

# 2025 Formulary / Formulario

List of Covered Drugs  
or "Drug List" /  
Lista de medicamentos  
cubiertos o "Lista de  
medicamentos"



## BCBSAZ Health Choice Pathway (HMO D-SNP)

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

This formulary was updated on \_\_\_\_\_ For more recent information or other questions,  
please contact BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991**  
(TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **azblue.com/hcpathway**.

**FAVOR DE LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN.**

Este formulario se actualizó en \_\_\_\_\_ Para obtener información más reciente o si tiene  
otras preguntas, comuníquese con nosotros, BCBSAZ Health Choice Pathway al Departamento  
de Servicios para Miembros, al **1-800-656-8991** o para usuarios del servicio TTY al **711**, los 7  
días de la semana de 8 a.m. a 8 p.m., hora local. O bien, visite **azblue.com/hcpathway**.



HPMS Approved Formulary File Submission  
ID \_\_\_\_\_ Version Number

Identificación de Presentación del Archivo  
del Formulario Aprobado de HPMS  
Número de Versión



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Choice**

## **BCBSAZ Health Choice Pathway (HMO D-SNP)**

### **2025 Formulary**

#### **(List of Covered Drugs or “Drug List”)**

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

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact us BCBSAZ Health Choice Pathway Member Services at **1-800-656-8991** (TTY users should call **711**), 8 a.m. – 8 p.m., 7 days a week, or visit **azblue.com/hcpathway**.

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## **BCBSAZ Health Choice Pathway (HMO D-SNP)**

### **Formulario para 2025**

#### **(Lista de medicamentos cubiertos o “Lista de medicamentos”)**

**POR FAVOR, LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Este formulario se actualizó el 1 de octubre de 2024. Para obtener la información más reciente o si tiene otras preguntas, comuníquese con nosotros a, Servicios para Miembros de BCBSAZ Health Choice Pathway al **1-800-656-8991** (los usuarios de TTY deben llamar al **711**), de 8 a. m. a 8 p. m., los 7 días de la semana, o visite **azblue.com/hcpathway**.

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Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

**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 Health Choice Arizona, Inc. When it refers to “plan” or “our plan,” it means BCBSAZ Health Choice Pathway (HMO D-SNP).

This document includes Drug List (formulary) for our plan which is current as of October 1, 2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

### **What is the BCBSAZ Health Choice Pathway formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by BCBSAZ Health Choice Pathway 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. BCBSAZ Health Choice Pathway will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a BCBSAZ Health Choice Pathway network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the formulary change?**

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

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

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

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

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the BCBSAZ Health Choice Pathway’s Formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, formulary or, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of October 1, 2024. To get updated information about the drugs covered by BCBSAZ Health Choice Pathway please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes will be posted to our website at [azblue.com/hcpathway](https://azblue.com/hcpathway).

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on 7. Then look under the category name for your drug.

### **Alphabetical Listing**

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

## **What are generic drugs?**

BCBSAZ Health Choice Pathway 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

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

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

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

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

- **Prior Authorization:** BCBSAZ Health Choice Pathway requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from BCBSAZ Health Choice Pathway before you fill your prescriptions. If you don't get approval, BCBSAZ Health Choice Pathway may not cover the drug.
- **Quantity Limits:** For certain drugs, BCBSAZ Health Choice Pathway limits the amount of the drug that BCBSAZ Health Choice Pathway will cover. For example, BCBSAZ Health Choice Pathway provides 12 tablets per prescription for Sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, BCBSAZ Health Choice Pathway 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, BCBSAZ Health Choice Pathway may not cover Drug B unless you try Drug A first. If Drug A does not work for you, BCBSAZ Health Choice Pathway 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 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask BCBSAZ Health Choice Pathway 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 BCBSAZ Health Choice Pathway's 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 BCBSAZ Health Choice Pathway does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by BCBSAZ Health Choice Pathway. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by BCBSAZ Health Choice Pathway.
- You can ask BCBSAZ Health Choice Pathway 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 BCBSAZ Health Choice Pathway's Formulary?**

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

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, BCBSAZ Health Choice Pathway 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, BCBSAZ Health Choice Pathway will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For current BCBSAZ Health Choice Pathway members moving from one treatment setting to another, a transition fill of a Part D medication will be provided. Examples of these level of care changes include but are not limited to the following: beneficiary enters an LTC facility from a hospital, beneficiary is discharged from a hospital to a home, beneficiary ends a skilled nursing facility Medicare Part A stay and resumes using Part D benefits, beneficiary gives up hospice status and resumes using Part D benefits, or a beneficiary ends a LTC facility stay and returns to the community. Additionally, for beneficiaries admitted to or discharged from an LTC facility, early refill edits are by-passed to allow beneficiaries necessary access to their Part D benefit.

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## For more information

For more detailed information about your BCBSAZ Health Choice Pathway prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about BCBSAZ Health Choice Pathway, 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 <http://www.medicare.gov>.

## BCBSAZ Health Choice Pathway Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by BCBSAZ Health Choice Pathway. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

The information in the Requirements/Limits column tells you if BCBSAZ Health Choice Pathway has any special requirements for coverage of your drug.

## List of Abbreviations

**B/D:** This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

**EA:** Each.

**NM:** Non-Mail Order Drug. This prescription drug is not available through CVS Caremark Mail-Order Service Pharmacy. It may be available for mail order through CVS Specialty Pharmacy. For more information, call Member Services at **1-800-656-8991** or, for TTY users, **711**, 8 a.m. to 8 p.m., 7 days week.

**PA:** Prior Authorization. BCBSAZ Health Choice Pathway requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from BCBSAZ Health Choice Pathway before you fill your prescriptions. If you don't get approval, BCBSAZ Health Choice Pathway may not cover the drug.

**QL:** Quantity Limit. For certain drugs, BCBSAZ Health Choice Pathway limits the amount of the drug that BCBSAZ Health Choice Pathway will cover. For example, BCBSAZ Health Choice Pathway provides 30 tablets per prescription for zolpidem.

**ST:** Step Therapy. In some cases, BCBSAZ Health Choice Pathway 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, BCBSAZ Health Choice Pathway may not cover Drug B

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

unless you try Drug A first. If Drug A does not work for you, BCBSAZ Health Choice Pathway will then cover Drug B.

**LA: Limited Access.** This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-800-656-8991** or, for TTY users, **711**, 8:00 a.m. to 8:00 p.m., 7 days a week.

**Nota para los miembros actuales:** Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contenga los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro(s)”, esto significa Health Choice Arizona, Inc. Cuando se refiere a “plan” o “nuestro plan”, esto significa BCBSAZ Health Choice Pathway (HMO D-SNP).

Este documento incluye la lista de medicamentos (formulario) de nuestro plan, el cual entra en vigor el 1 de octubre de 2024. Para obtener una lista de medicamentos (formulario) actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de medicamentos (formulario), aparece en la portada y en la contraportada.

Por lo general, usted debe usar las farmacias de la red para utilizar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias y/o los copagos/el coaseguro podrían cambiar el 1 de enero de 2025 y de vez en cuando durante el año.

## ¿Qué es el formulario de BCBSAZ Health Choice Pathway?

En este documento, usamos los términos lista de medicamentos y formulario para referirnos a lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por BCBSAZ Health Choice Pathway en consulta con un equipo de proveedores de atención médica, el cual representa las terapias prescritas que se cree que son una parte necesaria de un programa de tratamiento de calidad. BCBSAZ Health Choice Pathway generalmente cubrirá los medicamentos que figuran en nuestro formulario, siempre y cuando el medicamento sea medicamento necesario, la receta se surta en una farmacia de la red de BCBSAZ Health Choice Pathway y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de cobertura.

## ¿El formulario puede cambiar?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero durante el año podemos agregar o eliminar medicamentos del formulario, cambiarlos a niveles de costo compartido diferentes o agregar restricciones nuevas. Nosotros debemos seguir las normas de Medicare para hacer estos cambios. Las actualizaciones al formulario se publican mensualmente en nuestro sitio web aquí:

[azblue.com/hcpathway](https://www.azblue.com/hcpathway).

**Cambios que pueden afectarle este año:** en los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de ciertas versiones nuevas de medicamentos de marca registrada y de productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de nuestro formulario si lo reemplazamos por una determinada versión nueva de ese medicamento

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

que tendrá las mismas o menos restricciones. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir conservar el medicamento de marca registrada o el producto biológico original, pero moverlo inmediatamente para agregarle nuevas restricciones.

Podemos hacer estos cambios inmediatos solamente si agregamos una nueva versión genérica de un medicamento de marca registrada o si agregamos ciertas versiones biosimilares nuevas de un producto biológico original que ya estaba en el formulario (por ejemplo, agregamos un biosimilar intercambiable que una farmacia puede sustituir por un producto biológico original sin una nueva receta).

Si actualmente está tomando el medicamento de marca registrada o el producto biológico general, es posible que no le informemos con anticipación de dicho cambio, pero después le proporcionaremos información sobre el (los) cambio(s) específico(s) que realizamos.

Si hacemos tal cambio, usted o su proveedor autorizado para emitir recetas pueden solicitarnos que hagamos una excepción y continuemos cubriendo para usted el medicamento de marca registrada que se cambió. Para obtener más información, consulte la sección titulada “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?” que se encuentra más adelante.

Algunos de estos tipos de medicamentos podrían ser nuevos para usted. Para obtener más información, consulte la sección titulada “¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?” que se encuentra más adelante.

- **Medicamentos retirados del mercado.** Si un medicamento es retirado para su venta por el fabricante o si la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) determina que se retire por cuestiones de seguridad o de efectividad, es posible que eliminemos inmediatamente el medicamento de nuestro formulario y, posteriormente, avisarles a los miembros que toman ese medicamento.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos eliminar del formulario un medicamento de marca registrada cuando agregamos un genérico equivalente o podemos eliminar un producto biológico original cuando agregamos un biosimilar. También podemos aplicar restricciones nuevas al medicamento de marca registrada o al producto biológico original; o moverlos a un nivel de costo compartido diferente; o ambas cosas. Podemos hacer cambios con base en nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario; agregamos una autorización previa, límites de cantidad y/o restricciones de terapia escalonada a un medicamento, formulario; nosotros debemos informarles del cambio a los miembros afectados al menos 30 días antes de que el cambio entre en vigor. Otra posibilidad es que, cuando un miembro solicite un resurtido del medicamento, podría recibir un suministro de 31 días del medicamento y el aviso del cambio.

Date of last update: October 1, 2024

Fecha de la última actualización: 1 de octubre de 2024

## 2025 Part D Formulary

Si hacemos estos otros cambios, usted o su proveedor autorizado para emitir recetas pueden solicitarnos que hagamos una excepción para usted y que continuemos cubriendo el medicamento que ha estado tomando. El aviso que le proporcionemos también incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar la información en la sección titulada “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?” que se encuentra más adelante.

**Cambios que no le afectarán si actualmente está tomando el medicamento.** Por lo general, si usted está tomando un medicamento de nuestro formulario para 2025 que estuvo cubierto al inicio del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2025, excepto tal como se describió anteriormente. Esto significa que, durante el resto del año de cobertura, estos medicamentos permanecerán disponibles con el mismo costo compartido y sin restricciones nuevas para aquellos miembros que los están tomando. Este año, usted no recibirá ningún aviso directo sobre los cambios que no le afecten. Sin embargo, el 1 de enero del año siguiente, esos cambios le afectarán, y es importante revisar el formulario para el nuevo año de beneficios por cualquier cambio en los medicamentos.

El formulario adjunto entra en vigor el 1 de octubre de 2024. Comuníquese con nosotros para obtener información actualizada sobre los medicamentos cubiertos por BCBSAZ Health Choice Pathway> Nuestra información de contacto figura en la portada y en la contraportada. Los cambios que se realicen a mitad del año a los medicamentos del formulario que no son de mantenimiento se publicarán en nuestro sitio web en [azblue.com/hcpathway](http://azblue.com/hcpathway).

## ¿Cómo uso el formulario?

Hay dos formas de buscar su medicamento en el formulario:

### Afección médica

El formulario comienza en la página 7. Los medicamentos en este formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se utilizan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca aparecen en la categoría Cardiovascular. Si sabe para qué se usa el medicamento, busque el nombre de la categoría en la lista que comienza en la página 7. Luego, en dicha categoría, busque el nombre del medicamento.

### Lista en orden alfabético

Si no está seguro en qué categoría buscar, debe buscar el medicamento en el índice que comienza en la página 84. El índice proporciona una lista en orden alfabético de todos los medicamentos que se incluyen en este documento. El índice incluye los medicamentos genéricos y los medicamentos de marca registrada. Busque su medicamento en el índice. Al lado su medicamento, usted verá el número de página donde puede encontrar la información de cobertura. Vaya a la página que se indica en el índice y busque el nombre del medicamento en la primera columna de la lista.

Date of last update: October 1, 2024

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## ¿Qué son los medicamentos genéricos?

BCBSAZ Health Choice Pathway cubre los medicamentos de marca registrada y los medicamentos genéricos. Un medicamento genérico está aprobado por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) porque tiene el mismo ingrediente activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos funcionan igual de bien que los medicamentos de marca registrada y cuestan menos. Hay medicamentos genéricos sustitutos disponibles para la mayoría de los medicamentos de marca registrada. Normalmente, los medicamentos genéricos pueden ser sustituidos por los medicamentos de marca registrada en la farmacia sin la necesidad de una receta nueva, dependiendo de las leyes estatales.

## ¿Qué son los productos biológicos originales y cómo están relacionados con los biosimilares?

En el formulario, cuando nos referimos a los medicamentos, esto podría significar un medicamento o un producto biológico. Los productos biológicos son medicamentos más complejos que los medicamentos típicos. Debido a que los productos biológicos son más complejos que los medicamentos típicos, en lugar de tener una forma genérica, tienen alternativas que se denominan biosimilares. Por lo general, los biosimilares funcionan igual de bien que los productos biológicos originales y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, pueden ser sustituidos por el producto biológico original en la farmacia sin necesidad de una receta nueva, así como los medicamentos genéricos pueden ser sustituidos por medicamentos de marca registrada.

- Para una explicación de los tipos de medicamentos, consulte la Sección 3.1, del Capítulo 5 de la Evidencia de cobertura: “La 'lista de medicamentos' le indica cuáles medicamentos de la Parte D tienen cobertura.”

## ¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** BCBSAZ Health Choice Pathway exige que usted o el proveedor autorizado para emitir sus recetas obtengan una autorización previa para ciertos medicamentos. Esto significa que usted necesitará obtener la aprobación de BCBSAZ Health Choice Pathway antes de surtir sus recetas. Si no obtiene la aprobación, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, BCBSAZ Health Choice Pathway limita la cantidad del medicamento que BCBSAZ Health Choice Pathway cubrirá. Por ejemplo, BCBSAZ Health Choice Pathway proporciona 12 tabletas por receta de sumatriptán. Esto puede ser adicional al suministro estándar para un mes o para tres meses.

- **Terapia escalonada:** en algunos casos, BCBSAZ Health Choice Pathway exige que usted pruebe primero ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le funciona, entonces BCBSAZ Health Choice Pathway cubrirá el medicamento B.

Para saber si su medicamento tiene algún requisito o límite adicionales, consulte el formulario que comienza en la página 7. También puede visitar nuestro sitio web para obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y de terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada.

Puede solicitar a BCBSAZ Health Choice Pathway que haga una excepción a estas restricciones o límites, o puede solicitar una lista de otros medicamentos similares que pueden tratar su afección de salud. Consulte la sección: “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?” en la página xii para obtener información sobre cómo solicitar una excepción.

## ¿Qué pasa si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse a Servicios para Miembros y preguntar si su medicamento está cubierto.

