



CarePartners of Connecticut HMO 2024 Formulary (List of Covered Drugs)

CarePartners of Connecticut HMO Plan

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

24525 Version 18

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact CarePartners of Connecticut Member Services at **1-888-341-1507** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.carepartnersct.com**.

CarePartners of Connecticut HMO 2024 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means CarePartners of Connecticut.

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

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

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

What is the CarePartners of Connecticut Formulary?

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

Can the Formulary (drug list) change?

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

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

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

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

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

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

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart

condition are listed under the category “*Cardiovascular Drugs.*” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 64. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

You can ask CarePartners of Connecticut to make an exception to these restrictions or limits, or for a list of other, similar drugs that may treat your health condition. See the section “*How do I request an exception to the CarePartners of Connecticut Formulary?*” on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For more information

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

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

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

CarePartners of Connecticut Formulary

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

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

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

PA BvD: Medicare Part B or D

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

QL: Quantity Limit Applies

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

EC: Enhanced Coverage Drug

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

HI: Home Infusion Drug

This prescription drug may be covered under your medical benefit. Some Part B drugs may require a 20% coinsurance. For more information, please call CarePartners of Connecticut Member Services at **1-888-341-1507** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday – Friday from April 1 to September 30, or visit **www.carepartnersct.com**.

PA: Prior Authorization Required

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

PA NSO: Prior Authorization for New Starts Only:

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

ST: Step Therapy Prior Authorization Applies

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

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

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

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

NEDS: Non-extended Day Supply Drug

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

SP: Available Through a Designated Special Pharmacy Provider

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

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

Additional coverage

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

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

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

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

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

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

Prescription Drug Benefits: Initial Coverage		CareAdvantage Preferred		
Note: Tier 1 and Tier 2 drugs include enhanced coverage of certain drugs such as select erectile dysfunction (ED) drugs, and vitamins.		<ul style="list-style-type: none"> • There is no deductible. • You pay the following until your total yearly drug costs reach \$5,030. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. • You may get your drugs at network retail pharmacies and mail order pharmacies. 		
Retail Cost Sharing—Preferred Pharmacy				
Tier	30-day supply	60-day supply	90-day supply	
Tier 1 (Preferred Generic)	\$0	\$0	\$0	
Tier 2 (Generic)	\$0	\$0	\$0	
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	
Tier 6 (Vaccines)	\$0	N/A	N/A	
Retail Cost Sharing—Non-Preferred Pharmacy				
Tier	30-day supply	60-day supply	90-day supply	
Tier 1 (Preferred Generic)	\$10	\$20	\$30	
Tier 2 (Generic)	\$15	\$30	\$45	
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$141 (Insulin: \$105)	
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$300 (Insulin: \$105)	
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	
Tier 6 (Vaccines)	\$0	N/A	N/A	

Prescription Drug Benefits: Initial Coverage		CareAdvantage Preferred		
Mail Order Cost Sharing				
Tier	30-day supply	60-day supply	90-day supply	
Tier 1 (Preferred Generic)	\$0	\$0	\$0	
Tier 2 (Generic)	\$0	\$0	\$0	
Tier 3 (Preferred Brand)	\$47 (Insulin: \$35)	\$94 (Insulin: \$70)	\$94 (Insulin: \$70)	
Tier 4 (Non-Preferred Drug)	\$100 (Insulin: \$35)	\$200 (Insulin: \$70)	\$200 (Insulin: \$70)	
Tier 5 (Specialty Tier)	33% of the cost	N/A	N/A	
Tier 6 (Vaccines)	N/A	N/A	N/A	
		<p>If you reside in a long-term care facility, you pay the same as at a preferred retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy, but you may pay more than you pay at an in-network pharmacy.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>		

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

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

Drug Name	Drug Tier	Requirements/Limits
Anti-infective Agents		
Anthelmintics		
<i>albendazole tabs</i>	5	NEDS
<i>ivermectin tabs 3mg</i>	3	
<i>praziquantel tabs</i>	3	
Antibacterials		
<i>amikacin sulfate inj 1gm/4ml, 500mg/2ml</i>	4	HI
<i>amoxicillin/clavulanate potassium</i>	2	
<i>amoxicillin/clavulanate potassium er</i>	4	
<i>amoxicillin chew 125mg, 250mg</i>	1	
<i>amoxicillin caps, susr, tabs</i>	1	
<i>ampicillin sodium inj</i>	4	HI
<i>ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm</i>	4	HI
<i>ampicillin/sulbactam inj 2gm; 1gm</i>	4	HI
<i>ampicillin caps 500mg</i>	2	
ARIKAYCE	5	PA; NEDS
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
AVYCAZ	5	NEDS; HI
<i>azithromycin susr, tabs</i>	1	
<i>azithromycin inj 500mg</i>	4	HI
<i>aztreonam inj 1gm</i>	4	HI
<i>aztreonam inj 2gm</i>	5	NEDS; HI
BAXDELA TABS	5	NEDS
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML, 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	3	
CAYSTON	5	PA; NEDS
<i>cefaclor caps</i>	2	
<i>cefadroxil caps, susr</i>	2	
<i>cefazolin sodium/dextrose inj 1gm; 4%, 2gm; 3%</i>	4	HI
<i>cefazolin sodium inj 10gm, 1gm/50ml; 4%, 1gm, 2gm, 500mg</i>	4	HI
<i>cefazolin/dextrose inj 3gm/150ml; 4%</i>	2	HI
<i>cefazolin inj 2gm/100ml; 4%, 2gm, 3gm</i>	4	HI
<i>cefdinir</i>	3	
<i>cefepime</i>	4	HI
<i>cefepime hydrochloride inj 2gm</i>	4	HI
<i>cefepime/dextrose</i>	4	HI
<i>cefixime caps</i>	3	
<i>cefixime susr</i>	4	
<i>cefotetan inj 1gm, 2gm</i>	4	HI
<i>cefotixin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>cefpodoxime proxetil</i>	4	
<i>cefprozil</i>	3	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>isotonic gentamicin inj 0.8mg/ml; 0.9%</i>	4	HI
<i>levofloxacin in d5w</i>	4	HI
<i>levofloxacin inj 25mg/ml</i>	4	HI
<i>levofloxacin oral soln 25mg/ml</i>	3	
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	1	
<i>linezolid tabs</i>	4	
<i>linezolid susr</i>	5	NEDS
<i>linezolid inj 600mg/300ml</i>	4	HI
<i>meropenem</i>	4	HI
<i>minocycline hcl caps 75mg</i>	2	
<i>minocycline hcl tabs</i>	4	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	HI
<i>moxifloxacin hydrochloride tabs 400mg</i>	3	
<i>nafticillin sodium inj 10gm, 1gm, 2gm</i>	4	HI
<i>neomycin sulfate tabs</i>	2	
NUZYRA TABS	5	NEDS
<i>ofloxacin tabs 300mg, 400mg</i>	3	
<i>oxacillin sodium inj 1.5gm/50ml; 1gm/50ml, 10gm, 1gm, 2gm, 300mg/50ml; 2gm/50ml</i>	4	HI
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	HI
<i>penicillin g potassium inj 20000000unit, 5000000unit</i>	4	HI
<i>penicillin g sodium</i>	5	NEDS; HI
<i>penicillin v potassium</i>	2	
<i>piperacillin sodium/tazobactam sodium</i>	4	HI
SIVEXTRO TABS	5	NEDS
<i>streptomycin sulfate inj 1gm</i>	5	NEDS
<i>sulfadiazine tabs</i>	3	
<i>sulfamethoxazole/trimethoprim ds</i>	2	
<i>sulfamethoxazole/trimethoprim susp, tabs</i>	2	
<i>sulfasalazine tabs, tbec</i>	2	
SUPRAX CHEW	4	
SUPRAX SUSR 500MG/5ML	4	
TAZICEF INJ 6GM	4	HI
<i>tazicef inj 1gm, 2gm</i>	4	HI
TEFLARO	5	NEDS; HI
<i>tetracycline hydrochloride caps</i>	3	
TOBI PODHALER	5	NEDS; SP-Optum Specialty
<i>tobramycin sulfate inj 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	4	HI
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	5	PA BvD; NEDS; SP-Optum Specialty
<i>vancomycin hcl inj 0.9%; 1gm/200ml, 100gm, 10gm</i>	4	HI
<i>vancomycin hydrochloride caps, oral solr</i>	4	
<i>vancomycin hydrochloride inj 1.75gm, 2gm</i>	4	

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

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 100MG, 10MG, 40MG	4	
<i>hydroxyurea caps</i>	2	
IBRANCE	5	PA NSO; NEDS; SP-Optum Specialty
ICLUSIG	5	PA NSO; NEDS
IDHIFA	5	QL(30 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>imatinib mesylate</i>	5	NEDS; SP-Optum Specialty
IMBRUVICA SUSP	5	PA NSO; NEDS
IMBRUVICA CAPS, TABS	5	PA NSO; NEDS; SP-Optum Specialty
INLYTA	5	PA NSO; NEDS; SP-Optum Specialty
INQOVI	5	PA NSO; NEDS; SP-Optum Specialty
INREBIC	5	PA NSO; NEDS; SP-Optum Specialty
INTRON A INJ 10000000UNIT, 18000000UNIT, 50000000UNIT	3	SP-Optum Specialty
IRESSA	5	PA NSO; NEDS; SP-Optum Specialty
IWILFIN	5	PA NSO; NEDS
JAKAFI	5	PA NSO; NEDS; SP-Optum Specialty
JAYPIRCA	5	PA NSO; NEDS
JYLAMVO	4	PA BvD
KISQALI	5	PA NSO; NEDS; SP-Optum Specialty
KOSELUGO	5	PA NSO; NEDS
KRAZATI	5	PA NSO; NEDS
KYPROLIS	5	NEDS
<i>lapatinib ditosylate</i>	5	QL(180 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
LAZCLUZE TABS 240MG	5	PA NSO; NEDS
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>lenalidomide caps 2.5mg, 20mg</i>	5	PA NSO; NEDS
<i>lenalidomide caps 10mg, 15mg, 25mg, 5mg</i>	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 10 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 12MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 14 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty

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LENVIMA 18 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 20 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 24 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 4 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LENVIMA 8 MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
LEUKERAN	3	
LONSURF	5	PA NSO; NEDS; SP-Optum Specialty
LORBRENA	5	PA NSO; NEDS; SP-Optum Specialty
LUMAKRAS TABS 240MG, 320MG	5	PA NSO; NEDS
LUMAKRAS TABS 120MG	5	PA NSO; NEDS; SP-Optum Specialty
LYNPARZA TABS	5	PA NSO; NEDS; SP-Optum Specialty
LYSODREN	3	
LYTGOBI	5	PA NSO; NEDS
MATULANE	5	NEDS
MEKINIST SOLR	5	PA NSO; NEDS
MEKINIST TABS	5	PA NSO; NEDS; SP-Optum Specialty
MEKTOVI	5	PA NSO; NEDS; SP-Optum Specialty
<i>mercaptopurine tabs</i>	3	
<i>methotrexate sodium tabs</i>	2	PA BvD
<i>methotrexate sodium inj 1gm/40ml, 250mg/10ml, 50mg/2ml</i>	2	PA BvD
<i>methotrexate inj 50mg/2ml</i>	2	PA BvD
NERLYNX	5	PA NSO; NEDS; SP-Optum Specialty
<i>nilutamide</i>	5	NEDS
NINLARO	5	PA NSO; NEDS; SP-Optum Specialty
NUBEQA	5	PA NSO; NEDS; SP-Optum Specialty
ODOMZO	5	PA NSO; NEDS; SP-Optum Specialty
OGSIVEO	5	PA NSO; NEDS
OJEMDA	5	PA NSO; NEDS
OJJAARA	5	PA NSO; NEDS

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ONUREG	5	PA NSO; NEDS; SP-Optum Specialty
OPDIVO	5	NEDS
ORSERDU	5	PA NSO; NEDS
<i>paclitaxel inj 100mg/16.7ml, 150mg/25ml, 300mg/50ml, 30mg/5ml</i>	2	
<i>pazopanib hydrochloride</i>	5	QL(120 EA per 30 days); PA NSO; NEDS
PEMAZYRE	5	PA NSO; NEDS
PIQRAY 200MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 250MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
PIQRAY 300MG DAILY DOSE	5	PA NSO; NEDS; SP-Optum Specialty
POMALYST	5	PA NSO; NEDS; SP-Optum Specialty
PURIXAN	5	NEDS
QINLOCK	5	PA NSO; NEDS
RETEVMO CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RETEVMO TABS 120MG, 160MG	5	PA NSO; NEDS
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA NSO; NEDS
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA NSO; NEDS
REVLIMID	5	PA NSO; NEDS
REZLIDHIA	5	PA NSO; NEDS
ROZLYTREK PACK	5	PA NSO; NEDS
ROZLYTREK CAPS	5	PA NSO; NEDS; SP-Optum Specialty
RUBRACA	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
RYDAPT	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 20MG, 40MG	5	PA NSO; NEDS; SP-Optum Specialty
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA NSO; NEDS
<i>sorafenib</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
<i>sorafenib tosylate tabs</i>	5	QL(220 EA per 30 days); PA NSO; NEDS
SPRYCEL	5	PA NSO; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA	5	QL(90 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
<i>sunitinib malate</i>	5	PA NSO; NEDS; SP-Optum Specialty
SYNRIBO	5	NEDS
TABLOID	3	SP-Optum Specialty
TABRECTA	5	PA NSO; NEDS; SP-Optum Specialty
TAFINLAR TBSO	5	PA NSO; NEDS
TAFINLAR CAPS	5	PA NSO; NEDS; SP-Optum Specialty
TAGRISO	5	PA NSO; NEDS; SP-Optum Specialty
TALZENNA CAPS 0.1MG, 0.35MG	5	PA NSO; NEDS
TALZENNA CAPS 0.25MG, 0.5MG, 0.75MG, 1MG	5	PA NSO; NEDS; SP-Optum Specialty
TASIGNA	5	PA NSO; NEDS; SP-Optum Specialty
TAZVERIK	5	PA NSO; NEDS
TEPMETKO	5	PA NSO; NEDS
TIBSOVO	5	PA NSO; NEDS; SP-Optum Specialty
<i>tretinoin caps 10mg</i>	5	NEDS; SP-Optum Specialty
TREXALL	4	PA BvD
TRUQAP	5	PA NSO; NEDS
TRUSELTIQ	5	PA NSO; NEDS
TUKYSA	5	PA NSO; NEDS
TURALIO	5	PA NSO; NEDS
VANFLYTA	5	PA NSO; NEDS
VENCLEXTA STARTING PACK	5	PA NSO; NEDS; SP-Optum Specialty
VENCLEXTA TABS 10MG, 50MG	3	PA NSO; SP-Optum Specialty
VENCLEXTA TABS 100MG	5	PA NSO; NEDS; SP-Optum Specialty
VERZENIO	5	PA NSO; NEDS; SP-Optum Specialty
VITRAKVI	5	PA NSO; NEDS
VIZIMPRO	5	PA NSO; NEDS; SP-Optum Specialty
VONJO	5	PA NSO; NEDS; SP-Optum Specialty
VORANIGO TABS 40MG	5	PA NSO; NEDS
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	5	QL(120 EA per 30 days); PA NSO; NEDS; SP-Optum Specialty
WELIREG	5	PA NSO; NEDS
XALKORI CPSP	5	PA NSO; NEDS
XALKORI CAPS	5	PA NSO; NEDS; SP-Optum Specialty
XATMEP	4	PA BvD
XOSPATA	5	PA NSO; NEDS
XPOVIO	5	PA NSO; NEDS
XPOVIO 100 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 40 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 60 MG TWICE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG ONCE WEEKLY	5	PA NSO; NEDS
XPOVIO 80 MG TWICE WEEKLY	5	PA NSO; NEDS
XTANDI	5	PA NSO; NEDS; SP-Optum Specialty
YERVOY	5	NEDS
YONSA	5	PA NSO; NEDS; SP-Optum Specialty
ZEJULA TABS	5	PA NSO; NEDS
ZEJULA CAPS	5	PA NSO; NEDS; SP-Optum Specialty
ZELBORAF	5	PA NSO; NEDS; SP-Optum Specialty
ZOLINZA	5	PA NSO; NEDS; SP-Optum Specialty
ZYDELIG	5	PA NSO; NEDS; SP-Optum Specialty
ZYKADIA TABS	5	PA NSO; NEDS; SP-Optum Specialty
Antitoxins, Immune Globulins, Toxoids, and Vaccines		
<i>Antitoxins and Immune Globulins</i>		
BIVIGAM INJ 10%, 5GM/50ML	5	PA BvD; NEDS; HI
CUVITRU	5	PA BvD; NEDS
FLEBOGAMMA DIF	5	PA BvD; NEDS; HI
GAMMAGARD LIQUID	5	PA BvD; NEDS; HI
GAMMAKED INJ 10GM/100ML, 1GM/10ML, 20GM/200ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMMAPLEX INJ 10GM/100ML, 10GM/200ML, 20GM/200ML, 20GM/400ML, 5GM/100ML, 5GM/50ML	5	PA BvD; NEDS; HI
GAMUNEX-C	5	PA BvD; NEDS; HI
HIZENTRA	5	PA BvD; NEDS
OCTAGAM	5	PA BvD; NEDS; HI

