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Tufts Medicare Preferred HMO Group Retiree 2023 Formulary (List of Covered Drugs)

Tufts Medicare Preferred HMO Plans

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

23550 Version 4

This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (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.thpmp.org**.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Tufts Medicare Preferred HMO Group Retiree 2023 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 Tufts Health Plan. When it refers to “plan” or “our plan,” it means Tufts Medicare Preferred HMO.

This document includes a list of the drugs (formulary) for our plan which is current as of September 2022. 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, 2024, and from time to time during the year.

What is the Tufts Medicare Preferred HMO Formulary?

A formulary is a list of covered drugs selected by Tufts Medicare Preferred HMO 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. Tufts Medicare Preferred HMO will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?*”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 September 2022. To get updated information about the drugs covered by Tufts Medicare Preferred HMO, 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 64. 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?

Tufts Medicare Preferred HMO 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:** Tufts Medicare Preferred HMO requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Tufts Medicare Preferred HMO before you fill your prescriptions. If you don't get approval, Tufts Medicare Preferred HMO may not cover the drug.
- **Quantity Limits:** For certain drugs, Tufts Medicare Preferred HMO limits the amount of the drug that Tufts Medicare Preferred HMO will cover. For example, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Tufts Medicare Preferred HMO will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?*” on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Tufts Medicare Preferred HMO does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Tufts Medicare Preferred HMO. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Tufts Medicare Preferred HMO.
- You can ask Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Formulary?

You can ask Tufts Medicare Preferred HMO 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.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Tufts Medicare Preferred HMO 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, Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO Member Services department.

For more information

For more detailed information about your Tufts Medicare Preferred HMO prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about Tufts Medicare Preferred HMO, 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**.

Tufts Medicare Preferred HMO Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Tufts Medicare Preferred HMO. If you have trouble finding your drug in the list, turn to the Index that begins on page 64.

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 Tufts Medicare Preferred HMO 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.

QL: Quantity Limit Applies

Because of potential safety and utilization concerns, Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, “*How do I request an exception to the Tufts Medicare Preferred HMO 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. For more information, please call Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (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.thpmp.org**.

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.

STPA: 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 Tufts Medicare Preferred HMO 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 Tufts Medicare Preferred HMO to make an exception to our coverage rules. See the section, *"How do I request an exception to the Tufts Medicare Preferred HMO Formulary?"* on page V for information about how to request an exception.

Part B Drug:

No copayment is required and the cost of the medication does not apply to your Part D benefit.

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: **1-800-265-1705**

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)
- FreeStyle Libre continuous glucose monitoring system (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

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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
Anti-infective Agents		
<i>Anthelmintics</i>		
<i>albendazole tabs</i>	3	NEDS
<i>ivermectin tabs 3mg</i>	1	
<i>praziquantel tabs</i>	2	
<i>Antibacterials</i>		
AEMCOLO	3	QL (12 EA per 3 days)
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	1	HI
<i>amoxicillin/clavulanate potassium</i>	1	
<i>amoxicillin/clavulanate potassium er</i>	1	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	1	HI
<i>ampicillin-sulbactam</i>	1	HI
<i>ampicillin caps 500mg</i>	1	
ARIKAYCE	3	PA NEDS
AVYCAZ	2	HI
<i>azithromycin pack, susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	1	HI
<i>aztreonam</i>	1	HI
BAXDELA TABS	3	NEDS
BAXDELA INJ	3	NEDS HI
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	2	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	2	
CAYSTON	3	PA NEDS
<i>cefaclor er tb12 500mg</i>	1	
<i>cefaclor caps</i>	1	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	1	HI
<i>cefdinir</i>	1	
<i>cefepime inj 1gm, 2gm</i>	1	HI
<i>cefixime susr</i>	1	
<i>cefixime caps</i>	2	
<i>cefotetan inj 1gm, 2gm</i>	1	HI
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs 100mg</i>	1	
<i>cefpodoxime proxetil tabs 200mg</i>	3	
<i>cefprozil</i>	1	
<i>ceftazidime inj 1gm, 2gm, 6gm</i>	1	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	HI
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium inj 1.5gm, 750mg</i>	1	HI
<i>cephalexin caps, tabs</i>	1	
<i>cephalexin susr</i>	2	
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	
<i>ciprofloxacin i.v.-in d5w</i>	1	HI
<i>clarithromycin er</i>	1	
<i>clarithromycin tabs</i>	1	
<i>clarithromycin susr</i>	2	
<i>clindamycin hcl caps 300mg</i>	1	
<i>clindamycin hydrochloride caps 150mg, 75mg</i>	1	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phosphate/dextrose</i>	1	HI
<i>clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	1	HI
<i>colistimethate sodium inj</i>	1	HI
DALVANCE	2	HI
<i>daptomycin</i>	1	HI
<i>demeclocycline hcl tabs</i>	3	
<i>dicloxacillin sodium</i>	2	
DIFICID	3	PA NEDS
DOXY 100	2	HI
<i>doxycycline</i>	1	
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	
<i>doxycycline hyclate caps 50mg</i>	1	
<i>doxycycline hyclate caps 100mg</i>	2	
<i>doxycycline hyclate tabs</i>	1	
<i>doxycycline hyclate inj</i>	2	HI
<i>doxycycline monohydrate caps</i>	1	
<i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i>	1	
<i>doxycycline monohydrate tabs 150mg</i>	2	
<i>e.e.s. 400 tabs</i>	1	
<i>ertapenem</i>	1	HI
ERYTHROCIN LACTOBIONATE INJ 500MG	2	HI
ERYTHROCIN STEARATE TABS 250MG	2	
<i>erythromycin base tabs</i>	2	
<i>erythromycin dr</i>	2	
<i>erythromycin ethylsuccinate tabs</i>	1	
<i>erythromycin ethylsuccinate susr 400mg/5ml</i>	1	
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	2	
<i>erythromycin lactobionate</i>	2	HI

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin cpep 250mg</i>	1	
FIRVANQ	3	
<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>	1	HI
<i>gentamicin sulfate inj 40mg/ml</i>	1	HI
<i>imipenem/cilastatin</i>	1	HI
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	1	HI
<i>levofloxacin in d5w</i>	1	HI
<i>levofloxacin inj 25mg/ml</i>	1	HI
<i>levofloxacin oral soln 25mg/ml</i>	2	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	3	
<i>linezolid susr</i>	3	NEDS
<i>linezolid inj 600mg/300ml</i>	1	HI
<i>meropenem</i>	1	HI
<i>minocycline hcl caps 75mg</i>	1	
<i>minocycline hcl tabs</i>	3	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	1	
<i>mondoxylene nl caps 100mg</i>	1	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	
<i>nafticillin sodium inj 10gm, 1gm, 2gm</i>	1	HI
<i>neomycin sulfate tabs</i>	1	
NUZYRA TABS	3	NEDS
<i>ofloxacin tabs 400mg</i>	1	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	1	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	1	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	1	HI
<i>penicillin g procaine</i>	1	
<i>penicillin g sodium</i>	1	HI
<i>penicillin v potassium</i>	1	
<i>piperacillin sodium/tazobactam sodium</i>	1	HI
<i>polymyxin b sulfate inj</i>	1	HI
SIVEXTRO INJ	2	HI
SIVEXTRO TABS	3	NEDS
<i>streptomycin sulfate inj 1gm</i>	1	
<i>sulfadiazine tabs</i>	1	
<i>sulfamethoxazole/trimethoprim ds</i>	1	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	1	
<i>sulfasalazine tabs, tbec</i>	1	
SUPRAX CHEW	3	
SUPRAX SUSR 500MG/5ML	3	
<i>targadox</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tazicef inj 1gm, 2gm</i>	1	HI
TEFLARO	2	HI
<i>tetracycline hydrochloride caps</i>	2	
<i>tigecycline</i>	1	HI
TOBI PODHALER	3	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	HI
<i>tobramycin nebu 300mg/5ml</i>	2	PA BvD NEDS; SP-Optum Specialty
<i>tobramycin nebu 300mg/4ml</i>	3	PA BvD NEDS; SP-Optum Specialty
VABOMERE	2	HI
<i>vancomycin hcl inj 100gm, 10gm</i>	1	HI
<i>vancomycin hydrochloride caps</i>	2	
<i>vancomycin hydrochloride oral solr</i>	3	
<i>vancomycin hydrochloride inj 1.25gm, 1.5gm, 1gm, 500mg, 5gm, 750mg</i>	1	HI
VIBRAMYCIN SYRP	3	
XENLETA TABS	3	NEDS
XIFAXAN TABS 200MG	3	NEDS
XIFAXAN TABS 550MG	3	PA NEDS
ZERBAXA	3	NEDS HI
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	2	HI
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA NEDS
<i>amphotericin b liposome</i>	3	PA NEDS
<i>amphotericin b inj</i>	1	PA
<i>caspofungin acetate inj 70mg</i>	3	
<i>caspofungin acetate inj 50mg</i>	3	NEDS
CRESEMBA CAPS	3	NEDS
ERAXIS	2	
<i>fluconazole in sodium chloride</i>	1	
<i>fluconazole susr, tabs</i>	1	
<i>flucytosine caps</i>	3	NEDS
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	1	
<i>itraconazole caps</i>	1	
<i>itraconazole soln</i>	2	
<i>ketoconazole tabs 200mg</i>	1	
<i>miconazole</i>	2	
NOXAFIL SUSP	3	NEDS

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<i>nystatin susp 100000unit/ml</i>	1	
<i>nystatin tabs 500000unit</i>	1	
<i>posaconazole dr</i>	3	NEDS
<i>terbinafine hcl tabs</i>	1	QL (42 EA per 42 days)
<i>voriconazole inj</i>	1	PA
<i>voriconazole tabs</i>	3	
<i>voriconazole susr</i>	3	NEDS
Antimycobacterials		
<i>dapsone tabs</i>	3	
<i>ethambutol hydrochloride</i>	2	
<i>isoniazid syrp, tabs</i>	1	
PASER	3	
<i>pretomanid</i>	3	
PRIFTIN	2	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin</i>	1	
<i>rifampin inj</i>	1	
<i>rifampin caps</i>	2	
SIRTURO	3	PA NEDS
TRECATOR	3	
Antiprotozoals		
<i>atovaquone/proguanil hcl</i>	3	
<i>atovaquone susp</i>	3	NEDS
BENZNIDAZOLE	3	
<i>chloroquine phosphate tabs</i>	1	
COARTEM	2	QL (24 EA per 3 days)
<i>hydroxychloroquine sulfate tabs 200mg</i>	1	
IMPAVIDO	3	NEDS
KRINTAFEL	2	
LAMPIT	3	
<i>mefloquine hcl</i>	1	
<i>metronidazole caps 375mg</i>	1	
<i>metronidazole inj 500mg/100ml</i>	1	HI
<i>metronidazole tabs 250mg, 500mg</i>	1	
<i>nitazoxanide tabs</i>	2	
<i>paromomycin sulfate caps</i>	1	
<i>pentamidine isethionate inj</i>	2	
<i>pentamidine isethionate inhalation solr</i>	2	PA BvD
<i>primaquine phosphate tabs</i>	1	
<i>pyrimethamine tabs</i>	2	
<i>quinine sulfate caps 324mg</i>	3	
SOLOSEC	3	
<i>tinidazole tabs</i>	1	
Antivirals		

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Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate/lamivudine</i>	2	
<i>abacavir sulfate/lamivudine/zidovudine</i>	3	NEDS
<i>abacavir tabs</i>	1	
<i>abacavir soln</i>	2	
<i>acyclovir sodium inj 50mg/ml</i>	1	PA
<i>acyclovir caps 200mg</i>	1	
<i>acyclovir susp 200mg/5ml</i>	2	
<i>acyclovir tabs 400mg, 800mg</i>	1	
<i>adefovir dipivoxil</i>	3	NEDS
APTIVUS CAPS	3	NEDS
<i>atazanavir</i>	3	
<i>atazanavir sulfate caps 300mg</i>	3	
BIKTARVY	3	NEDS
CIMDUO	3	NEDS
COMPLERA	3	NEDS
DELSTRIGO	2	
DESCOVY	3	NEDS
DOVATO	3	NEDS
EDURANT	3	NEDS
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	3	NEDS
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	3	NEDS
<i>efavirenz caps</i>	2	
<i>efavirenz tabs</i>	3	
<i>emtricitabine</i>	2	
<i>emtricitabine/tenofovir disoproxil</i>	3	NEDS
<i>emtricitabine/tenofovir disoproxil fumarate</i>	3	NEDS
EMTRIVA SOLN	2	
<i>entecavir</i>	2	
EPCLUSA	3	PA NEDS; SP-Optum Specialty
<i>etravirine tabs 100mg</i>	2	
<i>etravirine tabs 200mg</i>	3	NEDS
EVOTAZ	3	NEDS
<i>famciclovir tabs</i>	2	
<i>fosamprenavir calcium</i>	3	NEDS
FUZEON	3	NEDS
GENVOYA	3	NEDS
HARVONI PACK	3	PA NEDS; SP-Optum Specialty
HARVONI TABS 90MG; 400MG	3	PA NEDS; SP-Optum Specialty
INTELENCE TABS 25MG	2	
ISENTRESS HD	3	QL (60 EA per 30 days) NEDS
ISENTRESS PACK	2	
ISENTRESS TABS	2	QL (120 EA per 30 days) NEDS
ISENTRESS CHEW 25MG	2	QL (720 EA per 30 days)
ISENTRESS CHEW 100MG	3	QL (180 EA per 30 days) NEDS

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JULUCA	3	NEDS
<i>lamivudine</i>	1	
<i>lamivudine/zidovudine</i>	1	
LEXIVA SUSP	2	
LIVTENCITY	3	QL (112 EA per 28 days) PA NEDS
<i>lopinavir/ritonavir soln</i>	2	
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	2	
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	3	
<i>maraviroc tabs 300mg</i>	3	QL (120 EA per 30 days) NEDS
<i>maraviroc tabs 150mg</i>	3	QL (60 EA per 30 days) NEDS
MAVYRET	3	PA NEDS; SP-Optum Specialty
<i>nevirapine</i>	1	
<i>nevirapine er</i>	1	
NORVIR PACK, SOLN	2	
ODEFSEY	3	NEDS
<i>oseltamivir phosphate caps, susr</i>	1	
PEGASYS	3	QL (4 ML per 28 days) NEDS; SP-Optum Specialty
PIFELTRO	3	NEDS
PREVYMIS TABS	3	PA NEDS
PREZCOBIX	3	NEDS
PREZISTA SUSP	3	NEDS
PREZISTA TABS 75MG	3	
PREZISTA TABS 150MG, 600MG, 800MG	3	NEDS
RELENZA DISKHALER	2	
REYATAZ PACK	3	NEDS
<i>ribavirin caps</i>	1	SP-Optum Specialty
<i>ribavirin tabs 200mg</i>	1	SP-Optum Specialty
<i>rimantadine hydrochloride</i>	1	
<i>ritonavir</i>	2	
RUKOBIA	3	NEDS
SELZENTRY SOLN	2	QL (1800 ML per 30 days)
SELZENTRY TABS 25MG	2	QL (120 EA per 30 days)
SELZENTRY TABS 75MG	2	QL (60 EA per 30 days)
SELZENTRY TABS 300MG	3	QL (120 EA per 30 days) NEDS
SELZENTRY TABS 150MG	3	QL (60 EA per 30 days) NEDS
STRIBILD	3	NEDS
SYMTUZA	3	NEDS
TEMIXYS	3	NEDS
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY PD	3	
TIVICAY TABS 10MG	2	
TIVICAY TABS 25MG, 50MG	3	NEDS
TRIUMEQ	3	NEDS

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TRIUMEQ PD	3	NEDS
TRIZIVIR	3	NEDS
<i>valacyclovir hcl tabs 1gm</i>	2	
<i>valacyclovir hydrochloride tabs 500mg</i>	1	
<i>valganciclovir</i>	2	
<i>valganciclovir hydrochloride</i>	3	NEDS
VEMLIDY	3	NEDS
VIRACEPT TABS 250MG	2	
VIRACEPT TABS 625MG	3	NEDS
VIREAD POWD	3	NEDS
VIREAD TABS 150MG, 200MG, 250MG	3	NEDS
VOSEVI	3	PA NEDS; SP-Optum Specialty
XOFLUZA TBPk 40MG, 80MG	2	QL (1 EA per 7 days)
XOFLUZA TBPk 40MG	3	QL (1 EA per 7 days)
XOFLUZA TBPk 20MG	3	QL (2 EA per 7 days)
<i>zidovudine</i>	1	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>nitrofurantoin macrocrystals</i>	1	
<i>nitrofurantoin monohydrate/macrocrystals</i>	1	
<i>trimethoprim tabs</i>	1	
Antihistamine Drugs		
First Generation Antihistamines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hydrochloride tabs</i>	1	
<i>promethazine hcl plain</i>	1	
<i>promethazine hcl tabs 12.5mg</i>	1	
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	1	
Second Generation Antihistamines		
<i>desloratadine</i>	1	
<i>desloratadine odt</i>	3	
<i>levocetirizine dihydrochloride soln, tabs</i>	1	
Antineoplastic Agents		
Antineoplastic Agents		
<i>abiraterone acetate</i>	3	PA NSO NEDS; SP-Optum Specialty
ALECENSA	3	PA NSO NEDS; SP-Optum Specialty
ALUNBRIG	3	PA NSO NEDS
AYVAKIT	3	QL (30 EA per 30 days) PA NSO NEDS
BALVERSA	3	PA NSO NEDS
BESREMI	3	PA NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene caps 75mg</i>	3	NEDS; SP-Optum Specialty
<i>bicalutamide</i>	1	
BOSULIF TABS 100MG	3	QL (120 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
BOSULIF TABS 400MG, 500MG	3	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
BRAFTOVI CAPS 75MG	3	PA NSO NEDS; SP-Optum Specialty
BRUKINSA	3	PA NSO NEDS
CABOMETYX	3	PA NSO NEDS; SP-Optum Specialty
CALQUENCE CAPS	3	PA NSO NEDS; SP-Optum Specialty
CAPRELSA TABS 300MG	3	QL (30 EA per 30 days) PA NSO NEDS
CAPRELSA TABS 100MG	3	QL (60 EA per 30 days) PA NSO NEDS
COMETRIQ	3	PA NSO NEDS; SP-Optum Specialty
COPIKTRA	3	PA NSO NEDS; SP-Optum Specialty
COTELLIC	3	PA NSO NEDS; SP-Optum Specialty
<i>cyclophosphamide tabs</i>	2	PA BvD
<i>cyclophosphamide caps</i>	2	PA BvD; SP-Optum Specialty
DAURISMO	3	PA NSO NEDS; SP-Optum Specialty
DROXIA	2	
EMCYT	2	
ERIVEDGE	3	PA NSO NEDS; SP-Optum Specialty
ERLEADA	3	PA NSO NEDS; SP-Optum Specialty
<i>erlotinib hydrochloride tabs 150mg, 25mg</i>	3	QL (30 EA per 30 days) NEDS; SP- Optum Specialty
<i>erlotinib hydrochloride tabs 100mg</i>	3	QL (90 EA per 30 days) NEDS; SP- Optum Specialty
<i>everolimus tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>everolimus tabs 10mg, 7.5mg</i>	3	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>everolimus tbso 2mg, 3mg, 5mg</i>	3	QL (60 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
EXKIVITY	3	PA NSO NEDS

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<i>flutamide</i>	1	
FOTIVDA	3	PA NSO NEDS
GAVRETO	3	PA NSO NEDS; SP-Optum Specialty
GILOTRIF	3	PA NSO NEDS
<i>hydroxyurea caps</i>	1	
IBRANCE	3	PA NSO NEDS; SP-Optum Specialty
ICLUSIG	3	PA NSO NEDS
IDHIFA	3	QL (30 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	3	NEDS; SP-Optum Specialty
IMBRUVICA CAPS, TABS	3	PA NSO NEDS; SP-Optum Specialty
INLYTA	3	PA NSO NEDS; SP-Optum Specialty
INQOVI	3	PA NSO NEDS; SP-Optum Specialty
INREBIC	3	PA NSO NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	2	SP-Optum Specialty
IRESSA	3	PA NSO NEDS; SP-Optum Specialty
JAKAFI	3	PA NSO NEDS; SP-Optum Specialty
KISQALI	3	PA NSO NEDS; SP-Optum Specialty
KOSELUGO	3	PA NSO NEDS
<i>lapatinib ditosylate</i>	3	QL (180 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	2	PA NSO NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LENVIMA 18 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
LEUKERAN	2	
LONSURF	3	PA NSO NEDS; SP-Optum Specialty
LORBRENA	3	PA NSO NEDS; SP-Optum Specialty
LUMAKRAS	3	PA NSO NEDS; SP-Optum Specialty
LYNPARZA TABS	3	PA NSO NEDS; SP-Optum Specialty
LYSODREN	2	
MATULANE	3	NEDS
MEKINIST	3	PA NSO NEDS; SP-Optum Specialty
MEKTOVI	3	PA NSO NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	1	
<i>methotrexate sodium tabs</i>	1	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	1	PA BvD
<i>methotrexate tabs</i>	1	PA BvD
<i>methotrexate inj 50mg/2ml</i>	1	PA BvD
NERLYNX	3	PA NSO NEDS; SP-Optum Specialty
NEXAVAR	3	QL (220 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>nilutamide</i>	3	NEDS
NINLARO	3	PA NSO NEDS; SP-Optum Specialty
NUBEQA	3	PA NSO NEDS; SP-Optum Specialty
ODOMZO	3	PA NSO NEDS; SP-Optum Specialty
ONUREG	3	PA NSO NEDS; SP-Optum Specialty
PEMAZYRE	3	PA NSO NEDS
PIQRAY 200MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty

