

SHARP Health Plan

Sharp Direct Advantage®

2027 Comprehensive Drug List

List of covered drugs for Sharp Direct Advantage (HMO) Medicare Plans



08/26/2026

2027 Formulary (List of covered drugs or “Drug List”)

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

2027 Part D Formulary Effective 01/01/2027

Formulary ID: 00027089

This formulary was updated on 08/26/2026. For more recent information or other questions, please call our dedicated Medicare prescription helpline at 1-855-222-3183 (toll free), or, for TTY/TDD users, 711. Representatives are available 24 hours a day, 7 days a week. Or visit sharpmedicareadvantage.com.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (formulary) refers to “we,” “us,” or “our,” it means Sharp Health Plan. When it refers to “plan” or “our plan,” it means Sharp Direct Advantage (HMO).

This document includes a Drug List (formulary) for our plan which is current as of 08/26/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back pages.

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

What is the Sharp Direct Advantage (HMO) formulary?

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

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules when making these changes. Updates to the formulary are posted monthly to our website here: sharpmedicareadvantage.com/druglist.

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

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

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines it to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new

restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/26/2026. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

In the event of mid-year non-maintenance formulary changes, we will post an updated version of the plan formulary on our website at sharpmedicareadvantage.com/druglist. If you would like a printed version of the corrections, we will mail it to you upon request.

How do I use the Formulary?

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

- **Medical Condition**

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

- **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 84. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

We cover both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us based on specific criteria before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 tablets for 30 days per prescription for rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to Sharp Direct Advantage (HMO) formulary?” on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to Sharp Direct Advantage (HMO) Formulary?

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

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reason why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as a prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34-day emergency supply of that drug while you pursue a formulary exception.

If you are a member entering a long-term care (LTC) facility from other care settings and have a level of care change, we will cover one 34-day supply of a particular drug, or less if your prescription is written for fewer days.

For more information

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

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

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

Sharp Direct Advantage (HMO) Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

- The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).
- The second column, “Drug Tier,” will indicate what tier number the drug is in.

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

The amount you pay for a covered drug will depend on:

- **Your drug payment stage.** Your plan has different stages of drug coverage. When you fill a prescription, the amount you pay depends on the coverage stage you are in.
- **The drug tier for your drug.** Each covered drug is in one of six drug tiers. Each tier has a copay and or co-insurance amount. The chart below shows the differences between the tiers.

Drug Tier	Includes
Tier 1 - Preferred Generic Drugs	Preferred generic drugs and may include some brand name drugs
Tier 2 - Generic Drugs	Generic drugs and may include some brand name drugs
Tier 3 - Preferred Brand Name Drugs	Preferred brand name drugs and non-preferred generic drugs
Tier 4 - Non-Preferred Drugs	Non-preferred generic and non-preferred brand name drugs
Tier 5 - Specialty Drugs	Very high-cost brand and generic drugs, which may require special handling and/or close monitoring
Tier 6 - Select Care Drugs	Select care generic drugs for treating conditions such as diabetes, high blood pressure, and high cholesterol

For more information about drug coverage and co-pay or co-insurance amounts for each tier, please review your *Evidence of Coverage*.

The following abbreviations may be found within the body of this document

COVERAGE NOTES ABBREVIATIONS

Abbreviation	Description	Explanation
NDS	Non-Extended Day's Supply	This drug is limited to a 30-day supply.
NM	No Mail Order	This drug is not available through mail order.
PA	Prior Authorization Restriction	You (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or you have not taken this drug previously, you (or your provider) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
B/D	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
QL	Quantity Limit Restrictions	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.

Table of Contents

ANALGESICS.....	2
ANTI-INFECTIVES	4
ANTINEOPLASTIC AGENTS	13
CARDIOVASCULAR.....	25
CENTRAL NERVOUS SYSTEM	33
ENDOCRINE AND METABOLIC.....	48
GASTROINTESTINAL.....	60
GENITOURINARY.....	63
HEMATOLOGIC.....	64
IMMUNOLOGIC AGENTS.....	66
NUTRITIONAL/SUPPLEMENTS	71
OPHTHALMIC.....	73
OTIC.....	75
RESPIRATORY	75
TOPICAL	79
Index.....	84

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab</i> 0.5-500 mg	2	
<i>probenecid</i> TABS 500mg	2	
MISCELLANEOUS		
JOURNAVX TABS 50mg	3	QL (29 tabs / 14 days), PA
<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	2	B/D
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	2	QL (60 tabs / 30 days)
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	2	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA

PA - Prior Authorization PA NSO - Prior Authorization for New Starts Only QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA

OPIOID ANALGESICS, SHORT-ACTING

<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl</i> TABS 50mg	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln</i> <i>500 mg</i>	2	
<i>ivermectin</i> TABS 3mg	2	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	2	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	2	
<i>linezolid</i> SUSR 100mg/5ml	2	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	2	
<i>methenamine hippurate</i> TABS 1gm	2	
<i>metronidazole</i> SOLN 500mg/100ml	2	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	2	QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	
<i>polymyxin b sulfate</i> SOLR 500000unit	2	
<i>praziquantel</i> TABS 600mg	2	
<i>pyrimethamine</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	5	NDS
<i>sulfadiazine</i> TABS 500mg	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp</i> 200- <i>40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 <i>mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800- <i>160 mg</i>	1	
<i>tinidazole</i> TABS 250mg, 500mg	2	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	2	
<i>trimethoprim</i> TABS 100mg	2	
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
XIFAXAN TABS 200mg	3	QL (9 tabs / 30 days)

ANTIFUNGALS

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

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

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

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250mg, 625mg	4	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, NM
DESCOVY TAB 200/25MG	5	NDS, NM
DOVATO TAB 50-300MG	5	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	2	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	2	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	2	NM
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	2	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	NM
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
IDVYNZO TAB 100-0.25	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
KALETRA SOL	4	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 675/150	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	4	NM

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

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

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>valganciclovir hcl</i> TABS 450mg	2	
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	2	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml	5	NDS
e.e.s. 400 TABS 400mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> SUSR 200mg/5ml, 400mg/5ml	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
<i>fidaxomicin</i> TABS 200mg	5	NDS
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	2	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	2	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	2	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	2	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	2	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	2	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	2	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	2	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	2	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	2	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	2	

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

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

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA NSO
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
TABLOID TABS 40mg	5	NDS, PA NSO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>abirtega</i> TABS 250mg	2	QL (120 tabs / 30 days), NM, PA NSO
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA NSO
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA NSO
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA NSO
<i>fulvestrant</i> SOSY 250mg/5ml	2	B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	NM, PA NSO
LIFYORLI CAP 125MG DS	5	NDS, QL (18 caps / 28 days), NM, PA NSO
LIFYORLI CAP 150MG DS	5	NDS, QL (27 caps / 28 days), NM, PA NSO
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA NSO
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA NSO
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS

Drug Name	Drug Tier	Requirements/Limits
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ORGOVYX TABS 120mg	5	NDS, NM, PA NSO
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	PA NSO
VEPPANU TABS 100mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
VEPPANU TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO

IMMUNOMODULATORS

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

MISCELLANEOUS

BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA NSO
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA NSO
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MATULANE CAPS 50mg	5	NDS, NM
<i>mesna</i> TABS 400mg	2	
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA NSO
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO

MITOTIC INHIBITORS

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

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA NSO
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA NSO
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA NSO
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA NSO
<i>bortezomib</i> SOLR 3.5mg	2	NM, PA NSO
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA NSO
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
BOSULIF TABS 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>bosutinib</i> TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>bosutinib</i> TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA NSO
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA NSO
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA NSO
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA NSO
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA NSO
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA NSO
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA NSO
HERCEPTIN SOLR 150mg	5	NDS, NM, PA NSO
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA NSO
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA NSO
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
IBRANCE CAPS 125mg	5	NDS, QL (21 caps / 28 days), NM, PA NSO
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA NSO
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>imatinib mesylate</i> TABS 100mg	2	QL (90 tabs / 30 days), NM, PA NSO
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
IMBRUVICA CAPS 140mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 30 days), NM, PA NSO
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA NSO
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA NSO
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA NSO
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA NSO
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA NSO
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA NSO
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA NSO
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA NSO
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA NSO
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA NSO
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA NSO
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA NSO
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA NSO
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA NSO
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA NSO
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
MONJUVI SOLR 200mg	5	NDS, NM, PA NSO
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA NSO
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA NSO
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA NSO
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA NSO
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA NSO
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
PHESGO SOL	5	NDS, NM, PA NSO
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA NSO
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA NSO
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA NSO
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA NSO
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA NSO
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA NSO
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA NSO
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA NSO
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA NSO
TRUQAP TABS 200mg; TBPk 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA NSO
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA NSO
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA NSO
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA NSO
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA NSO
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA NSO
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA NSO
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA NSO
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA NSO
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA NSO
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA NSO
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA NSO
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	2	QL (30 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA NSO
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA NSO
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA NSO

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<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>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<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>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	2	QL (180 tabs / 30 days)
<i>sacubitril-valsartan tab 49-51 mg</i>	2	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	2	QL (60 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg</i>	6	QL (60 tabs / 30 days)
<i>losartan potassium TABS 100mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg</i>	2	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate TABS 48mg, 54mg, 145mg, 160mg</i>	2	
<i>fenofibrate micronized CAPS 67mg, 134mg, 200mg</i>	2	
<i>gemfibrozil TABS 600mg</i>	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg</i>	6	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	
<i>ezetimibe</i> TABS 10mg	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	
REDEMPLO SOSY 25mg/0.5ml	5	NDS, QL (1 syringe / 90 days), NM, PA
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 pens / 28 days), NM, PA
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	2	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	1	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	2	
<i>nimodipine CAPS 30mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab</i> 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	2	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	2	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	2	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine</i> SOLN 1mg/ml	2	

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	2	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	2	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	2	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	5	NDS, QL (30 caps / 30 days), NM, PA

NITRATES

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

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA NSO
<i>alyq</i> TABS 20mg	2	QL (60 tabs / 30 days), NM, PA NSO
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA NSO
<i>macitentan</i> TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA NSO
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	2	QL (60 tabs / 30 days), NM, PA NSO
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA NSO
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA NSO

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA NSO
UPTRAVI PACK TAB 200/800	5	NDS, QL (200 tabs / 28 days), NM, PA NSO
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA NSO
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA NSO
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA NSO
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA NSO
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA NSO

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	QL (60 tabs / 30 days)
LEQEMBI IQLIK SOAJ 360mg/1.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	2	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA NSO; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA NSO; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	5	NDS, QL (2 packs / year)
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA NSO
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA NSO; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA NSO; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA NSO
<i>duloxetine hcl</i> CPEP 20mg	2	QL (120 caps / 30 days)
<i>duloxetine hcl</i> CPEP 30mg	2	QL (90 caps / 30 days)
<i>duloxetine hcl</i> CPEP 60mg	2	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA NSO
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA NSO
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA NSO
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA NSO
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA NSO
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA NSO; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA NSO; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA NSO; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA NSO
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days), PA NSO; PA applies if 65 years and older
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days), PA NSO; PA applies if 65 years and older
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA NSO
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), NM, PA NSO
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	2	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml	3	
<i>trihexyphenidyl hcl</i> TABS 2mg, 5mg	2	

Drug Name	Drug Tier	Requirements/Limits
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 vial / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	2	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA NSO
BYSANTI TAB PACK A	4	QL (2 packs / year), PA NSO
BYSANTI TAB PACK B	4	QL (2 packs / year), PA NSO
BYSANTI TAB PACK C	4	QL (2 packs / year), PA NSO
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA NSO
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA NSO
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA NSO
<i>clozapine</i> TBDP 200mg	2	QL (120 tabs / 30 days), PA NSO
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)

PA - Prior Authorization PA NSO - Prior Authorization for New Starts Only QL - Quantity Limits ST - Step Therapy NM - Not available at mail-order B/D - Covered under Medicare B or D NDS - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA NSO
FANAPT PAK PACK A	4	QL (2 packs / year), PA NSO
FANAPT PAK PACK B	4	QL (2 packs / year), PA NSO
FANAPT PAK PACK C	4	QL (2 packs / year), PA NSO
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 syringe / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA NSO
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	2	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA NSO
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA NSO
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA NSO
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	QL (30 tabs / 30 days), PA NSO
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 vials / 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 vials / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA NSO
VRAYLAR CAPS 1.5mg	3	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	3	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	QL (6 vials / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	NDS, QL (2 vials / 28 days), NM, PA NSO
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA NSO