Si se entera de que BCBSAZ Health Choice Pathway no cubre su medicamento, usted tiene dos opciones:

- Puede solicitar a Servicios para Miembros una lista de medicamentos similares que estén cubiertos por BCBSAZ Health Choice Pathway. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por BCBSAZ Health Choice Pathway.
- Puede solicitar a BCBSAZ Health Choice Pathway que haga una excepción y cubra su medicamento. Lea la siguiente información sobre cómo solicitar una excepción.

## “¿Cómo solicito una excepción al formulario de BCBSAZ Health Choice Pathway?”

Puede solicitar a BCBSAZ Health Choice Pathway que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que usted puede solicitar que nosotros apliquemos.

- Puede solicitar que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, cubriremos el medicamento a un nivel de costo compartido predeterminado, y usted no podrá solicitar que proporcionemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitar que no apliquemos una restricción de cobertura, incluyendo una autorización previa, la terapia escalonada o un límite de cantidad de su medicamento. Por ejemplo, para ciertos medicamentos, BCBSAZ Health Choice Pathway limita la cantidad del medicamento que

cubriremos. Si el medicamento tiene un límite de cantidad, puede pedirnos que no apliquemos el límite y que cubramos una cantidad mayor.

Por lo general, BCBSAZ Health Choice Pathway solamente aprobará su solicitud para una excepción si los medicamentos alternativos están incluidos en el formulario del plan o si el aplicar la restricción no sería tan eficaz para usted y/o el hacerlo le causaría a usted efectos secundarios adversos.

Usted o su proveedor autorizado para emitir sus recetas deben comunicarse con nosotros para solicitar una excepción al formulario, incluyendo una excepción a la restricción de cobertura. **Cuando solicita una excepción, su proveedor autorizado para emitir sus recetas necesitará explicar las razones médicas sobre por qué que usted necesita la excepción.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas después de recibir la declaración de respaldo de la persona autorizada para emitir sus recetas. Puede solicitar una excepción acelerada (rápida) si usted considera, y nosotros estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas por una decisión. Si estamos de acuerdo, o si su proveedor autorizado para emitir sus recetas solicita una decisión rápida, debemos comunicarle a usted nuestra decisión a más tardar 24 horas después de recibir la declaración de respaldo de su proveedor autorizado para emitir sus recetas.

### **¿Qué puedo hacer si mi medicamento no está en el formulario o si tiene una restricción?**

Como miembro nuevo o existente de nuestro plan, usted podría estar tomando medicamentos que no están en nuestro formulario. O también podría estar tomando un medicamento que está en nuestro formulario, pero que tiene una restricción de cobertura, como una autorización previa. Usted debe hablar con su proveedor autorizado para emitir sus recetas acerca de solicitar una decisión de cobertura que demuestre que usted cumple los requisitos para la aprobación; para el cambio a un medicamento alternativo que cubrimos; o para solicitar una excepción al formulario con el fin de que cubramos el medicamento que toma. Mientras usted y su médico determinan el curso de acción adecuado para usted, es posible que en ciertos casos cubramos su medicamento durante los primeros 90 días en que es miembro de nuestro plan.

Cubriremos un suministro temporal para 31 días para cada uno de sus medicamentos que no aparezca en nuestro formulario o que tenga una restricción de cobertura. Si su receta se emitió por menos días, autorizaremos resurtidos para proporcionarle hasta un máximo de un suministro para 31 días de medicamento. Si no se aprueba la cobertura, no pagaremos estos medicamentos después del primer suministro para 31 días, incluso si usted ha sido miembro del plan durante menos de 90 días.

Si usted es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario, o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de que es miembro de nuestro plan, cubriremos un suministro de emergencia de ese medicamento para 31 días mientras solicita una excepción al formulario.

A los miembros actuales de BCBSAZ Health Choice Pathway que cambian de un entorno de tratamiento a otro, se les proporcionará un resurtido de transición de un medicamento de la Parte D. Algunos ejemplos de estos cambios de nivel de atención incluyen, entre otros, los siguientes: un beneficiario ingresa a un centro de atención a largo plazo (LTC, por sus siglas en inglés) desde un hospital; un beneficiario que recibe el alta de un hospital a una residencia; un beneficiario que finaliza una estancia en un centro de enfermería especializada de la Parte A de Medicare y reanuda el uso de los beneficios de la Parte D; un beneficiario que renuncia al estado de cuidados paliativos y reanuda el uso de los beneficios de la Parte D; o un beneficiario

que finaliza una estancia en un centro de LTC y vuelve a la comunidad. Además, para que los beneficiarios ingresen a un centro de LTC o reciban el alta de un centro de LTC, se omiten las revisiones por resurtido anticipado para permitirles a los beneficiarios el acceso necesario a sus beneficios de la Parte D.

## Para obtener más información

Para obtener información más detallada sobre su cobertura de medicamentos recetados de BCBSAZ Health Choice Pathway, consulte su Evidencia de cobertura y los otros materiales del plan.

Si tiene preguntas sobre BCBSAZ Health Choice Pathway, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, figura en la portada y en la contraportada.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, por favor, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

## Formulario de BCBSAZ Health Choice Pathway

El formulario que comienza en la siguiente página proporciona información de la cobertura con respecto a los medicamentos cubiertos por BCBSAZ Health Choice Pathway. Si tiene algún problema para encontrar su medicamento en la lista, consulte el índice que comienza en la página 84.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos de marca registrada están con mayúsculas (p. ej., TRULICITY) y los medicamentos genéricos aparecen con minúsculas y en cursiva (p. ej., *glipizida*).

La información en la columna Requisitos/Límites le indica si BCBSAZ Health Choice Pathway tiene algún requisito especial de cobertura para su medicamento.

## Lista de abreviaturas

**B/D:** este medicamento recetado tiene un requisito de autorización previa administrativa de la Parte B versus la Parte D. Este medicamento puede estar cubierto por la Parte B o por la Parte D de Medicare, según las circunstancias. Es posible que sea necesario presentar información que describa el uso y el entorno donde se usará el medicamento para tomar la decisión.

**CU:** cada uno.

**SPC:** medicamento sin pedido por correo. Este medicamento recetado no está disponible a través de la farmacia de servicio de pedido por correo de CVS Caremark. Podría estar disponible para pedido por correo a través de CVS Specialty Pharmacy. Para obtener más información, llame a Servicios para Miembros al **1-800-656-8991** o, para usuarios de TTY, al **711**, de 8 a. m. a 8 p. m, los 7 días de la semana.

**AP:** autorización previa. BCBSAZ Health Choice Pathway exige que usted [o su médico] obtenga autorización previa para ciertos medicamentos. Esto quiere decir que deberá obtener la aprobación de BCBSAZ Health Choice Pathway antes de surtir sus recetas. Si no obtiene la aprobación, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento.

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## 2025 Part D Formulary

**LC:** límite de cantidad. Para ciertos medicamentos, BCBSAZ Health Choice Pathway limita la cantidad del medicamento que BCBSAZ Health Choice Pathway cubrirá. Por ejemplo, BCBSAZ Health Choice Pathway proporciona 30 tabletas por receta de zolpidem.

**TE:** terapia escalonada. En algunos casos, BCBSAZ Health Choice Pathway exige que usted pruebe primero ciertos medicamentos para tratar su afección médica antes de cubrir otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que BCBSAZ Health Choice Pathway no cubra el medicamento B a menos que usted pruebe primero el medicamento A. Si el medicamento A no le funciona, entonces BCBSAZ Health Choice Pathway cubrirá el medicamento B.

**AL: acceso limitado.** Este medicamento recetado puede estar disponible solo en ciertas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame a Servicios para Miembros al **1-800-656-8991** o, para usuarios de TTY, al **711**, de 8 a. m. a 8 p. m, los 7 días de la semana.

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## HCAZ\_CY25\_1T\_SNP eff 01/01/2025

**Drug Name** **Drug Tier** **Requirements/Limits**

### ANALGESICS

#### GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

#### MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	B/D
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#### NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

#### OPIOID ANALGESICS, LONG-ACTING

<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

## **ANTI-INFECTIVES**

### **ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole TABS 200mg</i>	1	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	1	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	1	
CAYSTON SOLR 75mg	1	NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	1	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	1	
<i>clindamycin phosphate SOLN 900mg/6ml, 9000mg/60ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium SOLR 150mg</i>	1	
<i>dapsone TABS 25mg, 100mg</i>	1	
DAPTOMYCIN SOLR 350mg	1	
<i>daptomycin SOLR 350mg, 500mg</i>	1	
EMVERM CHEW 100mg	1	QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMPAVIDO CAPS 50mg	1	PA
ivermectin TABS 3mg	1	QL (12 tabs / 90 days), PA
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
meropenem SOLR 1gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg	1	
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	QL (6 tabs / 30 days)
nitrofurantoin macrocrystal CAPS 50mg, 100mg	1	
nitrofurantoin monohyd macro CAPS 100mg	1	
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg	1	QL (90 tabs / 30 days), PA
streptomycin sulfate SOLR 1gm	1	
sulfadiazine TABS 500mg	1	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200- 40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800- 160 mg	1	
tinidazole TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NM, PA
tobramycin NEBU 300mg/5ml	1	NM, PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
trimethoprim TABS 100mg	1	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)
vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANCOMYCIN INJ 750MG	1	
<b>ANTIFUNGALS</b>		
ABELCET SUSP 5mg/ml	1	B/D
<i>amphotericin b</i> SOLR 50mg	1	B/D
<i>amphotericin b liposome</i> SUSR 50mg	1	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)
<b>ANTIMALARIALS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NM
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NM
FUZEON SOLR 90mg	1	NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	1	NM
ISENTRESS HD TABS 600mg	1	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NM
PREZISTA SUSP 100mg/ml	1	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NM
SELZENTRY SOLN 20mg/ml; TABS 25mg, 75mg	1	NM
SUNLENCA TBPK 300mg	1	NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg, 25mg, 50mg	1	NM
TIVICAY PD TBSO 5mg	1	NM
TROGARZO SOLN 200mg/1.33ml	1	NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NM
BIKTARVY TAB 50-200-25 MG	1	NM
CIMDUO TAB 300-300	1	NM
COMPLERA TAB	1	NM
DELSTRIGO TAB	1	NM
DESCOVY TAB 120-15MG	1	QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NM
GENVOYA TAB	1	NM
JULUCA TAB 50-25MG	1	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NM
PREZCOBIX TAB 800-150	1	NM
STRIBILD TAB	1	NM
SYMTUZA TAB	1	NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NM
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine CAPS 250mg</i>	1	
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NM, PA
TRECTOR TABS 250mg	1	

### **ANTIVIRALS**

<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NM, PA
EPCLUSA PAK 200-50MG	1	NM, PA
EPCLUSA TAB 200-50MG	1	NM, PA
EPCLUSA TAB 400-100	1	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NM, PA
HARVONI PAK 45-200MG	1	NM, PA
HARVONI TAB 45-200MG	1	NM, PA
HARVONI TAB 90-400MG	1	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NM, PA
MAVYRET TAB 100-40MG	1	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NM, PA
PREVYMIS TABS 240mg, 480mg	1	QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml; TABS 450mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VOSEVI TAB	1	NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
<b>CEPHALOSPORINS</b>		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
<b>PENICILLINS</b>		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
<b>TETRACYCLINES</b>		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NM
NUZYRA TABS 150mg	1	QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	B/D, NM
BENDEKA SOLN 100mg/4ml	1	B/D, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 2gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml; TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	B/D
GLEOSTINE CAPS 10mg, 40mg, 100mg	1	NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg, 100mg	1	B/D
<b>ANTIMETABOLITES</b>		
<i>azacitidine</i> SUSR 100mg	1	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	B/D
PURIXAN SUSP 2000mg/100ml	1	NM
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i> TABS 250mg	1	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg, 120mg/vial	1	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NM, PA
LYSODREN TABS 500mg	1	NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	
NUBEQA TABS 300mg	1	QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NM, PA
ORSERDU TABS 86mg	1	QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	QL (60 tabs / 30 days), NM, PA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	QL (112 caps / 28 days), NM, PA
THALOMID CAPS 150mg, 200mg	1	QL (56 caps / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>		
BESREMI SOSY 500mcg/ml	1	QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	1	QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	B/D
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NM
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	
WELIREG TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
<b>MITOTIC INHIBITORS</b>		
<i>docetaxel</i> CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D
<i>vincristine sulfate</i> SOLN 1mg/ml	1	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	1	B/D
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA CAPS 150mg	1	QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	QL (240 caps / 30 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	QL (56 tabs / 28 days), NM, PA

**PA** - Prior Authorization **QL** - Quantity Limits **ST** - Step Therapy **NM** - Not available at mail-order **B/D** - Covered under Medicare B or D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BALVERSA TABS 5mg	1	QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NM, PA
BOSULIF CAPS 50mg	1	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	QL (63 tabs / 28 days), NM, PA
DAURISMO TABS 25mg	1	QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	QL (30 tabs / 30 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NM, PA
HERCEPTIN SOLR 150mg	1	NM, PA
HERZUMA SOLR 150mg, 420mg	1	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	1	QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	QL (30 tabs / 30 days), NM, PA
INLYTA TABS 1mg	1	QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	QL (120 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INREBIC CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	B/D, NM
KANJINTI SOLR 150mg, 420mg	1	NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NM, PA
KISQALI 200 DOSE TBPk 200mg	1	QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	1	QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	1	QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	QL (91 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	QL (90 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LORBRENA TABS 25mg	1	QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	1	QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NM, PA
NERLYNX TABS 40mg	1	QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NM, PA
OGSIVEO TABS 50mg	1	QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	QL (28 tabs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PHESGO SOL	1	NM, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	1	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	1	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg, 120mg, 160mg	1	QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	QL (112 tabs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAFINLAR CAPS 50mg, 75mg	1	QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	QL (900 tabs / 30 days), NM, PA
TAGRISSE TABS 40mg, 80mg	1	QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NM, PA
TEPMETKO TABS 225mg	1	QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NM, PA
TRUQAP TABS 160mg, 200mg	1	QL (64 tabs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NM, PA
TUKYSA TABS 50mg, 150mg	1	QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg, 50mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	QL (60 caps / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI SOLN 20mg/ml	1	QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 40mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	1	QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	1	QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	1	QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	1	QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	1	QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NM, PA
ZOLINZA CAPS 100mg	1	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	QL (84 tabs / 28 days), NM, PA
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
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**CARDIOVASCULAR**

**ACE INHIBITOR COMBINATIONS**

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

**ACE INHIBITORS**

<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	

### **ALDOSTERONE RECEPTOR ANTAGONISTS**

<i>eplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	

### **ALPHA BLOCKERS**

<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

### **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

### **ANTILIPEMICS, MISCELLANEOUS**

<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	

### **BETA-BLOCKER/DIURETIC COMBINATIONS**

<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	

### **DIURETICS**

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	

### **MISCELLANEOUS**

<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

### **NITRATES**

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

### **PULMONARY ARTERIAL HYPERTENSION**

<i>alyq</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	QL (60 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NM, PA

### **CENTRAL NERVOUS SYSTEM**

#### **ANTI-ANXIETY**

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

#### **ANTI-DEMENTIA**

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	QL (30 patches / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	QL (14 caps / 14 days), NM, PA
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older
<b>ANTIPSYCHOTICS</b>		
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	QL (30 tabs / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg, 37.5mg, 50mg	1	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	QL (1 vial / 28 days), NM, PA

### **ANTISEIZURE AGENTS**

APTIOM TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	1	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	1	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam in sodium chloride iv soln</i> <i>1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	QL (60 films / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	1	QL (900 mL / 30 days), NM, PA
<i>vigpoder</i> PACK 500mg	1	QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	QL (1100 mL / 30 days), NM, PA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
<b>HYPNOTICS</b>		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