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA	5	PA BvD; NEDS; HI
PRIVIGEN	5	PA BvD; NEDS; HI
VARIZIG INJ 125UNIT/1.2ML	6	
Toxoids		
ADACEL	6	
BOOSTRIX	6	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	6	
<i>diphtheria/tetanus toxoids adsorbed pediatric</i>	6	
INFANRIX	6	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0;	6	
10LFU/0.5ML		
QUADRACEL	6	
<i>tdvax</i>	6	
TENIVAC	6	
Vaccines		
ABRYSVO	6	
ACTHIB	6	
AREXVY	6	
BCG VACCINE INJ 50MG	6	
BEXSERO	6	
DENGVAXIA	6	
ENGERIX-B	6	PA BvD
GARDASIL 9	6	
HAVRIX INJ 1440ELU/ML, 720ELU/0.5ML	6	
HEPLISAV-B	6	PA BvD
HIBERIX	6	
IMOVAX RABIES (H.D.C.V.)	6	
IPOL INACTIVATED IPV	6	
IXCHIQ	6	
IXIARO	6	
JYNNEOS	6	
M-M-R II	6	
MENACTRA	6	
MENQUADFI	6	
MENVEO	6	
MRESVIA	6	
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML;	6	
58MCG/0.5ML; 0; 10LFU/0.5ML		
PEDVAX HIB INJ 7.5MCG/0.5ML	6	
PENBRAYA	6	
PENTACEL	6	
PREHEVBRIO	6	PA BvD
PRIORIX	6	
PROQUAD	6	
RABAVERT	6	

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	6	PA BvD
ROTARIX	6	
ROTATEQ SOLN	6	
SHINGRIX	6	
STAMARIL	6	
TICOVAC	6	
TRUMENBA	6	
TWINRIX	6	
TYPHIM VI	6	
VAQTA	6	
VARIVAX	6	
VAXCHORA	6	
YF-VAX	6	
Autonomic Drugs		
Anticholinergic Agents		
ANORO ELLIPTA	3	QL(180 EA per 90 days)
ATROVENT HFA	3	QL(77.4 GM per 90 days)
BEVESPI AEROSPHERE	3	QL(10.7 GM per 30 days)
<i>dicyclomine hcl soln</i>	2	
<i>dicyclomine hydrochloride caps, tabs</i>	2	
<i>glycopyrrolate soln</i>	3	
INCRUSE ELLIPTA	3	QL(30 EA per 30 days)
<i>ipratropium bromide inhalation soln</i>	2	PA BvD
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL(180 ML per 90 days)
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL(90 ML per 90 days)
LONHALA MAGNAIR REFILL KIT	5	NEDS
LONHALA MAGNAIR STARTER KIT	5	NEDS
SPIRIVA RESPIMAT	3	QL(12 GM per 90 days)
STIOLTO RESPIMAT	3	QL(12 GM per 90 days)
YUPELRI	5	PA BvD; NEDS
Autonomic Drugs, Miscellaneous		
NICOTROL INHALER	3	
NICOTROL NS	4	
<i>varenicline starting month</i>	3	QL(53 EA per 28 days)
<i>varenicline tartrate tabs 0.5mg, 1mg</i>	3	QL(60 EA per 30 days)
Parasympathomimetic (Cholinergic) Agents		
<i>bethanechol chloride tabs</i>	2	
<i>donepezil hcl tbdp</i>	2	
<i>donepezil hcl tabs 10mg, 23mg</i>	1	
<i>donepezil hydrochloride tabs 5mg</i>	1	
<i>galantamine hydrobromide er</i>	4	
<i>galantamine hydrobromide soln, tabs</i>	4	
<i>pilocarpine hydrochloride</i>	4	
<i>pyridostigmine bromide er</i>	4	
<i>pyridostigmine bromide soln</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide tabs 60mg</i>	3	
<i>rivastigmine tartrate</i>	3	
<i>rivastigmine transdermal system</i>	4	
Skeletal Muscle Relaxants		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>chlorzoxazone</i>	3	
<i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i>	2	
<i>cyclobenzaprine hydrochloride tabs 7.5mg</i>	4	
<i>dantrolene sodium caps</i>	4	
FEXMID	4	
<i>tizanidine hcl caps 4mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride caps 6mg</i>	3	
<i>tizanidine hydrochloride caps 2mg</i>	4	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
Smoking Cessation Agents		
<i>varenicline tartrate tabs 1mg</i>	3	QL(60 EA per 30 days)
Sympatholytic (Adrenergic Blocking) Agents		
<i>alfuzosin hcl er</i>	2	
<i>dihydroergotamine mesylate soln</i>	5	QL(8 ML per 30 days); NEDS
<i>phenoxybenzamine hydrochloride</i>	3	
<i>silodosin</i>	3	
<i>tamsulosin hydrochloride</i>	1	
Sympathomimetic (Adrenergic) Agents		
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(108 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(40.2 GM per 90 days)
<i>albuterol sulfate hfa aers 108mcg/act</i>	1	QL(51 GM per 90 days)
<i>albuterol sulfate nebu</i>	2	PA BvD
<i>albuterol sulfate tabs</i>	3	
<i>albuterol sulfate syrp</i>	4	
<i>arformoterol tartrate</i>	3	PA BvD
COMBIVENT RESPIMAT	3	QL(24 GM per 90 days)
<i>droxidopa</i>	5	PA; NEDS
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL(2 EA per 1 days)
<i>fluticasone propionate/salmeterol diskus</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	3	QL(180 EA per 90 days)
<i>fluticasone propionate/salmeterol aepb 113mcg/act; 14mcg/act, 232mcg/act; 14mcg/act, 55mcg/act; 14mcg/act</i>	3	QL(3 EA per 90 days)
<i>formoterol fumarate nebu</i>	3	PA BvD
<i>ipratropium bromide/albuterol sulfate</i>	1	PA BvD
<i>levalbuterol hcl nebu</i>	4	PA BvD
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	PA BvD
<i>levalbuterol tartrate hfa</i>	3	QL(90 GM per 90 days)
<i>levalbuterol nebu</i>	4	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl</i>	3	
PROAIR RESPICLICK	3	QL(6 EA per 90 days)
SEREVENT DISKUS	3	QL(180 EA per 90 days)
STRIVERDI RESPIMAT	3	QL(12 GM per 90 days)
<i>wixela inhub</i>	3	QL(180 EA per 90 days)
Blood Formation, Coagulation & Thrombosis		
<i>Antihemorrhagic Agents</i>		
<i>aminocaproic acid</i>	2	
<i>tranexamic acid</i>	3	
<i>Antithrombotic Agents</i>		
<i>anagrelide hydrochloride</i>	3	
<i>aspirin/dipyridamole er</i>	3	
BRILINTA	3	
CABLIVI	5	NEDS
<i>cilostazol</i>	2	
<i>clopidogrel</i>	2	
<i>dabigatran etexilate</i>	3	
ELIQUIS	3	
ELIQUIS STARTER PACK	3	
<i>enoxaparin sodium</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	NEDS
FRAGMIN INJ 10000UNIT/4ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML	3	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	NEDS
<i>heparin sodium</i>	3	
<i>heparin sodium/d5w</i>	2	
<i>jantoven</i>	1	
<i>prasugrel hydrochloride</i>	3	
<i>warfarin sodium</i>	1	
XARELTO	3	
XARELTO STARTER PACK	3	
<i>Blood Formation, Coagulation, and Thrombosis Agents Misc.</i>		
OXBRYTA	5	NEDS
PYRUKYND	5	PA; NEDS; SP-Optum Specialty
PYRUKYND TAPER PACK	5	PA; NEDS; SP-Optum Specialty
TAVALISSE	5	QL(60 EA per 30 days); NEDS
<i>Hematopoietic Agents</i>		
DOPTELET	5	PA; NEDS; SP-Optum Specialty
MOZOBIL	5	NEDS
NEULASTA	5	NEDS; SP-Optum Specialty
NEULASTA ONPRO KIT	5	NEDS
<i>plerixafor</i>	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	5	NEDS; SP-Optum Specialty
PROMACTA	5	PA; NEDS; SP-Optum Specialty
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	SP-Optum Specialty
RETACRIT INJ 40000UNIT/ML	5	NEDS; SP-Optum Specialty
UDENYCA ONBODY	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS
UDENYCA INJ 6MG/0.6ML	5	NEDS; SP-Optum Specialty
ZARXIO	5	NEDS; SP-Optum Specialty
ZIEXTENZO	5	NEDS; SP-Optum Specialty
Hemorrhologic Agents		
<i>pentoxifylline er</i>	2	
Cardiovascular Drugs		
alpha-Adrenergic Blocking Agents		
CARDURA XL	4	
<i>doxazosin mesylate</i>	2	
<i>prazosin hydrochloride caps</i>	2	
<i>terazosin hcl</i>	2	
<i>terazosin hydrochloride caps 2mg</i>	2	
Antilipemic Agents		
<i>atorvastatin calcium tabs</i>	1	
<i>cholestyramine light</i>	3	
<i>cholestyramine pack, powd</i>	4	
<i>colesevelam hydrochloride</i>	3	
<i>colestipol hcl gran</i>	2	
<i>colestipol hcl tabs</i>	3	
<i>colestipol hcl pack</i>	4	
<i>ezetimibe</i>	2	
<i>ezetimibe/simvastatin</i>	1	
<i>fenofibrate micronized caps 134mg, 200mg, 67mg</i>	2	
<i>fenofibrate tabs 160mg, 54mg</i>	1	
<i>fenofibrate tabs 145mg, 48mg</i>	2	
<i>fenofibric acid dr</i>	3	
FLOLIPID	3	
<i>fluvastatin</i>	2	
<i>fluvastatin sodium er</i>	2	
<i>gemfibrozil tabs</i>	2	
<i>icosapent ethyl</i>	3	
JUXTAPID CAPS 10MG, 20MG, 30MG, 5MG	5	PA; NEDS
LIVALO	3	
<i>lovastatin tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin er</i>	4	
<i>omega-3-acid ethyl esters</i>	4	
<i>pitavastatin calcium</i>	1	
PRALUENT	3	PA
<i>pravastatin sodium</i>	1	
<i>prevalite</i>	3	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
<i>rosuvastatin calcium tabs</i>	1	
<i>simvastatin tabs</i>	1	
VASCEPA	4	
beta-Adrenergic Blocking Agents		
<i>acebutolol hydrochloride</i>	2	
<i>atenolol/chlorthalidone</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	
<i>bisoprolol fumarate tabs</i>	2	
<i>carvedilol</i>	1	
<i>carvedilol phosphate er</i>	3	
<i>labetalol hydrochloride tabs</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	2	
<i>nadolol tabs</i>	4	
<i>nebivolol hydrochloride</i>	3	
<i>pindolol</i>	3	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl soln</i>	2	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<i>sotalol hcl</i>	2	
<i>sotalol hydrochloride (af)</i>	2	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
Calcium-Channel Blocking Agents		
<i>amlodipine besylate/atorvastatin calcium</i>	2	
<i>amlodipine besylate/benazepril hydrochloride</i>	1	
<i>amlodipine besylate/valsartan</i>	2	
<i>amlodipine besylate tabs</i>	1	
<i>amlodipine/olmesartan medoxomil</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine/valsartan/hydrochlorothiazide tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg</i>	2	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem hcl cd</i>	2	
<i>diltiazem hcl er cp24 120mg, 180mg, 240mg, 420mg</i>	2	
<i>diltiazem hcl er cp12, tb24</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg, 90mg</i>	2	
<i>diltiazem hydrochloride er</i>	2	
<i>diltiazem hydrochloride tabs</i>	2	
<i>felodipine er</i>	2	
<i>isradipine</i>	4	
<i>matzim la</i>	2	
<i>nicardipine hcl caps</i>	4	
<i>nifedipine er</i>	2	
<i>nimodipine caps</i>	4	
<i>nisoldipine er</i>	4	
NYMALIZE SOLN 6MG/ML	5	NEDS
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	2	
<i>taztia xt</i>	2	
<i>telmisartan/amlodipine</i>	1	
<i>tiadylt er</i>	2	
<i>verapamil hcl er cp24 100mg, 300mg</i>	3	
<i>verapamil hcl er tbcr 120mg, 240mg</i>	2	
<i>verapamil hcl sr cp24</i>	3	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er tbcr</i>	2	
<i>verapamil hydrochloride er cp24</i>	3	
<i>verapamil hydrochloride tabs</i>	2	
Cardiac Drugs		
<i>amiodarone hydrochloride tabs</i>	1	
CAMZYOS	5	QL(30 EA per 30 days); PA; NEDS
CORLANOR	4	
<i>digitek tabs 0.125mg, 0.25mg</i>	1	
<i>digox</i>	1	
<i>digoxin oral soln</i>	3	
<i>digoxin inj 0.25mg/ml</i>	1	
<i>digoxin tabs 125mcg, 250mcg</i>	1	
<i>digoxin tabs 62.5mcg</i>	3	
<i>disopyramide phosphate</i>	4	
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	2	
<i>ivabradine hydrochloride</i>	4	
<i>mexiletine hcl</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
MULTAQ	3	
NORPACE CR	4	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl</i>	2	
<i>propafenone hydrochloride er</i>	4	
<i>propafenone hydrochloride tabs 300mg</i>	2	
<i>quinidine gluconate cr</i>	4	
<i>quinidine sulfate tabs</i>	2	
<i>ranolazine er</i>	3	
Hypotensive Agents		
<i>clonidine</i>	4	
<i>clonidine hydrochloride</i>	1	
<i>clonidine hydrochloride er</i>	4	
<i>hydralazine hcl</i>	2	
<i>hydralazine hydrochloride</i>	2	
<i>minoxidil</i>	2	
Renin-Angiotensin-Aldosterone Sys Inhib		
<i>aliskiren</i>	1	
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	
<i>benazepril hydrochloride tabs 20mg</i>	1	
<i>candesartan cilexetil</i>	1	
<i>candesartan cilexetil/hydrochlorothiazide</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate/hydrochlorothiazide</i>	1	
<i>enalapril maleate tabs</i>	1	
ENTRESTO	3	
<i>eplerenone</i>	3	
<i>fosinopril sodium</i>	1	
<i>fosinopril sodium/hydrochlorothiazide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan/hydrochlorothiazide</i>	1	
KERENDIA	4	PA
<i>lisinopril/hydrochlorothiazide</i>	1	
<i>lisinopril tabs</i>	1	
<i>losartan potassium/hydrochlorothiazide</i>	1	
<i>losartan potassium tabs</i>	1	
<i>moexipril hcl</i>	1	
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	
<i>olmesartan medoxomil tabs</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hydrochloride</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone/hydrochlorothiazide</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tabs</i>	2	
TEKTURNA HCT	3	
<i>telmisartan</i>	1	
<i>telmisartan/hydrochlorothiazide</i>	1	
<i>trandolapril</i>	1	
<i>valsartan/hydrochlorothiazide</i>	1	
<i>valsartan tabs</i>	1	
Vasodilating Agents		
<i>alyq</i>	5	PA; NEDS; SP-Optum Specialty
<i>dipyridamole tabs</i>	3	
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate</i>	2	
<i>isosorbide mononitrate er</i>	2	
NITRO-BID	4	
<i>nitroglycerin transdermal</i>	2	
<i>nitroglycerin soln 0.4mg/spray</i>	3	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
<i>sildenafil citrate tabs 100mg, 25mg, 50mg</i>	2	QL(4 EA per 30 days); EC
<i>sildenafil citrate tabs 20mg</i>	3	PA; SP-Optum Specialty
<i>tadalafil tabs 10mg, 20mg</i>	2	QL(4 EA per 30 days); EC
<i>tadalafil tabs 2.5mg, 5mg</i>	3	QL(30 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	5	PA; NEDS; SP-Optum Specialty
<i>varденаfil hydrochloride odt</i>	2	QL(4 EA per 30 days); EC
<i>varденаfil hydrochloride tabs</i>	2	QL(4 EA per 30 days); EC
VERQUVO	4	
Central Nervous System Agents		
Analgesics and Antipyretics		
<i>acetaminophen/codeine tabs</i>	2	QL(240 EA per 30 days)
<i>acetaminophen/codeine soln</i>	2	QL(3600 ML per 30 days)
BELBUCA	4	QL(60 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl/naloxone hcl subl 8mg; 2mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hcl subl 2mg</i>	2	QL(360 EA per 30 days)
<i>buprenorphine hcl subl 8mg</i>	2	QL(90 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 4mg; 1mg</i>	4	QL(180 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg</i>	4	QL(360 EA per 30 days)
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 8mg; 2mg</i>	4	QL(90 EA per 30 days)
<i>buprenorphine ptwk</i>	3	QL(4 EA per 28 days)
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	
<i>butalbital/aspirin/caffeine caps</i>	3	
<i>butorphanol tartrate soln</i>	3	QL(7.5 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib caps</i>	3	
<i>codeine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>diclofenac epolamine</i>	3	QL(60 EA per 30 days); PA
<i>diclofenac potassium tabs 50mg</i>	2	
<i>diclofenac sodium dr</i>	2	
<i>diclofenac sodium er</i>	2	
<i>diflunisal tabs 500mg</i>	3	
<i>ec-naproxen tbec 500mg</i>	2	
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>etodolac er</i>	4	
<i>etodolac caps, tabs</i>	3	
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL(120 EA per 30 days); PA
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl citrate tabs</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr</i>	4	QL(10 EA per 30 days)
<i>flurbiprofen tabs 100mg</i>	2	
<i>hydrocodone bitartrate er t24a</i>	3	QL(60 EA per 30 days)
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL(3600 ML per 30 days)
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
<i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i>	3	QL(240 EA per 30 days)
<i>hydromorphone hcl er tb24 12mg, 16mg, 8mg</i>	4	QL(30 EA per 30 days)
<i>hydromorphone hcl liqd</i>	4	QL(1350 ML per 30 days)
<i>hydromorphone hcl tabs 8mg</i>	2	QL(120 EA per 30 days)
<i>hydromorphone hcl tabs 2mg, 4mg</i>	2	QL(240 EA per 30 days)
<i>hydromorphone hydrochloride er tb24 32mg</i>	4	QL(30 EA per 30 days)
<i>ibu</i>	2	
<i>ibuprofen susp</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	2	
<i>indomethacin er</i>	3	
<i>indomethacin caps 25mg, 50mg</i>	2	
<i>ketoprofen er cp24 200mg</i>	4	
<i>ketoprofen caps 25mg, 50mg</i>	3	
LAZANDA SOLN 400MCG/ACT	5	QL(15 EA per 30 days); PA; NEDS
LAZANDA SOLN 100MCG/ACT	5	QL(30 EA per 30 days); PA; NEDS
<i>levorphanol tartrate tabs</i>	5	QL(240 EA per 30 days); NEDS
<i>meclofenamate sodium caps</i>	4	
<i>meloxicam tabs</i>	1	
<i>meloxicam caps</i>	3	
<i>methadone hcl tabs</i>	3	QL(120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 5mg/5ml</i>	3	QL(1200 ML per 30 days)
<i>methadone hcl soln 10mg/5ml</i>	3	QL(600 ML per 30 days)
<i>morphine sulfate er cp24 40mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbc 100mg, 15mg, 30mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>morphine sulfate er tbc 200mg</i>	4	QL(60 EA per 30 days)
<i>morphine sulfate tabs</i>	3	QL(180 EA per 30 days)
<i>morphine sulfate soln 100mg/5ml</i>	3	QL(180 ML per 30 days)
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml</i>	3	QL(900 ML per 30 days)
<i>nabumetone tabs</i>	2	
<i>naproxen dr</i>	2	
<i>naproxen sodium tabs 275mg, 550mg</i>	2	
<i>naproxen susp</i>	4	
<i>naproxen tabs 250mg, 375mg, 500mg</i>	2	
<i>naproxen tbc 500mg</i>	2	
<i>oxaprozin tabs</i>	4	
<i>oxycodone hcl er t12a</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride er t12a 10mg, 20mg</i>	3	QL(60 EA per 30 days)
<i>oxycodone hydrochloride soln</i>	3	QL(2400 ML per 30 days)
<i>oxycodone hydrochloride conc</i>	4	QL(120 ML per 30 days)
<i>oxycodone hydrochloride tabs 20mg, 30mg</i>	2	QL(120 EA per 30 days)
<i>oxycodone hydrochloride tabs 10mg, 15mg</i>	2	QL(180 EA per 30 days)
<i>oxycodone hydrochloride tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL(240 EA per 30 days)
OXYCONTIN T12A	3	QL(60 EA per 30 days)
<i>piroxicam caps</i>	3	
<i>pregabalin er</i>	3	
<i>salsalate tabs</i>	2	
SUBSYS	5	QL(120 EA per 30 days); PA; NEDS
<i>sulindac tabs</i>	2	
<i>tramadol hcl er cp24 100mg, 200mg, 300mg</i>	3	QL(30 EA per 30 days)
<i>tramadol hcl er tb24</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride er</i>	3	QL(30 EA per 30 days)
<i>tramadol hydrochloride/acetaminophen</i>	2	QL(240 EA per 30 days)
<i>tramadol hydrochloride tabs 50mg</i>	2	QL(240 EA per 30 days)
Anorexigenic Agents and Respiratory and CNS Stimulants		
<i>amphetamine/dextroamphetamine</i>	3	
<i>armodafinil</i>	3	PA
<i>dexmethylphenidate hcl er cp24 20mg, 35mg</i>	3	
<i>dexmethylphenidate hcl tabs 10mg, 5mg</i>	2	
<i>dexmethylphenidate hydrochloride er cp24 10mg, 15mg, 30mg, 40mg, 5mg</i>	3	
<i>dexmethylphenidate hydrochloride cp24</i>	3	
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	
<i>dextroamphetamine sulfate er</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate tabs 10mg, 15mg, 20mg, 30mg, 5mg</i>	3	
<i>lisdexamfetamine dimesylate</i>	3	PA
<i>methamphetamine hcl</i>	2	PA
<i>methylphenidate hydrochloride er tbcr 10mg, 20mg</i>	2	
<i>methylphenidate hydrochloride soln, tabs</i>	2	
<i>modafinil tabs</i>	4	PA
SUNOSI	4	PA
VYVANSE	4	PA
Anticonvulsants		
APTIOM	4	
BRIVIACT SOLN, TABS	5	NEDS
<i>carbamazepine er</i>	3	
<i>carbamazepine chew 100mg</i>	3	
<i>carbamazepine susp, tabs</i>	3	
CELONTIN CAPS 300MG	4	
<i>clobazam susp</i>	3	
<i>clobazam tabs</i>	3	QL(60 EA per 30 days)
<i>clonazepam odt</i>	4	
<i>clonazepam tabs</i>	2	
DIACOMIT	5	PA NSO; NEDS
DILANTIN INFATABS	3	
DILANTIN-125	3	
DILANTIN CAPS	3	
<i>divalproex sodium dr tbc</i>	2	
<i>divalproex sodium er</i>	2	
<i>divalproex sodium csdr</i>	2	
EPIDIOLEX	4	PA NSO
<i>epitol</i>	3	
EPRONTIA	4	
EQUETRO	4	
<i>ethosuximide caps, soln</i>	3	
<i>felbamate tabs</i>	4	
<i>felbamate susp</i>	5	NEDS
FINTEPLA	5	PA NSO; NEDS
FYCOMPA	4	
<i>gabapentin caps</i>	1	
<i>gabapentin soln</i>	2	
<i>gabapentin tabs 600mg, 800mg</i>	1	
HORIZANT	4	
<i>lacosamide inj, oral soln</i>	3	
<i>lacosamide tabs 50mg</i>	3	QL(60 EA per 30 days)
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL(60 EA per 30 days)
<i>lamotrigine starter kit/blue</i>	2	
<i>lamotrigine starter kit/green</i>	2	