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PIQRAY 300MG DAILY DOSE	3	PA NSO NEDS; SP-Optum Specialty
POMALYST	3	PA NSO NEDS; SP-Optum Specialty
PURIXAN	3	NEDS
QINLOCK	3	PA NSO NEDS
RETEVMO	3	PA NSO NEDS; SP-Optum Specialty
REVLIMID	3	PA NSO NEDS; SP-Optum Specialty
ROZLYTREK	3	PA NSO NEDS; SP-Optum Specialty
RUBRACA	3	QL (120 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
RYDAPT	3	PA NSO NEDS; SP-Optum Specialty
SCSEMBLIX	3	PA NSO NEDS; SP-Optum Specialty
<i>sorafenib</i>	3	QL (220 EA per 30 days) PA NSO NEDS
<i>sorafenib tosylate tabs</i>	3	QL (220 EA per 30 days) PA NSO NEDS
SPRYCEL	3	PA NSO NEDS; SP-Optum Specialty
STIVARGA	3	QL (90 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	3	PA NSO NEDS; SP-Optum Specialty
SYNRIBO	3	NEDS
TABLOID	2	SP-Optum Specialty
TABRECTA	3	PA NSO NEDS; SP-Optum Specialty
TAFINLAR	3	PA NSO NEDS; SP-Optum Specialty
TAGRISO	3	PA NSO NEDS; SP-Optum Specialty
TALZENNA	3	PA NSO NEDS; SP-Optum Specialty
TASIGNA	3	PA NSO NEDS; SP-Optum Specialty
TAZVERIK	3	PA NSO NEDS
TEPMETKO	3	PA NSO NEDS
TIBSOVO	3	PA NSO NEDS; SP-Optum Specialty

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<i>tretinoin caps 10mg</i>	2	NEDS; SP-Optum Specialty
TREXALL	3	PA BvD
TRUSELTIQ	3	PA NSO NEDS
TUKYSA	3	PA NSO NEDS
TURALIO	3	PA NSO NEDS
UKONIQ	3	PA NSO NEDS
VENCLEXTA STARTING PACK	3	PA NSO NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	2	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	3	PA NSO NEDS; SP-Optum Specialty
VERZENIO	3	PA NSO NEDS; SP-Optum Specialty
VITRAKVI	3	PA NSO NEDS
VIZIMPRO	3	PA NSO NEDS; SP-Optum Specialty
VONJO	3	PA NSO NEDS; SP-Optum Specialty
VOTRIENT	3	QL (120 EA per 30 days) PA NSO NEDS; SP-Optum Specialty
WELIREG	3	PA NSO NEDS
XALKORI	3	PA NSO NEDS; SP-Optum Specialty
XATMEP	3	PA BvD
XOSPATA	3	PA NSO NEDS
XPOVIO	3	PA NSO NEDS
XPOVIO 100 MG ONCE WEEKLY	3	PA NSO NEDS
XPOVIO 40 MG ONCE WEEKLY	3	PA NSO NEDS
XPOVIO 40 MG TWICE WEEKLY	3	PA NSO NEDS
XPOVIO 60 MG ONCE WEEKLY	3	PA NSO NEDS
XPOVIO 60 MG TWICE WEEKLY	3	PA NSO NEDS
XPOVIO 80 MG ONCE WEEKLY	3	PA NSO NEDS
XPOVIO 80 MG TWICE WEEKLY	3	PA NSO NEDS
XTANDI	3	PA NSO NEDS; SP-Optum Specialty
YONSA	3	PA NSO NEDS; SP-Optum Specialty
ZEJULA	3	PA NSO NEDS; SP-Optum Specialty
ZELBORAF	3	PA NSO NEDS; SP-Optum Specialty
ZOLINZA	3	PA NSO NEDS; SP-Optum Specialty

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ZYDELIG	3	PA NSO NEDS; SP-Optum Specialty
ZYKADIA TABS	3	PA NSO NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Allergenic Extracts</i>		
ORALAIR	3	PA
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	3	PA BvD NEDS HI
FLEBOGAMMA DIF	3	PA BvD NEDS HI
GAMMAGARD LIQUID	3	PA BvD NEDS HI
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	3	PA BvD NEDS HI
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	3	PA BvD NEDS HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	3	PA BvD NEDS HI
GAMUNEX-C	3	PA BvD NEDS HI
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 1GM/20ML, 2.5GM/50ML, 20GM/200ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	2	PA BvD HI
OCTAGAM INJ 25GM/500ML	3	PA BvD NEDS HI
PANZYGA	3	PA BvD NEDS HI
PRIVIGEN	3	PA BvD NEDS HI
<i>Toxoids</i>		
ADACEL	2	
BOOSTRIX	2	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	2	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	2	
INFANRIX	2	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
QUADRACEL	2	
<i>tdvax</i>	2	
TENIVAC	2	
<i>Vaccines</i>		
ACTHIB	2	
BCG VACCINE INJ 50MG	2	
BEXSERO	2	
ENGRIX-B	2	PA BvD
GARDASIL 9	2	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	2	
HIBERIX	2	
IMOVAX RABIES (H.D.C.V.)	2	
IPOL INACTIVATED IPV	2	

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IXIARO	2	
M-M-R II	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO	2	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	2	
PEDVAX HIB INJ 7.5MCG/0.5ML	2	
PENTACEL	2	
PREHEVBRIO	2	PA BvD
PRIORIX	2	
PROQUAD	2	
RABAVERT	2	
RECOMBIVAX HB	2	PA BvD
ROTARIX	2	
ROTATEQ SOLN	2	
SHINGRIX	2	
STAMARIL	2	
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX	2	
YF-VAX	2	
Autonomic Drugs		
<i>Anticholinergic Agents</i>		
ANORO ELLIPTA	2	QL (180 EA per 90 days)
ATROVENT HFA	2	QL (77.4 GM per 90 days)
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hydrochloride caps, tabs</i>	1	
<i>glycopyrrolate soln</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	1	
<i>ipratropium bromide inhalation soln</i>	1	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	1	QL (180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	1	QL (90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	3	NEDS
<i>methscopolamine bromide tabs</i>	3	
SPIRIVA HANDIHALER	2	QL (90 EA per 90 days)
SPIRIVA RESPIMAT	2	QL (12 GM per 90 days)
STIOLTO RESPIMAT	2	QL (180 GM per 90 days)
YUPELRI	3	PA BvD NEDS
<i>Autonomic Drugs, Miscellaneous</i>		

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER	2	
NICOTROL NS	3	
<i>varenicline starting month box</i>	2	QL (53 EA per 28 days)
<i>varenicline tartrate</i>	2	QL (60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs</i>	2	
<i>cevimeline hydrochloride</i>	2	
<i>donepezil hcl tbdp</i>	1	
<i>donepezil hcl tabs 10mg</i>	1	
<i>donepezil hcl tabs 23mg</i>	2	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	1	
<i>galantamine hydrobromide tabs</i>	1	
<i>galantamine hydrobromide soln</i>	2	
<i>pilocarpine hydrochloride</i>	1	
<i>pyridostigmine bromide er</i>	3	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide soln</i>	2	
<i>rivastigmine tartrate</i>	1	
<i>rivastigmine transdermal system</i>	1	
Skeletal Muscle Relaxants		
<i>baclofen tabs</i>	1	
<i>cyclobenzaprine hydrochloride tabs</i>	2	
<i>dantrolene sodium caps</i>	1	
<i>tizanidine hcl caps 4mg</i>	3	
<i>tizanidine hcl tabs 2mg</i>	1	
<i>tizanidine hydrochloride caps 6mg</i>	2	
<i>tizanidine hydrochloride caps 2mg</i>	3	
<i>tizanidine hydrochloride tabs 4mg</i>	1	
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	1	
<i>dihydroergotamine mesylate soln</i>	2	QL (8 ML per 30 days) NEDS
<i>ergoloid mesylates tabs</i>	1	
<i>phenoxybenzamine hydrochloride</i>	2	
<i>silodosin</i>	2	
<i>tamsulosin hydrochloride</i>	1	
Sympathomimetic (Adrenergic) Agents		
<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 syrp</i>	1	
<i>albuterol sulfate nebu</i>	1	PA BvD
<i>albuterol sulfate tabs</i>	2	
<i>arformoterol tartrate</i>	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT	2	QL (24 GM per 90 days)
<i>droxidopa</i>	3	PA NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (180 EA per 90 days)
<i>formoterol fumarate nebu</i>	2	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	1	PA BvD
<i>levalbuterol tartrate hfa</i>	2	QL (90 GM per 90 days)
<i>levalbuterol nebu</i>	1	PA BvD
LUCEMYRA	3	QL (224 EA per 14 days) NEDS
<i>midodrine hcl</i>	1	
PROAIR RESPICLICK	2	QL (6 EA per 90 days)
SEREVENT DISKUS	2	QL (180 EA per 90 days)
STRIVERDI RESPIMAT	2	QL (180 GM per 90 days)
<i>terbutaline sulfate tabs</i>	1	
<i>wixela inhub</i>	2	QL (180 EA per 90 days)
Blood Formation, Coagulation & Thrombosis		
<i>Antihemorrhagic Agents</i>		
<i>tranexamic acid tabs</i>	1	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride</i>	1	
<i>aspirin/dipyridamole er</i>	2	
BRILINTA	2	
CABLIVI	3	NEDS
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
ELIQUIS	2	
ELIQUIS STARTER PACK	2	
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	2	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	1	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	3	NEDS
FRAGMIN INJ 2500UNIT/0.2ML, 5000UNIT/0.2ML	2	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	NEDS
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	
<i>jantoven</i>	1	
<i>prasugrel</i>	2	
<i>warfarin sodium tabs</i>	1	
XARELTO	2	
XARELTO STARTER PACK	2	
<i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i>		

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Drug Name	Drug Tier	Requirements/Limits
OXBRYTA	3	NEDS
PYRUKYND	3	PA NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	3	PA NEDS; SP-Optum Specialty
TAVALISSE	3	QL (60 EA per 30 days) NEDS
Hematopoietic Agents		
DOPTelet	3	PA NEDS; SP-Optum Specialty
LEUKINE INJ 250MCG	3	NEDS; SP-Optum Specialty
MULPLETA	3	PA NEDS; SP-Optum Specialty
NEULASTA	3	NEDS; SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	SP-Optum Specialty
PROCRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
PROMACTA	3	PA NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	3	NEDS; SP-Optum Specialty
UDENYCA	3	NEDS; SP-Optum Specialty
ZARXIO	3	NEDS; SP-Optum Specialty
ZIEXTENZO	3	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	1	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	3	
<i>doxazosin mesylate tabs</i>	1	
<i>prazosin hydrochloride caps 1mg</i>	1	
<i>prazosin hydrochloride caps 2mg, 5mg</i>	2	
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	
<i>terazosin hydrochloride caps 2mg</i>	1	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	2	
<i>cholestyramine pack</i>	2	
<i>colesevelam hydrochloride tabs</i>	2	
<i>colesevelam hydrochloride pack</i>	3	
<i>colestipol hcl pack, tabs</i>	1	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate caps 150mg, 50mg</i>	1	
<i>fenofibrate caps 130mg, 43mg</i>	2	
<i>fenofibrate tabs</i>	1	
<i>fenofibric acid dr</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FLOLIPID	2	
<i>fluvastatin</i>	1	
<i>fluvastatin sodium er</i>	1	
<i>gemfibrozil tabs</i>	1	
<i>icosapent ethyl caps 1gm</i>	2	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	3	PA NEDS
LIVALO	2	
<i>lovastatin tabs</i>	1	
NEXLETOL	2	PA
NEXLIZET	2	PA
<i>niacin er</i>	2	
<i>omega-3-acid ethyl esters</i>	2	
PRALUENT	2	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	2	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
<i>rosuvastatin calcium</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	3	
<i>beta-Adrenergic Blocking Agents</i>		
<i>acebutolol hydrochloride</i>	1	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	1	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	2	
<i>labetalol hydrochloride tabs</i>	1	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol tartrate tabs 37.5mg, 75mg</i>	2	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl er cp24 120mg, 160mg</i>	2	
<i>propranolol hcl soln</i>	1	
<i>propranolol hcl tabs 40mg</i>	1	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	1	
<i>sorine</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl</i>	1	
<i>sotalol hydrochloride (af)</i>	1	
SOTYLIZE	3	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	1	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	1	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	1	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem hcl cd</i>	1	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	1	
<i>diltiazem hcl er cp12, tb24</i>	1	
<i>diltiazem hcl tabs</i>	1	
<i>diltiazem hydrochloride er</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	3	
<i>matzim la</i>	1	
<i>nicardipine hcl caps</i>	3	
<i>nifedipine er</i>	1	
<i>nifedipine caps</i>	1	
<i>nimodipine caps</i>	3	
<i>nisoldipine er</i>	3	
NYMALIZE SOLN 6MG/ML	3	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	
<i>taztia xt</i>	1	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	1	
<i>trandolapril/verapamil hcl er</i>	1	
<i>verapamil hcl er cp24 100mg, 300mg</i>	2	
<i>verapamil hcl er tbc 120mg, 240mg</i>	1	
<i>verapamil hcl sr cp24</i>	2	
<i>verapamil hcl tabs 40mg, 80mg</i>	1	
<i>verapamil hydrochloride er cp24</i>	2	
<i>verapamil hydrochloride er tbc 180mg</i>	1	
<i>verapamil hydrochloride tabs</i>	1	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs 200mg</i>	1	
<i>amiodarone hydrochloride tabs 100mg, 400mg</i>	2	
CAMZYOS	3	QL (30 EA per 30 days) PA NEDS
CORLANOR	3	
<i>digitek</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>digox</i>	1	
<i>digoxin oral soln</i>	1	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	2	
<i>disopyramide phosphate</i>	3	
<i>dofetilide</i>	3	
<i>flecainide acetate</i>	1	
LANOXIN TABS 125MCG, 250MCG, 62.5MCG	3	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
NORPACE CR	3	
<i>propafenone hcl</i>	1	
<i>propafenone hydrochloride er</i>	3	
<i>quinidine gluconate cr</i>	1	
<i>quinidine sulfate tabs</i>	1	
<i>ranolazine er</i>	2	
Hypotensive Agents		
<i>clonidine hcl ptwk</i>	2	
<i>clonidine hydrochloride er</i>	1	
<i>clonidine hydrochloride tabs</i>	1	
<i>hydralazine hcl tabs 10mg</i>	1	
<i>hydralazine hydrochloride tabs 100mg, 25mg, 50mg</i>	1	
<i>minoxidil tabs</i>	1	
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	
<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	
CAROSPIR	3	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	2	
<i>eplerenone</i>	1	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	3	PA
<i>lisinopril/hydrochlorothiazide</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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 hcl tabs 20mg, 40mg</i>	1	
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	1	
<i>spironolactone tabs</i>	1	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	3	PA NEDS; SP-Optum Specialty
BIDIL	2	
CAVERJECT IMPULSE	3	EC
CAVERJECT INJ 20MCG, 40MCG	3	EC
<i>dipyridamole tabs</i>	2	
EDEX INJ 10MCG, 20MCG, 40MCG	3	EC
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	
<i>isosorbide dinitrate tabs</i>	2	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
MUSE	3	EC
NITRO-BID	3	
<i>nitroglycerin lingual soln</i>	2	
<i>nitroglycerin transdermal</i>	1	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	1	
<i>sildenafil citrate susr</i>	3	PA NEDS; SP-Optum Specialty
<i>sildenafil citrate tabs 20mg</i>	2	PA; SP-Optum Specialty
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL (4 EA per 30 days) EC
<i>tadalafil tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) PA
<i>tadalafil tabs 10mg, 20mg</i>	2	QL (4 EA per 30 days) EC
<i>tadalafil tabs 20mg</i>	3	PA NEDS; SP-Optum Specialty
<i>varденаfil hydrochloride odt</i>	2	QL (4 EA per 30 days) EC
<i>varденаfil hydrochloride tabs</i>	2	QL (4 EA per 30 days) EC
VERQUVO	3	

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Central Nervous System Agents		
<i>Analgesics and Antipyretics</i>		
<i>acetaminophen/codeine tabs</i>	1	QL (240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	1	QL (3600 ML per 30 days)
BELBUCA	3	QL (60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	1	QL (180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine ptwk</i>	2	QL (4 EA per 28 days)
<i>butorphanol tartrate soln</i>	1	QL (7.5 ML per 30 days)
<i>celecoxib caps 100mg, 200mg, 50mg</i>	1	
<i>celecoxib caps 400mg</i>	2	
<i>codeine sulfate tabs</i>	2	QL (180 EA per 30 days)
<i>diclofenac epolamine</i>	2	QL (60 EA per 30 days) PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium/misoprostol</i>	3	
<i>diflunisal tabs 500mg</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (240 EA per 30 days)
<i>etodolac er</i>	2	
<i>etodolac tabs</i>	1	
<i>etodolac caps</i>	2	
<i>fenoprofen calcium caps 400mg</i>	3	
<i>fenoprofen calcium tabs</i>	1	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	3	QL (120 EA per 30 days) PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	3	QL (120 EA per 30 days) PA NEDS
<i>fentanyl citrate tabs</i>	3	QL (120 EA per 30 days) PA NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	1	QL (10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	1	
<i>hydrocodone bitartrate er t24a</i>	2	QL (60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	1	QL (3600 ML per 30 days)

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<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	1	QL (240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	1	QL (240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	2	QL (30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	1	QL (1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	1	QL (120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	1	QL (240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	2	QL (30 EA per 30 days)
<i>ibu</i>	1	
<i>ibuprofen susp</i>	1	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	1	
INDOCIN SUSP	3	
<i>indomethacin er</i>	2	
<i>indomethacin caps 25mg, 50mg</i>	1	
<i>ketoprofen er cp24 200mg</i>	3	
<i>ketoprofen caps 25mg</i>	1	
LAZANDA SOLN 400MCG/ACT	3	QL (15 EA per 30 days) PA NEDS
LAZANDA SOLN 100MCG/ACT	3	QL (30 EA per 30 days) PA NEDS
<i>levorphanol tartrate tabs</i>	3	QL (240 EA per 30 days) NEDS
<i>meclofenamate sodium caps</i>	3	
<i>mefenamic acid caps</i>	1	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	2	
<i>methadone hcl tabs</i>	1	QL (120 EA per 30 days)
<i>methadone hcl soln 5mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	1	QL (600 ML per 30 days)
<i>morphine sulfate er cp24</i>	3	QL (60 EA per 30 days)
<i>morphine sulfate er tbc 15mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate er tbc 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate tabs</i>	1	QL (180 EA per 30 days)
<i>morphine sulfate soln 20mg/ml</i>	1	QL (180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days)
<i>nabumetone tabs</i>	1	
<i>naproxen sodium cr</i>	3	
<i>naproxen sodium er tb24 500mg</i>	3	NEDS
<i>naproxen sodium tabs 275mg, 550mg</i>	1	
<i>naproxen susp, tbc</i>	1	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	
<i>oxaprozin</i>	3	
<i>oxycodone hcl er t12a</i>	2	QL (60 EA per 30 days)
<i>oxycodone hydrochloride conc</i>	1	QL (120 ML per 30 days)
<i>oxycodone hydrochloride caps</i>	1	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hydrochloride soln</i>	1	QL (2400 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	1	QL (120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	1	QL (240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (240 EA per 30 days)
OXYCONTIN T12A	2	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride</i>	1	QL (180 EA per 30 days)
<i>oxymorphone hydrochloride er tb12 10mg, 15mg, 20mg, 30mg, 5mg, 7.5mg</i>	1	QL (60 EA per 30 days)
<i>oxymorphone hydrochloride er</i>	1	QL (60 EA per 30 days)
<i>piroxicam caps</i>	2	
<i>pregabalin er</i>	2	
SUBSYS	3	QL (120 EA per 30 days) PA NEDS
<i>sulindac tabs</i>	1	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl er tb24</i>	1	QL (30 EA per 30 days)
<i>tramadol hcl tabs</i>	1	QL (240 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days)
<i>tramadol hydrochloride tabs 100mg</i>	1	QL (120 EA per 30 days)
Anorexic Agents and Respiratory and CNS Stimulants		
ADIPEX-P	3	EC
<i>amphetamine sulfate</i>	2	
<i>amphetamine/dextroamphetamine</i>	2	
<i>armodafinil</i>	2	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	2	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	1	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride cp24</i>	2	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	1	
<i>dextroamphetamine sulfate er</i>	2	
<i>dextroamphetamine sulfate soln</i>	1	
<i>dextroamphetamine sulfate tabs</i>	2	
<i>diethylpropion hcl</i>	2	EC
<i>diethylpropion hcl er</i>	2	EC
<i>methamphetamine hcl</i>	1	PA
<i>methylphenidate hydrochloride</i>	1	
<i>methylphenidate hydrochloride cd cpr 10mg, 20mg, 30mg, 50mg, 60mg</i>	2	
<i>methylphenidate hydrochloride er (la)</i>	2	
<i>methylphenidate hydrochloride er cp24 10mg, 20mg, 30mg, 40mg</i>	2	
<i>methylphenidate hydrochloride er cpr 40mg</i>	2	

