

NJ 5T STND Effective 05/01/2024

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANOREXIANTS		
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
<i>clonidine hcl (adhd) tb12 .1mg</i>	2	QL (120 tabs every 30 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TABS 75MG, 150MG	3	PA, QL (30 tabs every 30 days)
ANALGESICS		
COX-2 INHIBITORS		
<i>celecoxib caps 50mg, 100mg, 200mg</i>	2	
GOUT		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>allopurinol sodium solr 500mg</i>	1	
<i>colchicine tabs .6mg</i>	2	QL (120 tablets every 25 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>febuxostat tabs 40mg, 80mg</i>	3	PA
<i>probenecid tabs 500mg</i>	1	
NON-OPIOID ANALGESICS		
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	2	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	2	QL (48 caps every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QL (48 caps every 25 days)
<i>tencon</i>	1	QL (48 tabs every 25 days)
NSAIDS		
<i>diclofenac potassium tabs 50mg</i>	1	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	1	
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	1	
<i>flurbiprofen tabs 50mg, 100mg</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	
<i>ketorolac tromethamine tabs 10mg</i>	1	QL (20 tabs every 25 days)
<i>meclofenamate sodium caps 50mg, 100mg</i>	2	
<i>mefenamic acid caps 250mg</i>	1	
<i>meloxicam tabs 7.5mg, 15mg</i>	1	
<i>nabumetone tabs 500mg, 750mg</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tabs 600mg</i>	1	
<i>piroxicam caps 10mg, 20mg</i>	1	
<i>sulindac tabs 150mg, 200mg</i>	1	
<i>tolmetin sodium caps 400mg; tabs 600mg</i>	1	

NSAIDS, COMBINATIONS

<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 units every day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 units every day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	0	QL (3 units every day); \$0 copay
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	0	QL (3 units every day); \$0 copay
<i>ZUBSOLV SUB 0.7-0.18</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 1.4-0.36</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 2.9-0.71</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 5.7-1.4</i>	2	QL (3 units every day)
<i>ZUBSOLV SUB 8.6-2.1</i>	2	QL (2 units every day)
<i>ZUBSOLV SUB 11.4-2.9</i>	2	QL (1 unit every day)

OPIOID ANALGESICS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	1	QL (48 caps every 30 days)
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	1	
<i>butorphanol tartrate soln 10mg/ml</i>	1	QL (2 bottles every 30 days)
<i>codeine sulfate tabs 30mg</i>	1	QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
CODEINE SULFATE TABS 60MG	2	QL (42 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	1	QL (10 patches every 30 days)
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	1	PA, QL (120 lozenges every 30 days)
<i>hydrocodone bitartrate t24a 20mg, 30mg, 40mg, 60mg, 80mg</i>	2	QL (30 tabs every 30 days)
<i>hydrocodone bitartrate t24a 100mg, 120mg</i>	2	QL (30 tablets every 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	1	QL (50 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl soln 1mg/ml, 2mg/ml, 4mg/ml, 10mg/ml</i>	1	Injectable Only
<i>hydromorphone hcl tabs 2mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 4mg</i>	1	QL (120 tablets every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tabs 8mg</i>	1	QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>hydromorphone hcl tb24 8mg, 12mg, 16mg</i>	1	QL (30 tabs every 30 days)
<i>hydromorphone hcl tb24 32mg</i>	1	QL (30 tablets every 30 days)
<i>methadone hcl conc 10mg/ml</i>	1	QL (45mL every 30 days); (indicated for opioid addiction)
<i>methadone hcl soln 5mg/5ml</i>	1	QL (450 ml every 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1	QL (225mL every 30 days)
<i>methadone hcl soln 10mg/ml</i>	1	QL (20 ml every 30 days)
<i>methadone hcl tabs 5mg</i>	1	QL (90 tabs every 30 days)
<i>methadone hcl tabs 10mg</i>	1	QL (30 tablets every 30 days)
<i>methadone hcl tbso 40mg</i>	1	QL (9 tabs every 30 days)
<i>methadone hydrochloride i conc 10mg/ml</i>	1	QL (45mL every 30 days); (generic of Methadone Intensol, indicated for pain)
<i>methadose tbso 40mg</i>	1	QL (9 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate cp24 10mg, 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>morphine sulfate cp24 50mg, 60mg, 80mg, 100mg</i>	1	QL (30 caps every 30 days)
MORPHINE SULFATE SOLN 2MG/ML, 4MG/ML, 5MG/ML, 150MG/30ML	3	
<i>morphine sulfate soln 10mg/5ml</i>	1	QL (900 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 20mg/5ml</i>	1	QL (675 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln 100mg/5ml</i>	1	QL (135 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate soln .5mg/ml, 1mg/ml, 4mg/ml, 10mg/ml</i>	1	
<i>morphine sulfate tabs 15mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tabs 30mg</i>	1	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>morphine sulfate tbc 15mg, 30mg</i>	1	QL (90 tabs every 30 days)
<i>morphine sulfate tbc 60mg, 100mg</i>	1	QL (60 tabs every 30 days)
<i>morphine sulfate tbc 200mg</i>	1	QL (30 tablets every 30 days)
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	1	QL (30 caps every 30 days)
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	1	
<i>oxycodone hcl caps 5mg</i>	1	QL (180 caps every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl conc 100mg/5ml</i>	1	QL (90 mL every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl soln 5mg/5ml</i>	1	QL (900 ml every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl t12a 10mg, 20mg</i>	1	QL (60 tabs every 30 days)
<i>oxycodone hcl t12a 40mg, 80mg</i>	1	QL (60 tablets every 30 days)
<i>oxycodone hcl tabs 5mg, 10mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 15mg</i>	1	QL (120 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 20mg</i>	1	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone hcl tabs 30mg</i>	1	QL (60 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	1	QL (360 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxycodone-ibuprofen tab 5-400 mg</i>	1	QL (28 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 5mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tabs 10mg</i>	1	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>oxymorphone hcl tb12 5mg, 7.5mg, 10mg, 15mg</i>	2	QL (60 tabs every 30 days)
<i>oxymorphone hcl tb12 20mg, 30mg, 40mg</i>	2	QL (60 tablets every 30 days)
<i>tramadol hcl tabs 50mg</i>	1	QL (180 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tabs 100mg</i>	1	QL (90 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages
<i>tramadol hcl tb24 100mg</i>	1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tb24 200mg, 300mg</i>	1	QL (30 tablets every 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (40 tabs every 30 days); Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages

OPIOID PARTIAL AGONISTS

BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG	2	QL (60 films every 30 days)
BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	4	
<i>buprenorphine hcl soln .3mg/ml</i>	1	
<i>buprenorphine hcl subl 2mg, 8mg</i>	0	QL (90 tabs every 30 days); \$0 copay
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	4	

SALICYLATES

<i>aspirin enteric coated ad tbec 81mg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered
<i>diflunisal tabs 500mg</i>	1	
<i>goodsense aspirin chew 81mg</i>	1	QL (100 tabs every 30 days), OTC; \$0 copay for members age 50-59 or members at risk for preeclampsia, otherwise not covered

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>ibuprofen-famotidine tab 800-26.6 mg</i>	3	PA, QL (90 tabs every 30 days)
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	3	PA, QL (60 tabs every 30 days)
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	3	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS - OPIOID		
OPIOID AGONISTS		
<i>levorphanol tartrate tabs 2mg, 3mg</i>	3	Subject to initial 3-day limit for 19 and younger; 7-day initial limit for all other ages"
ANESTHETICS		
LOCAL ANESTHETICS		
<i>LIDO/DEXTROS INJ 5-7.5%</i>	3	
<i>lidocaine hcl (local anesth.) soln .5%, 1%, 1.5%, 2%, 4%</i>	1	
ANTI-INFECTIVES		
ANTHELMINTICS		
<i>EMVERM CHEW 100MG</i>	3	PA, QL (12 tabs every 365 days)
<i>ivermectin tabs 3mg</i>	1	QL (12 tabs every 91 days)
<i>praziquantel tabs 600mg</i>	3	QL (24 tabs every 365 days)
ANTI-BACTERIALS - MISCELLANEOUS		
<i>chloramphenicol sodium succinate solr 1gm</i>	1	
<i>fosfomycin tromethamine pack 3gm</i>	2	
<i>neomycin sulfate tabs 500mg</i>	1	
<i>paromomycin sulfate caps 250mg</i>	1	
<i>streptomycin sulfate solr 1gm</i>	1	
<i>SULFADIAZINE TABS 500MG</i>	1	
<i>tinidazole tabs 250mg, 500mg</i>	1	
ANTI-INFECTIVES - MISCELLANEOUS		
<i>ALINIA SUSR 100MG/5ML</i>	3	QL (540mL every 25 days)
<i>atovaquone susp 750mg/5ml</i>	3	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	1	
<i>clindamycin phosphate soln 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	1	
<i>dapsone tabs 25mg, 100mg</i>	1	
<i>daptomycin solr 500mg</i>	3	
<i>ertapenem sodium solr 1gm</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
INVANZ SOLR 1GM	3	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml</i>	1	
<i>linezolid tabs 600mg</i>	3	
<i>linezolid inj 2mg/ml</i>	1	
<i>meropenem solr 1gm</i>	3	QL (6 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>meropenem solr 500mg</i>	3	QL (12 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>methenamine hippurate tabs 1gm</i>	1	
<i>metronidazole soln 500mg/100ml; tabs 250mg, 500mg</i>	1	
<i>nitazoxanide tabs 500mg</i>	3	QL (20 tabs every 25 days)
<i>nitrofurantoin susp 25mg/5ml</i>	3	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro caps 100mg</i>	1	
<i>pentamidine isethionate solr 300mg</i>	1	
<i>polymyxin b sulfate solr 500000unit</i>	1	
PRIMSOL SOLN 50MG/5ML	2	
SIVEXTRO SOLR 200MG; TABS 200MG	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>trimethoprim tabs 100mg</i>	1	
<i>vancomycin hcl caps 125mg, 250mg</i>	3	QL (80 caps every 10 days)
<i>vancomycin hcl solr 1gm</i>	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 5gm, 10gm</i>	3	QL (0.3 bottles every day); Initial limit allows up to a 14 day course every 365 days
<i>vancomycin hcl solr 500mg, 750mg</i>	3	QL (4 vials every day); Initial limit allows up to a 14 day course every 365 days
XIFAXAN TABS 200MG	3	QL (9 tabs every 25 days)
XIFAXAN TABS 550MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
<i>amphotericin b solr 50mg</i>	1	QL (3 vials every day); Initial limit allows up to a 14 day course every 365 days
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
FLUCONAZOLE/ INJ NAACL 100	3	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	3	PA
<i>nystatin tabs 500000unit</i>	1	
<i>terbinafine hcl tabs 250mg</i>	1	QL (180 tabs every 365 days)
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	3	PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate tabs 250mg, 500mg</i>	1	
COARTEM TAB 20-120MG	3	
<i>mefloquine hcl tabs 250mg</i>	1	
<i>primaquine phosphate tabs 26.3mg</i>	1	
<i>pyrimethamine tabs 25mg</i>	2	PA
<i>quinine sulfate caps 324mg</i>	1	
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate soln 20mg/ml</i>	1	QL (900 mL every 30 days)
<i>abacavir sulfate tabs 300mg</i>	1	QL (60 tabs every 30 days)
APRETUDE SUER 600MG/3ML	0	PA, QL (6mL every 56 days)
APTIVUS CAPS 250MG	2	QL (120 caps every 30 days)
APTIVUS SOLN 100MG/ML	2	QL (285 mL every 28 days)
<i>atazanavir sulfate caps 150mg, 300mg</i>	1	QL (30 caps every 30 days)
<i>atazanavir sulfate caps 200mg</i>	1	QL (60 caps every 30 days)
CRIXIVAN CAPS 200MG	2	QL (450 caps every 30 days)
CRIXIVAN CAPS 400MG	2	QL (180 caps every 30 days)
<i>darunavir tabs 600mg</i>	1	QL (60 tabs every 30 days)
<i>darunavir tabs 800mg</i>	1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>didanosine cpdr 200mg, 250mg, 400mg</i>	1	QL (30 caps every 30 days)
EDURANT TABS 25MG	2	QL (60 tabs every 30 days)
<i>efavirenz caps 50mg, 200mg</i>	1	QL (90 caps every 30 days)
<i>efavirenz tabs 600mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine caps 200mg</i>	1	QL (30 caps every 30 days)
EMTRIVA SOLN 10MG/ML	2	QL (680 ml every 28 days)
<i>etravirine tabs 100mg</i>	1	QL (120 tabs every 30 days)
<i>etravirine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>fosamprenavir calcium tabs 700mg</i>	1	QL (120 tabs every 30 days)
FUZEON SOLR 90MG	4	QL (60 vials every 30 days)
INTELENCE TABS 25MG	2	QL (120 tabs every 30 days)
INVIRASE CAPS 200MG	2	QL (300 caps every 30 days)
INVIRASE TABS 500MG	2	QL (120 tabs every 30 days)
ISENTRESS CHEW 25MG, 100MG	2	QL (180 tabs every 30 days)
ISENTRESS PACK 100MG	2	QL (60 packets every 30 days)
ISENTRESS TABS 400MG	2	QL (120 tabs every 30 days)
ISENTRESS HD TABS 600MG	2	QL (60 tabs every 30 days)
<i>lamivudine soln 10mg/ml</i>	1	QL (960 ml every 30 days)
<i>lamivudine tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>lamivudine tabs 300mg</i>	1	QL (30 tabs every 30 days)
<i>maraviroc tabs 150mg</i>	1	QL (60 tabs every 30 days)
<i>maraviroc tabs 300mg</i>	1	QL (120 tabs every 30 days)
<i>nevirapine susp 50mg/5ml</i>	1	QL (1200 mL every 30 days)
<i>nevirapine tabs 200mg</i>	1	QL (60 tabs every 30 days)
<i>nevirapine tb24 100mg</i>	1	QL (90 tabs every 30 days)
<i>nevirapine tb24 400mg</i>	1	QL (30 tabs every 30 days)
NORVIR PACK 100MG	2	QL (360 packets every 30 days)
NORVIR SOLN 80MG/ML	2	QL (480 mL every 30 days)
PREZISTA SUSP 100MG/ML	2	QL (400 ml every 30 days)
RESCRIPTOR TABS 100MG	3	QL (900 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR TABS 200MG	3	QL (180 tabs every 30 days)
RETROVIR IV INFUSION SOLN 10MG/ML	2	
REYATAZ PACK 50MG	2	QL (180 packets every 30 days)
<i>ritonavir tabs 100mg</i>	1	QL (360 tabs every 30 days)
SELZENTRY SOLN 20MG/ML	2	QL (1840 mL every 30 days)
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	1	QL (60 caps every 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	1	QL (30 tabs every 30 days)
TIVICAY TABS 50MG	2	QL (60 tabs every 30 days)
TYBOST TABS 150MG	2	QL (30 tabs every 30 days)
VIRACEPT TABS 250MG	2	QL (300 tabs every 30 days)
VIRACEPT TABS 625MG	2	QL (120 tabs every 30 days)
VIREAD POWD 40MG/GM	2	QL (240 gm every 30 days)
VIREAD TABS 150MG, 200MG, 250MG	2	QL (30 tabs every 30 days)
ZERIT SOLR 1MG/ML	2	QL (2400 ml every 30 days)
<i>zidovudine caps 100mg</i>	1	QL (180 caps every 30 days)
<i>zidovudine syrp 50mg/5ml</i>	1	QL (1920 ml every 30 days)
<i>zidovudine tabs 300mg</i>	1	QL (60 tabs every 30 days)
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	1	QL (60 tabs every 30 days)
BIKTARVY TAB	2	QL (30 tabs every 30 days)
CABENUVA SUS 400-600	2	QL (1 box every 30 days)
CABENUVA SUS 600-900	2	QL (1 box every 30 days)
CIMDUO TAB 300-300	2	QL (30 tabs every 30 days)
DESCOVY TAB 120-15MG	2	QL (30 tabs every 30 days)
DESCOVY TAB 200/25MG	2	PA, QL (30 tabs every 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QL (30 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs every 30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	QL (30 tabs every 30 days); \$0 for pre-exposure prophylaxis only; Tier 1B for all others
EVOTAZ TAB 300-150	2	QL (30 tabs every 30 days)
GENVOYA TAB	2	QL (30 tabs every 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QL (60 tabs every 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	QL (480 ml every 30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	QL (300 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	QL (120 tabs every 30 days)
ODEFSEY TAB	2	QL (30 tabs every 30 days)
PREZCOBIX TAB 800-150	2	QL (30 tabs every 30 days)
TEMIXYS TAB 300-300	2	QL (30 tabs every 30 days)
TRIUMEQ PD TAB	2	QL (180 tabs every 30 days)
TRIUMEQ TAB	2	QL (30 tabs every 30 days)
ANTITUBERCULAR AGENTS		
<i>cycloserine caps 250mg</i>	1	
<i>ethambutol hcl tabs 100mg, 400mg</i>	1	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	1	
PASER PACK 4GM	3	
PRIFTIN TABS 150MG	2	
<i>pyrazinamide tabs 500mg</i>	1	
<i>rifabutin caps 150mg</i>	2	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	1	
SIRTURO TABS 100MG	4	PA
TRECTOR TABS 250MG	2	
ANTIVIRALS		
<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	1	
<i>acyclovir sodium soln 50mg/ml</i>	1	
<i>adefovir dipivoxil tabs 10mg</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE SOLN .05MG/ML	3	PA, QL (630 mL every 30 days)
<i>cidofovir soln 75mg/ml</i>	1	
<i>entecavir tabs .5mg, 1mg</i>	3	PA, QL (30 tabs every 30 days)
EPIVIR HBV SOLN 5MG/ML	2	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	1	
<i>lamivudine (hbv) tabs 100mg</i>	1	
<i>oseltamivir phosphate caps 30mg</i>	2	QL (40 caps every 90 days)
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (20 caps every 90 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	2	QL (360 mL every 90 days)
RELENZA DISKHALER AEPB 5MG/BLISTER	2	QL (2 inhalers every 90 days)
<i>ribavirin solr 6gm</i>	1	
<i>rimantadine hydrochloride tabs 100mg</i>	1	
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	1	
<i>valganciclovir hcl solr 50mg/ml</i>	4	QL (1000 mL every 30 days)
<i>valganciclovir hcl tabs 450mg</i>	4	QL (120 tabs every 30 days)
VEMLIDY TABS 25MG	4	PA, QL (30 tabs every 30 days)

CEPHALOSPORINS

<i>cefaclor caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	1	
<i>cefazolin sodium solr 1gm, 10gm, 500mg</i>	1	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	1	
<i>cefditoren pivoxil tabs 200mg, 400mg</i>	1	
<i>cefepime hcl solr 1gm, 2gm</i>	3	
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	2	
<i>cefotaxime sodium solr 1gm, 2gm</i>	1	
<i>cefotetan disodium solr 1gm, 2gm</i>	1	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	1	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>ceftazidime solr 2gm</i>	1	
CEFTIN SUSR 125MG/5ML, 250MG/5ML	2	