### **MIGRAINE**

AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA

### **MISCELLANEOUS**

AUSTEDO TABS 6mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	1	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	QL (120 tabs / 30 days), NM, PA

### **MULTIPLE SCLEROSIS AGENTS**

BAFIERTAM CPDR 95mg	1	QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COPAXONE SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	QL (16 pens / 365 days), NM, PA

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	QL (540 mL / 30 days), NM, PA

### **PSYCHOTHERAPEUTIC-MISC**

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

### **ENDOCRINE AND METABOLIC**

#### **ANDROGENS**

<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA

### **ANTIDIABETICS**

<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days)
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days)
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days)
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days)
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days)
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)

### **ANTIDIABETICS, INSULINS**

ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	1	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

### **CALCIUM REGULATORS**

<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NM, PA
XGEVA SOLN 120mg/1.7ml	1	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D, NM

### **CHELATING AGENTS**

CHEMET CAPS 100mg	1	
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg, 250mg, 500mg	1	NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NM, PA

### **CONTRACEPTIVES**

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad &amp; eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</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>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
LILETTA IUD 20.1mcg/day	1	NM
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-linyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	

### **ESTROGENS**

<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>yuvaferm</i> TABS 10mcg	1	
<b>GLUCOCORTICOIDS</b>		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide</i> SUSP 50mg/ml	1	
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
<b>MISCELLANEOUS</b>		
ALDURAZYME SOLN 2.9mg/5ml	1	NM, PA
<i>betaine powder for oral solution</i>	1	NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NM, PA
CERDELGA CAPS 84mg	1	NM, PA
CEREZYME SOLR 400unit	1	NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml; TABS .1mg, .2mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NM, PA
GENOTROPIN CART 5mg, 12mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NM, PA
INCRELEX SOLN 40mg/4ml	1	NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NM, PA
NAGLAZYME SOLN 1mg/ml	1	NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; SOSY 50mcg/ml, 100mcg/ml, 500mcg/ml	1	NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NM, PA
SYNAREL SOLN 2mg/ml	1	PA
VEOZAH TABS 45mg	1	PA
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
<b>THYROID AGENTS</b>		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyI</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year

### **ANTISPASMODICS**

<i>dicyclomine hcl</i> CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
<i>glycopyrrolate</i> TABS 1mg	1	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	1	QL (120 tabs / 30 days)

### **H2-RECEPTOR ANTAGONISTS**

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

### **INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)

<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
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### **LAXATIVES**

<i>constulose</i> SOLN 10gm/15ml	1	
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<i>enulose</i> SOLN 10gm/15ml	1	
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<i>gavilyte-c</i>	1	
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<i>gavilyte-g</i>	1	
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<i>gavilyte-n/flavor pack</i>	1	
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<i>generlac</i> SOLN 10gm/15ml	1	
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<i>lactulose</i> SOLN 10gm/15ml	1	
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<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
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<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
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PLENVU SOL	1	
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<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
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### **MISCELLANEOUS**

<i>alosetron hcl</i> TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
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CREON CAP 3000UNIT	1	
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CREON CAP 6000UNIT	1	
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CREON CAP 12000UNT	1	
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CREON CAP 24000UNT	1	
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CREON CAP 36000UNT	1	
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<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
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<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
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<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
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GATTEX KIT 5mg	1	NM, PA
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LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
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<i>loperamide hcl</i> CAPS 2mg	1	
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<i>misoprostol</i> TABS 100mcg, 200mcg	1	
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MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
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RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	QL (28 syringes / 28 days), PA
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<i>sucralfate</i> TABS 1gm	1	
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<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
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VOWST CAP	1	QL (12 caps / 30 days), NM, PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XERMELO TABS 250mg	1	QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	

### **PROTON PUMP INHIBITORS**

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

### **GENITOURINARY**

#### **BENIGN PROSTATIC HYPERPLASIA**

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

#### **MISCELLANEOUS**

<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	

#### **URINARY ANTISPASMODICS**

<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)

### **VAGINAL ANTI-INFECTIVES**

<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

## **HEMATOLOGIC**

### **ANTICOAGULANTS**

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

### **HEMATOPOIETIC GROWTH FACTORS**

FULPHILA SOSY 6mg/0.6ml	1	QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	1	NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NM, PA

### **MISCELLANEOUS**

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

### **PLATELET AGGREGATION INHIBITORS**

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	

### **IMMUNOLOGIC AGENTS**

#### **AUTOIMMUNE AGENTS**

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
COSENTYX SOLN 125mg/5ml	1	NM, PA
COSENTYX SOSY 75mg/0.5ml	1	QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	QL (16 pens / 365 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 100mg/0.67ml	1	NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NM, PA
REMICADE SOLR 100mg	1	NM, PA
RENFLIXIS SOLR 100mg	1	NM, PA
RINVOQ TB24 15mg, 30mg	1	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	QL (168 tabs / year), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RINVOQ LQ SOLN 1mg/ml	1	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NM, PA
SKYRIZI SOSY 150mg/ml	1	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	QL (1 syringe / 28 days), NM, PA
TREMFYA SOPN 100mg/ml	1	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	1	QL (1 syringe / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NM, PA
TYENNE SOSY 162mg/0.9ml	1	QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	QL (30 tabs / 30 days), NM, PA

### ***DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)***

<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	B/D
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	B/D

### ***IMMUNOGLOBULINS***

ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NM, PA
GAMASTAN INJ	1	B/D, NM

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
<b>VACCINES</b>		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

## **NUTRITIONAL/SUPPLEMENTS**

### ***ELECTROLYTES/MINERALS, INJECTABLE***

D2.5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	1	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	

Drug Name	Drug Tier	Requirements/Limits
<b>IV NUTRITION</b>		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	B/D
PROSOL INJ 20%	1	B/D
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D

## OPHTHALMIC

### ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	

### ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>moxifloxacin hcl (ophth)</i> SOLN .5%	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth)</i> SOLN .3%	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth)</i> OINT 10%; SOLN 10%	1	
<i>tobramycin (ophth)</i> SOLN .3%	1	
<i>trifluridine</i> SOLN 1%	1	
XDEM VY SOLN .25%	1	NM, PA
ZIRGAN GEL .15%	1	
<b>ANTI-INFLAMMATORIES</b>		
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
<b>ANTIALLERGICS</b>		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
<b>ANTIGLAUCOMA</b>		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	

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

### **MISCELLANEOUS**

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

### **OTIC**

#### **OTIC AGENTS**

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

### **RESPIRATORY**

#### **ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)

### **ANTICHOLINERGICS**

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

### **ANTI-HISTAMINES**

<i>azelastine hcl SOLN .1%</i>	1	
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl SOLN 50mg/ml</i>	1	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	1	QL (30 tabs / 30 days)

### **BETA AGONISTS**

<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate AERS 108mcg/act</i>	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
<b>MISCELLANEOUS</b>		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NM, PA
BRONCHITOL CAPS 40mg	1	QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	QL (112 tabs / 28 days), NM, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pirfenidone</i> CAPS 267mg	1	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NM, PA
<b>NASAL STEROIDS</b>		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	1	B/D
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>brey-na</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 40mg	1	PA

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

### **DERMATOLOGY, ANTIBIOTICS**

<i>gentamicin sulfate (topical) CREA .1%; OINT .1%</i>	1	QL (30 gm / 30 days)
<i>mupirocin OINT 2%</i>	1	QL (220 gm / 30 days)
<i>silver sulfadiazine CREA 1%</i>	1	
<i>ssd CREA 1%</i>	1	
<i>SULFAMYLON CREA 85mg/gm</i>	1	QL (453.6 gm / 30 days)

### **DERMATOLOGY, ANTIFUNGALS**

<i>ciclopirox SHAM 1%</i>	1	QL (120 mL / 30 days)
<i>ciclopirox olamine CREA .77%</i>	1	QL (90 gm / 30 days)
<i>ciclopirox olamine SUSP .77%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole (topical) CREA 1%</i>	1	QL (45 gm / 30 days)
<i>clotrimazole (topical) SOLN 1%</i>	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate CREA 1%</i>	1	QL (85 gm / 30 days)
<i>ketoconazole (topical) CREA 2%</i>	1	QL (60 gm / 30 days)
<i>ketoconazole (topical) SHAM 2%</i>	1	QL (120 mL / 30 days)
<i>klayesta POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nyamyc POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm</i>	1	QL (30 gm / 30 days)
<i>nystatin (topical) POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>nystop POWD 100000unit/gm</i>	1	QL (60 gm / 30 days)
<i>selenium sulfide LOTN 2.5%</i>	1	

### **DERMATOLOGY, ANTIPSORIATICS**

<i>acitretin CAPS 10mg, 17.5mg, 25mg</i>	1	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA

### **DERMATOLOGY, CORTICOSTEROIDS**

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)

### **DERMATOLOGY, LOCAL ANESTHETICS**

<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA

### **DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**

<i>bexarotene (topical)</i> GEL 1%	1	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	QL (60 gm / 30 days), NM, PA

### **DERMATOLOGY, SCABICIDES AND PEDICULIDES**

<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

### **DERMATOLOGY, WOUND CARE AGENTS**

REGRANEX GEL .01%	1	QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	

### **MOUTH/THROAT/DENTAL AGENTS**

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

## Index

<b>A</b>	
<i>abacavir sulfate</i> .....	11
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	13
ABELCET .....	11
<i>abiraterone acetate</i> .....	18
ABRYSVO .....	70
<i>acamprosate calcium</i> .....	49
<i>acarbose</i> .....	50
<i>accutane</i> .....	79
<i>acebutolol hcl</i> .....	33
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	8
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	8
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	8
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	8
<i>acetazolamide</i> .....	34
<i>acetic acid</i> .....	64
<i>acetic acid (otic)</i> .....	75
<i>acetylcysteine</i> .....	77
<i>acitretin</i> .....	80
ACTHIB INJ .....	70
ACTIMMUNE .....	69
<i>acyclovir</i> .....	14
<i>acyclovir sodium</i> .....	14
ADACEL INJ .....	70
ADALIMUMAB-AACF (2 PEN) .....	66
ADALIMUMAB-AACF (2 SYRING) .....	66
<i>adefovir dipivoxil</i> .....	14
ADMELOG .....	51
ADMELOG SOLOSTAR .....	51
ADVAIR HFA AER 115/21 .....	79
ADVAIR HFA AER 230/21 .....	79
ADVAIR HFA AER 45/21 .....	79
<i>afirmelle</i> .....	53
AIMOVIG .....	46
AKEEGA TAB 100/500 .....	18
AKEEGA TAB 50/500MG .....	18
<i>ala-cort</i> .....	81
<i>albendazole</i> .....	9
<i>albuterol sulfate</i> .....	76, 77
<i>alclometasone dipropionate</i> .....	81
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY .....	51
ALDURAZYME .....	59
ALECENSA .....	20
<i>alendronate sodium</i> .....	53
<i>alfuzosin hcl</i> .....	64
<i>aliskiren fumarate</i> .....	34
<i>allopurinol</i> .....	7
<i>alosetron hcl</i> .....	63
<i>alprazolam</i> .....	35
<i>altavera</i> .....	53
ALUNBRIG .....	20
ALUNBRIG PAK .....	20
ALVAIZ .....	65, 66
ALVESCO .....	79
<i>alyacen 1/35</i> .....	53
<i>alyacen 7/7/7</i> .....	53
ALYGLO .....	68
<i>alyq</i> .....	35
<i>amantadine hcl</i> .....	37
<i>ambrisentan</i> .....	35
<i>amethia</i> .....	53
<i>amethyst</i> .....	53
<i>amikacin sulfate</i> .....	9
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	34
<i>amiloride hcl</i> .....	34
<i>amiodarone hcl</i> .....	31
<i>amitriptyline hcl</i> .....	36
<i>amlodipine besylate</i> .....	33
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	28
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	28
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	28
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	28
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	28
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	28
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	29
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	29

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 12.5 mg</i> .....	45
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 15 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 20 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 30 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 5 mg</i> .....	45
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	29	<i>amphetamine-dextroamphetamine tab 7.5 mg</i> .....	45
<i>amnestem</i> .....	79	<i>amphotericin b</i> .....	11
<i>amoxapine</i> .....	36	<i>amphotericin b liposome</i> .....	11
<i>amoxicillin</i> .....	16	<i>ampicillin</i> .....	16
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....	16	<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i> .....	16
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	16	<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i> .....	16
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	16	<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i> .....	16
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	16	<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i> .....	16
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	16	<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i> .....	16
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	16	<i>ampicillin sodium</i> .....	17
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	16	<i>anagrelide hcl</i> .....	66
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	16	<i>anastrozole</i> .....	18
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	16	<i>ANORO ELLIPT AER 62.5-25</i> .....	75
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> .....	44	<i>aprepitant</i> .....	61
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> .....	44	<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	61
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> .....	45	<i>apri</i> .....	54
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .....	45	<i>APTIOM</i> .....	41
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .....	45	<i>APTIVUS</i> .....	11
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> .....	44	<i>ARALAST NP</i> .....	77
<i>amphetamine-dextroamphetamine tab 10 mg</i> .....	45	<i>aranelle</i> .....	54
		<i>ARCALYST</i> .....	69
		<i>AREXVY</i> .....	70
		<i>ARIKAYCE</i> .....	9
		<i>aripiprazole</i> .....	38
		<i>ARISTADA</i> .....	38
		<i>ARISTADA INITIO</i> .....	38
		<i>armodafinil</i> .....	48
		<i>ARNUIITY ELLIPTA</i> .....	79
		<i>asenapine maleate</i> .....	39
		<i>ashlyna</i> .....	54

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	66	BALVERSA .....	20, 21
ASTAGRAF XL.....	69	<i>balziva</i> .....	54
<i>atazanavir sulfate</i> .....	12	BARACLUDGE .....	14
<i>atenolol</i> .....	33	BASAGLAR KWIKPEN .....	51
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	32	BCG VACCINE.....	70
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	32	<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	28
<i>atomoxetine hcl</i> .....	45	<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	28
<i>atorvastatin calcium</i> .....	31	<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	28
<i>atovaquone</i> .....	9	<i>benazepril &amp; hydrochlorothiazide tab 5-6.25mg</i> .....	28
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	11	<i>benazepril hcl</i> .....	28
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	11	BENDAMUSTINE HYDROCHLORID.....	17
ATROPINE SULFATE.....	75	BENDEKA.....	17
<i>atropine sulfate (ophthalmic)</i> .....	75	BENLYSTA.....	69
ATROVENT HFA.....	76	<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	80
<i>aubra eq</i> .....	54	<i>benztropine mesylate</i> .....	37
AUGTYRO.....	20	BERINERT .....	66
<i>aurovela 1/20</i> .....	54	BESIVANCE .....	73
<i>aurovela 24 fe</i> .....	54	BESREMI .....	20
<i>aurovela fe 1/20</i> .....	54	<i>betaine powder for oral solution</i> .....	59
<i>aurovela fe 1.5/30</i> .....	54	<i>betamethasone dipropionate (topical)</i> .....	81
AUSTEDO.....	47	<i>betamethasone dipropionate augmented</i> .....	81
AUSTEDO XR.....	47	<i>betamethasone valerate</i> .....	81
AUSTEDO XR TAB TITR KIT .....	47	BETASERON .....	47
AUVELITY TAB 45-105MG .....	36	<i>betaxolol hcl</i> .....	33
<i>aviane</i> .....	54	<i>betaxolol hcl (ophth)</i> .....	74
<i>ayuna</i> .....	54	<i>bethanechol chloride</i> .....	64
AYVAKIT .....	20	BETOPTIC-S .....	74
<i>azacitidine</i> .....	18	BEVESPI AER 9-4.8MCG.....	75
<i>azathioprine</i> .....	69	<i>bexarotene</i> .....	20
<i>azelastine hcl</i> .....	76	<i>bexarotene (topical)</i> .....	82
<i>azelastine hcl (ophth)</i> .....	74	BEXSERO INJ .....	70
<i>azithromycin</i> .....	15	<i>bicalutamide</i> .....	18
<i>aztreonam</i> .....	9	BICILLIN L-A .....	17
<i>azurette</i> .....	54	BIKTARVY TAB 30-120-15 MG.....	13
<b>B</b>		BIKTARVY TAB 50-200-25 MG.....	13
<i>bacitracin (ophthalmic)</i> .....	73	<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i> .....	32
<i>bacitracin-polymyxin b ophth oint</i> ....	73	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i> .....	32
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	73		
<i>baclofen</i> .....	48		
BAFIERTAM .....	47		
<i>balsalazide disodium</i> .....	62		