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<i>lamotrigine starter kit/orange</i>	2	
<i>lamotrigine tabs</i>	2	
<i>lamotrigine chew</i>	3	
<i>levetiracetam er</i>	3	
<i>levetiracetam oral soln, tabs</i>	2	
<i>levetiracetam inj 500mg/5ml</i>	2	
LIBERVANT	4	QL(10 EA per 30 days)
<i>magnesium sulfate inj 50%</i>	4	
<i>methsuximide</i>	3	
NAYZILAM	4	QL(10 EA per 30 days); PA NSO
<i>oxcarbazepine tabs</i>	3	
<i>oxcarbazepine susp</i>	4	
<i>phenytek</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>phenytoin chew, susp</i>	2	
<i>pregabalin caps, soln</i>	3	
<i>primidone tabs</i>	2	
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide</i>	3	
SPRITAM	4	
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN	4	
<i>tiagabine hydrochloride</i>	4	
<i>topiramate er cs24</i>	4	
<i>topiramate csp, tabs</i>	2	
<i>valproate sodium inj 100mg/ml</i>	2	
<i>valproic acid caps, soln</i>	2	
VALTOCO 10 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 15 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 20 MG DOSE	4	QL(10 EA per 30 days); PA NSO
VALTOCO 5 MG DOSE	4	QL(10 EA per 30 days); PA NSO
<i>vigabatrin</i>	5	NEDS
<i>vigadrone</i>	5	NEDS
VIGAFYDE	5	PA NSO; NEDS
<i>vigpoder</i>	5	NEDS
XCOPRI TABS	5	NEDS
XCOPRI TBPK 0	4	
XCOPRI TBPK 0	5	NEDS
ZONISADE	4	
<i>zonisamide caps</i>	2	
ZTALMY	5	PA NSO; NEDS
Antimanic Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium</i>	2	
<i>lithium carbonate er</i>	2	
<i>lithium carbonate caps, tabs</i>	2	
Antimigraine Agents		
AIMOVIG	3	QL(1 ML per 30 days); PA
<i>almotriptan</i>	4	
EMGALITY INJ 120MG/ML	3	QL(2 ML per 30 days); PA
EMGALITY INJ 100MG/ML	3	QL(3 ML per 30 days); PA
<i>frovatriptan succinate</i>	4	
<i>naratriptan hcl</i>	4	
NURTEC	4	PA
<i>rizatriptan benzoate</i>	3	
<i>rizatriptan benzoate odt</i>	3	
<i>sumatriptan succinate refill inj 6mg/0.5ml</i>	4	
<i>sumatriptan succinate tabs</i>	2	
<i>sumatriptan succinate inj</i>	4	
<i>sumatriptan soln</i>	4	
UBRELVY	4	PA
Antiparkinsonian Agents		
<i>amantadine hcl soln</i>	2	
<i>amantadine hcl caps, tabs</i>	3	
<i>benztropine mesylate tabs</i>	2	
<i>bromocriptine mesylate caps, tabs</i>	3	
<i>cabergoline</i>	3	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa odt</i>	2	
<i>carbidopa/levodopa/entacapone</i>	4	
<i>carbidopa tabs</i>	4	
EMSAM	5	ST NSO; NEDS
<i>entacapone</i>	4	
GOCOVRI	4	PA
INBRIJA	5	NEDS
KYNMOBI	5	NEDS
NEUPRO	4	QL(30 EA per 30 days)
ONGENTYS	4	
<i>pramipexole dihydrochloride</i>	2	
<i>rasagiline mesylate tabs</i>	4	
<i>ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride tabs 0.25mg, 3mg</i>	2	
RYTARY	4	
<i>selegiline hcl caps, tabs</i>	3	
<i>trihexyphenidyl hcl soln</i>	2	
<i>trihexyphenidyl hydrochloride</i>	2	
Anxiolytics, Sedatives, and Hypnotics		

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<i>alprazolam odt</i>	3	
<i>alprazolam tabs</i>	1	
BELSOMRA	3	
<i>bupirone hcl tabs 15mg</i>	2	
<i>bupirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg</i>	2	
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	2	
<i>chlordiazepoxide hydrochloride caps 25mg</i>	2	
<i>clorazepate dipotassium tabs</i>	3	
DAYVIGO	4	
<i>diazepam intensol</i>	2	
<i>diazepam rectal gel</i>	4	
<i>diazepam soln, tabs</i>	2	
HETLIOZ LQ	5	PA; NEDS
<i>hydroxyzine hcl inj 25mg/ml</i>	2	
<i>hydroxyzine hcl tabs 50mg</i>	3	
<i>hydroxyzine hydrochloride syrp</i>	3	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3	
<i>hydroxyzine pamoate caps</i>	3	
<i>lorazepam intensol</i>	2	
<i>lorazepam tabs</i>	1	
<i>oxazepam</i>	3	
<i>phenobarbital elix 20mg/5ml</i>	2	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	2	
<i>ramelteon</i>	3	QL(30 EA per 30 days)
<i>tasimelteon</i>	5	PA; NEDS
<i>temazepam caps 15mg, 30mg</i>	2	
<i>zaleplon</i>	3	
<i>zolpidem tartrate tabs</i>	2	
Central Nervous System Agents, Misc		
<i>acamprosate calcium dr</i>	4	
<i>atomoxetine hydrochloride</i>	4	QL(60 EA per 30 days)
<i>atomoxetine caps 100mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 18mg, 40mg, 60mg</i>	4	QL(60 EA per 30 days)
EXSERVAN	5	NEDS
<i>guanfacine hydrochloride er</i>	3	QL(90 EA per 90 days)
<i>memantine hcl titration pak</i>	3	
<i>memantine hydrochloride er</i>	3	
<i>memantine hydrochloride tabs</i>	2	
<i>memantine hydrochloride soln</i>	3	
NAMZARIC	3	
NOURIANZ	5	QL(30 EA per 30 days); NEDS
NUEDEXTA	3	PA
RADICAVA ORS	5	PA; NEDS; SP-Optum Specialty
RADICAVA ORS STARTER KIT	5	PA; NEDS; SP-Optum Specialty

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RELYVRIO	5	QL(60 EA per 30 days); PA; NEDS
<i>riluzole</i>	3	
<i>sodium oxybate</i>	5	PA; NEDS
Fibromyalgia Agents		
SAVELLA	3	
SAVELLA TITRATION PACK	3	
Opiate Antagonists		
<i>naloxone hcl</i>	2	
<i>naloxone hydrochloride inj</i>	2	
<i>naloxone hydrochloride liqd</i>	3	QL(4 EA per 30 days)
<i>naltrexone hcl</i>	3	
OPVEE	3	QL(4 EA per 30 days)
VIVITROL	5	NEDS
Psychotherapeutic Agents		
ABILIFY ASIMTUFII	5	NEDS
ABILIFY MAINTENA	5	NEDS
ABILIFY MYCITE	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE MAINTENANCE KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
ABILIFY MYCITE STARTER KIT	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	4	
<i>amitriptyline hydrochloride tabs 100mg, 10mg, 50mg</i>	4	
<i>amoxapine</i>	3	
ALENZIN TB24 174MG, 348MG	4	ST NSO
ALENZIN TB24 522MG	5	ST NSO; NEDS
<i>aripiprazole</i>	3	
<i>aripiprazole odt</i>	3	
ARISTADA	5	NEDS
ARISTADA INITIO	5	NEDS
<i>asenapine maleate sl</i>	3	ST NSO
AUVELITY	4	
<i>bupropion hcl tabs 100mg</i>	2	
<i>bupropion hydrochloride er (sr)</i>	2	
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	
<i>bupropion hydrochloride er (xl) tb24 450mg</i>	3	
<i>bupropion hydrochloride tabs 75mg</i>	2	
CAPLYTA	5	QL(30 EA per 30 days); PA NSO; NEDS
<i>chlorpromazine hcl tabs</i>	4	
<i>chlorpromazine hydrochloride conc, tabs</i>	4	
<i>citalopram hydrobromide tabs</i>	1	
<i>citalopram hydrobromide caps, soln</i>	3	
<i>clomipramine hydrochloride</i>	4	

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<i>clozapine odt</i>	4	
<i>clozapine tabs 100mg, 200mg, 25mg, 50mg</i>	3	
<i>desipramine hydrochloride</i>	3	
<i>desvenlafaxine er</i>	3	
<i>doxepin hcl caps 75mg</i>	3	
<i>doxepin hcl conc</i>	3	
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
<i>duloxetine hcl cpep 40mg</i>	3	QL(90 EA per 30 days)
<i>duloxetine hydrochloride cpep 20mg, 60mg</i>	3	QL(60 EA per 30 days)
<i>duloxetine hydrochloride cpep 30mg</i>	3	QL(90 EA per 30 days)
<i>escitalopram oxalate tabs</i>	1	
<i>escitalopram oxalate soln</i>	2	
FANAPT	4	ST NSO
FANAPT TITRATION PACK	4	ST NSO
FETZIMA	4	ST NSO
FETZIMA TITRATION PACK	4	ST NSO
<i>fluoxetine dr</i>	4	
<i>fluoxetine hydrochloride caps, soln</i>	2	
<i>fluoxetine hydrochloride tabs</i>	4	
<i>fluphenazine decanoate inj</i>	4	
<i>fluphenazine hcl conc</i>	3	
<i>fluphenazine hcl tabs 1mg</i>	2	
<i>fluphenazine hydrochloride elix, inj</i>	4	
<i>fluphenazine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<i>fluvoxamine maleate</i>	3	
<i>fluvoxamine maleate er</i>	4	
<i>haloperidol decanoate inj</i>	4	
<i>haloperidol lactate</i>	4	
<i>haloperidol conc, tabs</i>	2	
<i>imipramine hcl tabs 25mg, 50mg</i>	4	
<i>imipramine hydrochloride tabs 10mg</i>	4	
<i>imipramine pamoate</i>	4	
INVEGA HAFYERA	5	NEDS
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	NEDS
INVEGA TRINZA	5	NEDS
<i>loxapine</i>	2	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
MARPLAN	4	
<i>mirtazapine odt</i>	2	
<i>mirtazapine tabs</i>	2	
<i>molindone hydrochloride</i>	3	
<i>nefazodone hydrochloride</i>	4	
<i>nortriptyline hcl caps 25mg, 75mg</i>	2	
<i>nortriptyline hcl soln</i>	2	
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	
NUPLAZID CAPS	5	QL(60 EA per 30 days); PA NSO; NEDS
NUPLAZID TABS 10MG	5	QL(60 EA per 30 days); PA NSO; NEDS
<i>olanzapine odt</i>	2	
<i>olanzapine/fluoxetine</i>	3	
<i>olanzapine tabs</i>	2	
<i>olanzapine inj</i>	4	
<i>paliperidone er</i>	3	
<i>paroxetine hcl er</i>	4	
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	
<i>paroxetine hydrochloride susp</i>	3	
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	
<i>perphenazine tabs</i>	4	
PERSERIS	5	NEDS
<i>phenelzine sulfate tabs</i>	3	
<i>pimozide</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml, 50mg/10ml</i>	2	
<i>prochlorperazine maleate tabs</i>	2	
<i>prochlorperazine supp 25mg</i>	4	
<i>protriptyline hcl</i>	2	
<i>quetiapine fumarate er</i>	3	
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 300mg, 400mg</i>	2	
<i>quetiapine fumarate tabs 25mg, 50mg</i>	2	QL(60 EA per 30 days)
REXULTI	5	NEDS
RISPERDAL CONSTA INJ 12.5MG	4	
RISPERDAL CONSTA INJ 25MG, 37.5MG, 50MG	5	NEDS
<i>risperidone er inj 12.5mg</i>	4	
<i>risperidone er inj 25mg, 37.5mg, 50mg</i>	5	NEDS
<i>risperidone odt</i>	3	
<i>risperidone tabs</i>	2	
<i>risperidone soln</i>	4	
SECUADO	5	NEDS
<i>sertraline hcl conc</i>	4	
<i>sertraline hcl tabs 50mg</i>	1	
<i>sertraline hydrochloride tabs 100mg, 25mg</i>	1	

