



# CarePartners of Connecticut PPO 2024 Formulary (List of Covered Drugs)

CarePartners of Connecticut PPO Plans

**PLEASE READ: This document contains information about the drugs we cover in this plan**

24525 Version 14

This formulary was updated on 08/01/2024. For more recent information or other questions, please contact CarePartners of Connecticut Member Services at **1-866-632-0060** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **[www.carepartnersct.com](http://www.carepartnersct.com)**.

# CarePartners of Connecticut PPO 2024 Formulary (List of Covered Drugs)

**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 CarePartners of Connecticut.

When it refers to “plan” or “our plan,” it means CarePartners of Connecticut PPO.

This document includes a list of the drugs (formulary) for our plan which is current as of August 2024.

For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

## What is the CarePartners of Connecticut Formulary?

A formulary is a list of covered drugs selected by CarePartners of Connecticut 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. CarePartners of Connecticut will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CarePartners of Connecticut network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section titled “*How do I request an exception to the CarePartners of Connecticut Formulary?*”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “*How do I request an exception to the CarePartners of Connecticut Formulary?*”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 2024. To get updated information about the drugs covered by CarePartners of Connecticut, please contact us. Our contact information appears on the front and back cover pages. In the event of a mid-year non-maintenance formulary change, you will be notified via an errata sheet.

## 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 Drugs*.” 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 63. 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?**

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

### **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** CarePartners of Connecticut requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CarePartners of Connecticut before you fill your prescriptions. If you don’t get approval, CarePartners of Connecticut may not cover the drug.
- **Quantity Limits:** For certain drugs, CarePartners of Connecticut limits the amount of the drug that CarePartners of Connecticut will cover. For example, CarePartners of Connecticut provides 30 tablets per prescription for *ramelteon*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CarePartners of Connecticut requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CarePartners of Connecticut may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CarePartners of Connecticut 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 web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CarePartners of Connecticut to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section “*How do I request an exception to the CarePartners of Connecticut 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 Member Services and ask if your drug is covered.

If you learn that CarePartners of Connecticut does not cover your drug, you have two options:

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

## **How do I request an exception to the CarePartners of Connecticut Formulary?**

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can

request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

As a current member, if you are admitted to or discharged from a long-term facility and experience an unplanned drug change, you can request that we approve a one-time, temporary fill of the non-covered medication to allow you time to discuss a transition plan with your physician. Your physician can also request an exception to coverage for the non-covered drug based on review for medical necessity following the standard exception process outlined previously. The temporary "first fill" will generally be up to a 31-day supply, but may be extended to allow you and your physician time to manage the complexities of multiple medications or when special circumstances warrant. You can request a temporary prescription fill by calling the CarePartners of Connecticut Member Services department.

## **For more information**

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

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

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

## CarePartners of Connecticut Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by CarePartners of Connecticut. If you have trouble finding your drug in the list, turn to the Index that begins on page 63.

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

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

### **PA BvD: Medicare Part B or D**

These drugs require prior authorization to determine appropriate coverage under Medicare Part B or Part D. Some Part B drugs may require a 20% coinsurance.

### **QL: Quantity Limit Applies**

Because of potential safety and utilization concerns, CarePartners of Connecticut has placed dispensing limitations on a small number of prescription drugs. This means that the pharmacy will only dispense a certain quantity of a drug within a given time period. These quantities are based on recognized standards of care, such as U.S. Food and Drug Administration recommendations for use. If your doctor believes you need a quantity greater than the program limitation, your doctor can submit a request for coverage under the Medical Review Process. The Medical Review Process allows you or your doctor to ask CarePartners of Connecticut to make an exception to our coverage rules. See the section, “*How do I request an exception to the CarePartners of Connecticut Formulary?*” on page V for information about how to request an exception.

### **EC: Enhanced Coverage Drug**

This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

### **HI: Home Infusion Drug**

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call CarePartners of Connecticut Member Services at **1-866-632-0060** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30, or visit **[www.carepartnersct.com](http://www.carepartnersct.com)**.

## **PA: Prior Authorization Required**

The Prior Authorization process encourages rational prescribing of drug products with significant safety and/or financial concerns. A provider can submit a request for coverage based on a member's medical need for a particular drug. If approved, the member pays the designated tier copayment. An appeal process exists for denied requests.

## **PA NSO: Prior Authorization for New Starts Only:**

The Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

## **ST: Step Therapy Prior Authorization Applies**

Step Therapy is an automated form of Prior Authorization, which uses claims history for approval of a drug at the point of sale. Step Therapy Programs help encourage the clinically proven use of first-line therapies and are designed to ensure the utilization of the most therapeutically appropriate and cost-effective agents first, before other treatments may be covered.

Members who are currently on drugs that meet the initial Step Therapy criteria will automatically be able to fill their prescriptions for a stepped medication. If the member does not meet the initial Step Therapy criteria, the prescription will deny at the point of sale with a message indicating that Prior Authorization (PA) is required. Physicians may submit Prior Authorization requests to CarePartners of Connecticut for members who do not meet the Step Therapy criteria at the point of sale under the Medical Review process. The Medical Review Process allows you or your doctor to ask CarePartners of Connecticut to make an exception to our coverage rules. See the section, *"How do I request an exception to the CarePartners of Connecticut Formulary?"* on page V for information about how to request an exception.

## **ST NSO: Step Therapy Prior Authorization Applies to New Starts Only**

The Step Therapy Prior Authorization restriction only applies if you are a new member or have not taken this drug before.

## **NEDS: Non-extended Day Supply Drug**

In an effort to contain drug costs, certain high-cost drugs will be limited up to a 30-day supply per fill.

## **SP: Available Through a Designated Special Pharmacy Provider**

You have the option to obtain this drug through a designated Specialty Pharmacy provider. These pharmacies specialize in supplying a select number of medications directly to our members. They also provide free delivery to your home, educational support 24/7 by phone, support of nurses and pharmacists, and will work closely with your doctor. Medications include, but are not limited to, drugs used in the treatment of multiple sclerosis, hepatitis C, rheumatoid arthritis, and cancers treated with oral medications.

Optum Specialty Pharmacy: **1-844-265-1705**



## **Additional coverage**

**Diabetic Testing Supplies:** Diabetic testing supplies including blood glucose monitors, blood glucose test strips, lancet devices, lancets, glucose control solutions, and Continuous Glucose Monitoring Systems (CGMs) are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Our preferred coverage is as follows:

- OneTouch Test Strips
- OneTouch Meters (Quantity Limit: 1 meter per 180 days)
- Covered therapeutic Continuous Glucose Monitors (CGMs) include Dexcom and FreeStyle Libre products that are considered Durable Medical Equipment (DME) by Medicare (Requires prior authorization)

**Part B Vaccines:** Certain vaccines are covered under the plan's medical benefit and can be obtained at participating retail pharmacies. Vaccines covered under Part B include:

- COVID-19 vaccines
- Flu vaccines
- Pneumonia vaccines (i.e. Pneumovax 23 & Prevnar 13)

**Part B Oral Anti-Cancer Drugs:** Certain oral anti-cancer drugs are covered under the plan's medical benefit at participating retail or mail-order pharmacies. Oral Anti-Cancer Drugs covered under Part B include:

- Alkeran Tablet
- Capecitabine Tablet
- Etoposide Capsule
- Hycamtin Capsule
- Melphalan Tablet
- Myleran Tablet
- Temozolomide Capsule

Prescription Drug Benefits: Initial Coverage	CarePartners Access		
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.	<ul style="list-style-type: none"> <li>• There is no deductible for CarePartners Access.</li> <li>• You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</li> <li>• You may get your drugs at network retail pharmacies and mail order pharmacies.</li> </ul>		
Retail Cost Sharing—Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
<b>Tier 1</b> (Preferred Generic)	\$0	\$0	\$0
<b>Tier 2</b> (Generic)	\$0	\$0	\$0
<b>Tier 3</b> (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
<b>Tier 4</b> (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
<b>Tier 5</b> (Specialty Tier)	33% of the cost	N/A	N/A
<b>Tier 6</b> (Vaccines)	\$0	N/A	N/A
Retail Cost Sharing—Non-Preferred Pharmacy			
Tier	30-day supply	60-day supply	90-day supply
<b>Tier 1</b> (Preferred Generic)	\$10	\$20	\$30
<b>Tier 2</b> (Generic)	\$15	\$30	\$45
<b>Tier 3</b> (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)
<b>Tier 4</b> (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)
<b>Tier 5</b> (Specialty Tier)	33% of the cost	N/A	N/A
<b>Tier 6</b> (Vaccines)	\$0	N/A	N/A
Mail Order Cost Sharing			
Tier	30-day supply	60-day supply	90-day supply
<b>Tier 1</b> (Preferred Generic)	\$0	\$0	\$0
<b>Tier 2</b> (Generic)	\$0	\$0	\$0
<b>Tier 3</b> (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)
<b>Tier 4</b> (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$200 (Insulin: \$70)
<b>Tier 5</b> (Specialty Tier)	33% of the cost	N/A	N/A
<b>Tier 6</b> (Vaccines)	N/A	N/A	N/A
	If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy. You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.		

Prescription Drug Benefits: Coverage Gap	CarePartners Access			
	<p>Most Medicare drug plans have a coverage gap (also called the “Donut Hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$5,030.</p> <p>After you enter the coverage gap, you pay nothing for covered Tier 6 vaccine drugs obtained through a retail pharmacy, 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs. The table below shows your cost share for insulin during this stage. You stay in this stage until your costs total \$8,000, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>			
	Insulin			
		30-day supply	60-day supply	90-day supply
	Retail cost sharing	\$35	\$70	\$105
	Mail order cost sharing	\$35	\$70	\$70

Prescription Drug Benefits: Catastrophic Coverage	CarePartners Access			
	<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$8,000, you pay nothing. During this payment stage, the plan pays the full cost for your covered Part D drugs.</p>			

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<b>Anti-infective Agents</b>		
<b>Anthelmintics</b>		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	3	
<i>praziquantel tabs</i>	3	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	HI
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	4	HI
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE	5	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
AVYCAZ	5	NEDS; HI
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	4	HI
<i>aztreonam inj 1gm</i>	4	HI
<i>aztreonam inj 2gm</i>	5	NEDS; HI
BAXDELA TABS	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA; NEDS
<i>cefaclor caps</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	4	HI
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	4	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	4	HI
<i>cefdinir</i>	3	
<i>cefepime</i>	4	HI
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose</i>	4	HI
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	4	HI

