b>
HUMIRA.....	59	<b>imatinib mesylate tab 100 mg (base equivalent)</b>	
HUMIRA PEN.....	59	<b>(Gleevec).....</b>	<b>14</b>
HUMIRA PEN-CD/UC/HS START.....	59	<b>imatinib mesylate tab 400 mg (base equivalent)</b>	
HUMIRA PEN-PS/UV STARTER.....	59	<b>(Gleevec).....</b>	<b>14</b>
HUMULIN 70/30.....	32	IMBRUVICA.....	14
HUMULIN 70/30 KWIKPEN.....	32	IMDELLTRA.....	15
HUMULIN N.....	32	IMFINZI.....	15
HUMULIN N KWIKPEN.....	32	<b>imipramine hcl tab 10 mg, 25 mg, 50 mg (Tofranil).....</b>	<b>50</b>
HUMULIN R.....	31	<b>imiquimod cream 5% (Aldara).....</b>	<b>75</b>
HUMULIN R U-500 (CONCENTR.....	31	IMJUDO.....	15
HUMULIN R U-500 KWIKPEN.....	31	IMLYGIC.....	15
HYCANTIN.....	14	IMPAVIDO.....	7
<b>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg.....</b>	<b>41</b>	INBRIJA.....	64
<b>hydrochlorothiazide cap 12.5 mg (Microzide).....</b>	<b>40</b>	INCRELEX.....	33
<b>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg.....</b>	<b>40</b>	INCRUSE ELLIPTA.....	44
<b>hydrocodone-acetaminophen soln 7.5-325</b>		<b>indapamide tab 1.25 mg, 2.5 mg.....</b>	<b>40</b>
<b>mg/15ml.....</b>	<b>57</b>	<b>indomethacin cap 25 mg, 50 mg.....</b>	<b>60</b>
<b>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325</b>		INLYTA.....	15
<b>mg (Norco).....</b>	<b>58</b>	INQOVI.....	15
<b>hydrocodone-acetaminophen tab 5-325 mg</b>		INREBIC.....	15
<b>(Norco).....</b>	<b>58</b>	INSULIN GLARGINE-YFGN.....	32
<b>hydrocodone-ibuprofen tab 7.5-200 mg.....</b>	<b>58</b>	INSULIN PEN NEEDLES – NOVOFINE, OTHER	
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norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe).....	27	octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml) (Sandostatin).....	35
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taytulla).....	28	octreotide acetate inj 200 mcg/ml (0.2 mg/ml) (Sandostatin).....	35
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	28	octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin).....	35
norethindrone acetate tab 5 mg (Aygestin).....	26	octreotide acetate inj 1000 mcg/ml (1 mg/ml) (Sandostatin).....	35
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe).....	27	ODEFSEY.....	6
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7).....	28	ODOMZO.....	18
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Tri-norinyl 28).....	28	ofloxacin ophth soln 0.3% (Ocuflox).....	70
norethindrone tab 0.35 mg (Ortho micronor).....	28	ofloxacin otic soln 0.3% (Floxin otic).....	72
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	28	OGIVRI.....	18
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen).....	28	OGSIVEO.....	18
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo).....	28	OJEMDA.....	18
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	28	OJJAARA.....	18
nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg (Pamelor).....	51	olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg (Zyprexa zydis).....	52
nortriptyline hcl soln 10 mg/5ml.....	51	olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg (Zyprexa).....	52
NORVIR.....	6	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg (Benicar hct).....	37
NOVOEIGHT.....	68	olmesartan medoxomil tab 20 mg, 40 mg (Benicar).....	36
NOVOLIN 70/30.....	32	olmesartan medoxomil tab 5 mg (Benicar).....	36
NOVOLIN 70/30 FLEXPEN.....	32	omega-3-acid ethyl esters cap 1 gm (Lovaza).....	39