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<i>thioridazine hcl tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	3	
<i>tranlycypromine sulfate</i>	4	
<i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i>	1	
<i>trazodone hydrochloride tabs 300mg</i>	2	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<i>trimipramine maleate caps</i>	4	
TRINTELLIX	4	
<i>venlafaxine besylate er</i>	3	
<i>venlafaxine hcl er tb24 37.5mg</i>	3	
<i>venlafaxine hydrochloride</i>	3	
<i>venlafaxine hydrochloride er cp24</i>	2	
<i>venlafaxine hydrochloride er tb24</i>	3	
VERSACLOZ	5	NEDS
VIIBRYD STARTER PACK	4	
<i>vilazodone hydrochloride</i>	3	
VRAYLAR CPPK	4	
VRAYLAR CAPS	5	NEDS
<i>ziprasidone hcl</i>	2	
<i>ziprasidone mesylate</i>	3	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA NSO; NEDS
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA NSO; NEDS
ZYPREXA RELPREVV INJ 210MG	3	
ZYPREXA RELPREVV INJ 300MG, 405MG	5	NEDS
<i>Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors</i>		
AUSTEDO	5	PA; NEDS; SP-Optum Specialty
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(56 EA per 365 days); PA; NEDS
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(84 EA per 365 days); PA; NEDS
AUSTEDO XR TB24 6MG	5	QL(210 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 18MG, 30MG, 36MG, 42MG, 48MG	5	QL(30 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 24MG	5	QL(60 EA per 30 days); PA; NEDS
AUSTEDO XR TB24 12MG	5	QL(90 EA per 30 days); PA; NEDS
INGREZZA	5	PA; NEDS
<i>tetrabenazine</i>	5	PA; NEDS; SP-Optum Specialty
Devices		
<i>Devices</i>		
<i>alcohol prep pads</i>	3	
<i>b-d insulin syringe ultrafine ii/0.3ml/31g x 5/16"</i>	3	
<i>bd insulin syringe safetyglide/1ml/29g x 1/2"</i>	3	
<i>bd insulin syringe ultra-fine/0.5ml/30g x 12.7mm</i>	3	
<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	3	
<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	3	
<i>bd pen needle/original/ultra-fine/29g x 12.7mm</i>	3	
<i>curity gauze pads 2"x2" 12 ply</i>	2	
<i>gauze pads 2"x2"</i>	2	
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	3	
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	3	
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	4	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5)	4	
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	4	
OMNIPOD 5 G7 INTRO KIT (GEN 5)	4	
OMNIPOD 5 G7 PODS (GEN 5)	4	
OMNIPOD 5 LIBRE2 PLUS G6	4	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	4	
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	
OMNIPOD CLASSIC PODS (GEN 3)	4	
OMNIPOD DASH INTRO KIT (GEN 4)	4	
OMNIPOD DASH PDM KIT (GEN 4)	4	
OMNIPOD DASH PODS (GEN 4)	4	
OMNIPOD GO 10 UNITS/DAY	4	
OMNIPOD GO 15 UNITS/DAY	4	
OMNIPOD GO 20 UNITS/DAY	4	
OMNIPOD GO 25 UNITS/DAY	4	
OMNIPOD GO 30 UNITS/DAY	4	
OMNIPOD GO 35 UNITS/DAY	4	
OMNIPOD GO 40 UNITS/DAY	4	
<i>techlite insulin syringe u-100/0.5ml/30g x 1/2"</i>	3	
<i>techlite pen needles 29g x 10mm</i>	3	
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	3	
<i>trueplus pen needles 29gx12mm</i>	3	
Electrolytic, Caloric, and Water Balance		
<i>Alkalinizing Agents</i>		
<i>potassium citrate er</i>	3	
<i>Ammonia Detoxicants</i>		
<i>carglumic acid</i>	5	PA; NEDS
<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
KRISTALOSE	3	
<i>lactulose pack</i>	3	
<i>lactulose soln 10gm/15ml</i>	2	
<i>sodium phenylbutyrate powd, tabs</i>	5	NEDS
<i>Caloric Agents</i>		

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Drug Name	Drug Tier	Requirements/Limits
AMINOSYN II INJ 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML	3	PA BvD
AMINOSYN-PF 7% INJ 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX 6/5	3	PA BvD
CLINIMIX 8/10	3	PA BvD
CLINIMIX E 2.75%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 10%	3	PA BvD
CLINIMIX E 4.25%/DEXTROSE 5%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 15%	3	PA BvD
CLINIMIX E 5%/DEXTROSE 20%	3	PA BvD
CLINIMIX E 8/10	3	PA BvD
CLINISOL SF 15%	3	PA BvD
<i>dextrose 10%</i>	4	
<i>dextrose 5%</i>	4	
<i>dextrose 50%</i>	4	
<i>dextrose 70%</i>	4	
FREAMINE III INJ 89MEQ/L; 710MG/100ML; 950MG/100ML; 3MEQ/L; 24MG/100ML; 1400MG/100ML; 280MG/100ML; 690MG/100ML; 910MG/100ML; 730MG/100ML; 530MG/100ML; 560MG/100ML; 10MMOLE/L; 120MG/100ML; 1120MG/100ML; 590MG/100ML; 10MEQ/L; 400MG/100ML; 150MG/100ML; 660MG/100ML	3	PA BvD
HEPATAMINE INJ 62MEQ/L; 770MG/100ML; 600MG/100ML; 3MEQ/L; 20MG/100ML; 900MG/100ML; 240MG/100ML; 900MG/100ML; 1100MG/100ML; 610MG/100ML; 100MG/100ML; 100MG/100ML; 115MG/100ML; 800MG/100ML; 500MG/100ML; 450MG/100ML; 66MG/100ML; 840MG/100ML	3	PA BvD
INTRALIPID INJ 20GM/100ML, 30GM/100ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
NUTRILIPID	3	PA BvD
PLENAMINE	3	PA BvD
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
PROSOL	3	PA BvD
TRAVASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	3	PA BvD
TROPHAMINE INJ 0.54GM/100ML; 1.2GM/100ML; 0.32GM/100ML; 0; 0; 0.5GM/100ML; 0.36GM/100ML; 0.48GM/100ML; 0.82GM/100ML; 1.4GM/100ML; 1.2GM/100ML; 0.34GM/100ML; 0.48GM/100ML; 0.68GM/100ML; 0.38GM/100ML; 5MEQ/L; 0.025GM/100ML; 0.42GM/100ML; 0.2GM/100ML; 0.24GM/100ML; 0.78GM/100ML	3	PA BvD
Diuretics		
<i>amiloride hcl</i>	2	
<i>amiloride/hydrochlorothiazide</i>	2	
<i>bumetanide tabs</i>	1	
<i>bumetanide inj</i>	4	
<i>chlorthalidone tabs 25mg, 50mg</i>	2	
<i>ethacrynic acid tabs</i>	4	
<i>furosemide tabs</i>	1	
<i>furosemide oral soln</i>	2	
<i>furosemide inj</i>	4	
<i>hydrochlorothiazide caps, tabs</i>	1	
<i>indapamide</i>	2	
<i>metolazone</i>	3	
<i>toremide tabs</i>	2	
<i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i>	2	
<i>triamterene/hydrochlorothiazide tabs</i>	2	
<i>triamterene caps</i>	4	
Ion-removing Agents		
AURYXIA	5	PA; NEDS
<i>lanthanum carbonate</i>	5	NEDS
LOKELMA	3	
<i>sevelamer carbonate</i>	4	
<i>sodium polystyrene sulfonate powd</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>sps</i>	3	
VELPHORO	5	NEDS
VELTASSA	3	
Irrigating Solutions		
<i>acetic acid 0.25%</i>	2	
<i>sodium chloride 0.9%</i>	3	
<i>sterile water for irrigation</i>	2	
Replacement Preparations		
<i>calcium acetate caps</i>	3	
<i>calcium acetate tabs 667mg</i>	3	
<i>dextrose 10%/sodium chloride 0.2%</i>	4	
<i>dextrose 10%/sodium chloride 0.45%</i>	4	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.2%</i>	4	
<i>dextrose 5%/sodium chloride 0.3%</i>	4	
<i>dextrose 5%/sodium chloride 0.33%</i>	4	
<i>dextrose 5%/sodium chloride 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9%</i>	4	
<i>dextrose/sodium chloride</i>	4	
<i>effer-k tbf 25meq</i>	1	
<i>k-prime</i>	1	
<i>kcl 0.075%/d5w/nacl 0.45% inj 5%; 10meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.225% inj 5%; 20meq/l; 0.225%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.45% inj 5%; 20meq/l; 0.45%</i>	4	
<i>kcl 0.15%/d5w/nacl 0.9% inj 5%; 20meq/l; 0.9%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.45% inj 5%; 40meq/l; 0.45%</i>	4	
<i>kcl 0.3%/d5w/nacl 0.9% inj 5%; 40meq/l; 0.9%</i>	4	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>lactated ringers inj 2.7meq/l; 109meq/l; 28meq/l; 4meq/l; 130meq/l</i>	2	
<i>potassium chloride er tbc</i>	1	
<i>potassium chloride er cpcr</i>	2	
<i>potassium chloride/dextrose/sodium chloride inj 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%</i>	4	
<i>potassium chloride pack</i>	1	
<i>potassium chloride oral soln</i>	3	

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<i>potassium chloride inj 10meq/50ml, 20meq/50ml</i>	1	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 2meq/ml, 40meq/100ml</i>	4	
<i>sodium chloride 0.45%</i>	4	
<i>sodium chloride inj 0.9%, 2.5meq/ml, 3%, 4meq/ml, 5%</i>	4	
Uricosuric Agents		
<i>probenecid/colchicine</i>	2	
<i>probenecid tabs</i>	2	
Enzymes		
Enzymes		
REVCOVI	5	NEDS
SUCRAID	5	NEDS
Eye, Ear, Nose & Throat Preparations		
Anti-infectives		
AZASITE	4	
<i>bacitracin</i>	2	
<i>bacitracin/polymyxin b</i>	2	
BESIVANCE	4	
<i>chlorhexidine gluconate</i>	2	
<i>ciprofloxacin hydrochloride soln 0.3%</i>	2	
<i>erythromycin oint 5mg/gm</i>	2	
<i>gatifloxacin</i>	3	
<i>gentak oint</i>	2	
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>levofloxacin ophthalmic soln 0.5%, 1.5%</i>	3	
<i>moxifloxacin hydrochloride soln 0.5%</i>	4	
NATACYN	4	
<i>neo-polycin</i>	3	
<i>neomycin/bacitracin/polymyxin</i>	3	
<i>neomycin/polymyxin/gramicidin</i>	3	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	3	
<i>perio gard</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	
<i>sulfacetamide sodium oint, soln</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln</i>	3	
XDEMVY	5	PA; NEDS
ZIRGAN	4	
Anti-inflammatory Agents		
ALREX	3	
<i>bromfenac sodium soln 0.07%</i>	3	
<i>bromfenac sodium soln 0.075%</i>	4	
BROMSITE	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin/dexamethasone</i>	3	
CORTISPORIN-TC	4	
<i>cyclosporine emul 0.05%</i>	3	
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	
<i>diclofenac sodium soln 0.1%</i>	2	
<i>difluprednate</i>	3	
<i>flac</i>	4	
FLAREX	3	
<i>flunisolide soln 0.025%</i>	1	QL(150 ML per 90 days)
<i>fluocinolone acetonide oil 0.01%</i>	4	
<i>fluorometholone susp</i>	3	
<i>flurbiprofen sodium</i>	2	
<i>fluticasone propionate susp 50mcg/act</i>	2	QL(48 GM per 90 days)
FML	3	
FML FORTE	4	
<i>hydrocortisone/acetic acid</i>	3	
ILEVRO	3	
INVELTYS	4	
<i>ketorolac tromethamine</i>	3	
LOTEMAX OINT	4	
<i>loteprednol etabonate</i>	3	
MAXIDEX SUSP	4	
<i>mometasone furoate susp 50mcg/act</i>	4	QL(102 GM per 90 days)
<i>neo-polycin hc</i>	3	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	
<i>neomycin/polymyxin/dexamethasone</i>	2	
<i>neomycin/polymyxin/hc</i>	3	
<i>neomycin/polymyxin/hydrocortisone otic susp</i>	3	
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp</i>	4	
PRED MILD	3	
<i>prednisolone acetate</i>	3	
<i>prednisolone sodium phosphate ophthalmic soln 1%</i>	2	
PROLENSA	3	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	
TOBRADEX ST	3	
TOBRADEX OINT	3	
<i>tobramycin/dexamethasone</i>	3	
ZYLET	3	
Antiallergic Agents		
ALOCRIL	4	
ALOMIDE	4	
<i>azelastine hcl ophthalmic soln</i>	3	
<i>azelastine hcl nasal soln 0.15%</i>	3	QL(120 ML per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine hydrochloride soln 0.1%</i>	3	QL(120 ML per 90 days)
<i>bepotastine besilate</i>	3	
<i>cromolyn sodium soln 4%</i>	2	
<i>epinastine hcl</i>	4	
<i>olopatadine hcl soln</i>	3	
<i>olopatadine hydrochloride soln 0.2%</i>	3	
Antiglaucoma Agents		
<i>acetazolamide er</i>	4	
<i>acetazolamide tabs</i>	3	
ALPHAGAN P SOLN 0.1%	3	
<i>betaxolol hcl soln 0.5%</i>	3	
BETIMOL	4	
BETOPTIC-S	3	
<i>brimonidine tartrate/timolol maleate</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>brimonidine tartrate soln 0.1%</i>	3	
<i>brimonidine tartrate soln 0.15%</i>	4	
<i>brinzolamide</i>	3	
<i>carteolol hcl</i>	2	
<i>dorzolamide hcl/timolol maleate</i>	2	
<i>dorzolamide hydrochloride/timolol maleate pf</i>	3	
<i>dorzolamide hydrochloride soln</i>	2	
<i>latanoprost soln</i>	1	
<i>levobunolol hcl soln 0.5%</i>	2	
LUMIGAN	3	
<i>methazolamide</i>	4	
PHOSPHOLINE IODIDE SOLR 0.125%	3	
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	3	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	
<i>tafluprost</i>	3	
<i>timolol maleate ophthalmic gel forming</i>	3	
<i>timolol maleate soln 0.25%, 0.5%</i>	2	
<i>timolol maleate soln 0.25%</i>	3	
<i>travoprost</i>	3	
VYZULTA	3	
EENT Drugs, Miscellaneous		
<i>acetic acid</i>	2	
<i>apraclonidine</i>	3	
CYSTARAN	3	
OXERVATE	5	PA; NEDS
Local Anesthetics		
<i>lidocaine hydrochloride viscous</i>	2	
<i>lidocaine viscous</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
Mydriatics		
<i>atropine sulfate soln 1%</i>	3	
<i>cyclopentolate hcl soln 2%</i>	2	
<i>cyclopentolate hydrochloride soln</i>	2	
Gastrointestinal Drugs		
Anti-inflammatory Agents		
<i>alosetron hydrochloride</i>	5	NEDS
<i>balsalazide disodium</i>	4	
<i>mesalamine dr</i>	3	
<i>mesalamine er cp24</i>	3	
<i>mesalamine er cpr</i>	4	
<i>mesalamine kit</i>	2	
<i>mesalamine enem, supp</i>	4	
Antidiarrhea Agents		
<i>diphenoxylate hydrochloride/atropine sulfate</i>	4	
<i>diphenoxylate/atropine liqd</i>	4	
<i>loperamide hcl caps</i>	2	
<i>opium</i>	2	
<i>opium tincture tinc 1%</i>	2	
XERMELO	5	PA; NEDS; SP-Optum Specialty
Antiemetics		
<i>aprepitant caps 0, 40mg, 80mg</i>	3	PA BvD
<i>aprepitant caps 125mg</i>	5	PA BvD; NEDS
<i>dronabinol</i>	4	PA BvD
<i>granisetron hydrochloride tabs</i>	4	PA BvD
<i>meclizine hcl tabs</i>	2	
<i>ondansetron hcl soln</i>	4	PA BvD
<i>ondansetron hcl tabs 24mg</i>	2	PA BvD
<i>ondansetron hydrochloride tabs</i>	2	PA BvD
<i>ondansetron odt tbdp 4mg, 8mg</i>	2	PA BvD
<i>scopolamine</i>	3	
Antiulcer Agents and Acid Suppressants		
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochlo</i>	2	
<i>cimetidine tabs</i>	2	
DEXLANSOPRAZOLE	3	
<i>esomeprazole magnesium cpdr</i>	3	
<i>esomeprazole magnesium pack</i>	4	
<i>famotidine susr</i>	4	
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>lansoprazole/amoxicillin/clarithromycin thpk</i>	3	
<i>lansoprazole cpdr</i>	2	
<i>misoprostol tabs</i>	3	
<i>omeprazole dr cpdr 10mg</i>	2	
<i>omeprazole cpdr 20mg, 40mg</i>	2	
<i>pantoprazole sodium tbec</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium pack</i>	4	
PYLERA	3	
<i>rabeprazole sodium</i>	3	
<i>sucralfate tabs</i>	2	
<i>sucralfate susp</i>	3	
<i>Cathartics and Laxatives</i>		
CLENPIQ	3	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n/ flavor pack</i>	2	
OSMOPREP	4	
<i>peg-3350/electrolytes</i>	2	
<i>peg-3350/electrolytes/ascorbate</i>	3	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	3	
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	3	
<i>Cholelitholytic Agents</i>		
LIVMARLI SOLN 19MG/ML	5	PA; NEDS
<i>ursodiol caps 300mg</i>	3	
<i>ursodiol caps 200mg</i>	4	
<i>ursodiol tabs</i>	4	
<i>Digestants</i>		
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<i>GI Drugs, Miscellaneous</i>		
BYLVAY	5	PA; NEDS; SP-Optum Specialty
BYLVAY (PELLETS)	5	PA; NEDS; SP-Optum Specialty
CHOLBAM	5	PA; NEDS
GATTEX	5	PA; NEDS
LINZESS	3	
LIVMARLI SOLN 9.5MG/ML	5	PA; NEDS
<i>lubiprostone</i>	3	
MOVANTIK	3	
RELISTOR	5	NEDS
SKYRIZI INJ 600MG/10ML	5	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 28 days); PA; NEDS
Prokinetic Agents		
<i>metoclopramide hcl inj, oral soln</i>	2	
<i>metoclopramide hcl tabs 5mg</i>	1	
<i>metoclopramide hydrochloride tabs 10mg</i>	1	
Gold Compounds		
Gold Compounds		
RIDAURA	5	NEDS
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET	4	
<i>deferasirox pack</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tabs 90mg</i>	3	SP-Optum Specialty
<i>deferasirox tabs 180mg, 360mg</i>	5	NEDS; SP-Optum Specialty
<i>deferasirox tbso 125mg</i>	3	SP-Optum Specialty
<i>deferasirox tbso 250mg, 500mg</i>	5	NEDS; SP-Optum Specialty
<i>deferiprone</i>	5	NEDS
<i>penicillamine tabs</i>	3	
<i>penicillamine caps</i>	5	NEDS
<i>trientine hydrochloride</i>	5	NEDS
Hormones and Synthetic Substitutes		
Adrenals		
BREO ELLIPTA	3	QL(180 EA per 90 days)
BREYNA	3	QL(30.9 GM per 90 days)
BREZTRI AEROSPHERE	3	QL(32.1 GM per 90 days)
<i>budesonide er</i>	5	NEDS
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL(30.6 GM per 90 days)
<i>budesonide cpep 3mg</i>	4	
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	PA BvD
DEPO-MEDROL	3	
<i>dexamethasone intensol</i>	2	
<i>dexamethasone sodium phosphate +rfid</i>	2	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	
<i>dexamethasone elix, soln</i>	2	
<i>dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg</i>	2	
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	4	QL(180 EA per 90 days); ST
FLOVENT DISKUS AEPB 250MCG/BLIST	4	QL(720 EA per 90 days); ST
<i>fludrocortisone acetate tabs</i>	2	
<i>fluticasone propionate diskus aepb 100mcg/act, 50mcg/act</i>	4	QL(180 EA per 90 days); ST
<i>fluticasone propionate diskus aepb 250mcg/act</i>	4	QL(720 EA per 90 days); ST
<i>fluticasone propionate hfa aero 44mcg/act</i>	4	QL(63.6 GM per 90 days); ST