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone in iso-osmotic dextrose</i>	4	HI
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	HI
<i>ceftriaxone/dextrose inj 1gm; 3.74%</i>	4	HI
<i>cefuroxime axetil tabs</i>	2	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	4	HI
<i>cephalexin caps, susr</i>	2	
<i>ciprofloxacin hcl tabs 750mg</i>	2	
<i>ciprofloxacin hcl tabs 100mg</i>	3	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	2	
<i>ciprofloxacin i.v.-in d5w</i>	4	HI
<i>ciprofloxacin susr 500mg/5ml, 5gm/100ml</i>	4	
<i>clarithromycin er</i>	3	
<i>clarithromycin tabs</i>	3	
<i>clarithromycin susr</i>	4	
<i>clindamycin hcl caps 300mg</i>	2	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	2	
<i>clindamycin palmitate hydrochloride</i>	2	
<i>clindamycin phosphate/dextrose</i>	4	HI
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/60ml, 900mg/6ml</i>	4	HI
<i>colistimethate sodium inj</i>	5	NEDS; HI
DALVANCE	3	HI
<i>daptomycin</i>	5	NEDS; HI
<i>daptomycin/sodium chloride</i>	4	HI
<i>demeclocycline hcl tabs</i>	4	
<i>dicloxacillin sodium</i>	2	
DIFICID	5	NEDS
DOXY 100	3	HI
<i>doxycycline</i>	4	
<i>doxycycline hyclate caps</i>	3	
<i>doxycycline hyclate inj</i>	3	HI
<i>doxycycline hyclate tabs 100mg, 20mg, 50mg</i>	3	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	3	
<i>doxycycline monohydrate tabs</i>	3	
<i>ertapenem</i>	4	HI
<i>ertapenem sodium</i>	4	HI
<i>erythromycin base tabs</i>	4	
<i>erythromycin dr</i>	4	
<i>erythromycin ethylsuccinate susr, tabs</i>	4	
<i>erythromycin cpep 250mg</i>	4	
FIRVANQ	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	HI
<i>gentamicin sulfate inj 40mg/ml</i>	4	HI
<i>imipenem/cilastatin</i>	4	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	HI
<i>levofloxacin in d5w</i>	4	HI
<i>levofloxacin inj 25mg/ml</i>	4	HI
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	4	
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	4	HI
<i>meropenem</i>	4	HI
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
<i>nafcillin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>neomycin sulfate tabs</i>	2	
<b>NUZYRA TABS</b>	5	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	3	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	4	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium</i>	5	NEDS; HI
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
<b>SIVEXTRO TABS</b>	5	NEDS
<i>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
<b>SUPRAX CHEW</b>	4	
<b>SUPRAX SUSR 500MG/5ML</b>	4	
<b>TAZICEF INJ 6GM</b>	4	HI
<i>tazicef inj 1gm, 2gm</i>	4	HI
<b>TEFLARO</b>	5	NEDS; HI
<i>tetracycline hydrochloride caps</i>	3	
<b>TOBI PODHALER</b>	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	HI
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps, oral solr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	4	HI
<i>vancomycin inj 0.9%; 500mg/100ml, 0.9%; 750mg/150ml</i>	4	HI
VIBRAMYCIN SYRP	4	
XENLETA TABS	5	NEDS
XIFAXAN TABS 200MG	4	
XIFAXAN TABS 550MG	5	PA; NEDS
ZERBAXA	5	NEDS; HI
ZOSYN INJ 1GM/50ML; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	4	HI
<b>Antifungals</b>		
ABELCET	4	PA
<i>amphotericin b liposome</i>	5	PA; NEDS
<i>amphotericin b inj</i>	2	PA
<i>casposfungin acetate inj 70mg</i>	4	
<i>casposfungin acetate inj 50mg</i>	5	NEDS
<i>fluconazole in sodium chloride</i>	4	
<i>fluconazole susr, tabs</i>	2	
<i>flucytosine caps</i>	5	NEDS
<i>griseofulvin microsize</i>	4	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	4	
<i>itraconazole caps</i>	2	
<i>itraconazole soln</i>	3	
<i>ketoconazole tabs 200mg</i>	2	
<i>micafungin inj 100mg</i>	3	
<i>micafungin inj 50mg</i>	5	NEDS
NOXAFIL PACK, SUSP	5	NEDS
<i>nystatin susp 100000unit/ml</i>	2	
<i>nystatin tabs 500000unit</i>	2	
<i>posaconazole dr</i>	5	NEDS
<i>posaconazole susp</i>	5	NEDS
<i>terbinafine hcl tabs</i>	2	QL(42 EA per 42 days)
<i>voriconazole tabs</i>	4	
<i>voriconazole susr</i>	5	NEDS
<i>voriconazole inj</i>	5	PA; NEDS
<b>Antimycobacterials</b>		
<i>dapsone tabs</i>	4	
<i>ethambutol hydrochloride</i>	3	
<i>isoniazid tabs</i>	2	
<i>isoniazid syrp</i>	4	
PASER	4	
PRIFTIN	3	
<i>pyrazinamide tabs</i>	2	
<i>rifabutin</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>rifampin caps</i>	3	
<i>rifampin inj</i>	4	
SIRTURO	5	PA; NEDS
TRECTOR	4	
<b>Antiprotozoals</b>		
<i>atovaquone/proguanil hcl</i>	4	
<i>atovaquone susp</i>	5	NEDS
BENZNIDAZOLE	4	
<i>chloroquine phosphate tabs</i>	2	
COARTEM	3	QL(24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	
IMPAVIDO	5	NEDS
<i>mefloquine hcl</i>	2	
<i>metronidazole inj 500mg/100ml</i>	4	HI
<i>metronidazole tabs 250mg, 500mg</i>	2	
<i>nitazoxanide tabs</i>	3	
<i>paromomycin sulfate caps</i>	4	
<i>pentamidine isethionate inj</i>	3	
<i>pentamidine isethionate inhalation solr</i>	3	PA BvD
<i>primaquine phosphate tabs</i>	2	
<i>pyrimethamine tabs</i>	3	
<i>quinine sulfate caps 324mg</i>	4	PA
SOLOSEC	4	
<i>tinidazole tabs</i>	4	
<b>Antivirals</b>		
<i>abacavir</i>	4	
<i>abacavir sulfate/lamivudine</i>	4	
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	NEDS
<i>acyclovir sodium inj 50mg/ml</i>	2	PA
<i>acyclovir caps 200mg</i>	2	
<i>acyclovir susp 200mg/5ml</i>	3	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	4	
APTIVUS CAPS	5	NEDS
<i>atazanavir</i>	4	
<i>atazanavir sulfate caps 300mg</i>	4	
BIKTARVY	5	NEDS
<i>cidofovir</i>	5	NEDS
CIMDUO	5	NEDS
COMPLERA	5	NEDS
<i>darunavir</i>	5	NEDS
DELSTRIGO	3	
DESCOVY	5	NEDS
DOVATO	5	NEDS
EDURANT	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	NEDS
<i>efavirenz caps</i>	3	
<i>efavirenz tabs</i>	4	
<i>emtricitabine</i>	3	
<i>emtricitabine/tenofovir disoproxil</i>	5	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	4	
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg</i>	5	NEDS
EMTRIVA SOLN	3	
<i>entecavir</i>	4	
EPCLUSA	5	PA; NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	3	
<i>etravirine tabs 200mg</i>	5	NEDS
EVOTAZ	5	NEDS
<i>famciclovir tabs</i>	4	
<i>fosamprenavir calcium</i>	5	NEDS
FUZEON	5	NEDS
GENVOYA	5	NEDS
HARVONI PACK	5	PA; NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	5	PA; NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	3	
ISENTRESS HD	5	QL(60 EA per 30 days); NEDS
ISENTRESS PACK	3	
ISENTRESS TABS	5	QL(120 EA per 30 days); NEDS
ISENTRESS CHEW 25MG	3	QL(720 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days); NEDS
JULUCA	5	NEDS
LAGEVRIO	3	QL(40 EA per 5 days)
<i>lamivudine</i>	3	
<i>lamivudine/zidovudine</i>	4	
LEXIVA SUSP	3	
LIVTENCITY	5	PA; NEDS
<i>lopinavir/ritonavir soln</i>	3	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	3	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	4	
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days); NEDS
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days); NEDS
MAVYRET	5	PA; NEDS; SP-Optum Specialty
<i>nevirapine er</i>	4	
<i>nevirapine tabs</i>	3	
<i>nevirapine susp</i>	4	
NORVIR PACK, SOLN	3	
ODEFSEY	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate caps, susr</i>	3	
PAXLOVID TBPK 150MG; 100MG	3	QL(20 EA per 5 days); \$0 Copay
PAXLOVID TBPK 150MG; 100MG	3	QL(30 EA per 5 days); \$0 Copay
PEGASYS	5	QL(4 ML per 28 days); NEDS; SP-Optum Specialty
PIFELTRO	5	NEDS
PREVYMIS TABS	5	PA; NEDS
PREZCOBIX	5	NEDS
PREZISTA SUSP	5	NEDS
PREZISTA TABS 75MG	4	
PREZISTA TABS 150MG, 600MG, 800MG	5	NEDS
RELENZA DISKHALER	3	
REYATAZ PACK	5	NEDS
<i>ribavirin tabs 200mg</i>	3	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	4	
<i>ritonavir</i>	3	
RUKOBIA	5	NEDS
SELZENTRY SOLN	3	QL(1800 ML per 30 days)
SELZENTRY TABS 25MG	4	
SELZENTRY TABS 75MG	5	NEDS
STRIBILD	5	NEDS
SUNLENCA TBPK	5	NEDS
SYMTUZA	5	NEDS
TEMIXYS	5	NEDS
<i>tenofovir disoproxil fumarate</i>	4	
TIVICAY PD	4	
TIVICAY TABS 10MG	3	
TIVICAY TABS 25MG, 50MG	5	NEDS
TRIUMEQ	5	NEDS
TRIUMEQ PD	5	NEDS
TRIZIVIR	5	NEDS
<i>valacyclovir hydrochloride tabs</i>	3	
<i>valganciclovir</i>	3	
<i>valganciclovir hydrochloride</i>	5	NEDS
VEMLIDY	5	NEDS
VIRACEPT TABS 250MG	3	
VIRACEPT TABS 625MG	5	NEDS
VIREAD POWD	5	NEDS
VIREAD TABS 150MG, 200MG, 250MG	5	NEDS
VOSEVI	5	PA; NEDS; SP-Optum Specialty
XOFLUZA TBPK 40MG, 80MG	3	QL(1 EA per 7 days)
XOFLUZA TBPK 20MG	3	QL(2 EA per 7 days)
<i>zidovudine</i>	3	
<b>Urinary Anti-infectives</b>		
<i>fosfomycin tromethamine</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate</i>	4	
<i>methenamine mandelate tabs 0.5gm, 1gm</i>	2	
<i>nitrofurantoin macrocrystals caps 100mg, 50mg</i>	3	
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	
<i>trimethoprim tabs</i>	2	
<b>Antihistamine Drugs</b>		
<b>First Generation Antihistamines</b>		
<i>cyproheptadine hcl syrj</i>	4	
<i>cyproheptadine hydrochloride tabs</i>	4	
<i>diphenhydramine hydrochloride inj</i>	2	
<i>promethazine hcl inj</i>	2	
<i>promethazine hcl tabs 12.5mg</i>	3	
<i>promethazine hydrochloride plain</i>	3	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	3	
<b>Second Generation Antihistamines</b>		
<i>desloratadine</i>	1	
<i>desloratadine odt</i>	4	
<i>levocetirizine dihydrochloride tabs</i>	1	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
<i>abiraterone acetate</i>	5	PA NSO; NEDS; SP-Optum Specialty
AKEEGA	5	PA NSO; NEDS
ALECENSA	5	PA NSO; NEDS; SP-Optum Specialty
ALUNBRIG	5	PA NSO; NEDS
AUGTYRO	5	PA NSO; NEDS
AYVAKIT	5	QL(30 EA per 30 days); PA NSO; NEDS
BALVERSA	5	PA NSO; NEDS
BESREMI	5	PA NSO; NEDS
<i>bexarotene caps 75mg</i>	5	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	2	
<i>bortezomib inj 1mg, 2.5mg</i>	4	
<i>bortezomib inj 3.5mg/1.4ml, 3.5mg</i>	5	NEDS
BOSULIF CAPS 50MG	5	PA NSO; NEDS
BOSULIF CAPS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
BOSULIF TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	5	PA NSO; NEDS; SP-Optum Specialty
BRUKINSA	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	5	PA NSO; NEDS; SP-Optum Specialty
CALQUENCE TABS	5	PA NSO; NEDS
CALQUENCE CAPS	5	PA NSO; NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	5	QL(30 EA per 30 days); PA NSO; NEDS
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA NSO; NEDS
COMETRIQ	5	PA NSO; NEDS; SP-Optum Specialty
COPIKTRA	5	PA NSO; NEDS; SP-Optum Specialty
COTELLIC	5	PA NSO; NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	4	PA BvD
<i>cyclophosphamide caps</i>	4	PA BvD; SP-Optum Specialty
DARZALEX	5	NEDS
DAURISMO	5	PA NSO; NEDS; SP-Optum Specialty
<i>docetaxel inj 160mg/8ml, 20mg/ml, 80mg/4ml</i>	4	
DROXIA	3	
EMCYT	3	
ERIVEDGE	5	PA NSO; NEDS; SP-Optum Specialty
ERLEADA TABS 240MG	5	PA NSO; NEDS
ERLEADA TABS 60MG	5	PA NSO; NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	5	QL(30 EA per 30 days); NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	5	QL(90 EA per 30 days); NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	5	QL(60 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
EXKIVITY	5	PA NSO; NEDS
<i>flutamide</i>	3	
FOTIVDA	5	PA NSO; NEDS
FRUZAQLA	5	PA NSO; NEDS
GAVRETO	5	PA NSO; NEDS; SP-Optum Specialty
<i>gefitinib</i>	5	PA NSO; NEDS
GILOTRIF	5	PA NSO; NEDS
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS
IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	5	PA NSO; NEDS
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	5	PA NSO; NEDS
JYLAMVO	4	PA BvD
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
KYPROLIS	5	NEDS
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty

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LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	5	PA NSO; NEDS
MATULANE	5	NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	3	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	5	PA NSO; NEDS
OJJAARA	5	PA NSO; NEDS
ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	5	NEDS
ORSERDU	5	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO; NEDS
RETEVMO	5	PA NSO; NEDS; SP-Optum Specialty
REVLIMID	5	PA NSO; NEDS
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK PACK	5	PA NSO; NEDS
ROZLYTREK CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
TAGRISSE	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUQAP	5	PA NSO; NEDS
TRUSELTIQ	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VANFLYTA	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
VOTRIENT	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	5	PA NSO; NEDS
XALKORI CPSP	5	PA NSO; NEDS
XALKORI CAPS	5	PA NSO; NEDS; SP-Optum Specialty
XATMEP	4	PA BvD
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
YERVOY	5	NEDS
YONSA	5	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty
<b>Antitoxins, Immune Globulins, Toxoids, and Vaccines</b>		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
CUVITRU	5	PA BvD; NEDS
FLEBOGAMMA DIF	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID	5	PA BvD; NEDS; HI
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMUNEX-C	5	PA BvD; NEDS; HI
HIZENTRA	5	PA BvD; NEDS
OCTAGAM	5	PA BvD; NEDS; HI
PANZYGA	5	PA BvD; NEDS; HI
PRIVIGEN	5	PA BvD; NEDS; HI
VARIZIG INJ 125UNIT/1.2ML	6	
<i>Toxoids</i>		
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
<i>Vaccines</i>		

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Drug Name	Drug Tier	Requirements/Limits
ABRYSVO	6	
ACTHIB	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
DENGVAXIA	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXCHIQ	6	
IXIARO	6	
JYNNEOS	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	6	
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENBRAYA	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
YF-VAX	6	
<b>Autonomic Drugs</b>		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	3	QL(180 EA per 90 days)
ATROVENT HFA	3	QL(77.4 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
YUPELRI	5	PA BvD; NEDS
<b>Autonomic Drugs, Miscellaneous</b>		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month box</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	3	QL(60 EA per 30 days)
<b>Parasympathomimetic (Cholinergic) Agents</b>		
<i>bethanechol chloride tabs</i>	2	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	NEDS
<i>pyridostigmine bromide tabs 60mg</i>	3	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	
<i>dantrolene sodium caps</i>	4	
FEXMID	4	
<i>tizanidine hcl caps 4mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	3	
<i>tizanidine hydrochloride caps 2mg</i>	4	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Smoking Cessation Agents</b>		
<i>varenicline tartrate tabs 1mg</i>	3	QL(60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Sympatholytic (Adrenergic Blocking) Agents</b>		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	1	
<b>Sympathomimetic (Adrenergic) Agents</b>		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	
<i>albuterol sulfate syrp</i>	4	
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
<i>droxidopa</i>	5	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	3	QL(3 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	4	PA BvD
<i>midodrine hcl</i>	3	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
<b>Blood Formation,Coagulation &amp; Thrombosis</b>		
<b>Antihemorrhagic Agents</b>		
<i>aminocaproic acid</i>	2	
<i>tranexamic acid</i>	3	
<b>Antithrombotic Agents</b>		
<i>anagrelide hydrochloride</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium</i>	3	
<i>heparin sodium/d5w</i>	2	
<i>jantoven</i>	1	
<i>prasugrel hydrochloride</i>	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
<b><i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i></b>		
OXBRYTA	5	NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
TAVALISSE	5	QL(60 EA per 30 days); NEDS
<b><i>Hematopoietic Agents</i></b>		
DOPTELET	5	PA; NEDS; SP-Optum Specialty
MOZOBIL	5	NEDS
NEULASTA	5	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	5	NEDS
<i>plerixafor</i>	5	NEDS
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA ONBODY	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty
ZIEXTENZO	5	NEDS; SP-Optum Specialty
<b><i>Hemorrhologic Agents</i></b>		
<i>pentoxifylline er</i>	2	
<b>Cardiovascular Drugs</b>		

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Drug Name	Drug Tier	Requirements/Limits
<b>alpha-Adrenergic Blocking Agents</b>		
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
<b>Antilipemic Agents</b>		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	3	
<i>cholestyramine pack, powd</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 160mg, 54mg</i>	1	
<i>fenofibrate tabs 145mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>icosapent ethyl</i>	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NEDS
LIVALO	3	
<i>lovastatin tabs</i>	1	
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	4	
<i>pitavastatin calcium</i>	1	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	4	
<b>beta-Adrenergic Blocking Agents</b>		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol tabs</i>	4	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
<b>Calcium-Channel Blocking Agents</b>		
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er cp24</i>	2	
<i>diltiazem hydrochloride er tb24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride tabs 120mg</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	

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<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er cp24 200mg</i>	3	
<i>verapamil hydrochloride er tbcr 180mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
<b>Cardiac Drugs</b>		
<i>amiodarone hydrochloride tabs</i>	1	
CAMZYOS	5	QL(30 EA per 30 days); PA; NEDS
CORLANOR	4	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	3	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	3	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	3	
MULTAQ	3	
NORPACE CR	4	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
<b>Hypotensive Agents</b>		
<i>clonidine</i>	4	
<i>clonidine hydrochloride</i>	1	
<i>clonidine hydrochloride er</i>	4	
<i>hydralazine hcl</i>	2	
<i>hydralazine hydrochloride</i>	2	
<i>minoxidil</i>	2	
<b>Renin-Angiotensin-Aldosterone Sys Inhib</b>		
<i>aliskiren</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
<b>ENTRESTO</b>	3	
<i>eplerenone</i>	3	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
<b>KERENDIA</b>	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	
<i>spironolactone tabs</i>	2	
<b>TEKTURNA HCT</b>	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
<b>Vasodilating Agents</b>		
<i>alyq</i>	5	PA; NEDS; SP-Optum Specialty
<i>dipyridamole</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
<b>NITRO-BID</b>	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	3	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	

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<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>vardenafil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<i>vardenafil hydrochloride tabs</i>	2	QL(4 EA per 30 days); EC
VERQUVO	4	
<b>Central Nervous System Agents</b>		
<b><i>Analgesics and Antipyretics</i></b>		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL(4 EA per 28 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	
<i>butalbital/aspirin/caffeine caps</i>	3	
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)
<i>celecoxib caps</i>	3	
<i>codeine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diflunisal tabs 500mg</i>	3	
<i>ec-naproxen tbec 500mg</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>etodolac er</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	3	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	4	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	4	QL(30 EA per 30 days)
<i>ibu</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg, 50mg</i>	3	
LAZANDA SOLN 400MCG/ACT	5	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	5	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	5	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	3	QL(120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL(600 ML per 30 days)
<i>morphine sulfate er cp24 40mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 100mg, 15mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbcr 200mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen dr tbec 375mg</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>naproxen tbec 500mg</i>	2	
<i>oxaprozin tabs</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	3	QL(2400 ML per 30 days)