<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	32	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	49
<i>bisoprolol fumarate</i> .....	33	<i>bupropion hcl</i> .....	36
BIVIGAM.....	68	<i>bupropion hcl (smoking deterrent)</i> ...	49
<i>blisovi 24 fe</i> .....	54	<i>bupirone hcl</i> .....	35
<i>blisovi fe 1.5/30</i> .....	54	<i>butorphanol tartrate</i> .....	8
BOOSTRIX INJ .....	70	<b>C</b>	
<i>bortezomib</i> .....	21	<i>cabergoline</i> .....	59
BORTEZOMIB .....	21	CABOMETYX .....	21
<i>bosentan</i> .....	35	<i>calcipotriene</i> .....	81
BOSULIF .....	21	<i>calcitonin (salmon) spray</i> .....	53
BRAFTOVI .....	21	<i>calcitrene</i> .....	81
BREO ELLIPTA INH 100-25 .....	79	<i>calcitriol</i> .....	61
BREO ELLIPTA INH 200-25 .....	79	<i>calcitriol (oral)</i> .....	61
BREO ELLIPTA INH 50-25MCG .....	79	CALQUENCE .....	21
<i>breyna</i> .....	79	<i>camila</i> .....	54
BREZTRI AERO AER SPHERE .....	75	<i>camrese</i> .....	54
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK) .....	75	<i>camrese lo</i> .....	54
<i>briellyn</i> .....	54	<i>candesartan cilexetil</i> .....	31
BRILINTA .....	66	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i> .....	29
<i>brimonidine tartrate</i> .....	74	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i> .....	29
<i>brinzolamide</i> .....	74	<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .	30
BRIVIACT.....	41	CAPLYTA.....	39
<i>bromfenac sodium (ophth)</i> .....	74	CAPRELSA.....	21
<i>bromocriptine mesylate</i> .....	38	<i>captopril</i> .....	29
BRONCHITOL.....	77	<i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i> .....	28
BRUKINSA .....	21	<i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i> .....	28
<i>budesonide</i> .....	62	<i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i> .....	28
<i>budesonide (inhalation)</i> .....	79	<i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i> .....	28
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	79	<i>carb/levo orally disintegrating tab 10-100mg</i> .....	38
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	79	<i>carb/levo orally disintegrating tab 25-100mg</i> .....	38
<i>bumetanide</i> .....	34	<i>carb/levo orally disintegrating tab 25-250mg</i> .....	38
<i>buprenorphine hcl</i> .....	49	<i>carbamazepine</i> .....	41
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	49	<i>carbidopa &amp; levodopa tab 10-100 mg</i>	38
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	49	<i>carbidopa &amp; levodopa tab 25-100 mg</i>	38
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	49		
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	49		
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	49		

<i>carbidopa &amp; levodopa tab 25-250 mg</i>	38	<i>cevimeline hcl</i> .....	83
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	38	<i>chateal eq</i> .....	54
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	38	CHEMET.....	53
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	38	<i>chlorhexidine gluconate (mouth-throat)</i> .....	83
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	38	<i>chloroquine phosphate</i> .....	11
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	38	<i>chlorpromazine hcl</i> .....	39
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	38	<i>chlorthalidone</i> .....	34
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	38	<i>cholestyramine</i> .....	32
<i>carboplatin</i> .....	17	<i>cholestyramine light</i> .....	32
<i>carglumic acid</i> .....	59	<i>ciclopirox</i> .....	80
<i>carisoprodol</i> .....	48	<i>ciclopirox olamine</i> .....	80
<i>carteolol hcl (ophth)</i> .....	74	<i>cilostazol</i> .....	66
<i>cartia xt</i> .....	33	CILOXAN.....	73
<i>carvedilol</i> .....	33	CIMDUO TAB 300-300 .....	13
<i>caspofungin acetate</i> .....	11	<i>cinacalcet hcl</i> .....	59
CAYSTON.....	9	<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	16
<i>cefaclor</i> .....	15	<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	16
<i>cefadroxil</i> .....	15	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	75
CEFAZOLIN .....	15	<i>ciprofloxacin hcl</i> .....	16
CEFAZOLIN INJ 1GM/50ML .....	15	<i>ciprofloxacin hcl (ophth)</i> .....	73
<i>cefazolin sodium</i> .....	15	<i>cisplatin</i> .....	18
CEFAZOLIN SOLN 2GM/100ML-4% ...	15	<i>citalopram hydrobromide</i> .....	36
<i>cefdinir</i> .....	15	<i>claravis</i> .....	80
<i>cefepime hcl</i> .....	15	<i>clarithromycin</i> .....	15
<i>cefixime</i> .....	15	<i>clindamycin hcl</i> .....	9
<i>cefotetan disodium</i> .....	15	<i>clindamycin palmitate hydrochloride</i> ...	9
<i>cefoxitin sodium</i> .....	15	<i>clindamycin phosphate</i> .....	9
<i>cefpodoxime proxetil</i> .....	15	<i>clindamycin phosphate (topical)</i> .....	80
<i>cefprozil</i> .....	15	<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	9
<i>ceftazidime</i> .....	15	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	9
<i>ceftriaxone sodium</i> .....	15	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	9
<i>cefuroxime axetil</i> .....	15	<i>clindamycin phosphate vaginal</i> .....	65
<i>cefuroxime sodium</i> .....	15	CLINDMYC/NAC INJ 300/50ML.....	9
<i>celecoxib</i> .....	7	CLINDMYC/NAC INJ 600/50ML.....	9
<i>cephalexin</i> .....	15	CLINDMYC/NAC INJ 900/50ML.....	9
CERDELGA .....	59	CLINIMIX INJ 4.25/D10 .....	73
CEREZYME .....	59	CLINIMIX INJ 4.25/D5W .....	73
<i>cetirizine hcl</i> .....	76	CLINIMIX INJ 5%/D15W .....	73
		CLINIMIX INJ 5%/D20W .....	73
		CLINIMIX INJ 6/5.....	73
		CLINIMIX INJ 8/10 .....	73
		CLINIMIX INJ 8/14 .....	73

<i>clinisol sf 15%</i> .....	73	<i>cyclobenzaprine hcl</i> .....	48
CLINOLIPID EMU 20% .....	73	<i>cyclophosphamide</i> .....	18
<i>clobazam</i> .....	41	CYCLOPHOSPHAMIDE .....	18
<i>clobetasol propionate</i> .....	81	CYCLOPHOSPHAMIDE MONOHYDR....	18
<i>clobetasol propionate e</i> .....	81	<i>cycloserine</i> .....	13
<i>clomipramine hcl</i> .....	36	<i>cyclosporine</i> .....	69
<i>clonazepam</i> .....	41	<i>cyclosporine modified (for</i>	
<i>clonidine</i> .....	34	<i>microemulsion)</i> .....	69
<i>clonidine hcl</i> .....	34	<i>cyproheptadine hcl</i> .....	76
<i>clopidogrel bisulfate</i> .....	66	<i>cyred eq</i> .....	54
<i>clorazepate dipotassium</i> .....	41	CYSTADROPS .....	75
<i>clotrimazole</i> .....	83	CYSTAGON.....	59
<i>clotrimazole (topical)</i> .....	80	CYSTARAN .....	75
<i>clotrimazole w/ betamethasone cream</i>		<i>cytarabine</i> .....	18
<i>1-0.05%</i> .....	80	<b>D</b>	
<i>clozapine</i> .....	39	D10W/NAACL INJ 0.2% .....	71
COARTEM TAB 20-120MG.....	11	D2.5W/NAACL INJ 0.45%.....	71
<i>colchicine</i> .....	7	<i>dabigatran etexilate mesylate</i> .....	65
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>dalfampridine</i> .....	48
<i>mg</i> .....	7	<i>danazol</i> .....	49
<i>colesevelam hcl</i> .....	32	<i>dantrolene sodium</i> .....	48
<i>colestipol hcl</i> .....	32	<i>dapsone</i> .....	9
<i>colistimethate sodium</i> .....	9	DAPTACEL INJ .....	70
COMBIGAN SOL 0.2/0.5% .....	74	<i>daptomycin</i> .....	9
COMBIVENT AER 20-100 .....	75	DAPTOMYCIN .....	9
COMETRIQ (60MG DOSE).....	21	<i>darunavir</i> .....	12
COMETRIQ KIT 100MG.....	21	<i>dasetta 1/35</i> .....	54
COMETRIQ KIT 140MG.....	21	<i>dasetta 7/7/7</i> .....	54
COMPLERA TAB.....	13	DAURISMO.....	21
<i>compro</i> .....	61	<i>daysee</i> .....	54
<i>constulose</i> .....	63	DAYVIGO .....	45
COPAXONE .....	47, 48	<i>deblitane</i> .....	54
COPIKTRA .....	21	<i>deferasirox</i> .....	53
CORLANOR.....	34	DELSTRIGO TAB .....	13
COSENTYX .....	66	DENGVAXIA SUS.....	70
COSENTYX SENSOREADY PEN.....	66	DEPO-SUBQ PROVERA 104 .....	54
COSENTYX UNOREADY.....	66	<i>depo-testosterone</i> .....	49
COTELLIC .....	21	DESCOVY TAB 120-15MG .....	13
CREON CAP 12000UNT .....	63	DESCOVY TAB 200/25MG .....	13
CREON CAP 24000UNT .....	63	<i>desipramine hcl</i> .....	36
CREON CAP 3000UNIT .....	63	<i>desmopressin acetate</i> .....	59
CREON CAP 36000UNT .....	63	<i>desmopressin acetate spray</i> .....	60
CREON CAP 6000UNIT .....	63	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium</i> .....	77	<i>refrigerated</i> .....	60
<i>cromolyn sodium (mastocytosis)</i> .....	63	<i>desogest-eth estrad &amp; eth estrad tab</i>	
<i>cromolyn sodium (ophth)</i> .....	74	<i>0.15-0.02/0.01 mg(21/5)</i> .....	54
<i>cryselle-28</i> .....	54	<i>desvenlafaxine succinate</i> .....	36

<i>dexamethasone</i> .....	59	<i>diphenoxylate w/ atropine liq 2.5-0.025</i>	
DEXAMETHASONE INTENSOL.....	59	<i>mg/5ml</i> .....	63
<i>dexamethasone sodium phosphate</i> ...	59	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>dexamethasone sodium phosphate</i>		<i>0.025 mg</i> .....	63
<i>(ophth)</i> .....	74	<i>dipyridamole</i> .....	66
<i>dexmethylphenidate hcl</i> .....	45	<i>disopyramide phosphate</i> .....	31
<i>dextrose</i> .....	73	<i>disulfiram</i> .....	49
<i>dextrose 10% w/ sodium chloride</i>		<i>divalproex sodium</i> .....	42
<i>0.45%</i> .....	71	<i>docetaxel</i> .....	20
<i>dextrose 2.5% w/ sodium chloride</i>		DOCETAXEL .....	20
<i>0.45%</i> .....	71	<i>dofetilide</i> .....	31
<i>dextrose 5% in lactated ringers</i> .....	71	<i>dolishale</i> .....	54
<i>dextrose 5% w/ sodium chloride 0.2%</i>		<i>donepezil hydrochloride</i> .....	35, 36
.....	71	DOPTELET .....	66
<i>dextrose 5% w/ sodium chloride</i>		<i>dorzolamide hcl</i> .....	74
<i>0.225%</i> .....	71	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>soln 2-0.5%</i> .....	75
.....	71	<i>dotti</i> .....	58
<i>dextrose 5% w/ sodium chloride 0.45%</i>		DOVATO TAB 50-300MG .....	13
.....	71	<i>doxazosin mesylate</i> .....	29
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>doxepin hcl</i> .....	36
.....	71	<i>doxepin hcl (sleep)</i> .....	45
DIACOMIT.....	41	<i>doxorubicin hcl</i> .....	20
<i>diazepam</i> .....	41	<i>doxorubicin hcl liposomal</i> .....	20
<i>diazepam (anticonvulsant)</i> .....	41	<i>doxy 100</i> .....	17
<i>diazepam inj</i> .....	42	<i>doxycycline (monohydrate)</i> .....	17
<i>diazepam intensol</i> .....	42	<i>doxycycline hyclate</i> .....	17
<i>diazoxide</i> .....	59	DRIZALMA SPRINKLE.....	36
<i>diclofenac potassium</i> .....	7	<i>dronabinol</i> .....	61
<i>diclofenac sodium</i> .....	7	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>diclofenac sodium (ophth)</i> .....	74	<i>0.02 mg</i> .....	54
<i>diclofenac sodium (topical)</i> .....	82	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>dicloxacillin sodium</i> .....	17	<i>0.03 mg</i> .....	54
<i>dicyclomine hcl</i> .....	62	<i>drospirenone-ethinyl estrad-</i>	
DIFICID .....	15	<i>levomefolate tab 3-0.02-0.451 mg</i> 54	
<i>diflunisal</i> .....	7	<i>drospirenone-ethinyl estrad-</i>	
<i>difluprednate</i> .....	74	<i>levomefolate tab 3-0.03-0.451 mg</i> 54	
<i>digoxin</i> .....	34	DROXIA .....	66
<i>dihydroergotamine mesylate</i> .....	46	<i>droxidopa</i> .....	34
DILANTIN .....	42	DULERA AER 100-5MCG .....	79
<i>diltiazem hcl</i> .....	33	DULERA AER 200-5MCG .....	79
<i>diltiazem hcl coated beads</i> .....	33	DULERA AER 50-5MCG.....	79
<i>diltiazem hcl extended release beads</i> 33		<i>duloxetine hcl</i> .....	36
<i>dilt-xr</i> .....	33	DUPIXENT .....	67
DIP/TET PED INJ 25-5LFU .....	70	<i>dutasteride</i> .....	64
<i>diphenhydramine hcl</i> .....	76	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>	
		<i>mg</i> .....	64