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<i>methylphenidate hydrochloride er tb24, tbc</i>	2	
<i>modafinil</i>	3	PA
<i>phendimetrazine tartrate</i>	2	EC
<i>phendimetrazine tartrate er</i>	2	EC
<i>phentermine hcl tabs 37.5mg</i>	2	EC
<i>phentermine hydrochloride caps</i>	2	EC
QSYMIA	3	EC
QUILLIVANT XR	3	
<i>relexxii</i>	2	
SUNOSI	3	PA
VYVANSE	3	PA
WAKIX	3	QL (60 EA per 30 days) PA NEDS
Anticonvulsants		
APTOM	3	
BRIVIACT SOLN, TABS	3	NEDS
<i>carbamazepine er</i>	2	
<i>carbamazepine chew, tabs</i>	1	
<i>carbamazepine susp</i>	3	
CELONTIN CAPS 300MG	3	
<i>clobazam susp</i>	2	
<i>clobazam tabs</i>	2	QL (60 EA per 30 days)
<i>clonazepam odt</i>	2	
<i>clonazepam tabs</i>	1	
DIACOMIT	3	PA NSO NEDS
DILANTIN INFATABS	2	
DILANTIN-125	2	
DILANTIN CAPS	2	
<i>divalproex sodium dr</i>	1	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	1	
EPIDIOLEX	3	PA NSO
<i>epitol</i>	1	
EPRONTIA	3	
EQUETRO	3	
<i>ethosuximide caps, soln</i>	1	
<i>felbamate</i>	1	
FINTEPLA	3	PA NSO NEDS
FYCOMPA	3	
<i>gabapentin caps, soln</i>	1	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	3	
<i>lacosamide soln</i>	2	
<i>lacosamide tabs 50mg</i>	2	QL (60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days)

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<i>lamotrigine er</i>	2	
<i>lamotrigine odt</i>	1	
<i>lamotrigine starter kit/blue</i>	1	
<i>lamotrigine starter kit/green</i>	1	
<i>lamotrigine starter kit/orange</i>	1	
<i>lamotrigine titration</i>	1	
<i>lamotrigine chew, tabs</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam oral soln, tabs</i>	1	
<i>levetiracetam inj 500mg/5ml</i>	1	
<i>magnesium sulfate inj 50%</i>	1	
NAYZILAM	3	QL (10 EA per 30 days) PA NSO
<i>oxcarbazepine</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>phenytoin chew, susp</i>	1	
<i>pregabalin caps, soln</i>	2	
<i>primidone tabs</i>	1	
<i>roweepra tabs 500mg</i>	1	
<i>rufinamide</i>	2	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN	3	
<i>tiagabine hydrochloride</i>	3	
<i>topiramate er</i>	1	
<i>topiramate cpsp, tabs</i>	1	
<i>valproic acid caps, soln</i>	1	
VALTOCO	3	QL (10 EA per 30 days) PA NSO
<i>vigabatrin</i>	3	NEDS
<i>vigadrone</i>	3	NEDS
VIMPAT INJ, ORAL SOLN	3	
XCOPRI TABS	3	NEDS
XCOPRI TBPK 0	3	
XCOPRI TBPK 0	3	NEDS
<i>zonisamide caps</i>	1	
Antimanic Agents		
<i>lithium carbonate er</i>	1	
<i>lithium carbonate caps, tabs</i>	1	
Antimigraine Agents		
AIMOVIG	2	QL (1 ML per 30 days) PA
<i>almotriptan</i>	3	
<i>eletriptan hydrobromide</i>	2	

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EMGALITY INJ 120MG/ML	2	QL (2 ML per 30 days) PA
EMGALITY INJ 100MG/ML	2	QL (3 ML per 30 days) PA
<i>frovatriptan succinate</i>	3	
MIGERGOT	3	NEDS
<i>naratriptan hcl</i>	3	
NURTEC	3	PA
<i>rizatriptan benzoate</i>	1	
<i>rizatriptan benzoate odt</i>	1	
<i>sumatriptan succinate tabs</i>	1	
<i>sumatriptan succinate inj 4mg/0.5ml</i>	1	
<i>sumatriptan succinate inj 6mg/0.5ml</i>	2	
<i>sumatriptan/naproxen sodium</i>	2	
<i>sumatriptan soln 5mg/act</i>	1	
<i>sumatriptan soln 20mg/act</i>	2	
UBRELVY	3	PA
<i>zolmitriptan odt</i>	1	
<i>zolmitriptan tabs</i>	3	
<i>zolmitriptan soln 5mg</i>	2	
Antiparkinsonian Agents		
<i>amantadine hcl caps, soln, tabs</i>	1	
<i>apomorphine hydrochloride inj</i>	3	NEDS
<i>benztropine mesylate tabs</i>	1	
<i>bromocriptine mesylate caps, tabs</i>	1	
<i>cabergoline</i>	1	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	1	
<i>carbidopa/levodopa/entacapone</i>	1	
<i>carbidopa tabs</i>	1	
DUOPA	3	
EMSAM	3	STPA NEDS
<i>entacapone</i>	1	
GOCOVRI	3	PA
INBRIJA	3	NEDS
KYNMOBI	3	NEDS
NEUPRO	3	QL (30 EA per 30 days)
ONGENTYS	3	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	3	
<i>rasagiline mesylate tabs</i>	3	
<i>ropinirole er</i>	1	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	1	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	1	
RYTARY	3	

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<i>selegiline hcl caps, tabs</i>	1	
<i>tolcapone</i>	3	NEDS
<i>trihexyphenidyl hcl soln</i>	1	
<i>trihexyphenidyl hydrochloride</i>	1	
Anxiolytics, Sedatives, and Hypnotics		
<i>alprazolam er</i>	1	
<i>alprazolam intensol</i>	1	
<i>alprazolam odt</i>	2	
<i>alprazolam tabs</i>	1	
BELSOMRA	2	
<i>bupirone hcl tabs 15mg</i>	1	
<i>bupirone hcl tabs 30mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 5mg</i>	1	
<i>bupirone hydrochloride tabs 7.5mg</i>	2	
<i>clorazepate dipotassium tabs</i>	3	
DAYVIGO	3	
DIASTAT ACUDIAL	2	
DIASTAT PEDIATRIC GEL 2.5MG	2	
<i>diazepam intensol</i>	1	
<i>diazepam rectal gel</i>	1	
<i>diazepam soln, tabs</i>	1	
<i>estazolam</i>	1	
<i>eszopiclone</i>	2	
<i>flurazepam hcl</i>	1	
HETLIOZ	3	PA NEDS
HETLIOZ LQ	3	PA NEDS
<i>hydroxyzine hcl tabs 50mg</i>	1	
<i>hydroxyzine hydrochloride syrp</i>	1	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	1	
<i>hydroxyzine pamoate caps</i>	1	
<i>lorazepam intensol</i>	1	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	2	
<i>phenobarbital elix 20mg/5ml</i>	1	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	1	
<i>ramelteon</i>	2	QL (30 EA per 30 days)
<i>temazepam</i>	1	
<i>triazolam</i>	1	
<i>zaleplon</i>	1	
<i>zolpidem tartrate er</i>	3	
<i>zolpidem tartrate tabs</i>	1	
<i>zolpidem tartrate subl</i>	2	
Central Nervous System Agents, Misc		

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Drug Name	Drug Tier	Requirements/Limits
<i>acamprosate calcium dr</i>	1	
ADDYI	3	EC
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	3	QL (60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	3	QL (30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	3	QL (60 EA per 30 days)
EXSERVAN	3	NEDS
<i>guanfacine er tb24 2mg</i>	2	QL (90 EA per 90 days)
<i>guanfacine hydrochloride tb24 1mg, 3mg, 4mg</i>	2	QL (90 EA per 90 days)
<i>memantine hcl titration pak</i>	1	
<i>memantine hydrochloride er</i>	2	
<i>memantine hydrochloride tabs</i>	1	
<i>memantine hydrochloride soln</i>	2	
NAMZARIC	2	
NOURIANZ	3	QL (30 EA per 30 days) NEDS
NUEDEXTA	2	PA
QELBREE	3	
RADICAVA ORS	3	PA NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	3	PA NEDS; SP-Optum Specialty
<i>riluzole</i>	2	
TIGLUTIK	3	NEDS
XYREM	3	PA NEDS
XYWAV	3	PA NEDS
<i>Fibromyalgia Agents</i>		
SAVELLA	2	
SAVELLA TITRATION PACK	2	
<i>Opiate Antagonists</i>		
<i>naloxone hcl inj 2mg/2ml, 4mg/10ml</i>	1	
<i>naloxone hydrochloride liqd</i>	2	QL (4 EA per 30 days)
<i>naloxone hydrochloride inj 0.4mg/ml, 4mg/10ml</i>	1	
<i>naltrexone hcl tabs</i>	1	
VIVITROL	3	NEDS
<i>Psychotherapeutic Agents</i>		
ABILIFY MAINTENA	3	NEDS
ABILIFY MYCITE	3	QL (30 EA per 30 days) PA NSO NEDS
ABILIFY MYCITE MAINTENANCE KIT	3	QL (30 EA per 30 days) PA NSO NEDS
ABILIFY MYCITE STARTER KIT	3	QL (30 EA per 30 days) PA NSO NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	1	
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	1	
<i>amoxapine</i>	1	
APLENZIN TB24 174MG, 348MG	3	STPA
APLENZIN TB24 522MG	3	STPA NEDS

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<i>aripiprazole</i>	2	
<i>aripiprazole odt</i>	2	
ARISTADA	3	NEDS
ARISTADA INITIO	3	NEDS
<i>asenapine maleate sl</i>	2	STPA
<i>bupropion hcl tabs 100mg</i>	1	
<i>bupropion hydrochloride er (sr)</i>	1	
<i>bupropion hydrochloride er (xl)</i>	1	
<i>bupropion hydrochloride tabs 75mg</i>	1	
CAPLYTA CAPS 42MG	3	QL (30 EA per 30 days) PA NSO NEDS
<i>chlordiazepoxide/amitriptyline</i>	1	
<i>chlorpromazine hcl tabs</i>	3	
<i>chlorpromazine hydrochloride conc</i>	3	
<i>citalopram hydrobromide soln, tabs</i>	1	
<i>citalopram hydrobromide caps</i>	2	
<i>clomipramine hydrochloride</i>	1	
<i>clozapine odt</i>	1	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	1	
<i>desipramine hydrochloride</i>	1	
<i>desvenlafaxine er</i>	1	
<i>doxepin hcl caps 75mg</i>	2	
<i>doxepin hcl conc</i>	1	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	3	QL (90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	2	QL (90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	3	
FANAPT	3	STPA
FANAPT TITRATION PACK	3	STPA
FETZIMA	3	STPA
FETZIMA TITRATION PACK	3	STPA
<i>fluoxetine dr</i>	1	
<i>fluoxetine hcl caps 20mg</i>	1	
<i>fluoxetine hcl soln</i>	2	
<i>fluoxetine hydrochloride caps 10mg, 40mg</i>	1	
<i>fluoxetine hydrochloride tabs</i>	3	
<i>fluphenazine decanoate inj</i>	1	
<i>fluphenazine hcl conc, inj, tabs</i>	1	

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<i>fluphenazine hydrochloride elix</i>	1	
<i>fluvoxamine maleate</i>	1	
<i>fluvoxamine maleate er</i>	3	
<i>haloperidol decanoate inj</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol conc, tabs</i>	1	
<i>imipramine hcl tabs 25mg, 50mg</i>	1	
<i>imipramine hydrochloride tabs 10mg</i>	1	
<i>imipramine pamoate</i>	3	
INVEGA HAFYERA	3	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	2	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	3	NEDS
INVEGA TRINZA	2	
LATUDA TABS 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days)
LATUDA TABS 80MG	3	QL (60 EA per 30 days)
<i>loxapine</i>	1	
LYBALVI	3	PA NSO NEDS
MARPLAN	3	
<i>mirtazapine odt</i>	1	
<i>mirtazapine tabs</i>	1	
<i>molindone hydrochloride</i>	2	
<i>nefazodone hydrochloride</i>	1	
<i>nortriptyline hcl caps 25mg, 75mg</i>	1	
<i>nortriptyline hcl soln</i>	1	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	1	
NUPLAZID CAPS	3	QL (60 EA per 30 days) PA NSO NEDS
NUPLAZID TABS 10MG	3	QL (60 EA per 30 days) PA NSO NEDS
<i>olanzapine</i>	1	
<i>olanzapine odt</i>	1	
<i>olanzapine/fluoxetine</i>	1	
<i>paliperidone er</i>	2	
<i>paroxetine</i>	1	
<i>paroxetine hcl er</i>	3	
<i>paroxetine hcl tabs 30mg, 40mg</i>	1	
<i>paroxetine hydrochloride susp</i>	2	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	1	
<i>perphenazine/amitriptyline</i>	2	
<i>perphenazine tabs</i>	2	
PERSERIS	3	NEDS
PEXEVA	3	STPA
<i>phenelzine sulfate tabs</i>	1	

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<i>pimozide</i>	3	
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp 25mg</i>	2	
<i>protriptyline hcl</i>	1	
<i>quetiapine fumarate er</i>	2	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	1	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days)
REXULTI	3	NEDS
RISPERDAL CONSTA	2	
<i>risperidone</i>	1	
<i>risperidone odt</i>	1	
SECUADO	3	NEDS
<i>sertraline hcl conc</i>	1	
<i>sertraline hcl tabs 25mg, 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg</i>	1	
<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	1	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	2	
<i>tranylcypromine sulfate</i>	1	
<i>trazodone hydrochloride</i>	1	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	1	
<i>trifluoperazine hydrochloride tabs 1mg</i>	1	
<i>trimipramine maleate caps</i>	1	
TRINTELLIX	3	
<i>venlafaxine besylate er</i>	1	
<i>venlafaxine hcl er cp24 150mg, 37.5mg</i>	1	
<i>venlafaxine hcl er tb24 37.5mg</i>	1	
<i>venlafaxine hydrochloride</i>	1	
<i>venlafaxine hydrochloride er cp24 75mg</i>	1	
<i>venlafaxine hydrochloride er tb24 150mg, 225mg, 75mg</i>	1	
VERSACLOZ	3	NEDS
VIIBRYD STARTER PACK	3	
VIIBRYD TABS	3	
<i>vilazodone hydrochloride</i>	2	
VRAYLAR CPPK	3	
VRAYLAR CAPS	3	NEDS
<i>ziprasidone hcl</i>	1	
<i>ziprasidone mesylate</i>	2	
ZYPREXA RELPREVV	2	
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO	3	PA NEDS; SP-Optum Specialty
INGREZZA	3	PA NEDS
<i>tetrabenazine</i>	3	PA NEDS; SP-Optum Specialty
Devices		

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Drug Name	Drug Tier	Requirements/Limits
Devices		
<i>alcohol prep pads</i>	1	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	1	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	1	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	1	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	1	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	1	
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	1	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	1	
<i>curity gauze pads 2"x2"</i>	1	
<i>gauze pads 2"x2"</i>	1	
<i>gnp ultra comfort insulin syringe/0.3ml/30g x 5/16" short</i>	1	
<i>gnp ultra comfort insulin syringe/0.5ml/30g x 5/16" short</i>	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH INTRO KIT (GEN 4)	3	
OMNIPOD DASH PDM KIT (GEN 4)	3	
OMNIPOD DASH PODS (GEN 4)	3	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	1	
<i>techlite pen needles 29g x 10mm</i>	1	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	1	
<i>trueplus pen needles 29gx12mm</i>	1	
Electrolytic, Caloric, and Water Balance		
Alkalinizing Agents		
<i>potassium citrate er</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
Ammonia Detoxicants		
CARBAGLU	3	PA NEDS
<i>carglumic acid</i>	3	PA NEDS
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
KRISTALOSE	2	
<i>lactulose soln</i>	1	
<i>lactulose pack</i>	2	
RAVICTI	3	PA NEDS
<i>sodium phenylbutyrate powd, tabs</i>	3	NEDS
Caloric Agents		

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Drug Name	Drug Tier	Requirements/Limits
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	2	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	2	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	2	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	2	PA BvD
CLINIMIX 5%/DEXTROSE 15%	2	PA BvD
CLINIMIX 5%/DEXTROSE 20%	2	PA BvD
CLINIMIX 6/5	2	PA BvD
CLINIMIX 8/10	2	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	2	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	2	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	2	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	2	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	2	PA BvD
CLINIMIX E 8/10	2	PA BvD
CLINISOL SF 15%	2	PA BvD
<i>dextrose 10%</i>	1	
<i>dextrose 5%</i>	1	
<i>dextrose 50%</i>	1	
<i>dextrose 70%</i>	1	
DOJOLVI	3	NEDS
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	2	PA BvD

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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	2	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	2	PA BvD
NUTRILIPID	2	PA BvD
PLENAMINE	2	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	2	PA BvD
PROCALAMINE	2	PA BvD
PROSOL	2	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	2	PA BvD
TROPHAMINE INJ 97MEQ/L; 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	2	PA BvD
Diuretics		
<i>amiloride hcl tabs</i>	1	
<i>amiloride/hydrochlorothiazide</i>	1	
<i>bumetanide inj</i>	1	
<i>bumetanide tabs</i>	2	
<i>chlorthalidone tabs 25mg, 50mg</i>	1	
<i>ethacrynic acid tabs</i>	3	
<i>furosemide inj, oral soln, tabs</i>	1	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	1	
JYNARQUE TBPK	3	NEDS; SP-Optum Specialty
<i>metolazone</i>	1	
<i>tolvaptan</i>	3	NEDS; SP-Optum Specialty
<i>toremide tabs</i>	1	

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<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	1	
<i>triamterene/hydrochlorothiazide tabs</i>	1	
<i>Ion-removing Agents</i>		
AURYXIA	3	PA NEDS
LOKELMA	2	
<i>sevelamer carbonate</i>	2	
<i>sevelamer hydrochloride</i>	2	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sps</i>	1	
VELPHORO	3	NEDS
VELTASSA	2	
<i>Irrigating Solutions</i>		
<i>sodium chloride 0.9%</i>	1	
<i>Replacement Preparations</i>		
<i>calcium acetate caps</i>	1	
<i>dextrose 10%/nacl 0.45%</i>	1	
<i>dextrose 10%/nacl 0.2%</i>	1	
<i>dextrose 2.5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.2%</i>	1	
<i>dextrose 5%/nacl 0.3%</i>	1	
<i>dextrose 5%/nacl 0.33%</i>	1	
<i>dextrose 5%/nacl 0.45%</i>	1	
<i>dextrose 5%/nacl 0.9%</i>	1	
<i>dextrose/sodium chloride</i>	1	
ISOLYTE-P/DEXTROSE 5%	2	
K-TAB TBCR 10MEQ	3	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	1	
<i>kcl 0.3%/d5w/nacl 0.9%</i>	1	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	3	
<i>klor-con m20</i>	1	
PLASMA-LYTE A	2	
PLASMA-LYTE-148	2	
<i>potassium chloride er cpcr</i>	1	
<i>potassium chloride er tbc 10meq, 20meq, 8meq</i>	1	
<i>potassium chloride er tbc 15meq</i>	3	