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<i>oxycodone hydrochloride conc</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
<i>salsalate tabs</i>	2	
SUBSYS	5	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
<b>Anorexigenic Agents and Respiratory and CNS Stimulants</b>		
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	3	
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	3	
<i>lisdexamfetamine dimesylate</i>	3	PA
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>modafinil tabs</i>	4	PA
SUNOSI	4	PA
VYVANSE	4	PA
<b>Anticonvulsants</b>		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine chew, susp, tabs</i>	3	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO; NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	3	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide caps, soln</i>	3	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	NEDS
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide inj, oral soln</i>	3	
<i>lacosamide tabs 50mg</i>	3	QL(60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	
<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>magnesium sulfate inj 50%</i>	4	
<i>methsuximide</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>rowepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er cs24</i>	4	
<i>topiramate csp, tabs</i>	2	
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
<i>vigpoder</i>	5	NEDS
XCOPRI TABS	5	NEDS
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
ZONISADE	4	
<i>zonisamide caps</i>	2	
ZTALMY	5	PA NSO; NEDS
<b>Antimanic Agents</b>		
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
<b>Antimigraine Agents</b>		
AIMOVIG	3	QL(1 ML per 30 days); PA
<i>almotriptan</i>	4	
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
<i>frovatriptan succinate</i>	4	
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	3	
<i>rizatriptan benzoate odt</i>	3	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj</i>	4	
<i>sumatriptan soln</i>	4	
UBRELVY	4	PA
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl caps, tabs</i>	3	
<i>benztropine mesylate tabs</i>	2	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	3	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	4	
EMSAM	5	ST NSO; NEDS
<i>entacapone</i>	4	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL(30 EA per 30 days)
ONGENTYS	4	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
RYTARY	4	
<i>selegiline hcl caps, tabs</i>	3	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
<b>Anxiolytics, Sedatives, and Hypnotics</b>		
<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	
<i>clorazepate dipotassium tabs</i>	3	
DAYVIGO	4	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	4	
<i>diazepam soln, tabs</i>	2	
HETLIOZ LQ	5	PA; NEDS
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrp</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	

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<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg</i>	2	
<i>zaleplon</i>	3	
<i>zolpidem tartrate tabs</i>	2	
<b>Central Nervous System Agents, Misc</b>		
<i>acamprosate calcium dr</i>	4	
<i>atomoxetine hydrochloride</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
EXSERVAN	5	NEDS
<i>guanfacine hydrochloride er</i>	3	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	3	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
NAMZARIC	3	
NOURIANZ	5	QL(30 EA per 30 days); NEDS
NUEDEXTA	3	PA
RADICAVA ORS	5	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA; NEDS; SP-Optum Specialty
RELYVRIO	5	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	3	
<i>sodium oxybate</i>	5	PA; NEDS
<b>Fibromyalgia Agents</b>		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
<b>Opiate Antagonists</b>		
<i>naloxone hcl</i>	2	
<i>naloxone hydrochloride inj</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL(4 EA per 30 days)
<i>naltrexone hcl</i>	3	
OPVEE	3	QL(4 EA per 30 days)
VIVITROL	5	NEDS
<b>Psychotherapeutic Agents</b>		
ABILIFY ASIMTUFII	5	NEDS
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); PA NSO; NEDS

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ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	4	
<i>amoxapine</i>	3	
ALENZIN TB24 174MG, 348MG	4	ST NSO
ALENZIN TB24 522MG	5	ST NSO; NEDS
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	3	ST NSO
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 450mg</i>	3	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	4	
<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
<i>desipramine hydrochloride</i>	3	
<i>desvenlafaxine er</i>	3	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	3	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	3	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	3	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FANAPT	4	ST NSO
FANAPT TITRATION PACK	4	ST NSO
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride caps, soln</i>	2	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc</i>	3	
<i>fluphenazine hcl inj</i>	4	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>loxapine</i>	2	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	4	
<i>paliperidone er</i>	3	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>perphenazine tabs</i>	4	
<b>PERSERIS</b>	5	NEDS
<i>phenelzine sulfate tabs</i>	3	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate er</i>	3	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
<b>REXULTI</b>	5	NEDS
<b>RISPERDAL CONSTA INJ 12.5MG</b>	4	
<b>RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG</b>	5	NEDS
<i>risperidone er inj 12.5mg</i>	4	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	2	
<i>risperidone soln</i>	4	
<b>SECUADO</b>	5	NEDS
<i>sertraline hcl conc</i>	4	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranylcypromine sulfate</i>	4	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<i>trimipramine maleate caps</i>	4	
<b>TRINTELLIX</b>	4	
<i>venlafaxine besylate er</i>	3	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	3	
<i>venlafaxine hydrochloride er cp24</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	3	
<b>VERSACLOZ</b>	5	NEDS
<b>VIIBRYD STARTER PACK</b>	4	
<i>vilazodone hydrochloride</i>	3	
<b>VRAYLAR CPPK</b>	4	
<b>VRAYLAR CAPS</b>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
<b><i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i></b>		
AUSTEDO	5	PA; NEDS; SP-Optum Specialty
INGREZZA	5	PA; NEDS
<i>tetrabenazine</i>	5	PA; NEDS; SP-Optum Specialty
<b>Devices</b>		
<b><i>Devices</i></b>		
<i>alcohol prep pads</i>	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	3	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	3	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	3	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	3	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	3	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	3	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	3	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	3	
<i>techlite pen needles 29g x 10mm</i>	3	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>trueplus pen needles 29gx12mm</i>	3	
<b>Electrolytic, Caloric, and Water Balance</b>		
<b>Alkalinizing Agents</b>		
<i>potassium citrate er</i>	3	
<b>Ammonia Detoxicants</b>		
<i>carglumic acid</i>	5	PA; NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose pack</i>	3	
<i>lactulose soln 10gm/15ml</i>	2	
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
<b>Caloric Agents</b>		
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
CLINISOL SF 15%	3	PA BvD
<i>dextrose 10%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD
NUTRILIPID	3	PA BvD
PLENAMINE	3	PA BvD
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL	3	PA BvD
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
<b>Diuretics</b>		
<i>amiloride hcl tabs</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide oral soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	2	
<i>metolazone</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>triamterene caps</i>	4	
<b>Ion-removing Agents</b>		
AURYXIA	5	PA; NEDS
<i>lanthanum carbonate</i>	5	NEDS
LOKELMA	3	
<i>sevelamer carbonate</i>	4	
<i>sodium polystyrene sulfonate powd</i>	3	
<i>sps</i>	3	
VELPHORO	5	NEDS
VELTASSA	3	
<b>Irrigating Solutions</b>		
<i>acetic acid 0.25%</i>	2	
<i>sodium chloride 0.9%</i>	3	
<i>sterile water for irrigation</i>	2	
<b>Replacement Preparations</b>		
<i>calcium acetate caps</i>	3	
<i>calcium acetate tabs 667mg</i>	3	
<i>dextrose 10%/sodium chloride 0.2%</i>	4	
<i>dextrose 10%/sodium chloride 0.45%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
<i>dextrose 5%/sodium chloride 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>effer-k tbeq 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>potassium chloride er tbc</i>	1	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride pack</i>	1	
<i>potassium chloride oral soln</i>	3	
<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	4	
<b>Uricosuric Agents</b>		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
<b>Enzymes</b>		
<b>Enzymes</b>		
REVC0VI	5	NEDS
SUCRAID	5	NEDS
<b>Eye, Ear, Nose &amp; Throat Preparations</b>		
<b>Anti-infectives</b>		
AZASITE	4	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	4	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	

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<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	3	
XDEM VY	5	PA; NEDS
ZIRGAN	4	
<b>Anti-inflammatory Agents</b>		
ALREX	3	
<i>bromfenac sodium soln 0.07%</i>	3	
<i>bromfenac sodium soln 0.075%</i>	4	
BROMSITE	4	
<i>ciprofloxacin/dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	4	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>fluorometholone susp</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
FML	3	
FML FORTE	4	
<i>hydrocortisone/acetic acid</i>	3	
ILEVRO	3	
INVELTYS	4	
<i>ketorolac tromethamine</i>	3	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	3	
MAXIDEX SUSP	4	
<i>mometasone furoate susp 50mcg/act</i>	4	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	4	
PRED MILD	3	
<i>prednisolone acetate</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
ZYLET	3	
<b>Antiallergic Agents</b>		
ALOCRIIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln</i>	3	
<i>azelastine hcl nasal soln 0.15%</i>	3	QL(120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	3	QL(120 ML per 90 days)
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl soln</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
<b>Antiglaucoma Agents</b>		
<i>acetazolamide er</i>	4	
<i>acetazolamide tabs</i>	3	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%</i>	3	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	1	
<i>levobunolol hcl soln 0.5%</i>	2	
LUMIGAN	3	
<i>methazolamide</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>tafluprost</i>	3	
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<i>timolol maleate soln 0.25%</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
<b>EENT Drugs, Miscellaneous</b>		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	3	
CYSTARAN	3	
OXERVATE	5	PA; NEDS
<b>Local Anesthetics</b>		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	
<b>Mydriatics</b>		
<i>atropine sulfate soln 1%</i>	3	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln</i>	2	
<b>Gastrointestinal Drugs</b>		
<b>Anti-inflammatory Agents</b>		
<i>alosetron hydrochloride</i>	5	NEDS
<i>balsalazide disodium</i>	4	
<i>mesalamine dr</i>	3	
<i>mesalamine er cp24</i>	3	
<i>mesalamine er cpcr</i>	4	
<i>mesalamine kit</i>	2	
<i>mesalamine enem, supp</i>	4	
<b>Antidiarrhea Agents</b>		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine liqd</i>	4	
<i>loperamide hcl caps</i>	2	
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
XERMELO	5	PA; NEDS; SP-Optum Specialty
<b>Antiemetics</b>		
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
<i>granisetron hydrochloride tabs</i>	4	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	4	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
<i>scopolamine</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiulcer Agents and Acid Suppressants</b>		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>misoprostol tabs</i>	3	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec</i>	1	
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
<b>Cathartics and Laxatives</b>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/flower pack</i>	2	
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
<b>Cholelitholytic Agents</b>		
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol caps 200mg</i>	4	
<i>ursodiol tabs</i>	4	
<b>Digestants</b>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>GI Drugs, Miscellaneous</b>		
BYLVAY	5	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA; NEDS; SP-Optum Specialty
CHOLBAM	5	PA; NEDS
GATTEX	5	PA; NEDS
LINZESS	3	
LIVMARLI	5	PA; NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
RELISTOR	5	NEDS
SKYRIZI INJ 600MG/10ML	5	PA; NEDS
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
<b>Prokinetic Agents</b>		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<b>Gold Compounds</b>		
<b>Gold Compounds</b>		
RIDAURA	5	NEDS
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET	4	
<i>deferasirox pack</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	3	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
<b>Hormones and Synthetic Substitutes</b>		
<b>Adrenals</b>		
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	4	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	4	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
INTRAROSA	4	
KENALOG-10	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDHALER	3	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	4	
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>triamcinolone acetate inj 40mg/ml</i>	2	
<b>Androgens</b>		
AVEED	4	
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	3	
<i>testosterone pump gel 1%</i>	3	
<i>testosterone pump gel 1.62%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	4	
XYOSTED	4	
<b>Antidiabetic Agents</b>		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>mifepristone</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	PA
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	
<b><i>Antihypoglycemic Agents</i></b>		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
<b><i>Contraceptives</i></b>		
<i>amethia</i>	4	
<i>apri</i>	4	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	3	
<i>deblitane</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	4	
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>errin</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>finzala</i>	4	
<i>haloette</i>	3	
<i>heather</i>	3	
<i>iclevia</i>	4	
<i>introvale</i>	4	
<i>joyeaux</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	
<i>marlissa</i>	4	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	4	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>portia-28</i>	4	
<i>sharobel</i>	3	
<i>tarina fe 1/20 eq</i>	4	
<i>taysofy</i>	4	
<i>tri-sprintec</i>	4	
<i>trivora-28</i>	4	
<i>turqoz</i>	4	
<i>tyblume</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	4	
<b><i>Estrogens and Antiestrogens</i></b>		
<i>anastrozole</i>	1	
COMBIPATCH	4	
DEPO-ESTRADIOL	3	
<i>dotti</i>	3	
ELESTRIN	4	
<i>estradiol valerate</i>	4	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	3	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	4	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	4	
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	2	
MENEST	4	
MENOSTAR	4	
<i>norethindrone acetate/ethinyl estradiol</i>	4	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS	4	
PREMPHASE	4	
PREMPRO	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>raloxifene hydrochloride</i>	3	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
<b><i>Gonadotropins and Antigonadotropins</i></b>		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	5	PA NSO; NEDS
ORLISSA TABS 150MG	5	QL(30 EA per 30 days); PA; NEDS
ORLISSA TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT	4	
<b><i>Parathyroid and Antiparathyroid Agents</i></b>		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA; NEDS
NATPARA	5	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	5	PA; NEDS
TYMLOS	5	PA; NEDS
<b><i>Pituitary</i></b>		
CORTROPHIN	5	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate soln 0.01%</i>	4	
<b><i>Progestins</i></b>		
DEPO-SUBQ PROVERA 104	3	
<i>medroxyprogesterone acetate tabs</i>	2	
<i>medroxyprogesterone acetate inj</i>	4	
<i>megestrol acetate tabs</i>	3	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
<b><i>Somatostatin Agonists and Antagonists</i></b>		
<i>lanreotide acetate</i>	5	NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	NEDS; SP-Optum Specialty
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	5	NEDS
<b><i>Somatotropin Agonists and Antagonists</i></b>		
EGRIFTA SV	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	5	PA; NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG	5	PA; NEDS
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NEDS; SP-Optum Specialty
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
ZORBTIVE	5	PA; NEDS; SP-Optum Specialty
<b><i>Thyroid and Antithyroid Agents</i></b>		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	2	
NIVA THYROID TABS 15MG	4	
<i>niva thyroid tabs 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
<i>propylthiouracil tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT-SOL	4	
<i>unithroid</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Immunomodulatory Agents</b>		
<i>Disease-modifying Antirheumatic Drugs</i>		
RINVOQ LQ	5	QL(360 ML per 30 days); PA; NEDS
<b>Local Anesthetics</b>		
<i>Local Anesthetics</i>		
lidocaine hcl inj 0.5%, 1.5%, 2%, 4%	2	
lidocaine hydrochloride inj 1%, 2%	2	
<b>Miscellaneous Therapeutic Agents</b>		
<i>5-alpha-Reductase Inhibitors</i>		
dutasteride/tamsulosin hydrochloride	3	
dutasteride caps	1	
finasteride tabs	1	
<i>Alcohol Deterrents</i>		
disulfiram	3	
<i>Antidotes</i>		
acetylcysteine soln	2	PA BvD
leucovorin calcium tabs 10mg, 15mg, 5mg	3	
leucovorin calcium tabs 25mg	4	
<i>Antigout Agents</i>		
allopurinol tabs 100mg, 300mg	1	
colchicine caps, tabs	3	
febuxostat	3	ST
GLOPERBA	4	
<i>Antisense Oligonucleotides</i>		
TEGSEDI	5	QL(6 ML per 30 days); PA; NEDS
<i>Bone Anabolic Agents</i>		
EVENITY	5	PA; NEDS
<i>Bone Resorption Inhibitors</i>		
alendronate sodium soln	4	
alendronate sodium tabs 10mg, 35mg, 70mg	1	
ibandronate sodium	2	
PROLIA	4	PA
risedronate sodium	3	
risedronate sodium dr	3	
XGEVA	5	PA; NEDS
zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml	2	
<i>Carbonic Anhydrase Inhibitors</i>		
dichlorphenamide	5	PA; NEDS
<i>Cariostatic Agents</i>		
sf 5000 plus	2	
sodium fluoride 1.1	2	
sodium fluoride 5000 plus	2	
sodium fluoride 5000 ppm crea	2	
<i>Disease-modifying Antirheumatic Drugs</i>		

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COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP-Optum Specialty
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
KINERET	5	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	2	
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TBPK	5	QL(110 EA per 365 days); PA; NEDS
OTEZLA TABS	5	QL(60 EA per 30 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<b><i>Immunomodulatory Agents</i></b>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty
EXTAVIA	5	NEDS; SP-Optum Specialty
<i>fingolimod hydrochloride</i>	5	NEDS
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPk 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPk 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	4	
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty
ZEPOSIA	5	NEDS
ZEPOSIA 7-DAY STARTER PACK	5	NEDS
ZEPOSIA STARTER KIT	5	NEDS
<b><i>Immunosuppressive Agents</i></b>		
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA	5	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	3	PA BvD
ENVARUSUS XR	4	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS

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Drug Name	Drug Tier	Requirements/Limits
GENGRAF SOLN	3	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
NULOJIX	5	NEDS
PROGRAF PACK	4	PA BvD
<i>sirolimus tabs</i>	4	PA BvD
<i>sirolimus soln</i>	5	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	PA BvD
<b><i>Kallikrein-Kinin System Inhibitors</i></b>		
BERINERT	5	PA; NEDS
CINRYZE	5	PA; NEDS
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	5	PA; NEDS
<b><i>Other Miscellaneous Therapeutic Agents</i></b>		
ARCALYST	5	PA; NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA; NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
ENDARI	5	NEDS
EVRYSDI	5	PA; NEDS
FIRDAPSE	5	PA; NEDS
GALAFOLD	5	PA; NEDS
<i>levocarnitine tabs</i>	3	
<i>metyrosine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
ORFADIN	5	PA; NEDS
REZUROCK	5	PA; NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
<i>tiopronin tbec</i>	5	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
VOXZOGO	5	PA; NEDS; SP-Optum Specialty
VYNDAMAX	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	5	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>yargesa</i>	5	PA; NEDS
<b>Protective Agents</b>		
MESNEX TABS	5	NEDS
<b>Respiratory Tract Agents</b>		
<b>Anti-inflammatory Agents</b>		
<i>cromolyn sodium conc 100mg/5ml</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA; NEDS; SP-Optum Specialty
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA; NEDS
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA; NEDS
NUCALA INJ 100MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
<b>Antifibrotic Agents</b>		
ESBRIET CAPS	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
<b>Antitussives</b>		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC

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Drug Name	Drug Tier	Requirements/Limits
<b><i>Cystic Fibrosis Transmembrane Conductance Regulator Modulators</i></b>		
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
SYMDEKO	5	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	5	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPK	5	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
<b><i>Mucolytic Agents</i></b>		
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
<b><i>Phosphodiesterase Type 4 Inhibitors</i></b>		
<i>roflumilast</i>	3	
<b><i>Respiratory Tract Agents, Miscellaneous</i></b>		
BRONCHITOL	5	NEDS
PROLASTIN-C	5	PA; NEDS
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
<b><i>Vasodilating Agents</i></b>		
ADEMPAS	5	PA; NEDS
<i>ambisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	5	PA; NEDS
UPTRAVI TABS	5	PA; NEDS
VENTAVIS	5	PA; NEDS
<b><i>Skin and Mucous Membrane Agents</i></b>		
<b><i>Anti-infectives</i></b>		
<i>clindamycin phosphate gel 1%</i>	3	
<i>klayesta</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naftifine hydrochloride gel 1%</i>	3	
<b>Anti-inflammatory Agents</b>		
CORTIFOAM FOAM	4	
<i>fluocinolone acetonide topical</i>	4	
KOURZEQ	3	
<b>Antipruritics and Local Anesthetics</b>		
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride prsy 2%</i>	2	QL(100 ML per 30 days)
PROCTOFOAM HC	4	
<b>Cell Stimulants and Proliferants</b>		
RETIN-A MICRO GEL 0.06%	4	PA
<i>tretinoin microsphere gel 0.08%</i>	3	PA
<b>Skin and Mucous Membrane Agents, Misc</b>		
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
<i>podofilox gel 0.5%</i>	4	
<b>Skin and Mucous Membrane Preparations</b>		
<b>Anti-infectives</b>		
<i>acyclovir oint 5%</i>	4	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	3	
<i>ciclopirox gel, susp</i>	3	
<i>ciclopirox sham</i>	4	
CLEOCIN	4	
<i>clindacin</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phosphate/benzoyl peroxide</i>	4	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>econazole nitrate</i>	4	
<i>ery</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate oint 0.1%</i>	2	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	
<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3</i>	3	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin crea</i>	3	QL(180 GM per 30 days)
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride crea 2%</i>	3	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>penciclovir</i>	4	
<i>permethrin</i>	3	
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
<i>selenium sulfide</i>	2	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SULFAMYLON	4	
<i>terconazole</i>	3	
<b>Anti-inflammatory Agents</b>		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide</i>	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate</i>	2	
<i>budesonide foam 2mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	QL(236 ML per 30 days)
<b>CORDRAN</b>	4	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
<b>DESRX</b>	4	
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(200 GM per 30 days)
<i>diflorasone diacetate</i>	4	
<b>EUCRISA</b>	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide</i>	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>oralone dental paste</i>	3	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
TOVET	4	QL(200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	3	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	
UCERIS	4	
<b>Antipruritics and Local Anesthetics</b>		
<i>doxepin hydrochloride crea 5%</i>	4	QL(90 GM per 30 days)
<i>lidocaine hydrochloride external soln 4%</i>	2	QL(100 ML per 30 days)
<i>lidocaine/prilocaine</i>	3	QL(60 GM per 30 days)
<i>lidocaine ptch</i>	3	QL(90 EA per 30 days); PA
<i>lidocaine oint</i>	4	QL(100 GM per 30 days)
<i>premium lidocaine</i>	4	QL(100 GM per 30 days)
<b>Cell Stimulants and Proliferants</b>		
<i>avita</i>	2	PA
RETIN-A MICRO PUMP	4	PA
<i>tretinoin microsphere gel 0.04%, 0.1%</i>	4	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	PA
<b>Emollients, Demulcents, and Protectants</b>		
<i>ammonium lactate</i>	3	
<b>Skin and Mucous Membrane Agents, Misc</b>		
<i>accutane</i>	4	
<i>acitretin</i>	4	
<i>adapalene crea</i>	2	PA
<i>adapalene gel</i>	4	PA
<i>azelaic acid</i>	3	
AZELEX	4	
<i>bexarotene gel 1%</i>	5	PA NSO; NEDS
<i>calcipotriene crea</i>	3	QL(120 GM per 30 days)
<i>calcipotriene oint</i>	4	QL(120 GM per 30 days)
<i>calcipotriene soln</i>	4	QL(120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	4	
<i>claravis</i>	4	
CONDYLOX	4	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5	PA; NEDS; SP-Optum Specialty
<i>fluorouracil soln</i>	3	
<i>fluorouracil crea</i>	4	
HYFTOR	5	PA; NEDS
<i>imiquimod</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod pump</i>	4	
<i>isotretinoin</i>	4	
KLISYRI	5	PA; NEDS
MYORISAN	4	
PANRETIN	5	NEDS
<i>pimecrolimus</i>	3	
<i>podofilox soln 0.5%</i>	3	
RECTIV	4	QL(30 GM per 30 days)
REGRANEX	3	
SANTYL	3	
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>tazarotene crea, gel</i>	3	PA
<i>tazarotene foam</i>	4	PA
TAZORAC	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
<b>Smooth Muscle Relaxants</b>		
<b><i>Genitourinary Smooth Muscle Relaxants</i></b>		
<i>fesoterodine fumarate er</i>	4	
GEMTESA	4	
<i>mirabegron er</i>	3	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate er</i>	4	
<b><i>Respiratory Smooth Muscle Relaxants</i></b>		
<i>elixophyllin</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline elix</i>	2	
<b>Vitamins</b>		
<b><i>Multivitamin Preparations</i></b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<b>Vitamin B Complex</b>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<b>Vitamin D</b>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	4	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL(4 EA per 28 days); EC

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Drug Name	Page #	Drug Name	Page #
<i>abacavir</i>	6	<i>aliskiren</i>	22
<i>abacavir sulfate/lamivudine</i>	6	<i>allopurinol</i>	51
<i>abacavir sulfate/lamivudine/zidovudine</i>	6	<i>almotriptan</i>	28
ABELCET	5	ALOCRIIL	40
ABILIFY ASIMTUFII	30	ALOMIDE	40
ABILIFY MAINTENA	30	<i>alose tron hydrochloride</i>	41
ABILIFY MYCITE	30	ALPHAGAN P	40
ABILIFY MYCITE MAINTENANCE KIT	30	<i>alprazolam</i>	29
ABILIFY MYCITE STARTER KIT	31	<i>alprazolam odt</i>	29
<i>abiraterone acetate</i>	9	ALREX	39
ABRYSVO	16	ALUNBRIG	9
<i>acamprosate calcium dr</i>	30	<i>alyq</i>	23
<i>acarbose</i>	45	<i>amantadine hcl</i>	28
<i>accutane</i>	60	<i>ambrisentan</i>	56
<i>acebutolol hydrochloride</i>	20	<i>amcinonide</i>	58
<i>acetaminophen/codeine</i>	24	<i>amethia</i>	46
<i>acetazolamide</i>	40	<i>amikacin sulfate</i>	2
<i>acetazolamide er</i>	40	<i>amiloride hcl</i>	36
<i>acetic acid</i>	41	<i>amiloride/hydrochlorothiazide</i>	36
<i>acetic acid 0.25%</i>	37	<i>aminocaproic acid</i>	18
<i>acetylcysteine</i>	51	AMINOSYN II	35
<i>acitretin</i>	60	AMINOSYN-PF 7%	35
ACTHIB	16	<i>amiodarone hydrochloride</i>	22
ACTIMMUNE	53	<i>amitriptyline hcl</i>	31
<i>acyclovir</i>	6	<i>amitriptyline hydrochloride</i>	31
<i>acyclovir</i>	57	<i>amlodipine besylate</i>	21
<i>acyclovir sodium</i>	6	<i>amlodipine besylate/atorvastatin calcium</i>	21
ADACEL	15	<i>amlodipine besylate/benazepril</i>	21
<i>adapalene</i>	60	<i>hydrochloride</i>	
<i>adefovir dipivoxil</i>	6	<i>amlodipine besylate/valsartan</i>	21
ADEMPAS	56	<i>amlodipine/olmesartan medoxomil</i>	21
ADTHYZA	50	<i>amlodipine/valsartan/hydrochlorothiazide</i>	21
AIMOVIG	28	<i>ammonium lactate</i>	60
AKEEGA	9	<i>amoxapine</i>	31
<i>ala-cort</i>	58	<i>amoxicillin</i>	2
<i>albendazole</i>	2	<i>amoxicillin/clavulanate potassium</i>	2
<i>albuterol sulfate</i>	18	<i>amoxicillin/clavulanate potassium er</i>	2
<i>albuterol sulfate hfa</i>	18	<i>amphetamine/dextroamphetamine</i>	26
<i>alclometasone dipropionate</i>	58	<i>amphotericin b</i>	5
<i>alcohol prep pads</i>	34	<i>amphotericin b liposome</i>	5
ALECENSA	9	<i>ampicillin</i>	2
<i>alendronate sodium</i>	51	<i>ampicillin sodium</i>	2
<i>alfuzosin hcl er</i>	18	<i>ampicillin/sulbactam</i>	2
		<i>ampicillin-sulbactam</i>	2
		<i>anagrelide hydrochloride</i>	18
		<i>anastrozole</i>	48

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ANORO ELLIPTA	16	azelaic acid	60
APLENZIN	31	azelastine hcl	40
apraclonidine	41	azelastine hydrochloride	40
aprepitant	41	AZELEX	60
apri	46	azithromycin	2
APTIOM	26	aztreonam	2
APTIVUS	6	bacitracin	38
ARCALYST	54	bacitracin/polymyxin b	38
AREXVY	16	baclofen	17
arformoterol tartrate	18	BAFIERTAM	53
ARIKAYCE	2	balsalazide disodium	41
aripiprazole	31	BALVERSA	9
aripiprazole odt	31	balziva	46
ARISTADA	31	BAQSIMI ONE PACK	46
ARISTADA INITIO	31	BAQSIMI TWO PACK	46
armodafinil	26	BAXDELA	2
ARMOUR THYROID	50	BCG VACCINE	16
asenapine maleate sl	31	bd insulin syringe safetyglide/1ml/29g x 1/2"	34
ashlyna	46	b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"	34
aspirin/dipyridamole er	18	bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm	34
atazanavir	6	bd insulin syringe ultra-fine/1ml/31g x 8mm	34
atazanavir sulfate	6	bd insulin syringe/u-100/1ml/27g x 1/2"	34
atenolol	21	bd insulin syringe/u-500/0.5ml/31g x 6mm	34
atenolol/chlorthalidone	20	bd pen needle/original/ultra-fine/29g x 12.7mm	34
atomoxetine	30	BELBUCA	24
atomoxetine hydrochloride	30	BELSOMRA	29
atorvastatin calcium	20	benazepril hcl	23
atovaquone	6	benazepril hydrochloride	23
atovaquone/proguanil hcl	6	benazepril hydrochloride/hydrochlorothiazide	23
atropine sulfate	41	BENLYSTA	53
ATROVENT HFA	16	BENZNIDAZOLE	6
AUBAGIO	53	benzonatate	55
AUGMENTIN	2	benztropine mesylate	29
AUGTYRO	9	bepotastine besilate	40
AURYXIA	37	BERINERT	54
AUSTEDO	34	BESIVANCE	38
AUVELITY	31	BESREMI	9
AVEED	44	betaine anhydrous	54
aviane	46	betamethasone dipropionate	58
avita	60	betamethasone dipropionate augmented	58
AVONEX	53	betamethasone valerate	58
AVONEX PEN	53		
AVYCAZ	2		
AYVAKIT	9		
AZASITE	38		
azathioprine	53		

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BETASERON	53	<i>buprenorphine hydrochloride/naloxone</i>	24
<i>betaxolol hcl</i>	21	<i>hydrochloride</i>	
<i>betaxolol hcl</i>	40	<i>bupropion hcl</i>	31
<i>bethanechol chloride</i>	17	<i>bupropion hydrochloride</i>	31
BETIMOL	40	<i>bupropion hydrochloride er (sr)</i>	31
BETOPTIC-S	40	<i>bupropion hydrochloride er (xl)</i>	31
BEVESPI AEROSPHERE	17	<i>bupirone hcl</i>	29
<i>bexarotene</i>	9	<i>bupirone hydrochloride</i>	29
<i>bexarotene</i>	60	<i>butalbital/acetaminophen/caffeine</i>	24
BEXSERO	16	<i>butalbital/aspirin/caffeine</i>	24
<i>bicalutamide</i>	9	<i>butorphanol tartrate</i>	24
BICILLIN C-R	2	BYDUREON BCISE	45
BICILLIN L-A	2	BYETTA	45
BIKTARVY	6	BYLVAY	43
<i>bismuth subcitrate</i>	42	BYLVAY (PELLETS)	43
<i>pot/metronidazole/tetracycline hydrochloride</i>		<i>cabergoline</i>	29
<i>bisoprolol fumarate</i>	21	CABLIVI	18
<i>bisoprolol fumarate/hydrochlorothiazide</i>	21	CABOMETYX	10
BIVIGAM	15	<i>calcipotriene</i>	60
BOOSTRIX	15	<i>calcitonin salmon</i>	49
<i>bortezomib</i>	9	<i>calcitonin-salmon</i>	49
<i>bosentan</i>	56	<i>calcitriol</i>	60
BOSULIF	9	<i>calcitriol</i>	62
BRAFTOVI	9	<i>calcium acetate</i>	37
BREO ELLIPTA	43	CALQUENCE	10
BREYNA	43	<i>camila</i>	46
BREZTRI AEROSPHERE	43	CAMZYOS	22
<i>briellyn</i>	46	<i>candesartan cilexetil</i>	23
BRILINTA	18	<i>candesartan cilexetil/hydrochlorothiazide</i>	23
<i>brimonidine tartrate</i>	40	CAPLYTA	31
<i>brimonidine tartrate/timolol maleate</i>	40	CAPRELSA	10
<i>brinzolamide</i>	40	<i>captopril</i>	23
BRIVIACT	26	<i>carbamazepine</i>	26
<i>bromfenac sodium</i>	39	<i>carbamazepine er</i>	26
<i>bromocriptine mesylate</i>	29	<i>carbidopa</i>	29
BROMSITE	39	<i>carbidopa/levodopa</i>	29
BRONCHITOL	56	<i>carbidopa/levodopa er</i>	29
BRUKINSA	9	<i>carbidopa/levodopa odt</i>	29
<i>budesonide</i>	44	<i>carbidopa/levodopa/entacapone</i>	29
<i>budesonide</i>	58	CARDURA XL	20
<i>budesonide er</i>	44	<i>carglumic acid</i>	35
<i>budesonide/formoterol fumarate dihydrate</i>	44	<i>carteolol hcl</i>	40
<i>bumetanide</i>	36	<i>cartia xt</i>	21
<i>buprenorphine</i>	24	<i>carvedilol</i>	21
<i>buprenorphine hcl</i>	24	<i>carvedilol phosphate er</i>	21
<i>buprenorphine hcl/naloxone hcl</i>	24	<i>casposungin acetate</i>	5