Drug Name	Drug Tier	Requirements/Limits
ceftriaxone sodium solr 1gm, 2gm, 250mg, 500mg	3	QL (2 vials every day); Initial limit allows up to a 14 day course every 365 days
ceftriaxone sodium solr 10gm	3	QL (0.5 vials every day); Initial limit allows up to a 14 day course every 365 days
cefuroxime axetil tabs 250mg, 500mg	1	
cefuroxime sodium solr 1.5gm, 750mg	1	
cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg	1	
tazicef solr 1gm, 2gm	1	
ERYTHROMYCINS/MACROLIDES		
azithromycin pack 1gm; tabs 600mg	2	
azithromycin solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg	1	
clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg	1	
DIFICID TABS 200MG	2	PA
e.e.s. 400 tabs 400mg	1	
ery-tab tbec 250mg, 333mg, 500mg	2	
erythrocin stearate tabs 250mg	1	
erythromycin base cpep 250mg	1	
erythromycin base tabs 250mg, 500mg	2	
erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml	3	
erythromycin ethylsuccinate tabs 400mg	1	
FLUOROQUINOLONES		
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg	1	
FACTIVE TABS 320MG	3	
levofloxacin soln 25mg/ml	1	QL (40 mL every day); Initial limit allows up to a 14 day course every 365 days
levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl tabs 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
ofloxacin tabs 300mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEPATITIS C		
EPCLUSA PAK 150-37.5	4	PA, QL (28 pellets every 28 days)
EPCLUSA PAK 200-50MG	4	PA, QL (56 pellets every 28 days)
EPCLUSA TAB 200-50MG	4	PA, QL (28 tabs every 28 days)
EPCLUSA TAB 400-100	4	PA, QL (28 tabs every 28 days)
HARVONI PAK	4	PA, QL (28 pellets every 28 days)
HARVONI PAK 45-200MG	4	PA, QL (56 pellets every 28 days)
HARVONI TAB 45-200MG	4	PA, QL (28 tabs every 28 days)
HARVONI TAB 90-400MG	4	PA, QL (28 tabs every 28 days)
PEGASYS SOLN 180MCG/ML; SOSY 180MCG/0.5ML	4	PA
PEGASYS PROCLICK SOAJ 135MCG/0.5ML	4	PA
REBETOL SOLN 40MG/ML	4	PA
<i>ribavirin (hepatitis c) caps 200mg</i>	1	PA
<i>ribavirin (hepatitis c) tabs 200mg</i>	3	PA
SOVALDI PACK 150MG	5	PA, QL (28 pellets every 28 days)
SOVALDI PACK 200MG	5	PA, QL (56 pellets every 28 days)
SOVALDI TABS 200MG, 400MG	5	PA, QL (28 tabs every 28 days)
VOSEVI TAB	4	PA, QL (28 tabs every 28 days)
ZEPATIER TAB 50-100MG	5	PA, QL (28 tabs every 28 days)
PENICILLINS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin caps 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	3	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	3	
AUGMENTIN SUS 125/5ML	2	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	1	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	3	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	1	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium solr 5000000unit</i>	1	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	1	
<i>pfizerpen solr 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	3	
TETRACYCLINES		
<i>avidoxy tabs 100mg</i>	1	
<i>demeclocycline hcl tabs 150mg, 300mg</i>	1	
<i>doxy 100 solr 100mg</i>	1	
<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 150mg</i>	1	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 100mg; tbec 100mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl caps 50mg, 75mg, 100mg;</i> <i>tabs 50mg, 75mg, 100mg</i>	1	
<i>morgidox 1x100mg caps 100mg</i>	1	
<i>tetracycline hcl caps 250mg, 500mg</i>	3	QL (120 caps every 30 days)
VIBRAMYCIN SYRP 50MG/5ML	3	

ANTIANKXIETY AGENTS

BENZODIAZEPINES

<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	1	
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ANTIASTHMATIC AND BRONCHODILATOR AGENTS

STEROID INHALANTS

<i>fluticasone propionate (inhalation) aepb</i> <i>50mcg/act, 100mcg/act, 250mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone propionate hfa aero 44mcg/act,</i> <i>110mcg/act, 220mcg/act</i>	1	QL (1 package every 25 days)

SYMPATHOMIMETICS

BREZTRI AERO AER SPHERE	2	QL (1 package every 30 days)
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ANTIDEPRESSANTS

ANTIDEPRESSANT COMBINATIONS

AUVELITY TAB 45-105MG	3	PA, QL (60 tabs every 30 days)
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ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>busulfan soln 6mg/ml</i>	1	
CARMUSTINE SOLR 50MG, 300MG	2	
<i>carmustine solr 100mg</i>	1	
<i>cyclophosphamide caps 25mg, 50mg</i>	1	
<i>cyclophosphamide solr 1gm, 2gm, 500mg</i>	4	
<i>dacarbazine solr 100mg, 200mg</i>	1	
EMCYT CAPS 140MG	4	
GLEOSTINE CAPS 5MG, 10MG, 40MG, 100MG	4	
GLIADEL WAF 7.7MG	2	
HEXALEN CAPS 50MG	2	
<i>ifosfamide soln 1gm/20ml, 3gm/60ml; solr 1gm</i>	1	
LEUKERAN TABS 2MG	2	
MATULANE CAPS 50MG	2	
<i>melphalan tabs 2mg</i>	1	
<i>melphalan hcl solr 50mg</i>	1	
TEMODAR SOLR 100MG	4	PA
<i>temozolomide caps 5mg, 20mg, 100mg,</i> <i>140mg, 180mg, 250mg</i>	4	PA

ANTHRACYCLINES

<i>daunorubicin hcl soln 20mg/4ml</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
doxorubicin hcl soln 2mg/ml; solr 10mg, 50mg	1	
doxorubicin hcl liposomal inj 2mg/ml	1	
epirubicin hcl soln 50mg/25ml, 200mg/100ml	1	
idarubicin hcl soln 5mg/5ml, 10mg/10ml, 20mg/20ml	1	
ANTIBIOTICS		
bleomycin sulfate solr 15unit, 30unit	1	
mitomycin solr 5mg, 20mg, 40mg	1	
mitoxantrone hcl conc 2mg/ml	4	PA
ANTIMETABOLITES		
adrucil soln 500mg/10ml	1	
azacitidine susr 100mg	4	PA
capecitabine tabs 150mg, 500mg	4	PA
cladribine soln 10mg/10ml	1	
clofarabine soln 1mg/ml	1	
cytarabine soln 20mg/ml, 100mg/ml	1	
decitabine solr 50mg	4	PA
floxuridine solr .5gm	1	
fludarabine phosphate soln 50mg/2ml; solr 50mg	1	
fluorouracil soln 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	
gemcitabine hcl soln 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; solr 1gm, 2gm, 200mg	4	
mercaptopurine tabs 50mg	1	
methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm	1	
nelarabine soln 5mg/ml	1	
NIPENT SOLR 10MG	2	
pemetrexed disodium solr 100mg, 500mg	4	
TABLOID TABS 40MG	2	
ANTIMITOTIC, TAXOIDS		
DOCETAXEL CONC 20MG/0.5ML, 80MG/2ML	2	
docetaxel conc 20mg/ml, 80mg/4ml, 160mg/8ml; soln 20mg/2ml, 80mg/8ml, 160mg/16ml	1	
DOCETAXEL (NON-ALCOHOL FO SOLN 20MG/ML, 80MG/4ML, 160MG/8ML	2	
paclitaxel conc 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	
paclitaxel protein-bound particles for iv susp 100 mg	1	
ANTIMITOTIC, VINCA ALKALOIDS		
vinblastine sulfate soln 1mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vincasar pfs soln 1mg/ml</i>	1	
<i>vincristine sulfate soln 1mg/ml</i>	1	
<i>vinorelbine tartrate soln 10mg/ml, 50mg/5ml</i>	1	
BIOLOGIC RESPONSE MODIFIERS		
ERBITUX SOLN 100MG/50ML, 200MG/100ML	4	PA
ERIVEDGE CAPS 150MG	4	PA, QL (30 caps every 30 days)
FARYDAK CAPS 10MG, 15MG, 20MG	4	PA, QL (6 caps every 21 days)
GAZYVA SOLN 1000MG/40ML	4	PA
<i>hydroxyurea caps 500mg</i>	1	
IBRANCE CAPS 75MG, 100MG, 125MG	4	PA, QL (21 caps every 28 days)
IBRANCE TABS 75MG, 100MG, 125MG	4	PA, QL (21 tabs every 28 days)
KADCYLA SOLR 100MG, 160MG	4	PA
KEYTRUDA SOLN 100MG/4ML	4	PA
KISQALI TBPK 200MG	4	PA, QL (21 tabs every 28 days); 200 mg dose
KISQALI TBPK 200MG	4	PA, QL (42 tabs every 28 days); 400 mg dose
KISQALI TBPK 200MG	4	PA, QL (63 tabs every 28 days)
KISQALI 200 PAK FEMARA	4	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	4	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	4	PA, QL (91 tabs every 28 days)
LOQTORZI SOLN 240MG/6ML	4	PA
LYNPARZA CAPS 50MG	4	PA, QL (480 caps every 30 days)
LYNPARZA TABS 100MG, 150MG	4	PA, QL (120 tabs every 30 days)
ODOMZO CAPS 200MG	4	PA, QL (30 caps every 30 days)
RYDAPT CAPS 25MG	5	PA, QL (224 caps every 28 days)
ZEJULA CAPS 100MG	4	PA, QL (90 caps every 30 days)
ZOLINZA CAPS 100MG	4	PA, QL (120 caps every 30 days)
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate tabs 250mg</i>	4	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone acetate tabs 500mg</i>	4	PA, QL (60 tabs every 30 days)
<i>anastrozole tabs 1mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>bicalutamide tabs 50mg</i>	1	
DEPO-PROVERA SUSP 400MG/ML	3	
ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	4	PA
ERLEADA TABS 60MG	4	PA, QL (120 tabs every 30 days)
ERLEADA TABS 240MG	4	PA, QL (30 tabs every 30 days)
<i>exemestane tabs 25mg</i>	1	PA; \$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>flutamide caps 125mg</i>	1	
<i>fulvestrant sosy 250mg/5ml</i>	4	
<i>letrozole tabs 2.5mg</i>	1	
<i>leuprolide acetate kit 1mg/0.2ml</i>	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	4	PA
LYSODREN TABS 500MG	2	
<i>megestrol acetate susp 40mg/ml; tabs 20mg, 40mg</i>	1	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	1	
<i>nilutamide tabs 150mg</i>	1	
NUBEQA TABS 300MG	4	PA, QL (120 tablets every 30 days)
<i>tamoxifen citrate tabs 10mg, 20mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>toremifene citrate tabs 60mg</i>	2	
XTANDI CAPS 40MG	4	PA, QL (120 caps every 30 days)
XTANDI TABS 40MG	4	PA, QL (120 tabs every 30 days)
XTANDI TABS 80MG	4	PA, QL (60 tabs every 30 days)
IMMUNOMODULATORS		
<i>arsenic trioxide soln 10mg/10ml, 12mg/6ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
KINASE INHIBITORS		
ALECENSA CAPS 150MG	4	PA, QL (240 caps every 30 days)
AUGTYRO CAPS 40MG	4	PA, QL (240 caps every 30 days)
CALQUENCE CAPS 100MG	4	PA, QL (60 caps every 30 days)
CAPRELSA TABS 100MG	4	PA, QL (60 tabs every 30 days)
CAPRELSA TABS 300MG	4	PA, QL (30 tabs every 30 days)
COMETRIQ KIT 20MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 100MG	4	PA, QL (1 kit every 28 days)
COMETRIQ KIT 140MG	4	PA, QL (1 kit every 28 days)
<i>erlotinib hcl tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
<i>erlotinib hcl tabs 100mg, 150mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)
<i>everolimus tbso 2mg, 5mg</i>	4	PA, QL (60 tabs every 30 days)
<i>everolimus tbso 3mg</i>	4	PA, QL (90 tabs every 30 days)
ICLUSIG TABS 10MG, 15MG, 30MG, 45MG	4	PA, QL (30 tabs every 30 days)
IDHIFA TABS 50MG, 100MG	4	PA, QL (30 tabs every 30 days)
<i>imatinib mesylate tabs 100mg</i>	4	PA, QL (90 tabs every 30 days)
<i>imatinib mesylate tabs 400mg</i>	4	PA, QL (60 tabs every 30 days)
IMBRUVICA CAPS 70MG	4	PA, QL (30 caps every 30 days)
IMBRUVICA CAPS 140MG	4	PA, QL (90 caps every 30 days)
IMBRUVICA SUSP 70MG/ML	4	PA, QL (240 mL every 30 days)
IMBRUVICA TABS 140MG, 280MG, 420MG	4	PA, QL (30 tabs every 30 days)
INLYTA TABS 1MG	4	PA, QL (240 tabs every 30 days)
INLYTA TABS 5MG	4	PA, QL (120 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	4	PA, QL (60 tabs every 30 days)
<i>lapatinib ditosylate tabs 250mg</i>	4	PA, QL (180 tabs every 30 days)
LENVIMA 4 MG DAILY DOSE CPPK 4MG	4	PA, QL (30 caps every 30 days)
LENVIMA 8 MG DAILY DOSE CPPK 4MG	4	PA, QL (60 caps every 30 days)
LENVIMA 10 MG DAILY DOSE CPPK 10MG	4	PA, QL (30 caps every 30 days)
LENVIMA 12MG DAILY DOSE CPPK 4MG	4	PA, QL (90 caps every 30 days)
LENVIMA 20 MG DAILY DOSE CPPK 10MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 14 MG	4	PA, QL (60 caps every 30 days)
LENVIMA CAP 18 MG	4	PA, QL (90 caps every 30 days)
LENVIMA CAP 24 MG	4	PA, QL (90 caps every 30 days)
LORBRENA TABS 25MG	5	PA, QL (90 tabs every 30 days)
LORBRENA TABS 100MG	5	PA, QL (30 tabs every 30 days)
MEKINIST TABS 2MG	4	PA, QL (30 tabs every 30 days)
MEKINIST TABS .5MG	4	PA, QL (90 tabs every 30 days)
<i>pazopanib hcl tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)
<i>sorafenib tosylate tabs 200mg</i>	4	PA, QL (120 tabs every 30 days)
SPRYCEL TABS 20MG	4	PA, QL (90 tabs every 30 days)
SPRYCEL TABS 50MG, 70MG, 80MG, 100MG, 140MG	4	PA, QL (30 tabs every 30 days)
STIVARGA TABS 40MG	4	PA, QL (84 tabs every 28 days)
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	4	PA, QL (30 caps every 30 days)
TAFINLAR CAPS 50MG, 75MG	4	PA, QL (120 caps every 30 days)
VITRAKVI CAPS 25MG	5	PA, QL (180 caps every 30 days)
VITRAKVI CAPS 100MG	5	PA, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI SOLN 20MG/ML	5	PA, QL (300 mL every 30 days)
XALKORI CAPS 200MG, 250MG	4	PA, QL (120 caps every 30 days)
XALKORI CPSP 20MG, 50MG	4	PA, QL (60 caps every 30 days)
XALKORI CPSP 150MG	4	PA, QL (90 caps every 30 days)
ZELBORAF TABS 240MG	4	PA, QL (240 tabs every 30 days)
ZYDELIG TABS 100MG, 150MG	4	PA, QL (60 tabs every 30 days)
ZYKADIA CAPS 150MG	4	PA, QL (90 caps every 30 days)
ZYKADIA TABS 150MG	4	PA, QL (90 tabs every 30 days)

MISCELLANEOUS

<i>bexarotene caps 75mg</i>	4	PA
DROXIA CAPS 200MG, 300MG, 400MG	2	
ONCASPAR SOLN 750UNIT/ML	4	PA
PADCEV SOLR 20MG	5	PA, QL (21 vials every 28 days)
PADCEV SOLR 30MG	5	PA, QL (15 vials every 28 days)
PHOTOFRIN SOLR 75MG	2	
QUADRAMET SOLN 1850MBQ/ML	2	
<i>tretinoin (chemotherapy) caps 10mg</i>	1	
UVADEX SOLN 20MCG/ML	2	
VISTOGARD PACK 10GM	2	QL (20 packets every 5 days)

PLATINUM-BASED AGENTS

<i>carboplatin soln 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	1	
<i>cisplatin soln 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	1	
<i>oxaliplatin soln 50mg/10ml, 100mg/20ml; solr 50mg, 100mg</i>	4	

PROTECTIVE AGENTS

<i>dexrazoxane hcl solr 250mg, 500mg</i>	1	
<i>leucovorin calcium solr 50mg, 100mg, 200mg, 350mg, 500mg; tabs 5mg, 10mg, 15mg, 25mg</i>	1	
<i>mesna soln 100mg/ml</i>	1	
MESNEX TABS 400MG	4	

TOPOISOMERASE INHIBITORS

<i>etoposide caps 50mg; soln 100mg/5ml</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan hcl soln 40mg/2ml, 100mg/5ml, 500mg/25ml</i>	4	
<i>irinotecan hcl soln 300mg/15ml</i>	1	
TENIPOSIDE SOLN 10MG/ML	2	
<i>toposar soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	1	
<i>topotecan hcl solr 4mg</i>	1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES

ALKYLATING AGENTS

<i>paraplatin soln 1000mg/100ml</i>	1	
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ANTINEOPLASTIC ENZYME INHIBITORS

CALQUENCE TABS 100MG	4	PA, QL (60 tabs every 30 days)
KOSELUGO CAPS 10MG	5	PA, QL (240 caps every 30 days)
KOSELUGO CAPS 25MG	5	PA, QL (120 caps every 30 days)
TAGRISSE TABS 40MG, 80MG	5	PA, QL (30 tabs every 30 days)
VERZENIO TABS 50MG, 100MG, 150MG, 200MG	5	PA, QL (60 tabs every 30 days)

ANTINEOPLASTIC, BCL-2 INHIBITORS

VENCLEXTA TABS 10MG, 50MG	4	PA, QL (120 tabs every 30 days)
VENCLEXTA TABS 100MG	4	PA, QL (180 tabs every 30 days)
VENCLEXTA TAB START PK	4	PA

ANTIVIRALS

ANTIRETROVIRALS

SUNLENCA SOLN 463.5MG/1.5ML	4	QL (6mL every 24 weeks)
SUNLENCA TBP 300MG	4	QL (1 pack every year)

ANTIVIRAL COMBINATIONS

PAXLOVID TAB 150-100	2	QL (20 tabs every 90 days); Limited to 12 years of age and older
PAXLOVID TAB 300-100	2	QL (30 tabs every 90 days); Limited to 12 years of age and older

HEPATITIS AGENTS

PEGINTRON KIT 50MCG/0.5ML	5	PA
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MISC. ANTIVIRALS

LAGEVRIO CAPS 200MG	2	QL (40 caps every 90 days); Limited to 18 years of age and older
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Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKER COMBINATIONS		
CONSENSI TAB 2.5-200	3	PA, QL (30 tabs every 30 days)
CONSENSI TAB 5-200MG	3	PA, QL (30 tabs every 30 days)
CONSENSI TAB 10-200MG	3	PA, QL (30 tabs every 30 days)