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<i>fluticasone propionate hfa aero 110mcg/act, 220mcg/act</i>	4	QL(72 GM per 90 days); ST
<i>hydrocortisone sodium succinate inj 100mg</i>	4	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	
INTRAROSA	4	
KENALOG-10	2	
MEDROL TABS 2MG	4	
<i>methylprednisolone acetate inj 40mg/ml, 50mg/ml, 80mg/ml</i>	2	
<i>methylprednisolone dose pack tbpk</i>	2	
<i>methylprednisolone tabs</i>	2	
MILLIPRED TABS	4	
<i>prednisolone sodium phosphate odt</i>	4	
<i>prednisolone sodium phosphate oral soln 15mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	
<i>prednisolone soln, tabs</i>	2	
<i>prednisone tbpk</i>	1	
<i>prednisone soln</i>	2	
<i>prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg</i>	1	
QVAR REDIHALER	3	QL(63.6 GM per 90 days)
SOLU-CORTEF INJ 100MG	4	
TRELEGY ELLIPTA	3	QL(180 EA per 90 days)
<i>triamcinolone acetonide inj 40mg/ml</i>	2	
Androgens		
AVEED	4	
<i>danazol caps</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	
<i>testosterone enanthate inj</i>	3	
<i>testosterone pump gel 1%</i>	3	
<i>testosterone pump gel 1.62%</i>	4	
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	3	
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm</i>	4	
XYOSTED	4	
Antidiabetic Agents		
<i>acarbose tabs</i>	1	
BYDUREON BCISE	3	PA
BYETTA	4	PA
CYCLOSET	3	
FARXIGA	3	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin hydrochloride</i>	1	
<i>glipizide tabs 10mg, 5mg</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin hydrochloride</i>	1	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	1	
GLYXAMBI	3	

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN	3	
HUMULIN 70/30	3	
HUMULIN 70/30 KWIKPEN	3	
HUMULIN N	3	
HUMULIN N KWIKPEN	3	
HUMULIN R	3	
HUMULIN R U-500 (CONCENTRATED)	3	
HUMULIN R U-500 KWIKPEN	3	
JANUMET	3	
JANUMET XR	3	
JANUVIA	3	
JARDIANCE	3	
JENTADUETO	3	
JENTADUETO XR	3	
KORLYM	5	QL(120 EA per 30 days); PA; NEDS
LANTUS	3	
LANTUS SOLOSTAR	3	
LEVEMIR	3	
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	1	
<i>metformin hydrochloride soln</i>	1	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	1	
<i>mifepristone</i>	5	QL(120 EA per 30 days); PA; NEDS
<i>miglitol</i>	1	
MOUNJARO	3	PA
<i>nateglinide</i>	1	
OZEMPIC	3	PA
<i>pioglitazone hcl-glimepiride</i>	2	
<i>pioglitazone hcl/metformin hcl</i>	1	
<i>pioglitazone hcl tabs 45mg</i>	1	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	
<i>repaglinide</i>	1	
RYBELSUS	3	PA
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	3	
SYNJARDY XR	3	
TOUJEO MAX SOLOSTAR	3	

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR	3	
TRADJENTA	3	
TRESIBA	3	
TRESIBA FLEXTOUCH	3	
TRULICITY	3	PA
VICTOZA	3	PA
XIGDUO XR	3	
Antihypoglycemic Agents		
BAQSIMI ONE PACK	3	
BAQSIMI TWO PACK	3	
<i>diazoxide susp</i>	4	
GLUCAGEN HYPOKIT	3	
GLUCAGON EMERGENCY KIT	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	3	
GVOKE HYPOPEN 1-PACK	3	
GVOKE HYPOPEN 2-PACK	3	
GVOKE KIT	3	
GVOKE PFS	3	
Contraceptives		
<i>amethia</i>	4	
<i>apri</i>	4	
<i>ashlyna</i>	4	
<i>aviane</i>	4	
<i>azurette</i>	4	
<i>balziva</i>	4	
<i>briellyn</i>	4	
<i>camila</i>	3	
<i>deblitane</i>	3	
<i>desogestrel/ethinyl estradiol tabs 0; 0</i>	4	
<i>drospirenone/ethinyl estradiol tabs 3mg; 0.03mg</i>	4	
<i>eluryng</i>	3	
<i>enilloring</i>	3	
<i>errin</i>	3	
<i>etonogestrel/ethinyl estradiol</i>	3	
<i>falmina</i>	4	
<i>finzala</i>	4	
<i>haloette</i>	3	
<i>heather</i>	3	
<i>iclevia</i>	4	
<i>introvale</i>	4	
<i>joyeaux</i>	4	
<i>junel 1.5/30</i>	4	
<i>junel 1/20</i>	4	
<i>junel fe 1.5/30</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>junel fe 1/20</i>	4	
<i>junel fe 24</i>	4	
<i>kariva</i>	4	
<i>kelnor 1/35</i>	4	
<i>larin 1.5/30</i>	4	
<i>larin 1/20</i>	4	
<i>larin fe 1.5/30</i>	4	
<i>larin fe 1/20</i>	4	
<i>lessina</i>	4	
<i>levonest</i>	4	
<i>levonorgestrel and ethinyl estradiol tabs 20mcg; 90mcg</i>	4	
<i>levonorgestrel/ethinyl estradiol</i>	4	
<i>levora 0.15/30-28</i>	4	
LO LOESTRIN FE	4	
<i>marlissa</i>	4	
<i>mibelas 24 fe</i>	4	
<i>microgestin 1.5/30</i>	4	
<i>microgestin 1/20</i>	4	
<i>microgestin fe 1.5/30</i>	4	
<i>microgestin fe 1/20</i>	4	
<i>necon 0.5/35-28</i>	4	
<i>nikki</i>	4	
<i>norelgestromin/ethinyl estradiol</i>	4	
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	4	
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 0; 75mg; 1mg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	
<i>nortrel 1/35</i>	4	
<i>nortrel 7/7/7</i>	4	
<i>portia-28</i>	4	
<i>sharobel</i>	3	
<i>tarina fe 1/20 eq</i>	4	
<i>taysofy</i>	4	
<i>tri-sprintec</i>	4	
<i>trivora-28</i>	4	
<i>turqoz</i>	4	
<i>tyblume</i>	4	
<i>velivet</i>	4	
<i>vyfemla</i>	4	
<i>xulane</i>	4	
<i>zafemy</i>	4	
<i>zovia 1/35</i>	4	
<i>Estrogens and Antiestrogens</i>		
<i>anastrozole</i>	1	
COMBIPATCH	4	

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Drug Name	Drug Tier	Requirements/Limits
DEPO-ESTRADIOL	3	
<i>dotti</i>	3	
ELESTRIN	4	
<i>estradiol valerate</i>	4	
<i>estradiol oral tabs</i>	1	
<i>estradiol crea, gel, pttw, ptwk, vaginal tabs</i>	3	
ESTRING	3	
EVAMIST	4	
<i>exemestane</i>	4	
FEMRING	3	
<i>fyavolv</i>	3	
IMVEXXY MAINTENANCE PACK	3	
IMVEXXY STARTER PACK	3	
<i>jinteli</i>	4	
KISQALI FEMARA 200 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 400 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
KISQALI FEMARA 600 DOSE	5	PA NSO; NEDS; SP-Optum Specialty
<i>letrozole</i>	2	
MENEST	4	
MENOSTAR	4	
<i>norethindrone acetate/ethinyl estradiol</i>	4	
OSPHENA	4	
PREMARIN CREA	3	
PREMARIN TABS	4	
PREMPHASE	4	
PREMPRO	4	
<i>raloxifene hydrochloride</i>	3	
SOLTAMOX	3	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	3	
<i>yuvafem</i>	3	
<i>Gonadotropins and Antigonadotropins</i>		
ELIGARD	3	
FIRMAGON INJ 80MG	3	
FIRMAGON INJ 120MG/VIAL	5	NEDS
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	SP-Optum Specialty
LUPRON DEPOT (1-MONTH)	5	NEDS
LUPRON DEPOT (3-MONTH)	5	NEDS
LUPRON DEPOT (4-MONTH)	5	NEDS
LUPRON DEPOT (6-MONTH)	5	NEDS
MYFEMBREE	5	QL(28 EA per 28 days); PA; NEDS
ORGOVYX	5	PA NSO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORILISSA TABS 150MG	5	QL(30 EA per 30 days); PA; NEDS
ORILISSA TABS 200MG	5	QL(60 EA per 30 days); PA; NEDS
SYNAREL	5	NEDS
TRELSTAR MIXJECT	4	
Parathyroid and Antiparathyroid Agents		
<i>calcitonin salmon inj</i>	3	
<i>calcitonin-salmon soln</i>	3	
<i>cinacalcet hydrochloride tabs 30mg, 60mg</i>	4	
<i>cinacalcet hydrochloride tabs 90mg</i>	5	NEDS
FORTEO INJ 600MCG/2.4ML	5	PA; NEDS
NATPARA	5	QL(2 EA per 28 days); PA; NEDS
<i>teriparatide</i>	5	PA; NEDS
TYMLOS	5	PA; NEDS
Pituitary		
CORTROPHIN	5	PA; NEDS; SP-Optum Specialty
<i>desmopressin acetate tabs</i>	3	
<i>desmopressin acetate soln 0.01%</i>	4	
Progestins		
DEPO-SUBQ PROVERA 104	3	
<i>gallifrey</i>	2	
<i>medroxyprogesterone acetate tabs</i>	2	
<i>medroxyprogesterone acetate inj</i>	4	
<i>megestrol acetate tabs</i>	3	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate susp 625mg/5ml</i>	4	
<i>norethindrone acetate tabs</i>	2	
<i>progesterone caps</i>	2	
Somatostatin Agonists and Antagonists		
<i>lanreotide acetate</i>	5	NEDS
<i>octreotide acetate inj 100mcg/ml, 50mcg/ml</i>	4	
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	SP-Optum Specialty
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	NEDS; SP-Optum Specialty
SIGNIFOR	5	QL(60 ML per 30 days); PA; NEDS
SOMATULINE DEPOT	5	NEDS
Somatotropin Agonists and Antagonists		
EGRIFTA SV	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN	5	PA; NEDS; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA; SP-Optum Specialty
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; NEDS; SP-Optum Specialty
INCRELEX	5	PA; NEDS; SP-Optum Specialty
NORDITROPIN FLEXPRO	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 10	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 20	5	PA; NEDS; SP-Optum Specialty
NUTROPIN AQ NUSPIN 5	5	PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 5.8MG	5	PA; NEDS
OMNITROPE INJ 10MG/1.5ML, 5MG/1.5ML	5	PA; NEDS; SP-Optum Specialty
SEROSTIM INJ 4MG, 5MG, 6MG	5	PA; NEDS; SP-Optum Specialty
SOMAVERT	5	PA; NEDS; SP-Optum Specialty
ZORBTIVE	5	PA; NEDS; SP-Optum Specialty
Thyroid and Antithyroid Agents		
ADTHYZA TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
ARMOUR THYROID	4	
<i>euthyrox tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levo-t</i>	3	
<i>levothyroxine sodium tabs</i>	1	
<i>levothyroxine sodium caps</i>	3	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	3	
<i>liothyronine sodium tabs</i>	2	
<i>methimazole tabs 10mg, 5mg</i>	2	
NIVA THYROID TABS 15MG	4	
<i>niva thyroid tabs 120mg, 30mg, 60mg, 90mg</i>	4	
<i>np thyroid 120</i>	2	
<i>np thyroid 15</i>	2	
<i>np thyroid 30</i>	2	
<i>np thyroid 60</i>	2	
<i>np thyroid 90</i>	2	
<i>propylthiouracil tabs</i>	2	
SYNTHROID TABS	4	
THYQUIDITY	4	
THYROID TABS 120MG, 15MG, 30MG, 60MG, 90MG	4	
TIROSINT-SOL	4	
<i>unithroid</i>	3	
Immunomodulatory Agents		
Disease-modifying Antirheumatic Drugs		
OTEZLA TABS 20MG	5	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RINVOQ LQ	5	QL(360 ML per 30 days); PA; NEDS
Local Anesthetics		
Local Anesthetics		
<i>lidocaine hcl inj 0.5%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride inj 1%, 2%</i>	2	
Miscellaneous Therapeutic Agents		
5-alpha-Reductase Inhibitors		
<i>dutasteride/tamsulosin hydrochloride</i>	3	
<i>dutasteride caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>finasteride tabs</i>	1	
Alcohol Deterrents		
<i>disulfiram</i>	3	
Antidotes		
<i>acetylcysteine soln</i>	2	PA BvD
<i>leucovorin calcium tabs 10mg, 15mg, 5mg</i>	3	
<i>leucovorin calcium tabs 25mg</i>	4	
Antigout Agents		
<i>allopurinol tabs 100mg, 300mg</i>	1	
<i>colchicine caps, tabs</i>	3	
<i>febuxostat</i>	3	ST
GLOPERBA	4	
Antisense Oligonucleotides		
TEGSEDI	5	QL(6 ML per 30 days); PA; NEDS
Bone Anabolic Agents		
EVENITY	5	PA; NEDS
Bone Resorption Inhibitors		
<i>alendronate sodium soln</i>	4	
<i>alendronate sodium tabs 10mg, 35mg, 70mg</i>	1	
<i>ibandronate sodium</i>	2	
PROLIA	4	PA
<i>risedronate sodium</i>	3	
<i>risedronate sodium dr</i>	3	
XGEVA	5	PA; NEDS
<i>zoledronic acid inj 4mg/100ml, 4mg/5ml, 5mg/100ml</i>	2	
Carbonic Anhydrase Inhibitors		
<i>dichlorphenamide</i>	5	PA; NEDS
Cariostatic Agents		
<i>sf 5000 plus</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride 5000 ppm</i>	2	
<i>sodium fluoride crea</i>	2	
Disease-modifying Antirheumatic Drugs		
COSENTYX SENSOREADY PEN	5	PA; NEDS; SP-Optum Specialty
COSENTYX UNOREADY	5	PA; NEDS
COSENTYX INJ 125MG/5ML	5	PA; NEDS
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	PA; NEDS; SP-Optum Specialty
ENBREL MINI	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL SURECLICK	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 25MG	5	QL(8 EA per 28 days); PA; NEDS; SP-Optum Specialty
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA; NEDS; SP-Optum Specialty

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ENBREL INJ 25MG/0.5ML	5	QL(8.16 ML per 28 days); PA; NEDS; SP-Optum Specialty
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK INJ 0, 80MG/0.8ML	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-CD/UC/HS STARTER	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN-PS/UV STARTER	5	PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA; NEDS; SP-Optum Specialty; AbbVie labeled products only.
KINERET	5	QL(20.1 ML per 28 days); PA; NEDS
<i>leflunomide tabs</i>	2	
ORENCIA CLICKJECT	5	QL(4 ML per 28 days); PA; NEDS
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA; NEDS
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA; NEDS
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA; NEDS
OTEZLA TABS 30MG	5	QL(60 EA per 30 days); PA; NEDS
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA; NEDS
RASUVO INJ 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML, 7.5MG/0.15ML	4	
RINVOQ	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ XR	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ SOLN	5	QL(300 ML per 30 days); PA; NEDS; SP-Optum Specialty
XELJANZ TABS	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>Immunomodulatory Agents</i>		
ACTIMMUNE	5	NEDS; SP-Optum Specialty
AUBAGIO	5	NEDS; SP-Optum Specialty
AVONEX PEN	5	NEDS; SP-Optum Specialty