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CAYSTON	2	<i>ciprofloxacin</i>	3
<i>cefaclor</i>	2	<i>ciprofloxacin hcl</i>	3
<i>cefadroxil</i>	2	<i>ciprofloxacin hydrochloride</i>	3
<i>cefazolin</i>	2	<i>ciprofloxacin hydrochloride</i>	38
<i>cefazolin sodium</i>	2	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>cefazolin sodium/dextrose</i>	2	<i>ciprofloxacin/dexamethasone</i>	39
<i>cefdinir</i>	2	<i>citalopram hydrobromide</i>	31
<i>cefepime</i>	2	<i>claravis</i>	60
<i>cefepime hydrochloride</i>	2	<i>clarithromycin</i>	3
<i>cefepime/dextrose</i>	2	<i>clarithromycin er</i>	3
<i>cefixime</i>	2	CLENPIQ	42
<i>cefotetan</i>	2	CLEOCIN	57
<i>cefoxitin sodium</i>	2	<i>clindacin</i>	57
<i>cefpodoxime proxetil</i>	2	<i>clindacin etz pledgets</i>	57
<i>cefprozil</i>	2	<i>clindacin-p</i>	57
<i>ceftazidime</i>	2	<i>clindamycin hcl</i>	3
<i>ceftriaxone in iso-osmotic dextrose</i>	3	<i>clindamycin hydrochloride</i>	3
<i>ceftriaxone sodium</i>	3	<i>clindamycin palmitate hydrochloride</i>	3
<i>ceftriaxone/dextrose</i>	3	<i>clindamycin phosphate</i>	3
<i>cefuroxime axetil</i>	3	<i>clindamycin phosphate</i>	56
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate</i>	57
<i>celecoxib</i>	24	<i>clindamycin phosphate/benzoyl peroxide</i>	57
CELONTIN	26	<i>clindamycin phosphate/dextrose</i>	3
<i>cephalexin</i>	3	<i>clindamycin/benzoyl peroxide</i>	57
CERDELGA	54	CLINIMIX 4.25%/DEXTROSE 10%	35
CHEMET	43	CLINIMIX 4.25%/DEXTROSE 5%	35
<i>chlordiazepoxide hcl</i>	29	CLINIMIX 5%/DEXTROSE 15%	35
<i>chlordiazepoxide hydrochloride</i>	29	CLINIMIX 5%/DEXTROSE 20%	35
<i>chlorhexidine gluconate</i>	38	CLINIMIX 6/5	35
<i>chloroquine phosphate</i>	6	CLINIMIX 8/10	35
<i>chlorpromazine hcl</i>	31	CLINIMIX E 2.75%/DEXTROSE 5%	35
<i>chlorpromazine hydrochloride</i>	31	CLINIMIX E 4.25%/DEXTROSE 10%	35
<i>chlorthalidone</i>	36	CLINIMIX E 4.25%/DEXTROSE 5%	35
<i>chlorzoxazone</i>	17	CLINIMIX E 5%/DEXTROSE 15%	35
CHOLBAM	43	CLINIMIX E 5%/DEXTROSE 20%	35
<i>cholestyramine</i>	20	CLINIMIX E 8/10	35
<i>cholestyramine light</i>	20	CLINISOL SF 15%	35
<i>ciclopirox</i>	57	<i>clobazam</i>	26
<i>ciclopirox nail lacquer</i>	57	<i>clobetasol propionate</i>	59
<i>ciclopirox olamine</i>	57	<i>clobetasol propionate e</i>	59
<i>cidofovir</i>	6	<i>clobetasol propionate emollient</i>	59
<i>cilostazol</i>	18	<i>clocortolone pivalate</i>	59
CIMDUO	6	<i>clodan</i>	59
<i>cimetidine</i>	42	<i>clomipramine hydrochloride</i>	31
<i>cinacalcet hydrochloride</i>	49	<i>clonazepam</i>	27
CINRYZE	54	<i>clonazepam odt</i>	26

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<i>clonidine hydrochloride</i>	22	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hydrochloride er</i>	22	CYSTAGON	54
<i>clopidogrel</i>	18	CYSTARAN	41
<i>clorazepate dipotassium</i>	29	<i>dabigatran etexilate</i>	18
<i>clotrimazole</i>	57	<i>dalfampridine er</i>	54
<i>clotrimazole/betamethasone dipropionate</i>	57	DALVANCE	3
<i>clozapine</i>	31	<i>danazol</i>	44
<i>clozapine odt</i>	31	<i>dantrolene sodium</i>	17
COARTEM	6	<i>dapsone</i>	5
<i>codeine sulfate</i>	24	DAPTACEL	15
<i>colchicine</i>	51	<i>daptomycin</i>	3
<i>colesevelam hydrochloride</i>	20	<i>daptomycin/sodium chloride</i>	3
<i>colestipol hcl</i>	20	<i>darunavir</i>	6
<i>colistimethate sodium</i>	3	DARZALEX	10
COMBIPATCH	48	DAURISMO	10
COMBIVENT RESPIMAT	18	DAYVIGO	29
COMETRIQ	10	<i>deblitane</i>	46
COMPLERA	6	<i>deferasirox</i>	43
CONDYLOX	60	<i>deferiprone</i>	43
<i>constulose</i>	35	DELSTRIGO	6
COPAXONE	53	<i>demeclocycline hcl</i>	3
COPIKTRA	10	DENGVAXIA	16
CORDRAN	59	DEPO-ESTRADIOL	48
CORLANOR	22	DEPO-MEDROL	44
CORTIFOAM	57	DEPO-SUBQ PROVERA 104	49
CORTISPORIN-TC	39	DESCOVY	6
CORTROPHIN	49	<i>desipramine hydrochloride</i>	31
COSENTYX	52	<i>desloratadine</i>	9
COSENTYX SENSOREADY PEN	52	<i>desloratadine odt</i>	9
COSENTYX UNOREADY	52	<i>desmopressin acetate</i>	49
COTELLIC	10	<i>desogestrel/ethinyl estradiol</i>	47
CREON	42	<i>desonide</i>	59
<i>cromolyn sodium</i>	40	<i>desoximetasone</i>	59
<i>cromolyn sodium</i>	55	DESRX	59
<i>curity gauze pads 2"x2" 12 ply</i>	34	<i>desvenlafaxine er</i>	31
CUVITRU	15	<i>dexamethasone</i>	44
<i>cyanocobalamin</i>	62	<i>dexamethasone intensol</i>	44
<i>cyclobenzaprine hydrochloride</i>	17	<i>dexamethasone sodium phosphate</i>	39
<i>cyclopentolate hcl</i>	41	<i>dexamethasone sodium phosphate</i>	44
<i>cyclopentolate hydrochloride</i>	41	<i>dexamethasone sodium phosphate +rfid</i>	44
<i>cyclophosphamide</i>	10	DEXLANSOPRAZOLE	42
CYCLOSET	45	<i>dexmethylphenidate hcl</i>	26
<i>cyclosporine</i>	39	<i>dexmethylphenidate hcl er</i>	26
<i>cyclosporine</i>	53	<i>dexmethylphenidate hydrochloride</i>	26
<i>cyclosporine modified</i>	53	<i>dexmethylphenidate hydrochloride er</i>	26

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<i>dextroamphetamine sulfate</i>	26	<i>dilt-xr</i>	21
<i>dextroamphetamine sulfate er</i>	26	<i>dimethyl fumarate</i>	53
<i>dextrose 10%</i>	35	<i>dimethyl fumarate starterpack</i>	53
<i>dextrose 10%/sodium chloride 0.2%</i>	37	<i>diphenhydramine hydrochloride</i>	9
<i>dextrose 10%/sodium chloride 0.45%</i>	37	<i>diphenoxylate hydrochloride/atropine</i>	41
<i>dextrose 2.5%/sodium chloride 0.45%</i>	37	<i>sulfate</i>	
<i>dextrose 5%</i>	35	<i>diphenoxylate/atropine</i>	41
<i>dextrose 5%/sodium chloride 0.2%</i>	37	<i>diphtheria/tetanus toxoids adsorbed</i>	15
<i>dextrose 5%/sodium chloride 0.3%</i>	37	<i>pediatric</i>	
<i>dextrose 5%/sodium chloride 0.33%</i>	37	<i>dipyridamole</i>	23
<i>dextrose 5%/sodium chloride 0.45%</i>	37	<i>disopyramide phosphate</i>	22
<i>dextrose 5%/sodium chloride 0.9%</i>	37	<i>disulfiram</i>	51
<i>dextrose 50%</i>	35	<i>divalproex sodium</i>	27
<i>dextrose 70%</i>	35	<i>divalproex sodium dr</i>	27
<i>dextrose/sodium chloride</i>	37	<i>divalproex sodium er</i>	27
<b>DIACOMIT</b>	27	<i>docetaxel</i>	10
<i>diazepam</i>	29	<i>dofetilide</i>	22
<i>diazepam intensol</i>	29	<i>donepezil hcl</i>	17
<i>diazepam rectal gel</i>	29	<i>donepezil hydrochloride</i>	17
<i>diazoxide</i>	46	<b>DOPTELET</b>	19
<i>dichlorphenamide</i>	51	<i>dorzolamide hcl/timolol maleate</i>	40
<i>diclofenac epolamine</i>	24	<i>dorzolamide hydrochloride</i>	40
<i>diclofenac potassium</i>	24	<i>dorzolamide hydrochloride/timolol maleate</i>	40
<i>diclofenac sodium</i>	39	<i>pf</i>	
<i>diclofenac sodium</i>	59	<i>dotti</i>	48
<i>diclofenac sodium dr</i>	24	<b>DOVATO</b>	6
<i>diclofenac sodium er</i>	24	<i>doxazosin mesylate</i>	20
<i>dicloxacillin sodium</i>	3	<i>doxepin hcl</i>	31
<i>dicyclomine hcl</i>	17	<i>doxepin hydrochloride</i>	31
<i>dicyclomine hydrochloride</i>	17	<i>doxepin hydrochloride</i>	60
<b>DIFICID</b>	3	<i>doxercalciferol</i>	62
<i>diflorasone diacetate</i>	59	<b>DOXY 100</b>	3
<i>diflunisal</i>	24	<i>doxycycline</i>	3
<i>difluprednate</i>	39	<i>doxycycline hyclate</i>	3
<i>digitek</i>	22	<i>doxycycline monohydrate</i>	3
<i>digox</i>	22	<b>DRIZALMA SPRINKLE</b>	31
<i>digoxin</i>	22	<i>dronabinol</i>	41
<i>dihydroergotamine mesylate</i>	18	<i>drospirenone/ethinyl estradiol</i>	47
<b>DILANTIN</b>	27	<b>DROXIA</b>	10
<b>DILANTIN INFATABS</b>	27	<i>droxidopa</i>	18
<b>DILANTIN-125</b>	27	<i>duloxetine hcl</i>	31
<i>diltiazem hcl</i>	21	<i>duloxetine hydrochloride</i>	31
<i>diltiazem hcl cd</i>	21	<b>DUPIXENT</b>	55
<i>diltiazem hcl er</i>	21	<b>DUPIXENT</b>	60
<i>diltiazem hydrochloride</i>	21	<i>dutasteride</i>	51
<i>diltiazem hydrochloride er</i>	21	<i>dutasteride/tamsulosin hydrochloride</i>	51

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<i>ec-naproxen</i>	24	EQUETRO	27
<i>econazole nitrate</i>	57	ERIVEDGE	10
EDURANT	6	ERLEADA	10
<i>efavirenz</i>	7	<i>erlotinib hydrochloride</i>	10
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>errin</i>	47
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	<i>ertapenem</i>	3
<i>effe-r-k</i>	37	<i>ertapenem sodium</i>	3
EGRIFTA SV	50	<i>ery</i>	57
ELESTRIN	48	<i>erythromycin</i>	3
ELIGARD	49	<i>erythromycin</i>	38
ELIQUIS	19	<i>erythromycin</i>	57
ELIQUIS STARTER PACK	19	<i>erythromycin base</i>	3
<i>elixophyllin</i>	61	<i>erythromycin dr</i>	3
ELMIRON	54	<i>erythromycin ethylsuccinate</i>	3
<i>eluryng</i>	47	<i>erythromycin/benzoyl peroxide</i>	57
EMCYT	10	ESBRIET	55
EMGALITY	28	<i>escitalopram oxalate</i>	31
EMSAM	29	<i>esomeprazole magnesium</i>	42
<i>emtricitabine</i>	7	<i>estradiol</i>	48
<i>emtricitabine/tenofovir disoproxil</i>	7	<i>estradiol valerate</i>	48
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	ESTRING	48
EMTRIVA	7	<i>ethacrynic acid</i>	36
<i>enalapril maleate</i>	23	<i>ethambutol hydrochloride</i>	5
<i>enalapril maleate/hydrochlorothiazide</i>	23	<i>ethosuximide</i>	27
ENBREL	52	<i>etodolac</i>	24
ENBREL MINI	52	<i>etodolac er</i>	24
ENBREL SURECLICK	52	<i>etonogestrel/ethinyl estradiol</i>	47
ENDARI	54	<i>etravirine</i>	7
<i>endocet</i>	24	EUCRISA	59
ENGERIX-B	16	<i>euthyrox</i>	50
<i>enilloring</i>	47	EVAMIST	48
<i>enoxaparin sodium</i>	19	EVENITY	51
<i>entacapone</i>	29	<i>everolimus</i>	10
<i>entecavir</i>	7	<i>everolimus</i>	53
ENTRESTO	23	EVOTAZ	7
<i>enulose</i>	35	EVRYSDI	54
ENVARUSUS XR	53	<i>exemestane</i>	48
EPCLUSA	7	EXKIVITY	10
EPIDIOLEX	27	EXSERVAN	30
<i>epinastine hcl</i>	40	EXTAVIA	53
<i>epinephrine</i>	18	<i>ezetimibe</i>	20
<i>epitol</i>	27	<i>ezetimibe/simvastatin</i>	20
<i>eplerenone</i>	23	<i>falmina</i>	47
EPRONTIA	27	<i>famciclovir</i>	7
		<i>famotidine</i>	42
		FANAPT	31