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	1	
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	1	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone tabs 25mg, 50mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
BYVALSON TAB 5-80MG	3	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg	1	
eprosartan mesylate tabs 600mg	1	
irbesartan tabs 75mg, 150mg, 300mg	1	
losartan potassium tabs 25mg, 50mg, 100mg	1	
olmesartan medoxomil tabs 5mg, 20mg, 40mg	1	
telmisartan tabs 20mg, 40mg, 80mg	1	
valsartan tabs 40mg, 80mg, 160mg, 320mg	1	
ANTIARRHYTHMICS		
amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 200mg, 400mg	1	
disopyramide phosphate caps 100mg, 150mg	1	
dofetilide caps 125mcg, 250mcg, 500mcg	1	PA
flecainide acetate tabs 50mg, 100mg, 150mg	1	
lidocaine hcl (cardiac) sosy 50mg/5ml, 100mg/5ml	1	
lidocaine iv infusion in d5w inj 4 mg/ml	1	
lidocaine iv infusion in d5w inj 8 mg/ml	1	
mexiletine hcl caps 150mg, 200mg, 250mg	1	
MULTAQ TABS 400MG	3	PA
pacerone tabs 100mg, 200mg	1	
procainamide hcl soln 100mg/ml	1	
propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg	1	
quinidine sulfate tabs 200mg, 300mg	1	
sorine tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl tabs 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg	1	
SOTALOL HYDROCHLORIDE SOLN 150MG/10ML	3	
ANTILIPEMICS, BILE ACID RESINS		
cholestyramine pack 4gm; powd 4gm/dose	1	
cholestyramine light pack 4gm; powd 4gm/dose	1	
colestipol hcl gran 5gm; pack 5gm; tabs 1gm	1	
prevalite powd 4gm/dose	1	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR		
ezetimibe tabs 10mg	1	PA
ANTILIPEMICS, FIBRATES		
choline fenofibrate cpdr 45mg, 135mg	1	
fenofibrate caps 50mg, 150mg; tabs 48mg, 54mg, 160mg	1	
fenofibrate tabs 145mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	1	
<i>gemfibrozil tabs 600mg</i>	1	
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	2	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	1	PA; Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease

Drug Name	Drug Tier	Requirements/Limits
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg</i>	1	Exception process available for \$0 copay for members age 40 through 75 when medically necessary for primary prevention of cardiovascular disease
<i>simvastatin tabs 80mg</i>	1	
ANTILIPEMICS, MISCELLANEOUS		
<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	1	
ANTILIPEMICS, OMEGA-3 FATTY ACIDS		
<i>icosapent ethyl caps .5gm, 1gm</i>	1	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
ANTILIPEMICS, PCSK9 INHIBITORS		
<i>PRALUENT SOAJ 75MG/ML, 150MG/ML</i>	4	PA, QL (2 pens every 28 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 40-25 mg</i>	1	
<i>propranolol & hydrochlorothiazide tab 80-25 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl caps 200mg, 400mg</i>	1	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	1	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	1	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate soln 5mg/5ml; tabs 25mg, 50mg, 100mg	1	
nadolol tabs 20mg, 40mg, 80mg	1	
nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg	1	
pindolol tabs 5mg, 10mg	1	
propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg	1	
timolol maleate tabs 5mg, 10mg, 20mg	1	

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	

CALCIUM CHANNEL BLOCKERS

afeditab cr tb24 30mg, 60mg	1	
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1	
CARDENE IV SOL 20/200ML	3	
cartia xt cp24 120mg, 180mg, 240mg, 300mg	1	
diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; soln 25mg/5ml, 50mg/10ml, 125mg/25ml; tabs 30mg, 60mg, 90mg, 120mg	1	
DILTIAZEM HCL SOLR 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg	1	
diltiazem hcl coated beads cp24 360mg	2	
diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine tb24 2.5mg, 5mg, 10mg	1	
isradipine caps 2.5mg, 5mg	1	
matzim la tb24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl caps 20mg, 30mg; soln 2.5mg/ml	1	
nifedipine tb24 30mg, 60mg, 90mg	1	
nimodipine caps 30mg	3	
taztia xt cp24 120mg, 180mg, 240mg, 300mg, 360mg	1	
verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; soln 2.5mg/ml; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg	1	
DIGITALIS GLYCOSIDES		
digox tabs 125mcg, 250mcg	1	
digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg	1	
LANOXIN TABS 187.5MCG	2	
LANOXIN PEDIATRIC SOLN .1MG/ML	3	
DIRECT RENIN INHIBITORS/COMBINATIONS		
aliskiren fumarate tabs 150mg, 300mg	2	
DIURETICS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	1	
acetazolamide sodium solr 500mg	1	
ALDACTAZIDE TAB 50/50	2	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl tabs 5mg	1	
bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg	1	
chlorothiazide sodium solr 500mg	1	
chlorthalidone tabs 25mg, 50mg	1	
DIURIL SUSP 250MG/5ML	3	
ethacrynate sodium solr 50mg	1	
ethacrynic acid tabs 25mg	2	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	1	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tabs 1.25mg, 2.5mg</i>	1	
<i>mannitol soln 20%, 25%</i>	1	
<i>methazolamide tabs 25mg, 50mg</i>	2	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	1	
<i>osmitrol viaflex soln 5%, 10%, 15%</i>	1	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene caps 50mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
HEART FAILURE		
<i>CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG</i>	2	
<i>ENTRESTO TAB 24-26MG</i>	2	
<i>ENTRESTO TAB 49-51MG</i>	2	
<i>ENTRESTO TAB 97-103MG</i>	2	
MISCELLANEOUS		
<i>clonidine ptwk .1mg/24hr</i>	1	QL (4 patches every 28 days)
<i>clonidine ptwk .2mg/24hr, .3mg/24hr</i>	1	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	1	
<i>guanfacine hcl tabs 1mg, 2mg</i>	1	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>methyldopa tabs 250mg, 500mg</i>	1	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	1	
<i>minoxidil tabs 2.5mg, 10mg</i>	1	
<i>phenoxybenzamine hcl caps 10mg</i>	3	PA
<i>ranolazine tb12 500mg, 1000mg</i>	1	PA
NITRATES		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	1	
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	1	
<i>minitran pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	1	
<i>NITRO-BID OINT 2%</i>	3	
<i>NITRO-DUR PT24 .3MG/HR, .8MG/HR</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	1	
NITROGLYCERIN SOLN 5MG/ML	3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	1	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	5	PA, QL (90 tabs every 30 days)
<i>ambrisentan tabs 5mg, 10mg</i>	4	PA, QL (30 tabs every 30 days)
<i>bosentan tabs 62.5mg, 125mg</i>	4	PA, QL (60 tabs every 30 days)
<i>epoprostenol sodium solr .5mg, 1.5mg</i>	4	PA
OPSUMIT TABS 10MG	4	PA, QL (30 tabs every 30 days)
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 2	4	PA, QL (1 kit every 365 days)
ORENITRAM TAB MONTH 3	4	PA, QL (1 kit every 365 days)
REMODULIN SOLN 20MG/20ML, 50MG/20ML, 100MG/20ML, 200MG/20ML	5	PA
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	4	PA, QL (360 tabs every 30 days)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	5	PA, QL (60 tabs every 30 days)
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	4	PA
TYVASO SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO REFILL SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO STARTER SOLN .6MG/ML	4	PA, QL (28 ampules every 28 days)
UPTRAVI SOLR 1800MCG	4	PA
UPTRAVI TABS 200MCG	4	PA, QL (140 tabs every 28 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	4	PA, QL (60 tabs every 30 days)
UPTRAVI PACK TAB 200/800	4	PA
VENTAVIS SOLN 10MCG/ML, 20MCG/ML	4	PA, QL (270 ampules every 30 days)

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

<i>acamprosate calcium tbec 333mg</i>	1	
<i>disulfiram tabs 250mg, 500mg</i>	1	

ANTIANSXIETY

<i>alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg</i>	1	QL (150 tabs every 25 days)
ALPRAZOLAM INTENSOL CONC 1MG/ML	2	QL (300 mL every 25 days)
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg</i>	1	
<i>buspirone hcl tabs 30mg</i>	2	
<i>lorazepam conc 2mg/ml</i>	1	QL (150 mL every 25 days)
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	1	QL (150 tabs every 25 days)
<i>meprobamate tabs 200mg, 400mg</i>	2	
<i>oxazepam caps 10mg, 15mg, 30mg</i>	1	QL (120 caps every 25 days)

ANTICONVULSANTS

APTIOM TABS 200MG, 400MG, 600MG, 800MG	3	PA
BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	3	PA
<i>carbamazepine chew 100mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	1	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	2	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	1	
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	2	QL (180 tabs every 25 days)
<i>diazepam soln 5mg/5ml</i>	1	QL (1200 mL every 25 days)
<i>diazepam soln 5mg/ml</i>	1	
<i>diazepam tabs 2mg, 5mg, 10mg</i>	1	QL (120 tabs every 25 days)
<i>diazepam intensol conc 5mg/ml</i>	1	QL (240 mL every 25 days)
DILANTIN CAPS 30MG	3	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	1	
EPIDIOLEX SOLN 100MG/ML	4	PA, QL (800 mL every 30 days)
<i>epitol tabs 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	1	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	2	
<i>fospheyntoin sodium soln 100mgpe/2ml, 500mgpe/10ml</i>	1	
FYCOMPA SUSP .5MG/ML; TABS 2MG, 4MG, 6MG, 8MG, 10MG, 12MG	2	PA
<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	1	
<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	3	PA
<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg</i>	1	
<i>lamotrigine tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	1	PA
<i>lamotrigine tbdp 25mg, 50mg, 100mg, 200mg</i>	2	PA
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	2	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	1	
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>methsuximide caps 300mg</i>	1	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	1	
PEGANONE TABS 250MG	3	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	1	
<i>phenytoin chew 50mg; susp 125mg/5ml</i>	1	
<i>phenytoin sodium soln 50mg/ml</i>	1	
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	1	
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	1	PA
<i>primidone tabs 50mg, 250mg</i>	1	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	1	
<i>valproate sodium soln 100mg/ml, 250mg/5ml</i>	1	
<i>valproic acid caps 250mg</i>	1	
<i>vigabatrin pack 500mg</i>	4	PA, QL (180 packets every 30 days)
<i>vigabatrin tabs 500mg</i>	4	PA, QL (180 tabs every 30 days)
<i>zonisamide caps 25mg, 50mg, 100mg</i>	1	

ANTIDEMENTIA

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>	1	
<i>ergoloid mesylates tabs 1mg</i>	1	
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	1	
<i>memantine hcl cp24 7mg, 14mg, 21mg, 28mg; soln 2mg/ml; tabs 5mg, 10mg</i>	1	PA; PA applies for members less than 30 years of age
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies for members less than 30 years of age
NAMENDA XR CAP TITRATIO	2	PA; PA applies for members less than 30 years of age
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	1	PA
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	1	PA

ANTIDEPRESSANTS

<i>amitriptyline hcl tabs 10mg</i>	1	QL (150 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 25mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 50mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>amitriptyline hcl tabs 75mg, 100mg, 150mg</i>	1	
<i>amoxapine tabs 25mg, 50mg, 100mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>amoxapine tabs 150mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg</i>	1	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	1	
<i>clomipramine hcl caps 25mg, 50mg</i>	3	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>clomipramine hcl caps 75mg</i>	3	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 10mg, 25mg, 50mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 75mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>desipramine hcl tabs 100mg, 150mg</i>	1	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	1	PA, QL (30 tabs every 25 days); (generic of Pristiq)
<i>doxepin hcl caps 10mg, 25mg, 50mg</i>	1	QL (90 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 75mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl caps 100mg, 150mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>doxepin hcl conc 10mg/ml</i>	1	QL (450 mL every 30 days); QL applies to members age 65 and older
<i>duloxetine hcl cpep 20mg, 30mg, 60mg</i>	1	
EMSAM PT24 6MG/24HR, 9MG/24HR, 12MG/24HR	3	PA
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	1	
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	3	PA, QL (30 caps every 25 days)
FETZIMA CAP TITRATIO	3	PA, QL (30 caps every 25 days)
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; cpdr 90mg; soln 20mg/5ml</i>	1	
<i>fluoxetine hcl tabs 10mg, 20mg</i>	1	(generic Sarafem not covered)

Drug Name	Drug Tier	Requirements/Limits
<i>fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg</i>	1	
<i>imipramine hcl tabs 10mg, 25mg</i>	1	QL (120 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine hcl tabs 50mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 75mg, 100mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>imipramine pamoate caps 125mg, 150mg</i>	1	
<i>maprotiline hcl tabs 25mg, 50mg, 75mg</i>	1	
MARPLAN TABS 10MG	3	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	1	
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	1	
<i>nortriptyline hcl caps 10mg</i>	1	QL (150 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 25mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 50mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>nortriptyline hcl caps 75mg</i>	1	
<i>nortriptyline hcl soln 10mg/5ml</i>	1	QL (750 mL every 30 days); QL applies to members age 65 and older
<i>paroxetine hcl tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	1	
<i>phenelzine sulfate tabs 15mg</i>	1	
<i>protriptyline hcl tabs 5mg</i>	1	QL (90 tabs every 30 days); QL applies to members age 65 and older
<i>protriptyline hcl tabs 10mg</i>	1	QL (60 tabs every 30 days); QL applies to members age 65 and older
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	1	
<i>tranylcypromine sulfate tabs 10mg</i>	1	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate caps 25mg, 50mg</i>	1	QL (60 caps every 30 days); QL applies to members age 65 and older
<i>trimipramine maleate caps 100mg</i>	1	QL (30 caps every 30 days); QL applies to members age 65 and older
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg; tb24 37.5mg, 75mg, 150mg</i>	1	
VIIBRYD KIT STARTER	3	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	3	PA, QL (30 tabs every 30 days)
ZURZUVAE CAPS 20MG, 25MG	3	PA, QL (28 capsules for 14 days)
ZURZUVAE CAPS 30MG	3	PA, QL (14 capsules for 14 days)

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	1	
APOKYN SOCT 30MG/3ML	4	PA, QL (20 cartridges every 25 days)
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	1	
<i>bromocriptine mesylate caps 5mg</i>	2	
<i>bromocriptine mesylate tabs 2.5mg</i>	1	
<i>carbidopa tabs 25mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone tabs 200mg</i>	1	
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	2	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	1	
<i>rasagiline mesylate tabs 1mg</i>	2	PA
<i>rasagiline mesylate tabs .5mg</i>	2	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	1	
<i>tolcapone tabs 100mg</i>	1	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	1	

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	2	QL (1 Injection every 56 days)
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	2	QL (1 injection every 25 days)
<i>aripiprazole soln 1mg/ml</i>	2	PA, QL (450 mL every 30 days)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	
<i>aripiprazole tbdp 10mg, 15mg</i>	1	PA, QL (30 tablets every 30 days)
ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML, 1064MG/3.9ML	2	
ARISTADA INITIO PRSY 675MG/2.4ML	2	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	2	PA
CAPLYTA CAPS 10.5MG, 21MG, 42MG	3	PA, QL (30 caps every 30 days)
CHLORPROMAZINE HCL SOLN 25MG/ML, 50MG/2ML	1	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	1	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	1	
<i>fluphenazine decanoate soln 25mg/ml</i>	1	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln 2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	1	
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	1	
<i>haloperidol lactate conc 2mg/ml; soln 5mg/ml</i>	1	
INVEGA SUSTENNA SUSY 39MG/0.25ML, 78MG/0.5ML, 117MG/0.75ML, 156MG/ML, 234MG/1.5ML	2	QL (1 injection every 25 days)
INVEGA TRINZA SUSY 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	2	QL (1 injection every 84 days)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	1	
<i>lurasidone hcl tabs 20mg, 40mg, 60mg, 120mg</i>	2	PA, QL (30 tabs / 30 days)
<i>lurasidone hcl tabs 80mg</i>	2	PA, QL (60 tabs / 30 days)
NUPLAZID TABS 17MG	4	PA
<i>olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	1	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	2	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	1	
PERSERIS PRSY 90MG, 120MG	2	QL (1 injection every 25 days)
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg, 300mg, 400mg</i>	1	
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	3	PA
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	1	
<i>risperidone microspheres srer 12.5mg, 25mg, 37.5mg, 50mg</i>	1	QL (2 injections every 25 days)
RYKINDO SRER 25MG, 37.5MG, 50MG	2	QL (2 syringes every 28 days)
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	1	
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	1	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	1	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	1	
ZYPREXA RELPREVV SUSR 210MG, 300MG	3	QL (2 injections every 25 days)
ZYPREXA RELPREVV SUSR 405MG	2	QL (1 injection every 25 days)

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine sulfate tabs 10mg</i>	3	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (60 caps every 30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs every 30 days)
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 100mg</i>	1	
<i>atomoxetine hcl caps 60mg, 80mg</i>	1	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg</i>	2	QL (60 caps every 30 days)
<i>dexmethylphenidate hcl cp24 25mg, 30mg, 35mg, 40mg</i>	2	QL (30 caps every 30 days)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg</i>	1	QL (120 tabs every 30 days)
<i>dexmethylphenidate hcl tabs 10mg</i>	1	QL (60 tabs every 30 days)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg</i>	1	QL (120 caps every 30 days)
<i>dextroamphetamine sulfate soln 5mg/5ml</i>	1	QL (2,160 mL every 30 days)
<i>dextroamphetamine sulfate tabs 5mg, 10mg</i>	1	QL (120 tabs every 30 days)
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	1	PA
<i>methamphetamine hcl tabs 5mg</i>	3	QL (150 tabs every 30 days)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg</i>	3	QL (180 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cp24 20mg, 30mg</i>	1	QL (60 caps every 30 days)
<i>methylphenidate hcl cp24 40mg, 60mg</i>	1	QL (30 caps every 30 days)
<i>methylphenidate hcl cpcr 10mg, 20mg, 30mg</i>	2	QL (60 caps every 30 days)
<i>methylphenidate hcl cpcr 40mg, 50mg, 60mg</i>	2	QL (30 caps every 30 days)
<i>methylphenidate hcl soln 5mg/5ml</i>	3	QL (2,160 mL every 30 days)
<i>methylphenidate hcl soln 10mg/5ml</i>	3	QL (1080 mL every 30 days)
<i>methylphenidate hcl tabs 5mg, 10mg</i>	1	QL (180 tabs every 30 days)
<i>methylphenidate hcl tabs 20mg</i>	1	QL (90 tabs every 30 days)
<i>methylphenidate hcl tb24 18mg, 27mg, 36mg; tbc 18mg, 27mg, 36mg</i>	3	QL (60 tabs every 30 days)
<i>methylphenidate hcl tb24 54mg; tbc 54mg</i>	3	QL (30 tabs every 30 days)
<i>methylphenidate hcl tbc 10mg, 20mg</i>	2	QL (90 tabs every 30 days)

FIBROMYALGIA

SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	3	PA
SAVELLA MIS TITR PAK	3	PA

HYPNOTICS

BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	2	PA
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	2	QL (30 tabs every 30 days); QL applies to members age 65 and older
<i>doxylamine succinate (sleep) tabs 25mg</i>	1	OTC
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	1	QL (30 tablets every 30 days)
<i>ramelteon tabs 8mg</i>	1	QL (30 tabs every 25 days)
<i>tasimelteon caps 20mg</i>	4	PA, QL (30 caps every 30 days)
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	1	QL (15 caps every 25 days)
<i>zaleplon caps 5mg</i>	1	QL (30 caps every 30 days)
<i>zaleplon caps 10mg</i>	1	QL (60 caps every 30 days)
<i>zolpidem tartrate tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	1	QL (30 tablets every 30 days)