ANTIEPILEPTIC AGENTS

<i>brivaracetam</i> SOLN 10mg/ml	2	QL (600 mL / 30 days), PA NSO
<i>brivaracetam</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg	2	QL (60 tabs / 30 days), PA NSO
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA NSO
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA NSO
<i>clonazepam</i> TABS 2mg; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA NSO; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA NSO
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA NSO
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA NSO
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA NSO; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg	2	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA NSO
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	2	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	2	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA NSO
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine</i> CHEW 5mg, 25mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam</i> TB3D 250mg	2	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	2	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA NSO
<i>perampanel</i> TABS 2mg	2	QL (60 tabs / 30 days), PA NSO
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	2	QL (30 tabs / 30 days), PA NSO
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA NSO; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA NSO; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA NSO; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days)
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days)
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA NSO; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>relgaabi</i> CAPS 300mg	1	QL (360 caps / 30 days)
<i>relgaabi</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA NSO
<i>rufinamide</i> TABS 200mg	2	QL (480 tabs / 30 days), PA NSO
<i>rufinamide</i> TABS 400mg	2	QL (240 tabs / 30 days), PA NSO
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg	4	QL (60 films / 30 days), PA NSO
SYMPAZAN FILM 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA NSO
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg	2	
<i>topiramate</i> SOLN 25mg/ml	2	QL (480 mL / 30 days), PA NSO
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA NSO
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA NSO
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA NSO

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

43

08/26/2026

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA NSO
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA NSO
zonisamide CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA NSO

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA

HYPNOTICS

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

MIGRAINE

<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i>	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate SOLN 4mg/ml</i>	2	QL (8 mL / 30 days), PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml	2	QL (12 syringes / 30 days)
<i>sumatriptan succinate</i> SOLN 6mg/0.5ml	2	QL (12 vials / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	2	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	2	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

<i>BAFIERTAM</i> CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA NSO
<i>BETASERON</i> KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA NSO
<i>COPAXONE</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA NSO
<i>COPAXONE</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA NSO
<i>dalfampridine</i> TB12 10mg	2	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA NSO
<i>glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA NSO
<i>glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA NSO
<i>glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA NSO
<i>glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA NSO
<i>KESIMPTA</i> SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA NSO

MUSCULOSKELETAL THERAPY AGENTS

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

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	2	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	2	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	2	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	2	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days)
<i>varenicline tartrate tab</i> 11 x 0.5 mg & 42 x 1 mg start pack	2	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	
<i>dapagliflozin</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 5-500 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 5-1000 mg</i>	1	QL (60 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 10-500 mg</i>	1	QL (30 tabs / 30 days)
<i>dapagliflozin free base-metformin hcl tab</i> <i>er 24hr 10-1000 mg</i>	1	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

49

08/26/2026

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC TABS 1.5mg, 4mg, 9mg	3	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
pioglitazone hcl TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
sitagliptin phosphate TABS 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	2	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	2	QL (60 tabs / 30 days)
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA

ANTIDIABETICS, INSULINS

ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQUR EXT WR MIS INSERTER	4	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	4	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

50

08/26/2026

Drug Name	Drug Tier	Requirements/Limits
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D; brand RELION not covered
NOVOLOG FLEXPEN SOPN 100unit/ml	3	brand RELION not covered
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
OMNIPOD5 LIB KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	4	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
TYMLOS SOPN 3120mcg/1.56ml	5	NDS, QL (1 pen / 30 days), NM, PA
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	2	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> TABS 90mg; TBSO 125mg	2	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg	4	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	5	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	2	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	2	
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>sps rectal</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>deblitane</i> TABS .35mg	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emzahh</i> TABS .35mg	2	
<i>enilloring</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i> TABS .35mg	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	
<i>LILETTA IUD 20.1mcg/day</i>	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>meleya TABS .35mg</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	

Drug Name	Drug Tier	Requirements/Limits
NEXPLANON IMPL 68mg	3	NM
<i>nikki</i>	2	
<i>nora-be</i> TABS .35mg	2	
<i>norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS</i> <i>.35mg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab</i> <i>1.5 mg-30 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25</i> <i>mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc</i> TABS .35mg	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea</i> TABS .35mg	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel</i> TABS .35mg	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>syeda</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vioarele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>xarah fe</i>	2	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	2	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	2	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	2	
<i>fyavolv tab 1mg-5mcg</i>	2	
<i>jinteli</i>	2	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
<i>mimvey</i>	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	2	
<i>yuvaferm TABS 10mcg</i>	2	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN</i> <i>.5mg/5ml; TABS .5mg, .75mg, 1mg,</i> <i>1.5mg, 2mg, 4mg, 6mg</i>	2	
<i>DEXAMETHASONE INTENSOL CONC</i> <i>1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN</i> <i>4mg/ml, 10mg/ml, 20mg/5ml,</i> <i>100mg/10ml, 120mg/30ml; SOSY 4mg/ml,</i> <i>10mg/ml</i>	2	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	2	
<i>hydrocortisone sod succinate SOLR 100mg</i>	2	
<i>methylprednisolone TABS 4mg, 8mg,</i> <i>16mg, 32mg</i>	2	B/D
<i>methylprednisolone TBPk 4mg</i>	2	
<i>methylprednisolone acetate SUSP</i> <i>40mg/ml, 80mg/ml</i>	2	B/D
<i>methylprednisolone sod succ SOLR 40mg,</i> <i>125mg, 500mg, 1000mg</i>	2	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN</i> <i>5mg/5ml, 15mg/5ml, 25mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	2	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg,</i> <i>10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPk 5mg, 10mg</i>	1	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	B/D
<i>SOLU-CORTEF SOLR 250mg, 500mg,</i> <i>1000mg</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	2	
<i>GVOKE HYPOPEN 1-PACK SOAJ</i> <i>.5mg/0.1ml, 1mg/0.2ml</i>	3	
<i>GVOKE HYPOPEN 2-PACK SOAJ</i> <i>.5mg/0.1ml, 1mg/0.2ml</i>	3	
<i>GVOKE KIT SOLN 1mg/0.2ml</i>	3	
<i>GVOKE PFS SOSY 1mg/0.2ml</i>	3	
MISCELLANEOUS		
<i>ALDURAZYME SOLN 2.9mg/5ml</i>	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline TABS .5mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	2	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINISQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINISQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
ISTURISA TABS 1mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ISTURISA TABS 5mg	5	NDS, QL (360 tabs / 30 days), NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA NSO
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
REVCIVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPk 15mg	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, NM, PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	3	QL (4 pens / 28 days), PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg	3	QL (30 tabs / 30 days), PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	2	B/D, QL (360 caps / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	2	B/D, QL (540 tabs / 30 days)
PROGESTINS		
<i>gallifrey</i> TABS 5mg	2	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	2	
<i>progesterone</i> CAPS 100mg, 200mg	2	
THYROID AGENTS		
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
<i>liomny</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg	2	B/D
<i>aprepitant</i> CAPS 125mg	5	NDS, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>promethazine hcl</i> TABS 12.5mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)

ANTISPASMODICS

<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml	2	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	2	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	2	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	2	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS .5mg, 1mg	2	QL (60 tabs / 30 days), PA
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	2	
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>lubiprostone</i> CAPS 8mcg, 24mcg	2	QL (60 caps / 30 days)
<i>misoprostol</i> TABS 100mcg, 200mcg	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
<i>sucralfate</i> TABS 1gm	2	
TALICIA CAP	3	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	3	PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNIT	4	
ZENPEP CAP 15000UNIT	4	
ZENPEP CAP 20000UNIT	4	
ZENPEP CAP 25000UNIT	4	
ZENPEP CAP 40000UNIT	4	
ZENPEP CAP 60000UNIT	4	

PROTON PUMP INHIBITORS

<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tadalafil</i> TABS 5mg	2	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)

MISCELLANEOUS

<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
FILSPARI TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
FILSPARI TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
TARPEYO CPDR 4mg	5	NDS, QL (120 caps / 30 days), NM, PA

URINARY ANTISPASMODICS

GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	4	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	2	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	2	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

HEMATOPOIETIC GROWTH FACTORS

FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
-------------------------	---	--

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR 250mcg	5	NDS, NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA

MISCELLANEOUS

ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 kits / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	

PLATELET AGGREGATION INHIBITORS

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	4	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
<i>ticagrelor</i> TABS 60mg, 90mg	2	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 pens / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
EBGLYSS SOAJ 250mg/2ml	5	NDS, QL (20 pens / 365 days), NM, PA
EBGLYSS SOSY 250mg/2ml	5	NDS, QL (20 syringes / 365 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
ENTYVIO PEN SOAJ 108mg/0.68ml	5	NDS, QL (2 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
OTEZLA TABS 20mg, 30mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20	5	NDS, QL (2 packs / year), NM, PA
OTEZLA TAB 10/20/30	5	NDS, QL (2 packs / year), NM, PA
OTEZLA XR TB24 75mg	5	NDS, QL (30 tabs / 30 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
OTEZLA/XR TAB 28 DAY	5	NDS, QL (2 packs / year), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
<i>tofacitinib citrate</i> SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
<i>tofacitinib citrate</i> TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>tofacitinib citrate</i> TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	5	NDS, QL (2 pens / 28 days), NM, PA
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D

IMMUNOGLOBULINS

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml	4	NM, PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA NSO
ARCALYST SOLR 220mg	5	NDS, NM, PA
VYVGART SOLN 400mg/20ml	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	4	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS 1mg	5	NDS, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg	2	B/D, NM
<i>engraf</i> CAPS 25mg, 100mg	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; SUSR 200mg/ml; TABS 500mg	2	B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	2	B/D, NM

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	2	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** -
Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered
under Medicare B or D **NDS** - Non-Extended Days Supply

70

08/26/2026

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/NACL INJ 0.2%	4
D5W/NACL INJ 0.45%	4
D10W/NACL INJ 0.2%	4
D10W/NACL INJ 0.45%	4
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	4
<i>dextrose 5% in lactated ringers</i>	4
<i>dextrose 5% w/ sodium chloride 0.3%</i>	4
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4
<i>dextrose 5% w/ sodium chloride 0.225%</i>	4
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	4
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	4
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	4
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	4
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	4

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	4	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	4	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	4	
<i>lactated ringer's solution</i>	4	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	4	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	4	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	4	
<i>multiple electrolytes ph 5.5</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	4	
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%</i>	2	
<i>potassium chloride TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 15meq</i>	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	

IV NUTRITION

aminosyn ii soln 15%	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
clinisol sf 15%	4	B/D
CLINOLIPID EMU 20%	4	B/D
dextrose SOLN 5%, 10%	4	
dextrose SOLN 50%	4	B/D
DEXTROSE 10% SOLN 10%	4	
DEXTROSE 70% SOLN 70%	4	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
plenamine	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>besifloxacin hcl SUSP .6%</i>	2	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
XDEMY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	1	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	2	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide SUSP 1%</i>	2	ST
<i>carteolol hcl (ophth) SOLN 1%</i>	2	

Drug Name	Drug Tier	Requirements/Limits
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	

MISCELLANEOUS

ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	

OTIC

OTIC AGENTS

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

RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	3	QL (1 inhaler / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	
<i>ipratropium bromide hfa AERS 17mcg/act</i>	2	QL (2 inhalers / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)

ANTI HISTAMINES

<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	2	QL (30 tabs / 30 days)

BETA AGONISTS

<i>albuterol sulfate AERS 108mcg/act</i>	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
--	---	--

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>nintedanib esylate</i> CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
NUCALA SOAJ 100mg/ml	5	NDS, QL (3 pens / 28 days), NM, PA
NUCALA SOLR 100mg	5	NDS, QL (3 vials / 28 days), NM, PA
NUCALA SOSY 40mg/0.4ml	5	NDS, QL (1 syringe / 28 days), NM, PA
NUCALA SOSY 100mg/ml	5	NDS, QL (3 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (nasal) SUSP</i> 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA

STEROID INHALANTS

ALVESCO AERS 80mcg/act, 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP</i> .25mg/2ml, .5mg/2ml	2	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breyana</i>	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	2	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act	2	QL (3 inhalers / 30 days)
<i>fluticasone furoate-vilanterol aero powd ba</i> 100-25 mcg/act	2	QL (60 blisters / 30 days)
<i>fluticasone furoate-vilanterol aero powd ba</i> 200-25 mcg/act	2	QL (60 blisters / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 100-50 mcg/act	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 250-50 mcg/act	2	QL (60 inhalations / 30 days)
<i>fluticasone-salmeterol aer powder ba</i> 500-50 mcg/act	2	QL (60 inhalations / 30 days)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	2	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>ery PADS 2%</i>	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	2	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	2	QL (60 mL / 30 days)
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA
<i>neuac</i>	2	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne) LOTN 10%</i>	2	QL (118 mL / 30 days)
<i>tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%</i>	2	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical) GEL 1%</i>	2	QL (60 gm / 30 days)
<i>zenatane CAPS 10mg, 20mg, 30mg, 40mg</i>	2	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	2	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (30 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	2	
<i>ssd CREA 1%</i>	2	
<i>SULFAMYLON CREA 85mg/gm</i>	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox SHAM 1%</i>	2	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	2	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	2	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	2	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	2	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	2	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	2	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	2	QL (60 gm / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