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AVONEX INJ 30MCG/0.5ML	5	NEDS; SP-Optum Specialty
BAFIERTAM	5	NEDS; SP-Optum Specialty
BETASERON	5	NEDS; SP-Optum Specialty
COPAXONE	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate starterpack</i>	5	NEDS; SP-Optum Specialty
<i>dimethyl fumarate cpdr</i>	5	NEDS; SP-Optum Specialty
EXTAVIA	5	NEDS; SP-Optum Specialty
<i>fingolimod hydrochloride</i>	5	NEDS
KESIMPTA	5	PA; NEDS; SP-Optum Specialty
MAYZENT	5	NEDS; SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	4	SP-Optum Specialty
MAYZENT STARTER PACK TBPK 0.25MG	5	NEDS; SP-Optum Specialty
PLEGRIDY	5	NEDS; SP-Optum Specialty
PLEGRIDY STARTER PACK	5	NEDS; SP-Optum Specialty
REBIF	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE	5	NEDS; SP-Optum Specialty
REBIF REBIDOSE TITRATION PACK	5	NEDS; SP-Optum Specialty
REBIF TITRATION PACK	5	NEDS; SP-Optum Specialty
<i>teriflunomide</i>	4	
THALOMID	5	NEDS; SP-Optum Specialty
VUMERITY	5	NEDS; SP-Optum Specialty
ZEPOSIA	5	NEDS
ZEPOSIA 7-DAY STARTER PACK	5	NEDS
ZEPOSIA STARTER KIT	5	NEDS
<i>Immunosuppressive Agents</i>		
<i>azathioprine tabs 50mg</i>	2	PA BvD
<i>azathioprine tabs 100mg, 75mg</i>	3	PA BvD
BENLYSTA	5	PA; NEDS; SP-Optum Specialty
<i>cyclosporine modified</i>	3	PA BvD
<i>cyclosporine caps 100mg, 25mg</i>	3	PA BvD
ENVARUSUS XR	4	PA BvD
<i>everolimus tabs 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	QL(60 EA per 30 days); PA BvD; NEDS
GENGRAF SOLN	3	PA BvD
GENGRAF CAPS 100MG, 25MG	3	PA BvD
<i>mycophenolate mofetil caps, tabs</i>	3	PA BvD
<i>mycophenolate mofetil susr</i>	5	PA BvD; NEDS
<i>mycophenolic acid dr</i>	4	PA BvD
NULOJIX	5	NEDS
PROGRAF PACK	4	PA BvD
<i>sirolimus tabs</i>	4	PA BvD
<i>sirolimus soln</i>	5	PA BvD; NEDS
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	3	PA BvD
<i>Kallikrein-Kinin System Inhibitors</i>		
BERINERT	5	PA; NEDS

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CINRYZE	5	PA; NEDS
HAEGARDA	5	PA; NEDS; SP-Optum Specialty
<i>icatibant acetate</i>	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
SAJAZIR	5	QL(18 ML per 30 days); PA; NEDS; SP-Optum Specialty
TAVNEOS	5	PA; NEDS
Other Miscellaneous Therapeutic Agents		
ARCALYST	5	PA; NEDS
<i>betaine anhydrous</i>	5	NEDS
CERDELGA	5	PA; NEDS; SP-Optum Specialty
CYSTAGON	4	
<i>dalfampridine er</i>	3	SP-Optum Specialty
ELMIRON	4	
ENDARI	5	NEDS
EVRYSDI	5	PA; NEDS
FIRDAPSE	5	PA; NEDS
GALAFOLD	5	PA; NEDS
<i>l-glutamine</i>	5	NEDS
<i>levocarnitine tabs</i>	3	
<i>metyrosine</i>	5	NEDS
<i>miglustat</i>	5	PA; NEDS; SP-Optum Specialty
<i>nitisinone caps 20mg</i>	5	PA; NEDS
<i>nitisinone caps 10mg, 2mg, 5mg</i>	5	PA; NEDS; SP-Optum Specialty
ORFADIN	5	PA; NEDS
REZUROCK	5	PA; NEDS
<i>sapropterin dihydrochloride</i>	5	PA; NEDS; SP-Optum Specialty
THIOLA EC	5	NEDS
<i>tiopronin dr</i>	5	NEDS
TYBOST	3	
VIJOICE TBPK 125MG, 50MG	5	QL(28 EA per 28 days); PA; NEDS; SP-Optum Specialty
VIJOICE TBPK 0	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
VOXZOGO	5	PA; NEDS; SP-Optum Specialty
VYNDAMAX	5	QL(30 EA per 30 days); PA; NEDS; SP-Optum Specialty
VYNDAQEL	5	QL(120 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>yargesa</i>	5	PA; NEDS
Protective Agents		
MESNEX TABS	5	NEDS
Respiratory Tract Agents		
Anti-inflammatory Agents		
<i>cromolyn sodium conc 100mg/5ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium nebu 20mg/2ml</i>	3	PA BvD
DUPIXENT INJ 100MG/0.67ML, 200MG/1.14ML	5	PA; NEDS; SP-Optum Specialty
FASENRA PEN	5	PA; NEDS; SP-Optum Specialty
FASENRA INJ 10MG/0.5ML	4	PA
FASENRA INJ 30MG/ML	5	PA; NEDS
<i>montelukast sodium tabs</i>	1	
<i>montelukast sodium chew, pack</i>	2	
NUCALA INJ 100MG, 40MG/0.4ML	5	PA; NEDS
NUCALA INJ 100MG/ML	5	PA; NEDS; SP-Optum Specialty
<i>zafirlukast</i>	3	
<i>zileuton er</i>	5	NEDS
Antifibrotic Agents		
ESBRIET CAPS	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 267MG	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
ESBRIET TABS 801MG	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
OFEV	5	QL(60 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone caps</i>	5	QL(270 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 534mg</i>	5	QL(135 EA per 30 days); PA; NEDS
<i>pirfenidone tabs 267mg</i>	5	QL(270 EA per 30 days); PA; NEDS; SP-Optum Specialty
<i>pirfenidone tabs 801mg</i>	5	QL(90 EA per 30 days); PA; NEDS; SP-Optum Specialty
Antitussives		
<i>benzonatate</i>	2	EC
<i>hydrocodone bitartrate/homatropine methylbromide tabs</i>	2	EC
<i>hydrocodone polistirex/chlorpheniramine polistirex</i>	2	EC
<i>promethazine vc/codeine</i>	2	EC
<i>promethazine/codeine soln</i>	2	EC
<i>promethazine/phenylephrine/codeine</i>	2	EC
Cystic Fibrosis Transmembrane Conductance Regulator Modulators		
KALYDECO TABS	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
KALYDECO PACK 13.4MG, 5.8MG	5	QL(56 EA per 28 days); PA; NEDS
KALYDECO PACK 25MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI TABS	5	QL(112 EA per 28 days); PA; NEDS; SP-Optum Specialty
ORKAMBI PACK 94MG; 75MG	5	QL(56 EA per 28 days); PA; NEDS
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL(56 EA per 28 days); PA; NEDS; SP-Optum Specialty

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Drug Name	Drug Tier	Requirements/Limits
SYMDEKO	5	PA; NEDS; SP-Optum Specialty
TRIKAFTA THPK	5	QL(56 EA per 28 days); PA; NEDS
TRIKAFTA TBPk	5	QL(84 EA per 28 days); PA; NEDS; SP-Optum Specialty
Mucolytic Agents		
PULMOZYME	5	PA BvD; NEDS; SP-Optum Specialty
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast</i>	3	
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL	5	NEDS
PROLASTIN-C	5	PA; NEDS
XOLAIR INJ 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; NEDS
XOLAIR INJ 150MG/ML	5	PA; NEDS; SP-Optum Specialty
Vasodilating Agents		
ADEMPAS	5	PA; NEDS
<i>ambrisentan</i>	5	PA; NEDS; SP-Optum Specialty
<i>bosentan</i>	5	PA; NEDS; SP-Optum Specialty
OPSUMIT	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 1	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 2	5	PA; NEDS
ORENITRAM TITRATION KIT MONTH 3	5	PA; NEDS
ORENITRAM TBCR 0.125MG, 0.25MG, 1MG, 2.5MG	4	PA
ORENITRAM TBCR 5MG	5	PA; NEDS
TRACLEER TBSO	5	PA; NEDS; SP-Optum Specialty
UPTRAVI TITRATION PACK	5	PA; NEDS
UPTRAVI TABS	5	PA; NEDS
VENTAVIS	5	PA; NEDS
Skin and Mucous Membrane Agents		
Anti-infectives		
<i>clindamycin phosphate gel 1%</i>	3	
<i>klayesta</i>	2	
<i>naftifine hydrochloride gel 1%</i>	3	
Anti-inflammatory Agents		
CORTIFOAM FOAM	4	
<i>fluocinolone acetonide topical</i>	4	
KOURZEQ	3	
Antipruritics and Local Anesthetics		
<i>glydo</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl jelly</i>	2	QL(100 ML per 30 days)
<i>lidocaine hcl prsy 2%</i>	2	QL(100 ML per 30 days)
<i>lidocaine hydrochloride prsy 2%</i>	2	QL(100 ML per 30 days)
PROCTOFOAM HC	4	
Cell Stimulants and Proliferants		

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Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO GEL 0.06%	4	PA
<i>tretinoin microsphere gel 0.08%</i>	3	PA
Keratolytic Agents		
<i>tazarotene crea 0.05%</i>	4	PA
Skin and Mucous Membrane Agents, Misc		
<i>nitroglycerin oint 0.4%</i>	4	QL(30 GM per 30 days)
<i>podofilox gel 0.5%</i>	4	
Skin and Mucous Membrane Preparations		
Anti-infectives		
<i>acyclovir oint 5%</i>	4	
<i>ciclopirox nail lacquer</i>	3	
<i>ciclopirox olamine</i>	3	
<i>ciclopirox gel, susp</i>	3	
<i>ciclopirox sham</i>	4	
CLEOCIN	4	
<i>clindacin</i>	4	
<i>clindacin etz pledgets</i>	3	
<i>clindacin-p</i>	3	
<i>clindamycin phosphate/benzoyl peroxide</i>	4	
<i>clindamycin phosphate crea 2%</i>	3	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate lotn 1%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin/benzoyl peroxide</i>	4	
<i>clotrimazole</i>	2	
<i>clotrimazole/betamethasone dipropionate crea</i>	3	
<i>clotrimazole/betamethasone dipropionate lotn</i>	4	
<i>econazole nitrate</i>	4	
<i>ery</i>	3	
<i>erythromycin/benzoyl peroxide</i>	4	
<i>erythromycin gel 2%</i>	4	
<i>erythromycin soln 2%</i>	2	
<i>gentamicin sulfate crea 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
GYNAZOLE-1	4	
<i>ivermectin crea 1%</i>	4	
<i>ketoconazole crea 2%</i>	3	QL(120 GM per 30 days)
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole sham 2%</i>	2	
KETODAN	4	
<i>malathion</i>	4	
MENTAX	4	
<i>metronidazole vaginal</i>	3	

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<i>metronidazole crea 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotn 0.75%</i>	4	
<i>miconazole 3</i>	3	
<i>mupirocin oint</i>	2	QL(44 GM per 30 days)
<i>mupirocin crea</i>	3	QL(180 GM per 30 days)
<i>naftifine hcl</i>	3	
<i>naftifine hydrochloride crea 2%</i>	3	
NUVESSA	4	
<i>nyamyc</i>	2	
<i>nystatin crea 100000unit/gm</i>	2	
<i>nystatin oint 100000unit/gm</i>	2	
<i>nystatin powd 100000unit/gm</i>	2	
<i>nystop</i>	2	
<i>penciclovir</i>	4	
<i>permethrin</i>	3	
<i>rosadan gel</i>	3	
<i>rosadan crea</i>	4	
<i>selenium sulfide</i>	2	
<i>silver sulfadiazine</i>	3	
<i>ssd</i>	3	
SULFAMYLON	4	
<i>terconazole</i>	3	
Anti-inflammatory Agents		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate oint</i>	2	
<i>alclometasone dipropionate crea</i>	4	
<i>amcinonide</i>	4	
<i>betamethasone dipropionate augmented crea, oint</i>	2	
<i>betamethasone dipropionate augmented gel, lotn</i>	4	
<i>betamethasone dipropionate lotn</i>	2	
<i>betamethasone dipropionate crea, oint</i>	4	
<i>betamethasone valerate</i>	2	
<i>budesonide foam 2mg</i>	3	
<i>clobetasol propionate e</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate emollient</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate soln</i>	3	QL(200 ML per 30 days)
<i>clobetasol propionate gel</i>	3	QL(240 GM per 30 days)
<i>clobetasol propionate foam</i>	4	QL(200 GM per 30 days)
<i>clobetasol propionate lotn, sham</i>	4	QL(236 ML per 30 days)
<i>clobetasol propionate crea, oint</i>	4	QL(240 GM per 30 days)
<i>clobetasol propionate liqd</i>	4	QL(250 ML per 30 days)
<i>clocortolone pivalate</i>	4	
<i>clodan</i>	3	QL(236 ML per 30 days)

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CORDRAN	4	
<i>desonide</i>	4	
<i>desoximetasone</i>	4	
DESRX	4	
<i>diclofenac sodium gel 1%</i>	3	QL(960 GM per 30 days)
<i>diclofenac sodium gel 3%</i>	4	QL(200 GM per 30 days)
<i>diflorasone diacetate</i>	4	
EUCRISA	4	PA
<i>fluocinolone acetonide body</i>	4	
<i>fluocinolone acetonide scalp</i>	3	
<i>fluocinolone acetonide crea 0.01%, 0.025%</i>	3	
<i>fluocinolone acetonide oint 0.025%</i>	3	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide</i>	4	
<i>fluocinonide emulsified base</i>	4	
<i>fluticasone propionate crea 0.05%</i>	2	
<i>fluticasone propionate lotn 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>halcinonide</i>	3	
<i>halobetasol propionate</i>	4	
<i>hydrocortisone butyrate</i>	4	
<i>hydrocortisone valerate</i>	4	
<i>hydrocortisone crea 1%, 2.5%</i>	1	
<i>hydrocortisone crea 1%, 2.5%</i>	2	
<i>hydrocortisone enem 100mg/60ml</i>	4	
<i>hydrocortisone lotn 2.5%</i>	1	
<i>hydrocortisone oint 1%, 2.5%</i>	1	
<i>mometasone furoate crea 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate soln 0.1%</i>	2	
<i>oralone dental paste</i>	3	
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
TOVET	4	QL(200 GM per 30 days)
<i>triamcinolone acetonide dental paste</i>	3	
<i>triamcinolone acetonide aers 0.147mg/gm</i>	4	
<i>triamcinolone acetonide crea 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	
<i>triamcinolone acetonide oint 0.05%</i>	3	
TRIANEX	3	
<i>triderm</i>	2	
TRITOCIN	3	

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

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 75MG/0.83ML	5	QL(1 EA per 28 days); PA; NEDS; SP-Optum Specialty
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
STELARA INJ 45MG/0.5ML	5	QL(1 ML per 28 days); PA; NEDS
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(1 ML per 28 days); PA; NEDS; SP-Optum Specialty
<i>tacrolimus oint 0.03%, 0.1%</i>	3	
<i>tazarotene crea 0.1%</i>	3	PA
<i>tazarotene foam 0.1%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	3	PA
TAZORAC	4	PA
VALCHLOR	5	NEDS; SP-Optum Specialty
WINLEVI	4	PA
ZENATANE	4	
Smooth Muscle Relaxants		
<i>Genitourinary Smooth Muscle Relaxants</i>		
<i>fesoterodine fumarate er</i>	4	
GEMTESA	4	
<i>mirabegron er</i>	3	
MYRBETRIQ	3	
<i>oxybutynin chloride er</i>	2	
<i>oxybutynin chloride soln</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>oxybutynin chloride tabs 2.5mg</i>	3	
<i>solifenacin succinate</i>	3	
<i>tolterodine tartrate er</i>	4	
<i>Respiratory Smooth Muscle Relaxants</i>		
<i>elixophyllin</i>	2	
<i>theophylline er tb12, tb24</i>	2	
<i>theophylline elix</i>	2	
Vitamins		
<i>Multivitamin Preparations</i>		
<i>prenatal tabs 120mg; 0; 200mg; 10mcg; 2mg; 12mcg; 27mg; 1mg; 20mg; 10mg; 1200mcg; 3mg; 1.84mg; 10mg; 25mg</i>	2	
<i>Vitamin B Complex</i>		
<i>cyanocobalamin inj 1000mcg/ml</i>	2	EC
<i>folic acid tabs 1mg</i>	1	EC
<i>niacin tabs 500mg</i>	2	
<i>niacor</i>	2	
<i>Vitamin D</i>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	
<i>calcitriol soln 1mcg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxercalciferol caps</i>	4	
<i>paricalcitol caps</i>	4	
RAYALDEE	4	
<i>vitamin d caps 50000unit</i>	1	QL(4 EA per 28 days); EC

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Drug Name	Page #	Drug Name	Page #
ANORO ELLIPTA	17	AYVAKIT	9
APLENZIN	31	AZASITE	39
<i>apraclonidine</i>	41	<i>azathioprine</i>	54
<i>aprepitant</i>	42	<i>azelaic acid</i>	61
<i>apri</i>	47	<i>azelastine hcl</i>	40
APTIOM	27	<i>azelastine hydrochloride</i>	41
APTIVUS	6	AZELEX	61
ARCALYST	55	<i>azithromycin</i>	2
AREXVY	16	<i>aztreonam</i>	2
<i>arformoterol tartrate</i>	18	<i>azurette</i>	47
ARIKAYCE	2	<i>bacitracin</i>	39
<i>aripiprazole</i>	31	<i>bacitracin/polymyxin b</i>	39
<i>aripiprazole odt</i>	31	<i>baclofen</i>	18
ARISTADA	31	BAFIERTAM	54
ARISTADA INITIO	31	<i>balsalazide disodium</i>	42
<i>armodafinil</i>	26	BALVERSA	9
ARMOUR THYROID	51	<i>balziva</i>	47
<i>asenapine maleate sl</i>	31	BAQSIMI ONE PACK	47
<i>ashlyna</i>	47	BAQSIMI TWO PACK	47
<i>aspirin/dipyridamole er</i>	19	BAXDELA	2
<i>atazanavir</i>	6	BCG VACCINE	16
<i>atazanavir sulfate</i>	6	<i>bd insulin syringe safetyglide/1ml/29g x</i>	34
<i>atenolol</i>	21	<i>1/2"</i>	
<i>atenolol/chlorthalidone</i>	21	<i>b-d insulin syringe ultrafine ii/0.3ml/31g x</i>	34
<i>atomoxetine</i>	30	<i>5/16"</i>	
<i>atomoxetine hydrochloride</i>	30	<i>bd insulin syringe ultra-fine/0.5ml/30g x</i>	34
<i>atorvastatin calcium</i>	20	<i>12.7mm</i>	
<i>atovaquone</i>	6	<i>bd insulin syringe ultra-fine/1ml/31g x 8mm</i>	34
<i>atovaquone/proguanil hcl</i>	6	<i>bd insulin syringe/u-100/1ml/27g x 1/2"</i>	34
<i>atropine sulfate</i>	42	<i>bd insulin syringe/u-500/0.5ml/31g x 6mm</i>	35
ATROVENT HFA	17	<i>bd pen needle/original/ultra-fine/29g x</i>	35
AUBAGIO	53	<i>12.7mm</i>	
AUGMENTIN	2	BELBUCA	24
AUGTYRO	9	BELSOMRA	30
AURYXIA	37	<i>benazepril hcl</i>	23
AUSTEDO	34	<i>benazepril hydrochloride</i>	23
AUSTEDO XR	34	<i>benazepril</i>	23
AUSTEDO XR PATIENT TITRATION KIT	34	<i>hydrochloride/hydrochlorothiazide</i>	
AUVELITY	31	BENLYSTA	54
AVEED	45	BENZNIDAZOLE	6
<i>aviane</i>	47	<i>benzonatate</i>	56
<i>avita</i>	61	<i>benztropine mesylate</i>	29
AVONEX	54	<i>bepotastine besilate</i>	41
AVONEX PEN	53	BERINERT	54
AVYCAZ	2	BESIVANCE	39
		BESREMI	9