MIGRAINE

AIMOVIG SOAJ 70MG/ML, 140MG/ML	2	PA, QL (1 injection every 25 days)
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	3	PA, QL (3 injections every 75 days)

Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate tabs 6.25mg</i>	2	QL (18 tabs every 25 days)
<i>almotriptan malate tabs 12.5mg</i>	2	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tabs 20mg</i>	2	QL (18 tabs every 25 days)
<i>eletriptan hydrobromide tabs 40mg</i>	2	QL (12 tabs every 25 days)
EMGALITY SOAJ 120MG/ML; SOSY 120MG/ML	2	PA, QL (2 injections every 25 days)
EMGALITY SOSY 100MG/ML	2	PA, QL (3 injections every 25 days)
<i>naratriptan hcl tabs 1mg</i>	1	QL (18 tabs every 25 days)
<i>naratriptan hcl tabs 2.5mg</i>	1	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	1	QL (27 tabs every 25 days)
<i>rizatriptan benzoate tabs 10mg; tbdp 10mg</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan soln 5mg/act</i>	2	QL (36 sprays every 25 days)
<i>sumatriptan soln 20mg/act</i>	2	QL (12 sprays every 25 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	2	QL (18 syringes every 25 days)
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; sosal 6mg/0.5ml</i>	2	QL (12 units every 25 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	2	QL (12 vials every 25 days)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	3	PA, QL (9 tabs every 25 days)
<i>zolmitriptan soln 2.5mg</i>	1	QL (18 sprays every 25 days)
<i>zolmitriptan soln 5mg</i>	1	QL (12 sprays every 25 days)
<i>zolmitriptan tabs 2.5mg; tbdp 2.5mg</i>	2	QL (18 tabs every 25 days)
<i>zolmitriptan tabs 5mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tbdp 5mg</i>	2	QL (12 tabs every 25 days)
MISCELLANEOUS		
GUANIDINE HCL TABS 125MG	3	
<i>lithium soln 8meq/5ml</i>	1	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	1	
NUDEXTA CAP 20-10MG	2	PA
<i>pimozide tabs 1mg, 2mg</i>	1	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	1	
<i>pyridostigmine bromide tbc 180mg</i>	2	
<i>riluzole tabs 50mg</i>	3	

Drug Name	Drug Tier	Requirements/Limits
MOVEMENT DISORDERS		
AUSTEDO TABS 6MG, 9MG, 12MG	4	PA, QL (60 tablets every 30 days)
AUSTEDO XR TB24 6MG, 12MG, 24MG	4	PA, QL (30 tablets every 30 days)
AUSTEDO XR TAB TITR KIT	4	PA, QL (1 per 365 days)
<i>tetrabenazine tabs 12.5mg</i>	4	PA, QL (120 tabs every 30 days)
<i>tetrabenazine tabs 25mg</i>	4	PA, QL (60 tabs every 30 days)
MULTIPLE SCLEROSIS AGENTS		
AVONEX KIT 30MCG/VIAL; PSKT 30MCG/0.5ML	5	PA, QL (4 injections every 28 days)
AVONEX PEN AJKT 30MCG/0.5ML	5	PA, QL (4 injections every 28 days)
BETASERON KIT .3MG	4	PA, QL (14 injections every 28 days)
COPAXONE SOSY 20MG/ML	4	PA, QL (30 injections every 30 days)
COPAXONE SOSY 40MG/ML	4	PA, QL (12 syringes every 28 days)
<i>dalfampridine tb12 10mg</i>	5	PA, QL (60 tabs every 30 days)
<i>dimethyl fumarate cpdr 120mg</i>	4	PA, QL (14 caps every 28 days)
<i>dimethyl fumarate cpdr 240mg</i>	4	PA, QL (60 caps every 30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (1 kit every 30 days)
<i>fingolimod hcl caps .5mg</i>	4	PA, QL (30 caps every 30 days)
MAYZENT TABS 1MG, 2MG	4	PA, QL (30 tabs every 30 days)
MAYZENT TABS .25MG	4	PA, QL (112 tabs every 28 days)
MAYZENT STARTER PACK TBPk .25MG	4	PA, QL (1 pack every 365 days)
PLEGRIDY SOPN 125MCG/0.5ML; SOSY 125MCG/0.5ML	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 kit every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL (12 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDO INJ TITRATN	4	PA, QL (1 box every 28 days)
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	4	PA, QL (12 syringes every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (1 box every 28 days)
<i>teriflunomide tabs 7mg, 14mg</i>	4	PA, QL (30 tabs every 30 days)
TYSABRI CONC 300MG/15ML	4	PA, QL (1 vial every 28 days)
VUMERITY CPDR 231MG	4	PA, QL (106 caps every 30 days)
VUMERITY CPDR 231MG	4	PA, QL (120 caps every 30 days)
ZEPOSIA CAPS .92MG	4	PA, QL (30 every 30 Days)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 every 365 Days)
ZEPOSIA CAP STR KIT	4	PA, QL (1 kit every 365 days)

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen tabs 5mg, 10mg, 20mg</i>	1	
<i>carisoprodol tabs 350mg</i>	1	
<i>chlorzoxazone tabs 500mg</i>	1	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	1	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	1	
<i>metaxalone tabs 400mg, 800mg</i>	2	
<i>methocarbamol tabs 500mg, 750mg</i>	1	
<i>orphenadrine citrate soln 60mg/2ml; tb12 100mg</i>	1	
<i>tizanidine hcl tabs 2mg, 4mg</i>	1	

NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	1	PA, QL (30 tabs every 30 days)
<i>modafinil tabs 100mg, 200mg</i>	3	PA, QL (30 tabs every 30 days)
SODIUM OXYBATE SOLN 500MG/ML	4	PA, QL (540 mL every 30 days)

OPIOID ANTAGONIST

<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; soty 2mg/2ml</i>	1	
<i>naltrexone hcl tabs 50mg</i>	0	\$0 copay
VIVITROL SUSR 380MG	4	QL (1 vial every 28 days)

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	0	\$0 limited to 2 treatment cycles/year
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Drug Name	Drug Tier	Requirements/Limits
<i>goodsense nicotine lozg 2mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>goodsense nicotine polacr lozg 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicorelief gum 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine polacrilex gum 2mg, 4mg</i>	0	OTC; \$0 limited to 2 treatment cycles/year
<i>nicotine step 3 pt24 7mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
NICOTROL INHALER INHA 10MG	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
NICOTROL NS SOLN 10MG/ML	0	QL (max 168 days every year); \$0 limited to 2 treatment cycles/year
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	0	OTC; \$0 limited to 2 treatment cycles/year
VARENICLINE TARTRATE TABS .5MG, 1MG	0	\$0 limited to 2 treatment cycles/year
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	0	\$0 limited to 2 treatment cycles/year

CEPHALOSPORINS

CEPHALOSPORINS - 3RD GENERATION

<i>ceftazidime solr 6gm</i>	1	
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DERMATOLOGICALS

ANTIBIOTICS - TOPICAL

XEPI CREA 1%	2	
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ANTIVIRALS - TOPICAL

<i>acyclovir topical oint 5%</i>	2	PA
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CORTICOSTEROIDS - TOPICAL

<i>diflorasone diacetate oint .05%</i>	2	
<i>halcinonide crea .1%</i>	3	QL (60g every 30 days)

ECZEMA AGENTS

DUPIXENT SOPN 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	4	PA, QL (2 syringes every 28 days)
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MISC. TOPICAL

DRYSOL SOLN 20%	2	
XERAC AC SOLN 6.25%	2	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
LOOP DIURETICS		
FUROSCIX CTKT 80MG/10ML	4	PA, QL (5 kits every 3 months)
ENDOCRINE AND METABOLIC		
ACROMEGALY		
octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA, QL (90 ml every 30 days)
octreotide acetate soln 200mcg/ml	4	PA, QL (225 ml every 30 days)
octreotide acetate soln 1000mcg/ml	4	PA, QL (45 ml every 30 days)
OCTREOTIDE ACETATE SOSY 50MCG/ML, 100MCG/ML, 500MCG/ML	4	PA, QL (90 mL every 30 days)
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	4	PA, QL (1 injection every 28 days)
SOMAVERT SOLR 10MG, 15MG, 20MG, 25MG, 30MG	4	PA, QL (30 vials every 30 days)
ANDROGENS		
ANADROL-50 TABS 50MG	3	PA
depo-testosterone soln 200mg/ml	1	PA
INTRAROSA INST 6.5MG	3	
methyltestosterone caps 10mg	3	PA
testosterone gel 10mg/act, 25mg/2.5gm	3	PA
testosterone cypionate soln 100mg/ml, 200mg/ml	1	PA
testosterone enanthate soln 200mg/ml	1	PA
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS		
acarbose tabs 25mg, 50mg, 100mg	1	
miglitol tabs 25mg, 50mg, 100mg	1	
ANTIDIABETICS, AMYLIN ANALOGS		
SYMLINPEN 60 SOPN 1500MCG/1.5ML	3	PA
SYMLINPEN 120 SOPN 2700MCG/2.7ML	3	PA
ANTIDIABETICS, BIGUANIDE		
metformin hcl tabs 500mg, 1000mg; tb24 500mg, 750mg	1	
metformin hcl tabs 850mg	1	\$0 copay for members age 35-70 for prevention of diabetes
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS		
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS		
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	1	
JANUVIA TABS 25MG, 50MG, 100MG	2	PA, QL (30 tabs every 30 days)
ANTIDIABETICS, DOPAMINE RECEPTOR AGONISTS		
CYCLOSET TABS .8MG	3	
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS		
JANUMET TAB 50-500MG	2	PA, QL (60 tabs every 30 days)
JANUMET TAB 50-1000	2	PA, QL (60 tabs every 30 days)
JANUMET XR TAB 50-500MG	2	PA, QL (60 tabs every 30 days)
JANUMET XR TAB 50-1000	2	PA, QL (60 tabs every 30 days)
JANUMET XR TAB 100-1000	2	PA, QL (30 tabs every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC AGENTS		
MOUNJARO SOPN 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	2	PA, QL (4 pens every 28 days)
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML	2	PA, QL (1 pen every 28 days)
OZEMPIC SOPN 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TABS 3MG, 7MG, 14MG	2	PA, QL (30 tablets every 30 days)
TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	2	PA, QL (4 pens every 28 days)
VICTOZA SOPN 18MG/3ML	2	PA, QL (3 pens every 30 days)
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS		
SOLIQUA INJ 100/33	2	PA, QL (6 pens every 30 days)
XULTOPHY INJ 100/3.6	2	PA, QL (5 pens every 30 days)
ANTIDIABETICS, INSULIN		
BASAGLAR KWIKPEN SOPN 100UNIT/ML	2	
BASAGLAR TEMPO PEN SOPN 100UNIT/ML	2	
FIASP SOLN 100UNIT/ML	2	QL (60mL every 30 days)
FIASP FLEXTOUCH SOPN 100UNIT/ML	2	QL (60mL every 30 days)
FIASP PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	2	
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	2	
LEVEMIR SOLN 100UNIT/ML	2	
LEVEMIR FLEXPEN SOPN 100UNIT/ML	2	
NOVOLIN INJ 70/30	1	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN INJ 70/30 FP	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N SUSP 100UNIT/ML	1	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R SOLN 100UNIT/ML	1	QL (60mL every 30 days), OTC; RELION not covered
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days), OTC; RELION not covered
NOVOLOG SOLN 100UNIT/ML	2	QL (60mL every 30 days)
NOVOLOG FLEXPEN SOPN 100UNIT/ML	2	QL (60mL every 30 days)
NOVOLOG MIX INJ 70/30	2	QL (60mL every 30 days)
NOVOLOG MIX INJ FLEXPEN	2	QL (60mL every 30 days)
NOVOLOG PENFILL SOCT 100UNIT/ML	2	QL (60mL every 30 days)
TRESIBA SOLN 100UNIT/ML	2	
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	2	
ANTIDIABETICS, INSULIN SENSITIZER		
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION		
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION		
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	
ANTIDIABETICS, MEGLITINIDE		
<i>nateglinide tabs 60mg, 120mg</i>	1	
<i>repaglinide tabs .5mg, 1mg, 2mg</i>	1	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2) COMBO		
SYNJARDY TAB	2	PA, QL (60 tabs every 30 days)
SYNJARDY TAB 5-500MG	2	PA, QL (60 tabs every 30 days)
SYNJARDY TAB 5-1000MG	2	PA, QL (60 tabs every 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 12.5-500	2	PA, QL (60 tabs every 30 days)
SYNJARDY XR TAB	2	PA, QL (60 tabs every 30 days)
SYNJARDY XR TAB 5-1000MG	2	PA, QL (60 tabs every 30 days)
SYNJARDY XR TAB 10-1000	2	PA, QL (30 tabs every 30 days)
SYNJARDY XR TAB 25-1000	2	PA, QL (30 tabs every 30 days)
XIGDUO XR TAB 2.5-1000	2	PA, QL (60 tabs every 30 days)
XIGDUO XR TAB 5-500MG	2	PA, QL (30 tabs every 30 days)
XIGDUO XR TAB 5-1000MG	2	PA, QL (60 tabs every 30 days)
XIGDUO XR TAB 10-500MG	2	PA, QL (30 tabs every 30 days)
XIGDUO XR TAB 10-1000	2	PA, QL (30 tabs every 30 days)

ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG	2	PA, QL (30 tabs every 30 days)
GLYXAMBI TAB 25-5 MG	2	PA, QL (30 tabs every 30 days)

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER2(SGLT2) INHIB

FARXIGA TABS 5MG, 10MG	2	PA, QL (30 tabs every 30 days)
JARDIANCE TABS 10MG, 25MG	2	PA, QL (30 tabs every 30 days)

ANTIDIABETICS, SULFONYLUREA

<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	1	

BISPHOSPHONATES

<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	1	
<i>pamidronate disodium soln 30mg/10ml, 90mg/10ml; solr 30mg, 90mg</i>	1	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
zoledronic acid conc 4mg/5ml; soln 5mg/100ml	4	
CALCIUM RECEPTOR AGONISTS		
cinacalcet hcl tabs 30mg, 60mg	4	PA, QL (60 tabs every 30 days)
cinacalcet hcl tabs 90mg	4	PA, QL (120 tabs every 30 days)
CHELATING AGENTS		
CHEMET CAPS 100MG	3	
deferiprone tabs 500mg, 1000mg	4	PA
FERRIPROX SOLN 100MG/ML	4	PA
FERRIPROX TWICE-A-DAY TABS 1000MG	4	PA
kionex susp 15gm/60ml	1	
LOKELMA PACK 5GM, 10GM	3	PA, QL (900g every 30 days)
penicillamine tabs 250mg	3	
sodium polystyrene sulfonate susp 15gm/60ml	1	
CONTRACEPTIVES		
altavera	0	
alyacen 1/35	0	
alyacen 7/7/7	0	
amethia	0	
amethyst	0	
ANNOVERA MIS	0	QL (1 every 300 days)
apri	0	
aranelle	0	
ashlyna	0	
aviane	0	
azurette	0	
camila tabs .35mg	0	
CAYA DPR	0	QL (1 every 300 days)
caziant	0	
chateal	0	
CONDOMS MIS	0	QL (12 condoms every 30 days), OTC
cryselle-28	0	
cyclafem 1/35	0	
cyclafem 7/7/7	0	
dasetta 1/35	0	
dasetta 7/7/7	0	
delyla	0	
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	0	QL (4 inj every 300 days)

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	
<i>elinest</i>	0	
ELLA TABS 30MG	0	
<i>emoquette</i>	0	
ENCARE SUPP 100MG	0	OTC
<i>enilloring</i>	0	QL (13 every 300 days)
<i>enpresse-28</i>	0	
<i>enskyce</i>	0	
<i>errin tabs .35mg</i>	0	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	0	QL (13 every 300 days)
<i>falmina</i>	0	
FC2 FEMALE MIS CONDOM	0	QL (12 condoms every 30 days), OTC
FEMCAP MIS 22MM	0	QL (1 every 300 days)
FEMCAP MIS 26MM	0	QL (1 every 300 days)
FEMCAP MIS 30MM	0	QL (1 every 300 days)
<i>gianvi</i>	0	
<i>heather tabs .35mg</i>	0	
<i>introvale</i>	0	
<i>jolessa</i>	0	
<i>jolivette tabs .35mg</i>	0	
<i>junel 1.5/30</i>	0	
<i>junel 1/20</i>	0	
<i>junel fe 1.5/30</i>	0	
<i>junel fe 1/20</i>	0	
<i>kariva</i>	0	
<i>kelnor 1/35</i>	0	
<i>kurvelo</i>	0	
KYLEENA IUD 19.5MG	0	QL (1 every 300 days)
<i>larin 1.5/30</i>	0	
<i>leena</i>	0	
<i>lessina</i>	0	
<i>levonest</i>	0	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	0	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	0	
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	0	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	0	
<i>levora 0.15/30-28</i>	0	
LILETTA IUD 20.1MCG/DAY	0	QL (1 every 300 days)
LO LOESTRIN TAB 1-10-10	0	
<i>loryna</i>	0	
<i>low-ogestrel</i>	0	
<i>lutra</i>	0	
<i>marlissa</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	0	QL (1 injection every 84 days)
<i>microgestin 1.5/30</i>	0	
MIRENA IUD 20MCG/DAY	0	QL (1 every 300 days)
<i>mono-lynyah</i>	0	
<i>mononessa</i>	0	
<i>myzilra</i>	0	
NATAZIA TAB	0	
<i>necon 0.5/35-28</i>	0	
NEXPLANON IMPL 68MG	0	QL (1 every 300 days)
NEXTSTELLIS TAB 3-14.2MG	0	
<i>nikki</i>	0	
<i>nora-be tabs .35mg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	
<i>norethindrone (contraceptive) tabs .35mg</i>	0	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	0	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	0	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	0	
<i>nortrel 0.5/35 (28)</i>	0	
<i>nortrel 1/35</i>	0	
<i>nortrel 7/7/7</i>	0	
<i>nylia 1/35</i>	0	
<i>ocella</i>	0	
<i>ogestrel</i>	0	