NOVOLIN 70/30 FLEXPEN REL.....	32	omeprazole cap delayed release 10 mg, 20 mg, 40 mg.....	46
NOVOLIN N.....	32	OMNIFLEX DIAPHRAGM.....	28
NOVOLIN N FLEXPEN.....	32	OMNIPOD DASH INTRO KIT (G.....	77
NOVOLIN R.....	31	OMNIPOD DASH PODS (GEN 4).....	77
NOVOLIN R FLEXPEN.....	32	OMNIPOD 5 G6 INTRO KIT (G.....	77
NOVOLOG.....	31	OMNIPOD 5 G6 PODS (GEN 5).....	77
NOVOLOG FLEXPEN.....	31	OMNIPOD 5 LIBRE2 PLUS G6.....	77
NOVOLOG MIX 70/30.....	32	OMNITROPE.....	33
NOVOLOG MIX 70/30 PREFILL.....	32	OMVOH.....	48
NOVOLOG PENFILL.....	31	ONCASPAR.....	18
NOVOSEVEN RT.....	68	ONDANSETRON HCL.....	47
NOXAFIL.....	3	ondansetron hcl inj 4 mg/2ml (2 mg/ml), 40 mg/20ml (2 mg/ml).....	47
NUBEQA.....	18	ondansetron hcl oral soln 4 mg/5ml (Zofran).....	47
NUCALA.....	44	ondansetron hcl tab 4 mg, 8 mg (Zofran).....	47
NUCYNTA ER.....	58	ONDANSETRON HYDROCHLORIDE.....	47
NUEDEXTA.....	56	ondansetron orally disintegrating tab 4 mg, 8 mg (Zofran odt).....	47
NURTEC.....	61	ONIVYDE.....	18
NUVARING.....	28	ONTRUZANT.....	18
NUWIQ.....	68	ONUREG.....	18
nystatin cream 100000 unit/gm.....	73	OPDIVO.....	18
nystatin oint 100000 unit/gm.....	73	OPDUALAG.....	19
nystatin susp 100000 unit/ml.....	72	OPILL.....	28
nystatin topical powder 100000 unit/gm.....	73	OPSUMIT.....	41
NYVEPRIA.....	68	OPVEE.....	78
<b>O</b>		ORFADIN.....	35
OBIZUR.....	68	ORGOVYX.....	19
OCTREOTIDE ACETATE.....	35	ORIAHNN.....	26
		ORLISSA.....	28

ORKAMBI.....	45	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	46
orphenadrine citrate tab er 12hr 100 mg.....	64	PEMAZYRE.....	19
ORSERDU.....	19	PEMETREXED.....	19
oseltamivir phosphate cap 45 mg (base equiv), 75 mg (base equiv) (Tamiflu).....	7	pemetrexed disodium for iv soln 750 mg (base equiv), 1000 mg (base equiv).....	19
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu).....	7	pemetrexed disodium for iv soln 100 mg (base equiv), 500 mg (base equiv) (Alimta).....	19
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).....	7	PEMFEXY.....	19
OTEZLA.....	60	PEMRYDI RTU.....	19
OTREXUP.....	60	penicillamine tab 250 mg (Depen titratabs).....	78
OVIDREL.....	28	PENICILLIN V POTASSIUM.....	1
OXALIPLATIN.....	19	penicillin v potassium tab 250 mg, 500 mg.....	1
oxaliplatin for iv inj 50 mg, 100 mg.....	19	pentoxifylline tab er 400 mg.....	68
oxaliplatin iv soln 50 mg/10ml, 100 mg/20ml.....	19	PERINDOPRIL ERBUMINE.....	36
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).....	63	perindopril erbumine tab 4 mg (Aceon).....	36
oxcarbazepine tab 150 mg, 300 mg, 600 mg (Trileptal).....	63	PERJETA.....	19
oxybutynin chloride solution 5 mg/5ml.....	48	permethrin cream 5% (Elimite).....	75
oxybutynin chloride tab er 24hr 10 mg, 15 mg (Ditropan xl).....	48	perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg.....	52
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....	48	PHENELZINE SULFATE.....	51
oxybutynin chloride tab 5 mg.....	48	phenobarbital elixir 20 mg/5ml.....	53
oxycodone hcl soln 5 mg/5ml.....	58	phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	53
oxycodone hcl tab 10 mg, 20 mg.....	58	phenoxybenzamine hcl cap 10 mg (Dibenzyline).....	41
oxycodone hcl tab 15 mg, 30 mg (Roxicodone).....	58	phentermine hcl cap 15 mg, 30 mg.....	57
oxycodone hcl tab 5 mg (Roxicodone).....	58	phentermine hcl cap 37.5 mg (Adipex-p).....	57
oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	58	phentermine hcl tab 37.5 mg (Adipex-p).....	57
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).....	58	phenytoin chew tab 50 mg (Dilantin infatabs).....	63
oxycodone w/ acetaminophen tab 10-325 mg (Percocet).....	58	phenytoin sodium extended cap 200 mg, 300 mg (Phenytek).....	63
OZEMPIC.....	30	phenytoin sodium extended cap 100 mg (Dilantin).....	63
<b>P</b>		phenytoin susp 125 mg/5ml (Dilantin-125).....	63
PACLITAXEL.....	19	PHESGO.....	19
paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100 mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/ml).....	19	PHEXXI.....	49
PACLITAXEL PROTEIN-BOUND.....	19	PHOTOFRIN.....	19
PADCEV.....	19	phytonadione inj 1 mg/0.5ml (2 mg/ml), 10 mg/ml.....	65
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) (Aloxi).....	47	phytonadione tab 5 mg (Mephyton).....	65
pantoprazole sodium ec tab 20 mg (base equiv), 40 mg (base equiv) (Protonix).....	46	pilocarpine hcl ophth soln 1%, 2%, 4% (Isopto carpine).....	71
PARAPLATIN.....	19	pilocarpine hcl tab 5 mg, 7.5 mg (Salagen).....	72
paroxetine hcl tab 10 mg, 20 mg, 40 mg (Paxil).....	51	PIMOZIDE.....	56
paroxetine hcl tab 30 mg (Paxil).....	51	pindolol tab 5 mg, 10 mg.....	37
PAXLOVID.....	8	pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg (Actoplus met).....	30
pazopanib hcl tab 200 mg (base equiv) (Votrient).....	19	pioglitazone hcl tab 15 mg (base equiv), 30 mg (base equiv), 45 mg (base equiv) (Actos).....	30
PEDMARK.....	19	PIQRAY 200MG DAILY DOSE.....	19
PEGASYS.....	4	PIQRAY 250MG DAILY DOSE.....	19
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	46	PIQRAY 300MG DAILY DOSE.....	20
		piroxicam cap 10 mg, 20 mg (Feldene).....	60
		PLEGRIDY.....	55
		PLEGRIDY STARTER PACK.....	55
		PLUVICTO.....	20
		POLIVY.....	20
		polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1% (Polytrim).....	70



POMALYST.....	20	PREVIDENT RINSE.....	72
PORTRAZZA.....	20	PREVNAR 20.....	8
posaconazole susp 40 mg/ml (Noxafil).....	3	PREZCOBIX.....	6
posaconazole tab delayed release 100 mg (Noxafil).....	3	PREZISTA.....	6
potassium chloride cap er 8 meq, 10 meq.....	65	PRIFTIN.....	3
POTASSIUM CHLORIDE ER.....	65	primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....	7
potassium chloride microencapsulated crys er tab 10 meq, 20 meq.....	65	primidone tab 50 mg, 250 mg (Mysoline).....	63
potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml).....	65	PRIORIX.....	8
potassium chloride tab er 10 meq (K-tab).....	65	probenecid tab 500 mg.....	61
potassium chloride tab er 8 meq (600 mg).....	65	prochlorperazine maleate tab 5 mg (base equivalent), 10 mg (base equivalent).....	52
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....	49	PROCRIT.....	68
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10).....	49	PROFILNINE.....	68
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15).....	49	progesterone cap 100 mg, 200 mg (Prometrium).....	26
potassium phosphate monobasic tab 500 mg (K- phos).....	65	PROGRAF.....	78
POTELIGEO.....	20	PROLEUKIN.....	20
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral).....	65	PROMACTA.....	69
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg (Mirapex).....	64	promethazine hcl oral soln 6.25 mg/5ml.....	42
prasugrel hcl tab 5 mg (base equiv), 10 mg (base equiv) (Effient).....	68	promethazine hcl suppos 12.5 mg, 25 mg.....	42