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<i>betaine anhydrous</i>	55	<i>bumetanide</i>	37
<i>betamethasone dipropionate</i>	59	<i>buprenorphine</i>	24
<i>betamethasone dipropionate augmented</i>	59	<i>buprenorphine hcl</i>	24
<i>betamethasone valerate</i>	59	<i>buprenorphine hcl/naloxone hcl</i>	24
BETASERON	54	<i>buprenorphine hydrochloride/naloxone</i>	24
<i>betaxolol hcl</i>	21	<i>hydrochloride</i>	
<i>betaxolol hcl</i>	41	<i>bupropion hcl</i>	31
<i>bethanechol chloride</i>	17	<i>bupropion hydrochloride</i>	31
BETIMOL	41	<i>bupropion hydrochloride er (sr)</i>	31
BETOPTIC-S	41	<i>bupropion hydrochloride er (xl)</i>	31
BEVESPI AEROSPHERE	17	<i>buspirone hcl</i>	30
<i>bexarotene</i>	9	<i>buspirone hydrochloride</i>	30
<i>bexarotene</i>	61	<i>butalbital/acetaminophen/caffeine</i>	24
BEXSERO	16	<i>butalbital/aspirin/caffeine</i>	24
<i>bicalutamide</i>	9	<i>butorphanol tartrate</i>	24
BICILLIN C-R	2	BYDUREON BCISE	45
BICILLIN L-A	2	BYETTA	45
BIKTARVY	6	BYLVAY	43
<i>bismuth subcitrate</i>	42	BYLVAY (PELLETS)	43
<i>pot/metronidazole/tetracycline hydrochloride</i>		<i>cabergoline</i>	29
<i>bisoprolol fumarate</i>	21	CABLIVI	19
<i>bisoprolol fumarate/hydrochlorothiazide</i>	21	CABOMETYX	10
BIVIGAM	15	<i>calcipotriene</i>	61
BOOSTRIX	16	<i>calcitonin salmon</i>	50
<i>bortezomib</i>	9	<i>calcitonin-salmon</i>	50
<i>bosentan</i>	57	<i>calcitriol</i>	61
BOSULIF	9	<i>calcitriol</i>	62
BRAFTOVI	9	<i>calcium acetate</i>	38
BREO ELLIPTA	44	CALQUENCE	10
BREYNA	44	<i>camila</i>	47
BREZTRI AEROSPHERE	44	CAMZYOS	22
<i>briellyn</i>	47	<i>candesartan cilexetil</i>	23
BRILINTA	19	<i>candesartan cilexetil/hydrochlorothiazide</i>	23
<i>brimonidine tartrate</i>	41	CAPLYTA	31
<i>brimonidine tartrate/timolol maleate</i>	41	CAPRELSA	10
<i>brinzolamide</i>	41	<i>captopril</i>	23
BRIVIACT	27	<i>carbamazepine</i>	27
<i>bromfenac sodium</i>	39	<i>carbamazepine er</i>	27
<i>bromocriptine mesylate</i>	29	<i>carbidopa</i>	29
BROMSITE	39	<i>carbidopa/levodopa</i>	29
BRONCHITOL	57	<i>carbidopa/levodopa er</i>	29
BRUKINSA	9	<i>carbidopa/levodopa odt</i>	29
<i>budesonide</i>	44	<i>carbidopa/levodopa/entacapone</i>	29
<i>budesonide</i>	59	CARDURA XL	20
<i>budesonide er</i>	44	<i>carglumic acid</i>	35
<i>budesonide/formoterol fumarate dihydrate</i>	44	<i>carteolol hcl</i>	41

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<i>cartia xt</i>	22	<i>cilostazol</i>	19
<i>carvedilol</i>	21	CIMDUO	6
<i>carvedilol phosphate er</i>	21	<i>cimetidine</i>	42
<i>caspofungin acetate</i>	5	<i>cinacalcet hydrochloride</i>	50
CAYSTON	2	CINRYZE	55
<i>cefaclor</i>	2	<i>ciprofloxacin</i>	3
<i>cefadroxil</i>	2	<i>ciprofloxacin hcl</i>	3
<i>cefazolin</i>	2	<i>ciprofloxacin hydrochloride</i>	3
<i>cefazolin sodium</i>	2	<i>ciprofloxacin hydrochloride</i>	39
<i>cefazolin sodium/dextrose</i>	2	<i>ciprofloxacin i.v.-in d5w</i>	3
<i>cefazolin/dextrose</i>	2	<i>ciprofloxacin/dexamethasone</i>	40
<i>cefdinir</i>	2	<i>citalopram hydrobromide</i>	31
<i>cefepime</i>	2	<i>claravis</i>	61
<i>cefepime hydrochloride</i>	2	<i>clarithromycin</i>	3
<i>cefepime/dextrose</i>	2	<i>clarithromycin er</i>	3
<i>cefixime</i>	2	CLENPIQ	43
<i>cefotetan</i>	2	CLEOCIN	58
<i>cefoxitin sodium</i>	2	<i>clindacin</i>	58
<i>cefpodoxime proxetil</i>	2	<i>clindacin etz pledgets</i>	58
<i>cefprozil</i>	2	<i>clindacin-p</i>	58
<i>ceftazidime</i>	3	<i>clindamycin hcl</i>	3
<i>ceftriaxone in iso-osmotic dextrose</i>	3	<i>clindamycin hydrochloride</i>	3
<i>ceftriaxone sodium</i>	3	<i>clindamycin palmitate hydrochloride</i>	3
<i>ceftriaxone/dextrose</i>	3	<i>clindamycin phosphate</i>	3
<i>cefuroxime axetil</i>	3	<i>clindamycin phosphate</i>	57
<i>cefuroxime sodium</i>	3	<i>clindamycin phosphate</i>	58
<i>celecoxib</i>	25	<i>clindamycin phosphate/benzoyl peroxide</i>	58
CELONTIN	27	<i>clindamycin phosphate/dextrose</i>	3
<i>cephalexin</i>	3	<i>clindamycin/benzoyl peroxide</i>	58
CERDELGA	55	CLINIMIX 4.25%/DEXTROSE 10%	36
CHEMET	44	CLINIMIX 4.25%/DEXTROSE 5%	36
<i>chlordiazepoxide hcl</i>	30	CLINIMIX 5%/DEXTROSE 15%	36
<i>chlordiazepoxide hydrochloride</i>	30	CLINIMIX 5%/DEXTROSE 20%	36
<i>chlorhexidine gluconate</i>	39	CLINIMIX 6/5	36
<i>chloroquine phosphate</i>	6	CLINIMIX 8/10	36
<i>chlorpromazine hcl</i>	31	CLINIMIX E 2.75%/DEXTROSE 5%	36
<i>chlorpromazine hydrochloride</i>	31	CLINIMIX E 4.25%/DEXTROSE 10%	36
<i>chlorthalidone</i>	37	CLINIMIX E 4.25%/DEXTROSE 5%	36
<i>chlorthalidone</i>	18	CLINIMIX E 5%/DEXTROSE 15%	36
CHOLBAM	43	CLINIMIX E 5%/DEXTROSE 20%	36
<i>cholestyramine</i>	20	CLINIMIX E 8/10	36
<i>cholestyramine light</i>	20	CLINISOL SF 15%	36
<i>ciclopirox</i>	58	<i>clobazam</i>	27
<i>ciclopirox nail lacquer</i>	58	<i>clobetasol propionate</i>	59
<i>ciclopirox olamine</i>	58	<i>clobetasol propionate e</i>	59
<i>cidofovir</i>	6	<i>clobetasol propionate emollient</i>	59

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<i>clocortolone pivalate</i>	59	<i>cyclophosphamide</i>	10
<i>clodan</i>	59	CYCLOSET	45
<i>clomipramine hydrochloride</i>	31	<i>cyclosporine</i>	40
<i>clonazepam</i>	27	<i>cyclosporine</i>	54
<i>clonazepam odt</i>	27	<i>cyclosporine modified</i>	54
<i>clonidine</i>	23	<i>cyproheptadine hcl</i>	9
<i>clonidine hydrochloride</i>	23	<i>cyproheptadine hydrochloride</i>	9
<i>clonidine hydrochloride er</i>	23	CYSTAGON	55
<i>clopidogrel</i>	19	CYSTARAN	41
<i>clorazepate dipotassium</i>	30	<i>dabigatran etexilate</i>	19
<i>clotrimazole</i>	58	<i>dalfampridine er</i>	55
<i>clotrimazole/betamethasone dipropionate</i>	58	DALVANCE	3
<i>clozapine</i>	32	<i>danazol</i>	45
<i>clozapine odt</i>	32	<i>dantrolene sodium</i>	18
COARTEM	6	<i>dapsone</i>	5
<i>codeine sulfate</i>	25	DAPTACEL	16
<i>colchicine</i>	52	<i>daptomycin</i>	3
<i>colesevelam hydrochloride</i>	20	<i>daptomycin/sodium chloride</i>	3
<i>colestipol hcl</i>	20	<i>darunavir</i>	6
<i>colistimethate sodium</i>	3	DARZALEX	10
COMBIPATCH	48	<i>dasatinib</i>	10
COMBIVENT RESPIMAT	18	DAURISMO	10
COMETRIQ	10	DAYVIGO	30
COMPLERA	6	<i>deblitane</i>	47
CONDYLOX	61	<i>deferasirox</i>	44
<i>constulose</i>	35	<i>deferiprone</i>	44
COPAXONE	54	DELSTRIGO	6
COPIKTRA	10	<i>demeclocycline hcl</i>	3
CORDRAN	60	DENGVAXIA	16
CORLANOR	22	DEPO-ESTRADIOL	49
CORTIFOAM	57	DEPO-MEDROL	44
CORTISPORIN-TC	40	DEPO-SUBQ PROVERA	104
CORTROPHIN	50	DESCOVY	6
COSENTYX	52	<i>desipramine hydrochloride</i>	32
COSENTYX SENSOREADY PEN	52	<i>desloratadine</i>	9
COSENTYX UNOREADY	52	<i>desloratadine odt</i>	9
COTELLIC	10	<i>desmopressin acetate</i>	50
CREON	43	<i>desogestrel/ethinyl estradiol</i>	47
<i>cromolyn sodium</i>	41	<i>desonide</i>	60
<i>cromolyn sodium</i>	55	<i>desoximetasone</i>	60
<i>curity gauze pads 2"x2" 12 ply</i>	35	DESRX	60
CUVITRU	15	<i>desvenlafaxine er</i>	32
<i>cyanocobalamin</i>	62	<i>dexamethasone</i>	44
<i>cyclobenzaprine hydrochloride</i>	18	<i>dexamethasone intensol</i>	44
<i>cyclopentolate hcl</i>	42	<i>dexamethasone sodium phosphate</i>	40
<i>cyclopentolate hydrochloride</i>	42	<i>dexamethasone sodium phosphate</i>	44

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<i>dexamethasone sodium phosphate + rfid</i>	44	DILANTIN-125	27
DEXLANSOPRAZOLE	42	<i>diltiazem hcl</i>	22
<i>dexmethylphenidate hcl</i>	26	<i>diltiazem hcl cd</i>	22
<i>dexmethylphenidate hcl er</i>	26	<i>diltiazem hcl er</i>	22
<i>dexmethylphenidate hydrochloride</i>	26	<i>diltiazem hydrochloride</i>	22
<i>dexmethylphenidate hydrochloride er</i>	26	<i>diltiazem hydrochloride er</i>	22
<i>dextroamphetamine sulfate</i>	27	<i>dilt-xr</i>	22
<i>dextroamphetamine sulfate er</i>	26	<i>dimethyl fumarate</i>	54
<i>dextrose 10%</i>	36	<i>dimethyl fumarate starterpack</i>	54
<i>dextrose 10%/sodium chloride 0.2%</i>	38	<i>diphenhydramine hydrochloride</i>	9
<i>dextrose 10%/sodium chloride 0.45%</i>	38	<i>diphenoxylate hydrochloride/atropine</i>	42
<i>dextrose 2.5%/sodium chloride 0.45%</i>	38	<i>sulfate</i>	
<i>dextrose 5%</i>	36	<i>diphenoxylate/atropine</i>	42
<i>dextrose 5%/sodium chloride 0.2%</i>	38	<i>diphtheria/tetanus toxoids adsorbed</i>	16
<i>dextrose 5%/sodium chloride 0.3%</i>	38	<i>pediatric</i>	
<i>dextrose 5%/sodium chloride 0.33%</i>	38	<i>dipyridamole</i>	24
<i>dextrose 5%/sodium chloride 0.45%</i>	38	<i>disopyramide phosphate</i>	22
<i>dextrose 5%/sodium chloride 0.9%</i>	38	<i>disulfiram</i>	52
<i>dextrose 50%</i>	36	<i>divalproex sodium</i>	27
<i>dextrose 70%</i>	36	<i>divalproex sodium dr</i>	27
<i>dextrose/sodium chloride</i>	38	<i>divalproex sodium er</i>	27
DIACOMIT	27	<i>docetaxel</i>	10
<i>diazepam</i>	30	<i>dofetilide</i>	22
<i>diazepam intensol</i>	30	<i>donepezil hcl</i>	17
<i>diazepam rectal gel</i>	30	<i>donepezil hydrochloride</i>	17
<i>diazoxide</i>	47	DOPTELET	19
<i>dichlorphenamide</i>	52	<i>dorzolamide hcl/timolol maleate</i>	41
<i>diclofenac epolamine</i>	25	<i>dorzolamide hydrochloride</i>	41
<i>diclofenac potassium</i>	25	<i>dorzolamide hydrochloride/timolol maleate</i>	41
<i>diclofenac sodium</i>	40	<i>pf</i>	
<i>diclofenac sodium</i>	60	<i>dotti</i>	49
<i>diclofenac sodium dr</i>	25	DOVATO	6
<i>diclofenac sodium er</i>	25	<i>doxazosin mesylate</i>	20
<i>dicloxacillin sodium</i>	3	<i>doxepin hcl</i>	32
<i>dicyclomine hcl</i>	17	<i>doxepin hydrochloride</i>	32
<i>dicyclomine hydrochloride</i>	17	<i>doxepin hydrochloride</i>	61
DIFICID	3	<i>doxercalciferol</i>	63
<i>diflorasone diacetate</i>	60	DOXY 100	3
<i>diflunisal</i>	25	<i>doxycycline</i>	3
<i>difluprednate</i>	40	<i>doxycycline hyclate</i>	3
<i>digitek</i>	22	<i>doxycycline monohydrate</i>	3
<i>digox</i>	22	DRIZALMA SPRINKLE	32
<i>digoxin</i>	22	<i>dronabinol</i>	42
<i>dihydroergotamine mesylate</i>	18	<i>drospirenone/ethinyl estradiol</i>	47
DILANTIN	27	DROXIA	10
DILANTIN INFATABS	27	<i>droxidopa</i>	18

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Drug Name	Page #	Drug Name	Page #
<i>duloxetine hcl</i>	32	EPIDIOLEX	27
<i>duloxetine hydrochloride</i>	32	<i>epinastine hcl</i>	41
DUPIXENT	56	<i>epinephrine</i>	18
DUPIXENT	61	<i>epitol</i>	27
<i>dutasteride</i>	51	<i>eplerenone</i>	23
<i>dutasteride/tamsulosin hydrochloride</i>	51	EPRONTIA	27
<i>ec-naproxen</i>	25	EQUETRO	27
<i>econazole nitrate</i>	58	ERIVEDGE	10
EDURANT	6	ERLEADA	10
<i>efavirenz</i>	7	<i>erlotinib hydrochloride</i>	10
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>errin</i>	47
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	7	<i>ertapenem</i>	3
<i>effek</i>	38	<i>ertapenem sodium</i>	3
EGRIFTA SV	50	<i>ery</i>	58
ELESTRIN	49	<i>erythromycin</i>	39
ELIGARD	49	<i>erythromycin</i>	58
ELIQUIS	19	<i>erythromycin base</i>	3
ELIQUIS STARTER PACK	19	<i>erythromycin dr</i>	3
<i>elixophyllin</i>	62	<i>erythromycin ethylsuccinate</i>	3
ELMIRON	55	<i>erythromycin/benzoyl peroxide</i>	58
<i>eluryng</i>	47	ESBRIET	56
EMCYT	10	<i>escitalopram oxalate</i>	32
EMGALITY	29	<i>esomeprazole magnesium</i>	42
EMSAM	29	<i>estradiol</i>	49
<i>emtricitabine</i>	7	<i>estradiol valerate</i>	49
<i>emtricitabine/tenofovir disoproxil</i>	7	ESTRING	49
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>ethacrynic acid</i>	37
EMTRIVA	7	<i>ethambutol hydrochloride</i>	5
<i>enalapril maleate</i>	23	<i>ethosuximide</i>	27
<i>enalapril maleate/hydrochlorothiazide</i>	23	<i>etodolac</i>	25
ENBREL	52	<i>etodolac er</i>	25
ENBREL MINI	52	<i>etonogestrel/ethinyl estradiol</i>	47
ENBREL SURECLICK	52	<i>etravirine</i>	7
ENDARI	55	EUCRISA	60
<i>endocet</i>	25	<i>euthyrox</i>	51
ENGERIX-B	16	EVAMIST	49
<i>enilloring</i>	47	EVENITY	52
<i>enoxaparin sodium</i>	19	<i>everolimus</i>	10
<i>entacapone</i>	29	<i>everolimus</i>	54
<i>entecavir</i>	7	EVOTAZ	7
ENTRESTO	23	EVRYSDI	55
<i>enulose</i>	35	<i>exemestane</i>	49
ENVARUSUS XR	54	EXKIVITY	10
EPCLUSA	7	EXSERVAN	30
		EXTAVIA	54
		<i>ezetimibe</i>	20