80

08/26/2026

Drug Name	Drug Tier	Requirements/Limits
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	
<i>calcipotriene</i> CREA .005%; OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
PELLIX SOLN .005%	2	QL (120 mL / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	2	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	2	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	2	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>tridacaine iii</i> PTCH 5%	2	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA NSO
<i>diclofenac sodium (topical)</i> SOLN 1.5%	2	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	

PA - Prior Authorization **PA NSO** - Prior Authorization for New Starts Only **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D **NDS** - Non-Extended Days Supply

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA NSO
<i>pimecrolimus</i> CREA 1%	2	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctocort</i> CREA 1%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA NSO

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

Index

A	
<i>abacavir sulfate</i>	7
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	8
<i>abigale</i>	56
<i>abigale lo</i>	56
ABILIFY ASIMTUFII	37
ABILIFY MAINTENA	37
<i>abiraterone acetate</i>	14
<i>abirtega</i>	14
ABRYSVO	70
<i>acamprosate calcium</i>	48
<i>acarbose</i>	49
<i>accutane</i>	79
<i>acebutolol hcl</i>	30
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3
<i>acetaminophen w/ codeine tab 300-15 mg</i>	3
<i>acetaminophen w/ codeine tab 300-30 mg</i>	3
<i>acetaminophen w/ codeine tab 300-60 mg</i>	3
<i>acetazolamide</i>	31
<i>acetic acid</i>	63
<i>acetic acid (otic)</i>	75
<i>acetylcysteine</i>	77
<i>acitretin</i>	81
ACTHIB INJ	70
ACTIMMUNE	69
<i>acyclovir</i>	9
<i>acyclovir sodium</i>	9
ADACEL INJ	70
ADALIMUMAB-BWWD	66
<i>adefovir dipivoxil</i>	9
ADEMPAS	32
ADMELOG	50
ADMELOG SOLOSTAR	50
ADVAIR HFA AER 115/21	79
ADVAIR HFA AER 230/21	79
ADVAIR HFA AER 45/21	79
<i>afirmelle</i>	52
AIMOVIG	45
AIRSUPRA AER 90-80MCG	79
AKEEGA TAB 100/500	14
AKEEGA TAB 50/500MG	14
<i>ala-cort</i>	81
<i>albendazole</i>	4
<i>albuterol sulfate</i>	76, 77
<i>alclometasone dipropionate</i>	81
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	50
ALDURAZYME	57
ALECENSA	16
<i>alendronate sodium</i>	52
<i>alfuzosin hcl</i>	63
<i>aliskiren fumarate</i>	31
<i>allopurinol</i>	2
<i>alosetron hcl</i>	62
<i>alprazolam</i>	33
<i>altavera</i>	52
ALUNBRIG	16
ALUNBRIG PAK	16
ALVAIZ	65
ALVESCO	79
<i>alyacen 1/35</i>	52
<i>alyacen 7/7/7</i>	52
ALYGLO	68
<i>alyq</i>	32
<i>amantadine hcl</i>	36
<i>ambrisentan</i>	32
<i>amikacin sulfate</i>	4
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	31
<i>amiloride hcl</i>	31
<i>aminosyn ii soln 15%</i>	73
AMINOSYN INJ 10%	73
AMINOSYN-PF INJ 10%	73
<i>amiodarone hcl</i>	28
<i>amitriptyline hcl</i>	34
<i>amlodipine besylate</i>	30
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	25
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	25

<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg.....	25
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	26
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	26
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	26
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	26
<i>amlodipine besylate-valsartan tab 10-</i> <i>160 mg</i>	27
<i>amlodipine besylate-valsartan tab 10-</i> <i>320 mg</i>	27
<i>amlodipine besylate-valsartan tab 5-</i> <i>160 mg</i>	27
<i>amlodipine besylate-valsartan tab 5-</i> <i>320 mg</i>	27
<i>amnestem</i>	79
<i>amoxapine</i>	34
<i>amoxicillin</i>	11
<i>amoxicillin & k clavulanate for susp</i> 200-28.5 mg/5ml	11
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	11
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml.....	11
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml.....	11
<i>amoxicillin & k clavulanate tab 250-125</i> <i>mg</i>	11
<i>amoxicillin & k clavulanate tab 500-125</i> <i>mg</i>	11
<i>amoxicillin & k clavulanate tab 875-125</i> <i>mg</i>	11
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 10 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 15 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 20 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 25 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 30 mg</i>	44
<i>amphetamine-dextroamphetamine cap</i> <i>er 24hr 5 mg</i>	44

<i>amphetamine-dextroamphetamine tab</i> 10 mg.....	44
<i>amphetamine-dextroamphetamine tab</i> 12.5 mg.....	44
<i>amphetamine-dextroamphetamine tab</i> 15 mg.....	44
<i>amphetamine-dextroamphetamine tab</i> 20 mg.....	44
<i>amphetamine-dextroamphetamine tab</i> 30 mg.....	45
<i>amphetamine-dextroamphetamine tab</i> 5 mg	44
<i>amphetamine-dextroamphetamine tab</i> 7.5 mg.....	44
<i>amphotericin b</i>	6
<i>amphotericin b liposome</i>	6
<i>ampicillin</i>	11
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm.....	11
<i>ampicillin & sulbactam sodium for inj 3</i> <i>(2-1) gm</i>	11
<i>ampicillin & sulbactam sodium for iv</i> <i>soln 15 (10-5) gm</i>	11
<i>ampicillin sodium</i>	12
<i>anagrelide hcl</i>	65
<i>anastrozole</i>	14
<i>ANORO ELLIPT AER 62.5-25</i>	75
<i>aprepitant</i>	60
<i>aprepitant capsule therapy pack 80 &</i> <i>125 mg</i>	60
<i>apri</i>	52
<i>APTIVUS</i>	7
<i>aranelle</i>	52
<i>ARCALYST</i>	69
<i>AREXVY</i>	70
<i>ARIKAYCE</i>	4
<i>aripiprazole</i>	37
<i>ARISTADA</i>	37
<i>ARISTADA INITIO</i>	37
<i>armodafinil</i>	47
<i>ARNUITY ELLIPTA</i>	79
<i>asenapine maleate</i>	37
<i>aspirin-dipyridamole cap er 12hr 25-</i> <i>200 mg</i>	65
<i>ASTAGRAF XL</i>	69
<i>atazanavir sulfate</i>	7
<i>atenolol</i>	30

<i>atenolol & chlorthalidone tab 100-25 mg</i>	29
<i>atenolol & chlorthalidone tab 50-25 mg</i>	29
<i>atomoxetine hcl</i>	45
<i>atorvastatin calcium</i>	28
<i>atovaquone</i>	4
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	6
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	6
<i>ATROPINE SULFATE</i>	75
<i>atropine sulfate (ophthalmic)</i>	75
<i>ATROVENT HFA</i>	76
<i>aubra eq</i>	52
<i>AUGTYRO</i>	16
<i>aurovela 1/20</i>	52
<i>aurovela fe 1/20</i>	52
<i>aurovela fe 1.5/30</i>	52
<i>AUSTEDO</i>	46
<i>AUSTEDO XR</i>	46
<i>AUSTEDO XR TAB TITR KIT</i>	46
<i>AUVELITY TAB 45-105MG</i>	34
<i>AUVELITY TAB TITRATIO</i>	34
<i>aviane</i>	53
<i>AVMAPKI PAK FAKZYNJA</i>	17
<i>ayuna</i>	53
<i>AYVAKIT</i>	17
<i>azacitidine</i>	13
<i>azathioprine</i>	69
<i>azelastine hcl</i>	76
<i>azelastine hcl (ophth)</i>	74
<i>azithromycin</i>	10
<i>aztreonam</i>	4
<i>azurette</i>	53
B	
<i>bacitracin-polymyxin b ophth oint</i>	74
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	73
<i>baclofen</i>	47
<i>BAFIERTAM</i>	47
<i>balsalazide disodium</i>	61
<i>BALVERSA</i>	17
<i>balziva</i>	53
<i>BARACLUDE</i>	9
<i>BCG VACCINE</i>	70
<i>BEIZRAY</i>	16

<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	25
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	25
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	25
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	25
<i>benazepril hcl</i>	26
<i>BENDAMUSTINE HYDROCHLORID</i>	13
<i>BENDEKA</i>	13
<i>BENLYSTA</i>	69
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	80
<i>benztropine mesylate</i>	36
<i>BERINERT</i>	65
<i>besifloxacin hcl</i>	74
<i>BESREMI</i>	15
<i>betaine powder for oral solution</i>	57
<i>betamethasone dipropionate (topical)</i>	81
<i>betamethasone dipropionate augmented</i>	81
<i>betamethasone valerate</i>	81
<i>BETASERON</i>	47
<i>betaxolol hcl (ophth)</i>	74
<i>bethanechol chloride</i>	63
<i>BEVESPI AER 9-4.8MCG</i>	75
<i>bexarotene</i>	15
<i>bexarotene (topical)</i>	82
<i>BEXSERO</i>	70
<i>bicalutamide</i>	14
<i>BICILLIN L-A</i>	12
<i>BIKTARVY TAB 30-120-15 MG</i>	8
<i>BIKTARVY TAB 50-200-25 MG</i>	8
<i>BILDYOS</i>	52
<i>BIMZELX</i>	66
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> ..	62
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	29
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	29
<i>bisoprolol fumarate</i>	30
<i>BIVIGAM</i>	68

<i>blisovi fe 1/20</i>	53	<i>bupropion hcl (smoking deterrent)</i> ...	48
<i>blisovi fe 1.5/30</i>	53	<i>buspirone hcl</i>	33
BLUJEPa	4	<i>butorphanol tartrate</i>	3
BOOSTRIX INJ	70	BYSANTI	37
<i>bortezomib</i>	17	BYSANTI TAB PACK A	37
BORTEZOMIB	17	BYSANTI TAB PACK B	37
<i>bosentan</i>	32	BYSANTI TAB PACK C	37
BOSULIF	17	C	
<i>bosutinib</i>	17	<i>cabergoline</i>	57
BRAFTOVI	17	CABOMETYX	17
BREO ELLIPTA INH 100-25	79	<i>calcipotriene</i>	81
BREO ELLIPTA INH 200-25	79	<i>calcitonin (salmon) spray</i>	52
BREO ELLIPTA INH 50-25MCG	79	<i>calcitrene</i>	81
<i>brey-na</i>	79	<i>calcitriol</i>	60
BREZTRI AERO AER 18MCG	75	<i>calcitriol (oral)</i>	60
BREZTRI AERO AER 9MCG	75	<i>calcium acetate (phosphate binder)</i> ..	59
BREZTRI AERO AER SPHERE		CALQUENCE	17
(INSTITUTIONAL PACK)	76	<i>camila</i>	53
<i>briellyn</i>	53	<i>candesartan cilexetil</i>	28
<i>brimonidine tartrate</i>	74	CAPLYTA	37
<i>brimonidine tartrate-timolol maleate</i>		CAPRELSA	17
<i>ophth soln 0.2-0.5%</i>	74	<i>captopril</i>	26
<i>brinzolamide</i>	74	<i>captopril & hydrochlorothiazide tab 25-</i>	
<i>brivaracetam</i>	40	<i>15 mg</i>	25
<i>bromocriptine mesylate</i>	36	<i>captopril & hydrochlorothiazide tab 25-</i>	
BRUKINSA	17	<i>25 mg</i>	25
<i>budesonide</i>	61	<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>budesonide (inhalation)</i>	79	<i>15 mg</i>	25
<i>budesonide-formoterol fumarate dihyd</i>		<i>captopril & hydrochlorothiazide tab 50-</i>	
<i>aerosol 160-4.5 mcg/act</i>	79	<i>25 mg</i>	25
<i>budesonide-formoterol fumarate dihyd</i>		<i>carb/levo orally disintegrating tab 10-</i>	
<i>aerosol 80-4.5 mcg/act</i>	79	<i>100mg</i>	36
<i>bumetanide</i>	31	<i>carb/levo orally disintegrating tab 25-</i>	
<i>buprenorphine hcl</i>	48	<i>100mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carb/levo orally disintegrating tab 25-</i>	
<i>12-3 mg (base equiv)</i>	48	<i>250mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbamazepine</i>	40
<i>2-0.5 mg (base equiv)</i>	48	<i>carbidopa & levodopa tab 10-100 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab 25-100 mg</i>	36
<i>4-1 mg (base equiv)</i>	48	<i>carbidopa & levodopa tab 25-250 mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl film</i>		<i>carbidopa & levodopa tab er 25-100</i>	
<i>8-2 mg (base equiv)</i>	48	<i>mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>carbidopa & levodopa tab er 50-200</i>	
<i>2-0.5 mg (base equiv)</i>	48	<i>mg</i>	36
<i>buprenorphine hcl-naloxone hcl sl tab</i>		<i>carbidopa-levodopa-entacapone tabs</i>	
<i>8-2 mg (base equiv)</i>	48	<i>12.5-50-200 mg</i>	36
<i>bupropion hcl</i>	34		