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<i>potassium chloride/dextrose/lactated ringers inj 3meq/l; 149meq/l; 5%; 28meq/l; 24meq/l; 130meq/l</i>	1	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 30meq/l; 0.45%</i>	1	
<i>potassium chloride/dextrose inj 5%; 20meq/l</i>	1	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%</i>	1	
<i>potassium chloride pack, oral soln</i>	1	
<i>potassium chloride inj 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 2meq/ml, 40meq/100ml</i>	1	
<i>sodium chloride 0.45%</i>	1	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	1	
<i>tpn electrolytes</i>	1	PA BvD
Uricosuric Agents		
<i>probenecid/colchicine</i>	1	
<i>probenecid tabs</i>	1	
Enzymes		
Enzymes		
PALYNZIQ	3	PA NEDS; SP-Optum Specialty
REVCovi	3	NEDS
SUCRAID	3	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	3	
<i>bacitracin</i>	3	
<i>bacitracin/polymyxin b</i>	1	
BESIVANCE	3	
<i>chlorhexidine gluconate</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	1	
<i>erythromycin oint 5mg/gm</i>	1	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	1	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	1	
<i>levofloxacin ophthalmic soln 0.5%</i>	1	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	
<i>neomycin/polymyxin/gramicidin</i>	1	
<i>ofloxacin ophthalmic soln 0.3%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	2	
<i>periogard</i>	1	
<i>polycin</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	
<i>sulfacetamide sodium oint 10%</i>	1	
<i>sulfacetamide sodium soln 10%</i>	1	
<i>tobramycin soln 0.3%</i>	1	
<i>trifluridine soln</i>	1	
ZIRGAN	3	
Anti-inflammatory Agents		
ALREX	2	
BLEPHAMIDE S.O.P.	3	
<i>bromfenac</i>	2	
BROMSITE	3	
<i>ciprofloxacin/dexamethasone</i>	2	
<i>cyclosporine emul 0.05%</i>	2	
<i>dexamethasone sodium phosphate soln</i>	1	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	1	
<i>difluprednate</i>	2	
<i>flac</i>	1	
FLAREX	2	
<i>flunisolide soln 0.025%</i>	2	QL (150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	2	
<i>fluorometholone susp</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>fluticasone propionate susp 50mcg/act</i>	1	QL (48 GM per 90 days)
FML	2	
FML FORTE	3	
<i>hydrocortisone/acetic acid</i>	1	
ILEVRO	2	
INVELTYS	3	
<i>ketorolac tromethamine</i>	1	
LOTEMAX OINT	3	
<i>loteprednol etabonate</i>	2	
MAXIDEX SUSP	3	
<i>mometasone furoate susp 50mcg/act</i>	2	QL (102 GM per 90 days)
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	1	
<i>neomycin/polymyxin/dexamethasone</i>	1	
<i>neomycin/polymyxin/hc</i>	1	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp, otic susp</i>	1	
PRED MILD	2	
PRED-G	2	
PRED-G S.O.P.	2	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PROLENSA	2	
RESTASIS	2	
RESTASIS MULTIDOSE	2	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	
TOBRADEX ST	2	
TOBRADEX OINT	2	
<i>tobramycin/dexamethasone</i>	2	
ZYLET	2	
Antiallergic Agents		
ALOCRIIL	3	
ALOMIDE	3	
<i>azelastine hcl ophthalmic soln</i>	1	
<i>azelastine hcl nasal soln 0.15%</i>	1	QL (120 ML per 90 days)
<i>azelastine hydrochloride soln 0.1%</i>	1	QL (120 ML per 90 days)
<i>bepotastine besilate</i>	2	
<i>cromolyn sodium soln 4%</i>	1	
<i>epinastine hcl</i>	3	
<i>olopatadine hcl ophthalmic soln</i>	2	
<i>olopatadine hcl nasal soln</i>	2	QL (91.5 GM per 90 days)
<i>olopatadine hydrochloride soln 0.2%</i>	2	
Antiglaucoma Agents		
<i>acetazolamide er</i>	2	
<i>acetazolamide tabs</i>	1	
ALPHAGAN P SOLN 0.1%	2	
<i>betaxolol hcl soln 0.5%</i>	2	
BETIMOL	3	
BETOPTIC-S	2	
<i>bimatoprost soln</i>	1	
<i>brimonidine tartrate/timolol maleate</i>	2	
<i>brimonidine tartrate soln 0.2%</i>	1	
<i>brimonidine tartrate soln 0.15%</i>	3	
<i>brinzolamide</i>	2	
<i>carteolol hcl</i>	1	
<i>dorzolamide hcl/timolol maleate</i>	1	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	
<i>dorzolamide hydrochloride soln</i>	1	
<i>latanoprost soln</i>	1	
<i>levobunolol hcl soln 0.5%</i>	1	
LUMIGAN	2	
<i>methazolamide tabs</i>	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	1	
RHOPRESSA	2	
ROCKLATAN	2	
SIMBRINZA	2	

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<i>timolol maleate ophthalmic gel forming</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<i>timolol maleate soln 0.5%</i>	2	
<i>travoprost</i>	2	
VYZULTA	2	
ZIOPTAN	3	
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	1	
<i>apraclonidine</i>	1	
CYSTADROPS	2	
CYSTARAN	2	
IOPIDINE SOLN 1%	3	
OXERVATE	3	PA NEDS
Local Anesthetics		
<i>lidocaine viscous</i>	1	
Mydriatics		
<i>atropine sulfate soln</i>	1	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	3	NEDS
<i>balsalazide disodium</i>	3	
<i>mesalamine dr</i>	2	
<i>mesalamine er cp24</i>	3	
<i>mesalamine enem, kit</i>	1	
<i>mesalamine supp</i>	3	
PENTASA	2	
ROWASA KIT	3	
Antidiarrhea Agents		
<i>loperamide hcl caps</i>	1	
MYTESI	2	PA
XERMELO	3	PA NEDS; SP-Optum Specialty
Antiemetics		
ANZEMET TABS 50MG	2	PA BvD
<i>aprepitant caps 0, 40mg, 80mg</i>	2	PA BvD
<i>aprepitant caps 125mg</i>	3	PA BvD NEDS
<i>dronabinol</i>	2	PA BvD
EMEND SUSR	2	PA BvD
<i>granisetron hydrochloride tabs</i>	1	PA BvD
<i>meclizine hcl tabs</i>	1	
<i>ondansetron hcl soln</i>	1	PA BvD
<i>ondansetron hcl tabs 24mg</i>	1	PA BvD
<i>ondansetron hydrochloride tabs</i>	1	PA BvD
<i>ondansetron odt</i>	1	PA BvD
SANCUSO	3	NEDS

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<i>scopolamine</i>	2	
VARUBI TBPB	3	PA BvD
<i>Antiulcer Agents and Acid Suppressants</i>		
<i>cimetidine hydrochloride</i>	1	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	2	
<i>esomeprazole magnesium cpdr</i>	2	
<i>esomeprazole magnesium pack</i>	3	
<i>famotidine susr</i>	3	
<i>famotidine tabs 20mg, 40mg</i>	1	
<i>lansoprazole/amoxicillin/clarithromycin</i>	2	
<i>lansoprazole cpdr</i>	1	
<i>lansoprazole tbdd</i>	3	
<i>misoprostol tabs</i>	1	
<i>nizatidine</i>	1	
<i>omeprazole dr cpdr 10mg</i>	1	
<i>omeprazole/sodium bicarbonate caps</i>	3	
<i>omeprazole/sodium bicarbonate pack</i>	3	NEDS
<i>omeprazole cpdr 20mg, 40mg</i>	1	
<i>pantoprazole sodium dr tbec 20mg</i>	1	
<i>pantoprazole sodium tbec</i>	1	
<i>pantoprazole sodium pack</i>	3	
PYLERA	2	
<i>rabeprazole sodium</i>	2	
<i>sucralfate tabs</i>	1	
<i>sucralfate susp</i>	2	
<i>Cathartics and Laxatives</i>		
CLENPIQ	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
OSMOPREP	3	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	
<i>peg-3350/sodium sulf/nacl/potassium cl/na ascorbate/ascorbic</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	2	
SUPREP BOWEL PREP KIT	2	
<i>Cholelitholytic Agents</i>		
<i>ursodiol caps 300mg</i>	2	
<i>ursodiol tabs</i>	3	
<i>Digestants</i>		

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CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	2	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	2	
GI Drugs, Miscellaneous		
BYLVAY	3	PA NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	3	PA NEDS; SP-Optum Specialty
CHOLBAM	3	PA NEDS
GATTEX	3	PA NEDS
LINZESS	2	
LIVMARLI	3	PA NEDS
<i>lubiprostone</i>	2	
MOVANTIK	2	
OCALIVA	3	QL (30 EA per 30 days) PA NEDS
RELISTOR	3	NEDS
SKYRIZI INJ 360MG/2.4ML	2	QL (2.4 ML per 28 days) PA NEDS
XENICAL	3	EC
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	1	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
<i>metoclopramide odt</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	3	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	3	
<i>deferasirox pack, tbso</i>	3	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	2	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	3	NEDS; SP-Optum Specialty
<i>deferiprone</i>	3	NEDS
FERRIPROX SOLN	3	NEDS
<i>penicillamine tabs</i>	2	
<i>penicillamine caps</i>	3	NEDS
<i>trientine hydrochloride</i>	3	NEDS
Hormones and Synthetic Substitutes		
Adrenals		

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Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA	2	QL (180 EA per 90 days)
BREZTRI AEROSPHERE	2	QL (32.1 GM per 90 days)
<i>budesonide er</i>	3	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	2	QL (30.6 GM per 90 days)
<i>budesonide susp</i>	1	PA BvD
<i>budesonide cpep</i>	2	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	
<i>dexamethasone 6-day dose pack</i>	1	
<i>dexamethasone elix</i>	1	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	1	
EMFLAZA	3	PA NEDS
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (180 EA per 90 days) STPA
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (720 EA per 90 days) STPA
FLOVENT HFA AERO 44MCG/ACT	3	QL (63.6 GM per 90 days) STPA
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (72 GM per 90 days) STPA
<i>fludrocortisone acetate tabs</i>	1	
<i>fluticasone propionate hfa aero 44mcg/act</i>	3	QL (63.6 GM per 90 days) STPA
<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	3	QL (72 GM per 90 days) STPA
<i>fluticasone propionate/salmeterol</i>	1	QL (3 EA per 90 days)
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	1	
INTRAROSA	3	
MEDROL TABS 2MG	3	
<i>methylprednisolone dose pack tbpk</i>	1	
<i>methylprednisolone tabs</i>	1	
MILLIPRED TABS	3	
<i>prednisolone sodium phosphate odt</i>	1	
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	
<i>prednisolone soln</i>	1	
PREDNISONE INTENSOL	3	
<i>prednisone soln, tbpk</i>	1	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDHALER	2	QL (63.6 GM per 90 days)
TRELEGY ELLIPTA	2	QL (180 EA per 90 days)
Androgens		
AVEED	3	
<i>danazol caps</i>	3	
METHITEST	3	
<i>methyltestosterone caps</i>	3	NEDS
<i>oxandrolone tabs</i>	1	
<i>testosterone cypionate inj 100mg/ml</i>	1	
<i>testosterone cypionate inj 200mg/ml</i>	2	

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<i>testosterone enanthate inj</i>	1	
<i>testosterone pump</i>	2	
<i>testosterone gel 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm</i>	2	
<i>testosterone soln</i>	3	
XYOSTED	3	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	2	
BYETTA	3	
CYCLOSET	2	
FARXIGA	2	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	2	
HUMALOG	2	
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	2	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	2	
HUMULIN N KWIKPEN	2	
HUMULIN R	2	
HUMULIN R U-500 (CONCENTRATED)	2	
HUMULIN R U-500 KWIKPEN	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KORLYM	3	QL (120 EA per 30 days) PA NEDS
LANTUS	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	

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LEVEMIR FLEXTOUCH	2	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>miglitol</i>	1	
<i>nateglinide</i>	1	
OZEMPIC	2	
<i>pioglitazone hcl-glimepiride</i>	1	
<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	2	
SAXENDA	3	EC
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY	2	
SYNJARDY XR	2	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRADJENTA	2	
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
TRULICITY	2	
VICTOZA	2	
WEGOVY	3	EC
XIGDUO XR	2	
<i>Antihypoglycemic Agents</i>		
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
<i>diazoxide susp</i>	2	
GLUCAGEN HYPOKIT	2	
GLUCAGON EMERGENCY KIT	2	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	2	
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
<i>Contraceptives</i>		
<i>amethia</i>	1	
ANNOVERA	3	
<i>apri</i>	1	
<i>aranelle</i>	1	

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<i>ashlyna</i>	1	
<i>aviane</i>	1	
<i>balziva</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	
<i>deblitane</i>	1	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	1	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	1	
<i>eluryng</i>	2	
<i>emoquette</i>	1	
<i>errin</i>	1	
<i>etonogestrel/ethinyl estradiol</i>	2	
<i>falmina</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	1	
<i>levonorgestrel/ethinyl estradiol</i>	1	
<i>levora 0.15/30-28</i>	1	
LO LOESTRIN FE	3	
<i>marlissa</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXTSTELLIS	3	
<i>nikki</i>	1	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35</i>	1	
<i>nortrel 7/7/7</i>	1	

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<i>orsythia</i>	1	
<i>portia-28</i>	1	
<i>sharobel</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tri-sprintec</i>	1	
<i>trivora-28</i>	1	
<i>velivet</i>	1	
<i>vyfemla</i>	1	
<i>zovia 1/35</i>	1	
Estrogens and Antiestrogens		
<i>amabelz</i>	1	
<i>anastrozole tabs</i>	1	
ANGELIQ	3	
COMBIPATCH	3	
DELESTROGEN INJ 10MG/ML	3	
DEPO-ESTRADIOL INJ 5MG/ML	2	
DIVIGEL	3	
<i>dotti</i>	1	
DUAVEE	3	
ELESTRIN	3	
<i>estradiol valerate inj 20mg/ml, 40mg/ml</i>	1	
<i>estradiol/norethindrone acetate</i>	1	
<i>estradiol pttw, ptwk, oral tabs</i>	1	
<i>estradiol crea, vaginal tabs</i>	2	
ESTRING	2	
EVAMIST	3	
<i>exemestane</i>	1	
FEMRING	2	
<i>fyavolv</i>	2	
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
<i>jinteli</i>	1	
KISQALI FEMARA 200 DOSE	3	PA NSO NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	3	PA NSO NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	3	PA NSO NEDS; SP-Optum Specialty
<i>letrozole tabs</i>	1	
MENEST TABS 0.3MG, 0.625MG, 1.25MG	3	
MENOSTAR	3	
<i>mimvey</i>	1	
<i>norethindrone acetate/ethinyl estradiol</i>	1	
OSPHENA	3	

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PREMARIN CREA	2	
PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG	3	
PREMPHASE	3	
PREMPRO	3	
<i>raloxifene hydrochloride</i>	1	
SOLTAMOX	2	
<i>tamoxifen citrate tabs</i>	1	
<i>toremifene citrate</i>	2	
<i>yuvaferm</i>	2	
Gonadotropins and Antigonadotropins		
ELIGARD	2	
FIRMAGON INJ 80MG	2	
FIRMAGON INJ 120MG/VIAL	3	NEDS
<i>leuprolide acetate inj</i>	1	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	3	NEDS
LUPRON DEPOT (3-MONTH)	3	NEDS
LUPRON DEPOT (4-MONTH)	3	NEDS
LUPRON DEPOT (6-MONTH)	3	NEDS
MYFEMBREE	3	QL (28 EA per 28 days) PA NEDS
ORGOVYX	3	PA NSO NEDS
ORIAHNN	3	QL (56 EA per 28 days) PA NEDS
ORILISSA TABS 150MG	3	QL (30 EA per 30 days) PA NEDS
ORILISSA TABS 200MG	3	QL (60 EA per 30 days) PA NEDS
SYNAREL	3	NEDS
TRELSTAR MIXJECT	3	NEDS
Parathyroid and Antiparathyroid Agents		
CALCITONIN SALMON INJ	2	
<i>calcitonin-salmon soln</i>	1	
<i>cinacalcet hydrochloride tabs 30mg</i>	3	
<i>cinacalcet hydrochloride tabs 60mg, 90mg</i>	3	NEDS
FORTEO INJ 600MCG/2.4ML	3	PA NEDS
NATPARA	3	QL (2 EA per 28 days) PA NEDS
<i>teriparatide</i>	3	PA NEDS
TYMLOS	3	PA NEDS
Pituitary		
ACTHAR	3	PA NEDS; SP-Optum Specialty
CORTROPHIN	3	PA NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	1	
<i>desmopressin acetate soln 0.01%</i>	1	
Progestins		
CRINONE	2	PA
DEPO-SUBQ PROVERA 104	2	
<i>medroxyprogesterone acetate inj, tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate susp, tabs</i>	1	
<i>norethindrone acetate tabs</i>	1	
<i>progesterone caps</i>	1	
Somatostatin Agonists and Antagonists		
MYCAPSSA	3	PA NEDS
<i>octreotide acetate</i>	1	SP-Optum Specialty
SIGNIFOR	3	QL (60 ML per 30 days) PA NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	3	PA NEDS; SP-Optum Specialty
GENOTROPIN	2	PA; SP-Optum Specialty
GENOTROPIN MINISQUICK	2	PA; SP-Optum Specialty
HUMATROPE INJ 12MG, 24MG, 6MG	3	PA NEDS; SP-Optum Specialty
INCRELEX	3	PA NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	3	PA NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	3	PA NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	3	PA NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	3	PA NEDS; SP-Optum Specialty
OMNITROPE INJ 5.8MG, 5MG/1.5ML	2	PA; SP-Optum Specialty
OMNITROPE INJ 10MG/1.5ML	3	PA NEDS; SP-Optum Specialty
SAIZEN	3	PA NEDS; SP-Optum Specialty
SAIZENPREP RECONSTITUTIONKIT	3	PA NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	3	PA NEDS; SP-Optum Specialty
SOMAVERT	3	PA NEDS; SP-Optum Specialty
ZOMACTON INJ 10MG	2	PA
ZOMACTON INJ 5MG	2	PA; SP-Optum Specialty
ZORBTIVE	3	PA NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ARMOUR THYROID	3	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	2	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>liothyronine sodium tabs</i>	1	
<i>methimazole tabs 10mg, 5mg</i>	1	
<i>np thyroid 120</i>	1	
<i>np thyroid 15</i>	1	
<i>np thyroid 30</i>	1	
<i>np thyroid 60</i>	1	
<i>np thyroid 90</i>	1	
<i>propylthiouracil tabs</i>	1	
SYNTHROID TABS	3	

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THYQUIDITY	3	
TIROSINT-SOL	3	
<i>unithroid</i>	1	
Miscellaneous Therapeutic Agents		
<i>5-alpha-Reductase Inhibitors</i>		
<i>dutasteride/tamsulosin hydrochloride</i>	2	
<i>dutasteride caps</i>	1	
<i>finasteride tabs</i>	1	
<i>Alcohol Deterrents</i>		
<i>disulfiram tabs</i>	1	
<i>Antidotes</i>		
<i>acetylcysteine soln</i>	1	PA BvD
<i>leucovorin calcium tabs</i>	1	
<i>Antigout Agents</i>		
<i>allopurinol tabs</i>	1	
<i>colchicine tabs</i>	1	
<i>colchicine caps</i>	2	
<i>febuxostat</i>	2	STPA
GLOPERBA	3	
<i>Antisense Oligonucleotides</i>		
TEGSEDI	3	QL (6 ML per 30 days) PA NEDS
<i>Bone Anabolic Agents</i>		
EVENITY	3	PA NEDS
<i>Bone Resorption Inhibitors</i>		
<i>alendronate sodium soln</i>	1	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium tabs</i>	1	
PROLIA	3	PA
<i>risedronate sodium</i>	2	
<i>risedronate sodium dr</i>	2	
XGEVA	3	PA NEDS
<i>Carbonic Anhydrase Inhibitors</i>		
KEVEYIS	3	PA NEDS
<i>Disease-modifying Antirheumatic Drugs</i>		
COSENTYX SENSOREADY PEN INJ 150MG/ML	2	PA NEDS; SP-Optum Specialty
COSENTYX SENSOREADY PEN INJ 150MG/ML	3	PA NEDS; SP-Optum Specialty
COSENTYX INJ 150MG/ML, 75MG/0.5ML	2	PA NEDS; SP-Optum Specialty
COSENTYX INJ 150MG/ML	3	PA NEDS; SP-Optum Specialty
ENBREL MINI	2	QL (8 ML per 28 days) PA NEDS; SP-Optum Specialty
ENBREL SURECLICK	2	QL (8 ML per 28 days) PA NEDS; SP-Optum Specialty
ENBREL INJ 25MG	2	QL (8 EA per 28 days) PA NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	2	QL (8 ML per 28 days) PA NEDS; SP-Optum Specialty
ENBREL INJ 25MG/0.5ML	2	QL (8.16 ML per 28 days) PA NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	2	PA NEDS; SP-Optum Specialty
HUMIRA PEN-CD/UC/HS STARTER	2	PA NEDS; SP-Optum Specialty
HUMIRA PEN-PEDIATRIC UC STARTER PACK	2	PA NEDS; SP-Optum Specialty
HUMIRA PEN-PS/UV STARTER	2	PA NEDS; SP-Optum Specialty
HUMIRA PEN INJ 80MG/0.8ML	2	QL (4 EA per 28 days) PA NEDS; SP-Optum Specialty
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA NEDS; SP-Optum Specialty
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA NEDS; SP-Optum Specialty
KINERET	3	QL (20.1 ML per 28 days) PA NEDS
<i>leflunomide tabs</i>	2	
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	3	
RINVOQ	2	QL (30 EA per 30 days) PA NEDS; SP-Optum Specialty
XELJANZ XR	2	QL (30 EA per 30 days) PA NEDS; SP-Optum Specialty
XELJANZ SOLN	2	QL (300 ML per 30 days) PA NEDS; SP-Optum Specialty
XELJANZ TABS	2	QL (60 EA per 30 days) PA NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	3	NEDS; SP-Optum Specialty
AUBAGIO	3	NEDS; SP-Optum Specialty
AVONEX PEN	3	NEDS; SP-Optum Specialty
AVONEX INJ 30MCG/0.5ML	3	NEDS; SP-Optum Specialty
BAFIERTAM	3	NEDS; SP-Optum Specialty
BETASERON	3	NEDS; SP-Optum Specialty
COPAXONE	3	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	3	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	3	NEDS; SP-Optum Specialty
ENSPRYNG	3	PA NEDS; SP-Optum Specialty
EXTAVIA	3	NEDS; SP-Optum Specialty
GILENYA CAPS 0.5MG	3	NEDS; SP-Optum Specialty
KESIMPTA	3	PA NEDS; SP-Optum Specialty