<b>E</b>	
<i>e.e.s. 400</i> .....	15
<i>econazole nitrate</i> .....	80
EDURANT .....	12
<i>efavirenz</i> .....	12
<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i> .....	13
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i> .....	13
<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i> .....	13
ELIGARD .....	19
<i>elimest</i> .....	54
ELIQUIS .....	65
ELIQUIS STARTER PACK .....	65
<i>eluryng</i> .....	54
EMGALITY .....	46
EMSAM .....	36
<i>emtricitabine</i> .....	12
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i> .....	13
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i> .....	13
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i> .....	13
<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i> .....	13
EMTRIVA .....	12
EMVERM .....	9
<i>emzahn</i> .....	54
<i>enalapril maleate</i> .....	29
<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 10-25 mg</i> .....	28
<i>enalapril maleate &amp; hydrochlorothiazide</i> <i>tab 5-12.5 mg</i> .....	28
ENBREL .....	67
ENBREL MINI .....	67
ENBREL SURECLICK .....	67
<i>endocet tab 10-325mg</i> .....	8
<i>endocet tab 2.5-325mg</i> .....	8
<i>endocet tab 5-325mg</i> .....	8
<i>endocet tab 7.5-325mg</i> .....	8
ENGERIX-B .....	70
<i>enilloring</i> .....	54
<i>enoxaparin sodium</i> .....	65
<i>enpresse-28</i> .....	54
<i>enskyce</i> .....	54
ENSTILAR AER .....	81
<i>entacapone</i> .....	38
<i>entecavir</i> .....	14
ENTRESTO CAP 15-16MG .....	30
ENTRESTO CAP 6-6MG .....	30
ENTRESTO TAB 24-26MG .....	30
ENTRESTO TAB 49-51MG .....	30
ENTRESTO TAB 97-103MG .....	30
<i>enulose</i> .....	63
EPCLUSA PAK 150-37.5 .....	14
EPCLUSA PAK 200-50MG .....	14
EPCLUSA TAB 200-50MG .....	14
EPCLUSA TAB 400-100 .....	14
EPIDIOLEX .....	42
<i>epinephrine (anaphylaxis)</i> .....	34, 77
<i>epitol</i> .....	42
<i>eplerenone</i> .....	29
EPRONTIA .....	42
<i>ergotamine w/ caffeine tab 1-100 mg</i> .....	46
ERIVEDGE .....	21
ERLEADA .....	19
<i>erlotinib hcl</i> .....	21
<i>errin</i> .....	54
<i>ertapenem sodium</i> .....	9
<i>ery</i> .....	80
<i>ery-tab</i> .....	15
ERYTHROCIN LACTOBIONATE .....	15
<i>erythromycin (acne aid)</i> .....	80
<i>erythromycin (ophth)</i> .....	73
<i>erythromycin base</i> .....	15
<i>erythromycin ethylsuccinate</i> .....	16
<i>erythromycin lactobionate</i> .....	16
<i>escitalopram oxalate</i> .....	37
<i>esomeprazole magnesium</i> .....	64
<i>estarylla</i> .....	54
<i>estradiol</i> .....	58
<i>estradiol &amp; norethindrone acetate tab</i> <i>0.5-0.1 mg</i> .....	58
<i>estradiol &amp; norethindrone acetate tab</i> <i>1-0.5 mg</i> .....	58
<i>estradiol vaginal</i> .....	58
<i>estradiol valerate</i> .....	58
<i>eszopiclone</i> .....	46
<i>ethambutol hcl</i> .....	13
<i>ethosuximide</i> .....	42

<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	55	<i> fingolimod hcl</i> .....	48
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	55	FINTEPLA .....	42
<i>etodolac</i> .....	7	<i>finzala</i> .....	55
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i> .....	55	FIRMAGON .....	19
<i>etoposide</i> .....	20	<i>flac</i> .....	75
<i>etravirine</i> .....	12	FLAREX.....	74
EULEXIN .....	19	FLEBOGAMMA DIF .....	68
<i>euthyrox</i> .....	61	<i>flecainide acetate</i> .....	31
<i>everolimus</i> .....	22	<i>fluconazole</i> .....	11
<i>everolimus (immunosuppressant)</i> .....	69	<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	11
EVOTAZ TAB 300-150.....	13	<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	11
<i>exemestane</i> .....	19	<i>flucytosine</i> .....	11
EYSUVIS .....	75	<i>fludrocortisone acetate</i> .....	59
<i>ezetimibe</i> .....	32	<i>flunisolide (nasal)</i> .....	78
<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	32	<i>fluocinolone acetonide</i> .....	81
<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	32	<i>fluocinolone acetonide (otic)</i> .....	75
<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	32	<i>fluocinonide</i> .....	81
<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	32	<i>fluocinonide emulsified base</i> .....	81
<b>F</b>		<i>fluorometholone (ophth)</i> .....	74
FABRAZYME .....	60	<i>fluorouracil</i> .....	18
<i>falmina</i> .....	55	<i>fluorouracil (topical)</i> .....	82
<i>famciclovir</i> .....	14	<i>fluoxetine hcl</i> .....	37
<i>famotidine</i> .....	62	<i>fluphenazine decanoate</i> .....	39
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i> .....	62	<i>fluphenazine hcl</i> .....	39
FANAPT .....	39	<i>flurbiprofen</i> .....	7
FANAPT PAK .....	39	<i>flurbiprofen sodium</i> .....	74
FARXIGA.....	50	<i>fluticasone propionate</i> .....	81
FASENRA .....	77	<i>fluticasone propionate (nasal)</i> .....	78
FASENRA PEN.....	77	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....	79
<i>felbamate</i> .....	42	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....	79
<i>felodipine</i> .....	33	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....	79
<i>fenofibrate</i> .....	31	<i>fluvoxamine maleate</i> .....	35
<i>fenofibrate micronized</i> .....	31	<i>fondaparinux sodium</i> .....	65
<i>fentanyl</i> .....	7	<i>fosamprenavir calcium</i> .....	12
<i>fentanyl citrate</i> .....	8	<i>fosinopril sodium</i> .....	29
<i>fesoterodine fumarate</i> .....	64	<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	28
FETZIMA .....	37	<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	28
FETZIMA CAP TITRATIO .....	37	FOTIVDA.....	22
FIASP.....	51	FRUZAQLA .....	22
FIASP FLEXTOUCH .....	51	FULPHILA.....	65
FIASP PENFILL.....	51		
FIASP PUMPCART .....	51		
<i>finasteride</i> .....	64		

<i>fulvestrant</i> .....	19
<i>furosemide</i> .....	34
<i>furosemide inj</i> .....	34
FUZEON.....	12
<i>fyavolv tab 0.5mg-2.5mcg</i> .....	58
<i>fyavolv tab 1mg-5mcg</i> .....	58
FYCOMPA .....	42
<b>G</b>	
<i>gabapentin</i> .....	42
<i>galantamine hydrobromide</i> .....	36
GAMASTAN INJ .....	68
GAMMAGARD LIQUID .....	69
GAMMAGARD S/D IGA LESS TH .....	69
GAMMAKED.....	69
GAMMAPLEX.....	69
GAMUNEX-C.....	69
<i>ganciclovir sodium</i> .....	14
GARDASIL 9 INJ .....	70
<i>gatifloxacin (ophth)</i> .....	73
GATTEX .....	63
GAUZE PADS 2 .....	52
<i>gavilyte-c</i> .....	63
<i>gavilyte-g</i> .....	63
<i>gavilyte-n/flavor pack</i> .....	63
GAVRETO.....	22
<i>gefitinib</i> .....	22
<i>gemcitabine hcl</i> .....	18
<i>gemfibrozil</i> .....	31
<i>generlac</i> .....	63
<i>gengraf</i> .....	69
GENOTROPIN .....	60
GENOTROPIN MINIQUICK.....	60
<i>gentamicin in saline inj 0.8 mg/ml</i> .....	9
<i>gentamicin in saline inj 1.2 mg/ml</i> .....	9
<i>gentamicin in saline inj 1.6 mg/ml</i> .....	9
<i>gentamicin in saline inj 1 mg/ml</i> .....	9
<i>gentamicin in saline inj 2 mg/ml</i> .....	9
<i>gentamicin sulfate</i> .....	9
<i>gentamicin sulfate (ophth)</i> .....	73
<i>gentamicin sulfate (topical)</i> .....	80
GENVOYA TAB .....	13
GILOTRIF .....	22
<i>glatiramer acetate</i> .....	48
<i>glatopa</i> .....	48
GLEOSTINE .....	18
<i>glimepiride</i> .....	50
<i>glipizide</i> .....	50

<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	50
<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	50
<i>glipizide-metformin hcl tab 5-500 mg</i>	50
<i>glipizide xl</i> .....	50
<i>glycopyrrolate</i> .....	62
<i>glydo</i> .....	82
GLYXAMBI TAB 10-5 MG .....	50
GLYXAMBI TAB 25-5 MG .....	50
<i>granisetron hcl</i> .....	61
<i>griseofulvin microsize</i> .....	11
<i>griseofulvin ultramicrosize</i> .....	11
<i>guanfacine hcl</i> .....	34
<i>guanfacine hcl (adhd)</i> .....	45
<b>H</b>	
HAEGARDA.....	66
<i>hailey 1.5/30</i> .....	55
<i>hailey 24 fe</i> .....	55
<i>halobetasol propionate</i> .....	81
<i>haloette</i> .....	55
<i>haloperidol</i> .....	39
<i>haloperidol decanoate</i> .....	39
<i>haloperidol lactate</i> .....	39
HARVONI PAK 33.75-150MG.....	14
HARVONI PAK 45-200MG .....	14
HARVONI TAB 45-200MG .....	14
HARVONI TAB 90-400MG .....	14
HAVRIX .....	70
<i>heather</i> .....	55
<i>heparin sodium (porcine)</i> .....	65
HEPLISAV-B .....	70
HEP SOD/NAACL INJ 25000UNT .....	65
HERCEP HYLEC SOL 60-10000 .....	22
HERCEPTIN .....	22
HERZUMA .....	22
HIBERIX .....	70
HUMIRA.....	67
HUMIRA PEN .....	67
HUMIRA PEN-CD/UC/HS START.....	67
HUMIRA PEN KIT PS/UV .....	67
HUMIRA PEN-PEDIATRIC UC S .....	67
HUMULIN R U-500 (CONCENTR .....	52
HUMULIN R U-500 KWIKPEN.....	52
<i>hydralazine hcl</i> .....	35
<i>hydrochlorothiazide</i> .....	34

<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	8	INCRUSE ELLIPTA .....	76
<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	8	<i>indapamide</i> .....	34
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	8	INFANRIX INJ .....	70
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	8	INFLIXIMAB.....	67
<i>hydrocodone bitartrate</i> .....	7	INLYTA .....	22
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	8	INQOVI TAB 35-100MG .....	18
<i>hydrocortisone</i> .....	59	INREBIC .....	23
<i>hydrocortisone (intrarectal)</i> .....	62	INSULIN PEN NEEDLES: BD-EMBECTA .....	52
<i>hydrocortisone (rectal)</i> .....	82	INSULIN SAFETY NEEDLES: BD-EMBECTA .....	52
<i>hydrocortisone (topical)</i> .....	81, 82	INSULIN SYRINGES: BD-EMBECTA ...	52
<i>hydrocortisone valerate</i> .....	82	INTELENCE .....	12
<i>hydromorphone hcl</i> .....	8	INTRALIPID.....	73
<i>hydroxychloroquine sulfate</i> .....	68	<i>introvale</i> .....	55
<i>hydroxyurea</i> .....	20	INVEGA HAFYERA.....	39
<i>hydroxyzine hcl</i> .....	76	INVEGA SUSTENNA .....	39
<i>hydroxyzine pamoate</i> .....	76	INVEGA TRINZA.....	39
<b>I</b>		IPOL INJ INACTIVE.....	70
<i>ibandronate sodium</i> .....	53	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	76
IBRANCE.....	22	<i>ipratropium bromide</i> .....	76
<i>ibu</i> .....	7	<i>ipratropium bromide (nasal)</i> .....	76
<i>ibuprofen</i> .....	7	<i>irbesartan</i> .....	31
<i>icatibant acetate</i> .....	66	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	30
<i>iclevia</i> .....	55	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	30
ICLUSIG .....	22	<i>irinotecan hcl</i> .....	20
IDACIO (2 PEN) .....	67	ISENTRESS .....	12
IDACIO (2 SYRINGE) .....	67	ISENTRESS HD .....	12
IDACIO CROHN INJ DISEASE.....	67	<i>isibloom</i> .....	55
IDACIO PLAQU INJ PSORIASIS.....	67	ISOLYTE-P INJ /D5W .....	71
IDHIFA .....	22	ISOLYTE-S INJ PH 7.4.....	71
<i>imatinib mesylate</i> .....	22	<i>isoniazid</i> .....	13
IMBRUVICA .....	22	<i>isosorbide dinitrate</i> .....	35
<i>imipenem-cilastatin intravenous for soln 250 mg</i> .....	9	<i>isosorbide mononitrate</i> .....	35
<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	9	<i>isotretinoin</i> .....	80
<i>imipramine hcl</i> .....	37	<i>isradipine</i> .....	33
<i>imiquimod</i> .....	82	<i>itraconazole</i> .....	11
IMOVAX RABIES (H.D.C.V.) .....	70	<i>ivabradine hcl</i> .....	35
IMPAVIDO .....	10	<i>ivermectin</i> .....	10
INBRIJA.....	38	IWILFIN.....	20
<i>incassia</i> .....	55	IXCHIQ INJ .....	70
INCRELEX .....	60	IXIARO INJ.....	70
		<b>J</b>	
		JAKAFI .....	23

<i>jantoven</i> .....	65	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	71
JANUMET TAB 50-1000 .....	50	<i>kcl 30 meq/l (0.224%) in dextrose 5%</i> <i>&amp; nacl 0.45% inj</i> .....	71
JANUMET TAB 50-500MG .....	50	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;</i> <i>nacl 0.45% inj</i> .....	72
JANUMET XR TAB 100-1000.....	50	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp;</i> <i>nacl 0.9% inj</i> .....	71
JANUMET XR TAB 50-1000 .....	50	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	72
JANUMET XR TAB 50-500MG.....	50	<i>kelnor 1/35</i> .....	55
JANUVIA .....	50	<i>kelnor 1/50</i> .....	55
JARDIANCE .....	50	KERENDIA.....	29
<i>jasmiel</i> .....	55	KESIMPTA .....	48
<i>javygtor</i> .....	60	<i>ketoconazole</i> .....	11
JAYPIRCA .....	23	<i>ketoconazole (topical)</i> .....	80
JENTADUETO TAB 2.5-1000.....	50	<i>ketorolac tromethamine (ophth)</i> .....	74
JENTADUETO TAB 2.5-500 .....	50	KEYTRUDA .....	23
JENTADUETO TAB 2.5-850 .....	50	KINRIX INJ.....	70
JENTADUETO TAB XR 2.5-1000MG ...	50	<i>kionex</i> .....	53
JENTADUETO TAB XR 5-1000MG .....	50	KISQALI 200 DOSE .....	23
<i>jinteli</i> .....	58	KISQALI 200 PAK FEMARA.....	23
<i>jolessa</i> .....	55	KISQALI 400 DOSE .....	23
<i>juleber</i> .....	55	KISQALI 400 PAK FEMARA.....	23
JULUCA TAB 50-25MG .....	13	KISQALI 600 DOSE .....	23
<i>junel 1/20</i> .....	55	KISQALI 600 PAK FEMARA.....	23
<i>junel 1.5/30</i> .....	55	<i>klayesta</i> .....	80
<i>junel fe 1/20</i> .....	55	<i>klor-con</i> .....	72
<i>junel fe 1.5/30</i> .....	55	<i>klor-con 10</i> .....	72
<i>junel fe 24</i> .....	55	<i>klor-con 8</i> .....	72
JYLAMVO .....	68	<i>klor-con m10</i> .....	72
JYNNEOS .....	70	<i>klor-con m15</i> .....	72
<b>K</b>		<i>klor-con m20</i> .....	72
KADCYLA .....	23	KOSELUGO.....	23
<i>kaitlib fe</i> .....	55	<i>kourzeq</i> .....	83
KALYDECO .....	77	KRAZATI.....	23
KANJINTI .....	23	<i>kurvelo</i> .....	55
<i>kariva</i> .....	55	<b>L</b>	
KCL/D5W/NACL INJ 0.3/0.9%.....	72	<i>labetalol hcl</i> .....	33
<i>kcl 10 meq/l (0.075%) in dextrose 5%</i> <i>&amp; nacl 0.45% inj</i> .....	71	<i>lacosamide</i> .....	42
<i>kcl 20 meq/l (0.149%) in nacl 0.45%</i> <i>inj</i> .....	71	<i>lacosamide oral</i> .....	42
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> <i>nacl 0.2% inj</i> .....	71	<i>lactated ringer's solution</i> .....	72
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> <i>nacl 0.45% inj</i> .....	71	<i>lactic acid (ammonium lactate)</i> .....	82
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp;</i> <i>nacl 0.9% inj</i> .....	71	<i>lactulose</i> .....	63
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	71	<i>lactulose (encephalopathy)</i> .....	63
		<i>lamivudine</i> .....	12
		<i>lamivudine (hbv)</i> .....	14