<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg.....	36	CEQUR SIMPL MIS INSERTER	50
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg.....	36	CERDELGA	58
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	36	CEREZYME	58
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg.....	36	cetirizine hcl.....	76
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg.....	36	<i>chateal eq</i>	53
<i>carboplatin</i>	13	CHEMET.....	52
<i>carglumic acid</i>	58	<i>chlorhexidine gluconate (mouth-throat)</i>	83
<i>carteolol hcl (ophth)</i>	74	<i>chloroquine phosphate</i>	6
<i>cartia xt</i>	30	<i>chlorpromazine hcl</i>	37
<i>carvedilol</i>	30	<i>chlorthalidone</i>	31
<i>caspofungin acetate</i>	6	<i>cholestyramine</i>	29
CAYSTON.....	4	<i>cholestyramine light</i>	29
<i>cefaclor</i>	10	<i>ciclopirox</i>	80
<i>cefadroxil</i>	10	<i>ciclopirox olamine</i>	80
CEFAZOLIN	10	<i>cilostazol</i>	65
CEFAZOLIN/DEX SOL 1GM/50ML-4% 10		CILOXAN.....	74
CEFAZOLIN/DEX SOL 2GM/50ML-3% 10		CIMDUO TAB 300-300	8
CEFAZOLIN/DEX SOL 3GM/150ML-4%	10	<i>cinacalcet hcl</i>	58
CEFAZOLIN/DEX SOL 3GM/50ML-2% 10		<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	11
CEFAZOLIN INJ 1GM/50ML	10	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	11
<i>cefazolin sodium</i>	10	<i>ciprofloxacin-dexamethasone otic susp</i> 0.3-0.1%	75
CEFAZOLIN SOLN 2GM/100ML-4% ...	10	<i>ciprofloxacin hcl</i>	11
<i>cefdinir</i>	10	<i>ciprofloxacin hcl (ophth)</i>	74
<i>cefepime hcl</i>	10	<i>cisplatin</i>	13
<i>cefixime</i>	10	<i>citalopram hydrobromide</i>	34
<i>cefotetan disodium</i>	10	<i>claravis</i>	80
<i>cefoxitin sodium</i>	10	<i>clarithromycin</i>	10
<i>cefpodoxime proxetil</i>	10	<i>clindamycin hcl</i>	4
<i>cefprozil</i>	10	<i>clindamycin palmitate hydrochloride</i> ...	4
<i>ceftaroline fosamil</i>	10	<i>clindamycin phosphate</i>	4
<i>ceftazidime</i>	10	<i>clindamycin phosphate (topical)</i>	80
<i>ceftriaxone sodium</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	4
<i>cefuroxime axetil</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	4
<i>cefuroxime sodium</i>	10	<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	4
<i>celecoxib</i>	2	<i>clindamycin phosphate vaginal</i>	64
<i>cephalexin</i>	10	<i>clindamycin phosph-benzoyl peroxide</i> (refrig) gel 1.2 (1)-5%.....	80
CEQUR EXT WR MIS INSERTER	50	CLINDMYC/NAC INJ 300/50ML.....	4
CEQUR SIMPL KIT 1U EXTND	50	CLINDMYC/NAC INJ 600/50ML.....	4
CEQUR SIMPL KIT 2U EXTND	50	CLINDMYC/NAC INJ 900/50ML.....	4
CEQUR SIMPL KIT PATCH 2U (4-DAY)	50	CLINIMIX INJ 4.25/D10	73
		CLINIMIX INJ 4.25/D5W	73

CLINIMIX INJ 5%/D15W	73	CREON CAP 6000UNIT	62
CLINIMIX INJ 5%/D20W	73	CRESEMBA.....	6
CLINIMIX INJ 6/5.....	73	<i>cromolyn sodium</i>	77
CLINIMIX INJ 8/10	73	<i>cromolyn sodium (mastocytosis)</i>	62
CLINIMIX INJ 8/14	73	<i>cromolyn sodium (ophth)</i>	74
<i>clinisol sf 15%</i>	73	<i>cryselle</i>	53
CLINOLIPID EMU 20%	73	<i>cyclobenzaprine hcl</i>	47
<i>clobazam</i>	40	<i>cyclophosphamide</i>	13
<i>clobetasol propionate</i>	81	CYCLOPHOSPHAMIDE	13
<i>clobetasol propionate e</i>	81	CYCLOPHOSPHAMIDE MONOHYDR....	13
<i>clodan</i>	81	<i>cycloserine</i>	9
<i>clomipramine hcl</i>	34	<i>cyclosporine</i>	69
<i>clonazepam</i>	40	<i>cyclosporine modified (for</i>	
<i>clonidine</i>	31	<i>microemulsion)</i>	69
<i>clonidine hcl</i>	31	<i>cyproheptadine hcl</i>	76
<i>clopidogrel bisulfate</i>	65	<i>cyred eq</i>	53
<i>clorazepate dipotassium</i>	40	CYSTADROPS	75
<i>clotrimazole</i>	83	CYSTAGON.....	58
<i>clotrimazole (topical)</i>	80	CYSTARAN	75
<i>clotrimazole w/ betamethasone cream</i>		<i>cytarabine</i>	13
<i>1-0.05%</i>	80	D	
<i>clozapine</i>	37	D10W/NACL INJ 0.2%	71
COARTEM TAB 20-120MG	6	D10W/NACL INJ 0.45%.....	71
COBENFY CAP 100-20MG	37	D2.5W/NACL INJ 0.45%.....	71
COBENFY CAP 125-30MG	38	D5W/NACL INJ 0.2%	71
COBENFY CAP 50-20MG	37	D5W/NACL INJ 0.45%	71
COBENFY STRT CAP PACK	38	<i>dabigatran etexilate mesylate</i>	64
<i>colchicine</i>	2	<i>dalfampridine</i>	47
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>danazol</i>	48
<i>mg</i>	2	<i>dantrolene sodium</i>	47
<i>colesevelam hcl</i>	29	DANZITEN.....	18
<i>colestipol hcl</i>	29	<i>dapagliflozin</i>	49
<i>colistimethate sodium</i>	4	<i>dapagliflozin free base-metformin hcl</i>	
COMBIGAN SOL 0.2/0.5%	75	<i>tab er 24hr 10-1000 mg</i>	49
COMBIVENT AER 20-100.....	76	<i>dapagliflozin free base-metformin hcl</i>	
COMETRIQ (60MG DOSE).....	17	<i>tab er 24hr 10-500 mg</i>	49
COMETRIQ KIT 100MG.....	17	<i>dapagliflozin free base-metformin hcl</i>	
COMETRIQ KIT 140MG.....	17	<i>tab er 24hr 5-1000 mg</i>	49
<i>compro</i>	60	<i>dapagliflozin free base-metformin hcl</i>	
<i>constulose</i>	62	<i>tab er 24hr 5-500 mg</i>	49
COPAXONE.....	47	<i>dapsone</i>	4
COPIKTRA.....	17	DAPTACEL INJ	70
COTELLIC	18	<i>daptomycin</i>	4
CREON CAP 12000UNT	62	DAPTOMYCIN	4
CREON CAP 24000UNT	62	<i>darunavir</i>	7
CREON CAP 3000UNIT	62	<i>dasatinib</i>	18
CREON CAP 36000UNT	62	<i>dasetta 1/35</i>	53

<i>dasetta 7/7/7</i>	53	<i>diclofenac sodium (topical)</i>	82
DAURISMO	18	<i>dicloxacillin sodium</i>	12
DAYVIGO	45	<i>dicyclomine hcl</i>	61
<i>deblitane</i>	53	DIFICID	10
<i>deferasirox</i>	52	<i>diflunisal</i>	2
DELSTRIGO TAB	8	<i>digoxin</i>	31
DEPO-SUBQ PROVERA 104	53	<i>dihydroergotamine mesylate</i>	45
<i>depo-testosterone</i>	48	DILANTIN	41
DESCOVY TAB 120-15MG	8	<i>diltiazem hcl</i>	30
DESCOVY TAB 200/25MG	8	<i>diltiazem hcl coated beads</i>	30
<i>desipramine hcl</i>	34	<i>diltiazem hcl extended release beads</i>	30
<i>desmopressin acetate</i>	58	<i>dilt-xr</i>	30
<i>desmopressin acetate spray</i>	58	<i>diphenhydramine hcl</i>	76
<i>desmopressin acetate spray</i> <i>refrigerated</i>	58	<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	62
<i>desogest-eth estrad & eth estrad tab</i> <i>0.15-0.02/0.01 mg(21/5)</i>	53	<i>dipyridamole</i>	65
<i>desvenlafaxine succinate</i>	34	<i>disopyramide phosphate</i>	28
<i>dexamethasone</i>	57	<i>disulfiram</i>	48
DEXAMETHASONE INTENSOL	57	<i>divalproex sodium</i>	41
<i>dexamethasone sodium phosphate</i>	57	<i>docetaxel</i>	16
<i>dexamethasone sodium phosphate</i> <i>(ophth)</i>	74	DOCETAXEL	16
<i>dexmethylphenidate hcl</i>	45	DOCIVYX	16
<i>dextrose</i>	73	<i>dofetilide</i>	28
DEXTROSE 10%	73	<i>donepezil hydrochloride</i>	33
<i>dextrose 2.5% w/ sodium chloride</i> <i>0.45%</i>	71	DOPTelet	65
<i>dextrose 5% in lactated ringers</i>	71	DOPTelet SPRINKLE	65
<i>dextrose 5% w/ sodium chloride</i> <i>0.225%</i>	71	<i>dorzolamide hcl</i>	75
<i>dextrose 5% w/ sodium chloride 0.3%</i>	71	<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	75
<i>dextrose 5% w/ sodium chloride 0.45%</i>	71	<i>dotti</i>	56
<i>dextrose 5% w/ sodium chloride 0.9%</i>	71	DOVATO TAB 50-300MG	8
DEXTROSE 70%	73	<i>doxazosin mesylate</i>	26
DIACOMIT	40, 41	<i>doxepin hcl</i>	34
<i>diazepam</i>	41	<i>doxepin hcl (sleep)</i>	45
<i>diazepam (anticonvulsant)</i>	41	<i>doxorubicin hcl</i>	15
<i>diazepam inj</i>	41	<i>doxorubicin hcl liposomal</i>	15
<i>diazepam intensol</i>	41	<i>doxy 100</i>	12
<i>diazoxide</i>	57	<i>doxycycline (monohydrate)</i>	12
<i>diclofenac potassium</i>	2	<i>doxycycline hyclate</i>	12
<i>diclofenac sodium</i>	2	DRIZALMA SPRINKLE	34
<i>diclofenac sodium (ophth)</i>	74	<i>dronabinol</i>	60
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	53
		<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	53
		DROXIA	65
		<i>droxidopa</i>	31

<i>duloxetine hcl</i>	34
DUPIXENT	66
<i>dutasteride</i>	63
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	63
E	
<i>e.e.s. 400</i>	10
EBGLYSS	66
<i>econazole nitrate</i>	80
EDURANT	7
EDURANT PED	7
<i>efavirenz</i>	7
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	8
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	8
ELIGARD	14
<i>elinest</i>	53
ELIQUIS	64
ELIQUIS (1.5MG PACK) 3 X	64
ELIQUIS (2MG PACK) 4 X	64
ELIQUIS STARTER PACK	64
<i>eluryng</i>	53
EMGALITY	46
EMSAM	34
<i>emtricitabine</i>	7
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	8
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	8
EMTRIVA	7
EMVERM	4
<i>emzahh</i>	53
<i>enalapril maleate</i>	26
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	25
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	25
ENBREL	66