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MAYZENT	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPk 0.25MG	3	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPk 0.25MG	3	SP-Optum Specialty
PLEGRIDY	3	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	3	NEDS; SP-Optum Specialty
REBIF	3	NEDS; SP-Optum Specialty
REBIF REBIDOSE	3	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	3	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	3	NEDS; SP-Optum Specialty
THALOMID	3	NEDS; SP-Optum Specialty
VUMERITY	3	NEDS; SP-Optum Specialty
Immunosuppressive Agents		
ASTAGRAF XL	3	PA BvD
AZASAN	3	PA BvD
<i>azathioprine tabs 50mg</i>	1	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	2	PA BvD
BENLYSTA INJ 200MG/ML	3	PA NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	1	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	1	PA BvD
ENVARUS XR	3	PA BvD
<i>everolimus tabs 0.25mg</i>	2	QL (60 EA per 30 days) PA BvD NEDS
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	3	QL (60 EA per 30 days) PA BvD NEDS
GENGRAF SOLN	1	PA BvD
GENGRAF CAPS 100MG, 25MG	1	PA BvD
LUPKYNIS	3	PA NSO NEDS
MAVENCLAD	3	NEDS; SP-Optum Specialty
<i>mycophenolate mofetil caps, tabs</i>	1	PA BvD
<i>mycophenolate mofetil susr</i>	3	PA BvD NEDS
<i>mycophenolic acid dr</i>	3	PA BvD
PROGRAF PACK	3	PA BvD
<i>sirolimus tabs</i>	1	PA BvD
<i>sirolimus soln</i>	2	PA BvD
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	1	PA BvD
Kallikrein-Kinin System Inhibitors		
BERINERT	3	PA NEDS
CINRYZE	3	PA NEDS
HAEGARDA	3	PA NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	2	QL (18 ML per 30 days) PA NEDS; SP-Optum Specialty
ORLADEYO	3	QL (30 EA per 30 days) PA NEDS
RUCONEST	3	NEDS

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Drug Name	Drug Tier	Requirements/Limits
SAJAZIR	3	QL (18 ML per 30 days) PA NEDS; SP-Optum Specialty
TAKHZYRO	3	PA NEDS; SP-Optum Specialty
TAVNEOS	3	PA NEDS
Other Miscellaneous Therapeutic Agents		
ARCALYST	3	PA NEDS
<i>betaine anhydrous</i>	3	NEDS
CERDELGA	3	PA NEDS; SP-Optum Specialty
CYSTAGON	3	
<i>dalfampridine er</i>	2	SP-Optum Specialty
ELMIRON	3	
EVRYSDI	3	PA NEDS
FIRDAPSE	3	PA NEDS
GALAFOLD	3	PA NEDS
ISTURISA TABS 10MG	3	QL (180 EA per 30 days) PA NEDS
ISTURISA TABS 1MG	3	QL (240 EA per 30 days) PA NEDS
ISTURISA TABS 5MG	3	QL (60 EA per 30 days) PA NEDS
<i>levocarnitine soln, tabs</i>	1	
<i>metyrosine</i>	3	NEDS
<i>miglustat</i>	3	PA NEDS; SP-Optum Specialty
<i>nitisinone</i>	3	PA NEDS; SP-Optum Specialty
NITYR	3	PA NEDS; SP-Optum Specialty
ORFADIN SUSP	3	PA NEDS
ORFADIN CAPS 20MG	3	PA NEDS
RECORLEV	3	QL (240 EA per 30 days) PA NEDS
REZUROCK	3	PA NEDS
<i>sapropterin dihydrochloride</i>	3	PA NEDS; SP-Optum Specialty
THIOLA EC	3	NEDS
<i>tiopronin tabs</i>	3	NEDS
TYBOST	2	
VIJOICE TBPB 125MG, 50MG	3	QL (28 EA per 28 days) PA NEDS; SP-Optum Specialty
VIJOICE TBPB 0	3	QL (56 EA per 28 days) PA NEDS; SP-Optum Specialty
VOXZOGO	3	PA NEDS; SP-Optum Specialty
VYNDAMAX	3	QL (30 EA per 30 days) PA NEDS; SP-Optum Specialty
VYNDAQEL	3	QL (120 EA per 30 days) PA NEDS; SP-Optum Specialty
XURIDEN	3	QL (120 EA per 30 days) PA NEDS
Protective Agents		
MESNEX TABS	3	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		

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<i>cromolyn sodium conc 100mg/5ml</i>	3	
<i>cromolyn sodium nebu 20mg/2ml</i>	1	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	2	PA NEDS; SP-Optum Specialty
FASENRA	3	PA NEDS
FASENRA PEN	3	PA NEDS; SP-Optum Specialty
<i>montelukast sodium chew, pack, tabs</i>	1	
NUCALA INJ 100MG, 40MG/0.4ML	3	PA NEDS
NUCALA INJ 100MG/ML	3	PA NEDS; SP-Optum Specialty
<i>zafirlukast</i>	2	
<i>zileuton er</i>	3	NEDS
Antifibrotic Agents		
ESBRIET CAPS	3	QL (270 EA per 30 days) PA NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	2	QL (270 EA per 30 days) PA NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	3	QL (90 EA per 30 days) PA NEDS; SP-Optum Specialty
OFEV	3	QL (60 EA per 30 days) PA NEDS; SP-Optum Specialty
<i>pirfenidone tabs 267mg</i>	3	QL (270 EA per 30 days) PA NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	3	QL (90 EA per 30 days) PA NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide soln, tabs</i>	2	EC
<i>promethazine dm</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine syrp</i>	2	EC
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO	3	QL (56 EA per 28 days) PA NEDS; SP-Optum Specialty
ORKAMBI TABS	3	QL (112 EA per 28 days) PA NEDS; SP-Optum Specialty
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	3	QL (56 EA per 28 days) PA NEDS; SP-Optum Specialty
SYMDEKO	3	PA NEDS; SP-Optum Specialty
TRIKAFTA	3	QL (84 EA per 28 days) PA NEDS; SP-Optum Specialty
Mucolytic Agents		
PULMOZYME	3	PA BvD NEDS; SP-Optum Specialty
Phosphodiesterase Type 4 Inhibitors		

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DALIRESP	3	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	3	QL (560 EA per 28 days) NEDS
PROLASTIN-C INJ 1000MG	3	PA NEDS
XOLAIR INJ 150MG, 75MG/0.5ML	3	PA NEDS
XOLAIR INJ 150MG/ML	3	PA NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	3	PA NEDS
<i>ambrisentan</i>	3	PA NEDS; SP-Optum Specialty
<i>bosentan</i>	3	PA NEDS; SP-Optum Specialty
OPSUMIT	3	PA NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	3	PA
ORENITRAM TBCR 5MG	3	PA NEDS
TRACLEER TBSO	3	PA NEDS; SP-Optum Specialty
UPTRAVI TABS, TBPk	3	PA NEDS
VENTAVIS	3	PA NEDS
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir crea 5%</i>	2	
<i>ciclopirox nail lacquer</i>	2	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox gel, susp</i>	1	
<i>ciclopirox sham</i>	3	
CLEOCIN SUPP	3	
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	
<i>clindamycin phosphate/benzoyl peroxide gel 2.5%; 1.2%, 5%; 1.2%</i>	3	
<i>clindamycin phosphate crea 2%</i>	1	
<i>clindamycin phosphate foam 1%</i>	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin/benzoyl peroxide</i>	3	
<i>clotrimazole/betamethasone dipropionate crea</i>	2	
<i>clotrimazole/betamethasone dipropionate lotn</i>	3	
<i>clotrimazole soln, troc</i>	1	
<i>clotrimazole crea</i>	2	
<i>crotan</i>	2	
DENAVIR	3	NEDS
<i>econazole nitrate crea</i>	2	
<i>ery</i>	1	
<i>erythromycin/benzoyl peroxide</i>	3	

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<i>erythromycin gel 2%</i>	1	
<i>erythromycin soln 2%</i>	1	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
GYNAZOLE-1	3	
<i>ivermectin crea 1%</i>	3	
<i>ketoconazole crea 2%</i>	2	QL (120 GM per 30 days)
<i>ketoconazole foam 2%</i>	3	
<i>ketoconazole sham 2%</i>	1	
KETODAN	3	
<i>lindane sham</i>	1	
<i>luliconazole</i>	2	
<i>mafenide acetate pack</i>	2	
<i>malathion</i>	1	
MENTAX	3	
<i>metronidazole vaginal</i>	2	
<i>metronidazole crea 0.75%</i>	1	
<i>metronidazole gel 0.75%, 1%</i>	1	
<i>metronidazole lotn 0.75%</i>	3	
<i>miconazole 3 supp</i>	1	
<i>mupirocin oint</i>	1	QL (44 GM per 30 days)
<i>mupirocin crea</i>	2	QL (180 GM per 30 days)
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride crea</i>	2	
NEUAC	3	
NUVESSA	3	
<i>nyamyc</i>	1	
<i>nystatin crea 100000unit/gm</i>	1	
<i>nystatin oint 100000unit/gm</i>	1	
<i>nystatin powd 100000unit/gm</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	3	QL (90 GM per 30 days)
<i>permethrin crea</i>	2	
<i>rosadan</i>	1	
<i>selenium sulfide lotn</i>	1	
<i>silver sulfadiazine crea</i>	1	
<i>ssd</i>	1	
<i>sulfacetamide sodium lotn 10%</i>	1	
SULFAMYLON CREA	3	
<i>terconazole</i>	1	
<i>vandazole</i>	2	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
ALA-SCALP	3	

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<i>alclometasone dipropionate oint</i>	1	
<i>alclometasone dipropionate crea</i>	3	
<i>amcinonide lotn</i>	1	
<i>amcinonide crea, oint</i>	3	
APEXICON E	3	
<i>betamethasone dipropionate augmented crea, oint</i>	1	
<i>betamethasone dipropionate augmented gel, lotn</i>	3	
<i>betamethasone dipropionate lotn</i>	1	
<i>betamethasone dipropionate crea, oint</i>	3	
<i>betamethasone valerate crea, lotn, oint</i>	1	
<i>betamethasone valerate foam</i>	3	
<i>calcipotriene/betamethasone dipropionate oint</i>	3	
<i>calcipotriene/betamethasone dipropionate susp</i>	3	NEDS
CAPEX	3	
<i>clobetasol propionate e</i>	2	QL (240 GM per 30 days)
<i>clobetasol propionate emollient foam</i>	3	QL (200 GM per 30 days)
<i>clobetasol propionate soln</i>	2	QL (200 ML per 30 days)
<i>clobetasol propionate gel</i>	2	QL (240 GM per 30 days)
<i>clobetasol propionate foam</i>	3	QL (200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	3	QL (236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	3	QL (240 GM per 30 days)
<i>clobetasol propionate liqd</i>	3	QL (250 ML per 30 days)
<i>clocortolone pivalate</i>	3	
<i>clodan</i>	2	
CORDRAN TAPE	3	
<i>desonide crea, gel, lotn, oint</i>	3	
<i>desoximetasone crea, gel, liqd, oint</i>	3	
DESRX	3	
<i>diclofenac sodium gel 3%</i>	2	QL (200 GM per 30 days)
<i>diclofenac sodium gel 1%</i>	2	QL (960 GM per 30 days)
<i>diclofenac sodium external soln 1.5%</i>	1	QL (300 ML per 30 days)
<i>diflorasone diacetate</i>	3	
EUCRISA	3	PA
<i>fluocinolone acetonide body</i>	3	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	2	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	3	
<i>fluocinonide emulsified base</i>	3	
<i>fluocinonide crea 0.05%</i>	2	
<i>fluocinonide crea 0.1%</i>	2	QL (120 GM per 30 days)
<i>fluocinonide gel, oint, soln</i>	3	
<i>flurandrenolide crea, lotn</i>	2	
<i>flurandrenolide oint</i>	3	QL (120 GM per 30 days)

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<i>fluticasone propionate crea 0.05%</i>	1	
<i>fluticasone propionate lotn 0.05%</i>	3	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halcinonide</i>	2	
<i>halobetasol propionate crea, oint</i>	3	
HALOG OINT	3	
<i>hydrocortisone butyrate lotn</i>	1	
<i>hydrocortisone butyrate crea, oint, soln</i>	3	
<i>hydrocortisone valerate</i>	3	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone enem 100mg/60ml</i>	1	
<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>	1	
<i>nystatin/triamcinolone</i>	2	
<i>oralone dental paste</i>	1	
PANDEL	3	
<i>prednicarbate oint</i>	1	
<i>procto-med hc</i>	1	
<i>procto-pak</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
TOVET	3	QL (200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	1	
<i>triamcinolone acetonide crea, lotn</i>	1	
<i>triamcinolone acetonide aers</i>	3	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.05%</i>	2	
TRIANEX	2	
<i>triderm</i>	1	
TRITOCIN	2	
UCERIS	3	
Antipruritics and Local Anesthetics		
<i>doxepin hydrochloride crea 5%</i>	3	QL (90 GM per 30 days) NEDS
<i>hydrocortisone acetate/pramoxine crea 1%; 1%</i>	1	
<i>lidocaine hcl soln</i>	1	QL (100 ML per 30 days)
<i>lidocaine/prilocaine crea</i>	2	QL (60 GM per 30 days)
<i>lidocaine oint 5%</i>	2	QL (100 GM per 30 days)
<i>lidocaine ptch 5%</i>	2	QL (90 EA per 30 days) PA
<i>premium lidocaine</i>	2	QL (100 GM per 30 days)
Cell Stimulants and Proliferants		
<i>avita</i>	1	PA

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RETIN-A MICRO PUMP GEL 0.08%	3	PA
<i>tretinoin microsphere</i>	3	PA
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	1	PA
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	PA
Depigmenting and Pigmenting Agents		
<i>methoxsalen caps</i>	3	NEDS
Emollients, Demulcents, and Protectants		
<i>ammonium lactate lotn</i>	1	
<i>ammonium lactate crea</i>	2	
Skin and Mucous Membrane Agents, Misc		
<i>acutane</i>	3	
<i>acitretin</i>	3	
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	2	PA
<i>adapalene crea</i>	1	PA
<i>adapalene gel</i>	3	PA
<i>amnestem</i>	1	
<i>azelaic acid gel</i>	2	
AZELEX	3	
<i>bexarotene gel 1%</i>	3	PA NSO NEDS
<i>calcipotriene crea</i>	2	QL (120 GM per 30 days)
<i>calcipotriene oint</i>	3	QL (120 GM per 30 days)
<i>calcipotriene soln</i>	3	QL (120 ML per 30 days)
<i>calcitriol oint 3mcg/gm</i>	2	
<i>claravis</i>	3	
CONDYLOX GEL	3	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	2	PA NEDS; SP-Optum Specialty
FABIOR	3	PA
<i>fluorouracil crea</i>	1	
<i>fluorouracil soln</i>	3	
<i>imiquimod pump</i>	3	
<i>imiquimod crea 5%</i>	2	
<i>imiquimod crea 3.75%</i>	3	
<i>isotretinoin caps</i>	3	
KLISYRI	3	PA NEDS
<i>minocycline hydrochloride er</i>	2	
MYORISAN	3	
PANRETIN	3	NEDS
<i>pimecrolimus</i>	2	
<i>podofilox soln</i>	1	
RECTIV	3	QL (30 GM per 30 days)
REGRANEX	2	
SANTYL	2	
SKYRIZI PEN	2	QL (1 ML per 28 days) PA NEDS; SP-Optum Specialty

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SKYRIZI INJ 75MG/0.83ML	2	QL (1 EA per 28 days) PA NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	2	QL (1 ML per 28 days) PA NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	2	QL (1 ML per 28 days) PA NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	2	QL (1 ML per 28 days) PA NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	2	
TALTZ	3	QL (4 ML per 28 days) PA NEDS; SP-Optum Specialty
TARGRETIN	3	PA NSO NEDS; SP-Optum Specialty
<i>tazarotene crea</i>	2	PA
<i>tazarotene foam</i>	3	PA
TAZORAC GEL	3	PA
TAZORAC CREA 0.05%	3	PA
VALCHLOR	3	NEDS; SP-Optum Specialty
WINLEVI	3	PA
ZENATANE	3	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>darifenacin hydrobromide er</i>	2	
<i>fesoterodine fumarate er</i>	3	
<i>flavoxate hcl</i>	1	
GEMTESA	3	
MYRBETRIQ	2	
<i>oxybutynin chloride er</i>	1	
<i>oxybutynin chloride syrp, tabs</i>	1	
<i>solifenacin succinate</i>	2	
<i>tolterodine tartrate</i>	2	
<i>tolterodine tartrate er</i>	2	
<i>trospium chloride</i>	2	
<i>trospium chloride er</i>	2	
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>theophylline er tb24</i>	1	
<i>theophylline er tb12 300mg, 450mg</i>	1	
<i>theophylline soln</i>	1	
Vitamins		
<i>Multivitamin Preparations</i>		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	1	
<i>Vitamin B Complex</i>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid inj</i>	2	EC

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<i>folic acid tabs 1mg</i>	2	EC
NASCOBAL SOLN	3	EC
<i>niacin tabs 500mg</i>	1	
<i>niacor</i>	1	
Vitamin D		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	1	
<i>calcitriol soln 1mcg/ml</i>	1	
<i>doxercalciferol caps</i>	3	
<i>paricalcitol caps</i>	1	
RAYALDEE	3	
<i>vitamin d caps 50000unit</i>	2	EC
Vitamin K Activity		
<i>phytonadione tabs</i>	2	EC

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<i>acyclovir</i>	57
<i>acyclovir sodium</i>	7
ADACEL	15
<i>adapalene</i>	61
<i>adapalene/benzoyl peroxide</i>	61
ADDYI	31
<i>adefovir dipivoxil</i>	7
ADEMPAS	57
ADIPEX-P	26
AEMCOLO	2
AIMOVIG	28
<i>ala-cort</i>	58
ALA-SCALP	58
<i>albendazole</i>	2
<i>albuterol sulfate</i>	17
<i>albuterol sulfate hfa</i>	17
<i>alclometasone dipropionate</i>	59
<i>alcohol prep pads</i>	35
ALECENSA	9

Drug Name	Page #
<i>alendronate sodium</i>	52
<i>alfuzosin hcl er</i>	17
<i>aliskiren</i>	22
<i>allopurinol</i>	52
<i>almotriptan</i>	28
ALOCRIIL	41
ALOMIDE	41
<i>alosetron hydrochloride</i>	42
ALPHAGAN P	41
<i>alprazolam</i>	30
<i>alprazolam er</i>	30
<i>alprazolam intensol</i>	30
<i>alprazolam odt</i>	30
ALREX	40
ALUNBRIG	9
<i>alyq</i>	23
<i>amabelz</i>	49
<i>amantadine hcl</i>	29
AMBISOME	5
<i>ambrisentan</i>	57
<i>amcinonide</i>	59
<i>amethia</i>	47
<i>amikacin sulfate</i>	2
<i>amiloride hcl</i>	37
<i>amiloride/hydrochlorothiazide</i>	37
AMINOSYN II	36
AMINOSYN-PF 7%	36
<i>amiodarone hydrochloride</i>	21
<i>amitriptyline hcl</i>	31
<i>amitriptyline hydrochloride</i>	31
<i>amlodipine besylate</i>	21
<i>amlodipine besylate/atorvastatin calcium</i>	21
<i>amlodipine besylate/benazepril</i>	21
<i>hydrochloride</i>	
<i>amlodipine besylate/valsartan</i>	21
<i>amlodipine/olmesartan medoxomil</i>	21
<i>ammonium lactate</i>	61
<i>amnestem</i>	61
<i>amoxapine</i>	31
<i>amoxicillin</i>	2
<i>amoxicillin/clavulanate potassium</i>	2
<i>amoxicillin/clavulanate potassium er</i>	2
<i>amphetamine sulfate</i>	26
<i>amphetamine/dextroamphetamine</i>	26
<i>amphotericin b</i>	5