<i>lamivudine-zidovudine tab 150-300 mg</i>	<i>levonest.....</i>	55
.....	<i>levonor-eth est tab 0.15-</i>	
<i>lamotrigine.....</i>	<i>0.02/0.025/0.03 mg &amp;eth est 0.01</i>	
<i>lanreotide acetate .....</i>	<i>mg .....</i>	55
<i>lansoprazole .....</i>	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
<i>lapatinib ditosylate .....</i>	<i>day) tab 0.15-0.03 mg.....</i>	55
<i>larin 1/20.....</i>	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>larin 1.5/30.....</i>	<i>0.15 mg-30 mcg .....</i>	56
<i>larin 24 fe .....</i>	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>larin fe 1/20 .....</i>	<i>0.1 mg-20 mcg .....</i>	56
<i>larin fe 1.5/30 .....</i>	<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>latanoprost .....</i>	<i>30/0.075-40/0.125-30mg-mcg .....</i>	56
<i>layolis fe.....</i>	<i>levonorgestrel-ethinyl estradiol</i>	
<i>leena.....</i>	<i>(continuous) tab 90-20 mcg .....</i>	56
<i>leflunomide .....</i>	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>	
<i>lenalidomide.....</i>	<i>eth est tab 0.01mg(7).....</i>	55
<i>LENVIMA 10 MG DAILY DOSE .....</i>	<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	
<i>LENVIMA 12MG DAILY DOSE .....</i>	<i>&amp; eth est tab 0.01mg(7).....</i>	55
<i>LENVIMA 20 MG DAILY DOSE .....</i>	<i>levora 0.15/30-28 .....</i>	56
<i>LENVIMA 4 MG DAILY DOSE .....</i>	<i>levo-t .....</i>	61
<i>LENVIMA 8 MG DAILY DOSE .....</i>	<i>levothyroxine sodium .....</i>	61
<i>LENVIMA CAP 14 MG .....</i>	<i>levoxyl .....</i>	61
<i>LENVIMA CAP 18 MG .....</i>	<i>l-glutamine (sickle cell).....</i>	66
<i>LENVIMA CAP 24 MG .....</i>	<i>LIBERVANT .....</i>	43
<i>lessina.....</i>	<i>lidocaine .....</i>	82
<i>letrozole .....</i>	<i>lidocaine hcl .....</i>	82
<i>leucovorin calcium.....</i>	<i>lidocaine hcl (local anesth.).....</i>	7
<i>leuprolide acetate .....</i>	<i>lidocaine hcl (mouth-throat) .....</i>	83
<i>levalbuterol hcl.....</i>	<i>lidocaine-prilocaine cream 2.5-2.5% .....</i>	82
<i>levalbuterol tartrate .....</i>	<i>lidocan .....</i>	82
<i>levetiracetam .....</i>	<i>LILETTA.....</i>	56
<i>levetiracetam in sodium chloride iv soln</i>	<i>linezolid .....</i>	10
<i>1000 mg/100ml .....</i>	<i>LINEZOLID INJ 2MG/ML .....</i>	10
<i>levetiracetam in sodium chloride iv soln</i>	<i>LINZESS .....</i>	63
<i>1500 mg/100ml .....</i>	<i>liothyronine sodium.....</i>	61
<i>levetiracetam in sodium chloride iv soln</i>	<i>lisinopril.....</i>	29
<i>500 mg/100ml.....</i>	<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>	
<i>levobunolol hcl .....</i>	<i>12.5 mg .....</i>	28
<i>levocarnitine (metabolic modifiers) ...</i>	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>levocetirizine dihydrochloride.....</i>	<i>12.5 mg .....</i>	28
<i>levofloxacin .....</i>	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>levofloxacin in d5w iv soln 250</i>	<i>25 mg.....</i>	28
<i>mg/50ml.....</i>	<i>lithium.....</i>	47
<i>levofloxacin in d5w iv soln 500</i>	<i>lithium carbonate .....</i>	47
<i>mg/100ml .....</i>	<i>LIVTENCITY.....</i>	14
<i>levofloxacin in d5w iv soln 750</i>	<i>loestrin 1/20-21.....</i>	56
<i>mg/150ml .....</i>	<i>loestrin 1.5/30-21 .....</i>	56

<i>loestrin fe 1/20</i> .....	56
<i>loestrin fe 1.5/30</i> .....	56
LOKELMA.....	53
LONSURF TAB 15-6.14.....	18
LONSURF TAB 20-8.19.....	18
<i>loperamide hcl</i> .....	63
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	13
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	13
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	13
<i>lorazepam</i> .....	35
<i>lorazepam intensol</i> .....	35
LORBRENA.....	24
<i>loryna</i> .....	56
<i>losartan potassium</i> .....	31
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	30
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	30
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	30
LOTEMAX.....	74
<i>loteprednol etabonate</i> .....	74
<i>lovastatin</i> .....	31
<i>low-ogestrel</i> .....	56
<i>loxapine succinate</i> .....	39
LUMAKRAS.....	24
LUMIGAN.....	75
LUMIZYME.....	60
LUPRON DEPOT (1-MONTH).....	19
LUPRON DEPOT (3-MONTH).....	19
LUPRON DEPOT-PED (1-MONTH).....	60
LUPRON DEPOT-PED (3-MONTH).....	60
LUPRON DEPOT-PED (6-MONTH).....	60
<i>lurasidone hcl</i> .....	39
<i>lutra</i> .....	56
<i>lyleq</i> .....	56
<i>lyllana</i> .....	58
LYNPARZA.....	24
LYSODREN.....	19
LYTGOBI (12 MG DAILY DOSE).....	24
LYTGOBI (16 MG DAILY DOSE).....	24
LYTGOBI (20 MG DAILY DOSE).....	24
<i>lyza</i> .....	56

<b>M</b>	
<i>magnesium sulfate</i> .....	72
MAGNESIUM SULFATE.....	72
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i> .....	72
<i>malathion</i> .....	83
<i>maraviroc</i> .....	12
<i>marlissa</i> .....	56
MARPLAN.....	37
MATULANE.....	20
MAVYRET PAK 50-20MG.....	14
MAVYRET TAB 100-40MG.....	14
<i>meclizine hcl</i> .....	61
<i>medroxyprogesterone acetate</i> .....	60
<i>medroxyprogesterone acetate (contraceptive)</i> .....	56
<i>mefloquine hcl</i> .....	11
<i>megestrol acetate</i> .....	19, 60
<i>megestrol acetate (appetite)</i> .....	60
MEKINIST.....	24
MEKTOVI.....	24
<i>meloxicam</i> .....	7
<i>memantine hcl</i> .....	36
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	36
MENACTRA INJ.....	70
MENQUADFI INJ.....	70
MENVEO INJ.....	70
MENVEO SOL.....	70
<i>mercaptopurine</i> .....	18
<i>meropenem</i> .....	10
<i>mesalamine</i> .....	62
<i>mesalamine w/ cleanser</i> .....	63
MESNEX.....	27
<i>metformin hcl</i> .....	50
<i>methadone hcl</i> .....	7
<i>methadone hydrochloride i</i> .....	8
<i>methazolamide</i> .....	34
<i>methenamine hippurate</i> .....	10
<i>methimazole</i> .....	61
<i>methocarbamol</i> .....	48
<i>methotrexate sodium</i> .....	18, 68
<i>methsuximide</i> .....	43
<i>methylphenidate hcl</i> .....	45
<i>methylprednisolone</i> .....	59
<i>methylprednisolone acetate</i> .....	59
<i>methylprednisolone sod succ</i> .....	59

<i>methyltestosterone</i> .....	49	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	16
<i>metoclopramide hcl</i> .....	61	MRESVIA .....	70
<i>metolazone</i> .....	34	MULTAQ.....	31
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	32	<i>multiple electrolytes ph 5.5</i> .....	72
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	32	<i>multiple electrolytes ph 7.4</i> .....	72
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	32	<i>mupirocin</i> .....	80
<i>metoprolol succinate</i> .....	33	<i>mycophenolate mofetil</i> .....	69
<i>metoprolol tartrate</i> .....	33	<i>mycophenolate sodium</i> .....	69
<i>metronidazole</i> .....	10	MYRBETRIQ.....	64
<i>metronidazole (topical)</i> .....	82	<b>N</b>	
<i>metronidazole vaginal</i> .....	65	<i>nabumetone</i> .....	7
<i>metyrosine</i> .....	35	<i>nadolol</i> .....	33
<i>mibelas 24 fe</i> .....	56	<i>nafcillin sodium</i> .....	17
<i>micafungin sodium</i> .....	11	NAGLAZYME .....	60
<i>microgestin 1/20</i> .....	56	<i>nalbuphine hcl</i> .....	8
<i>microgestin 1.5/30</i> .....	56	<i>naloxone hcl</i> .....	49
<i>microgestin 24 fe</i> .....	56	<i>naltrexone hcl</i> .....	49
<i>microgestin fe 1/20</i> .....	56	NAMZARIC CAP 14-10MG .....	36
<i>microgestin fe 1.5/30</i> .....	56	NAMZARIC CAP 21-10MG .....	36
<i>midodrine hcl</i> .....	35	NAMZARIC CAP 28-10MG .....	36
MIEBO .....	75	NAMZARIC CAP 7-10MG.....	36
<i>mifepristone (hyperglycemia)</i> .....	60	NAMZARIC CAP PACK .....	36
<i>mili</i> .....	56	<i>naproxen</i> .....	7
<i>mimvey</i> .....	58	<i>naproxen dr</i> .....	7
<i>minocycline hcl</i> .....	17	<i>naproxen sodium</i> .....	7
<i>minoxidil</i> .....	35	<i>naratriptan hcl</i> .....	46
<i>mirtazapine</i> .....	37	<i>nateglinide</i> .....	50
<i>misoprostol</i> .....	63	NAYZILAM.....	43
MITIGARE.....	7	<i>nebivolol hcl</i> .....	33
M-M-R II INJ .....	70	<i>necon 0.5/35-28</i> .....	56
M-NATAL PLUS TAB .....	72	<i>nefazodone hcl</i> .....	37
<i>modafinil</i> .....	49	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> 74	
<i>moexipril hcl</i> .....	29	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> ..74	
<i>molindone hcl</i> .....	39	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	73
<i>mometasone furoate</i> .....	82	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	73
MONJUVI .....	24	<i>neomycin-polymyxin-hc ophth susp</i> ..73	
<i>mono-lynyah</i> .....	56	<i>neomycin-polymyxin-hc otic soln 1%</i> 75	
<i>montelukast sodium</i> .....	77	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	75
<i>morphine sulfate</i> .....	8	<i>neomycin sulfate</i> .....	10
MOUNJARO .....	50	<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i> .....	74
MOVANTIK .....	63		
<i>moxifloxacin hcl</i> .....	16		
<i>moxifloxacin hcl (ophth)</i> .....	74		

<i>neo-polycin hc ophth oint 1%</i> .....	73	<i>norgestimate &amp; ethinyl estradiol tab</i>	
NERLYNX .....	24	<i>0.25 mg-35 mcg</i> .....	57
<i>nevirapine</i> .....	12	<i>norgestimate-eth estrad tab 0.18-</i>	
NEXLETOL.....	32	<i>25/0.215-25/0.25-25 mg-mcg</i> .....	57
NEXLIZET TAB 180/10MG.....	32	<i>norgestimate-eth estrad tab 0.18-</i>	
NEXPLANON .....	56	<i>35/0.215-35/0.25-35 mg-mcg</i> .....	57
<i>niacin (antihyperlipidemic)</i> .....	32	<i>norlyroc</i> .....	57
<i>nicardipine hcl</i> .....	33	<i>nortrel 0.5/35 (28)</i> .....	57
NICOTROL INHALER .....	49	<i>nortrel 1/35 (21)</i> .....	57
NICOTROL NS.....	49	<i>nortrel 1/35 (28)</i> .....	57
<i>nifedipine</i> .....	33	<i>nortrel 7/7/7</i> .....	57
<i>nikki</i> .....	56	<i>nortriptyline hcl</i> .....	37
<i>nilutamide</i> .....	19	NORVIR .....	12
<i>nimodipine</i> .....	33	NOVOLIN INJ 70/30 .....	52
NINLARO .....	24	NOVOLIN INJ 70/30 FP .....	52
<i>nitazoxanide</i> .....	10	NOVOLIN N .....	52
<i>nitisinone</i> .....	60	NOVOLIN N FLEXPEN .....	52
NITRO-BID.....	35	NOVOLIN R .....	52
<i>nitrofurantoin macrocrystal</i> .....	10	NOVOLIN R FLEXPEN .....	52
<i>nitrofurantoin monohyd macro</i> .....	10	NOVOLOG MIX INJ 70/30 .....	52
<i>nitroglycerin</i> .....	35	NOVOLOG MIX INJ FLEXPEN .....	52
<i>nitroglycerin (intra-anal)</i> .....	82	NUBEQA .....	19
<i>nizatidine</i> .....	62	NUDEXTA CAP 20-10MG .....	47
<i>nora-be</i> .....	56	NULOJIX .....	69
<i>norelgestromin-ethinyl estradiol td</i>		NUPLAZID .....	39
<i>ptwk 150-35 mcg/24hr</i> .....	56	NURTEC.....	46
<i>norethindrone (contraceptive)</i> .....	56	NUTRILIPID.....	73
<i>norethindrone &amp; ethinyl estradiol-fe</i>		NUZYRA.....	17
<i>chew tab 0.4 mg-35 mcg</i> .....	56	<i>nyamyc</i> .....	80
<i>norethindrone &amp; ethinyl estradiol-fe</i>		<i>nylia 1/35</i> .....	57
<i>chew tab 0.8 mg-25 mcg</i> .....	56	<i>nylia 7/7/7</i> .....	57
<i>norethindrone ace &amp; ethinyl estradiol-fe</i>		<i>nymyo</i> .....	57
<i>tab 1 mg-20 mcg</i> .....	57	<i>nystatin</i> .....	11
<i>norethindrone ace &amp; ethinyl estradiol</i>		<i>nystatin (mouth-throat)</i> .....	83
<i>tab 1.5 mg-30 mcg</i> .....	57	<i>nystatin (topical)</i> .....	80
<i>norethindrone ace &amp; ethinyl estradiol</i>		<i>nystop</i> .....	80
<i>tab 1 mg-20 mcg</i> .....	57	●	
<i>norethindrone ace-eth estradiol-fe</i>		<i>ocella</i> .....	57
<i>chew tab 1 mg-20 mcg (24)</i> .....	57	OCTAGAM .....	69
<i>norethindrone acetate</i> .....	61	<i>octreotide acetate</i> .....	60
<i>norethindrone acetate-ethinyl estradiol</i>		ODEFSEY TAB.....	13
<i>tab 0.5 mg-2.5 mcg</i> .....	58	ODOMZO .....	24
<i>norethindrone acetate-ethinyl estradiol</i>		OFEV.....	77
<i>tab 1 mg-5 mcg</i> .....	58	<i>ofloxacin (ophth)</i> .....	74
<i>norethindrone ac-ethinyl estrad-fe tab</i>		<i>ofloxacin (otic)</i> .....	75
<i>1-20/1-30/1-35 mg-mcg</i> .....	56	OGIVRI.....	24
		OGSIVEO .....	24