ENBREL MINI	66
ENBREL SURECLICK	66
<i>endocet tab 10-325mg</i>	3
<i>endocet tab 2.5-325mg</i>	3
<i>endocet tab 7.5-325mg</i>	3
ENGERIX-B	70
<i>enilloring</i>	53
<i>enoxaparin sodium</i>	64
ENSACOVE	18
<i>enskyce</i>	53
ENSTILAR AER	81
<i>entacapone</i>	36
<i>entecavir</i>	9
ENTRESTO CAP 15-16MG	27
ENTRESTO CAP 6-6MG	27
ENTYVIO PEN	66
<i>enulose</i>	62
ENVARUSUS XR	69
EPIDIOLEX	41
<i>epinephrine</i>	31
<i>epinephrine (anaphylaxis)</i>	77
<i>eplerenone</i>	26
<i>ergotamine w/ caffeine tab 1-100 mg</i>	46
ERIVEDGE	18
ERLEADA	14
<i>erlotinib hcl</i>	18
<i>errin</i>	53
<i>ertapenem sodium</i>	4
<i>ery</i>	80
ERYTHROCIN LACTOBIONATE	11
<i>erythromycin (acne aid)</i>	80
<i>erythromycin (ophth)</i>	74
<i>erythromycin base</i>	11
<i>erythromycin ethylsuccinate</i>	11
<i>erythromycin lactobionate</i>	11
ERZOFRI	38
<i>escitalopram oxalate</i>	34
<i>eslicarbazepine acetate</i>	41
<i>esomeprazole magnesium</i>	63
<i>estarylla</i>	53
<i>estradiol</i>	56
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	56
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	56
<i>estradiol vaginal</i>	56

<i>estradiol valerate</i>	56	FIASP	50
<i>ethambutol hcl</i>	9	FIASP FLEXTOUCH	50
<i>ethosuximide</i>	41	FIASP PENFILL.....	50
<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	53	FIASP PUMPCART	51
<i>etodolac</i>	2	<i>fidaxomicin</i>	11
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	53	FILSPARI	63
<i>etoposide</i>	16	<i>finasteride</i>	63
<i>etravirine</i>	7	<i> fingolimod hcl</i>	47
EUCRISA.....	82	FINTEPLA.....	41
EULEXIN	14	FIRMAGON	14
<i>everolimus</i>	18	FLEBOGAMMA DIF	68
<i>everolimus (immunosuppressant)</i>	69	<i>flecainide acetate</i>	28
EVOTAZ TAB 300-150	8	<i>fluconazole</i>	6
<i>exemestane</i>	14	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	6
EXXUA.....	34	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	6
EXXUA TITRATION PACK	34	<i>flucytosine</i>	6
EYSUVIS.....	75	<i>fludrocortisone acetate</i>	57
<i>ezetimibe</i>	29	<i>flunisolide (nasal)</i>	78
<i>ezetimibe-simvastatin tab 10-10 mg</i>	29	<i>fluocinolone acetonide</i>	81
<i>ezetimibe-simvastatin tab 10-20 mg</i>	29	<i>fluocinolone acetonide (otic)</i>	75
<i>ezetimibe-simvastatin tab 10-40 mg</i>	29	<i>fluocinonide</i>	81
<i>ezetimibe-simvastatin tab 10-80 mg</i>	29	<i>fluocinonide emulsified base</i>	82
F		<i>fluorometholone (ophth)</i>	74
FABRAZYME	58	<i>fluorouracil</i>	13
<i>falmina</i>	53	<i>fluorouracil (topical)</i>	82
<i>famciclovir</i>	9	<i>fluoxetine hcl</i>	35
<i>famotidine</i>	61	<i>fluphenazine decanoate</i>	38
<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	61	<i>fluphenazine hcl</i>	38
FANAPT	38	<i>flurbiprofen</i>	2
FANAPT PAK PACK A.....	38	<i>flurbiprofen sodium</i>	74
FANAPT PAK PACK B.....	38	<i>fluticasone furoate-vilanterol aero</i> <i>powd ba 100-25 mcg/act</i>	79
FANAPT PAK PACK C.....	38	<i>fluticasone furoate-vilanterol aero</i> <i>powd ba 200-25 mcg/act</i>	79
FARXIGA.....	49	<i>fluticasone propionate</i>	82
FASENRA	77	<i>fluticasone propionate (nasal)</i>	79
FASENRA PEN.....	77	<i>fluticasone-salmeterol aer powder ba</i> <i>100-50 mcg/act</i>	79
<i>feirza 1/20</i>	53	<i>fluticasone-salmeterol aer powder ba</i> <i>250-50 mcg/act</i>	79
<i>feirza 1.5/30</i>	53	<i>fluticasone-salmeterol aer powder ba</i> <i>500-50 mcg/act</i>	79
<i>felbamate</i>	41	<i>fluvoxamine maleate</i>	33
<i>felodipine</i>	30	<i>fondaparinux sodium</i>	64
<i>fenofibrate</i>	28	<i>fosamprenavir calcium</i>	7
<i>fenofibrate micronized</i>	28		
<i>fentanyl</i>	2		
FETZIMA.....	34		
FETZIMA CAP TITRATIO	35		

<i>fosfomycin tromethamine</i>	4
<i>fosinopril sodium</i>	26
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 10-12.5 mg</i>	25
<i>fosinopril sodium & hydrochlorothiazide</i> <i>tab 20-12.5 mg</i>	26
FOTIVDA.....	18
FRINDOVYX.....	13
FRUZAQLA	18
FULPHILA.....	64
<i>fulvestrant</i>	14
<i>furosemide</i>	31
<i>furosemide inj</i>	31
<i>fyavolv tab 0.5mg-2.5mcg</i>	56
<i>fyavolv tab 1mg-5mcg</i>	56
G	
<i>gabapentin</i>	41
<i>galantamine hydrobromide</i>	33
<i>gallifrey</i>	59
GAMASTAN INJ	68
GAMMAGARD LIQUID	68
GAMMAGARD LIQUID ERC.....	68
GAMMAGARD S/D IGA LESS TH	68
GAMMAKED.....	68
GAMMAPLEX.....	68
GAMUNEX-C.....	69
<i>ganciclovir sodium</i>	9
GARDASIL 9	70
<i>gatifloxacin (ophth)</i>	74
GATTEX	62
GAUZE PADS 2	51
<i>gavilyte-c</i>	62
<i>gavilyte-g</i>	62
<i>gavilyte-n/flavor pack</i>	62
GAVRETO	18
<i>gefitinib</i>	18
<i>gemcitabine hcl</i>	13
<i>gemfibrozil</i>	28
GEMTESA.....	63
<i>generlac</i>	62
<i>engraf</i>	69
GENOTROPIN	58
GENOTROPIN MINISQUICK.....	58
<i>gentamicin in saline inj 0.8 mg/ml</i>	4
<i>gentamicin in saline inj 1.2 mg/ml</i>	4
<i>gentamicin in saline inj 1.6 mg/ml</i>	4
<i>gentamicin in saline inj 1 mg/ml</i>	4

<i>gentamicin in saline inj 2 mg/ml</i>	4
<i>gentamicin sulfate</i>	4
<i>gentamicin sulfate (ophth)</i>	74
<i>gentamicin sulfate (topical)</i>	80
GENVOYA TAB.....	8
GILOTRIF.....	18
<i>glatiramer acetate</i>	47
<i>glatopa</i>	47
<i>glimepiride</i>	49
<i>glipizide</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49
<i>glipizide-metformin hcl tab 5-500 mg</i>	49
<i>glycopyrrolate</i>	61
<i>glydo</i>	82
GLYXAMBI TAB 10-5 MG	49
GLYXAMBI TAB 25-5 MG	49
GOMEKLI	18
<i>granisetron hcl</i>	60
<i>griseofulvin microsize</i>	6
<i>griseofulvin ultramicrosize</i>	6
<i>guanfacine hcl</i>	32
<i>guanfacine hcl (adhd)</i>	45
GVOKE HYOPEN 1-PACK	57
GVOKE HYOPEN 2-PACK	57
GVOKE KIT.....	57
GVOKE PFS	57
H	
HADLIMA	66
HADLIMA PUSHTOUCH.....	66
HAEGARDA.....	65
<i>hailey 1.5/30</i>	53
<i>hailey fe 1/20</i>	53
<i>halobetasol propionate</i>	82
<i>haloperidol</i>	38
<i>haloperidol decanoate</i>	38
<i>haloperidol lactate</i>	38
HAVRIX	70
<i>heather</i>	53
<i>heparin sodium (porcine)</i>	64
HEPLISAV-B	70
HEP SOD/NAACL INJ 25000UNT	64
HERCEP HYLEC SOL 60-10000	19
HERCEPTIN	19
HERCESSI.....	19

HERNEXEOS	19	<i>imipenem-cilastatin intravenous for</i>	
HERZUMA	19	<i>soln 500 mg</i>	5
HIBERIX	70	<i>imipramine hcl</i>	35
HUMULIN R U-500 KWIKPEN	51	<i>imiquimod</i>	83
<i>hydralazine hcl</i>	32	IMKELDI	19
<i>hydrochlorothiazide</i>	31	IMOVAX RABIES (H.D.C.V.)	70
<i>hydrocodone-acetaminophen soln 7.5-</i>		INBRIJA	36
<i>325 mg/15ml</i>	3	<i>incassia</i>	53
<i>hydrocodone-acetaminophen tab 10-</i>		INCRELEX	58
<i>325 mg</i>	3	INCRUSE ELLIPTA	76
<i>hydrocodone-acetaminophen tab 5-325</i>		<i>indapamide</i>	31
<i>mg</i>	3	INFANRIX INJ	70
<i>hydrocodone-acetaminophen tab 7.5-</i>		INFLIXIMAB	66
<i>325 mg</i>	3	INLURIYO	14
<i>hydrocodone bitartrate</i>	2	INLYTA	19
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>		INQOVI TAB 35-100MG	13
.....	3	INREBIC	19
<i>hydrocortisone</i>	57	INSULIN PEN NEEDLES: EMBECTA-BD	
<i>hydrocortisone (intrarectal)</i>	61		51
<i>hydrocortisone (rectal)</i>	82	INSULIN SAFETY NEEDLES: EMBECTA-	
<i>hydrocortisone (topical)</i>	82	BD	51
<i>hydrocortisone sod succinate</i>	57	INSULIN SYRINGES: EMBECTA-BD ..	51
<i>hydrocortisone valerate</i>	82	INTELENCE	7
<i>hydrocortisone w/ acetic acid otic soln</i>		INTRALIPID	73
<i>1-2%</i>	75	<i>introvale</i>	53
<i>hydromorphone hcl</i>	3	INVEGA HAFYERA	38
<i>hydroxychloroquine sulfate</i>	68	INVEGA SUSTENNA	38
<i>hydroxyurea</i>	15	INVEGA TRINZA	38
<i>hydroxyzine hcl</i>	76	IPOL INJ INACTIVE	70
<i>hydroxyzine pamoate</i>	76	<i>ipratropium-albuterol nebu soln 0.5-</i>	
HYRNUO	19	<i>2.5(3) mg/3ml</i>	76
I		<i>ipratropium bromide</i>	76
<i>ibandronate sodium</i>	52	<i>ipratropium bromide (nasal)</i>	76
IBRANCE	19	<i>ipratropium bromide hfa</i>	76
IBTROZI	19	<i>irbesartan</i>	28
<i>ibu</i>	2	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>ibuprofen</i>	2	<i>150-12.5 mg</i>	27
<i>icatibant acetate</i>	65	<i>irbesartan-hydrochlorothiazide tab</i>	
<i>iclevia</i>	53	<i>300-12.5 mg</i>	27
ICLUSIG	19	<i>irinotecan hcl</i>	15
IDHIFA	19	ISENTRESS	7
IDVYNZO TAB 100-0.25	8	ISENTRESS HD	7
<i>imatinib mesylate</i>	19	<i>isibloom</i>	53
IMBRUVICA	19	ISOLYTE-P INJ /D5W	71
<i>imipenem-cilastatin intravenous for</i>		ISOLYTE-S INJ PH 7.4	71
<i>soln 250 mg</i>	4	<i>isoniazid</i>	9
		<i>isosorbide dinitrate</i>	32

<i>isosorbide mononitrate</i>	32
<i>isotretinoin</i>	80
ISTURISA.....	58
ITOVEBI	19
<i>itraconazole</i>	6
<i>ivabradine hcl</i>	32
<i>ivermectin</i>	5
IWILFIN.....	16
IXIARO INJ.....	70

J

JAKAFI	19
<i>jantoven</i>	64
JANUMET XR TAB 100-1000.....	49
JANUMET XR TAB 50-1000	49
JANUMET XR TAB 50-500MG.....	49
JARDIANCE	49
<i>jasmiel</i>	53
<i>javygtor</i>	58
JAYPIRCA	19, 20
<i>jencycla</i>	53
JENTADUETO TAB 2.5-1000.....	49
JENTADUETO TAB 2.5-500	49
JENTADUETO TAB 2.5-850	49
JENTADUETO TAB XR 2.5-1000MG ...	49
JENTADUETO TAB XR 5-1000MG	49
<i>jinteli</i>	56
<i>jolessa</i>	54
JOURNAVX.....	2
<i>juleber</i>	54
JULUCA TAB 50-25MG	8
<i>junel 1/20</i>	54
<i>junel 1.5/30</i>	54
<i>junel fe 1/20</i>	54
<i>junel fe 1.5/30</i>	54
JYLAMVO	68
JYNNEOS	70