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<i>amphotericin b liposome</i>	5	AUSTEDO	34
<i>ampicillin</i>	2	AVEED	45
<i>ampicillin sodium</i>	2	<i>aviane</i>	48
<i>ampicillin-sulbactam</i>	2	<i>avita</i>	60
<i>anagrelide hydrochloride</i>	18	AVONEX	53
<i>anastrozole</i>	49	AVONEX PEN	53
ANGELIQ	49	AVYCAZ	2
ANNOVERA	47	AYVAKIT	9
ANORO ELLIPTA	16	AZASAN	54
ANZEMET	42	AZASITE	39
APEXICON E	59	<i>azathioprine</i>	54
APLENZIN	31	<i>azelaic acid</i>	61
<i>apomorphine hydrochloride</i>	29	<i>azelastine hcl</i>	41
<i>apraclonidine</i>	42	<i>azelastine hydrochloride</i>	41
<i>aprepitant</i>	42	AZELEX	61
<i>apri</i>	47	<i>azithromycin</i>	2
APTOM	27	<i>aztreonam</i>	2
APTIVUS	7	<i>bacitracin</i>	39
<i>aranelle</i>	47	<i>bacitracin/polymyxin b</i>	39
ARCALYST	55	<i>baclofen</i>	17
<i>arformoterol tartrate</i>	17	BAFIERTAM	53
ARIKAYCE	2	<i>balsalazide disodium</i>	42
<i>aripiprazole</i>	32	BALVERSA	9
<i>aripiprazole odt</i>	32	<i>balziva</i>	48
ARISTADA	32	BAQSIMI ONE PACK	47
ARISTADA INITIO	32	BAQSIMI TWO PACK	47
<i>armodafinil</i>	26	BAXDELA	2
ARMOUR THYROID	51	BCG VACCINE	15
<i>asenapine maleate sl</i>	32	<i>bd insulin syringe safetyglide/1ml/29g x</i>	35
<i>ashlyna</i>	48	<i>1/2"</i>	
<i>aspirin/dipyridamole er</i>	18	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	35
ASTAGRAF XL	54	<i>5/16"</i>	
<i>atazanavir</i>	7	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	35
<i>atazanavir sulfate</i>	7	<i>12.7mm</i>	
<i>atenolol</i>	20	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	35
<i>atenolol/chlorthalidone</i>	20	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	35
<i>atomoxetine</i>	31	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	35
<i>atomoxetine hydrochloride</i>	31	<i>bd pen needle/original/ultra-fine/29g x</i>	35
<i>atorvastatin calcium</i>	19	<i>12.7mm</i>	
<i>atovaquone</i>	6	BELBUCA	24
<i>atovaquone/proguanil hcl</i>	6	BELSOMRA	30
<i>atropine sulfate</i>	42	<i>benazepril hcl</i>	22
ATROVENT HFA	16	<i>benazepril hcl/hydrochlorothiazide</i>	22
AUBAGIO	53	<i>benazepril hydrochloride</i>	22
AURYXIA	38		

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<i>benazepril</i>	22	BRIVIACT	27
<i>hydrochloride/hydrochlorothiazide</i>		<i>bromfenac</i>	40
BENLYSTA	54	<i>bromocriptine mesylate</i>	29
BENZNIDAZOLE	6	BROMSITE	40
<i>benzonatate</i>	56	BRONCHITOL	57
<i>benztropine mesylate</i>	29	BRUKINSA	10
<i>bepotastine besilate</i>	41	<i>budesonide</i>	45
BERINERT	54	<i>budesonide er</i>	45
BESIVANCE	39	<i>budesonide/formoterol fumarate dihydrate</i>	45
BESREMI	9	<i>bumetanide</i>	37
<i>betaine anhydrous</i>	55	<i>buprenorphine</i>	24
<i>betamethasone dipropionate</i>	59	<i>buprenorphine hcl</i>	24
<i>betamethasone dipropionate augmented</i>	59	<i>buprenorphine hcl/naloxone hcl</i>	24
<i>betamethasone valerate</i>	59	<i>buprenorphine hydrochloride/naloxone</i>	24
BETASERON	53	<i>hydrochloride</i>	
<i>betaxolol hcl</i>	20	<i>bupropion hcl</i>	32
<i>betaxolol hcl</i>	41	<i>bupropion hydrochloride</i>	32
<i>bethanechol chloride</i>	17	<i>bupropion hydrochloride er (sr)</i>	32
BETIMOL	41	<i>bupropion hydrochloride er (xl)</i>	32
BETOPTIC-S	41	<i>buspirone hcl</i>	30
BEVESPI AEROSPHERE	16	<i>buspirone hydrochloride</i>	30
<i>bexarotene</i>	10	<i>butorphanol tartrate</i>	24
<i>bexarotene</i>	61	BYDUREON BCISE	46
BEXSERO	15	BYETTA	46
<i>bicalutamide</i>	10	BYLVAY	44
BICILLIN C-R	2	BYLVAY (PELLETS)	44
BICILLIN L-A	2	<i>cabergoline</i>	29
BIDIL	23	CABLIVI	18
BIKTARVY	7	CABOMETYX	10
<i>bimatoprost</i>	41	<i>calcipotriene</i>	61
<i>bisoprolol fumarate</i>	20	<i>calcipotriene/betamethasone dipropionate</i>	59
<i>bisoprolol fumarate/hydrochlorothiazide</i>	20	CALCITONIN SALMON	50
BIVIGAM	15	<i>calcitonin-salmon</i>	50
BLEPHAMIDE S.O.P.	40	<i>calcitriol</i>	61
BOOSTRIX	15	<i>calcitriol</i>	63
<i>bosentan</i>	57	<i>calcium acetate</i>	38
BOSULIF	10	CALQUENCE	10
BRAFTOVI	10	<i>camila</i>	48
BREO ELLIPTA	45	CAMZYOS	21
BREZTRI AEROSPHERE	45	<i>candesartan cilexetil</i>	22
<i>briellyn</i>	48	<i>candesartan cilexetil/hydrochlorothiazide</i>	22
BRILINTA	18	CAPEX	59
<i>brimonidine tartrate</i>	41	CAPLYTA	32
<i>brimonidine tartrate/timolol maleate</i>	41	CAPRELSA	10
<i>brinzolamide</i>	41	<i>captopril</i>	22

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CARBAGLU	35	chlorthalidone	37
carbamazepine	27	CHOLBAM	44
carbamazepine er	27	cholestyramine	19
carbidopa	29	cholestyramine light	19
carbidopa/levodopa	29	ciclopirox	57
carbidopa/levodopa er	29	ciclopirox nail lacquer	57
carbidopa/levodopa odt	29	ciclopirox olamine	57
carbidopa/levodopa/entacapone	29	cilostazol	18
CARDURA XL	19	CIMDUO	7
carglumic acid	35	cimetidine	43
CAROSPIR	22	cimetidine hydrochloride	43
carteolol hcl	41	cinacalcet hydrochloride	50
cartia xt	21	CINRYZE	54
carvedilol	20	ciprofloxacin	39
carvedilol phosphate er	20	ciprofloxacin hcl	3
casprofungin acetate	5	ciprofloxacin hydrochloride	3
CAVERJECT	23	ciprofloxacin hydrochloride	39
CAVERJECT IMPULSE	23	ciprofloxacin i.v.-in d5w	3
CAYSTON	2	ciprofloxacin/dexamethasone	40
cefaclor	2	citalopram hydrobromide	32
cefaclor er	2	claravis	61
cefadroxil	2	clarithromycin	3
cefazolin sodium	2	clarithromycin er	3
cefdinir	2	CLENPIQ	43
cefepime	2	CLEOCIN	57
cefixime	2	clindacin etz pledgets	57
cefotetan	2	clindacin-p	57
cefoxitin sodium	2	clindamycin hcl	3
cefpodoxime proxetil	2	clindamycin hydrochloride	3
cefprozil	2	clindamycin palmitate hcl	3
ceftazidime	2	clindamycin phosphate	3
ceftriaxone sodium	3	clindamycin phosphate	57
cefuroxime axetil	3	clindamycin phosphate/benzoyl peroxide	57
cefuroxime sodium	3	clindamycin phosphate/dextrose	3
celecoxib	24	clindamycin/benzoyl peroxide	57
CELONTIN	27	CLINIMIX 4.25%/DEXTROSE 10%	36
cephalexin	3	CLINIMIX 4.25%/DEXTROSE 5%	36
CERDELGA	55	CLINIMIX 5%/DEXTROSE 15%	36
cevimeline hydrochloride	17	CLINIMIX 5%/DEXTROSE 20%	36
CHEMET	44	CLINIMIX 6/5	36
chlordiazepoxide/amitriptyline	32	CLINIMIX 8/10	36
chlorhexidine gluconate	39	CLINIMIX E 2.75%/DEXTROSE 5%	36
chloroquine phosphate	6	CLINIMIX E 4.25%/DEXTROSE 10%	36
chlorpromazine hcl	32	CLINIMIX E 4.25%/DEXTROSE 5%	36
chlorpromazine hydrochloride	32	CLINIMIX E 5%/DEXTROSE 15%	36

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CLINIMIX E 5%/DEXTROSE 20%	36	<i>cromolyn sodium</i>	56
CLINIMIX E 8/10	36	<i>crotan</i>	57
CLINISOL SF 15%	36	<i>curity gauze pads 2"x2"</i>	35
<i>clobazam</i>	27	<i>cyanocobalamin</i>	62
<i>clobetasol propionate</i>	59	<i>cyclobenzaprine hydrochloride</i>	17
<i>clobetasol propionate e</i>	59	<i>cyclophosphamide</i>	10
<i>clobetasol propionate emollient</i>	59	CYCLOSET	46
<i>clocortolone pivalate</i>	59	<i>cyclosporine</i>	40
<i>clodan</i>	59	<i>cyclosporine</i>	54
<i>clomipramine hydrochloride</i>	32	<i>cyclosporine modified</i>	54
<i>clonazepam</i>	27	<i>cyproheptadine hcl</i>	9
<i>clonazepam odt</i>	27	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hcl</i>	22	CYSTADROPS	42
<i>clonidine hydrochloride</i>	22	CYSTAGON	55
<i>clonidine hydrochloride er</i>	22	CYSTARAN	42
<i>clopidogrel</i>	18	<i>dalfampridine er</i>	55
<i>clorazepate dipotassium</i>	30	DALIRESP	57
<i>clotrimazole</i>	57	DALVANCE	3
<i>clotrimazole/betamethasone dipropionate</i>	57	<i>danazol</i>	45
<i>clozapine</i>	32	<i>dantrolene sodium</i>	17
<i>clozapine odt</i>	32	<i>dapsone</i>	6
COARTEM	6	DAPTACEL	15
<i>codeine sulfate</i>	24	<i>daptomycin</i>	3
<i>colchicine</i>	52	<i>darifenacin hydrobromide er</i>	62
<i>colesevelam hydrochloride</i>	19	DAURISMO	10
<i>colestipol hcl</i>	19	DAYVIGO	30
<i>colistimethate sodium</i>	3	<i>deblitane</i>	48
COMBIPATCH	49	<i>deferasirox</i>	44
COMBIVENT RESPIMAT	18	<i>deferiprone</i>	44
COMETRIQ	10	DELESTROGEN	49
COMPLERA	7	DELSTRIGO	7
CONDYLOX	61	<i>demeclocycline hcl</i>	3
<i>constulose</i>	35	DENAVIR	57
COPAXONE	53	DEPO-ESTRADIOL	49
COPIKTRA	10	DEPO-SUBQ PROVERA 104	50
CORDRAN	59	DESCOVY	7
CORLANOR	21	<i>desipramine hydrochloride</i>	32
CORTROPHIN	50	<i>desloratadine</i>	9
COSENTYX	52	<i>desloratadine odt</i>	9
COSENTYX SENSOREADY PEN	52	<i>desmopressin acetate</i>	50
COTELLIC	10	<i>desogestrel/ethinyl estradiol</i>	48
CREON	44	<i>desonide</i>	59
CRESEMBA	5	<i>desoximetasone</i>	59
CRINONE	50	DESRX	59
<i>cromolyn sodium</i>	41	<i>desvenlafaxine er</i>	32

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<i>dexamethasone</i>	45	<i>diflorasone diacetate</i>	59
<i>dexamethasone 10-day dose pack</i>	45	<i>diflunisal</i>	24
<i>dexamethasone 13-day dose pack</i>	45	<i>difluprednate</i>	40
<i>dexamethasone 6-day dose pack</i>	45	<i>digitek</i>	21
<i>dexamethasone sodium phosphate</i>	40	<i>digox</i>	22
DEXLANSOPRAZOLE	43	<i>digoxin</i>	22
<i>dexmethylphenidate hcl</i>	26	<i>dihydroergotamine mesylate</i>	17
<i>dexmethylphenidate hcl er</i>	26	DILANTIN	27
<i>dexmethylphenidate hydrochloride</i>	26	DILANTIN INFATABS	27
<i>dexmethylphenidate hydrochloride er</i>	26	DILANTIN-125	27
<i>dextroamphetamine sulfate</i>	26	<i>diltiazem hcl</i>	21
<i>dextroamphetamine sulfate er</i>	26	<i>diltiazem hcl cd</i>	21
<i>dextrose 10%/nacl 0.45%</i>	38	<i>diltiazem hcl er</i>	21
<i>dextrose 10%</i>	36	<i>diltiazem hydrochloride er</i>	21
<i>dextrose 10%/nacl 0.2%</i>	38	<i>dilt-xr</i>	21
<i>dextrose 2.5%/nacl 0.45%</i>	38	<i>dimethyl fumarate</i>	53
<i>dextrose 5%</i>	36	<i>dimethyl fumarate starterpack</i>	53
<i>dextrose 5%/nacl 0.2%</i>	38	<i>diphtheria/tetanus toxoids adsorbed</i>	15
<i>dextrose 5%/nacl 0.3%</i>	38	<i>pediatric</i>	
<i>dextrose 5%/nacl 0.33%</i>	38	<i>dipyridamole</i>	23
<i>dextrose 5%/nacl 0.45%</i>	38	<i>disopyramide phosphate</i>	22
<i>dextrose 5%/nacl 0.9%</i>	38	<i>disulfiram</i>	52
<i>dextrose 50%</i>	36	<i>divalproex sodium</i>	27
<i>dextrose 70%</i>	36	<i>divalproex sodium dr</i>	27
<i>dextrose/sodium chloride</i>	38	<i>divalproex sodium er</i>	27
DIACOMIT	27	DIVIGEL	49
DIASTAT ACUDIAL	30	<i>dofetilide</i>	22
DIASTAT PEDIATRIC	30	DOJOLVI	36
<i>diazepam</i>	30	<i>donepezil hcl</i>	17
<i>diazepam intensol</i>	30	<i>donepezil hydrochloride</i>	17
<i>diazepam rectal gel</i>	30	DOPTelet	19
<i>diazoxide</i>	47	<i>dorzolamide hcl/timolol maleate</i>	41
<i>diclofenac epolamine</i>	24	<i>dorzolamide hydrochloride</i>	41
<i>diclofenac potassium</i>	24	<i>dorzolamide hydrochloride/timolol maleate</i>	41
<i>diclofenac sodium</i>	40	<i>pf</i>	
<i>diclofenac sodium</i>	59	<i>dotti</i>	49
<i>diclofenac sodium dr</i>	24	DOVATO	7
<i>diclofenac sodium er</i>	24	<i>doxazosin mesylate</i>	19
<i>diclofenac sodium/misoprostol</i>	24	<i>doxepin hcl</i>	32
<i>dicloxacillin sodium</i>	3	<i>doxepin hydrochloride</i>	32
<i>dicyclomine hcl</i>	16	<i>doxepin hydrochloride</i>	60
<i>dicyclomine hydrochloride</i>	16	<i>doxercalciferol</i>	63
<i>diethylpropion hcl</i>	26	DOXY 100	3
<i>diethylpropion hcl er</i>	26	<i>doxycycline</i>	3
DIFICID	3	<i>doxycycline hyclate</i>	3

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<i>doxycycline hyclate dr</i>	3	ENBREL MINI	52
<i>doxycycline monohydrate</i>	3	ENBREL SURECLICK	52
DRIZALMA SPRINKLE	32	<i>endocet</i>	24
<i>dronabinol</i>	42	ENGERIX-B	15
<i>drospirenone/ethinyl estradiol</i>	48	<i>enoxaparin sodium</i>	18
DROXIA	10	ENSPRYNG	53
<i>droxidopa</i>	18	<i>entacapone</i>	29
DUAVEE	49	<i>entecavir</i>	7
<i>duloxetine hcl</i>	32	ENTRESTO	22
<i>duloxetine hydrochloride</i>	32	<i>enulose</i>	35
DUOPA	29	ENVARUS XR	54
DUPIXENT	56	EPCLUSA	7
DUPIXENT	61	EPIDIOLEX	27
<i>dutasteride</i>	52	<i>epinastine hcl</i>	41
<i>dutasteride/tamsulosin hydrochloride</i>	52	<i>epinephrine</i>	18
<i>e.e.s. 400</i>	3	<i>epitol</i>	27
<i>econazole nitrate</i>	57	<i>eplerenone</i>	22
EDEX	23	EPRONTIA	27
EDURANT	7	EQUETRO	27
<i>efavirenz</i>	7	ERAXIS	5
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>ergoloid mesylates</i>	17
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	ERIVEDGE	10
EGRIFTA SV	51	ERLEADA	10
ELESTRIN	49	<i>erlotinib hydrochloride</i>	10
<i>eletriptan hydrobromide</i>	28	<i>errin</i>	48
ELIGARD	50	<i>ertapenem</i>	3
ELIQUIS	18	<i>ery</i>	57
ELIQUIS STARTER PACK	18	ERYTHROCIN LACTOBIONATE	3
ELMIRON	55	ERYTHROCIN STEARATE	3
<i>eluryng</i>	48	<i>erythromycin</i>	4
EMCYT	10	<i>erythromycin</i>	39
EMEND	42	<i>erythromycin</i>	58
EMFLAZA	45	<i>erythromycin base</i>	3
EMGALITY	29	<i>erythromycin dr</i>	3
<i>emoquette</i>	48	<i>erythromycin ethylsuccinate</i>	3
EMSAM	29	<i>erythromycin lactobionate</i>	3
<i>emtricitabine</i>	7	<i>erythromycin/benzoyl peroxide</i>	57
<i>emtricitabine/tenofovir disoproxil</i>	7	ESBRIET	56
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>escitalopram oxalate</i>	32
EMTRIVA	7	<i>esomeprazole magnesium</i>	43
<i>enalapril maleate</i>	22	<i>estazolam</i>	30
<i>enalapril maleate/hydrochlorothiazide</i>	22	<i>estradiol</i>	49
ENBREL	52	<i>estradiol valerate</i>	49
		<i>estradiol/norethindrone acetate</i>	49
		ESTRING	49

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<i>eszopiclone</i>	30	FETZIMA TITRATION PACK	32
<i>ethacrynic acid</i>	37	<i>finasteride</i>	52
<i>ethambutol hydrochloride</i>	6	FINTEPLA	27
<i>ethosuximide</i>	27	FIRDAPSE	55
<i>etodolac</i>	24	FIRMAGON	50
<i>etodolac er</i>	24	FIRVANQ	4
<i>etonogestrel/ethinyl estradiol</i>	48	<i>flac</i>	40
<i>etravirine</i>	7	FLAREX	40
EUCRISA	59	<i>flavoxate hcl</i>	62
<i>euthyrox</i>	51	FLEBOGAMMA DIF	15
EVAMIST	49	<i>flecainide acetate</i>	22
EVENITY	52	FLOLIPID	20
<i>everolimus</i>	10	FLOVENT DISKUS	45
<i>everolimus</i>	54	FLOVENT HFA	45
EVOTAZ	7	<i>fluconazole</i>	5
EVRYSDI	55	<i>fluconazole in sodium chloride</i>	5
<i>exemestane</i>	49	<i>flucytosine</i>	5
EXKIVITY	10	<i>fludrocortisone acetate</i>	45
EXSERVAN	31	<i>flunisolide</i>	40
EXTAVIA	53	<i>fluocinolone acetonide</i>	40
<i>ezetimibe</i>	19	<i>fluocinolone acetonide</i>	59
<i>ezetimibe/simvastatin</i>	19	<i>fluocinolone acetonide body</i>	59
FABIOR	61	<i>fluocinolone acetonide scalp</i>	59
<i>falmina</i>	48	<i>fluocinonide</i>	59
<i>famciclovir</i>	7	<i>fluocinonide emulsified base</i>	59
<i>famotidine</i>	43	<i>fluorometholone</i>	40
FANAPT	32	<i>fluorouracil</i>	61
FANAPT TITRATION PACK	32	<i>fluoxetine dr</i>	32
FARXIGA	46	<i>fluoxetine hcl</i>	32
FASENRA	56	<i>fluoxetine hydrochloride</i>	32
FASENRA PEN	56	<i>fluphenazine decanoate</i>	32
<i>febuxostat</i>	52	<i>fluphenazine hcl</i>	32
<i>felbamate</i>	27	<i>fluphenazine hydrochloride</i>	33
<i>felodipine er</i>	21	<i>flurandrenolide</i>	59
FEMRING	49	<i>flurazepam hcl</i>	30
<i>fenofibrate</i>	19	<i>flurbiprofen</i>	24
<i>fenofibrate micronized</i>	19	<i>flurbiprofen sodium</i>	40
<i>fenofibric acid dr</i>	19	<i>flutamide</i>	11
<i>fenopropfen calcium</i>	24	<i>fluticasone propionate</i>	40
<i>fentanyl</i>	24	<i>fluticasone propionate</i>	60
<i>fentanyl citrate</i>	24	<i>fluticasone propionate hfa</i>	45
<i>fentanyl citrate oral transmucosal</i>	24	<i>fluticasone propionate/salmeterol</i>	45
FERRIPROX	44	<i>fluticasone propionate/salmeterol diskus</i>	18
<i>fesoterodine fumarate er</i>	62	<i>fluvastatin</i>	20
FETZIMA	32	<i>fluvastatin sodium er</i>	20