pravastatin sodium tab 10 mg.....	39	promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	42
pravastatin sodium tab 20 mg, 40 mg (Pravachol).....	39	propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg (Rythmol sr).....	41
pravastatin sodium tab 80 mg (Pravachol).....	39	propafenone hcl tab 150 mg, 225 mg, 300 mg.....	41
praziquantel tab 600 mg (Biltricide).....	7	PROPRANOLOL HCL.....	37
prazosin hcl cap 1 mg, 2 mg, 5 mg (Minipress).....	41	propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg (Inderal la).....	37
PREDNISOLONE ACETATE.....	70	propranolol hcl oral soln 20 mg/5ml.....	37
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	25	propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	37
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred).....	24	propylthiouracil tab 50 mg.....	33
prednisolone soln 15 mg/5ml.....	25	PROVENGE.....	20
PREDNISON.....	25	PULMOZYME.....	45
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	25	PURIXAN.....	20
prednisone tab therapy pack 10 mg (21), 10 mg (48).....	25	pyrazinamide tab 500 mg.....	3
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg (Lyrica).....	63	pyridostigmine bromide oral soln 60 mg/5ml (Mestinon).....	64
pregabalin cap 225 mg, 300 mg (Lyrica).....	63	pyridostigmine bromide tab er 180 mg (Mestinon timespan).....	64
pregabalin soln 20 mg/ml (Lyrica).....	63	pyridostigmine bromide tab 60 mg (Mestinon).....	64
PREGNYL.....	28	pyrimethamine tab 25 mg (Daraprim).....	7
PREGNYL W/DILUENT BENZYL.....	29	<b>Q</b>	
PREHEVBRIO.....	8	QINLOCK.....	20
PREMARIN.....	26	quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg (Seroquel xr).....	52
PREMPHASE.....	26	quetiapine fumarate tab er 24hr 150 mg, 200 mg (Seroquel xr).....	52
PREMPRO.....	26	quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg (Seroquel).....	52
PRENATAL 19.....	65	quetiapine fumarate tab 300 mg, 400 mg (Seroquel).....	52
PRENATAL PLUS.....	65	QUINAPRIL/HYDROCHLOROTHIA.....	36
PRENATAL-U.....	65	quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg (Accupril).....	36

quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg (Accuretic).....	36	rizatriptan benzoate oral disintegrating tab 5 mg (base eq), 10 mg (base eq) (Maxalt-mlt).....	61
quinidine gluconate tab er 324 mg.....	41	rizatriptan benzoate tab 5 mg (base equivalent).....	61
QUINIDINE SULFATE.....	41	rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....	61
QULIPTA.....	61	romidepsin for iv inj 10 mg (Istodax (overfill)).....	20
QVAR REDIHALER.....	44	ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg (Requip).....	64
<b>R</b>		rosuvastatin calcium tab 5 mg, 10 mg, 20 mg (Crestor).....	40
rabeprazole sodium ec tab 20 mg (Aciphex).....	46	rosuvastatin calcium tab 40 mg (Crestor).....	40
raloxifene hcl tab 60 mg (Evista).....	35	ROZLYTREK.....	20
ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg (Altace).....	36	RUBRACA.....	20
rasagiline mesylate tab 0.5 mg (base equiv), 1 mg (base equiv) (Azilect).....	64	RUCONEST.....	69
REBIF.....	55	RUXIENCE.....	20
REBIF REBIDOSE.....	55	RYBELSUS.....	30
REBIF REBIDOSE TITRATION.....	55	RYBREVANT.....	20
REBIF TITRATION PACK.....	55	RYDAPT.....	20
REBINYN.....	69	RYLAZE.....	20
RECOMBINATE.....	69	RYTELO.....	20
repaglinide tab 0.5 mg.....	30	<b>S</b>	
repaglinide tab 1 mg, 2 mg (Prandin).....	30	SANDOSTATIN LAR DEPOT.....	35