K

KADCYLA	20
KALETRA SOL.....	8
KALYDECO	77
KANJINTI	20
<i>kariva</i>	54
KCL/D5W/NACL INJ 0.15/0.2	72
KCL/D5W/NACL INJ 0.3/0.9%.....	72
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	71

<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	71
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	71
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	71
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	72
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	71
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	72
<i>kelnor 1/35</i>	54
KERENDIA.....	26
KESIMPTA	47
<i>ketoconazole</i>	6
<i>ketoconazole (topical)</i>	80
<i>ketorolac tromethamine (ophth)</i>	74
KEYTRUDA	20
KEYTRUDA INJ QLEX 395-4800 MG- UNIT/2.4ML.....	20
KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML.....	20
KINERET	66
KINRIX INJ.....	70
<i>kionex</i>	52
KISQALI 200 DOSE	20
KISQALI 400 DOSE	20
KISQALI 600 DOSE	20
<i>klayesta</i>	80
<i>klor-con</i>	72
<i>klor-con 10</i>	72
<i>klor-con 8</i>	72
<i>klor-con m10</i>	72
<i>klor-con m15</i>	72
<i>klor-con m20</i>	72
KLOXXADO.....	48
KOMZIFTI	20

KOSELUGO.....	20
<i>kourzeq</i>	83
KRAZATI.....	20
<i>kurvelo</i>	54
L	
<i>labetalol hcl</i>	30
<i>lacosamide</i>	41
<i>lacosamide oral</i>	41
<i>lactated ringer's solution</i>	72
<i>lactic acid (ammonium lactate)</i>	83
<i>lactulose</i>	62
<i>lactulose (encephalopathy)</i>	62
<i>lamivudine</i>	7
<i>lamivudine (hbv)</i>	9
<i>lamivudine-zidovudine tab 150-300 mg</i>	8
<i>lamotrigine</i>	42
<i>lanreotide acetate</i>	58
<i>lansoprazole</i>	63
LANTUS	51
LANTUS SOLOSTAR	51
<i>lapatinib ditosylate</i>	20
<i>larin 1/20</i>	54
<i>larin 1.5/30</i>	54
<i>larin fe 1/20</i>	54
<i>larin fe 1.5/30</i>	54
<i>latanoprost</i>	75
LAZCLUZE.....	20
<i>leflunomide</i>	68
<i>lenalidomide</i>	15
LENVIMA 10 MG DAILY DOSE	20
LENVIMA 12MG DAILY DOSE	20
LENVIMA 20 MG DAILY DOSE	20
LENVIMA 4 MG DAILY DOSE	20
LENVIMA 8 MG DAILY DOSE	20
LENVIMA CAP 14 MG	20
LENVIMA CAP 18 MG	21
LENVIMA CAP 24 MG	21
LEQEMBI IQLIK.....	33
<i>lessina</i>	54
<i>letrozole</i>	14
<i>leucovorin calcium</i>	16
LEUKERAN	13
LEUKINE	65
<i>leuprolide acetate</i>	14
<i>levalbuterol tartrate</i>	77
<i>levetiracetam</i>	42

<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	42
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	42
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	42
<i>levobunolol hcl</i>	75
<i>levocarnitine (metabolic modifiers)</i> ...	58
<i>levocetirizine dihydrochloride</i>	76
<i>levofloxacin</i>	11
<i>levofloxacin in d5w iv soln 250</i> mg/50ml	11
<i>levofloxacin in d5w iv soln 500</i> mg/100ml	11
<i>levofloxacin in d5w iv soln 750</i> mg/150ml	11
levonest.....	54
<i>levonorgestrel & ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i>	54
<i>levonorgestrel & ethinyl estradiol tab</i> 0.1 mg-20 mcg	54
<i>levonorgestrel-eth estra tab 0.05-</i> 30/0.075-40/0.125-30mg-mcg	54
<i>levothyroxine sodium</i>	59
<i>levoxyl</i>	60
<i>l-glutamine (sickle cell)</i>	65
<i>lidocaine</i>	82
<i>lidocaine hcl</i>	82
<i>lidocaine hcl (local anesth.)</i>	2
<i>lidocaine hcl (mouth-throat)</i>	83
<i>lidocaine-prilocaine cream 2.5-2.5%</i> ..	82
<i>lidocan</i>	82
LIFYORLI CAP 125MG DS	14
LIFYORLI CAP 150MG DS	14
LILETTA	54
<i>linezolid</i>	5
LINEZOLID INJ 2MG/ML.....	5
LINZESS	62
<i>liomny</i>	60
<i>liothyronine sodium</i>	60
<i>lisinopril</i>	26
<i>lisinopril & hydrochlorothiazide tab 10-</i> 12.5 mg	26
<i>lisinopril & hydrochlorothiazide tab 20-</i> 12.5 mg	26
<i>lisinopril & hydrochlorothiazide tab 20-</i> 25 mg.....	26

<i>lithium</i>	46
<i>lithium carbonate</i>	46
LIVTENCITY	9
<i>loestrin 1/20-21</i>	54
<i>loestrin 1.5/30-21</i>	54
<i>loestrin fe 1/20</i>	54
<i>loestrin fe 1.5/30</i>	54
LOKELMA	52
<i>lomustine</i>	13
LONSURF TAB 15-6.14.....	13
LONSURF TAB 20-8.19.....	13
<i>loperamide hcl</i>	62
<i>lopinavir-ritonavir tab 100-25 mg</i>	8
<i>lopinavir-ritonavir tab 200-50 mg</i>	8
<i>lorazepam</i>	33
<i>lorazepam intensol</i>	33
LORBRENA	21
<i>loryna</i>	54
<i>losartan potassium</i>	28
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	27
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 27	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	27
LOTEMAX	74
<i>loteprednol etabonate-tobramycin</i> <i>ophth susp 0.5-0.3%</i>	73
<i>lovastatin</i>	29
<i>loxapine succinate</i>	38
<i>lubiprostone</i>	62
<i>luizza 1/20</i>	54
<i>luizza 1.5/30</i>	54
LUMAKRAS	21
LUMIGAN	75
LUMIZYME	58
LUPRON DEPOT (1-MONTH).....	14
LUPRON DEPOT (3-MONTH).....	14
LUPRON DEPOT-PED (1-MONTH	58
LUPRON DEPOT-PED (3-MONTH	58
LUPRON DEPOT-PED (6-MONTH	58
<i>lurasidone hcl</i>	38
<i>lutra</i>	54
LYBALVI TAB 10-10MG	38
LYBALVI TAB 15-10MG	38

LYBALVI TAB 20-10MG	39
LYBALVI TAB 5-10MG	38
<i>lyleq</i>	54
<i>lyllana</i>	56
LYNPARZA.....	21
LYSODREN	14
LYTGOBI (12 MG DAILY DOSE)	21
LYTGOBI (16 MG DAILY DOSE)	21
LYTGOBI (20 MG DAILY DOSE)	21
<i>lyza</i>	54
M	
<i>macitentan</i>	32
<i>magnesium sulfate</i>	72
MAGNESIUM SULFATE	72
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	72
<i>malathion</i>	83
<i>maraviroc</i>	7
<i>marlissa</i>	54
MARPLAN	35
MATULANE	16
MAVYRET PAK 50-20MG.....	9
MAVYRET TAB 100-40MG	9
<i>meclizine hcl</i>	60
<i>medroxyprogesterone acetate</i>	59
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	54
<i>mefloquine hcl</i>	6
<i>megestrol acetate</i>	14, 59
<i>megestrol acetate (appetite)</i>	59
MEKINIST	21
MEKTOVI	21
<i>meleya</i>	54
<i>meloxicam</i>	2
<i>memantine hcl</i>	33
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	33
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	33
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	33
MENQUADFI	70
MENVEO INJ.....	70
MENVEO SOL.....	70
<i>mercaptapurine</i>	13
<i>meropenem</i>	5
<i>mesalamine</i>	61

<i>mesalamine w/ cleanser</i>	61	<i>molindone hcl</i>	39
<i>mesna</i>	16	<i>mometasone furoate</i>	82
<i>metformin hcl</i>	49	<i>MONJUVI</i>	21
<i>methadone hcl</i>	2, 3	<i>mono-lynyah</i>	54
<i>methadone hydrochloride i</i>	3	<i>montelukast sodium</i>	77
<i>methazolamide</i>	31	<i>morphine sulfate</i>	3
<i>methenamine hippurate</i>	5	<i>MOUNJARO</i>	49
<i>methimazole</i>	60	<i>MOVANTIK</i>	62
<i>methotrexate sodium</i>	14, 68	<i>moxifloxacin hcl</i>	11
<i>methsuximide</i>	42	<i>moxifloxacin hcl (ophth)</i>	74
<i>methylphenidate hcl</i>	45	<i>moxifloxacin hcl 400 mg/250ml in</i> <i>sodium chloride 0.8% inj</i>	11
<i>methylprednisolone</i>	57	<i>MRESVIA</i>	70
<i>methylprednisolone acetate</i>	57	<i>MULTAQ</i>	28
<i>methylprednisolone sod succ</i>	57	<i>multiple electrolytes ph 5.5</i>	72
<i>metoclopramide hcl</i>	60	<i>mupirocin</i>	80
<i>metolazone</i>	31	<i>mycophenolate mofetil</i>	69
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-25 mg</i>	30	<i>mycophenolate sodium</i>	69
<i>metoprolol & hydrochlorothiazide tab</i> <i>100-50 mg</i>	30	N	
<i>metoprolol & hydrochlorothiazide tab</i> <i>50-25 mg</i>	29	<i>nabumetone</i>	2
<i>metoprolol succinate</i>	30	<i>nadolol</i>	30
<i>metoprolol tartrate</i>	30	<i>nafcillin sodium</i>	12
<i>metronidazole</i>	5	<i>NAGLAZYME</i>	58
<i>metronidazole (topical)</i>	83	<i>naloxone hcl</i>	48
<i>metronidazole vaginal</i>	64	<i>naltrexone hcl</i>	48
<i>metyrosine</i>	32	<i>NAMZARIC CAP 7-10MG</i>	34
<i>micafungin sodium</i>	6	<i>naproxen</i>	2
<i>microgestin 1/20</i>	54	<i>naproxen sodium</i>	2
<i>microgestin 1.5/30</i>	54	<i>naratriptan hcl</i>	46
<i>microgestin fe 1/20</i>	54	<i>NATACYN</i>	74
<i>microgestin fe 1.5/30</i>	54	<i>nateglinide</i>	49
<i>midodrine hcl</i>	32	<i>NAYZILAM</i>	42
<i>MIEBO</i>	75	<i>nebivolol hcl</i>	30
<i>mifepristone (hyperglycemia)</i>	58	<i>necon 0.5/35-28</i>	54
<i>mili</i>	54	<i>nefazodone hcl</i>	35
<i>mimvey</i>	56	<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> 74	
<i>minocycline hcl</i>	12	<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i> ..	74
<i>minoxidil</i>	32	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	73
<i>mirtazapine</i>	35	<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	73
<i>misoprostol</i>	62	<i>neomycin-polymyxin-hc ophth susp</i> ..	73
<i>M-M-R II INJ</i>	70	<i>neomycin-polymyxin-hc otic soln 1%</i> 75	
<i>M-NATAL PLUS TAB</i>	72	<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	75
<i>modafinil</i>	47, 48		
<i>MODEYSO</i>	16		
<i>moexipril hcl</i>	26		