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FANAPT TITRATION PACK	31	<i>fluoxetine hydrochloride</i>	32
FARXIGA	45	<i>fluphenazine decanoate</i>	32
FASENRA	55	<i>fluphenazine hcl</i>	32
FASENRA PEN	55	<i>fluphenazine hydrochloride</i>	32
<i>febuxostat</i>	51	<i>flurbiprofen</i>	25
<i>felbamate</i>	27	<i>flurbiprofen sodium</i>	39
<i>felodipine er</i>	21	<i>flutamide</i>	10
FEMRING	48	<i>fluticasone propionate</i>	39
<i>fenofibrate</i>	20	<i>fluticasone propionate</i>	59
<i>fenofibrate micronized</i>	20	<i>fluticasone propionate diskus</i>	44
<i>fenofibric acid dr</i>	20	<i>fluticasone propionate hfa</i>	44
<i>fentanyl</i>	24	<i>fluticasone propionate/salmeterol</i>	18
<i>fentanyl citrate</i>	24	<i>fluticasone propionate/salmeterol diskus</i>	18
<i>fentanyl citrate oral transmucosal</i>	24	<i>fluvastatin</i>	20
<i>fesoterodine fumarate er</i>	61	<i>fluvastatin sodium er</i>	20
FETZIMA	31	<i>fluvoxamine maleate</i>	32
FETZIMA TITRATION PACK	31	<i>fluvoxamine maleate er</i>	32
FEXMID	17	FML	39
<i>finasteride</i>	51	FML FORTE	39
<i>finngolimod hydrochloride</i>	53	<i>folic acid</i>	62
FINTEPLA	27	<i>fondaparinux sodium</i>	19
<i>finzala</i>	47	<i>formoterol fumarate</i>	18
FIRDAPSE	54	FORTEO	49
FIRMAGON	49	<i>fosamprenavir calcium</i>	7
FIRVANQ	3	<i>fosfomycin tromethamine</i>	8
<i>flac</i>	39	<i>fosinopril sodium</i>	23
FLAREX	39	<i>fosinopril sodium/hydrochlorothiazide</i>	23
FLEBOGAMMA DIF	15	FOTIVDA	10
<i>flecainide acetate</i>	22	FRAGMIN	19
FLOLIPID	20	FREAMINE III	36
FLOVENT DISKUS	44	<i>frovatriptan succinate</i>	28
<i>fluconazole</i>	5	FRUZAQLA	10
<i>fluconazole in sodium chloride</i>	5	<i>furosemide</i>	36
<i>flucytosine</i>	5	FUZEON	7
<i>fludrocortisone acetate</i>	44	<i>fyavolv</i>	48
<i>flunisolide</i>	39	FYCOMPA	27
<i>fluocinolone acetonide</i>	39	<i>gabapentin</i>	27
<i>fluocinolone acetonide</i>	59	GALAFOLD	54
<i>fluocinolone acetonide body</i>	59	<i>galantamine hydrobromide</i>	17
<i>fluocinolone acetonide scalp</i>	59	<i>galantamine hydrobromide er</i>	17
<i>fluocinolone acetonide topical</i>	57	GAMMAGARD LIQUID	15
<i>fluocinonide</i>	59	GAMMAKED	15
<i>fluocinonide emulsified base</i>	59	GAMMAPLEX	15
<i>fluorometholone</i>	39	GAMUNEX-C	15
<i>fluorouracil</i>	60	GARDASIL 9	16
<i>fluoxetine dr</i>	32	<i>gatifloxacin</i>	38

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<i>gauze pads 2"x2"</i>	34	GYNAZOLE-1	58
<i>gavilyte-c</i>	42	HAEGARDA	54
<i>gavilyte-g</i>	42	<i>halcinonide</i>	59
<i>gavilyte-n/Flavor pack</i>	42	<i>halobetasol propionate</i>	59
GAVRETO	10	<i>haloette</i>	47
<i>gefitinib</i>	10	<i>haloperidol</i>	32
<i>gemfibrozil</i>	20	<i>haloperidol decanoate</i>	32
GEMTESA	61	<i>haloperidol lactate</i>	32
<i>generlac</i>	35	HARVONI	7
GENGRAF	54	HAVRIX	16
GENOTROPIN	50	<i>heather</i>	47
GENOTROPIN MINIQUICK	50	<i>heparin sodium</i>	19
<i>gentak</i>	38	<i>heparin sodium/d5w</i>	19
<i>gentamicin sulfate</i>	3	HEPATAMINE	36
<i>gentamicin sulfate</i>	38	HEPLISAV-B	16
<i>gentamicin sulfate</i>	57	HETLIOZ LQ	29
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HIBERIX	16
GENVOYA	7	HIZENTRA	15
GILOTRIF	10	HORIZANT	27
GLEOSTINE	10	HUMALOG	45
<i>glimepiride</i>	45	HUMALOG JUNIOR KWIKPEN	45
<i>glipizide</i>	45	HUMALOG KWIKPEN	45
<i>glipizide er</i>	45	HUMALOG MIX 50/50	45
<i>glipizide/metformin hydrochloride</i>	45	HUMALOG MIX 50/50 KWIKPEN	45
GLOPERBA	51	HUMALOG MIX 75/25	45
GLUCAGEN HYPOKIT	46	HUMALOG MIX 75/25 KWIKPEN	45
GLUCAGON EMERGENCY KIT	46	HUMIRA	52
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	46	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	52
<i>glyburide</i>	45	HUMIRA PEN	52
<i>glyburide micronized</i>	45	HUMIRA PEN-CD/UC/HS STARTER	52
<i>glyburide/metformin hydrochloride</i>	45	HUMIRA PEN-PEDIATRIC UC STARTER PACK	52
<i>glycopyrrolate</i>	17	HUMIRA PEN-PS/UV STARTER	52
<i>glydo</i>	57	HUMULIN 70/30	45
GLYXAMBI	45	HUMULIN 70/30 KWIKPEN	45
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	34	HUMULIN N	45
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	34	HUMULIN N KWIKPEN	45
GOCOVRI	29	HUMULIN R	45
<i>granisetron hydrochloride</i>	41	HUMULIN R U-500 (CONCENTRATED)	45
<i>griseofulvin microsize</i>	5	HUMULIN R U-500 KWIKPEN	45
<i>griseofulvin ultramicrosize</i>	5	<i>hydralazine hcl</i>	22
<i>guanfacine hydrochloride er</i>	30	<i>hydralazine hydrochloride</i>	22
GVOKE HYPOPEN 1-PACK	46	<i>hydrochlorothiazide</i>	37
GVOKE HYPOPEN 2-PACK	46	<i>hydrocodone bitartrate er</i>	25
GVOKE KIT	46		

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<i>hydrocodone bitartrate/acetaminophen</i>	25	<i>indapamide</i>	37
<i>hydrocodone bitartrate/homatropine methylbromide</i>	55	<i>indomethacin</i>	25
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	55	<i>indomethacin er</i>	25
<i>hydrocodone/acetaminophen</i>	25	INFANRIX	15
<i>hydrocodone/ibuprofen</i>	25	INGREZZA	34
<i>hydrocortisone</i>	44	INLYTA	11
<i>hydrocortisone</i>	59	INQOVI	11
<i>hydrocortisone butyrate</i>	59	INREBIC	11
<i>hydrocortisone valerate</i>	59	INTELENCE	7
<i>hydrocortisone/acetic acid</i>	39	INTRALIPID	36
<i>hydromorphone hcl</i>	25	INTRAROSA	44
<i>hydromorphone hcl er</i>	25	INTRON A	11
<i>hydromorphone hydrochloride er</i>	25	<i>introvale</i>	47
<i>hydroxychloroquine sulfate</i>	6	INVEGA HAFYERA	32
<i>hydroxyurea</i>	11	INVEGA SUSTENNA	32
<i>hydroxyzine hcl</i>	29	INVEGA TRINZA	32
<i>hydroxyzine hydrochloride</i>	29	INVELTYS	39
<i>hydroxyzine pamoate</i>	29	IPOL INACTIVATED IPV	16
HYFTOR	60	<i>ipratropium bromide</i>	17
<i>ibandronate sodium</i>	51	<i>ipratropium bromide/albuterol sulfate</i>	18
IBRANCE	11	<i>irbesartan</i>	23
<i>ibu</i>	25	<i>irbesartan/hydrochlorothiazide</i>	23
<i>ibuprofen</i>	25	IRESSA	11
<i>icatibant acetate</i>	54	ISENTRESS	7
<i>iclevia</i>	47	ISENTRESS HD	7
ICLUSIG	11	<i>isoniazid</i>	5
<i>icosapent ethyl</i>	20	<i>isosorbide dinitrate</i>	23
IDHIFA	11	<i>isosorbide dinitrate/hydralazine hydrochloride</i>	23
ILEVRO	39	<i>isosorbide mononitrate</i>	23
<i>imatinib mesylate</i>	11	<i>isosorbide mononitrate er</i>	23
IMBRUVICA	11	<i>isotonic gentamicin</i>	4
<i>imipenem/cilastatin</i>	3	<i>isotretinoin</i>	61
<i>imipramine hcl</i>	32	<i>isradipine</i>	21
<i>imipramine hydrochloride</i>	32	<i>itraconazole</i>	5
<i>imipramine pamoate</i>	32	<i>ivermectin</i>	2
<i>imiquimod</i>	60	<i>ivermectin</i>	58
<i>imiquimod pump</i>	61	IWILFIN	11
IMOVAX RABIES (H.D.C.V.)	16	IXCHIQ	16
IMPAVIDO	6	IXIARO	16
IMVEXXY MAINTENANCE PACK	48	JAKAFI	11
IMVEXXY STARTER PACK	48	<i>jantoven</i>	19
INBRIJA	29	JANUMET	45
INCRELEX	50	JANUMET XR	45
INCRUSE ELLIPTA	17	JANUVIA	45
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JENTADUETO	45	<i>klor-con/ef</i>	38
JENTADUETO XR	45	KORLYM	45
<i>jinteli</i>	48	KOSELUGO	11
<i>joyeaux</i>	47	KOURZEQ	57
JULUCA	7	<i>k-prime</i>	37
<i>junel 1.5/30</i>	47	KRAZATI	11
<i>junel 1/20</i>	47	KRISTALOSE	35
<i>junel fe 1.5/30</i>	47	KYNMOBI	29
<i>junel fe 1/20</i>	47	KYPROLIS	11
<i>junel fe 24</i>	47	<i>labetalol hydrochloride</i>	21
JUXTAPID	20	<i>lacosamide</i>	27
JYLAMVO	11	<i>lactated ringers</i>	38
JYNNEOS	16	<i>lactulose</i>	35
KALYDECO	56	LAGEVRIO	7
<i>kariva</i>	47	<i>lamivudine</i>	7
<i>kcl 0.075%/d5w/nacl 0.45%</i>	37	<i>lamivudine/zidovudine</i>	7
<i>kcl 0.15%/d5w/nacl 0.2%</i>	37	<i>lamotrigine</i>	27
<i>kcl 0.15%/d5w/nacl 0.225%</i>	37	<i>lamotrigine starter kit/blue</i>	27
<i>kcl 0.15%/d5w/nacl 0.45%</i>	37	<i>lamotrigine starter kit/green</i>	27
<i>kcl 0.15%/d5w/nacl 0.9%</i>	37	<i>lamotrigine starter kit/orange</i>	27
<i>kcl 0.3%/d5w/nacl 0.45%</i>	37	<i>lanreotide acetate</i>	49
<i>kcl 0.3%/d5w/nacl 0.9%</i>	37	<i>lansoprazole</i>	42
<i>kelnor 1/35</i>	47	<i>lansoprazole/amoxicillin/clarithromycin</i>	42
KENALOG-10	44	<i>lanthanum carbonate</i>	37
KERENDIA	23	LANTUS	45
KESIMPTA	53	LANTUS SOLOSTAR	45
<i>ketoconazole</i>	5	<i>lapatinib ditosylate</i>	11
<i>ketoconazole</i>	58	<i>larin 1.5/30</i>	47
KETODAN	58	<i>larin 1/20</i>	47
<i>ketoprofen</i>	25	<i>larin fe 1.5/30</i>	47
<i>ketoprofen er</i>	25	<i>larin fe 1/20</i>	47
<i>ketorolac tromethamine</i>	39	<i>latanoprost</i>	40
KINERET	52	LAZANDA	25
KINRIX	15	<i>leflunomide</i>	52
KISQALI	11	<i>lenalidomide</i>	11
KISQALI FEMARA 200 DOSE	48	LENVIMA 10 MG DAILY DOSE	11
KISQALI FEMARA 400 DOSE	48	LENVIMA 12MG DAILY DOSE	11
KISQALI FEMARA 600 DOSE	48	LENVIMA 14 MG DAILY DOSE	11
<i>klayesta</i>	56	LENVIMA 18 MG DAILY DOSE	11
KLISYRI	61	LENVIMA 20 MG DAILY DOSE	11
<i>klor-con</i>	37	LENVIMA 24 MG DAILY DOSE	12
<i>klor-con 10</i>	37	LENVIMA 4 MG DAILY DOSE	12
<i>klor-con 8</i>	37	LENVIMA 8 MG DAILY DOSE	12
<i>klor-con m10</i>	38	<i>lessina</i>	47
<i>klor-con m15</i>	38	<i>letrozole</i>	48

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<i>leucovorin calcium</i>	51	<i>lithium carbonate er</i>	28
LEUKERAN	12	LIVALO	20
<i>leuprolide acetate</i>	49	LIVMARLI	43
<i>levalbuterol</i>	18	LIVTENCITY	7
<i>levalbuterol hcl</i>	18	LO LOESTRIN FE	47
<i>levalbuterol hydrochloride</i>	18	LOKELMA	37
<i>levalbuterol tartrate hfa</i>	18	LONHALA MAGNAIR REFILL KIT	17
LEVEMIR	45	LONHALA MAGNAIR STARTER KIT	17
LEVEMIR FLEXPEN	45	LONSURF	12
LEVEMIR FLEXTOUCH	45	<i>loperamide hcl</i>	41
<i>levetiracetam</i>	27	<i>lopinavir/ritonavir</i>	7
<i>levetiracetam er</i>	27	<i>lorazepam</i>	29
<i>levobunolol hcl</i>	40	<i>lorazepam intensol</i>	29
<i>levocarnitine</i>	54	LORBRENA	12
<i>levocetirizine dihydrochloride</i>	9	<i>losartan potassium</i>	23
<i>levofloxacin</i>	4	<i>losartan potassium/hydrochlorothiazide</i>	23
<i>levofloxacin</i>	38	LOTEMAX	39
<i>levofloxacin in d5w</i>	4	<i>loteprednol etabonate</i>	39
<i>levonest</i>	47	<i>lovastatin</i>	20
<i>levonorgestrel and ethinyl estradiol</i>	47	<i>loxapine</i>	32
<i>levonorgestrel/ethinyl estradiol</i>	47	<i>lubiprostone</i>	43
<i>levora 0.15/30-28</i>	47	LUMAKRAS	12
<i>levorphanol tartrate</i>	25	LUMIGAN	40
<i>levo-t</i>	50	LUPRON DEPOT (1-MONTH)	49
<i>levothyroxine sodium</i>	50	LUPRON DEPOT (3-MONTH)	49
<i>levoxyl</i>	50	LUPRON DEPOT (4-MONTH)	49
LEXIVA	7	LUPRON DEPOT (6-MONTH)	49
LIBERVANT	27	<i>lurasidone hydrochloride</i>	32
<i>lidocaine</i>	60	LYBALVI	32
<i>lidocaine hcl</i>	51	LYNPARZA	12
<i>lidocaine hcl</i>	57	LYSODREN	12
<i>lidocaine hcl jelly</i>	57	LYTGOBI	12
<i>lidocaine hydrochloride</i>	51	<i>magnesium sulfate</i>	27
<i>lidocaine hydrochloride</i>	57	<i>malathion</i>	58
<i>lidocaine hydrochloride</i>	60	<i>maraviroc</i>	7
<i>lidocaine hydrochloride viscous</i>	41	<i>marlissa</i>	47
<i>lidocaine viscous</i>	41	MARPLAN	32
<i>lidocaine/prilocaine</i>	60	MATULANE	12
<i>linezolid</i>	4	<i>matzim la</i>	21
LINZESS	43	MAVYRET	7
<i>liothyronine sodium</i>	50	MAXIDEX	39
<i>lisdexamfetamine dimesylate</i>	26	MAYZENT	53
<i>lisinopril</i>	23	MAYZENT STARTER PACK	53
<i>lisinopril/hydrochlorothiazide</i>	23	<i>meclizine hcl</i>	41
<i>lithium</i>	28	<i>meclofenamate sodium</i>	25
<i>lithium carbonate</i>	28	MEDROL	44