OJEMDA.....	24	ORGOVYX .....	19
OJJAARA.....	24	ORKAMBI GRA 100-125 .....	77
<i>olanzapine</i> .....	40	ORKAMBI GRA 150-188 .....	77
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i> .....	30	ORKAMBI GRA 75-94MG .....	77
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i> .....	30	ORKAMBI TAB 100-125.....	77
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> .....	30	ORKAMBI TAB 200-125 .....	77
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i> .....	30	ORSERDU .....	19
<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i> .....	30	<i>oseltamivir phosphate</i> .....	14
<i>olmesartan medoxomil</i> .....	31	<i>oxacillin sodium</i> .....	17
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> .....	30	<i>oxaliplatin</i> .....	18
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i> .....	30	<i>oxcarbazepine</i> .....	43
<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .30	30	<i>oxybutynin chloride</i> .....	64
<i>omega-3-acid ethyl esters cap 1 gm</i> .32	32	<i>oxycodone hcl</i> .....	8
<i>omeprazole</i> .....	64	<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i> .....	9
OMNIPOD 5 G6 KIT INTRO .....	52	<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i> .....	8
OMNIPOD 5 G6 MIS PODS.....	52	<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i> .....	8
OMNIPOD 5 G7 KIT INTRO .....	52	<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i> .....	8
OMNIPOD 5 G7 MIS PODS.....	52	OZEMPIC (0.25 OR 0.5MG/DOSE) ...	51
OMNIPOD DASH KIT INTRO .....	52	OZEMPIC (0.25 OR 0.5 MG/DOSE)....	51
OMNIPOD DASH MIS PODS .....	52	OZEMPIC (1MG/DOSE) .....	51
OMNIPOD GO KIT 10UNT/DY .....	52	OZEMPIC (2MG/DOSE) .....	51
OMNIPOD GO KIT 15UNT/DY .....	52	<b>P</b>	
OMNIPOD GO KIT 20UNT/DY .....	52	<i>pacerone</i> .....	31
OMNIPOD GO KIT 25UNT/DY .....	52	<i>paclitaxel</i> .....	20
OMNIPOD GO KIT 30UNT/DY .....	52	<i>paliperidone</i> .....	40
OMNIPOD GO KIT 35UNT/DY .....	52	<i>pamidronate disodium</i> .....	53
OMNIPOD GO KIT 40UNT/DY .....	52	PAMIDRONATE DISODIUM.....	53
OMNIPOD MIS CLASSIC .....	53	PANRETIN .....	82
<i>ondansetron</i> .....	62	<i>pantoprazole sodium</i> .....	64
<i>ondansetron hcl</i> .....	62	PANZYGA .....	69
ONTRUZANT.....	24	<i>paricalcitol</i> .....	61
ONUREG .....	18	<i>paroxetine hcl</i> .....	37
		PAXLOVID TAB 150-100.....	14
		PAXLOVID TAB 300-100.....	14
		<i>pazopanib hcl</i> .....	24
		PEDIARIX INJ 0.5ML.....	70
		PEDVAX HIB .....	70
		<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i> .....	63
		<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> .....	63
		PEGASYS .....	14
		PEMAZYRE .....	24

<i>pemetrexed disodium</i> .....	18	PIQRAY 250MG TAB DOSE.....	25
PENBRAYA INJ .....	70	PIQRAY 300MG DAILY DOSE .....	25
<i>penicillamine</i> .....	53	<i>pirfenidone</i> .....	78
<i>penicillin g potassium</i> .....	17	<i>piroxicam</i> .....	7
<i>penicillin g sodium</i> .....	17	<i>plenamine</i> .....	73
<i>penicillin v potassium</i> .....	17	PLENVU SOL.....	63
PENTACEL INJ .....	70	<i>podofilox</i> .....	82
<i>pentamidine isethionate inh</i> .....	10	<i>polycin ophth oint</i> .....	74
<i>pentamidine isethionate inj</i> .....	10	<i>polymyxin b sulfate</i> .....	10
<i>pentoxifylline</i> .....	66	<i>polymyxin b-trimethoprim ophth soln</i> 10000 unit/ml-0.1% .....	74
<i>perindopril erbumine</i> .....	29	POMALYST .....	19
<i>perio gard</i> .....	83	<i>portia-28</i> .....	57
<i>permethrin</i> .....	83	<i>posaconazole</i> .....	11
<i>perphenazine</i> .....	40	<i>potassium chloride</i> .....	72
<i>pfizerpen</i> .....	17	<i>potassium chloride 20 meq/l (0.15%)</i> <i>in dextrose 5% inj</i> .....	72
<i>phenelzine sulfate</i> .....	37	<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	72
<i>phenobarbital</i> .....	43	<i>potassium citrate (alkalinizer)</i> .....	64
<i>phenobarbital sodium</i> .....	43	POT CHL 20MEQ/L IN NAACL 0.45% INJ .....	72
<i>phenytek</i> .....	43	POT CHL 20MEQ/L IN NAACL 0.9% INJ .....	72
<i>phenytoin</i> .....	43	POT CHL 40MEQ/L IN NAACL 0.9% INJ .....	72
<i>phenytoin sodium</i> .....	43	<i>pramipexole dihydrochloride</i> .....	38
<i>phenytoin sodium extended</i> .....	43	<i>prasugrel hcl</i> .....	66
PHESGO SOL.....	25	<i>pravastatin sodium</i> .....	32
<i>philith</i> .....	57	<i>praziquantel</i> .....	10
PIFELTRO .....	12	<i>prazosin hcl</i> .....	29
<i>pilocarpine hcl</i> .....	75	<i>prednisolone</i> .....	59
<i>pilocarpine hcl (oral)</i> .....	83	<i>prednisolone acetate (ophth)</i> .....	74
<i>pimecrolimus</i> .....	82	PREDNISOLONE SODIUM PHOSP .....	74
<i>pimozide</i> .....	40	<i>prednisolone sodium phosphate</i> .....	59
<i>pimtrea</i> .....	57	<i>prednisone</i> .....	59
<i>pindolol</i> .....	33	PREDNISONE INTENSOL .....	59
<i>pioglitazone hcl</i> .....	51	<i>pregabalin</i> .....	43
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>500 mg</i> .....	51	PREHEVBRIO .....	70
<i>pioglitazone hcl-metformin hcl tab 15-</i> <i>850 mg</i> .....	51	PREMASOL SOL 10% .....	73
<i>piperacillin sod-tazobactam na for inj</i> <i>3.375 gm (3-0.375 gm)</i> .....	17	PRENATAL TAB 27-1MG .....	72
<i>piperacillin sod-tazobactam sod for inj</i> <i>13.5 gm (12-1.5 gm)</i> .....	17	PRENATAL TAB PLUS .....	72
<i>piperacillin sod-tazobactam sod for inj</i> <i>2.25 gm (2-0.25 gm)</i> .....	17	<i>prevalite</i> .....	32
<i>piperacillin sod-tazobactam sod for inj</i> <i>4.5 gm (4-0.5 gm)</i> .....	17	PREVYMIS .....	14
<i>piperacillin sod-tazobactam sod for inj</i> <i>40.5 gm (36-4.5 gm)</i> .....	17	PREZCOBIX TAB 800-150.....	13
PIQRAY 200MG DAILY DOSE .....	25	PREZISTA .....	12
		PRIFTIN .....	14

<i>primaquine phosphate</i> .....	11	<i>reclipsen</i> .....	57
PRIMAQUINE PHOSPHATE .....	11	RECOMBIVAX HB .....	71
<i>primidone</i> .....	43	REGANEX .....	83
PRIORIX INJ .....	70	RELENZA DISKHALER .....	14
PRIVIGEN .....	69	RELISTOR .....	63
<i>probenecid</i> .....	7	REMICADE .....	67
<i>prochlorperazine</i> .....	62	RENFLEXIS.....	67
<i>prochlorperazine edisylate</i> .....	62	<i>repaglinide</i> .....	51
<i>prochlorperazine maleate</i> .....	62	REPATHA .....	32
PROCRIT.....	65	REPATHA PUSHTRONEX SYSTEM .....	32
<i>proctocort</i> .....	82	REPATHA SURECLICK .....	32
<i>procto-med hc</i> .....	82	RESTASIS .....	75
<i>proctosol hc</i> .....	83	RESTASIS MULTIDOSE.....	75
<i>proctozone-hc</i> .....	83	RETEVMO.....	25
<i>progesterone</i> .....	61	REXULTI .....	40
PROGRAF .....	69	REYATAZ .....	12
PROLASTIN-C .....	78	REZLIDHIA.....	25
PROLIA .....	53	REZUROCK.....	69
<i>promethazine hcl</i> .....	62	RHOPRESSA .....	75
<i>propafenone hcl</i> .....	31	<i>ribavirin (hepatitis c)</i> .....	14
<i>proparacaine hcl</i> .....	75	<i>rifabutin</i> .....	14
<i>propranolol hcl</i> .....	33	<i>rifampin</i> .....	14
<i>propylthiouracil</i> .....	61	<i>riluzole</i> .....	47
PROQUAD INJ.....	70	<i>rimantadine hydrochloride</i> .....	14
PROSOL INJ 20% .....	73	RINVOQ .....	67
<i>protriptyline hcl</i> .....	37	RINVOQ LQ .....	68
PULMOZYME .....	78	<i>risedronate sodium</i> .....	53
PURIXAN.....	18	<i>risperidone</i> .....	40
<i>pyrazinamide</i> .....	14	<i>risperidone microspheres</i> .....	40
<i>pyridostigmine bromide</i> .....	47	<i>ritonavir</i> .....	12
<i>pyrimethamine</i> .....	10	<i>rivastigmine</i> .....	36
<b>Q</b>		<i>rivastigmine tartrate</i> .....	36
QINLOCK .....	25	<i>rivelsa</i> .....	57
QUADRACEL INJ.....	70	<i>rizatriptan benzoate</i> .....	47
QUADRACEL INJ 0.5ML .....	70	ROCKLATAN DRO .....	75
<i>quetiapine fumarate</i> .....	40	<i>roflumilast</i> .....	78
<i>quinapril hcl</i> .....	29	<i>ropinirole hydrochloride</i> .....	38
<i>quinidine sulfate</i> .....	31	<i>rosuvastatin calcium</i> .....	32
<i>quinine sulfate</i> .....	11	ROTARIX SUS.....	71
QULIPTA .....	46	ROTATEQ SOL .....	71
<b>R</b>		<i>rowepra</i> .....	43
RABAVERT INJ .....	70	ROZLYTREK.....	25
<i>rabeprazole sodium</i> .....	64	RUBRACA.....	25
<i>raloxifene hcl</i> .....	60	<i>rufinamide</i> .....	43
<i>ramipril</i> .....	29	RUKOBIA .....	12
<i>ranolazine</i> .....	35	RYBELSUS.....	51
<i>rasagiline mesylate</i> .....	38	RYDAPT .....	25

<b>S</b>	
<i>sajazir</i> .....	66
SANTYL .....	83
<i>sapropterin dihydrochloride</i> .....	60
SCEMBLIX .....	25
<i>scopolamine</i> .....	62
SECUADO .....	40
<i>selegiline hcl</i> .....	38
<i>selenium sulfide</i> .....	80
SELZENTRY .....	12
SEREVENT DISKUS.....	77
<i>sertraline hcl</i> .....	37
<i>setlakin</i> .....	57
<i>sharobel</i> .....	57
SHINGRIX .....	71
SIGNIFOR .....	60
<i>sildenafil citrate (pulmonary hypertension)</i> .....	35
<i>silver sulfadiazine</i> .....	80
SIMBRINZA SUS 1-0.2% .....	75
<i>simliya</i> .....	57
<i>simpesse</i> .....	57
<i>simvastatin</i> .....	32
<i>sirolimus</i> .....	70
SIRTURO .....	14
SKYRIZI.....	68
SKYRIZI PEN .....	68
<i>sodium chloride</i> .....	72
<i>sodium chloride (gu irrigant)</i> .....	83
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i> .....	72
SODIUM OXYBATE.....	49
<i>sodium phenylbutyrate</i> .....	60
<i>sodium polystyrene sulfonate powder</i> .....	53
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	63
<i>solifenacin succinate</i> .....	64
SOLIQUA INJ 100/33 .....	53
SOLTAMOX.....	19
SOLU-CORTEF .....	59
SOMATULINE DEPOT .....	60
SOMAVERT.....	60
<i>sorafenib tosylate</i> .....	25
<i>sotalol hcl</i> .....	31
<i>sotalol hcl (afib/af)</i> .....	31
SOTYKTU .....	68
<i>spironolactone</i> .....	29
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i> .....	34
<i>sprintec 28</i> .....	57
SPRITAM.....	43
SPRYCEL.....	25
<i>sps</i> .....	53
<i>sronyx</i> .....	57
<i>ssd</i> .....	80
STELARA.....	68
STIVARGA.....	25
<i>streptomycin sulfate</i> .....	10
STRIBILD TAB .....	13
<i>subvenite</i> .....	43
<i>sucrafate</i> .....	63
<i>sulfacetamide sodium (acne)</i> .....	80
<i>sulfacetamide sodium (ophth)</i> .....	74
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> .....	73
<i>sulfadiazine</i> .....	10
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i> .....	10
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> .....	10
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i> .....	10
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i> .....	10
SULFAMYLON .....	80
<i>sulfasalazine</i> .....	63
<i>sulindac</i> .....	7
<i>sumatriptan</i> .....	47
<i>sumatriptan succinate</i> .....	47
<i>sunitinib malate</i> .....	25
SUNLENCA .....	12
<i>syeda</i> .....	57
SYMDEKO TAB 100-150 .....	78
SYMDEKO TAB 50-75MG .....	78
SYMPAZAN .....	43
SYMTUZA TAB .....	13
SYNAREL .....	60
SYNJARDY TAB 12.5-1000MG .....	51
SYNJARDY TAB 12.5-500.....	51
SYNJARDY TAB 5-1000MG .....	51
SYNJARDY TAB 5-500MG.....	51
SYNJARDY XR TAB 10-1000.....	51
SYNJARDY XR TAB 12.5-1000 .....	51

SYNJARDY XR TAB 25-1000.....	51	TERIPARATIDE.....	53
SYNJARDY XR TAB 5-1000MG.....	51	<i>testosterone</i> .....	49
SYNTHROID.....	61	<i>testosterone cypionate</i> .....	50
<b>T</b>		<i>testosterone enanthate</i> .....	50
TABRECTA.....	25	<i>tetrabenazine</i> .....	47
<i>tacrolimus</i> .....	70	<i>tetracycline hcl</i> .....	17
<i>tacrolimus (topical)</i> .....	83	THALOMID.....	19
<i>tadalafil</i> .....	64	THEO-24.....	78
<i>tadalafil (pulmonary hypertension)</i> ...35		<i>theophylline</i> .....	78
TAFINLAR.....	26	<i>thioridazine hcl</i> .....	40
TAGRISSO.....	26	<i>thiothixene</i> .....	40
TALZENNA.....	26	<i>tiadylt er</i> .....	33
<i>tamoxifen citrate</i> .....	19	<i>tiagabine hcl</i> .....	44
<i>tamsulosin hcl</i> .....	64	TIBSOVO.....	26
<i>tarina 24 fe</i> .....	57	TICOVAC.....	71
<i>tarina fe 1/20 eq</i> .....	57	<i>tigecycline</i> .....	17
TASIGNA.....	26	<i>tilia fe</i> .....	57
<i>tasimelteon</i> .....	46	<i>timolol maleate</i> .....	33
TAVNEOS.....	66	<i>timolol maleate (ophth)</i> .....	75
<i>tazarotene</i> .....	81	<i>tinidazole</i> .....	10
<i>tazicef</i> .....	15	TIVICAY.....	12
TAZORAC.....	81	TIVICAY PD.....	12
TAZVERIK.....	26	<i>tizanidine hcl</i> .....	48
TDVAX INJ 2-2 LF.....	71	TOBI PODHALER.....	10
TECENTRIQ.....	26	TOBRADEX OIN 0.3-0.1%.....	73
TEFLARO.....	15	<i>tobramycin</i> .....	10
<i>telmisartan</i> .....	31	<i>tobramycin (ophth)</i> .....	74
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	30	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> .....	73
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	30	<i>tobramycin sulfate</i> .....	10
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	30	<i>tolterodine tartrate</i> .....	64, 65
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	30	<i>topiramate</i> .....	44
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i> .....	30	<i>toremifene citrate</i> .....	19
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i> .....	30	<i>torpenz</i> .....	26
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>25 mg</i> .....	30	<i>toremide</i> .....	34
<i>temazepam</i> .....	46	TOUJEO MAX SOLOSTAR.....	53
TENIVAC INJ 5-2LF.....	71	TOUJEO SOLOSTAR.....	53
<i>tenofovir disoproxil fumarate</i> .....	12	TPN ELECTROL INJ.....	72
TEPMETKO.....	26	TRADJENTA.....	51
<i>terazosin hcl</i> .....	29	<i>tramadol-acetaminophen tab 37.5-325</i> <i>mg</i> .....	9
<i>terbinafine hcl</i> .....	11	<i>tramadol hcl</i> .....	9
<i>terbutaline sulfate</i> .....	77	<i>trandolapril</i> .....	29
<i>terconazole vaginal</i> .....	65	<i>tranexamic acid</i> .....	66
		<i>tranylcypromine sulfate</i> .....	37
		TRAVASOL INJ 10%.....	73
		TRAZIMERA.....	26