Drug Name	Drug Tier	Requirements/Limits
OMNIFLEX DPR	0	QL (1 every 300 days)
OPILL TABS .075MG	0	QL (28 tablets every 28 days), OTC; Rx required
OPTIONS GYNOL II VAGINAL GEL 3%	0	OTC
<i>orsythia</i>	0	
PARAGARD IUD T380A	0	QL (1 every 365 days)
PHEXXI GEL	0	QL (60g every 30 days)
<i>portia-28</i>	0	
<i>previfem</i>	0	
<i>quasense</i>	0	
<i>reclipsen</i>	0	
<i>rivelsa</i>	0	
SKYLA IUD 13.5MG	0	QL (1 every 300 days)
SLYND TABS 4MG	0	
<i>sprintec 28</i>	0	
<i>sronyx</i>	0	
<i>syeda</i>	0	
TODAY SPONGE MISC 1000MG	0	OTC
<i>tri-linyah</i>	0	
<i>tri-sprintec</i>	0	
<i>trinessa</i>	0	
<i>trivora-28</i>	0	
<i>turqoz</i>	0	
TWIRLA DIS 120-30	0	
TYBLUME CHW 0.1-0.02	0	
VCF VAGINAL CONTRACEPTIVE FILM 28%; GEL 4%	0	OTC
<i>velivet</i>	0	
<i>viorele</i>	0	
<i>wera</i>	0	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	0	QL (1 every 300 days)
<i>xulane</i>	0	
<i>zenchent</i>	0	
<i>zovia 1/35e</i>	0	
CUSHING'S DISEASE		
SIGNIFOR SOLN .3MG/ML, .6MG/ML, .9MG/ML	5	PA, QL (60 ampules every 30 days)
ENDOMETRIOSIS		
<i>cetrotelix acetate kit .25mg</i>	4	PA
CETROTIDE KIT .25MG	4	PA
<i>danazol caps 50mg, 100mg, 200mg</i>	1	
SYNAREL SOLN 2MG/ML	5	PA
ENZYME REPLACEMENTS		
<i>betaine powder for oral solution</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>carglumic acid tbs</i> 200mg	4	PA
CERDELGA CAPS 84MG	4	PA, QL (56 caps every 28 days)
CYSTAGON CAPS 50MG, 150MG	4	PA
MYALEPT SOLR 11.3MG	4	PA, QL (30 vials every 30 days)
<i>nitisinone caps</i> 2mg, 5mg, 10mg, 20mg	4	PA
ORFADIN SUSP 4MG/ML	4	PA
<i>sapropterin dihydrochloride pack</i> 100mg, 500mg; tabs 100mg	4	PA
<i>sodium phenylbutyrate powd</i> 3gm/tsp	4	PA, QL (600g every 30 days)
<i>sodium phenylbutyrate tabs</i> 500mg	4	PA, QL (1200 tabs every 30 days)

ESTROGENS

CLIMARA PRO DIS WEEKLY	2	QL (4 patches every 28 days)
DEPO-ESTRADIOL OIL 5MG/ML	3	
DUAVEE TAB 0.45-20	2	
ELESTRIN GEL .06%	3	
<i>estradiol gel</i> .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; tabs .5mg, 1mg, 2mg	1	
<i>estradiol pttw</i> .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	QL (8 patches every 28 days)
<i>estradiol ptwk</i> .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	1	QL (4 patches every 28 days)
<i>estradiol & norethindrone acetate tab</i> 0.5-0.1 mg	1	
<i>estradiol & norethindrone acetate tab</i> 1-0.5 mg	1	
<i>estradiol vaginal crea</i> .1mg/gm	1	
<i>estradiol valerate oil</i> 20mg/ml	1	QL (1 vial every 28 days)
<i>estradiol valerate oil</i> 40mg/ml	1	
ESTROGEL GEL .06%	3	QL (50 g every 30 days)
EVAMIST SOLN 1.53MG/SPRAY	3	
<i>jinteli</i>	1	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	3	
<i>mimvey</i>	1	
<i>mimvey lo</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab</i> 0.5 mg-2.5 mcg	1	
PREMARIN CREA .625MG/GM	2	QL (30 g every 30 days)
PREMARIN SOLR 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	3	QL (30 tablets every 30 days)
<i>yuvaferm tabs 10mcg</i>	1	
FERTILITY REGULATORS		
<i>clomiphene citrate tabs 50mg</i>	1	
<i>ganirelix acetate sosy 250mcg/0.5ml</i>	3	PA
GONAL-F SOLR 450UNIT	4	PA, QL (10 vials every 28 days)
GONAL-F SOLR 1050UNIT	4	PA, QL (6 vials every 28 days)
GONAL-F RFF SOLR 75UNIT	4	PA, QL (60 vials every 28 days)
GONAL-F RFF REDIJECT SOPN 300UNIT/0.5ML	4	PA, QL (15 cartridges every 28 days)
GONAL-F RFF REDIJECT SOPN 450UNT/0.75ML	4	PA, QL (10 cartridges every 28 days)
GONAL-F RFF REDIJECT SOPN 900UNIT/1.5ML	4	PA, QL (7 cartridges every 28 days)
OVIDREL INJ 250MCG/0.5ML	4	PA
GLUCOCORTICOIDS		
<i>cortisone acetate tabs 25mg</i>	1	
DEPO-MEDROL SUSP 20MG/ML	3	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	1	
DEXAMETHASONE INTENSOL CONC 1MG/ML	2	
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	1	
<i>fludrocortisone acetate tabs .1mg</i>	1	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	1	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	1	
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	1	
<i>methylprednisolone sod succ solr 40mg, 125mg, 1000mg</i>	1	
<i>prednisolone soln 15mg/5ml</i>	1	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	1	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	1	
PREDNISONE INTENSOL CONC 5MG/ML	2	
GLUCOSE ELEVATING AGENTS		
<i>glucagon (rdna) kit 1mg</i>	2	
INSTA-GLUCOSE GEL 77.4%	2	OTC

Drug Name	Drug Tier	Requirements/Limits
HUMAN GROWTH HORMONE SUPPLIES		
HUMATROPEN MIS FOR 6MG	2	OTC
HUMATROPEN MIS FOR 12MG	2	OTC
HUMATROPEN MIS FOR 24MG	2	OTC
HUMAN GROWTH HORMONES		
HUMATROPE CART 6MG, 12MG, 24MG	4	PA
HUMATROPE COMBO PACK SOLR 5MG	4	PA
NORDITROPIN FLEXPLO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	4	PA
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS		
SUPPRELIN LA KIT 50MG	4	PA
TRIPTODUR SRER 22.5MG	4	PA
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	3	PA, QL (30 tabs every 30 days)
MISCELLANEOUS		
<i>cabergoline tabs .5mg</i>	1	
<i>calcitonin (salmon) soln 200unit/act</i>	2	
CHORIONIC GONADOTROPIN SOLR 10000UNIT	5	PA
INCRELEX SOLN 40MG/4ML	4	PA
<i>raloxifene hcl tabs 60mg</i>	1	\$0 copay for women ages 35 and older for the primary prevention of breast cancer
<i>tolvaptan tabs 15mg, 30mg</i>	4	PA
OSTEOPOROSIS		
PROLIA SOSY 60MG/ML	4	PA, QL (60mg every 24 weeks)
TYMLOS SOPN 3120MCG/1.56ML	4	PA, QL (1 pen every 30 days)
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	1	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	1	PA
<i>sevelamer carbonate tabs 800mg</i>	3	
VELPHORO CHEW 500MG	3	PA
PROGESTINS		
CRINONE GEL 4%, 8%	2	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	1	
<i>norethindrone acetate tabs 5mg</i>	1	
<i>progesterone caps 100mg, 200mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	1	
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	1	
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	1	
<i>methimazole tabs 5mg, 10mg</i>	1	
<i>propylthiouracil tabs 50mg</i>	1	
<i>SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG</i>	2	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 200mcg, 300mcg</i>	1	
VASOPRESSINS		
<i>desmopressin acetate soln 4mcg/ml; tabs .1mg, .2mg</i>	1	
<i>desmopressin acetate spray soln .01%</i>	1	
<i>desmopressin acetate spray refrigerated soln .01%</i>	2	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
FERTILITY REGULATORS		
<i>MENOPUR SOLR 75UNIT</i>	3	PA
GASTROINTESTINAL		
ABORTIFACIENTS		
<i>misoprostol tabs 100mcg, 200mcg</i>	1	
ANTICHOLINERGICS		
<i>atropine sulfate sosy .25mg/5ml, 1mg/10ml</i>	1	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg</i>	1	
<i>ed-spaz tbdp .125mg</i>	1	
<i>glycopyrrolate soln .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; tabs 1mg, 2mg</i>	1	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	1	
<i>methscopolamine bromide tabs 2.5mg, 5mg</i>	1	
<i>nulev tbdp .125mg</i>	1	
<i>oscimin subl .125mg; tabs .125mg</i>	1	
<i>oscimin sr tb12 .375mg</i>	1	
<i>symax-sl subl .125mg</i>	1	
ANTIDIARRHEALS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
loperamide hcl caps 2mg	1	
MOTOFEN TAB 1-0.025	3	
ANTIEMETICS		
aprepitant caps 40mg	3	QL (3 caps every 180 days)
aprepitant caps 80mg	3	QL (4 caps every 21 days)
aprepitant caps 125mg	3	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	3	QL (2 packs every 21 days)
CESAMET CAPS 1MG	3	QL (18 caps every 21 days)
compro supp 25mg	2	
dronabinol caps 2.5mg, 5mg, 10mg	2	QL (60 caps every 25 days)
granisetron hcl soln 1mg/ml, 4mg/4ml	1	QL (2 mL every 21 days)
granisetron hcl tabs 1mg	1	QL (12 tabs every 21 days)
meclizine hcl tabs 12.5mg, 25mg	1	
metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg	1	
ondansetron tbdp 4mg, 8mg	1	QL (60 tabs every 30 days)
ondansetron hcl soln 4mg/2ml, 40mg/20ml	1	QL (20 mL every 21 days)
ondansetron hcl soln 4mg/5ml	1	QL (200 mL every 21 days)
ondansetron hcl tabs 4mg, 8mg	1	QL (60 tabs every 30 days)
ondansetron hcl tabs 24mg	1	QL (2 tabs every 21 days)
prochlorperazine supp 25mg	2	
prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml	1	
prochlorperazine maleate tabs 5mg, 10mg	1	
promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; tabs 12.5mg, 25mg, 50mg	1	
SANCUSO PTCH 3.1MG/24HR	2	PA
scopolamine pt72 1mg/3days	1	
trimethobenzamide hcl caps 300mg	1	
VARUBI EMUL 166.5MG/92.5ML	2	
VARUBI TBPK 90MG	2	PA
H2-RECEPTOR ANTAGONISTS		
cimetidine tabs 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl soln 300mg/5ml	1	
famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine caps 150mg, 300mg; soln 15mg/ml	1	
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium caps 750mg	1	
budesonide cpep 3mg	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>colocort enem 100mg/60ml</i>	1	
DIPENTUM CAPS 250MG	3	PA
<i>mesalamine cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm</i>	2	
<i>mesalamine tbec 800mg</i>	2	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	1	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION		
LINZESS CAPS 72MCG, 145MCG, 290MCG	2	
<i>lubiprostone caps 8mcg, 24mcg</i>	1	
IRRITABLE BOWEL SYNDROME WITH DIARRHEA		
<i>alosetron hcl tabs .5mg, 1mg</i>	3	PA
LAXATIVES		
<i>enulose soln 10gm/15ml</i>	1	
<i>gavilyte-c</i>	1	\$0 copay for members age 45 through 75
<i>gavilyte-g</i>	1	\$0 copay for members age 45 through 75
<i>gavilyte-n/flavor pack</i>	1	\$0 copay for members age 45 through 75
<i>generlac soln 10gm/15ml</i>	1	
<i>lactulose soln 10gm/15ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	\$0 copay for members age 45 through 75
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	\$0 copay for members age 45 through 75
PEG-PREP KIT	1	\$0 copay for members age 45 through 75
<i>polyethylene glycol 3350 powd 17gm/scoop</i>	1	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
SUPREP BOWEL SOL PREP KIT	2	
MISCELLANEOUS		
<i>cromolyn sodium (mastocytosis) conc 100mg/5ml</i>	1	PA
MOVANTIK TABS 12.5MG, 25MG	2	
<i>sucralfate tabs 1gm</i>	1	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	1	
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	2	PA
CREON CAP 6000UNIT	2	PA

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT	2	PA
CREON CAP 24000UNT	2	PA
CREON CAP 36000UNT	2	PA
VIOKACE TAB 10440	2	PA
VIOKACE TAB 20880	2	PA
ZENPEP CAP 3000UNIT	2	PA
ZENPEP CAP 5000UNIT	2	PA
ZENPEP CAP 10000UNT	2	PA
ZENPEP CAP 15000UNT	2	PA
ZENPEP CAP 20000UNT	2	PA
ZENPEP CAP 25000UNT	2	PA
ZENPEP CAP 40000UNT	2	PA
ZENPEP CAP 60000UNT	2	PA

PROTON PUMP INHIBITORS

<i>dexlansoprazole cpdr 30mg, 60mg</i>	1	PA, QL (30 caps every 30 days)
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	3	PA, QL (30 caps every 30 days)
<i>esomeprazole sodium solr 40mg</i>	1	
<i>lansoprazole cpdr 15mg, 30mg</i>	1	QL (30 caps every 30 days)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	1	QL (30 caps every 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	1	QL (30 tabs every 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	PA, QL (30 tabs every 30 days)

RECTAL, CORTICOSTEROIDS

<i>procto-pak crea 1%</i>	1	
<i>proctosol hc crea 2.5%</i>	1	
<i>proctozone-hc crea 2.5%</i>	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tb24 10mg</i>	1	
CARDURA XL TB24 4MG, 8MG	3	PA
<i>dutasteride caps .5mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tabs 5mg</i>	1	
<i>silodosin caps 4mg, 8mg</i>	1	
<i>tadalafil tabs 2.5mg, 5mg</i>	1	PA, QL (30 tablets every 30 days)
<i>tamsulosin hcl caps .4mg</i>	1	

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	1	
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Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS 100MG	3	
<i>flavoxate hcl tabs 100mg</i>	1	
<i>phenazopyridine tab 95mg tabs 95mg</i>	1	OTC
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	1	

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	2	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	3	PA, QL (30 tabs every 30 days)
MYRBETRIQ SRER 8MG/ML	2	PA, QL (300 mL every 30 days)
MYRBETRIQ TB24 25MG, 50MG	2	PA, QL (30 tablets every 30 days)
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	1	
<i>solifenacin succinate tabs 5mg, 10mg</i>	1	
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	1	
<i>trospium chloride cp24 60mg; tabs 20mg</i>	1	

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	1	
GYNAZOLE-1 CREA 2%	3	
<i>metronidazole vaginal gel .75%</i>	2	
<i>miconazole 3 supp 200mg</i>	1	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	1	

HEMATOLOGIC

ANTICOAGULANTS

ARGATRB/NACL INJ 50MG/50	3	
<i>argatroban soln 250mg/2.5ml</i>	1	
ARGATROBAN INJ 125/125	3	
ARGATROBAN INJ 250/250	3	
ELIQUIS TABS 2.5MG	2	QL (60 tablets every 30 days)
ELIQUIS TABS 5MG	2	QL (74 tablets every 30 days)
ELIQUIS STARTER PACK TBPK 5MG	2	QL (1 starter pack every 365 days)
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	2	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML; SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML	3	
<i>heparin sodium (porcine) soln 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
XARELTO SUSR 1MG/ML	2	PA, QL (20mL every 30 days)
XARELTO TABS 2.5MG, 15MG	2	QL (60 tablets every 30 days)
XARELTO TABS 10MG, 20MG	2	QL (30 tablets every 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tablets every 365 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML, 300MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	4	PA
MIRCERA SOSY 30MCG/0.3ML, 50MCG/0.3ML, 75MCG/0.3ML, 100MCG/0.3ML, 120MCG/0.3ML, 150MCG/0.3ML, 200MCG/0.3ML	5	PA
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	4	PA
PROMACTA TABS 12.5MG, 25MG	5	PA, QL (30 tabs every 30 days)
PROMACTA TABS 50MG, 75MG	5	PA, QL (60 tabs every 30 days)
RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	4	PA

Drug Name	Drug Tier	Requirements/Limits
HEMOPHILIA A AGENTS		
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	5	PA
MISCELLANEOUS		
<i>anagrelide hcl caps .5mg, 1mg</i>	2	
<i>cilostazol tabs 50mg, 100mg</i>	1	
<i>pentoxifylline tbcr 400mg</i>	1	
<i>tranexamic acid soln 1000mg/10ml; tabs 650mg</i>	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60MG, 90MG	2	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	1	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	1	
<i>prasugrel hcl tabs 5mg, 10mg</i>	1	
HEMATOPOIETIC AGENTS		
HEMATOPOIETIC GROWTH FACTORS		
NYVEPRIA SOSY 6MG/0.6ML	4	PA
IRON		
FERROUS FUMARATE TABS 29MG	1	OTC
<i>ferrous fumarate tabs 324mg</i>	1	OTC
<i>ferrous gluconate tabs 240mg</i>	1	OTC
FERROUS GLUCONATE TABS 324MG	1	OTC
FERROUS SULFATE LIQD 220MG/5ML; TBEC 324MG	1	OTC
<i>ferrous sulfate soln 220mg/5ml; tbec 325mg</i>	1	OTC
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
<i>quazepam tabs 15mg</i>	2	PA
IMMUNOLOGIC AGENTS		
BIOLOGIC DISEASE-MODIFYING AGENTS		
ACTEMRA SOSY 162MG/0.9ML	5	PA, QL (4 syringes every 28 days)
ACTEMRA ACTPEN SOAJ 162MG/0.9ML	5	PA, QL (4 syringes every 28 days)
ADBRY SOSY 150MG/ML	4	PA, QL (4 syringes every 28 days)
ENBREL SOLN 25MG/0.5ML	4	PA, QL (8 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ENBREL SOLR 25MG; SOSY 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SOSY 25MG/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL MINI SOCT 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
ENBREL SURECLICK SOAJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Psoriatic Arthritis, and Rheumatoid Arthritis
HUMIRA PSKT 10MG/0.1ML, 10MG/0.2ML, 20MG/0.4ML	4	PA, QL (2 injections every 28 days)
HUMIRA PSKT 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEDIA INJ CROHNS	4	PA, QL (2 injections every 28 days); (80mg and 40mg dual strength kit)
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	4	PA, QL (3 injections every 28 days); (80mg single strength kit)
HUMIRA PEN PNKT 40MG/0.4ML	4	PA, QL (4 injections every 28 days)
HUMIRA PEN KIT PS/UV	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 40MG/0.8ML	4	PA, QL (6 pens every 28 days)
HUMIRA PEN-CD/UC/HS START PNKT 80MG/0.8ML	4	PA, QL (1 kit every 28 days)
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	4	PA, QL (4 pens every 28 days)
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis
KEVZARA SOSY 150MG/1.14ML, 200MG/1.14ML	4	PA, QL (2 syringes every 4 weeks); Preferred agent for Rheumatoid Arthritis
REMICADE SOLR 100MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
RINVOQ TB24 15MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ankylosing Spondylitis, Atopic Dermatitis, Crohn's Disease, Psoriatic Arthritis, and Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 30MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Atopic Dermatitis, Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira).
RINVOQ TB24 45MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Crohn's Disease. Preferred agent for Ulcerative Colitis (after failure of Humira). Dose is one time induction dose for UC diagnosis only.
SIMPONI SOAJ 50MG/0.5ML, 100MG/ML; SOSY 50MG/0.5ML, 100MG/ML	5	PA, QL (1 injection every 28 days)
SIMPONI ARIA SOLN 50MG/4ML	4	PA, QL (200 mg every 8 weeks)
SKYRIZI PSKT 75MG/0.83ML	4	PA, QL (2 syringes every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML	4	PA, QL (1 cartridge every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOLN 600MG/10ML	4	PA, QL (3 vials every 56 days); Preferred Agent for Crohn's Disease
SKYRIZI SOSY 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis
SKYRIZI PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 12 weeks); Preferred agent for Psoriasis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
STELARA SOLN 45MG/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOLN 130MG/26ML	4	PA, QL (4 vials every 365 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 45MG/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
STELARA SOSY 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for Crohn's Disease, Psoriasis, and Ulcerative Colitis
TALTZ SOAJ 80MG/ML; SOSY 80MG/ML	4	PA, QL (1 injection every 28 days); Preferred agent for Psoriasis
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	4	PA, QL (1 injection every 56 days); Preferred agent for Psoriasis
XELJANZ TABS 5MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ TABS 10MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 11MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Rheumatoid Arthritis. Preferred agent for Ulcerative Colitis (after failure of Humira)
XELJANZ XR TB24 22MG	4	PA, QL (30 tabs every 30 days); Preferred agent for Ulcerative Colitis (after failure of Humira)