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<i>medroxyprogesterone acetate</i>	49	<i>metirosine</i>	54
<i>mefloquine hcl</i>	6	<i>mexiletine hcl</i>	22
<i>megestrol acetate</i>	49	<i>mibelas 24 fe</i>	47
MEKINIST	12	<i>micafungin</i>	5
MEKTOVI	12	<i>miconazole 3</i>	58
<i>meloxicam</i>	25	<i>microgestin 1.5/30</i>	47
<i>memantine hcl titration pak</i>	30	<i>microgestin 1/20</i>	47
<i>memantine hydrochloride</i>	30	<i>microgestin fe 1.5/30</i>	47
<i>memantine hydrochloride er</i>	30	<i>microgestin fe 1/20</i>	47
MENACTRA	16	<i>midodrine hcl</i>	18
MENEST	48	<i>mifepristone</i>	46
MENOSTAR	48	<i>miglitol</i>	46
MENQUADFI	16	<i>miglustat</i>	54
MENTAX	58	MILLIPRED	44
MENVEO	16	<i>minocycline hcl</i>	4
<i>mercaptapurine</i>	12	<i>minocycline hydrochloride</i>	4
<i>meropenem</i>	4	<i>minoxidil</i>	22
<i>mesalamine</i>	41	<i>mirabegron er</i>	61
<i>mesalamine dr</i>	41	<i>mirtazapine</i>	32
<i>mesalamine er</i>	41	<i>mirtazapine odt</i>	32
MESNEX	55	<i>misoprostol</i>	42
<i>metformin hydrochloride</i>	45	M-M-R II	16
<i>metformin hydrochloride er</i>	45	<i>modafinil</i>	26
<i>methadone hcl</i>	25	<i>moexipril hcl</i>	23
<i>methamphetamine hcl</i>	26	<i>molindone hydrochloride</i>	32
<i>methazolamide</i>	40	<i>mometasone furoate</i>	39
<i>methenamine hippurate</i>	9	<i>mometasone furoate</i>	59
<i>methenamine mandelate</i>	9	<i>montelukast sodium</i>	55
<i>methimazole</i>	50	<i>morphine sulfate</i>	25
<i>methotrexate</i>	12	<i>morphine sulfate er</i>	25
<i>methotrexate sodium</i>	12	MOUNJARO	46
<i>methsuximide</i>	27	MOVANTIK	43
<i>methylphenidate hydrochloride</i>	26	<i>moxifloxacin hydrochloride/sodium</i>	4
<i>methylphenidate hydrochloride er</i>	26	<i>hydrochloride</i>	
<i>methylprednisolone</i>	44	<i>moxifloxacin hydrochloride</i>	4
<i>methylprednisolone acetate</i>	44	<i>moxifloxacin hydrochloride</i>	38
<i>methylprednisolone dose pack</i>	44	MOZOBIL	19
<i>metoclopramide hcl</i>	43	MULTAQ	22
<i>metoclopramide hydrochloride</i>	43	<i>mupirocin</i>	58
<i>metolazone</i>	37	<i>mycophenolate mofetil</i>	54
<i>metoprolol succinate er</i>	21	<i>mycophenolic acid dr</i>	54
<i>metoprolol tartrate</i>	21	MYFEMBREE	49
<i>metoprolol/hydrochlorothiazide</i>	21	MYORISAN	61
<i>metronidazole</i>	6	MYRBETRIQ	61
<i>metronidazole</i>	58	<i>nabumetone</i>	25
<i>metronidazole vaginal</i>	58	<i>nadolol</i>	21

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<i>nafcillin sodium</i>	4	<i>nimodipine</i>	22
<i>naftifine hcl</i>	58	NINLARO	12
<i>naftifine hydrochloride</i>	57	<i>nisoldipine er</i>	22
<i>naftifine hydrochloride</i>	58	<i>nitazoxanide</i>	6
<i>naloxone hcl</i>	30	<i>nitisinone</i>	54
<i>naloxone hydrochloride</i>	30	NITRO-BID	23
<i>naltrexone hcl</i>	30	<i>nitrofurantoin macrocrystals</i>	9
NAMZARIC	30	<i>nitrofurantoin monohydrate/macrocrystals</i>	9
<i>naproxen</i>	25	<i>nitroglycerin</i>	23
<i>naproxen dr</i>	25	<i>nitroglycerin</i>	57
<i>naproxen sodium</i>	25	<i>nitroglycerin transdermal</i>	23
<i>naratriptan hcl</i>	28	NIVA THYROID	50
NATACYN	38	NORDITROPIN FLEXPRO	50
<i>nateglinide</i>	46	<i>norelgestromin/ethinyl estradiol</i>	47
NATPARA	49	<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	47
NAYZILAM	27	<i>norethindrone acetate</i>	49
<i>nebivolol hydrochloride</i>	21	<i>norethindrone acetate/ethinyl estradiol</i>	48
<i>necon 0.5/35-28</i>	47	<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	47
<i>nefazodone hydrochloride</i>	32	NORPACE CR	22
<i>neomycin sulfate</i>	4	<i>nortrel 0.5/35 (28)</i>	47
<i>neomycin/bacitracin/polymyxin</i>	38	<i>nortrel 1/35</i>	47
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	39	<i>nortrel 7/7/7</i>	47
<i>neomycin/polymyxin/dexamethasone</i>	39	<i>nortriptyline hcl</i>	32
<i>neomycin/polymyxin/gramicidin</i>	38	<i>nortriptyline hydrochloride</i>	32
<i>neomycin/polymyxin/hc</i>	39	NORVIR	7
<i>neomycin/polymyxin/hydrocortisone</i>	39	NOURIANZ	30
<i>neo-polycin</i>	38	NOXAFIL	5
<i>neo-polycin hc</i>	39	<i>np thyroid 120</i>	50
NERLYNX	12	<i>np thyroid 15</i>	50
NEULASTA	19	<i>np thyroid 30</i>	50
NEULASTA ONPRO KIT	19	<i>np thyroid 60</i>	50
NEUPRO	29	<i>np thyroid 90</i>	50
<i>nevirapine</i>	7	NUBEQA	12
<i>nevirapine er</i>	7	NUCALA	55
NEXLETOL	20	NUEDEXTA	30
NEXLIZET	20	NULOJIX	54
<i>niacin</i>	62	NUPLAZID	32
<i>niacin er</i>	20	NURTEC	28
<i>niacor</i>	62	NUTRILIPID	36
<i>nicardipine hcl</i>	21	NUTROPIN AQ NUSPIN 10	50
NICOTROL INHALER	17	NUTROPIN AQ NUSPIN 20	50
NICOTROL NS	17	NUTROPIN AQ NUSPIN 5	50
<i>nifedipine er</i>	21	NUVESSA	58
<i>nikki</i>	47	NUZYRA	4
<i>nilutamide</i>	12		

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NYMALIZE	22	ONGENTYS	29
<i>nystatin</i>	5	ONUREG	12
<i>nystatin</i>	58	OPDIVO	12
<i>nystop</i>	58	<i>opium</i>	41
OCTAGAM	15	<i>opium tincture</i>	41
<i>octreotide acetate</i>	49	OPSUMIT	56
ODEFSEY	7	OPVEE	30
ODOMZO	12	<i>oralone dental paste</i>	59
OFEV	55	ORENCIA	52
<i>ofloxacin</i>	4	ORENCIA CLICKJECT	52
<i>ofloxacin</i>	38	ORENITRAM	56
OGSIVEO	12	ORENITRAM TITRATION KIT MONTH	56
OJJAARA	12	1	
<i>olanzapine</i>	32	ORENITRAM TITRATION KIT MONTH	56
<i>olanzapine odt</i>	32	2	
<i>olanzapine/fluoxetine</i>	32	ORENITRAM TITRATION KIT MONTH	56
<i>olmesartan medoxomil</i>	23	3	
<i>olmesartan</i>	22	ORFADIN	54
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		ORGOVYX	49
<i>olmesartan medoxomil/hydrochlorothiazide</i>	23	ORLISSA	49
<i>olopatadine hcl</i>	40	ORKAMBI	56
<i>olopatadine hydrochloride</i>	40	ORSERDU	12
<i>omega-3-acid ethyl esters</i>	20	<i>oseltamivir phosphate</i>	8
<i>omeprazole</i>	42	OSMOPREP	42
<i>omeprazole dr</i>	42	OSPHENA	48
OMNIPOD 5 G6 INTRO KIT (GEN 5)	34	OTEZLA	52
OMNIPOD 5 G6 PODS (GEN 5)	34	<i>oxacillin sodium</i>	4
OMNIPOD 5 G7 INTRO KIT (GEN 5)	34	<i>oxaprozin</i>	25
OMNIPOD 5 G7 PODS (GEN 5)	34	<i>oxazepam</i>	30
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	34	OXBRYTA	19
OMNIPOD CLASSIC PODS (GEN 3)	34	<i>oxcarbazepine</i>	27
OMNIPOD DASH INTRO KIT (GEN 4)	34	OXERVATE	41
OMNIPOD DASH PDM KIT (GEN 4)	34	<i>oxybutynin chloride</i>	61
OMNIPOD DASH PODS (GEN 4)	34	<i>oxybutynin chloride er</i>	61
OMNIPOD GO 10 UNITS/DAY	34	<i>oxycodone hcl er</i>	25
OMNIPOD GO 15 UNITS/DAY	34	<i>oxycodone hydrochloride</i>	25
OMNIPOD GO 20 UNITS/DAY	34	<i>oxycodone hydrochloride er</i>	25
OMNIPOD GO 25 UNITS/DAY	34	<i>oxycodone/acetaminophen</i>	26
OMNIPOD GO 30 UNITS/DAY	34	OXYCONTIN	26
OMNIPOD GO 35 UNITS/DAY	34	OZEMPIC	46
OMNIPOD GO 40 UNITS/DAY	34	<i>pacerone</i>	22
OMNITROPE	50	<i>paclitaxel</i>	12
<i>ondansetron hcl</i>	41	<i>paliperidone er</i>	32
<i>ondansetron hydrochloride</i>	41	PANRETIN	61
		<i>pantoprazole sodium</i>	42

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<i>paricalcitol</i>	62	<i>pioglitazone hcl</i>	46
<i>paromomycin sulfate</i>	6	<i>pioglitazone hcl/metformin hcl</i>	46
<i>paroxetine hcl</i>	32	<i>pioglitazone hcl-glimepiride</i>	46
<i>paroxetine hcl er</i>	32	<i>pioglitazone hydrochloride</i>	46
<i>paroxetine hydrochloride</i>	33	<i>piperacillin sodium/tazobactam sodium</i>	4
PASER	5	PIQRAY 200MG DAILY DOSE	13
PAXLOVID	8	PIQRAY 250MG DAILY DOSE	13
<i>pazopanib hydrochloride</i>	13	PIQRAY 300MG DAILY DOSE	13
PEDIARIX	16	<i>pirfenidone</i>	55
PEDVAX HIB	16	<i>piroxicam</i>	26
<i>peg-3350/electrolytes</i>	42	<i>pitavastatin calcium</i>	20
<i>peg-3350/electrolytes/ascorbate</i>	42	PLEGRIDY	53
<i>peg-3350/nacl/na bicarbonate/kcl</i>	42	PLEGRIDY STARTER PACK	53
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	42	PLENAMINE	36
PEGASYS	8	<i>plerixafor</i>	19
PEMAZYRE	13	<i>podofilox</i>	57
PENBRAYA	16	<i>podofilox</i>	61
<i>penciclovir</i>	58	<i>polycin</i>	39
<i>penicillamine</i>	43	<i>polymyxin b sulfate/trimethoprim sulfate</i>	39
<i>penicillin g potassium</i>	4	POMALYST	13
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	<i>portia-28</i>	48
<i>penicillin g sodium</i>	4	<i>posaconazole</i>	5
<i>penicillin v potassium</i>	4	<i>posaconazole dr</i>	5
PENTACEL	16	<i>potassium chloride</i>	38
<i>pentamidine isethionate</i>	6	<i>potassium chloride er</i>	38
<i>pentoxifylline er</i>	19	<i>potassium chloride/dextrose/sodium chloride</i>	38
<i>perindopril erbumine</i>	23	<i>potassium citrate er</i>	35
<i>periogard</i>	39	PRALUENT	20
<i>permethrin</i>	58	<i>pramipexole dihydrochloride</i>	29
<i>perphenazine</i>	33	<i>prasugrel hydrochloride</i>	19
PERSERIS	33	<i>pravastatin sodium</i>	20
<i>phenelzine sulfate</i>	33	<i>praziquantel</i>	2
<i>phenobarbital</i>	30	<i>prazosin hydrochloride</i>	20
<i>phenoxybenzamine hydrochloride</i>	18	PRED MILD	39
<i>phenytek</i>	27	<i>prednisolone</i>	44
<i>phenytoin</i>	27	<i>prednisolone acetate</i>	39
<i>phenytoin sodium extended</i>	27	<i>prednisolone sodium phosphate</i>	40
PHOSPHOLINE IODIDE	40	<i>prednisolone sodium phosphate</i>	44
PIFELTRO	8	<i>prednisolone sodium phosphate odt</i>	44
<i>pilocarpine hcl</i>	40	<i>prednisone</i>	44
<i>pilocarpine hydrochloride</i>	17	<i>pregabalin</i>	27
<i>pimecrolimus</i>	61	<i>pregabalin er</i>	26
<i>pimozide</i>	33	PREHEVBRIO	16
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<i>premium lidocaine</i>	60	<i>protriptyline hcl</i>	33
PREMPHASE	48	PULMOZYME	56
PREMPRO	48	PURIXAN	13
<i>prenatal</i>	62	PYLERA	42
<i>prevalite</i>	20	<i>pyrazinamide</i>	5
PREVYMIS	8	<i>pyridostigmine bromide</i>	17
PREZCOBIX	8	<i>pyridostigmine bromide er</i>	17
PREZISTA	8	<i>pyrimethamine</i>	6
PRIFTIN	5	PYRUKYND	19
<i>primaquine phosphate</i>	6	PYRUKYND TAPER PACK	19
<i>primidone</i>	27	QINLOCK	13
PRIORIX	16	QUADRACEL	15
PRIVIGEN	15	<i>quetiapine fumarate</i>	33
PROAIR RESPICLICK	18	<i>quetiapine fumarate er</i>	33
<i>probenecid</i>	38	<i>quinapril hydrochloride</i>	23
<i>probenecid/colchicine</i>	38	<i>quinapril/hydrochlorothiazide</i>	23
<i>prochlorperazine</i>	33	<i>quinidine gluconate cr</i>	22
<i>prochlorperazine edisylate</i>	33	<i>quinidine sulfate</i>	22
<i>prochlorperazine maleate</i>	33	<i>quinine sulfate</i>	6
PROCRIT	19	QVAR REDIHALER	44
PROCTOFOAM HC	57	RABAVERT	16
<i>procto-med hc</i>	59	<i>rabeprazole sodium</i>	42
<i>procto-pak</i>	59	RADICAVA ORS	30
<i>proctosol hc</i>	59	RADICAVA ORS STARTER KIT	30
<i>proctozone-hc</i>	59	<i>raloxifene hydrochloride</i>	49
<i>progesterone</i>	49	<i>ramelteon</i>	30
PROGRAF	54	<i>ramipril</i>	23
PROLASTIN-C	56	<i>ranolazine er</i>	22
PROLENSA	40	<i>rasagiline mesylate</i>	29
PROLIA	51	RASUVO	52
PROMACTA	19	RAYALDEE	62
<i>promethazine hcl</i>	9	REBIF	53
<i>promethazine hydrochloride</i>	9	REBIF REBIDOSE	53
<i>promethazine hydrochloride plain</i>	9	REBIF REBIDOSE TITRATION PACK	53
<i>promethazine vc/codeine</i>	55	REBIF TITRATION PACK	53
<i>promethazine/codeine</i>	55	RECOMBIVAX HB	16
<i>promethazine/phenylephrine/codeine</i>	55	RECTIV	61
<i>propafenone hcl</i>	22	REGRANEX	61
<i>propafenone hydrochloride er</i>	22	RELENZA DISKHALER	8
<i>propranolol hcl</i>	21	RELISTOR	43
<i>propranolol hcl er</i>	21	RELYVRIO	30
<i>propranolol hydrochloride</i>	21	<i>repaglinide</i>	46
<i>propranolol hydrochloride er</i>	21	REPATHA	20
<i>propylthiouracil</i>	50	REPATHA PUSHTRONEX SYSTEM	20
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RETACRIT	19	SAJAZIR	54
RETEVMO	13	<i>salsalate</i>	26
RETIN-A MICRO	57	SANTYL	61
RETIN-A MICRO PUMP	60	<i>sapropterin dihydrochloride</i>	54
REVCIVI	38	SAVELLA	30
REVLIMID	13	SAVELLA TITRATION PACK	30
REXULTI	33	SCEMBLIX	13
REYATAZ	8	<i>scopolamine</i>	41
REZLIDHIA	13	SECUADO	33
REZUROCK	54	<i>selegiline hcl</i>	29
RHOPRESSA	40	<i>selenium sulfide</i>	58
<i>ribavirin</i>	8	SELZENTRY	8
RIDAURA	43	SEREVENT DISKUS	18
<i>rifabutin</i>	5	SEROSTIM	50
<i>rifampin</i>	6	<i>sertraline hcl</i>	33
<i>riluzole</i>	30	<i>sertraline hydrochloride</i>	33
<i>rimantadine hydrochloride</i>	8	<i>sevelamer carbonate</i>	37
RINVOQ	53	<i>sf 5000 plus</i>	51
RINVOQ LQ	51	<i>sharobel</i>	48
<i>risedronate sodium</i>	51	SHINGRIX	16
<i>risedronate sodium dr</i>	51	SIGNIFOR	50
RISPERDAL CONSTA	33	<i>sildenafil citrate</i>	24
<i>risperidone</i>	33	<i>silodosin</i>	18
<i>risperidone er</i>	33	<i>silver sulfadiazine</i>	58
<i>risperidone odt</i>	33	SIMBRINZA	40
<i>ritonavir</i>	8	<i>simvastatin</i>	20
<i>rivastigmine tartrate</i>	17	<i>sirolimus</i>	54
<i>rivastigmine transdermal system</i>	17	SIRTURO	6
<i>rizatriptan benzoate</i>	28	SIVEXTRO	4
<i>rizatriptan benzoate odt</i>	28	SKYRIZI	43
ROCKLATAN	40	SKYRIZI	61
<i>roflumilast</i>	56	SKYRIZI PEN	61
<i>ropinirole hcl</i>	29	<i>sodium chloride</i>	38
<i>ropinirole hydrochloride</i>	29	<i>sodium chloride 0.45%</i>	38
<i>rosadan</i>	58	<i>sodium chloride 0.9%</i>	37
<i>rosuvastatin calcium</i>	20	<i>sodium fluoride 1.1</i>	51
ROTARIX	16	<i>sodium fluoride 5000 plus</i>	51
ROTATEQ	16	<i>sodium fluoride 5000 ppm</i>	51
<i>rowepra</i>	27	<i>sodium oxybate</i>	30
ROZLYTREK	13	<i>sodium phenylbutyrate</i>	35
RUBRACA	13	<i>sodium polystyrene sulfonate</i>	37
<i>rufinamide</i>	27	<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	42
RUKOBIA	8	<i>solifenacin succinate</i>	61
RYBELSUS	46		