REPATHA – [NDC 72511].....	39	SARCLISA.....	20
REPATHA PUSHTRONEX SYSTEM – [NDC 72511].....	39	SAVELLA.....	57
REPATHA SURECLICK – [NDC 72511].....	39	SAVELLA TITRATION PACK.....	57
RESTASIS.....	71	SCSEMBLIX.....	21
RESTASIS MULTIDOSE.....	71	scopolamine td patch 72hr 1 mg/3days (Transderm-scop).....	47
RETACRIT.....	69	selegiline hcl cap 5 mg (Eldepryl).....	64
RETEVMO.....	20	selegiline hcl tab 5 mg.....	64
REVCOVI.....	35	selenium sulfide lotion 2.5%.....	75
REVLIMID.....	78	SELZENTRY.....	6
REXTOVY.....	78	SEMGLEE.....	32
REXULTI.....	52	SEREVENT DISKUS.....	44
REYATAZ.....	6	sertraline hcl tab 25 mg, 50 mg (Zoloft).....	51
REYVOW.....	61	sertraline hcl tab 100 mg (Zoloft).....	51
REZLIDHIA.....	20	sevelamer carbonate packet 0.8 gm, 2.4 gm (Renvela).....	48
RIABNI.....	20	sevelamer carbonate tab 800 mg (Renvela).....	48
RIBAVIRIN.....	4	SHINGRIX.....	8
rifabutin cap 150 mg (Mycobutin).....	3	sildenafil citrate tab 25 mg, 50 mg, 100 mg (Viagra).....	42
rifampin cap 150 mg, 300 mg (Rifadin).....	3	sildenafil citrate tab 20 mg (Revatio).....	41
riluzole tab 50 mg (Rilutek).....	64	silver sulfadiazine cream 1% (Silvadene).....	73
RINVOQ.....	60	SIMBRINZA.....	71
RINVOQ LQ.....	60	SIMLANDI 1-PEN KIT.....	60
risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal m-tab).....	52	SIMLANDI 2-PEN KIT.....	60
risperidone orally disintegrating tab 4 mg (Risperdal m-tab).....	52	SIMPONI.....	60
risperidone soln 1 mg/ml (Risperdal).....	52	simvastatin tab 5 mg, 10 mg, 40 mg (Zocor).....	40
risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg (Risperdal).....	52	simvastatin tab 20 mg (Zocor).....	40
risperidone tab 4 mg (Risperdal).....	52	simvastatin tab 80 mg (Zocor).....	40
ritonavir tab 100 mg (Norvir).....	6	sirolimus oral soln 1 mg/ml (Rapamune).....	78
RITUXAN.....	20	sirolimus tab 0.5 mg, 1 mg, 2 mg (Rapamune).....	78
rivastigmine tartrate cap 1.5 mg (base equivalent), 3 mg (base equivalent), 4.5 mg (base equivalent), 6 mg (base equivalent).....	56	SIVEXTRO.....	8
RIXUBIS.....	69	SKYRIZI.....	48
		SKYRIZI PEN.....	76

SLYND.....	28	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	3
sodium chloride soln nebu 3%.....	43	sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....	3
sodium chloride soln nebu 7% (Hyper-sal).....	43	sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	3
sodium citrate & citric acid soln 500-334 mg/5ml (Shohls solution modi).....	49	sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs).....	48
SODIUM FLUORIDE.....	65	sulfasalazine tab 500 mg (Azulfidine).....	48
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf), 0.5 mg f (from 1.1 mg naf), 1 mg f (from 2.2 mg naf).....	65	sulindac tab 150 mg, 200 mg.....	60
sodium fluoride cream 1.1% (Prevident 5000 plus).....	72	sumatriptan nasal spray 5 mg/act, 20 mg/act (Imitrex).....	61
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride).....	72	sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....	61
sodium fluoride paste 1.1% (Prevident 5000 boost).....	72	sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml (Imitrex statdose sys).....	61
sodium fluoride-potassium nitrate gel 1.1-5% (Prevident 5000 sensi).....	72	sumatriptan succinate tab 25 mg, 50 mg, 100 mg (Imitrex).....	61
sodium fluoride rinse 0.2% (Prevident rinse).....	72	sunitinib malate cap 25 mg (base equivalent), 37.5 mg (base equivalent), 50 mg (base equivalent) (Sutent).....	21