<i>neomycin sulfate</i>	5	<i>nortrel 7/7/7</i>	55
NERLYNX	21	<i>nortriptyline hcl</i>	35
<i>neuac</i>	80	NORVIR	7
<i>nevirapine</i>	7	NOVOLIN INJ 70/30	51
NEXLETOL	29	NOVOLIN INJ 70/30 FP	51
NEXLIZET TAB 180/10MG	29	NOVOLIN N	51
NEXPLANON	55	NOVOLIN N FLEXPEN	51
<i>niacin (antihyperlipidemic)</i>	29	NOVOLIN R	51
NICOTROL NS	48	NOVOLIN R FLEXPEN	51
<i>nifedipine</i>	30	NOVOLOG	51
<i>nikki</i>	55	NOVOLOG FLEXPEN	51
<i>nilotinib hcl</i>	21	NOVOLOG MIX INJ 70/30	51
<i>nilutamide</i>	14	NOVOLOG MIX INJ FLEXPEN	51
<i>nimodipine</i>	30	NOVOLOG PENFILL	51
NINLARO	21	NUBEQA	15
<i>nintedanib esylate</i>	77	NUCALA	77
<i>nitazoxanide</i>	5	NUEDEXTA CAP 20-10MG	46
<i>nitisinone</i>	58	NULOJIX	69
<i>nitro-bid</i>	32	NUPLAZID	39
<i>nitrofurantoin macrocrystal</i>	5	NURTEC	46
<i>nitrofurantoin monohyd macro</i>	5	NUTRILIPID	73
<i>nitroglycerin</i>	32	NUZYRA	12
<i>nitroglycerin (intra-anal)</i>	83	<i>nyamyc</i>	80
<i>nizatidine</i>	61	<i>nylia 1/35</i>	55
<i>nora-be</i>	55	<i>nylia 7/7/7</i>	55
<i>norelgestromin-ethinyl estradiol td</i>		<i>nystatin</i>	6
<i>ptwk 150-35 mcg/24hr</i>	55	<i>nystatin (mouth-throat)</i>	83
<i>norethindrone (contraceptive)</i>	55	<i>nystatin (topical)</i>	80
<i>norethindrone ace & ethinyl estradiol</i>		<i>nystop</i>	80
<i>tab 1.5 mg-30 mcg</i>	55	●	
<i>norethindrone ace & ethinyl estradiol</i>		OCTAGAM	69
<i>tab 1 mg-20 mcg</i>	55	<i>octreotide acetate</i>	58
<i>norethindrone acetate</i>	59	ODEFSEY TAB	8
<i>norethindrone acetate-ethinyl estradiol</i>		ODOMZO	21
<i>tab 0.5 mg-2.5 mcg</i>	56	OFEV	78
<i>norethindrone acetate-ethinyl estradiol</i>		<i>ofloxacin (ophth)</i>	74
<i>tab 1 mg-5 mcg</i>	57	<i>ofloxacin (otic)</i>	75
<i>norgestimate & ethinyl estradiol tab</i>		OGIVRI	21
<i>0.25 mg-35 mcg</i>	55	OGSIVEO	21
<i>norgestimate-eth estrad tab 0.18-</i>		OJEMDA	21, 22
<i>25/0.215-25/0.25-25 mg-mcg</i>	55	OJJAARA	22
<i>norgestimate-eth estrad tab 0.18-</i>		<i>olanzapine</i>	39
<i>35/0.215-35/0.25-35 mg-mcg</i>	55	<i>olmesartan-amlodipine-</i>	
<i>norlyroc</i>	55	<i>hydrochlorothiazide tab 20-5-12.5</i>	
<i>nortrel 0.5/35 (28)</i>	55	<i>mg</i>	27
<i>nortrel 1/35 (21)</i>	55		
<i>nortrel 1/35 (28)</i>	55		

<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	27	OTEZLA TAB 10/20/30	66
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	27	OTEZLA XR	66
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	27	oxacillin sodium	12
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	27	oxaliplatin	13
<i>olmesartan medoxomil</i>	28	oxcarbazepine	42
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	27	oxybutynin chloride	63, 64
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	27	oxycodone hcl	3
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .	27	oxycodone w/ acetaminophen tab 10- 325 mg.....	3
<i>omega-3-acid ethyl esters cap 1 gm</i> .	29	oxycodone w/ acetaminophen tab 2.5- 325 mg.....	3
omeprazole	63	oxycodone w/ acetaminophen tab 5- 325 mg.....	3
OMNIPOD 5 DX KIT INT G7G6	51	oxycodone w/ acetaminophen tab 7.5- 325 mg.....	3
OMNIPOD 5 DX MIS POD G7G6	51	OZEMPIC	50
OMNIPOD5 LIB KIT INTRO.....	51	OZEMPIC (0.25 OR 0.5MG/DOSE)	50
OMNIPOD5 LIB MIS PODS	51	OZEMPIC (1MG/DOSE)	50
OMNIPOD DASH KIT INTRO	51	OZEMPIC (2MG/DOSE)	50
OMNIPOD DASH MIS PODS	51	P	
ondansetron	60	<i>pacerone</i>	28
ondansetron hcl	60	<i>paclitaxel</i>	16
ONTRUZANT	22	<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	16
ONUREG	14	<i>paliperidone</i>	39
OPIPZA.....	39	<i>pamidronate disodium</i>	52
ORGOVYX	15	PAMIDRONATE DISODIUM.....	52
ORKAMBI GRA 100-125	78	PANRETIN	83
ORKAMBI GRA 150-188	78	<i>pantoprazole sodium</i>	63
ORKAMBI GRA 75-94MG	78	PANZYGA	69
ORKAMBI TAB 100-125.....	78	<i>paricalcitol</i>	60
ORKAMBI TAB 200-125.....	78	<i>paroxetine hcl</i>	35
<i>orquidea</i>	55	PAXLOVID PAK	9
ORSERDU	15	PAXLOVID TAB 150-100	9
<i>oseltamivir phosphate</i>	9	PAXLOVID TAB 300-100	9
OSPOMYV	52	<i>pazopanib hcl</i>	22
OTEZLA	66	PEDIARIX INJ 0.5ML	70
OTEZLA/XR TAB 28 DAY.....	67	PEDVAXHIB.....	70
OTEZLA TAB 10/20.....	66	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	62
		<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	62
		PEGASYS	9
		PELLIX.....	81
		PEMAZYRE	22
		<i>pemetrexed disodium</i>	14
		PENBRAYA INJ	70

<i>penicillamine</i>	52	PIQRAY 250MG TAB DOSE.....	22
<i>penicillin g potassium</i>	12	PIQRAY 300MG DAILY DOSE	22
<i>penicillin g sodium</i>	12	<i>pirfenidone</i>	78
<i>penicillin v potassium</i>	12	<i>piroxicam</i>	2
PENMENVY INJ.....	70	<i>plenamine</i>	73
PENTACEL INJ	70	PLENVU SOL.....	62
<i>pentamidine isethionate inh</i>	5	<i>podofilox</i>	83
<i>pentamidine isethionate inj</i>	5	<i>polymyxin b sulfate</i>	5
<i>pentoxifylline</i>	65	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>perampanel</i>	42	10000 unit/ml-0.1%	74
<i>perindopril erbumine</i>	26	<i>pomalidomide</i>	15
<i>periogard</i>	83	POMALYST	15
<i>permethrin</i>	83	<i>portia-28</i>	55
<i>perphenazine</i>	39	<i>posaconazole</i>	6
<i>pfizerpen</i>	12	<i>potassium chloride</i>	72
<i>phenelzine sulfate</i>	35	<i>potassium chloride 20 meq/l (0.15%)</i>	
<i>phenobarbital</i>	42	<i>in dextrose 5% inj</i>	72
<i>phenobarbital sodium</i>	42	<i>potassium chloride microencapsulated</i>	
<i>phenytek</i>	42	<i>crystals er</i>	72
<i>phenytoin</i>	42	<i>potassium citrate (alkalinizer)</i>	63
<i>phenytoin sodium</i>	42	POT CHL 20MEQ/L IN NACL 0.45% INJ	
<i>phenytoin sodium extended</i>	42		72
PHESGO SOL.....	22	POT CHL 20MEQ/L IN NACL 0.9% INJ	
<i>philith</i>	55		72
PIFELTRO	7	POT CHL 40MEQ/L IN NACL 0.9% INJ	
<i>pilocarpine hcl</i>	75		72
<i>pilocarpine hcl (oral)</i>	83	<i>pramipexole dihydrochloride</i>	36
<i>pimecrolimus</i>	83	<i>prasugrel hcl</i>	65
<i>pimozide</i>	39	<i>pravastatin sodium</i>	29
<i>pimtrea</i>	55	<i>praziquantel</i>	5
<i>pindolol</i>	30	<i>prazosin hcl</i>	26
<i>pioglitazone hcl</i>	50	<i>prednisolone</i>	57
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone acetate (ophth)</i>	74
500 mg	50	PREDNISOLONE SODIUM PHOSP	74
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prednisolone sodium phosphate</i>	57
850 mg	50	<i>prednisone</i>	57
<i>piperacillin sod-tazobactam na for inj</i>		PREDNISONE INTENSOL	57
3.375 gm (3-0.375 gm)	12	<i>pregabalin</i>	42, 43
<i>piperacillin sod-tazobactam sod for inj</i>		PREMASOL SOL 10%	73
13.5 gm (12-1.5 gm).....	12	PRENATAL TAB 27-1MG	72
<i>piperacillin sod-tazobactam sod for inj</i>		PRENATAL TAB PLUS	72
2.25 gm (2-0.25 gm).....	12	PRETOMANID	9
<i>piperacillin sod-tazobactam sod for inj</i>		PREVYMIS.....	9
4.5 gm (4-0.5 gm)	12	PREZCOBIX TAB 675/150.....	8
<i>piperacillin sod-tazobactam sod for inj</i>		PREZCOBIX TAB 800-150.....	8
40.5 gm (36-4.5 gm).....	12	PREZISTA	7
PIQRAY 200MG DAILY DOSE.....	22	PRIFTIN.....	9

<i>primaquine phosphate</i>	6
PRIMAQUINE PHOSPHATE	6
<i>primidone</i>	43
PRIORIX INJ	70
PRIVIGEN	69
<i>probenecid</i>	2
<i>prochlorperazine</i>	60
<i>prochlorperazine edisylate</i>	61
<i>prochlorperazine maleate</i>	61
PROCRT	65
<i>proctocort</i>	83
<i>procto-med hc</i>	83
<i>proctosol hc</i>	83
<i>proctozone-hc</i>	83
<i>progesterone</i>	59
PROGRAF	69
PROLASTIN-C	78
<i>promethazine hcl</i>	61
<i>propafenone hcl</i>	28
<i>proparacaine hcl</i>	75
<i>propranolol hcl</i>	30
<i>propylthiouracil</i>	60
PROQUAD INJ	70
PROSOL INJ 20%	73
<i>protriptyline hcl</i>	35
PULMOZYME	78
<i>pyrazinamide</i>	9
<i>pyridostigmine bromide</i>	46
<i>pyrimethamine</i>	5
PYZCHIVA	67
Q	
QINLOCK	22
QUADRACEL INJ 0.5ML	70
<i>quetiapine fumarate</i>	39
<i>quinapril hcl</i>	26
<i>quinidine sulfate</i>	28
<i>quinine sulfate</i>	6
QULIPTA	46
R	
RABAVERT INJ	70
RALDESY	35
<i>raloxifene hcl</i>	58
<i>ramelteon</i>	45
<i>ramipril</i>	26
<i>ranolazine</i>	32
<i>rasagiline mesylate</i>	36
<i>reclipsen</i>	55

RECOMBIVAX HB	70
REDEMPLO	29
RELENZA DISKHALER	9
<i>relgaabi</i>	43
RENFLEXIS	67
<i>repaglinide</i>	50
REPATHA	29
REPATHA SURECLICK	29
RESTASIS	75
RESTASIS MULTIDOSE	75
RETEVMO	22
REVCovi	58
REVUFORJ	22
REXULTI	39
REYATAZ	7
REZDIFFRA	59
REZLIDHIA	22
REZUROCK	69
RHOPRESSA	75
<i>ribavirin (hepatitis c)</i>	9
<i>rifabutin</i>	9
<i>rifampin</i>	9
<i>rilpivirine hcl</i>	7
<i>riluzole</i>	47
<i>rimantadine hydrochloride</i>	9
RINVOQ	67
RINVOQ LQ	67
<i>risperidone</i>	39
<i>risperidone microspheres</i>	39, 40
<i>ritonavir</i>	7
<i>rivaroxaban</i>	64
<i>rivastigmine</i>	34
<i>rivastigmine tartrate</i>	34
<i>rizatriptan benzoate</i>	46
ROCKLATAN DRO	75
<i>roflumilast</i>	78
ROMVIMZA	22
<i>ropinirole hydrochloride</i>	36
<i>rosuvastatin calcium</i>	29
ROTARIX SUS	70
ROTATEQ SOL	70
<i>roweepra</i>	43
ROZLYTREK	22
RUBRACA	22
<i>rufinamide</i>	43
RUKOBIA	7
RYDAPT	22