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<i>fluvoxamine maleate</i>	33	<i>gentamicin sulfate</i>	39
<i>fluvoxamine maleate er</i>	33	<i>gentamicin sulfate</i>	58
FML	40	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
FML FORTE	40	GENVOYA	7
<i>folic acid</i>	62	GILENYA	53
<i>fondaparinux sodium</i>	18	GILOTRIF	11
<i>formoterol fumarate</i>	18	<i>glimepiride</i>	46
FORTEO	50	<i>glipizide</i>	46
<i>fosamprenavir calcium</i>	7	<i>glipizide er</i>	46
<i>fosfomycin tromethamine</i>	9	<i>glipizide/metformin hydrochloride</i>	46
<i>fosinopril sodium</i>	22	GLOPERBA	52
<i>fosinopril sodium/hydrochlorothiazide</i>	22	GLUCAGEN HYPOKIT	47
FOTIVDA	11	GLUCAGON EMERGENCY KIT	47
FRAGMIN	18	GLUCAGON EMERGENCY KIT FOR	47
FREAMINE III	36	LOW BLOOD SUGAR	
<i>frovatriptan succinate</i>	29	<i>glyburide</i>	46
<i>furosemide</i>	37	<i>glyburide micronized</i>	46
FUZEON	7	<i>glyburide/metformin hydrochloride</i>	46
<i>fyavolv</i>	49	<i>glycopyrrolate</i>	16
FYCOMPA	27	GLYXAMBI	46
<i>gabapentin</i>	27	<i>gnp ultra comfort insulin syringe/0.3ml/30g</i>	35
GALAFOLD	55	<i>x 5/16" short</i>	
<i>galantamine hydrobromide</i>	17	<i>gnp ultra comfort insulin syringe/0.5ml/30g</i>	35
<i>galantamine hydrobromide er</i>	17	<i>x 5/16" short</i>	
GAMMAGARD LIQUID	15	GOCOVRI	29
GAMMAGARD S/D IGA LESS THAN	15	<i>granisetron hydrochloride</i>	42
1MCG/ML		<i>griseofulvin microsize</i>	5
GAMMAKED	15	<i>griseofulvin ultramicrosize</i>	5
GAMMAPLEX	15	<i>guanfacine er</i>	31
GAMUNEX-C	15	<i>guanfacine hydrochloride</i>	31
GARDASIL 9	15	GVOKE HYPOPEN 1-PACK	47
<i>gatifloxacin</i>	39	GVOKE HYPOPEN 2-PACK	47
GATTEX	44	GVOKE KIT	47
<i>gauze pads 2"x2"</i>	35	GVOKE PFS	47
<i>gavilyte-g</i>	43	GYNAZOLE-1	58
<i>gavilyte-n/flavor pack</i>	43	HAEGARDA	54
GAVRETO	11	<i>halcinonide</i>	60
<i>gemfibrozil</i>	20	<i>halobetasol propionate</i>	60
GEMTESA	62	HALOG	60
<i>generlac</i>	35	<i>haloperidol</i>	33
GENGRAF	54	<i>haloperidol decanoate</i>	33
GENOTROPIN	51	<i>haloperidol lactate</i>	33
GENOTROPIN MINISQUICK	51	HARVONI	7
<i>gentak</i>	39	HAVRIX	15
<i>gentamicin sulfate</i>	4	<i>heparin sodium</i>	18

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HEPATAMINE	37	<i>hydromorphone hydrochloride er</i>	25
HETLIOZ	30	<i>hydroxychloroquine sulfate</i>	6
HETLIOZ LQ	30	<i>hydroxyurea</i>	11
HIBERIX	15	<i>hydroxyzine hcl</i>	30
HORIZANT	27	<i>hydroxyzine hydrochloride</i>	30
HUMALOG	46	<i>hydroxyzine pamoate</i>	30
HUMALOG JUNIOR KWIKPEN	46	<i>ibandronate sodium</i>	52
HUMALOG KWIKPEN	46	IBRANCE	11
HUMALOG MIX 50/50	46	<i>ibu</i>	25
HUMALOG MIX 50/50 KWIKPEN	46	<i>ibuprofen</i>	25
HUMALOG MIX 75/25	46	<i>icatibant acetate</i>	54
HUMALOG MIX 75/25 KWIKPEN	46	<i>iclevia</i>	48
HUMATROPE	51	ICLUSIG	11
HUMIRA	53	<i>icosapent ethyl</i>	20
HUMIRA PEDIATRIC CROHNS	53	IDHIFA	11
DISEASE STARTER PACK		ILEVRO	40
HUMIRA PEN	53	<i>imatinib mesylate</i>	11
HUMIRA PEN-CD/UC/HS STARTER	53	IMBRUVICA	11
HUMIRA PEN-PEDIATRIC UC	53	<i>imipenem/cilastatin</i>	4
STARTER PACK		<i>imipramine hcl</i>	33
HUMIRA PEN-PS/UV STARTER	53	<i>imipramine hydrochloride</i>	33
HUMULIN 70/30	46	<i>imipramine pamoate</i>	33
HUMULIN 70/30 KWIKPEN	46	<i>imiquimod</i>	61
HUMULIN N	46	<i>imiquimod pump</i>	61
HUMULIN N KWIKPEN	46	IMOVAX RABIES (H.D.C.V.)	15
HUMULIN R	46	IMPAVIDO	6
HUMULIN R U-500 (CONCENTRATED)	46	IMVEXXY MAINTENANCE PACK	49
HUMULIN R U-500 KWIKPEN	46	IMVEXXY STARTER PACK	49
<i>hydralazine hcl</i>	22	INBRIJA	29
<i>hydralazine hydrochloride</i>	22	INCRELEX	51
<i>hydrochlorothiazide</i>	37	<i>indapamide</i>	37
<i>hydrocodone bitartrate er</i>	24	INDOCIN	25
<i>hydrocodone bitartrate/acetaminophen</i>	24	<i>indomethacin</i>	25
<i>hydrocodone bitartrate/homatropine</i>	56	<i>indomethacin er</i>	25
<i>methylbromide</i>		INFANRIX	15
<i>hydrocodone/acetaminophen</i>	25	INGREZZA	34
<i>hydrocodone/ibuprofen</i>	25	INLYTA	11
<i>hydrocortisone</i>	45	INQOVI	11
<i>hydrocortisone</i>	60	INREBIC	11
<i>hydrocortisone acetate/pramoxine</i>	60	INTELENCE	7
<i>hydrocortisone butyrate</i>	60	INTRALIPID	37
<i>hydrocortisone valerate</i>	60	INTRAROSA	45
<i>hydrocortisone/acetic acid</i>	40	INTRON A	11
<i>hydromorphone hcl</i>	25	<i>introvale</i>	48
<i>hydromorphone hcl er</i>	25	INVEGA HAFYERA	33

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INVEGA SUSTENNA	33	<i>kariva</i>	48
INVEGA TRINZA	33	<i>kcl 0.075%/d5w/nacl 0.45%</i>	38
INVELTYS	40	<i>kcl 0.15%/d5w/nacl 0.2%</i>	38
IOPIDINE	42	<i>kcl 0.15%/d5w/nacl 0.45%</i>	38
IPOL INACTIVATED IPV	15	<i>kcl 0.15%/d5w/nacl 0.9%</i>	38
<i>ipratropium bromide</i>	16	<i>kcl 0.3%/d5w/nacl 0.45%</i>	38
<i>ipratropium bromide/albuterol sulfate</i>	18	<i>kcl 0.3%/d5w/nacl 0.9%</i>	38
<i>irbesartan</i>	22	<i>kelnor 1/35</i>	48
<i>irbesartan/hydrochlorothiazide</i>	22	KERENDIA	22
IRESSA	11	KESIMPTA	53
ISENTRESS	7	<i>ketoconazole</i>	5
ISENTRESS HD	7	<i>ketoconazole</i>	58
ISOLYTE-P/DEXTROSE 5%	38	KETODAN	58
<i>isoniazid</i>	6	<i>ketoprofen</i>	25
<i>isosorbide dinitrate</i>	23	<i>ketoprofen er</i>	25
<i>isosorbide dinitrate/hydralazine</i>	23	<i>ketorolac tromethamine</i>	40
<i>hydrochloride</i>		KEVEYIS	52
<i>isosorbide mononitrate</i>	23	KINERET	53
<i>isosorbide mononitrate er</i>	23	KINRIX	15
<i>isotonic gentamicin</i>	4	KISQALI	11
<i>isotretinoin</i>	61	KISQALI FEMARA 200 DOSE	49
<i>isradipine</i>	21	KISQALI FEMARA 400 DOSE	49
ISTURISA	55	KISQALI FEMARA 600 DOSE	49
<i>itraconazole</i>	5	KLISYRI	61
<i>ivermectin</i>	2	<i>klor-con</i>	38
<i>ivermectin</i>	58	<i>klor-con 10</i>	38
IXIARO	16	<i>klor-con 8</i>	38
JAKAFI	11	<i>klor-con m10</i>	38
<i>jantoven</i>	18	KLOR-CON M15	38
JANUMET	46	<i>klor-con m20</i>	38
JANUMET XR	46	KORLYM	46
JANUVIA	46	KOSELUGO	11
JARDIANCE	46	KRINTAFEL	6
JENTADUETO	46	KRISTALOSE	35
JENTADUETO XR	46	K-TAB	38
<i>jinteli</i>	49	KYNMOBI	29
JULUCA	8	<i>labetalol hydrochloride</i>	20
<i>junel 1.5/30</i>	48	<i>lacosamide</i>	27
<i>junel 1/20</i>	48	<i>lactulose</i>	35
<i>junel fe 1.5/30</i>	48	<i>lamivudine</i>	8
<i>junel fe 1/20</i>	48	<i>lamivudine/zidovudine</i>	8
<i>junel fe 24</i>	48	<i>lamotrigine</i>	28
JUXTAPID	20	<i>lamotrigine er</i>	28
JYNARQUE	37	<i>lamotrigine odt</i>	28
KALYDECO	56	<i>lamotrigine starter kit/blue</i>	28

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<i>lamotrigine starter kit/green</i>	28	<i>levofloxacin in d5w</i>	4
<i>lamotrigine starter kit/orange</i>	28	<i>levonest</i>	48
<i>lamotrigine titration</i>	28	<i>levonorgestrel and ethinyl estradiol</i>	48
LAMPIT	6	<i>levonorgestrel/ethinyl estradiol</i>	48
LANOXIN	22	<i>levora 0.15/30-28</i>	48
<i>lansoprazole</i>	43	<i>levorphanol tartrate</i>	25
<i>lansoprazole/amoxicillin/clarithromycin</i>	43	<i>levo-t</i>	51
LANTUS	46	<i>levothyroxine sodium</i>	51
LANTUS SOLOSTAR	46	<i>levoxyl</i>	51
<i>lapatinib ditosylate</i>	11	LEXIVA	8
<i>larin 1.5/30</i>	48	<i>lidocaine</i>	60
<i>larin 1/20</i>	48	<i>lidocaine hcl</i>	60
<i>larin fe 1.5/30</i>	48	<i>lidocaine viscous</i>	42
<i>larin fe 1/20</i>	48	<i>lidocaine/prilocaine</i>	60
<i>latanoprost</i>	41	<i>lindane</i>	58
LATUDA	33	<i>linezolid</i>	4
LAZANDA	25	LINZESS	44
<i>leflunomide</i>	53	<i>liothyronine sodium</i>	51
<i>lenalidomide</i>	11	<i>lisinopril</i>	23
LENVIMA 10 MG DAILY DOSE	11	<i>lisinopril/hydrochlorothiazide</i>	22
LENVIMA 12MG DAILY DOSE	11	<i>lithium carbonate</i>	28
LENVIMA 14 MG DAILY DOSE	11	<i>lithium carbonate er</i>	28
LENVIMA 18 MG DAILY DOSE	11	LIVALO	20
LENVIMA 20 MG DAILY DOSE	11	LIVMARLI	44
LENVIMA 24 MG DAILY DOSE	12	LIVTENCITY	8
LENVIMA 4 MG DAILY DOSE	12	LO LOESTRIN FE	48
LENVIMA 8 MG DAILY DOSE	12	LOKELMA	38
<i>lessina</i>	48	LONHALA MAGNAIR REFILL KIT	16
<i>letrozole</i>	49	LONSURF	12
<i>leucovorin calcium</i>	52	<i>loperamide hcl</i>	42
LEUKERAN	12	<i>lopinavir/ritonavir</i>	8
LEUKINE	19	<i>lorazepam</i>	30
<i>leuprolide acetate</i>	50	<i>lorazepam intensol</i>	30
<i>levalbuterol</i>	18	LORBRENA	12
<i>levalbuterol hcl</i>	18	<i>losartan potassium</i>	23
<i>levalbuterol tartrate hfa</i>	18	<i>losartan potassium/hydrochlorothiazide</i>	23
LEVEMIR	46	LOTEMAX	40
LEVEMIR FLEXTOUCH	47	<i>loteprednol etabonate</i>	40
<i>levetiracetam</i>	28	<i>lovastatin</i>	20
<i>levetiracetam er</i>	28	<i>loxapine</i>	33
<i>levobunolol hcl</i>	41	<i>lubiprostone</i>	44
<i>levocarnitine</i>	55	LUCEMYRA	18
<i>levocetirizine dihydrochloride</i>	9	<i>luliconazole</i>	58
<i>levofloxacin</i>	4	LUMAKRAS	12
<i>levofloxacin</i>	39	LUMIGAN	41

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LUPKYNIS	54	MESNEX	55
LUPRON DEPOT (1-MONTH)	50	<i>metformin hydrochloride</i>	47
LUPRON DEPOT (3-MONTH)	50	<i>metformin hydrochloride er</i>	47
LUPRON DEPOT (4-MONTH)	50	<i>methadone hcl</i>	25
LUPRON DEPOT (6-MONTH)	50	<i>methamphetamine hcl</i>	26
LYBALVI	33	<i>methazolamide</i>	41
LYNPARZA	12	<i>methenamine hippurate</i>	9
LYSODREN	12	<i>methimazole</i>	51
<i>mafenide acetate</i>	58	METHITEST	45
<i>magnesium sulfate</i>	28	<i>methotrexate</i>	12
<i>malathion</i>	58	<i>methotrexate sodium</i>	12
<i>maraviroc</i>	8	<i>methoxsalen</i>	61
<i>marlissa</i>	48	<i>methscopolamine bromide</i>	16
MARPLAN	33	<i>methylphenidate hydrochloride</i>	26
MATULANE	12	<i>methylphenidate hydrochloride cd</i>	26
<i>matzim la</i>	21	<i>methylphenidate hydrochloride er</i>	26
MAVENCLAD	54	<i>methylphenidate hydrochloride er (la)</i>	26
MAVYRET	8	<i>methylprednisolone</i>	45
MAXIDEX	40	<i>methylprednisolone dose pack</i>	45
MAYZENT	54	<i>methyltestosterone</i>	45
MAYZENT STARTER PACK	54	<i>metoclopramide hcl</i>	44
<i>meclizine hcl</i>	42	<i>metoclopramide hydrochloride</i>	44
<i>meclofenamate sodium</i>	25	<i>metoclopramide odt</i>	44
MEDROL	45	<i>metolazone</i>	37
<i>medroxyprogesterone acetate</i>	50	<i>metoprolol succinate er</i>	20
<i>mefenamic acid</i>	25	<i>metoprolol tartrate</i>	20
<i>mefloquine hcl</i>	6	<i>metoprolol/hydrochlorothiazide</i>	20
<i>megestrol acetate</i>	51	<i>metronidazole</i>	6
MEKINIST	12	<i>metronidazole</i>	58
MEKTOVI	12	<i>metronidazole vaginal</i>	58
<i>meloxicam</i>	25	<i>metirosine</i>	55
<i>memantine hcl titration pak</i>	31	<i>mexiletine hcl</i>	22
<i>memantine hydrochloride</i>	31	<i>micafungin</i>	5
<i>memantine hydrochloride er</i>	31	<i>miconazole 3</i>	58
MENACTRA	16	<i>microgestin 1.5/30</i>	48
MENEST	49	<i>microgestin 1/20</i>	48
MENOSTAR	49	<i>microgestin fe 1.5/30</i>	48
MENQUADFI	16	<i>microgestin fe 1/20</i>	48
MENTAX	58	<i>midodrine hcl</i>	18
MENVEO	16	MIGERGOT	29
<i>mercaptopurine</i>	12	<i>miglitol</i>	47
<i>meropenem</i>	4	<i>miglustat</i>	55
<i>mesalamine</i>	42	MILLIPRED	45
<i>mesalamine dr</i>	42	<i>mimvey</i>	49
<i>mesalamine er</i>	42	<i>minocycline hcl</i>	4

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<i>minocycline hydrochloride er</i>	61	NASCOBAL	63
<i>minoxidil</i>	22	NATACYN	39
<i>mirtazapine</i>	33	<i>nateglinide</i>	47
<i>mirtazapine odt</i>	33	NATPARA	50
<i>misoprostol</i>	43	NAYZILAM	28
M-M-R II	16	<i>nebivolol hydrochloride</i>	20
<i>modafinil</i>	27	<i>necon 0.5/35-28</i>	48
<i>moexipril hcl</i>	23	<i>nefazodone hydrochloride</i>	33
<i>molindone hydrochloride</i>	33	<i>neomycin sulfate</i>	4
<i>mometasone furoate</i>	40	<i>neomycin/bacitracin/polymyxin</i>	39
<i>mometasone furoate</i>	60	<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	40
<i>mondoxylene nl</i>	4	<i>one</i>	
<i>montelukast sodium</i>	56	<i>neomycin/polymyxin/dexamethasone</i>	40
<i>morphine sulfate</i>	25	<i>neomycin/polymyxin/gramicidin</i>	39
<i>morphine sulfate er</i>	25	<i>neomycin/polymyxin/hc</i>	40
MOVANTIK	44	<i>neomycin/polymyxin/hydrocortisone</i>	40
<i>moxifloxacin hydrochloride/sodium</i>	4	<i>neo-polycin</i>	39
<i>hydrochloride</i>		<i>neo-polycin hc</i>	40
<i>moxifloxacin hydrochloride</i>	4	NERLYNX	12
<i>moxifloxacin hydrochloride</i>	39	NEUAC	58
MULPLETA	19	NEULASTA	19
MULTAQ	22	NEUPRO	29
<i>mupirocin</i>	58	<i>nevirapine</i>	8
MUSE	23	<i>nevirapine er</i>	8
MYCAPSSA	51	NEXAVAR	12
<i>mycophenolate mofetil</i>	54	NEXLETOL	20
<i>mycophenolic acid dr</i>	54	NEXLIZET	20
MYFEMBREE	50	NEXTSTELLIS	48
MYORISAN	61	<i>niacin</i>	63
MYRBETRIQ	62	<i>niacin er</i>	20
MYTESI	42	<i>niacor</i>	63
<i>nabumetone</i>	25	<i>nicardipine hcl</i>	21
<i>nadolol</i>	20	NICOTROL INHALER	17
<i>nafticillin sodium</i>	4	NICOTROL NS	17
<i>naftifine hcl</i>	58	<i>nifedipine</i>	21
<i>naftifine hydrochloride</i>	58	<i>nifedipine er</i>	21
<i>naloxone hcl</i>	31	<i>nikki</i>	48
<i>naloxone hydrochloride</i>	31	<i>nilutamide</i>	12
<i>naltrexone hcl</i>	31	<i>nimodipine</i>	21
NAMZARIC	31	NINLARO	12
<i>naproxen</i>	25	<i>nisoldipine er</i>	21
<i>naproxen sodium</i>	25	<i>nitazoxanide</i>	6
<i>naproxen sodium cr</i>	25	<i>nitisinone</i>	55
<i>naproxen sodium er</i>	25	NITRO-BID	23

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<i>nitrofurantoin macrocrystals</i>	9	<i>octreotide acetate</i>	51
<i>nitrofurantoin monohydrate/macrocrystals</i>	9	ODEFSEY	8
<i>nitroglycerin</i>	23	ODOMZO	12
<i>nitroglycerin lingual</i>	23	OFEV	56
<i>nitroglycerin transdermal</i>	23	<i>ofloxacin</i>	4
NITYR	55	<i>ofloxacin</i>	39
<i>nizatidine</i>	43	<i>olanzapine</i>	33
NORDITROPIN FLEXPOR	51	<i>olanzapine odt</i>	33
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	48	<i>olanzapine/fluoxetine</i>	33
<i>norethindrone acetate</i>	51	<i>olmesartan medoxomil</i>	23
<i>norethindrone acetate/ethinyl estradiol</i>	49	<i>olmesartan</i>	21
NORPACE CR	22	<i>medoxomil/amlodipine/hydrochlorothiazide</i>	
<i>nortrel 0.5/35 (28)</i>	48	<i>olmesartan medoxomil/hydrochlorothiazide</i>	23
<i>nortrel 1/35</i>	48	<i>olopatadine hcl</i>	41
<i>nortrel 7/7/7</i>	48	<i>olopatadine hydrochloride</i>	41
<i>nortriptyline hcl</i>	33	<i>omega-3-acid ethyl esters</i>	20
<i>nortriptyline hydrochloride</i>	33	<i>omeprazole</i>	43
NORVIR	8	<i>omeprazole dr</i>	43
NOURIANZ	31	<i>omeprazole/sodium bicarbonate</i>	43
NOXAFIL	5	OMNIPOD 5 G6 INTRO KIT (GEN 5)	35
<i>np thyroid 120</i>	51	OMNIPOD 5 G6 PODS (GEN 5)	35
<i>np thyroid 15</i>	51	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	35
<i>np thyroid 30</i>	51	OMNIPOD CLASSIC PODS (GEN 3)	35
<i>np thyroid 60</i>	51	OMNIPOD DASH INTRO KIT (GEN 4)	35
<i>np thyroid 90</i>	51	OMNIPOD DASH PDM KIT (GEN 4)	35
NUBEQA	12	OMNIPOD DASH PODS (GEN 4)	35
NUCALA	56	OMNITROPE	51
NUEDEXTA	31	<i>ondansetron hcl</i>	42
NUPLAZID	33	<i>ondansetron hydrochloride</i>	42
NURTEC	29	<i>ondansetron odt</i>	42
NUTRILIPID	37	ONGENTYS	29
NUTROPIN AQ NUSPIN 10	51	ONUREG	12
NUTROPIN AQ NUSPIN 20	51	OPSUMIT	57
NUTROPIN AQ NUSPIN 5	51	ORALAIR	15
NUVESSA	58	<i>oralone dental paste</i>	60
NUZYRA	4	ORENITRAM	57
<i>nyamyc</i>	58	ORFADIN	55
NYMALIZE	21	ORGOVYX	50
<i>nystatin</i>	6	ORIAHNN	50
<i>nystatin</i>	58	ORILISSA	50
<i>nystatin/triamcinolone</i>	60	ORKAMBI	56
<i>nystop</i>	58	ORLADEYO	54
OALIVA	44	<i>orsythia</i>	49
OCTAGAM	15	<i>oseltamivir phosphate</i>	8