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
<i>leflunomide tabs 10mg, 20mg</i>	1	
<i>methotrexate sodium tabs 2.5mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS 30MG	4	PA, QL (60 tabs every 30 days); Preferred agent for Psoriasis and Psoriatic Arthritis
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis and Psoriatic Arthritis

HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosy 30mg/3ml</i>	4	PA, QL (45 syringes every 90 days)
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IMMUNOGLOBULIN

HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA

IMMUNOMODULATORS

ACTIMMUNE SOLN 2000000UNIT/0.5ML	4	PA
ALFERON N SOLN 5000000UNIT/ML	4	
ARCALYST SOLR 220MG	4	PA, QL (8 vials every 28 days)
<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg</i>	4	PA, QL (28 caps every 28 days)
<i>lenalidomide caps 20mg, 25mg</i>	4	PA, QL (21 caps every 28 days)
POMALYST CAPS 1MG, 2MG, 3MG, 4MG	4	PA, QL (21 caps every 28 days)
THALOMID CAPS 50MG, 100MG	4	PA, QL (28 caps every 28 days)
TICE BCG SUSR 50MG	2	

IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	1	
<i>cyclosporine caps 25mg, 100mg</i>	3	
<i>cyclosporine soln 50mg/ml</i>	1	
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	1	
<i>engraf caps 25mg, 100mg; soln 100mg/ml</i>	1	
<i>mycophenolate mofetil caps 250mg; tabs 500mg</i>	2	
<i>mycophenolate mofetil susr 200mg/ml</i>	3	
<i>mycophenolate mofetil hcl solr 500mg</i>	1	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	3	
PROGRAF SOLN 5MG/ML	3	
SANDIMMUNE SOLN 100MG/ML	3	

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	3	
<i>tacrolimus caps 1mg, 5mg</i>	3	
<i>tacrolimus caps .5mg</i>	1	
VACCINES		
ABRYSVO SOLR 120MCG/0.5ML	0	
ACTHIB INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ADACEL INJ	0	
AFLURIA QUAD INJ 2023-24	0	
AREXVY SUSR 120MCG/0.5ML	0	
BEXSERO INJ	0	
BOOSTRIX INJ	0	
COMIRNATY 2023-24 SUSP 30MCG/0.3ML; SUSY 30MCG/0.3ML	0	
DAPTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
DENGVAXIA SUS	0	
DIP/TET PED INJ 25-5LFU	0	\$0 copay for members age 18 and younger, otherwise not covered
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	0	
FLUAD QUADRI INJ 2023-24	0	
FLUARIX QUAD INJ 2023-24	0	
FLUBLOK QUAD INJ 2023-24	0	
FLUCLVX QUAD INJ 2023-24	0	
FLULAVAL QUA INJ 2023-24	0	
FLUMIST QUAD SUS 2023-24	0	
FLUZONE QUAD INJ 2023-24	0	
GARDASIL 9 INJ	0	
HAVRIX SUSP 720ELU/0.5ML, 1440ELU/ML	0	
HEPLISAV-B SOLN 20MCG/0.5ML; SOSY 20MCG/0.5ML	0	
HIBERIX SOLR 10MCG	0	\$0 copay for members age 18 and younger, otherwise not covered
INFANRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
IPOL INJ INACTIVE	0	\$0 copay for members age 18 and younger, otherwise not covered
JYNNEOS SUSP .5ML	0	

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
M-M-R II INJ	0	
MENACTRA INJ	0	
MENQUADFI INJ	0	
MENVEO INJ	0	
MENVEO SOL	0	
MODERNA COVID-19 VACCINE SUSP 25MCG/0.25ML	0	
NOVAVAX COVID-19 VACCINE/ SUSP 5MCG/0.5ML	0	
PEDIARIX INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PEDVAX HIB SUSP 7.5MCG/0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
PENBRAYA INJ	0	
PENTACEL INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	0	
PNEUMOVAX 23/1 DOSE INJ 25MCG/0.5ML	0	
PREHEVBRIO SUSP 10MCG/ML	0	
PREVNAR 13 INJ	0	
PREVNAR 20 INJ	0	
PRIORIX INJ	0	
PROQUAD INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
QUADRACEL INJ 0.5ML	0	\$0 copay for members age 18 and younger, otherwise not covered
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	0	
ROTARIX SUS	0	\$0 copay for members age 18 and younger, otherwise not covered
ROTATEQ SOL	0	\$0 copay for members age 18 and younger, otherwise not covered

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSR 50MCG/0.5ML	0	\$0 copay for members age 19 and older, otherwise not covered
SPIKEVAX COVID-19 VACCINE SUSP 50MCG/0.5ML; SUSY 50MCG/0.5ML	0	
TDVAX INJ 2-2 LF	0	\$0 copay for members age 19 and older, otherwise not covered
TENIVAC INJ 5-2LF	0	\$0 copay for members age 19 and older, otherwise not covered
TRUMENBA INJ	0	
TWINRIX INJ	0	\$0 copay for members age 19 and older, otherwise not covered
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	0	
VARIVAX INJ 1350PFU/0.5ML	0	
VAXNEUVANCE INJ	0	
ZOSTAVAX SUSR 19400UNT/0.65ML	0	\$0 copay for members age 19 and older, otherwise not covered

LAXATIVES

LAXATIVE COMBINATIONS

SUTAB TAB	2	QL (Limited to 1 every year)
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MACROLIDES

FIDAXOMICIN

DIFICID SUSR 40MG/ML	2	PA
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MEDICAL DEVICES

DIABETIC SUPPLIES

ACCU-CHEK BLOOD GLUCOSE TEST KITS	2	OTC
ACCU-CHEK BLOOD GLUCOSE TEST STRIPS	2	QL (150 test strips every 25 days), OTC
ALCOH-WIPE MIS 12"X12"	2	
ALCOHOL SWABS PADS 70%	2	OTC
BLOOD GLUCOSE CALIBRATION SOLUTION	2	OTC
CEQR SIMPL KIT PATCH 2U	2	PA, QL (30 patches every 30 days)
GLUCOSE URINE TEST STRIPS	2	OTC
INSULIN PEN NEEDLES	2	
INSULIN PEN NEEDLES/SYRINGES	2	OTC
KETONE URINE TEST STRIPS	2	OTC
LANCETS	2	OTC
LANCING DEVICE	2	OTC
MISC LANCETS	2	OTC
NOVOFINE PEN NEEDLES	2	OTC

Drug Name	Drug Tier	Requirements/Limits
SHARPS CONTAINER	2	OTC
SIMPLICITY MIS INSERTER	2	PA, QL (1 inserter every 365 days)
URINE GLUCOSE MONITORING SUPPLIES	2	OTC
URINE TEST STRIPS	2	OTC

MEDICAL DEVICES AND SUPPLIES

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G6 MIS SENSOR	2	PA, QL (3 every 30 days)
DEXCOM G6 MIS TRANSMIT	2	PA, QL (1 every 90 days)
DEXCOM G7 MIS RECEIVER	2	PA, QL (1 device every 3 years)
DEXCOM G7 MIS SENSOR	2	PA, QL (3 every 30 days)
FREESTY LIBR KIT 2 SENSOR	1	PA, QL (1 every 14 days)
FREESTY LIBR KIT 3 SENSOR	1	PA, QL (1 every 14 days)
FREESTY LIBR MIS 2 READER	1	PA, QL (1 device every 3 years)
FREESTY LIBR MIS 3 READER	1	PA, QL (1 device every 3 years)
FREESTYLE KIT SENSOR	1	PA, QL (1 every 14 days)
FREESTYLE MIS READER	1	PA, QL (1 device every 3 years)
OMNIPOD 5 G6 KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 G6 MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD 5 G7 KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD 5 G7 MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD DASH KIT INTRO	2	PA, QL (1 kit every 365 days)
OMNIPOD DASH MIS PODS	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 10UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 15UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 25UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD GO KIT 35UNT/DY	2	PA, QL (10 pods every 30 days)
OMNIPOD MIS CLASSIC	2	PA, QL (10 pods every 30 days)

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD PDM KIT CLASSIC	2	PA, QL (1 kit every 365 days)
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
NURTEC TBDP 75MG	3	PA, QL (16 tablets every 30 days)
MIGRAINE COMBINATIONS		
<i>migergot</i>	2	
SEROTONIN AGONISTS		
<i>frovatriptan succinate tabs 2.5mg</i>	2	PA, QL (12 tabs every 30 days)
MUSCULOSKELETAL THERAPY AGENTS		
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	2	
VISCOSUPPLEMENTS		
EUFLEXXA SOSY 20MG/2ML	4	PA, QL (12 ml per year)
MONOVISC SOSY 88MG/4ML	4	PA, QL (8 ml per year)
ORTHOVISC SOSY 30MG/2ML	4	PA, QL (12 ml per year)
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
<i>floritab chew 1mg</i>	1	
<i>floritab chew .25mg, .5mg; soln .125mg/drop</i>	1	\$0 applies for ages 5 and under
<i>flura-drops soln .25mg/drop</i>	1	\$0 applies for ages 5 and under
<i>k-effervescent tbef 25meq</i>	1	
<i>klor-con 8 tbc 8meq</i>	1	
<i>klor-con 10 tbc 10meq</i>	1	
<i>klor-con m15 tbc 15meq</i>	1	
<i>klor-con m20 tbc 20meq</i>	1	
<i>ludent chew 1mg</i>	1	
<i>ludent chew .25mg, .5mg</i>	1	\$0 applies for ages 5 and under
<i>magnesium sulfate soln 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>nafrinse chew 2.2mg</i>	1	
<i>nafrinse drops soln .125mg/drop</i>	1	\$0 applies for ages 5 and under
<i>potassium chloride cpcr 8meq, 10meq; tbc 8meq, 10meq, 20meq</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride soln 10%, 20%</i>	1	PA
<i>potassium chloride microencapsulated crystals er tbc 10meq, 20meq</i>	1	
<i>sodium chloride soln 2.5meq/ml</i>	1	
<i>sodium chloride flush soln .9%</i>	1	
<i>sodium fluoride chew 1mg; tabs 1mg</i>	1	
<i>sodium fluoride chew .25mg, .5mg; soln .5mg/ml; tabs .5mg</i>	1	\$0 applies for ages 5 and under

IV REPLACEMENT SOLUTIONS

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	1	
<i>potassium chloride soln 2meq/ml</i>	1	
<i>sodium chloride soln .45%, .9%, 3%, 5%</i>	1	

VITAMINS

<i>av-vite fb forte</i>	1	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	1	
<i>cholecalciferol caps 50000unit</i>	1	OTC
CITRANATAL CAP HARMONY	2	
CITRANATAL CAP MEDLEY	2	
CITRANATAL MIS	2	
CITRANATAL MIS 90 DHA	2	
CITRANATAL MIS B-CALM	2	
CITRANATAL PAK ASSURE	2	
CITRANATAL PAK DHA	2	
CITRANATAL TAB BLOOM	2	
CITRANATAL TAB RX	2	
<i>cyanocobalamin soln 1000mcg/ml</i>	1	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	2	
<i>doxercalciferol soln 4mcg/2ml</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol caps 50000unit</i>	1	
<i>folic acid caps 800mcg</i>	0	QL (100 caps every 30 days), OTC
<i>folic acid tabs 1mg</i>	1	
<i>folic acid tabs 400mcg, 800mcg</i>	0	QL (100 tabs every 30 days), OTC
<i>inatal gt</i>	1	
<i>multi-vit/fluoride</i>	1	
<i>multi-vit/iron/fluoride</i>	1	OTC
<i>multi-vitamin/fluoride dr</i>	1	
<i>multi-vitamin/fluoride/ir</i>	1	
<i>multivitamin/fluoride</i>	1	
<i>mvc-fluoride</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>niva-fol tab</i>	1	OTC
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	1	
<i>phytonadione tabs 5mg</i>	3	
<i>prenatabs rx</i>	1	OTC
<i>prenatal 19</i>	1	
<i>pyridoxine hcl tabs 25mg, 50mg</i>	1	OTC
<i>tri-vit/fluoride</i>	1	
<i>trinate</i>	1	
<i>vitamins a/c/d/fluoride</i>	1	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BLEPHAMIDE OIN S.O.P.	2	
BLEPHAMIDE SUS OP	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	

ANTI-INFECTIVES

AZASITE SOLN 1%	2	
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	1	
<i>erythromycin (ophth) oint 5mg/gm</i>	1	
<i>gatifloxacin (ophth) soln .5%</i>	1	
<i>gentak oint .3%</i>	1	
<i>gentamicin sulfate (ophth) soln .3%</i>	1	QL (20 mL every 30 days)
<i>levofloxacin (ophth) soln .5%</i>	1	
<i>moxifloxacin hcl (ophth) soln .5%</i>	1	
NATACYN SUSP 5%	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) soln .3%</i>	1	
<i>polycin</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) oint 10%; soln 10%</i>	1	
<i>tobramycin (ophth) soln .3%</i>	1	
<i>trifluridine soln 1%</i>	1	
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACUVAIL SOLN .45%	2	
<i>bromfenac sodium (ophth) soln .09%</i>	2	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	1	
<i>diclofenac sodium (ophth) soln .1%</i>	1	
<i>difluprednate emul .05%</i>	1	PA
<i>flurbiprofen sodium soln .03%</i>	1	
FML OINT .1%	2	
FML FORTE SUSP .25%	2	
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	1	
<i>loteprednol etabonate susp .5%</i>	2	
MAXIDEX SUSP .1%	2	
NEVANAC SUSP .1%	2	PA
PRED MILD SUSP .12%	2	
<i>prednisolone acetate (ophth) susp 1%</i>	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
ANTIALLERGICS		
ALOCRI SOLN 2%	3	
ALOMIDE SOLN .1%	3	
<i>azelastine hcl (ophth) soln .05%</i>	1	
<i>bepotastine besilate soln 1.5%</i>	2	
<i>cromolyn sodium (ophth) soln 4%</i>	1	
EMADINE SOLN .05%	3	
<i>epinastine hcl (ophth) soln .05%</i>	1	
<i>gmp olopatadine hydrochlo soln .1%</i>	1	OTC
LASTACFT SOLN .25%	2	
<i>olopatadine hcl soln .2%</i>	1	OTC
PATADAY EXTRA STRENGTH SOLN .7%	2	OTC
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
<i>apraclonidine hcl soln .5%</i>	1	
<i>betaxolol hcl (ophth) soln .5%</i>	1	
BETIMOL SOLN .25%, .5%	3	
BETOPTIC-S SUSP .25%	2	
<i>bimatoprost soln .03%</i>	1	Generic Lumigan
<i>brimonidine tartrate soln .2%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate soln .15%</i>	2	
<i>brinzolamide susp 1%</i>	2	
<i>carteolol hcl (ophth) soln 1%</i>	1	
<i>dorzolamide hcl soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
IOPIDINE SOLN 1%	3	
<i>latanoprost soln .005%</i>	1	
<i>levobunolol hcl soln .5%</i>	1	
LUMIGAN SOLN .01%	2	PA, QL (1 bottle per 30 days)
PHOSPHOLINE IODIDE SOLR .125%	3	
<i>pilocarpine hcl soln 1%</i>	1	
SIMBRINZA SUS 1-0.2%	2	
<i>tafluprost soln .015mg/ml</i>	1	PA
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	1	
<i>timolol maleate (ophth) soln .5%</i>	2	
<i>travoprost soln .004%</i>	2	
DRY EYE DISEASE		
RESTASIS EMUL .05%	1	PA; Single-Dose
RESTASIS MULTIDOSE EMUL .05%	2	PA; Multi-Dose
XIIDRA SOLN 5%	2	PA
MISCELLANEOUS		
<i>atropine sulfate (ophthalmic) soln 1%</i>	1	
CYSTARAN SOLN .44%	5	PA, QL (4 bottles every 28 days)
LACRISERT INST 5MG	3	
<i>phenylephrine hcl (mydriatic) soln 2.5%, 10%</i>	1	
<i>proparacaine hcl soln .5%</i>	1	
<i>tropicamide soln .5%, 1%</i>	1	
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	PA
OPHTHALMIC ANTI-INFECTIVES		
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
XDEMVI SOLN .25%	3	PA, QL (1 bottle every 6 weeks)
OPHTHALMIC STEROIDS		
PRED-G S.O.P OIN OP	3	
ZYLET SUS 0.5-0.3%	3	

Drug Name	Drug Tier	Requirements/Limits
OTHER		
IRRIGATION SOLUTIONS		
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>tis-u-sol</i>	1	
OTIC AGENTS		
OTIC COMBINATIONS		
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	2	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
MICRHOGAM ULTRA-FILTERED SOSY 250UNIT	3	
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	3	
MONOCLONAL ANTIBODIES		
BEYFORTUS SOSY 50MG/0.5ML, 100MG/ML	0	PA, QL (1 injection per RSV season)
PENICILLINS		
NATURAL PENICILLINS		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	2	QL (3 syringes per 365 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	2	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	2	
RESPIRATORY		
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS		
PROLASTIN-C SOLN 1000MG/20ML; SOLR 1000MG	4	PA
ANAPHYLAXIS TREATMENT AGENTS		
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	1	QL (4 auto-injectors every 25 days)
ANTI-HISTAMINES		
<i>azelastine hcl soln .1%, .15%</i>	1	QL (2 bottles every 25 days)
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clemastine fumarate tabs 2.68mg</i>	1	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	1	
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	1	
<i>diphenhydramine hcl soln 50mg/ml</i>	1	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	1	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	1	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	1	
<i>olopatadine hcl (nasal) soln .6%</i>	1	QL (1 container every 25 days)

COLD/COUGH

<i>benzonatate caps 100mg, 200mg</i>	1	
<i>cheratussin ac</i>	1	OTC
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	
<i>hydromet</i>	1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc/codeine</i>	1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	1	
<i>tussigon</i>	1	

CYSTIC FIBROSIS

<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	1	
AZACTAM/DEX INJ 1GM	3	
AZACTAM/DEX INJ 2GM	3	
CAYSTON SOLR 75MG	4	PA, QL (84 vials every 28 days)
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml</i>	1	
KALYDECO PACK 5.8MG, 13.4MG, 25MG, 50MG, 75MG	4	PA, QL (56 packets every 28 days)