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Drug Name	Page #	Drug Name	Page #
SOLOSEC	6	SUPRAX	4
SOLTAMOX	49	SYMDEKO	56
SOLU-CORTEF	44	SYMLINPEN 120	46
SOMATULINE DEPOT	50	SYMLINPEN 60	46
SOMAVERT	50	SYMPAZAN	28
<i>sorafenib</i>	13	SYMTUZA	8
<i>sorafenib tosylate</i>	13	SYNAREL	49
<i>sotalol hcl</i>	21	SYNJARDY	46
<i>sotalol hydrochloride (af)</i>	21	SYNJARDY XR	46
SPIRIVA RESPIMAT	17	SYNRIBO	13
<i>spironolactone</i>	23	SYNTHROID	50
<i>spironolactone/hydrochlorothiazide</i>	23	TABLOID	13
SPRITAM	28	TABRECTA	13
SPRYCEL	13	<i>tacrolimus</i>	54
<i>sps</i>	37	<i>tacrolimus</i>	61
<i>ssd</i>	58	<i>tadalafil</i>	24
STAMARIL	16	TAFINLAR	13
STELARA	61	<i>tafluprost</i>	41
<i>sterile water for irrigation</i>	37	TAGRISSE	14
STIOLTO RESPIMAT	17	TALZENNA	14
STIVARGA	13	<i>tamoxifen citrate</i>	49
<i>streptomycin sulfate</i>	4	<i>tamsulosin hydrochloride</i>	18
STRIBILD	8	<i>tarina fe 1/20 eq</i>	48
STRIVERDI RESPIMAT	18	TASIGNA	14
SUBSYS	26	<i>tasimelteon</i>	30
<i>subvenite</i>	28	TAVALISSE	19
<i>subvenite starter kit/blue</i>	28	TAVNEOS	54
<i>subvenite starter kit/green</i>	28	<i>taysofy</i>	48
<i>subvenite starter kit/orange</i>	28	<i>tazarotene</i>	61
SUCRAID	38	TAZICEF	4
<i>sucrafate</i>	42	TAZORAC	61
<i>sulfacetamide sodium</i>	39	<i>taztia xt</i>	22
<i>sulfacetamide sodium/prednisolone sodium</i>	40	TAZVERIK	14
<i>phosphate</i>		<i>tdvax</i>	15
<i>sulfadiazine</i>	4	<i>techlite insulin syringe u-100/0.5ml/30g x</i>	34
<i>sulfamethoxazole/trimethoprim</i>	4	<i>1/2"</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	4	<i>techlite pen needles 29g x 10mm</i>	34
SULFAMYLON	58	TEFLARO	4
<i>sulfasalazine</i>	4	TEGSEDI	51
<i>sulindac</i>	26	TEKTURN HCT	23
<i>sumatriptan</i>	28	<i>telmisartan</i>	23
<i>sumatriptan succinate</i>	28	<i>telmisartan/amlodipine</i>	22
<i>sumatriptan succinate refill</i>	28	<i>telmisartan/hydrochlorothiazide</i>	23
<i>sunitinib malate</i>	13	<i>temazepam</i>	30
SUNLENCA	8	TEMIXYS	8
SUNOSI	26	TENIVAC	15

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<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
<i>tenofovir disoproxil fumarate</i>	8	<i>toremifene citrate</i>	49
TEPMETKO	14	<i>toremide</i>	37
<i>terazosin hcl</i>	20	TOUJEO MAX SOLOSTAR	46
<i>terazosin hydrochloride</i>	20	TOUJEO SOLOSTAR	46
<i>terbinafine hcl</i>	5	TOVET	60
<i>terconazole</i>	58	TRACLEER	56
<i>teriflunomide</i>	53	TRADJENTA	46
<i>teriparatide</i>	49	<i>tramadol hcl er</i>	26
<i>testosterone</i>	45	<i>tramadol hydrochloride</i>	26
<i>testosterone cypionate</i>	44	<i>tramadol hydrochloride er</i>	26
<i>testosterone enanthate</i>	44	<i>tramadol hydrochloride/acetaminophen</i>	26
<i>testosterone pump</i>	44	<i>trandolapril</i>	23
<i>tetrabenazine</i>	34	<i>tranexamic acid</i>	18
<i>tetracycline hydrochloride</i>	4	<i>transylcypromine sulfate</i>	33
THALOMID	53	TRAVASOL	36
<i>theophylline</i>	61	<i>travoprost</i>	41
<i>theophylline er</i>	61	<i>trazodone hydrochloride</i>	33
THIOLA EC	54	TRECTOR	6
<i>thioridazine hcl</i>	33	TRELEGY ELLIPTA	44
<i>thiothixene</i>	33	TRELSTAR MIXJECT	49
THYQUIDITY	50	TRESIBA	46
THYROID	50	TRESIBA FLEXTOUCH	46
<i>tiadylt er</i>	22	<i>tretinoin</i>	14
<i>tiagabine hydrochloride</i>	28	<i>tretinoin</i>	60
TIBSOVO	14	<i>tretinoin microsphere</i>	57
TICOVAC	16	<i>tretinoin microsphere</i>	60
<i>timolol maleate</i>	21	TREXALL	14
<i>timolol maleate</i>	41	<i>triamcinolone acetonide</i>	44
<i>timolol maleate ophthalmic gel forming</i>	41	<i>triamcinolone acetonide</i>	60
<i>tinidazole</i>	6	<i>triamcinolone acetonide dental paste</i>	60
<i>tiopronin</i>	54	<i>triamterene</i>	37
TIROSINT-SOL	50	<i>triamterene/hydrochlorothiazide</i>	37
TIVICAY	8	TRIANEX	60
TIVICAY PD	8	<i>triderm</i>	60
<i>tizanidine hcl</i>	17	<i>trientine hydrochloride</i>	43
<i>tizanidine hydrochloride</i>	17	<i>trifluoperazine hcl</i>	33
TOBI PODHALER	4	<i>trifluoperazine hydrochloride</i>	33
TOBRADEX	40	<i>trifluridine</i>	39
TOBRADEX ST	40	<i>trihexyphenidyl hcl</i>	29
<i>tobramycin</i>	4	<i>trihexyphenidyl hydrochloride</i>	29
<i>tobramycin</i>	39	TRIKAFTA	56
<i>tobramycin sulfate</i>	4	<i>trimethoprim</i>	9
<i>tobramycin/dexamethasone</i>	40	<i>trimipramine maleate</i>	33
<i>tolterodine tartrate er</i>	61	TRINTELLIX	33
<i>topiramate</i>	28	<i>tri-sprintec</i>	48
<i>topiramate er</i>	28	TRITOCIN	60

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Drug Name	Page #	Drug Name	Page #
TRIUMEQ	8	<i>varденафил гидрохлориде одт</i>	24
TRIUMEQ PD	8	<i>варениклине стартинг монџ бокс</i>	17
<i>тривора-28</i>	48	<i>варениклине тарtrate</i>	17
TRIZIVIR	8	<i>варениклине тарtrate</i>	17
TROPHAMINE	36	VARIVAX	16
<i>trueplus insulin syringe /u-100/1ml/29g x</i>	34	VARIZIG	15
<i>1/2"</i>		VASCEPA	20
<i>trueplus pen needles 29gx12mm</i>	35	<i>веливет</i>	48
TRULICITY	46	VELPHORO	37
TRUMENBA	16	VELTASSA	37
TRUQAP	14	VEMLIDY	8
TRUSELTIQ	14	VENCLEXTA	14
TUKYSA	14	VENCLEXTA STARTING PACK	14
TURALIO	14	<i>венлафаксине бесилате ер</i>	33
<i>тургоз</i>	48	<i>венлафаксине hcl ер</i>	33
TWINRIX	16	<i>венлафаксине гидрохлориде</i>	33
<i>тыблуме</i>	48	<i>венлафаксине гидрохлориде ер</i>	33
TYBOST	54	VENTAVIS	56
TYMLOS	49	<i>верапамил hcl</i>	22
TYPHIM VI	16	<i>верапамил hcl ер</i>	22
UBRELVY	28	<i>верапамил hcl ср</i>	22
UCERIS	60	<i>верапамил гидрохлориде</i>	22
UDENYCA	19	<i>верапамил гидрохлориде ер</i>	22
UDENYCA ONBODY	19	VERQUVO	24
<i>унитроид</i>	50	VERSACLOZ	33
UPTRAVI	56	VERZENIO	14
UPTRAVI TITRATION PACK	56	VIBRAMYCIN	5
<i>урсодиол</i>	42	VICTOZA	46
<i>валацикловир гидрохлориде</i>	8	<i>вигабатрин</i>	28
VALCHLOR	61	<i>вигадроне</i>	28
<i>валганцикловир</i>	8	<i>вигподер</i>	28
<i>валганцикловир гидрохлориде</i>	8	VIIBRYD STARTER PACK	33
<i>валпроате sodium</i>	28	VIJOICE	54
<i>валпроиц ацид</i>	28	<i>вилазодоне гидрохлориде</i>	33
<i>валсартан</i>	23	VIRACEPT	8
<i>валсартан/гидрохлоротиазиде</i>	23	VIREAD	8
VALTOCO 10 MG DOSE	28	<i>витамин d</i>	62
VALTOCO 15 MG DOSE	28	VITRAKVI	14
VALTOCO 20 MG DOSE	28	VIVITROL	30
VALTOCO 5 MG DOSE	28	VIZIMPRO	14
<i>ванкомицин</i>	5	VONJO	14
<i>ванкомицин hcl</i>	4	<i>вориконазол</i>	5
<i>ванкомицин гидрохлориде</i>	4	VOSEVI	8
VANFLYTA	14	VOTRIENT	14
VAQTA	16	VOXZOGO	55
<i>варденафил гидрохлориде</i>	24	VRAYLAR	33

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VUMERITY	53	ZARXIO	19
<i>vyfemla</i>	48	ZEJULA	15
VYNDAMAX	55	ZELBORAF	15
VYNDAQEL	55	ZENATANE	61
VYVANSE	26	ZENPEP	43
VYZULTA	41	ZEPOSIA	53
<i>warfarin sodium</i>	19	ZEPOSIA 7-DAY STARTER PACK	53
WELIREG	14	ZEPOSIA STARTER KIT	53
WINLEVI	61	ZERBAXA	5
<i>wixela inhub</i>	18	<i>zidovudine</i>	8
XALKORI	14	ZIEXTENZO	19
XARELTO	19	<i>zileuton er</i>	55
XARELTO STARTER PACK	19	<i>ziprasidone hcl</i>	34
XATMEP	14	<i>ziprasidone mesylate</i>	34
XCOPRI	28	ZIRGAN	39
XDEMVY	39	<i>zoledronic acid</i>	51
XELJANZ	53	ZOLINZA	15
XELJANZ XR	53	<i>zolpidem tartrate</i>	30
XENLETA	5	ZONISADE	28
XERMELO	41	<i>zonisamide</i>	28
XGEVA	51	ZORBTIVE	50
XIFAXAN	5	ZOSYN	5
XIGDUO XR	46	<i>zovia 1/35</i>	48
XOFLUZA	8	ZTALMY	28
XOLAIR	56	ZURZUVAE	34
XOSPATA	14	ZYDELIG	15
XPOVIO	14	ZYKADIA	15
XPOVIO 100 MG ONCE WEEKLY	14	ZYLET	40
XPOVIO 40 MG ONCE WEEKLY	14	ZYPREXA RELPREVV	34
XPOVIO 40 MG TWICE WEEKLY	14		
XPOVIO 60 MG ONCE WEEKLY	14		
XPOVIO 60 MG TWICE WEEKLY	14		
XPOVIO 80 MG ONCE WEEKLY	14		
XPOVIO 80 MG TWICE WEEKLY	15		
XTANDI	15		
<i>xulane</i>	48		
XYOSTED	45		
<i>yargesa</i>	55		
YERVOY	15		
YF-VAX	16		
YONSA	15		
YUPELRI	17		
<i>yuvafem</i>	49		
<i>zafemy</i>	48		
<i>zafirlukast</i>	55		
<i>zaleplon</i>	30		

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## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Someone who speaks English can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-341-1507 (HMO)/1-866-632-0060 (PPO)번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية (PPO) 1-888-341-1507 (HMO) ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-341-1507 (HMO)/1-866-632-0060 (PPO). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-341-1507 (HMO)/1-866-632-0060 (PPO)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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This formulary was updated on 08/01/2024. For more recent information or other questions, please contact CarePartners of Connecticut Member Services at **1-866-632-0060** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **[www.carepartnersct.com](http://www.carepartnersct.com)**.



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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-632-0060 (TTY: 711).