S	
<i>sacubitril-valsartan tab 24-26 mg</i>	27
<i>sacubitril-valsartan tab 49-51 mg</i>	27
<i>sacubitril-valsartan tab 97-103 mg</i> ...	27
<i>sajazir</i>	65
SANTYL	83
<i>sapropterin dihydrochloride</i>	59
SCEMBLIX.....	23
<i>scopolamine</i>	61
SECUADO	40
<i>selegiline hcl</i>	36
<i>selenium sulfide</i>	81
SELZENTRY.....	7
SEREVENT DISKUS.....	77
<i>sertraline hcl</i>	35
<i>setlakin</i>	55
<i>sevelamer carbonate</i>	59
<i>sharobel</i>	55
SHINGRIX	70, 71
SIGNIFOR	59
SIKLOS.....	65
<i>sildenafil citrate (pulmonary hypertension)</i>	32
<i>silver sulfadiazine</i>	80
SIMBRINZA SUS 1-0.2%.....	75
<i>simliya</i>	55
<i>simvastatin</i>	29
<i>sirolimus</i>	69
SIRTURO	9
<i>sitagliptin phosphate</i>	50
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i>	50
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i>	50
SKYRIZI.....	67
SKYRIZI PEN	67
<i>sodium chloride</i>	72
<i>sodium chloride (gu irrigant)</i>	83
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	73
<i>sodium oxybate</i>	48
<i>sodium phenylbutyrate</i>	59
<i>sodium polystyrene sulfonate</i>	52
<i>sodium polystyrene sulfonate powder</i>	52
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	62
<i>solifenacin succinate</i>	64
SOLQUA INJ 100/33	51
SOLTAMOX.....	15
SOLU-CORTEF	57
SOMATULINE DEPOT	59
SOMAVERT.....	59
<i>sorafenib tosylate</i>	23
<i>sotalol hcl</i>	28
<i>sotalol hcl (afib/afl)</i>	28
SPIRIVA RESPIMAT	76
<i>spironolactone</i>	26
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	31
<i>sprintec 28</i>	55
<i>sps</i>	52
<i>sps rectal</i>	52
<i>ssd</i>	80
STIVARGA.....	23
<i>streptomycin sulfate</i>	5
STRIBILD TAB	8
<i>subvenite</i>	43
SUBVENITE	43
<i>sucralfate</i>	62
<i>sulfacetamide sodium (acne)</i>	80
<i>sulfacetamide sodium (ophth)</i>	74
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	73
<i>sulfadiazine</i>	5
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	5
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	5
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	5
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	5
SULFAMYLON	80
<i>sulfasalazine</i>	61
<i>sulindac</i>	2
<i>sumatriptan</i>	46
<i>sumatriptan succinate</i>	46
<i>sunitinib malate</i>	23
SUNLENCA.....	7
<i>syeda</i>	55
SYMPAZAN	43
SYMTUZA TAB	8
SYNAREL	59

SYNTHROID	60
T	
TABLOID.....	14
TABRECTA.....	23
<i>tacrolimus</i>	70
<i>tacrolimus (topical)</i>	83
<i>tadalafil</i>	63
<i>tadalafil (pulmonary hypertension)</i> ...	32
TAFINLAR	23
TAGRISSO	23
TALICIA CAP	62
TALZENNA	23
<i>tamoxifen citrate</i>	15
<i>tamsulosin hcl</i>	63
<i>tarina fe 1/20 eq</i>	55
TARPEYO	63
<i>tasimelteon</i>	45
TAVNEOS	65
<i>tazarotene</i>	81
<i>tazicef</i>	10
TECENTRIQ	23
TECENTRIQ INJ HYBREZA.....	23
<i>telmisartan</i>	28
<i>temazepam</i>	45
TENIVAC INJ 5-2LF.....	71
<i>tenofovir disoproxil fumarate</i>	7
TEPMETKO	23
<i>terazosin hcl</i>	26
<i>terbinafine hcl</i>	6
<i>terbutaline sulfate</i>	77
<i>terconazole vaginal</i>	64
<i>testosterone</i>	48
<i>testosterone cypionate</i>	48
<i>testosterone enanthate</i>	48
<i>testosterone pump</i>	48
<i>tetrabenazine</i>	47
<i>tetracycline hcl</i>	12
THALOMID	15
<i>theophylline</i>	78
<i>thioridazine hcl</i>	40
<i>thiothixene</i>	40
<i>tiadylt er</i>	31
<i>tiagabine hcl</i>	43
TIBSOVO	23
<i>ticagrelor</i>	65
TICOVAC.....	71
<i>tigecycline</i>	12

<i>tilia fe</i>	55
<i>timolol maleate</i>	30
<i>timolol maleate (ophth)</i>	75
<i>tinidazole</i>	5
TIVICAY	7
TIVICAY PD	7
<i>tizanidine hcl</i>	47
TOBI PODHALER	5
TOBRADEX OIN 0.3-0.1%	73
<i>tobramycin</i>	5
<i>tobramycin (ophth)</i>	74
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i>	73
<i>tobramycin sulfate</i>	5
<i>tofacitinib citrate</i>	67
<i>tolterodine tartrate</i>	64
<i>tolvaptan</i>	59
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	59
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	59
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	59
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	59
<i>topiramate</i>	43
<i>toremifene citrate</i>	15
<i>torpenz</i>	23
<i>torsemide</i>	31
TOUJEO MAX SOLOSTAR.....	51
TOUJEO SOLOSTAR	51
TPN ELECTROL INJ	72
TRADJENTA.....	50
<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i>	4
<i>tramadol hcl</i>	4
<i>trandolapril</i>	26
<i>tranexamic acid</i>	65
<i>tranylcypromine sulfate</i>	35
TRAVASOL INJ 10%	73
TRAZIMERA.....	23
<i>trazodone hcl</i>	35
TRELEGY AER ELLIPTA 100-62.5-25 MCG	76
TRELEGY AER ELLIPTA 200-62.5-25 MCG	76
TREMFYA	67

TREMFYA INDUCTION PACK FO	67	<i>tri-vylibra</i>	56
TREMFYA PEN	67	<i>tri-vylibra lo</i>	56
<i>treprostinil</i>	32	TROGARZO	7
<i>tretinoin</i>	80	TROPHAMINE INJ 10%.....	73
<i>tretinoin (chemotherapy)</i>	16	<i>trospium chloride</i>	64
<i>triamcinolone acetonide (mouth)</i>	83	TRULICITY	50
<i>triamcinolone acetonide (topical)</i>	82	TRUMENBA.....	71
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	31	TRUQAP.....	23
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	31	TRUXIMA	23
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	31	TUKYSA	23
<i>tridacaine iii</i>	82	TURALIO.....	23
<i>triderm</i>	82	<i>turqoz</i>	56
<i>trientine hcl</i>	52	<i>twice-daily clindamycin phosphate</i> (topical).....	80
<i>tri-estarylla</i>	55	TWINRIX INJ	71
<i>trifluoperazine hcl</i>	40	TYENNE	68
<i>trifluridine</i>	74	TYMLOS.....	52
<i>trihexyphenidyl hcl</i>	36	TYPHIM VI.....	71
TRIJARDY XR TAB ER 24HR 10-5- 1000MG	50	U	
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG	50	UBRELVY	46
TRIJARDY XR TAB ER 24HR 25-5- 1000MG	50	<i>unithroid</i>	60
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG	50	UPTRAVI	32, 33
TRIKAFTA PAK 59.5MG	78	UPTRAVI PACK TAB 200/800	33
TRIKAFTA PAK 75MG	78	<i>ursodiol</i>	62
TRIKAFTA TAB 100-50-75MG & 150MG	78	V	
TRIKAFTA TAB 50-25-37.5MG & 75MG	78	<i>valacyclovir hcl</i>	9
<i>tri-legest fe</i>	55	VALCHLOR	83
<i>tri-linyah</i>	55	<i>valganciclovir hcl</i>	9, 10
<i>tri-lo-estarylla</i>	55	<i>valproate sodium</i>	43
<i>tri-lo-marzia</i>	55	<i>valproic acid</i>	43
<i>tri-lo-mili</i>	55	<i>valsartan</i>	28
<i>tri-lo-sprintec</i>	55	<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	27
<i>trimethoprim</i>	5	<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	27
<i>tri-mili</i>	55	<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	28
<i>trimipramine maleate</i>	35	<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	28
TRINTELLIX.....	35	<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	27
<i>tri-sprintec</i>	55	VALTOCO 10 MG DOSE	43
TRIUMEQ PD TAB.....	8	VALTOCO 15 MG DOSE	43
TRIUMEQ TAB	9	VALTOCO 20 MG DOSE	43
		VALTOCO 5 MG DOSE	43
		<i>valtya 1/35</i>	56
		<i>valtya 1/50</i>	56

<i>vancomycin hcl</i>	5, 6
VANCOMYCIN INJ 1 GM	6
VANCOMYCIN INJ 500MG	6
VANCOMYCIN INJ 750MG	6
VANFLYTA	23
VAQTA	71
<i>varenicline tartrate</i>	48
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	48
VARIVAX	71
VASCEPA	29
VAXCHORA SUS	71
<i>velivet</i>	56
VELSIPITY	68
VENCLEXTA	24
VENCLEXTA TAB START PK	24
<i>venlafaxine hcl</i>	35
VEPPANU	15
<i>verapamil hcl</i>	31
VERQUVO	32
VERSACLOZ	40
VERZENIO	24
<i>vestura</i>	56
<i>vienva</i>	56
<i>vigabatrin</i>	43
<i>vigadrone</i>	43
VIGAFYDE	44
<i>vilazodone hcl</i>	35
VIMKUNYA	71
<i>vincristine sulfate</i>	16
<i>vinorelbine tartrate</i>	16
<i>violele</i>	56
VIRACEPT	8
VIREAD	8
VITRAKVI	24
VIVIMUSTA	13
VIVITROL	48
VIVOTIF CAP EC	71
VONJO	24
VOQUEZNA PAK DUAL PAK	62
VOQUEZNA PAK TRIP PK	62
VORANIGO	24
<i>voriconazole</i>	6
VOSEVI TAB	10
VOWST CAP	62
VRAYLAR	40
<i>vyfemla</i>	56

<i>vylibra</i>	56
VYNDAMAX	32
VYVGART	69
VYZULTA	75
W	
<i>warfarin sodium</i>	64
<i>water for irrigation, sterile irrigation soln</i>	83
WEGOVY	59
WELIREG	16
<i>wera</i>	56
WESTAB PLUS TAB 27-1MG	73
WINREVAIR	33
WINREVAIR INJ 45MG	33
WINREVAIR INJ 60MG	33
<i>wixela inhub</i>	79
WYOST	52
X	
XALKORI	24
<i>xarah fe</i>	56
XARELTO	64
XARELTO STAR TAB 15/20MG	64
XATMEP	68
XCOPRI	44
XCOPRI PAK 100-150	44
XCOPRI PAK 12.5-25	44
XCOPRI PAK 150-200MG (MAINTENANCE)	44
XCOPRI PAK 150-200MG (TITRATION)	44
XCOPRI PAK 50-100MG	44
XDEMVY	74
XERMELO	63
XHANCE	79
XIFAXAN	6, 63
XIIDRA	75
XOLAIR	78
XOSPATA	24
XPOVIO PAK (100 MG ONCE WEEKLY)	24
XPOVIO PAK (40 MG ONCE WEEKLY) 24	
XPOVIO PAK (40 MG TWICE WEEKLY)	24
XPOVIO PAK (60 MG ONCE WEEKLY) 24	
XPOVIO PAK (60 MG TWICE WEEKLY)	24
XPOVIO PAK (80 MG ONCE WEEKLY) 24	

XPOVIO PAK (80 MG TWICE WEEKLY)	ZENPEP CAP 25000UNT	63
.....24	ZENPEP CAP 3000UNIT	63
XTANDI	ZENPEP CAP 40000UNT	63
15	ZENPEP CAP 5000UNIT	63
XTRENBO	ZENPEP CAP 60000UNT	63
52	ZERVIATE	74
<i>xulane</i>	<i>zidovudine</i>	8
56	<i>ziprasidone hcl</i>	40
XULTOPHY INJ 100/3.6	<i>ziprasidone mesylate</i>	40
51	ZIRABEV	25
Y	ZIRGAN	74
YESINTEK	<i>zoledronic acid</i>	52
68	ZOLINZA.....	25
YF-VAX INJ.....	<i>zolpidem tartrate</i>	45
71	ZONISADE	44
YONSA	<i>zonisamide</i>	44
15	<i>zovia 1/35</i>	56
<i>yulithira</i>	ZTALMY	44
24	<i>zumandimine</i>	56
YUTREPIA	ZURZUVAE	35
33	ZYKADIA.....	25
<i>yuvaferm</i>	ZYMFENTRA 2-PEN	68
57	ZYMFENTRA 2-SYRINGE	68
Z	ZYPREXA RELPREVV	40
<i>zafemy</i>		
56		
<i>zafirlukast</i>		
77		
ZARXIO		
65		
ZEJULA.....		
25		
ZELBORAF.....		
25		
<i>zelvysia</i>		
59		
<i>zenatane</i>		
80		
ZENPEP CAP 10000UNT		
63		
ZENPEP CAP 15000UNT		
63		
ZENPEP CAP 20000UNT		
63		

This formulary was updated on 08/26/2026. For more recent information or other questions, please call our dedicated Medicare prescription helpline at 1-855-222-3183 (toll free), or, for TTY/TDD users, 711. Representatives are available 24 hour a day, 7 days a week. Or visit sharpmedicareadvantage.com.



SHARP Health Plan

Consider us your personal health care assistant®

sharpmedicareadvantage.com

1-855-562-8853, TTY / TDD users call 711