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150MG	4	PA, QL (56 tabs every 28 days); carton consists of 56 tablets
ORKAMBI GRA 100-125	4	PA, QL (56 packets every 28 days)
ORKAMBI GRA 150-188	4	PA, QL (56 packets every 28 days)
ORKAMBI TAB 100-125	4	PA, QL (112 tabs every 28 days)
ORKAMBI TAB 200-125	4	PA, QL (112 tabs every 28 days)
SYMDEKO TAB 50-75MG	4	PA, QL (56 tabs every 28 days)
SYMDEKO TAB 100-150	4	PA, QL (56 tabs every 28 days)
<i>tobramycin nebu 300mg/4ml</i>	4	PA, QL (224 ml every 28 days)
<i>tobramycin nebu 300mg/5ml</i>	4	PA, QL (280 mL every 28 days)
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml</i>	1	
<i>tobramycin sulfate soln 40mg/ml, 80mg/2ml</i>	1	QL (36 mL every day); Initial limit allows up to a 10 day course every 365 days
<i>tobramycin sulfate solr 1.2gm</i>	1	QL (2 vials every day); Initial limit allows up to a 10 day course every 365 days
TRIKAFTA PAK 59.5MG	4	PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA PAK 75MG	4	PA, QL (1 package (56 granules) every 28 days)
TRIKAFTA TAB	4	PA, QL (84 tabs every 28 days)
NASAL STEROIDS		
<i>flunisolide (nasal) soln .025%</i>	1	QL (3 containers every 25 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	1	QL (1 container every 25 days)
OMNARIS SUSP 50MCG/ACT	3	PA, QL (1 package every 25 days)
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	1	QL (1 bottle every 25 days), OTC
PULMONARY AGENTS		
<i>acetylcysteine soln 10%, 20%</i>	2	
<i>albuterol sulfate aers 108mcg/act</i>	1	QL (2 inhalers every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	1	QL (120 vials every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	1	QL (5 boxes every 25 days)
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg; tb12 4mg, 8mg</i>	1	
<i>aminophylline soln 25mg/ml</i>	1	
ANORO ELLIPTA AER 62.5-25	2	QL (1 package every 25 days)
ARNUIITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	2	QL (1 package every 25 days)
BEVESPI AER 9-4.8MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 50-25MCG	2	QL (1 package every 25 days)
BREO ELLIPTA INH 100-25	2	QL (1 package every 25 days)
BREO ELLIPTA INH 200-25	2	QL (1 package every 25 days)
<i>budesonide (inhalation) susp 1mg/2ml</i>	1	QL (1 box every 25 days)
<i>budesonide (inhalation) susp .5mg/2ml</i>	1	QL (2 boxes every 25 days)
<i>budesonide (inhalation) susp .25mg/2ml</i>	1	QL (3 boxes every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (1 package every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (1 package every 25 days)
<i>cromolyn sodium nebu 20mg/2ml</i>	1	QL (2 boxes every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	1	QL (1 package every 25 days)
<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	1	QL (1 package every 25 days)
<i>formoterol fumarate nebu 20mcg/2ml</i>	2	QL (60 vials every 25 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	2	QL (1 package every 25 days)
<i>ipratropium bromide soln .02%</i>	1	QL (5 boxes every 25 days)
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (6 boxes every 25 days)
<i>levalbuterol hcl nebu 1.25mg/0.5ml</i>	1	QL (45 mL every 30 days)
<i>levalbuterol hcl nebu .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	QL (300 mL every 30 days)
<i>levalbuterol tartrate aero 45mcg/act</i>	1	QL (2 inhalers every 30 days)
<i>metaproterenol sulfate syrp 10mg/5ml</i>	1	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	1	
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 100MG/ML	4	PA, QL (3 injections every 28 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	2	QL (2 packages every 25 days)
<i>roflumilast tabs 250mcg, 500mcg</i>	3	PA
<i>sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%</i>	1	
SPIRIVA HANDIHALER CAPS 18MCG	2	QL (1 package every 25 days)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	2	QL (1 package every 25 days)
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	2	QL (1 package every 25 days)
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	1	
<i>theochron tb12 300mg</i>	1	
<i>theophylline soln 80mg/15ml; tb12 450mg; tb24 400mg, 600mg</i>	1	
TRELEGY AER 100MCG	2	QL (1 package every 30 days)
TRELEGY AER 200MCG	2	QL (1 package every 25 days)
XOLAIR SOAJ 75MG/0.5ML	4	PA, QL (2 pens every 28 days)
XOLAIR SOAJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR SOAJ 300MG/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR SOLR 150MG	4	PA, QL (8 vials every 28 days)
XOLAIR SOSY 75MG/0.5ML	4	PA, QL (2 syringes every 28 days)
XOLAIR SOSY 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR SOSY 300MG/2ML	4	PA, QL (4 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>zafirlukast tabs 10mg, 20mg</i>	1	
<i>zileuton tb12 600mg</i>	3	

PULMONARY FIBROSIS AGENTS

<i>pirfenidone caps 267mg</i>	4	PA, QL (270 caps every 30 days)
<i>pirfenidone tabs 267mg</i>	4	PA, QL (270 tabs every 30 days)
<i>pirfenidone tabs 801mg</i>	4	PA, QL (90 tabs every 30 days)

RESPIRATORY THERAPY SUPPLIES

MICROCHAMBER MIS	2	QL (2 every 365 days)
PEDIATRIC RESPIRATORY MASK	2	OTC

TOPICAL

DERMATOLOGY, ACNE

<i>adapalene crea .1%; gel .1%, .3%</i>	2	PA, QL (45g every 28 days); PA applies for members age 35 and older
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	2	QL (45g every 30 days)
<i>avita crea .025%; gel .025%</i>	2	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 g every 30 days)
<i>clindacin etz pledgets swab 1%</i>	1	QL (60 every 30 days)
<i>clindacin-p swab 1%</i>	1	QL (69 every 30 days)
<i>clindamycin phosphate (topical) foam 1%</i>	1	
<i>clindamycin phosphate (topical) gel 1%</i>	1	QL (75g every 25 days)
<i>clindamycin phosphate (topical) lotn 1%; soln 1%</i>	1	QL (60mL every 25 days)
<i>ery pads 2%</i>	1	
<i>erythromycin (acne aid) gel 2%</i>	1	QL (60g every 25 days)
<i>erythromycin (acne aid) pads 2%</i>	1	
<i>erythromycin (acne aid) soln 2%</i>	1	QL (60mL every 25 days)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>sulfacetamide sodium (acne) lotn 10%</i>	1	QL (118mL every 30 days)
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	2	PA, QL (45g every 30 days); PA applies for members age 35 and older
<i>tretinoin gel .05%</i>	2	PA; PA applies for members age 35 and older
<i>tretinoin microsphere gel .04%, .1%</i>	2	PA; PA applies for members age 35 and older

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%</i>	1	QL (80 g every 28 days)
<i>fluorouracil (topical) crea .5%; soln 2%, 5%</i>	1	
<i>imiquimod crea 5%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PICATO GEL .015%, .05%	3	
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	1	QL (120g every 30 days)
IV PREP WIPE PAD	2	OTC
<i>mupirocin oint 2%</i>	1	QL (30g every 25 days)
<i>silver sulfadiazine crea 1%</i>	1	
<i>ssd crea 1%</i>	1	
SULFAMYLON CREA 85MG/GM	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox gel .77%</i>	1	QL (120g every 25 days)
<i>ciclopirox sham 1%</i>	1	QL (120mL every 25 days)
<i>ciclopirox soln 8%</i>	1	
<i>ciclopirox olamine crea .77%</i>	1	QL (120g every 25 days)
<i>ciclopirox olamine susp .77%</i>	1	QL (120mL every 25 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (60g every 25 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	QL (60mL every 25 days)
<i>econazole nitrate crea 1%</i>	1	QL (60g every 25 days)
ERTACZO CREA 2%	3	QL (60g every 25 days)
<i>ketoconazole (topical) crea 2%</i>	1	QL (120g every 25 days)
LOTRIMIN ULTRA CREA 1%	3	QL (60g every 25 days), OTC
<i>naftifine hcl crea 1%, 2%</i>	1	QL (60g every 25 days)
<i>nyamyc powd 100000unit/gm</i>	1	QL (120g every 25 days)
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	1	QL (120g every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	QL (60g every 25 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	QL (60g every 25 days)
<i>nystop powd 100000unit/gm</i>	1	QL (120g every 25 days)
<i>sulconazole nitrate crea 1%</i>	1	PA, QL (60g every 21 days)
<i>sulconazole nitrate soln 1%</i>	1	PA, QL (60mL every 21 days)
DERMATOLOGY, ANTIPRURITIC		
<i>doxepin hcl (antipruritic) crea 5%</i>	3	PA, QL (90 grams every 25 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin caps 10mg, 17.5mg, 25mg</i>	2	
<i>calcipotriene soln .005%</i>	1	QL (60mL every 30 days)
<i>calcitriol (topical) oint 3mcg/gm</i>	3	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis

Drug Name	Drug Tier	Requirements/Limits
COSENTYX SOSY 150MG/ML	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	4	PA, QL (300mg every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
COSENTYX UNOREADY SOAJ 300MG/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis and Psoriatic Arthritis
<i>methoxsalen rapid caps 10mg</i>	1	
<i>tazarotene crea .1%; gel .05%, .1%</i>	1	PA
TAZORAC CREA .05%	2	PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical) sham 2%</i>	1	
<i>selenium sulfide lotn 2.5%</i>	1	
DERMATOLOGY, ATOPIC DERMATITIS		
EUCRISA OINT 2%	2	PA, QL (60 grams every 25 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	3	
DERMATOLOGY, CORTICOSTEROIDS		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	1	QL (300g every 25 days)
<i>amcinonide lotn .1%</i>	1	QL (240mL every 25 days)
<i>betamethasone dipropionate (topical) crea .05%; oint .05%</i>	1	QL (240g every 25 days)
<i>betamethasone dipropionate (topical) lotn .05%</i>	1	QL (240mL every 25 days)
<i>betamethasone dipropionate augmented crea .05%; gel .05%; oint .05%</i>	1	QL (240g every 25 days)
<i>betamethasone dipropionate augmented lotn .05%</i>	1	QL (240mL every 25 days)
<i>betamethasone valerate crea .1%; oint .1%</i>	1	QL (240g every 25 days)
<i>betamethasone valerate lotn .1%</i>	1	QL (240mL every 25 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	3	
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; oint .05%</i>	2	QL (240g every 25 days)
<i>clobetasol propionate liqd .05%; sham .05%</i>	2	QL (300mL every 25 days)

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate lotn .05%; soln .05%</i>	2	QL (240mL every 25 days)
<i>desonide crea .05%; oint .05%</i>	2	QL (300g every 25 days)
<i>desonide lotn .05%</i>	2	QL (300mL every 25 days)
<i>desoximetasone crea .25%</i>	1	QL (240g every 25 days)
<i>desoximetasone oint .25%</i>	2	QL (240g every 25 days)
<i>fluocinolone acetonide crea .01%, .025%; oint .025%</i>	1	QL (300g every 25 days)
<i>fluocinolone acetonide oil .01%; soln .01%</i>	1	QL (300mL every 25 days)
<i>fluocinonide crea .05%; gel .05%; oint .05%</i>	1	QL (240g every 25 days)
<i>fluocinonide soln .05%</i>	1	QL (240mL every 25 days)
<i>fluticasone propionate crea .05%; oint .005%</i>	1	QL (240g every 25 days)
<i>fluticasone propionate lotn .05%</i>	2	QL (300mL every 25 days)
<i>halobetasol propionate crea .05%; oint .05%</i>	1	QL (240g every 25 days)
<i>hydrocortisone (topical) crea 2.5%; oint 2.5%</i>	1	QL (300g every 25 days)
<i>hydrocortisone (topical) lotn 2.5%</i>	1	QL (300mL every 25 days)
<i>hydrocortisone butyrate crea .1%; oint .1%</i>	1	QL (240g every 25 days)
<i>hydrocortisone butyrate soln .1%</i>	1	QL (240mL every 25 days)
<i>hydrocortisone valerate crea .2%; oint .2%</i>	1	QL (240g every 25 days)
<i>mometasone furoate crea .1%; oint .1%</i>	1	QL (240g every 25 days)
<i>mometasone furoate soln .1%</i>	1	QL (240mL every 25 days)
<i>prednicarbate crea .1%; oint .1%</i>	1	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; oint .025%, .1%, .5%</i>	1	QL (240g every 25 days)
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	1	QL (240mL every 25 days)
<i>triderm crea .1%</i>	1	QL (240g every 25 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine ptch 5%</i>	2	PA, QL (90 patches every 25 days)
<i>lidocaine hcl gel 2%; prsy 2%</i>	1	QL (60mL every 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50mL every 25 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	1	
<i>pramox gel gel 1%</i>	1	
SYNERA DIS 70-70MG	3	QL (2 patches every 25 days)
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical) gel 1%</i>	4	PA
<i>diclofenac sodium (topical) gel 1%</i>	1	QL (300g every 25 days)
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	1	
<i>nitroglycerin (intra-anal) oint .4%</i>	2	
<i>podofilox soln .5%</i>	1	
RECTIV OINT .4%	3	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ROSACEA		
<i>azelaic acid gel 15%</i>	1	PA, QL (50 g every 30 days)
<i>brimonidine tartrate (topical) gel .33%</i>	3	
FINACEA FOAM 15%	2	QL (50 g every 30 days)
<i>metronidazole (topical) crea .75%; gel .75%</i>	1	QL (60g every 30 days)
<i>metronidazole (topical) lotn .75%</i>	2	QL (60 mL every 30 days)
<i>rosadan crea .75%</i>	1	QL (60g every 30 days)
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan lotn 10%</i>	1	
EURAX CREA 10%	3	
<i>lindane sham 1%</i>	1	
<i>malathion lotn .5%</i>	1	
<i>permethrin crea 5%</i>	1	
<i>spinosad susp .9%</i>	2	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	3	PA, QL (30g every 25 days)
SANTYL OINT 250UNIT/GM	3	PA, QL (180g every 30 days)
<i>sodium chloride (gu irrigant) soln .9%</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl caps 30mg</i>	1	
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	1	
<i>clotrimazole troc 10mg</i>	1	QL (90 lozenges every 30 days)
<i>lidocaine hcl (mouth-throat) soln 2%, 4%</i>	1	
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	1	
<i>oralone dental paste pste .1%</i>	1	
ORAVIG TABS 50MG	3	QL (14 tabs every 25 days)
<i>periogard soln .12%</i>	1	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	1	
<i>triamcinolone acetonide (mouth) pste .1%</i>	1	
OTIC		
<i>acetic acid (otic) soln 2%</i>	1	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
COLY-MYCIN S SUS OTIC	3	
<i>fluocinolone acetonide (otic) oil .01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (otic) soln .3%</i>	1	
TOXOIDS		
TOXOID COMBINATIONS		
VAXELIS INJ	0	\$0 copay for members age 18 and younger, otherwise not covered
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	3	PA, QL (1 box every 365 Days)
VASOPRESSORS		
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa caps 100mg</i>	4	PA, QL (450 capsules every 30 days)
<i>droxidopa caps 200mg, 300mg</i>	4	PA, QL (180 capsules every 30 days)

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<i>mg</i>	27
<i>captopril & hydrochlorothiazide tab 50-25</i>	
<i>mg</i>	27
<i>carbamazepine</i>	37
<i>carbidopa</i>	42
<i>carbidopa & levodopa orally disintegrating</i>	
<i>tab 10-100 mg</i>	42
<i>carbidopa & levodopa orally disintegrating</i>	
<i>tab 25-100 mg</i>	42
<i>carbidopa & levodopa orally disintegrating</i>	
<i>tab 25-250 mg</i>	42
<i>carbidopa & levodopa tab 10-100 mg</i>	42
<i>carbidopa & levodopa tab 25-100 mg</i>	42
<i>carbidopa & levodopa tab 25-250 mg</i>	42
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	42
<i>carbidopa & levodopa tab er 50-200 mg</i> .	42
<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
<i>50-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>18.75-75-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs 25-</i>	
<i>100-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs</i>	
<i>31.25-125-200 mg</i>	42
<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
<i>150-200 mg</i>	43

<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	43	<i>chateal</i>	55
<i>carbinoxamine maleate</i>	82	CHEMET.....	55
<i>carboplatin</i>	25	<i>cheratussin ac</i>	83
CARDENE IV SOL 20/200ML.....	33	<i>chloramphenicol sodium succinate</i>	9
CARDURA XL.....	65	<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	82
<i>carglumic acid</i>	59	<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	82
<i>carisoprodol</i>	49	<i>chlordiazepoxide hcl</i>	19
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	77	<i>chlorhexidine gluconate (mouth-throat)</i> ...	91
<i>carmustine</i>	19	<i>chloroquine phosphate</i>	11
CARMUSTINE.....	19	<i>chlorothiazide sodium</i>	34
<i>carteolol hcl (ophth)</i>	81	<i>chlorpromazine hcl</i>	43
<i>cartia xt</i>	33	CHLORPROMAZINE HCL.....	43
<i>carvedilol</i>	32	<i>chlorthalidone</i>	34
<i>carvedilol phosphate</i>	32	<i>chlorzoxazone</i>	49
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CAYSTON.....	83	<i>cholestyramine</i>	30
<i>caziant</i>	55	<i>cholestyramine light</i>	30
<i>cefaclor</i>	15	<i>choline fenofibrate</i>	30
<i>cefadroxil</i>	15	CHORIONIC GONADOTROPIN.....	61
<i>cefazolin sodium</i>	15	<i>ciclopirox</i>	88
<i>cefdinir</i>	15	<i>ciclopirox olamine</i>	88
<i>cefditoren pivoxil</i>	15	<i>cidofovir</i>	15
<i>cefepime hcl</i>	15	<i>cilostazol</i>	68
<i>cefixime</i>	15	CIMDUO TAB 300-300.....	13
<i>cefotaxime sodium</i>	15	<i>cimetidine</i>	63
<i>cefotetan disodium</i>	15	<i>cimetidine hcl</i>	63
<i>cefoxitin sodium</i>	15	<i>cinacalcet hcl</i>	55
<i>cefpodoxime proxetil</i>	15	<i>ciprofloxacin 200 mg/100ml in d5w</i>	16
<i>cefprozil</i>	15	<i>ciprofloxacin 400 mg/200ml in d5w</i>	16
<i>ceftazidime</i>	15, 50	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	91
CEFTIN.....	15	<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	82
<i>ceftriaxone sodium</i>	16	<i>ciprofloxacin hcl</i>	16
<i>cefuroxime axetil</i>	16	<i>ciprofloxacin hcl (ophth)</i>	79
<i>cefuroxime sodium</i>	16	CIPRO HC SUS OTIC.....	91
<i>celecoxib</i>	1	<i>cisplatin</i>	25
<i>cephalexin</i>	16	<i>citalopram hydrobromide</i>	40
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<i>cladribine</i>	20	CONSENSI TAB 5-200MG	27
<i>clarithromycin</i>	16	COPAXONE	48
<i>clemastine fumarate</i>	83	CORLANOR	35
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<i>clindacin etz pledgets</i>	87	COSENTYX	88, 89
<i>clindacin-p</i>	87	COSENTYX SENSOREADY PEN	89
<i>clindamycin hcl</i>	9	COSENTYX UNOREADY	89
<i>clindamycin palmitate hydrochloride</i>	9	CREON CAP 12000UNT	65
<i>clindamycin phosphate</i>	9	CREON CAP 24000UNT	65
<i>clindamycin phosphate (topical)</i>	87	CREON CAP 3000UNIT	64
<i>clindamycin phosphate vaginal</i>	66	CREON CAP 36000UNT	65
<i>clobazam</i>	37	CREON CAP 6000UNIT	64
<i>clobetasol propionate</i>	89, 90	CRINONE	61
<i>clofarabine</i>	20	CRIXIVAN	11
<i>clomiphene citrate</i>	60	<i>cromolyn sodium</i>	85
<i>clomipramine hcl</i>	40	<i>cromolyn sodium (mastocytosis)</i>	64
<i>clonazepam</i>	37	<i>cromolyn sodium (ophth)</i>	80
<i>clonidine</i>	35	<i>crotan</i>	91
<i>clonidine hcl</i>	35	<i>cryselle-28</i>	55
<i>clonidine hcl (adhd)</i>	1	<i>cyanocobalamin</i>	78
<i>clopidogrel bisulfate</i>	68	<i>cyclafem 1/35</i>	55
<i>clorazepate dipotassium</i>	37	<i>cyclafem 7/7/7</i>	55
<i>clotrimazole</i>	91	<i>cyclobenzaprine hcl</i>	49
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	88	<i>cyclophosphamide</i>	19
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	88	<i>cycloserine</i>	14
<i>clozapine</i>	43	CYCLOSET	52
COARTEM TAB 20-120MG	11	<i>cyclosporine</i>	72
<i>codeine sulfate</i>	3	<i>cyclosporine modified (for microemulsion)</i>	72
CODEINE SULFATE	3	<i>cyproheptadine hcl</i>	83
<i>colchicine</i>	1	CYSTAGON	59
<i>colchicine w/ probenecid tab 0.5-500 mg</i> ..	1	CYSTARAN	81
<i>colestipol hcl</i>	30	<i>cytarabine</i>	20
<i>colocort</i>	64	D	
COLY-MYCIN S SUS OTIC	91	<i>dacarbazine</i>	19
COMETRIQ	23	<i>dalfampridine</i>	48
COMETRIQ KIT 100MG	23	<i>danazol</i>	58
COMETRIQ KIT 140MG	23	<i>dantrolene sodium</i>	49
		<i>dapsone</i>	9