sodium phenylbutyrate oral powder 3 gm/teaspoonful (Buphenyl).....	35	sunitinib malate cap 12.5 mg (base equivalent) (Sutent).....	21
sodium phenylbutyrate tab 500 mg (Buphenyl).....	35	SUNOSI.....	54
sodium polystyrene sulfonate oral susp 15 gm/60ml.....	78	SYMBICORT.....	45
sodium polystyrene sulfonate powder (Kayexalate).....	78	SYMDEKO.....	45
SOFOSBUVIR/VELPATASVIR.....	4	SYMLINPEN 60.....	30
solifenacin succinate tab 5 mg (Vesicare).....	48	SYMLINPEN 120.....	30
solifenacin succinate tab 10 mg (Vesicare).....	49	SYMPROIC.....	48
SOLQUA 100/33.....	30	SYMTUZA.....	6
SOLTAMOX.....	21	SYNJARDY.....	30
SOMAVERT.....	35	SYNJARDY XR.....	30
SOOLANTRA.....	73	<b>T</b>	
sorafenib tosylate tab 200 mg (base equivalent) (Nexavar).....	21	TABLOID.....	21
sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg (Betapace af).....	41	TABRECTA.....	21
sotalol hcl tab 240 mg.....	41	tacrolimus cap 0.5 mg, 1 mg, 5 mg (Prograf).....	78
sotalol hcl tab 80 mg, 120 mg, 160 mg (Betapace).....	41	tacrolimus oint 0.03%, 0.1% (Protopic).....	76
SOTYKTU.....	76	tadalafil tab 2.5 mg, 5 mg (Cialis).....	42
SOVALDI.....	4	tadalafil tab 10 mg, 20 mg (Cialis).....	42
SPIRIVA HANDIHALER.....	44	tadalafil tab 20 mg (pah) (Adcirca).....	41
SPIRIVA RESPIMAT.....	44	TAFINLAR.....	21
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide).....	40	TAGRISSO.....	21
spironolactone tab 25 mg, 50 mg, 100 mg (Aldactone).....	40	TAKHZYRO.....	69
SPRYCEL.....	21	TALVEY.....	21
STELARA.....	76	TALZENNA.....	21
STIOLTO RESPIMAT.....	45	tamoxifen citrate tab 10 mg (base equivalent), 20 mg (base equivalent).....	21
STIVARGA.....	21	tamsulosin hcl cap 0.4 mg (Flomax).....	49
STRENSIQ.....	35	TASIGNA.....	21
STRIBILD.....	6	tazarotene cream 0.1% (Tazorac).....	73
STRONTIUM CHLORIDE SR-89.....	21	tazarotene gel 0.05%, 0.1% (Tazorac).....	73
sucralfate tab 1 gm (Carafate).....	46	TAZORAC.....	73
SULFACETAMIDE SODIUM/PRED.....	71	TAZVERIK.....	21
sulfacetamide sodium lotion 10% (acne) (Klaron).....	73	TECENTRIQ.....	21
sulfacetamide sodium ophth soln 10% (Bleph-10).....	70	TECVAYLI.....	21
SULFADIAZINE.....	8	telmisartan tab 20 mg, 40 mg, 80 mg (Micardis).....	37

temazepam cap 15 mg, 30 mg (Restoril).....	53	topiramate tab 25 mg, 50 mg, 100 mg, 200 mg	
TEMODAR.....	21	(Topamax).....	63
temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg, 180 mg, 250 mg (Temodar).....	22	topotecan hcl for inj 4 mg (base equiv) (Hycamtin).....	22
temsirrolimus soln for iv infusion 25 mg/ml (Torisel).....	22	topotecan hcl inj 4 mg/4ml (base equiv) (for infusion) (Topotecan hcl).....	22
tenofovir disoproxil fumarate tab 300 mg (Viread).....	6	toremifene citrate tab 60 mg (base equivalent) (Fareston).....	22
TEPMETKO.....	22	toremide tab 5 mg, 100 mg.....	40
terazosin hcl cap 10 mg (base equivalent).....	41	toremide tab 10 mg, 20 mg (Demadex).....	40
terazosin hcl cap 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent).....	41	TOUJEO MAX SOLOSTAR.....	33
terbinafine hcl tab 250 mg (Lamisil).....	3	TOUJEO SOLOSTAR.....	33
terconazole vaginal cream 0.8%.....	49	TRACLEER.....	42
terconazole vaginal cream 0.4% (Terazol 7).....	49	tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	58
terconazole vaginal suppos 80 mg.....	49	tramadol hcl tab 50 mg (Ultram).....	58