<i>trazodone hcl</i> .....	37	<i>trimethoprim</i> .....	10
TRECTOR .....	14	<i>tri-mili</i> .....	57
TRELEGY AER ELLIPTA 100-62.5-25 MCG .....	76	<i>trimipramine maleate</i> .....	37
TRELEGY AER ELLIPTA 200-62.5-25 MCG .....	76	TRINTELLIX .....	37
TREMFYA .....	68	<i>tri-nymyo</i> .....	58
<i>treprostinil</i> .....	35	<i>tri-sprintec</i> .....	58
TRESIBA .....	53	TRIUMEQ PD TAB .....	13
TRESIBA FLEXTOUCH .....	53	TRIUMEQ TAB .....	13
<i>tretinoin</i> .....	80	<i>trivora-28</i> .....	58
<i>tretinoin (chemotherapy)</i> .....	20	<i>tri-vylibra</i> .....	58
<i>triamcinolone acetonide (mouth)</i> .....	83	<i>tri-vylibra lo</i> .....	58
<i>triamcinolone acetonide (topical)</i> .....	82	TROGARZO .....	12
<i>triamterene &amp; hydrochlorothiazide cap</i> 37.5-25 mg .....	34	TROPHAMINE INJ 10% .....	73
<i>triamterene &amp; hydrochlorothiazide tab</i> 37.5-25 mg .....	34	<i>trosipium chloride</i> .....	65
<i>triamterene &amp; hydrochlorothiazide tab</i> 75-50 mg .....	34	TRULICITY .....	51
<i>tridacaine ii</i> .....	82	TRUMENBA INJ .....	71
<i>triderm</i> .....	82	TRUQAP .....	26
<i>trientine hcl</i> .....	53	TRUXIMA .....	26
<i>tri-estarylla</i> .....	57	TUKYSA .....	26
<i>trifluoperazine hcl</i> .....	40	TURALIO .....	26
<i>trifluridine</i> .....	74	<i>turqoz</i> .....	58
<i>trihexyphenidyl hcl</i> .....	38	<i>twice-daily clindamycin phosphate</i> ( <i>topical</i> ) .....	80
TRIJARDY XR TAB ER 24HR 10-5- 1000MG .....	51	TWINRIX INJ .....	71
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG .....	51	TYBOST .....	12
TRIJARDY XR TAB ER 24HR 25-5- 1000MG .....	51	<i>tydemy</i> .....	58
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG .....	51	TYENNE .....	68
TRIKAFTA PAK 59.5MG .....	78	TYPHIM VI .....	71
TRIKAFTA PAK 75MG .....	78	<b>U</b>	
TRIKAFTA TAB 100-50-75MG & 150MG .....	78	UBRELVY .....	47
TRIKAFTA TAB 50-25-37.5MG & 75MG .....	78	<i>unithroid</i> .....	61
<i>tri-legest fe</i> .....	57	<i>ursodiol</i> .....	63
<i>tri-linyah</i> .....	57	<b>V</b>	
<i>tri-lo-estarylla</i> .....	57	<i>valacyclovir hcl</i> .....	14
<i>tri-lo-marzia</i> .....	57	VALCHLOR .....	83
<i>tri-lo-mili</i> .....	57	<i>valganciclovir hcl</i> .....	14
<i>tri-lo-sprintec</i> .....	57	<i>valproate sodium</i> .....	44
		<i>valproic acid</i> .....	44
		<i>valsartan</i> .....	31
		<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i> .....	30
		<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i> .....	31
		<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i> .....	31
		<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i> .....	31

<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	30	VOSEVI TAB .....	15
VALTOCO 10 MG DOSE .....	44	VOWST CAP .....	63
VALTOCO 15 MG DOSE .....	44	VRAYLAR .....	40
VALTOCO 20 MG DOSE .....	44	VRAYLAR CAP 1.5-3MG .....	40
VALTOCO 5 MG DOSE .....	44	<i>vyfemla</i> .....	58
<i>vancomycin hcl</i> .....	10	<i>vylibra</i> .....	58
VANCOMYCIN INJ 1 GM .....	10	VYZULTA .....	75
VANCOMYCIN INJ 500MG .....	10	<b>W</b>	
VANCOMYCIN INJ 750MG .....	11	<i>warfarin sodium</i> .....	65
VANFLYTA .....	26	<i>water for irrigation, sterile irrigation soln</i> .....	83
VAQTA .....	71	WELIREG .....	20
<i>varenicline tartrate</i> .....	49	<i>wera</i> .....	58
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i> .....	49	WESTAB PLUS TAB 27-1MG .....	72
VARIVAX .....	71	<i>wixela inhub</i> .....	79
VASCEPA .....	32	<i>wymzya fe</i> .....	58
<i>velivet</i> .....	58	<b>X</b>	
VELSIPITY .....	68	XALKORI .....	27
VENCLEXTA .....	26	XARELTO .....	65
VENCLEXTA TAB START PK .....	26	XARELTO STAR TAB 15/20MG .....	65
<i>venlafaxine hcl</i> .....	37	XATMEP .....	68
VENTOLIN HFA .....	77	XCOPRI .....	44
VENTOLIN HFA (INSTITUTIONAL PACK) .....	77	XCOPRI PAK 100-150 .....	44
VEOZAH .....	60	XCOPRI PAK 12.5-25 .....	44
<i>verapamil hcl</i> .....	34	XCOPRI PAK 150-200MG (MAINTENANCE) .....	44
VERQUVO .....	35	XCOPRI PAK 150-200MG (TITRATION) .....	44
VERSACLOZ .....	40	XCOPRI PAK 50-100MG .....	44
VERZENIO .....	26	XDEMVI .....	74
<i>vestura</i> .....	58	XELJANZ .....	68
<i>vienna</i> .....	58	XELJANZ XR .....	68
<i>vigabatrin</i> .....	44	XERMELO .....	64
<i>vigadrone</i> .....	44	XGEVA .....	53
VIGAFYDE .....	44	XHANCE .....	78
<i>vigpoder</i> .....	44	XIFAXAN .....	64
<i>vilazodone hcl</i> .....	37	XIGDUO XR TAB 10-1000 .....	51
<i>vincristine sulfate</i> .....	20	XIGDUO XR TAB 10-500MG .....	51
<i>vinorelbine tartrate</i> .....	20	XIGDUO XR TAB 2.5-1000 .....	51
<i>viorele</i> .....	58	XIGDUO XR TAB 5-1000MG .....	51
VIRACEPT .....	12	XIGDUO XR TAB 5-500MG .....	51
VIREAD .....	12	XIIDRA .....	75
VITRAKVI .....	26, 27	XOFLUZA .....	15
VIVITROL .....	49	XOLAIR .....	78
VIZIMPRO .....	27	XOSPATA .....	27
VONJO .....	27	XPOVIO PAK (100 MG ONCE WEEKLY) .....	27
<i>voriconazole</i> .....	11		

XPOVIO PAK (40 MG ONCE WEEKLY)	27	ZENPEP CAP 15000UNT	64
XPOVIO PAK (40 MG TWICE WEEKLY)	27	ZENPEP CAP 20000UNT	64
.....	27	ZENPEP CAP 25000UNT	64
XPOVIO PAK (60 MG ONCE WEEKLY)	27	ZENPEP CAP 3000UNIT	64
XPOVIO PAK (60 MG TWICE WEEKLY)	27	ZENPEP CAP 40000UNT	64
.....	27	ZENPEP CAP 5000UNIT	64
XPOVIO PAK (80 MG ONCE WEEKLY)	27	ZENPEP CAP 60000UNT	64
XPOVIO PAK (80 MG TWICE WEEKLY)	27	<i>zidovudine</i>	12
.....	27	<i>ziprasidone hcl</i>	40
XTANDI	19	<i>ziprasidone mesylate</i>	41
<i>xulane</i>	58	ZIRABEV	27
XULTOPHY INJ 100/3.6	53	ZIRGAN	74
<b>Y</b>		<i>zoledronic acid</i>	53
YF-VAX INJ	71	ZOLINZA	27
<i>yuvaferm</i>	59	<i>zolpidem tartrate</i>	46
<b>Z</b>		ZONISADE	44
<i>zafemy</i>	58	<i>zonisamide</i>	44
<i>zafirlukast</i>	77	<i>zovia 1/35</i>	58
<i>zaleplon</i>	46	ZTALMY	44
ZARXIO	65	<i>zumandimine</i>	58
ZEGALOGUE	59	ZURZUVAE	37
ZEJULA	27	ZYDELIG	27
ZELBORAF	27	ZYKADIA	27
ZEMAIRA	78	ZYLET SUS 0.5-0.3%	73
<i>zenatane</i>	80	ZYPREXA RELPREVV	41
ZENPEP CAP 10000UNT	64		

# Notice of Non-Discrimination



Health  
Choice

## In Compliance with Section 1557 of the Affordable Care Act

Blue Cross® Blue Shield® of Arizona (BCBSAZ) Health Choice Pathway (HMO D-SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation). BCBSAZ Health Choice Pathway does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation).

BCBSAZ Health Choice Pathway:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact:

BCBSAZ Health Choice Pathway  
Attn: Civil Rights Coordinator

**Address:** PO Box 52033  
Phoenix, AZ 85072

**Phone: 1-800-656-8991, TTY: 711**

**8 a.m. to 8 p.m., 7 days a week**

**Fax: 480-760-4739**

**Email: HCHComments@azblue.com**

If you believe that BCBSAZ Health Choice Pathway has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy and sexual orientation), you can file a grievance by mail, fax, or email to:

BCBSAZ Health Choice Pathway

Attn: Civil Rights Coordinator

**Address:** PO Box 52033

Phoenix, AZ 85072

**Phone: 1-800-656-8991**

**Fax: 480-760-4739**

**TTY: 711**

**Email: HCH.GrievanceForms@azblue.com**

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Grievance Manager/Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Complaint forms are available at

**[hhs.gov/hipaa/filing-a-complaint/index.html](https://hhs.gov/hipaa/filing-a-complaint/index.html)**.

BCBSAZ Health Choice Pathway is a subsidiary of Blue Cross® Blue Shield® of Arizona (BCBSAZ), an independent licensee of the Blue Cross Blue Shield Association.

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# Aviso de No Discriminación

## En cumplimiento con la Sección 1557 de la Ley de Cuidado de Salud de Bajo Costo



Health  
Choice

Blue Cross® Blue Shield® of Arizona (BCBSAZ) Health Choice Pathway (HMO D-SNP) cumple con las leyes de derechos civiles federales vigentes y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo y la orientación sexual). BCBSAZ Health Choice Pathway no excluye a las personas ni las trata de manera diferente por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo y la orientación sexual).

BCBSAZ Health Choice Pathway:

Ofrece material de ayuda y servicios sin cargo a las personas que tienen discapacidades que les impiden comunicarse de manera eficaz con nosotros, como los siguientes:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Brinda servicios de idiomas sin cargo a las personas cuya lengua materna no es el inglés, como los siguientes:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con nosotros:

BCBSAZ Health Choice Pathway  
Coordinador de Derechos Civiles

**Dirección:** PO Box 52033

Phoenix, AZ 85072

**Teléfono: 1-800-656-8991, TTY: 711**

**de 8 a. m. a 8 p. m., los 7 días de la semana**

**Fax: 480-760-4739**

**Correo electrónico: HCHComments@azblue.com**

Si considera que BCBSAZ Health Choice Pathway no ha logrado prestar estos servicios o ha discriminado de algún otro modo a una persona por su raza, color, nacionalidad, edad, discapacidad o sexo (incluido el embarazo y la orientación sexual), puede presentar una queja formal por correo, fax o correo electrónico:

BCBSAZ Health Choice Pathway  
Coordinador de Derechos Civiles

**Dirección:** PO Box 52033

Phoenix, AZ 85072

**Teléfono: 1-800-656-8991**

**Fax: 480-760-4739**

**TTY: 711**

**Correo electrónico:**

**HCH.GrievanceForms@azblue.com**

Puede presentar una queja formal por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, el administrador de quejas formales/coordinador de derechos civiles está a su disposición para ayudarlo.

También puede presentar una queja por violación a los derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de forma electrónica a través de su Portal de quejas, disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o por correo o teléfono:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

**1-800-368-1019, 1-800-537-7697 (TDD)**

Los formularios de queja están disponibles en **[hhs.gov/hipaa/filing-a-complaint/index.html](https://hhs.gov/hipaa/filing-a-complaint/index.html)**.

BCBSAZ Health Choice Pathway es una subsidiaria de Blue Cross® Blue Shield® of Arizona (BCBSAZ), un licenciatario independiente de Blue Cross Blue Shield Association.  
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# Multi-language Interpreter Services



Health  
Choice

An Independent Licensee of the Blue Cross Blue Shield Association

**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 **1-800-656-8991**. 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 **1-800-656-8991**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Navajo:** T'áa hait'éego da ats'íís baa'áhayá doodago azee' aanídaa'níí nihinaaltsoos bee hadadít'éhígíí bąqah na'ídikid nee hólóqogo da nihi éí ata' halne'í bee áka'anída'awo'í t'áa jíik'eh nihee hóló. Ata' halne'í ta' yíníkeedg kohjí **1-800-656-8991** nihich'í' hodílnih. T'áa háida Bilagáana Bizaad yee yáfti'ígíí ta' níká'iilyeed dooleet. Díí t'áa jíik'eh bee níká'iilyeed dooleet.

**Chinese Mandarin:** 我们提供免费<sup>的</sup>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 **1-800-656-8991**。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 **1-800-656-8991**。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 pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-800-656-8991**. 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 **1-800-656-8991**. 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 **1-800-656-8991** 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 **1-800-656-8991**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-656-8991** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

# Multi-language Interpreter Services



Health  
Choice

**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 **1-800-656-8991**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات للمترجم الفوري للمجانية للإجابة عن أي سئلة تتعلق بالصحة وأ جدول لأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية **1-800-656-8991** ليسع ليك سوى الاتصال بنظ لي.

**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 **1-800-656-8991** 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 **1-800-656-8991**. 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 **1-800-656-8991**. 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 **1-800-656-8991**. 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 **1-800-656-8991**. 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、**1-800-656-8991** 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。