DAPTACEL INJ	73	<i>diclofenac sodium</i>	1
<i>daptomycin</i>	9	<i>diclofenac sodium (ophth)</i>	80
<i>darifenacin hydrobromide</i>	66	<i>diclofenac sodium (topical)</i>	90
<i>darunavir</i>	11	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dasetta 1/35</i>	55	<i>release 50-0.2 mg</i>	2
<i>dasetta 7/7/7</i>	55	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>daunorubicin hcl</i>	19	<i>release 75-0.2 mg</i>	2
<i>decitabine</i>	20	<i>dicloxacillin sodium</i>	18
<i>deferiprone</i>	55	<i>dicyclomine hcl</i>	62
<i>delyla</i>	55	<i>didanosine</i>	12
<i>demeclocycline hcl</i>	18	DIFICID	16, 75
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DEPO-ESTRADIOL.....	59	<i>diflunisal</i>	8
DEPO-MEDROL.....	60	<i>difluprednate</i>	80
DEPO-PROVERA	22	<i>digox</i>	34
DEPO-SUBQ PROVERA 104.....	55	<i>digoxin</i>	34
<i>depo-testosterone</i>	51	DILANTIN	37
DESCOVY TAB 120-15MG.....	13	<i>diltiazem hcl</i>	33
DESCOVY TAB 200/25MG.....	13	DILTIAZEM HCL.....	33
<i>desipramine hcl</i>	40	<i>diltiazem hcl coated beads</i>	34
<i>desloratadine</i>	83	<i>diltiazem hcl extended release beads</i>	34
<i>desmopressin acetate</i>	62	<i>dimethyl fumarate</i>	48
<i>desmopressin acetate spray</i>	62	<i>dimethyl fumarate capsule dr starter pack</i>	
<i>desmopressin acetate spray refrigerated</i>	62	<i>120 mg & 240 mg</i>	48
<i>desonide</i>	90	DIP/TET PED INJ 25-5LFU.....	73
<i>desoximetasone</i>	90	DIPENTUM	64
<i>desvenlafaxine succinate</i>	40	<i>diphenhydramine hcl</i>	83
<i>dexamethasone</i>	60	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
DEXAMETHASONE INTENSOL.....	60	<i>mg/5ml</i>	62
<i>dexamethasone sodium phosphate</i>	60	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>dexamethasone sodium phosphate (ophth)</i>		<i>mg</i>	63
.....	80	<i>dipyridamole</i>	68
DEXCOM G6 MIS RECEIVER	76	<i>disopyramide phosphate</i>	30
DEXCOM G6 MIS SENSOR	76	<i>disulfiram</i>	37
DEXCOM G6 MIS TRANSMIT	76	DIURIL.....	34
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<i>dexlansoprazole</i>	65	DOCETAXEL	20
<i>dexmethylphenidate hcl</i>	45	DOCETAXEL (NON-ALCOHOL FO.....	20
<i>dexrazoxane hcl</i>	25	<i>dofetilide</i>	30
<i>dextroamphetamine sulfate</i>	45	<i>donepezil hydrochloride</i>	39
<i>diazepam</i>	37	<i>dorzolamide hcl</i>	81
<i>diazepam intensol</i>	37	<i>dorzolamide hcl-timolol maleate ophth soln</i>	
<i>diclofenac potassium</i>	1	<i>2-0.5%</i>	81

DOVATO TAB 50-300MG.....	13	ELMIRON.....	66
<i>doxazosin mesylate</i>	28	EMADINE	80
<i>doxepin hcl</i>	40	EMCYT.....	19
<i>doxepin hcl (antipruritic)</i>	88	EMGALITY	47
<i>doxepin hcl (sleep)</i>	46	<i>emoquette</i>	56
<i>doxercalciferol</i>	78	EMSAM.....	40
<i>doxorubicin hcl</i>	20	<i>emtricitabine</i>	12
<i>doxorubicin hcl liposomal</i>	20	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 100-150 mg</i>	14
<i>doxy 100</i>	18	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 133-200 mg</i>	14
<i>doxycycline (monohydrate)</i>	18	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 167-250 mg</i>	14
<i>doxycycline hyclate</i>	18	<i>emtricitabine-tenofovir disoproxil fumarate</i> <i>tab 200-300 mg</i>	14
<i>doxylamine succinate (sleep)</i>	46	EMTRIVA.....	12
<i>dronabinol</i>	63	EMVERM.....	9
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	56	<i>enalapril maleate</i>	28
<i>drospirenone-ethinyl estrad-levomefolate</i> <i>tab 3-0.03-0.451 mg</i>	56	<i>enalapril maleate & hydrochlorothiazide tab</i> <i>10-25 mg</i>	27
DROXIA.....	25	<i>enalapril maleate & hydrochlorothiazide tab</i> <i>5-12.5 mg</i>	27
<i>droxidopa</i>	92	ENBREL	68, 69
DRYSOL.....	50	ENBREL MINI.....	69
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<i>duloxetine hcl</i>	40	ENCARE.....	56
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<i>dutasteride</i>	65	<i>enilloring</i>	56
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	65	<i>enoxaparin sodium</i>	66
E		<i>enpresse-28</i>	56
<i>e.e.s. 400</i>	16	<i>enskyce</i>	56
<i>econazole nitrate</i>	88	<i>entacapone</i>	43
<i>ed-spaz</i>	62	<i>entecavir</i>	15
EDURANT	12	ENTRESTO TAB 24-26MG	35
<i>efavirenz</i>	12	ENTRESTO TAB 49-51MG.....	35
<i>efavirenz-lamivudine-tenofovir df tab 400-</i> <i>300-300 mg</i>	13	ENTRESTO TAB 97-103MG	35
<i>efavirenz-lamivudine-tenofovir df tab 600-</i> <i>300-300 mg</i>	14	<i>enulose</i>	64
ELESTRIN	59	EPCLUSA PAK 150-37.5.....	17
<i>eletriptan hydrobromide</i>	47	EPCLUSA PAK 200-50MG	17
ELIGARD	22	EPCLUSA TAB 200-50MG.....	17
<i>elinest</i>	56	EPCLUSA TAB 400-100	17
ELIQUIS.....	66	EPIDIOLEX.....	37
ELIQUIS STARTER PACK	66	<i>epinastine hcl (ophth)</i>	80
<i>elite-ob</i>	78	<i>epinephrine (anaphylaxis)</i>	82
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<i>epirubicin hcl</i>	20	<i>etravirine</i>	12
<i>epitol</i>	37	EUCRISA.....	89
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<i>eplerenone</i>	28	EURAX	91
<i>epoprostenol sodium</i>	36	EVAMIST	59
<i>eprosartan mesylate</i>	30	<i>everolimus</i>	23
ERBITUX	21	EVOTAZ TAB 300-150.....	14
<i>ergocalciferol</i>	78	<i>exemestane</i>	22
<i>ergoloid mesylates</i>	39	<i>ezetimibe</i>	30
ERIVEDGE	21	<i>ezetimibe-simvastatin tab 10-10 mg</i>	31
ERLEADA	22	<i>ezetimibe-simvastatin tab 10-20 mg</i>	31
<i>erlotinib hcl</i>	23	<i>ezetimibe-simvastatin tab 10-40 mg</i>	31
<i>errin</i>	56	<i>ezetimibe-simvastatin tab 10-80 mg</i>	31
ERTACZO	88	F	
<i>ertapenem sodium</i>	9	FACTIVE	16
<i>ery</i>	87	<i>falmina</i>	56
<i>ery-tab</i>	16	<i>famciclovir</i>	15
<i>erythrocin stearate</i>	16	<i>famotidine</i>	63
<i>erythromycin (acne aid)</i>	87	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	63
<i>erythromycin (ophth)</i>	79	FARXIGA.....	54
<i>erythromycin base</i>	16	FARYDAK	21
<i>erythromycin ethylsuccinate</i>	16	FC2 FEMALE MIS CONDOM.....	56
<i>escitalopram oxalate</i>	40	<i>febuxostat</i>	1
<i>esomeprazole magnesium</i>	65	<i>felbamate</i>	38
<i>esomeprazole sodium</i>	65	<i>felodipine</i>	34
<i>estradiol</i>	59	FEMCAP MIS 22MM	56
<i>estradiol & norethindrone acetate tab 0.5- 0.1 mg</i>	59	FEMCAP MIS 26MM	56
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	59	FEMCAP MIS 30MM	56
<i>estradiol vaginal</i>	59	<i>fenofibrate</i>	30
<i>estradiol valerate</i>	59	<i>fenofibrate micronized</i>	31
ESTROGEL	59	<i>fentanyl</i>	3
<i>eszopiclone</i>	46	<i>fentanyl citrate</i>	3
<i>ethacrynate sodium</i>	34	FERRIPROX	55
<i>ethacrynic acid</i>	34	FERRIPROX TWICE-A-DAY	55
<i>ethambutol hcl</i>	14	<i>ferrous fumarate</i>	68
<i>ethosuximide</i>	38	FERROUS FUMARATE	68
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	56	<i>ferrous gluconate</i>	68
<i>etodolac</i>	1	FERROUS GLUCONATE	68
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	56	<i>ferrous sulfate</i>	68
<i>etoposide</i>	25	FERROUS SULFATE	68
		<i>fesoterodine fumarate</i>	66
		FETZIMA.....	40
		FETZIMA CAP TITRATIO	40

FIASP	52	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	85
FIASP FLEXTOUCH	52	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	85
FIASP PENFILL	52	<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	85
FINACEA	91	<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	85
<i>finasteride</i>	65	<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	85
<i>fingolimod hcl</i>	48	<i>fluvastatin sodium</i>	31
<i>flavoxate hcl</i>	66	<i>fluvoxamine maleate</i>	41
<i>flecainide acetate</i>	30	FLUZONE QUAD INJ 2023-24	73
<i>floxuridine</i>	20	FML	80
FLUAD QUADRI INJ 2023-24	73	FML FORTE	80
FLUARIX QUAD INJ 2023-24	73	<i>folic acid</i>	78
FLUBLOK QUAD INJ 2023-24	73	<i>fondaparinux sodium</i>	66
FLUCLVX QUAD INJ 2023-24	73	<i>formoterol fumarate</i>	85
<i>fluconazole</i>	11	<i>fosamprenavir calcium</i>	12
FLUCONAZOLE/ INJ NACL 100	11	<i>fosfomycin tromethamine</i>	9
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	11	<i>fosinopril sodium</i>	28
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	11	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	27
<i>fludarabine phosphate</i>	20	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	27
<i>fludrocortisone acetate</i>	60	<i>fosphenytoin sodium</i>	38
FLULAVAL QUA INJ 2023-24	73	FRAGMIN	67
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<i>flunisolide (nasal)</i>	84	FREESTYLE MIS READER	76
<i>fluocinolone acetonide</i>	90	FREESTY LIBR KIT 2 SENSOR	76
<i>fluocinolone acetonide (otic)</i>	91	FREESTY LIBR KIT 3 SENSOR	76
<i>fluocinonide</i>	90	FREESTY LIBR MIS 2 READER	76
<i>fluoritab</i>	77	FREESTY LIBR MIS 3 READER	76
<i>fluorouracil</i>	20	<i>frovatriptan succinate</i>	77
<i>fluorouracil (topical)</i>	87	<i>fulvestrant</i>	22
<i>fluoxetine hcl</i>	40	FUROSCIX	51
<i>fluphenazine decanoate</i>	43	<i>furosemide</i>	34
<i>fluphenazine hcl</i>	43	FUZEON	12
<i>flura-drops</i>	77	FYCOMPA	38
<i>flurbiprofen</i>	1	G	
<i>flurbiprofen sodium</i>	80	<i>gabapentin</i>	38
<i>flutamide</i>	22	<i>galantamine hydrobromide</i>	39
<i>fluticasone propionate</i>	90	<i>ganirelix acetate</i>	60
<i>fluticasone propionate (inhalation)</i>	19	GARDASIL 9 INJ	73
<i>fluticasone propionate (nasal)</i>	84		
<i>fluticasone propionate hfa</i>	19		
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	85		

<i>gatifloxacin (ophth)</i>	79	<i>granisetron hcl</i>	63
<i>gavilyte-c</i>	64	<i>griseofulvin microsize</i>	11
<i>gavilyte-g</i>	64	<i>griseofulvin ultramicrosize</i>	11
<i>gavilyte-n/flavor pack</i>	64	<i>guanfacine hcl</i>	35
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<i>gemcitabine hcl</i>	20	GUANIDINE HCL	47
<i>gemfibrozil</i>	31	GYNAZOLE-1.....	66
<i>generlac</i>	64	H	
<i>gengraf</i>	72	<i>halcinonide</i>	50
<i>gentak</i>	79	<i>halobetasol propionate</i>	90
<i>gentamicin in saline inj 0.8 mg/ml</i>	83	<i>haloperidol</i>	44
<i>gentamicin in saline inj 1.2 mg/ml</i>	83	<i>haloperidol decanoate</i>	44
<i>gentamicin in saline inj 1.6 mg/ml</i>	83	<i>haloperidol lactate</i>	44
<i>gentamicin in saline inj 1 mg/ml</i>	83	HARVONI PAK.....	17
<i>gentamicin in saline inj 2 mg/ml</i>	83	HARVONI PAK 45-200MG	17
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<i>trimethoprim</i>	10	<i>valproic acid</i>	39
		<i>valsartan</i>	30
		<i>valsartan-hydrochlorothiazide tab 160-12.5</i> mg	29
		<i>valsartan-hydrochlorothiazide tab 160-25</i> mg	29

<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	29	VOSEVI TAB	17
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	29	VUMERITY	49
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	29	W	
<i>vancomycin hcl</i>	10	<i>warfarin sodium</i>	67
VAQTA	75	<i>wera</i>	58
VARENICLINE TARTRATE	50	WIDE-SEAL SILICONE DIAPHR	58
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	50	X	
VARIVAX	75	XALKORI	25
VARUBI	63	XARELTO	67
VAXELIS INJ	92	XARELTO STAR TAB 15/20MG	67
VAXNEUVANCE INJ	75	XDEMVY	81
VCF VAGINAL CONTRACEPTIVE	58	XELJANZ	71
<i>velivet</i>	58	XELJANZ XR	71
VELPHORO	61	XEPI	50
VEMLIDY	15	XERAC AC	50
VENCLEXTA	26	XIFAXAN	10
VENCLEXTA TAB START PK	26	XIGDUO XR TAB 10-1000	54
<i>venlafaxine hcl</i>	42	XIGDUO XR TAB 10-500MG	54
VENTAVIS	37	XIGDUO XR TAB 2.5-1000	54
<i>verapamil hcl</i>	34	XIGDUO XR TAB 5-1000MG	54
VERZENIO	26	XIGDUO XR TAB 5-500MG	54
VIBRAMYCIN	19	XIIDRA	81
VICTOZA	52	XOLAIR	86
<i>vigabatrin</i>	39	XTANDI	22
VIIBRYD KIT STARTER	42	<i>xulane</i>	58
<i>vilazodone hcl</i>	42	XULTOPHY INJ 100/3.6	52
<i>vinblastine sulfate</i>	20	Y	
<i>vincasar pfs</i>	21	<i>yuvafem</i>	60
<i>vincristine sulfate</i>	21	Z	
<i>vinorelbine tartrate</i>	21	<i>zafirlukast</i>	87
VIOKACE TAB 10440	65	<i>zaleplon</i>	46
VIOKACE TAB 20880	65	ZEJULA	21
<i>viorele</i>	58	ZELBORAF	25
VIRACEPT	13	<i>zenchent</i>	58
VIREAD	13	ZENPEP CAP 10000UNT	65
VISTOGARD	25	ZENPEP CAP 15000UNT	65
<i>vitamins a/c/d/fluoride</i>	79	ZENPEP CAP 20000UNT	65
VITRAKVI	24, 25	ZENPEP CAP 25000UNT	65
VIVITROL	49	ZENPEP CAP 3000UNIT	65
<i>voriconazole</i>	11	ZENPEP CAP 40000UNT	65
		ZENPEP CAP 5000UNIT	65
		ZENPEP CAP 60000UNT	65
		ZEPATIER TAB 50-100MG	17
		ZEPOSIA	49

ZEPOSIA 7DAY CAP STR PACK.....	49	<i>zovia 1/35e</i>	58
ZEPOSIA CAP STR KIT	49	ZUBSOLV SUB 0.7-0.18	2
ZERIT	13	ZUBSOLV SUB 1.4-0.36	2
<i>zidovudine</i>	13	ZUBSOLV SUB 11.4-2.9	2
<i>zileuton</i>	87	ZUBSOLV SUB 2.9-0.71.....	2
<i>ziprasidone hcl</i>	44	ZUBSOLV SUB 5.7-1.4	2
ZIRGAN.....	80	ZUBSOLV SUB 8.6-2.1.....	2
<i>zoledronic acid</i>	55	ZURZUVAE	42
ZOLINZA.....	21	ZYDELIG	25
<i>zolmitriptan</i>	47	ZYKADIA.....	25
<i>zolpidem tartrate</i>	46	ZYLET SUS 0.5-0.3%.....	81
<i>zonisamide</i>	39	ZYPREXA RELPREVV	44
ZOSTAVAX	75		