teriflunomide tab 7 mg, 14 mg (Aubagio).....	55	trandolapril tab 4 mg.....	36
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml (Forteo).....	35	trandolapril tab 1 mg, 2 mg (Mavik).....	36
testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml (Depo-testosterone).....	25	TRAZIMERA.....	22
TESTOSTERONE ENANTHATE.....	25	trazodone hcl tab 50 mg, 100 mg, 150 mg.....	51
testosterone td gel 12.5 mg/act (1%).....	25	TRELEGY ELLIPTA.....	45
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump).....	25	TRELSTAR MIXJECT.....	22
testosterone td gel 25 mg/2.5gm (1%), 50 mg/5gm (1%) (Androgel).....	25	TREMFYA.....	76
testosterone td soln 30 mg/act (Axiron).....	25	TRESIBA.....	33
TEST STRIPS – ASCENSIA CONTOUR, CONTOUR NEXT, CONTOUR PLUS.....	76	TRESIBA FLEXTOUCH.....	33
tetrabenazine tab 12.5 mg (Xenazine).....	57	tretinoin cap 10 mg.....	22
tetrabenazine tab 25 mg (Xenazine).....	57	tretinoin cream 0.025%, 0.05%, 0.1% (Retin-a).....	73
TEVIMBRA.....	22	tretinoin gel 0.01% (Retin-a).....	73
TEZSPIRE.....	45	TRETEN.....	69
THALOMID.....	78	triamcinolone acetonide cream 0.025%, 0.1%, 0.5%.....	74
theophylline tab er 12hr 300 mg, 450 mg.....	45	triamcinolone acetonide dental paste 0.1%.....	72
theophylline tab er 24hr 400 mg, 600 mg.....	45	triamcinolone acetonide lotion 0.025%, 0.1%.....	74
thiotepa for inj 15 mg, 100 mg (Tepadina).....	22	triamcinolone acetonide oint 0.5%.....	75
thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg.....	52	triamcinolone acetonide oint 0.025%, 0.1%.....	75
THYQUIDITY.....	33	triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide).....	40
tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg (Gabitril).....	63	triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	40
TIBSOVO.....	22	triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide).....	40
TICE BCG.....	22	trifluoperazine hcl tab 1 mg (base equivalent), 2 mg (base equivalent), 5 mg (base equivalent), 10 mg (base equivalent).....	52
timolol maleate ophth soln 0.25%, 0.5% (Timoptic).....	71	TRIFLURIDINE.....	70
TIVDAK.....	22	TRIHENYPHENIDYL HCL.....	64
TIVICAY.....	6	trihexyphenidyl hcl tab 2 mg, 5 mg.....	64
TIVICAY PD.....	6	TRIJARDY XR.....	30
tizanidine hcl tab 2 mg (base equivalent).....	64	TRIKAFTA.....	45
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	64	trimethoprim tab 100 mg.....	8
tobramycin nebu soln 300 mg/5ml (Tobi).....	2	TRINATE.....	65
tobramycin ophth soln 0.3% (Tobrex).....	70	TRIUMEQ.....	6
tolterodine tartrate tab 1 mg, 2 mg (Detrol).....	49	TRIUMEQ PD.....	6
topiramate sprinkle cap 15 mg, 25 mg (Topamax sprinkle).....	63	TRODELVY.....	22
		tropicamide ophth soln 0.5%.....	71
		tropicamide ophth soln 1% (Mydracil).....	71
		TRULANCE.....	48

TRULICITY.....	30	VEMLIDY.....	4
TRUQAP.....	22	VENCLEXTA.....	22
TRUXIMA.....	22	VENCLEXTA STARTING PACK.....	23
TUKYSA.....	22	<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent),</b>	
TURALIO.....	22	<b>150 mg (base equivalent) (Effexor xr).....</b>	<b>51</b>
TWIRLA.....	28	<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b>	
TYBLUME.....	28	<b>(Effexor xr).....</b>	<b>51</b>
TYBOST.....	7	<b>venlafaxine hcl tab 25 mg (base equivalent), 37.5 mg</b>	
TYENNE.....	60	<b>(base equivalent), 50 mg (base equivalent), 75 mg</b>	
TYMLOS.....	35	<b>(base equivalent), 100 mg (base equivalent).....</b>	<b>51</b>
<b>U</b>		VENTAVIS.....	42