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OSMOPREP	43	<i>penicillin g potassium in iso-osmotic dextrose</i>	4
OSPHERA	49	<i>penicillin g procaine</i>	4
<i>oxacillin sodium</i>	4	<i>penicillin g sodium</i>	4
<i>oxandrolone</i>	45	<i>penicillin v potassium</i>	4
<i>oxaprozin</i>	25	PENTACEL	16
<i>oxazepam</i>	30	<i>pentamidine isethionate</i>	6
OXBRYTA	19	PENTASA	42
<i>oxcarbazepine</i>	28	<i>pentoxifylline er</i>	19
OXERVATE	42	<i>perindopril erbumine</i>	23
<i>oxiconazole nitrate</i>	58	<i>periogard</i>	39
<i>oxybutynin chloride</i>	62	<i>permethrin</i>	58
<i>oxybutynin chloride er</i>	62	<i>perphenazine</i>	33
<i>oxycodone hcl er</i>	25	<i>perphenazine/amitriptyline</i>	33
<i>oxycodone hydrochloride</i>	25	PERSERIS	33
<i>oxycodone/acetaminophen</i>	26	PEXEVA	33
OXYCONTIN	26	<i>phendimetrazine tartrate</i>	27
<i>oxymorphone hydrochloride</i>	26	<i>phendimetrazine tartrate er</i>	27
<i>oxymorphone hydrochloride er</i>	26	<i>phenelzine sulfate</i>	33
<i>oxymorphone hydrochlorideer</i>	26	<i>phenobarbital</i>	30
OZEMPIC	47	<i>phenoxybenzamine hydrochloride</i>	17
<i>paliperidone er</i>	33	<i>phentermine hcl</i>	27
PALYNZIQ	39	<i>phentermine hydrochloride</i>	27
PANDEL	60	<i>phenytoin</i>	28
PANRETIN	61	<i>phenytoin sodium extended</i>	28
<i>pantoprazole sodium</i>	43	<i>phytonadione</i>	63
<i>pantoprazole sodium dr</i>	43	PIFELTRO	8
PANZYGA	15	<i>pilocarpine hcl</i>	41
<i>paricalcitol</i>	63	<i>pilocarpine hydrochloride</i>	17
<i>paromomycin sulfate</i>	6	<i>pimecrolimus</i>	61
<i>paroxetine</i>	33	<i>pimozide</i>	34
<i>paroxetine hcl</i>	33	<i>pindolol</i>	20
<i>paroxetine hcl er</i>	33	<i>pioglitazone hcl</i>	47
<i>paroxetine hydrochloride</i>	33	<i>pioglitazone hcl/metformin hcl</i>	47
PASER	6	<i>pioglitazone hcl-glimepiride</i>	47
PEDIARIX	16	<i>pioglitazone hydrochloride</i>	47
PEDVAX HIB	16	<i>piperacillin sodium/tazobactam sodium</i>	4
<i>peg-3350/electrolytes</i>	43	PIQRAY 200MG DAILY DOSE	12
<i>peg-3350/electrolytes/ascorbate</i>	43	PIQRAY 250MG DAILY DOSE	12
<i>peg-3350/nacl/na bicarbonate/kcl</i>	43	PIQRAY 300MG DAILY DOSE	13
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	43	<i>pirfenidone</i>	56
PEGASYS	8	<i>piroxicam</i>	26
PEMAZYRE	12	PLASMA-LYTE A	38
<i>penicillamine</i>	44	PLASMA-LYTE-148	38
<i>penicillin g potassium</i>	4	PLEGRIDY	54

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PLEGRIDY STARTER PACK	54	<i>pretomanid</i>	6
PLENAMINE	37	<i>prevalite</i>	20
<i>podofilox</i>	61	PREVYMIS	8
<i>polycin</i>	39	PREZCOBIX	8
<i>polymyxin b sulfate</i>	4	PREZISTA	8
<i>polymyxin b sulfate/trimethoprim sulfate</i>	40	PRIFTIN	6
POMALYST	13	<i>primaquine phosphate</i>	6
<i>portia-28</i>	49	<i>primidone</i>	28
<i>posaconazole dr</i>	6	PRIORIX	16
<i>potassium chloride</i>	39	PRIVIGEN	15
<i>potassium chloride er</i>	38	PROAIR RESPICLICK	18
<i>potassium chloride/dextrose</i>	39	<i>probenecid</i>	39
<i>potassium chloride/dextrose/lactated</i>	39	<i>probenecid/colchicine</i>	39
<i>ringers</i>		PROCALAMINE	37
<i>potassium chloride/dextrose/sodium</i>	39	<i>prochlorperazine</i>	34
<i>chloride</i>		<i>prochlorperazine maleate</i>	34
<i>potassium chloride/sodium chloride</i>	39	PROCRT	19
<i>potassium citrate er</i>	35	<i>procto-med hc</i>	60
PRALUENT	20	<i>procto-pak</i>	60
<i>pramipexole dihydrochloride</i>	29	<i>proctosol hc</i>	60
<i>pramipexole dihydrochloride er</i>	29	<i>proctozone-hc</i>	60
<i>prasugrel</i>	18	<i>progesterone</i>	51
<i>pravastatin sodium</i>	20	PROGRAF	54
<i>praziquantel</i>	2	PROLASTIN-C	57
<i>prazosin hydrochloride</i>	19	PROLENSA	41
PRED MILD	40	PROLIA	52
PRED-G	40	PROMACTA	19
PRED-G S.O.P.	40	<i>promethazine dm</i>	56
<i>prednicarbate</i>	60	<i>promethazine hcl</i>	9
<i>prednisolone</i>	45	<i>promethazine hcl plain</i>	9
<i>prednisolone acetate</i>	40	<i>promethazine hydrochloride</i>	9
<i>prednisolone sodium phosphate</i>	40	<i>promethazine vc/codeine</i>	56
<i>prednisolone sodium phosphate</i>	45	<i>promethazine/codeine</i>	56
<i>prednisolone sodium phosphate odt</i>	45	<i>propafenone hcl</i>	22
<i>prednisone</i>	45	<i>propafenone hydrochloride er</i>	22
PREDNISONE INTENSOL	45	<i>propranolol hcl</i>	20
<i>pregabalin</i>	28	<i>propranolol hcl er</i>	20
<i>pregabalin er</i>	26	<i>propranolol hydrochloride</i>	20
PREHEVBRIO	16	<i>propranolol hydrochloride er</i>	20
PREMARIN	50	<i>propylthiouracil</i>	51
PREMASOL	37	PROQUAD	16
<i>premium lidocaine</i>	60	PROSOL	37
PREMPHASE	50	<i>protriptyline hcl</i>	34
PREMPRO	50	PULMOZYME	56
<i>prenatal</i>	62	PURIXAN	13

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<i>pyrazinamide</i>	6	REPATHA PUSHTRONEX SYSTEM	20
<i>pyridostigmine bromide</i>	17	REPATHA SURECLICK	20
<i>pyridostigmine bromide er</i>	17	RESTASIS	41
<i>pyrimethamine</i>	6	RESTASIS MULTIDOSE	41
PYRUKYND	19	RETACRIT	19
PYRUKYND TAPER PACK	19	RETEVMO	13
QELBREE	31	RETIN-A MICRO PUMP	61
QINLOCK	13	REVCovi	39
QSYMIA	27	REVLIMID	13
QUADRACEL	15	REXULTI	34
<i>quetiapine fumarate</i>	34	REYATAZ	8
<i>quetiapine fumarate er</i>	34	REZUROCK	55
QUILLIVANT XR	27	RHOPRESSA	41
<i>quinapril hcl</i>	23	<i>ribavirin</i>	8
<i>quinapril hydrochloride</i>	23	RIDAURA	44
<i>quinapril/hydrochlorothiazide</i>	23	<i>rifabutin</i>	6
<i>quinidine gluconate cr</i>	22	<i>rifampin</i>	6
<i>quinidine sulfate</i>	22	<i>riluzole</i>	31
<i>quinine sulfate</i>	6	<i>rimantadine hydrochloride</i>	8
QVAR REDIHALER	45	RINVOQ	53
RABAVERT	16	<i>risedronate sodium</i>	52
<i>rabeprazole sodium</i>	43	<i>risedronate sodium dr</i>	52
RADICAVA ORS	31	RISPERDAL CONSTA	34
RADICAVA ORS STARTER KIT	31	<i>risperidone</i>	34
<i>raloxifene hydrochloride</i>	50	<i>risperidone odt</i>	34
<i>ramelteon</i>	30	<i>ritonavir</i>	8
<i>ramipril</i>	23	<i>rivastigmine tartrate</i>	17
<i>ranolazine er</i>	22	<i>rivastigmine transdermal system</i>	17
<i>rasagiline mesylate</i>	29	<i>rizatriptan benzoate</i>	29
RASUVO	53	<i>rizatriptan benzoate odt</i>	29
RAVICTI	35	ROCKLATAN	41
RAYALDEE	63	<i>ropinirole er</i>	29
REBIF	54	<i>ropinirole hcl</i>	29
REBIF REBIDOSE	54	<i>ropinirole hydrochloride</i>	29
REBIF REBIDOSE TITRATION PACK	54	<i>rosadan</i>	58
REBIF TITRATION PACK	54	<i>rosuvastatin calcium</i>	20
RECOMBIVAX HB	16	ROTARIX	16
RECORLEV	55	ROTATEQ	16
RECTIV	61	ROWASA	42
REGRANEX	61	<i>roweepra</i>	28
RELENZA DISKHALER	8	ROZLYTREK	13
<i>relexxii</i>	27	RUBRACA	13
RELISTOR	44	RUCONEST	54
<i>repaglinide</i>	47	<i>rufinamide</i>	28

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RUKOBIA	8	sodium sulfate/potassium sulfate/magnesium sulfate	43
RYBELSUS	47		
RYDAPT	13	solifenacin succinate	62
RYTARY	29	SOLOSEC	6
SAIZEN	51	SOLTAMOX	50
SAIZENPREP RECONSTITUTIONKIT	51	SOMAVERT	51
SAJAZIR	55	sorafenib	13
SANCUSO	42	sorafenib tosylate	13
SANTYL	61	sorine	20
sapropterin dihydrochloride	55	sotalol hcl	21
SAVELLA	31	sotalol hydrochloride (af)	21
SAVELLA TITRATION PACK	31	SOTYLIZE	21
SAXENDA	47	SPIRIVA HANDIHALER	16
SCSEMBLIX	13	SPIRIVA RESPIMAT	16
scopolamine	43	spironolactone	23
SECUADO	34	spironolactone/hydrochlorothiazide	23
selegiline hcl	30	SPRITAM	28
selenium sulfide	58	SPRYCEL	13
SELZENTRY	8	sps	38
SEREVENT DISKUS	18	ssd	58
SEROSTIM	51	STAMARIL	16
sertraline hcl	34	STELARA	62
sertraline hydrochloride	34	STIOLTO RESPIMAT	16
sevelamer carbonate	38	STIVARGA	13
sevelamer hydrochloride	38	streptomycin sulfate	4
sharobel	49	STRIBILD	8
SHINGRIX	16	STRIVERDI RESPIMAT	18
SIGNIFOR	51	SUBSYS	26
sildenafil citrate	23	subvenite	28
silodosin	17	subvenite starter kit/blue	28
silver sulfadiazine	58	subvenite starter kit/green	28
SIMBRINZA	41	subvenite starter kit/orange	28
simvastatin	20	SUCRAID	39
sirolimus	54	sucrafate	43
SIRTURO	6	sulfacetamide sodium	40
SIVEXTRO	4	sulfacetamide sodium	58
SKYRIZI	44	sulfacetamide sodium/prednisolone sodium phosphate	41
SKYRIZI	62		
SKYRIZI PEN	61	sulfadiazine	4
sodium chloride	39	sulfamethoxazole/trimethoprim	4
sodium chloride 0.45%	39	sulfamethoxazole/trimethoprim ds	4
sodium chloride 0.9%	38	SULFAMYLON	58
sodium phenylbutyrate	35	sulfasalazine	4
sodium polystyrene sulfonate	38	sulindac	26
		sumatriptan	29

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<i>sumatriptan/naproxen sodium</i>	29	<i>telmisartan</i>	23
<i>sunitinib malate</i>	13	<i>telmisartan/amlodipine</i>	21
SUNOSI	27	<i>telmisartan/hydrochlorothiazide</i>	23
SUPRAX	4	<i>temazepam</i>	30
SUPREP BOWEL PREP KIT	43	TEMIXYS	8
SYMDEKO	56	TENIVAC	15
SYMLINPEN 120	47	<i>tenofovir disoproxil fumarate</i>	8
SYMLINPEN 60	47	TEPMETKO	13
SYMPAZAN	28	<i>terazosin hcl</i>	19
SYMTUZA	8	<i>terazosin hydrochloride</i>	19
SYNAREL	50	<i>terbinafine hcl</i>	6
SYNJARDY	47	<i>terbutaline sulfate</i>	18
SYNJARDY XR	47	<i>terconazole</i>	58
SYNRIBO	13	<i>teriparatide</i>	50
SYNTHROID	51	<i>testosterone</i>	46
TABLOID	13	<i>testosterone cypionate</i>	45
TABRECTA	13	<i>testosterone enanthate</i>	46
<i>tacrolimus</i>	54	<i>testosterone pump</i>	46
<i>tacrolimus</i>	62	<i>tetrabenazine</i>	34
<i>tadalafil</i>	23	<i>tetracycline hydrochloride</i>	5
TAFINLAR	13	THALOMID	54
TAGRISSE	13	<i>theophylline</i>	62
TAKHZYRO	55	<i>theophylline er</i>	62
TALTZ	62	THIOLA EC	55
TALZENNA	13	<i>thioridazine hcl</i>	34
<i>tamoxifen citrate</i>	50	<i>thiothixene</i>	34
<i>tamsulosin hydrochloride</i>	17	THYQUIDITY	52
<i>targadox</i>	4	<i>tiadylt er</i>	21
TARGRETIN	62	<i>tiagabine hydrochloride</i>	28
<i>tarina fe 1/20 eq</i>	49	TIBSOVO	13
TASIGNA	13	TICOVAC	16
TAVALISSE	19	<i>tigecycline</i>	5
TAVNEOS	55	TIGLUTIK	31
<i>tazarotene</i>	62	<i>timolol maleate</i>	21
<i>tazicef</i>	5	<i>timolol maleate</i>	42
TAZORAC	62	<i>timolol maleate ophthalmic gel forming</i>	42
<i>taztia xt</i>	21	<i>tinidazole</i>	6
TAZVERIK	13	<i>tiopronin</i>	55
<i>tdvax</i>	15	TIROSINT-SOL	52
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	35	TIVICAY	8
<i>techlite pen needles 29g x 10mm</i>	35	TIVICAY PD	8
TEFLARO	5	<i>tizanidine hcl</i>	17
TEGSEDI	52	<i>tizanidine hydrochloride</i>	17
		TOBI PODHALER	5

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TOBRADEX ST	41	<i>trientine hydrochloride</i>	44
<i>tobramycin</i>	5	<i>trifluoperazine hcl</i>	34
<i>tobramycin</i>	40	<i>trifluoperazine hydrochloride</i>	34
<i>tobramycin sulfate</i>	5	<i>trifluridine</i>	40
<i>tobramycin/dexamethasone</i>	41	<i>trihexyphenidyl hcl</i>	30
<i>tolcapone</i>	30	<i>trihexyphenidyl hydrochloride</i>	30
<i>tolterodine tartrate</i>	62	TRIKAFTA	56
<i>tolterodine tartrate er</i>	62	<i>trimethoprim</i>	9
<i>tolvaptan</i>	37	<i>trimipramine maleate</i>	34
<i>topiramate</i>	28	TRINTELLIX	34
<i>topiramate er</i>	28	<i>tri-sprintec</i>	49
<i>toremifene citrate</i>	50	TRITOCIN	60
<i>torsemede</i>	37	TRIUMEQ	8
TOUJEO MAX SOLOSTAR	47	TRIUMEQ PD	9
TOUJEO SOLOSTAR	47	<i>trivora-28</i>	49
TOVET	60	TRIZIVIR	9
<i>tpn electrolytes</i>	39	TROPHAMINE	37
TRACLEER	57	<i>trospium chloride</i>	62
TRADJENTA	47	<i>trospium chloride er</i>	62
<i>tramadol hcl</i>	26	<i>trueplus insulin syringe /u-100/1ml/29g x</i>	35
<i>tramadol hcl er</i>	26	<i>1/2"</i>	
<i>tramadol hydrochloride</i>	26	<i>trueplus pen needles 29gx12mm</i>	35
<i>tramadol hydrochloride/acetaminophen</i>	26	TRULICITY	47
<i>trandolapril</i>	23	TRUMENBA	16
<i>trandolapril/verapamil hcl er</i>	21	TRUSELTIQ	14
<i>tranexamic acid</i>	18	TUKYSA	14
<i>tranylcypromine sulfate</i>	34	TURALIO	14
TRAVASOL	37	TWINRIX	16
<i>travoprost</i>	42	TYBOST	55
<i>trazodone hydrochloride</i>	34	TYMLOS	50
TRECTOR	6	TYPHIM VI	16
TRELEGY ELLIPTA	45	UBRELVY	29
TRELSTAR MIXJECT	50	UCERIS	60
TRESIBA	47	UDENYCA	19
TRESIBA FLEXTOUCH	47	UKONIQ	14
<i>tretinoin</i>	14	<i>unithroid</i>	52
<i>tretinoin</i>	61	UPTRAVI	57
<i>tretinoin microsphere</i>	61	UROCIT-K 10	35
TREXALL	14	UROCIT-K 15	35
<i>triamcinolone acetonide</i>	60	UROCIT-K 5	35
<i>triamcinolone acetonide dental paste</i>	60	<i>ursodiol</i>	43
<i>triamterene/hydrochlorothiazide</i>	38	VABOMERE	5
TRIANEX	60	<i>valacyclovir hcl</i>	9
<i>triazolam</i>	30	<i>valacyclovir hydrochloride</i>	9

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VALCHLOR	62	VIMPAT	28
<i>valganciclovir</i>	9	VIRACEPT	9
<i>valganciclovir hydrochloride</i>	9	VIREAD	9
<i>valproic acid</i>	28	<i>vitamin d</i>	63
<i>valsartan</i>	23	VITRAKVI	14
<i>valsartan/hydrochlorothiazide</i>	23	VIVITROL	31
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<i>vancomycin hcl</i>	5	VONJO	14
<i>vancomycin hydrochloride</i>	5	<i>voriconazole</i>	6
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<i>varденаfil hydrochloride odt</i>	23	VRAYLAR	34
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<i>varenicline tartrate</i>	17	<i>vyfemla</i>	49
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VENCLEXTA	14	WELIREG	14
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<i>venlafaxine hcl er</i>	34	XALKORI	14
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<i>venlafaxine hydrochloride er</i>	34	XARELTO STARTER PACK	18
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<i>verapamil hcl sr</i>	21	XELJANZ XR	53
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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 1-800-701-9000. 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 1-800-701-9000. 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 1-800-701-9000。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 1-800-701-9000。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 1-800-701-9000. 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 1-800-701-9000. 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 1-800-701-9000 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 1-800-701-9000. 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 1-800-701-9000 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 1-800-701-9000. 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 بمساعدتك. هذه خدمة مجانية. 1-800-701-9000 ليس عليك سوى الاتصال بنا على

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 1-800-701-9000 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 1-800-701-9000. 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 1-800-701-9000. 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-
800-701-9000. 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-
800-701-9000. 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、1-800-701-9000 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。



This formulary was updated on 09/01/2022. For more recent information or other questions, please contact Tufts Medicare Preferred HMO Member Services at **1-800-701-9000** (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.thpmp.org**.



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