UBRELVY.....	61	VENTOLIN HFA.....	45
<b>unithroid - levothyroxine sodium tab 25 mcg, 50 mcg,</b>		<b>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</b>	
<b>75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg,</b>		<b>(Verelan).....</b>	<b>38</b>
<b>137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg</b>		<b>verapamil hcl tab er 120 mg, 180 mg, 240 mg (Calan</b>	
<b>(Synthroid).....</b>	<b>33</b>	<b>sr).....</b>	<b>38</b>
UNITUXIN.....	22	<b>verapamil hcl tab 40 mg.....</b>	<b>38</b>
UPTRAVI.....	42	<b>verapamil hcl tab 80 mg, 120 mg (Calan).....</b>	<b>38</b>
UPTRAVI TITRATION PACK.....	42	VERQUVO.....	42
<b>ursodiol cap 300 mg (Actigall).....</b>	<b>48</b>	VERZENIO.....	23
<b>ursodiol tab 250 mg (Urso 250).....</b>	<b>48</b>	VIBERZI.....	48
<b>ursodiol tab 500 mg (Urso forte).....</b>	<b>48</b>	VINBLASTINE SULFATE.....	23
<b>V</b>		VINCRISTINE SULFATE.....	23
<b>valacyclovir hcl tab 500 mg, 1 gm (Valtrex).....</b>	<b>4</b>	<b>vinorelbine tartrate inj 10 mg/ml (base equiv), 50</b>	
VALCHLOR.....	76	<b>mg/5ml (10 mg/ml) (base equiv) (Navelbine).....</b>	<b>23</b>
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b>		VIRACEPT.....	7
<b>(Valcyte).....</b>	<b>3</b>	VIREAD.....	7
<b>valganciclovir hcl tab 450 mg (base equivalent)</b>		VITRAKVI.....	23
<b>(Valcyte).....</b>	<b>3</b>	VIVIMUSTA.....	23
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b>		VIZIMPRO.....	23
<b>(Depakene).....</b>	<b>63</b>	VONJO.....	23
<b>valproic acid cap 250 mg (Depakene).....</b>	<b>63</b>	VONVENDI.....	69
<b>valrubicin soln for intravesical instillation 40 mg/ml</b>		VORANIGO.....	23
<b>(Valstar).....</b>	<b>22</b>	<b>voriconazole for susp 40 mg/ml (Vfend).....</b>	<b>3</b>
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5</b>		<b>voriconazole tab 50 mg, 200 mg (Vfend).....</b>	<b>3</b>
<b>mg, 160-25 mg, 320-12.5 mg, 320-25 mg (Diovan</b>		VOSEVI.....	4
<b>hct).....</b>	<b>37</b>	VRAYLAR.....	52
<b>valsartan tab 40 mg, 80 mg, 160 mg (Diovan).....</b>	<b>37</b>	VUMERITY.....	55
<b>valsartan tab 320 mg (Diovan).....</b>	<b>37</b>	VYNDAMAX.....	42
<b>vancomycin hcl cap 125 mg (base equivalent), 250 mg</b>		VYNDAQEL.....	42
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VANFLYTA.....	22	<b>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5</b>	
<b>varenicline tartrate tab 0.5 mg (base equiv), 1 mg</b>		<b>mg, 6 mg, 7.5 mg, 10 mg (Coumadin).....</b>	<b>69</b>
<b>(base equiv).....</b>	<b>56</b>	WELIREG.....	23
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start</b>		WIDE-SEAL SILICONE DIAPHR.....	28
<b>pack.....</b>	<b>56</b>	WILATE.....	69
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<b>zaleplon cap 5 mg, 10 mg (Sonata).....</b>	<b>53</b>		
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<b>mg.....</b>	<b>73</b>		
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<b>zidovudine cap 100 mg (Retrovir).....</b>	<b>7</b>		
<b>zidovudine syrup 10 mg/ml (Retrovir).....</b>	<b>7</b>		
<b>zidovudine tab 300 mg.....</b>	<b>7</b>		
<b>ziprasidone hcl cap 20 mg, 40 mg, 60 mg, 80 mg</b>			
<b>(Geodon).....</b>	<b>52</b>		
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<b>zolmitriptan tab 2.5 mg, 5 mg (Zomig).....</b>	<b>61</b>		
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<b>cr).....</b>	<b>53</b>		
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