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<i>ezetimibe/simvastatin</i>	20	<i>fluocinonide</i>	60
<i>falmina</i>	47	<i>fluocinonide emulsified base</i>	60
<i>famciclovir</i>	7	<i>fluorometholone</i>	40
<i>famotidine</i>	42	<i>fluorouracil</i>	61
FANAPT	32	<i>fluoxetine dr</i>	32
FANAPT TITRATION PACK	32	<i>fluoxetine hydrochloride</i>	32
FARXIGA	45	<i>fluphenazine decanoate</i>	32
FASENRA	56	<i>fluphenazine hcl</i>	32
FASENRA PEN	56	<i>fluphenazine hydrochloride</i>	32
<i>febuxostat</i>	52	<i>flurbiprofen</i>	25
<i>felbamate</i>	27	<i>flurbiprofen sodium</i>	40
<i>felodipine er</i>	22	<i>flutamide</i>	10
FEMRING	49	<i>fluticasone propionate</i>	40
<i>fenofibrate</i>	20	<i>fluticasone propionate</i>	60
<i>fenofibrate micronized</i>	20	<i>fluticasone propionate diskus</i>	44
<i>fenofibric acid dr</i>	20	<i>fluticasone propionate hfa</i>	44
<i>fentanyl</i>	25	<i>fluticasone propionate/salmeterol</i>	18
<i>fentanyl citrate</i>	25	<i>fluticasone propionate/salmeterol diskus</i>	18
<i>fentanyl citrate oral transmucosal</i>	25	<i>fluvastatin</i>	20
<i>fesoterodine fumarate er</i>	62	<i>fluvastatin sodium er</i>	20
FETZIMA	32	<i>fluvoxamine maleate</i>	32
FETZIMA TITRATION PACK	32	<i>fluvoxamine maleate er</i>	32
FEXMID	18	FML	40
<i>finasteride</i>	52	FML FORTE	40
<i> fingolimod hydrochloride</i>	54	<i>folic acid</i>	62
FINTEPLA	27	<i>fondaparinux sodium</i>	19
<i>finzala</i>	47	<i>formoterol fumarate</i>	18
FIRDAPSE	55	FORTEO	50
FIRMAGON	49	<i>fosamprenavir calcium</i>	7
FIRVANQ	3	<i>fosfomycin tromethamine</i>	8
<i>flac</i>	40	<i>fosinopril sodium</i>	23
FLAREX	40	<i>fosinopril sodium/hydrochlorothiazide</i>	23
FLEBOGAMMA DIF	15	FOTIVDA	10
<i>flecainide acetate</i>	22	FRAGMIN	19
FLOLIPID	20	FREAMINE III	36
FLOVENT DISKUS	44	<i>frovatriptan succinate</i>	29
<i>fluconazole</i>	5	FRUZAQLA	10
<i>fluconazole in sodium chloride</i>	5	<i>furosemide</i>	37
<i>flucytosine</i>	5	FUZEON	7
<i>fludrocortisone acetate</i>	44	<i>fyavolv</i>	49
<i>flunisolide</i>	40	FYCOMPA	27
<i>fluocinolone acetonide</i>	40	<i>gabapentin</i>	27
<i>fluocinolone acetonide</i>	60	GALAFOLD	55
<i>fluocinolone acetonide body</i>	60	<i>galantamine hydrobromide</i>	17
<i>fluocinolone acetonide scalp</i>	60	<i>galantamine hydrobromide er</i>	17
<i>fluocinolone acetonide topical</i>	57	<i>gallifrey</i>	50

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GAMMAGARD LIQUID	15	<i>griseofulvin microsize</i>	5
GAMMAKED	15	<i>griseofulvin ultramicrosize</i>	5
GAMMAPLEX	15	<i>guanfacine hydrochloride er</i>	30
GAMUNEX-C	15	GVOKE HYPOPEN 1-PACK	47
GARDASIL 9	16	GVOKE HYPOPEN 2-PACK	47
<i>gatifloxacin</i>	39	GVOKE KIT	47
GATTEX	43	GVOKE PFS	47
<i>gauze pads 2"x2"</i>	35	GYNAZOLE-1	58
<i>gavilyte-c</i>	43	HAEGARDA	55
<i>gavilyte-g</i>	43	<i>halcinonide</i>	60
<i>gavilyte-n/flavor pack</i>	43	<i>halobetasol propionate</i>	60
GAVRETO	10	<i>haloette</i>	47
<i>gefitinib</i>	10	<i>haloperidol</i>	32
<i>gemfibrozil</i>	20	<i>haloperidol decanoate</i>	32
GEMTESA	62	<i>haloperidol lactate</i>	32
<i>generlac</i>	35	HARVONI	7
GENGRAF	54	HAVRIX	16
GENOTROPIN	50	<i>heather</i>	47
GENOTROPIN MINIQUICK	50	<i>heparin sodium</i>	19
<i>gentak</i>	39	<i>heparin sodium/d5w</i>	19
<i>gentamicin sulfate</i>	3	HEPATAMINE	36
<i>gentamicin sulfate</i>	39	HEPLISAV-B	16
<i>gentamicin sulfate</i>	58	HETLIOZ LQ	30
<i>gentamicin sulfate/0.9% sodium chloride</i>	3	HIBERIX	16
GENVOYA	7	HIZENTRA	15
GILOTRIF	10	HORIZANT	27
GLEOSTINE	11	HUMALOG	46
<i>glimepiride</i>	45	HUMALOG JUNIOR KWIKPEN	46
<i>glipizide</i>	45	HUMALOG KWIKPEN	46
<i>glipizide er</i>	45	HUMALOG MIX 50/50	46
<i>glipizide/metformin hydrochloride</i>	45	HUMALOG MIX 50/50 KWIKPEN	46
GLOPERBA	52	HUMALOG MIX 75/25	46
GLUCAGEN HYPOKIT	47	HUMALOG MIX 75/25 KWIKPEN	46
GLUCAGON EMERGENCY KIT	47	HUMIRA	53
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	47	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	53
<i>glyburide</i>	45	HUMIRA PEN	53
<i>glyburide micronized</i>	45	HUMIRA PEN-CD/UC/HS STARTER	53
<i>glyburide/metformin hydrochloride</i>	45	HUMIRA PEN-PEDIATRIC UC STARTER PACK	53
<i>glycopyrrolate</i>	17	HUMIRA PEN-PS/UV STARTER	53
<i>glydo</i>	57	HUMULIN 70/30	46
GLYXAMBI	45	HUMULIN 70/30 KWIKPEN	46
<i>gnp insulin syringe/0.3ml/30g x 5/16"</i>	35	HUMULIN N	46
<i>gnp insulin syringe/0.5ml/30g x 5/16"</i>	35	HUMULIN N KWIKPEN	46
GOCOVRI	29	HUMULIN R	46
<i>granisetron hydrochloride</i>	42		

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HUMULIN R U-500 (CONCENTRATED)	46	IMOVAX RABIES (H.D.C.V.)	16
HUMULIN R U-500 KWIKPEN	46	IMPAVIDO	6
<i>hydralazine hcl</i>	23	IMVEXXY MAINTENANCE PACK	49
<i>hydralazine hydrochloride</i>	23	IMVEXXY STARTER PACK	49
<i>hydrochlorothiazide</i>	37	INBRIJA	29
<i>hydrocodone bitartrate er</i>	25	INCRELEX	50
<i>hydrocodone bitartrate/acetaminophen</i>	25	INCRUSE ELLIPTA	17
<i>hydrocodone bitartrate/homatropine</i>	56	<i>indapamide</i>	37
<i>methylbromide</i>		<i>indomethacin</i>	25
<i>hydrocodone polistirex/chlorpheniramine</i>	56	<i>indomethacin er</i>	25
<i>polistirex</i>		INFANRIX	16
<i>hydrocodone/acetaminophen</i>	25	INGREZZA	34
<i>hydrocodone/ibuprofen</i>	25	INLYTA	11
<i>hydrocortisone</i>	45	INQOVI	11
<i>hydrocortisone</i>	60	INREBIC	11
<i>hydrocortisone butyrate</i>	60	INTELENCE	7
<i>hydrocortisone sodium succinate</i>	45	INTRALIPID	36
<i>hydrocortisone valerate</i>	60	INTRAROSA	45
<i>hydrocortisone/acetic acid</i>	40	INTRON A	11
<i>hydromorphone hcl</i>	25	<i>introvale</i>	47
<i>hydromorphone hcl er</i>	25	INVEGA HAFYERA	32
<i>hydromorphone hydrochloride er</i>	25	INVEGA SUSTENNA	32
<i>hydroxychloroquine sulfate</i>	6	INVEGA TRINZA	32
<i>hydroxyurea</i>	11	INVELTYS	40
<i>hydroxyzine hcl</i>	30	IPOL INACTIVATED IPV	16
<i>hydroxyzine hydrochloride</i>	30	<i>ipratropium bromide</i>	17
<i>hydroxyzine pamoate</i>	30	<i>ipratropium bromide/albuterol sulfate</i>	18
HYFTOR	61	<i>irbesartan</i>	23
<i>ibandronate sodium</i>	52	<i>irbesartan/hydrochlorothiazide</i>	23
IBRANCE	11	IRESSA	11
<i>ibu</i>	25	ISENTRESS	7
<i>ibuprofen</i>	25	ISENTRESS HD	7
<i>icatibant acetate</i>	55	<i>isoniazid</i>	5
<i>iclevia</i>	47	<i>isosorbide dinitrate</i>	24
ICLUSIG	11	<i>isosorbide dinitrate/hydralazine</i>	24
<i>icosapent ethyl</i>	20	<i>hydrochloride</i>	
IDHIFA	11	<i>isosorbide mononitrate</i>	24
ILEVRO	40	<i>isosorbide mononitrate er</i>	24
<i>imatinib mesylate</i>	11	<i>isotonic gentamicin</i>	4
IMBRUVICA	11	<i>isotretinoin</i>	61
<i>imipenem/cilastatin</i>	3	<i>isradipine</i>	22
<i>imipramine hcl</i>	32	<i>itraconazole</i>	5
<i>imipramine hydrochloride</i>	32	<i>ivabradine hydrochloride</i>	22
<i>imipramine pamoate</i>	32	<i>ivermectin</i>	2
<i>imiquimod</i>	61	<i>ivermectin</i>	58
<i>imiquimod pump</i>	61	IWILFIN	11

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IXCHIQ	16	KISQALI FEMARA 600 DOSE	49
IXIARO	16	<i>klayesta</i>	57
JAKAFI	11	KLISYRI	61
<i>jantoven</i>	19	<i>klor-con</i>	38
JANUMET	46	<i>klor-con 10</i>	38
JANUMET XR	46	<i>klor-con 8</i>	38
JANUVIA	46	<i>klor-con m10</i>	38
JARDIANCE	46	<i>klor-con m15</i>	38
JAYPIRCA	11	<i>klor-con m20</i>	38
JENTADUETO	46	<i>klor-con/ef</i>	38
JENTADUETO XR	46	KORLYM	46
<i>jinteli</i>	49	KOSELUGO	11
<i>joyeaux</i>	47	KOURZEQ	57
JULUCA	7	<i>k-prime</i>	38
<i>junel 1.5/30</i>	47	KRAZATI	11
<i>junel 1/20</i>	47	KRISTALOSE	35
<i>junel fe 1.5/30</i>	47	KYNMOBI	29
<i>junel fe 1/20</i>	48	KYPROLIS	11
<i>junel fe 24</i>	48	<i>labetalol hydrochloride</i>	21
JUXTAPID	20	<i>lacosamide</i>	27
JYLAMVO	11	<i>lactated ringers</i>	38
JYNNEOS	16	<i>lactulose</i>	35
KALYDECO	56	LAGEVRIO	7
<i>kariva</i>	48	<i>lamivudine</i>	7
<i>kcl 0.075%/d5w/nacl 0.45%</i>	38	<i>lamivudine/zidovudine</i>	7
<i>kcl 0.15%/d5w/nacl 0.2%</i>	38	<i>lamotrigine</i>	28
<i>kcl 0.15%/d5w/nacl 0.225%</i>	38	<i>lamotrigine starter kit/blue</i>	27
<i>kcl 0.15%/d5w/nacl 0.45%</i>	38	<i>lamotrigine starter kit/green</i>	27
<i>kcl 0.15%/d5w/nacl 0.9%</i>	38	<i>lamotrigine starter kit/orange</i>	28
<i>kcl 0.3%/d5w/nacl 0.45%</i>	38	<i>lanreotide acetate</i>	50
<i>kcl 0.3%/d5w/nacl 0.9%</i>	38	<i>lansoprazole</i>	42
<i>kelnor 1/35</i>	48	<i>lansoprazole/amoxicillin/clarithromycin</i>	42
KENALOG-10	45	<i>lanthanum carbonate</i>	37
KERENDIA	23	LANTUS	46
KESIMPTA	54	LANTUS SOLOSTAR	46
<i>ketoconazole</i>	5	<i>lapatinib ditosylate</i>	11
<i>ketoconazole</i>	58	<i>larin 1.5/30</i>	48
KETODAN	58	<i>larin 1/20</i>	48
<i>ketoprofen</i>	25	<i>larin fe 1.5/30</i>	48
<i>ketoprofen er</i>	25	<i>larin fe 1/20</i>	48
<i>ketorolac tromethamine</i>	40	<i>latanoprost</i>	41
KINERET	53	LAZANDA	25
KINRIX	16	LAZCLUZE	11
KISQALI	11	<i>leflunomide</i>	53
KISQALI FEMARA 200 DOSE	49	<i>lenalidomide</i>	11
KISQALI FEMARA 400 DOSE	49	LENVIMA 10 MG DAILY DOSE	11

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LENVIMA 12MG DAILY DOSE	11	<i>lidocaine viscous</i>	41
LENVIMA 14 MG DAILY DOSE	11	<i>lidocaine/prilocaine</i>	61
LENVIMA 18 MG DAILY DOSE	12	<i>linezolid</i>	4
LENVIMA 20 MG DAILY DOSE	12	LINZESS	43
LENVIMA 24 MG DAILY DOSE	12	<i>liothyronine sodium</i>	51
LENVIMA 4 MG DAILY DOSE	12	<i>lisdexamphetamine dimesylate</i>	27
LENVIMA 8 MG DAILY DOSE	12	<i>lisinopril</i>	23
<i>lessina</i>	48	<i>lisinopril/hydrochlorothiazide</i>	23
<i>letrozole</i>	49	<i>lithium</i>	29
<i>leucovorin calcium</i>	52	<i>lithium carbonate</i>	29
LEUKERAN	12	<i>lithium carbonate er</i>	29
<i>leuprolide acetate</i>	49	LIVALO	20
<i>levalbuterol</i>	18	LIVMARLI	43
<i>levalbuterol hcl</i>	18	LIVMARLI	43
<i>levalbuterol hydrochloride</i>	18	LIVTENCITY	7
<i>levalbuterol tartrate hfa</i>	18	LO LOESTRIN FE	48
LEVEMIR	46	LOKELMA	37
LEVEMIR FLEXPEN	46	LONHALA MAGNAIR REFILL KIT	17
LEVEMIR FLEXTOUCH	46	LONHALA MAGNAIR STARTER KIT	17
<i>levetiracetam</i>	28	LONSURF	12
<i>levetiracetam er</i>	28	<i>loperamide hcl</i>	42
<i>levobunolol hcl</i>	41	<i>lopinavir/ritonavir</i>	7
<i>levocarnitine</i>	55	<i>lorazepam</i>	30
<i>levocetirizine dihydrochloride</i>	9	<i>lorazepam intensol</i>	30
<i>levofloxacin</i>	4	LORBRENA	12
<i>levofloxacin</i>	39	<i>losartan potassium</i>	23
<i>levofloxacin in d5w</i>	4	<i>losartan potassium/hydrochlorothiazide</i>	23
<i>levonest</i>	48	LOTEMAX	40
<i>levonorgestrel and ethinyl estradiol</i>	48	<i>loteprednol etabonate</i>	40
<i>levonorgestrel/ethinyl estradiol</i>	48	<i>lovastatin</i>	20
<i>levora 0.15/30-28</i>	48	<i>loxapine</i>	32
<i>levorphanol tartrate</i>	25	<i>lubiprostone</i>	43
<i>levo-t</i>	51	LUMAKRAS	12
<i>levothyroxine sodium</i>	51	LUMIGAN	41
<i>levoxyl</i>	51	LUPRON DEPOT (1-MONTH)	49
LEXIVA	7	LUPRON DEPOT (3-MONTH)	49
<i>l-glutamine</i>	55	LUPRON DEPOT (4-MONTH)	49
LIBERVANT	28	LUPRON DEPOT (6-MONTH)	49
<i>lidocaine</i>	61	<i>lurasidone hydrochloride</i>	32
<i>lidocaine hcl</i>	51	LYBALVI	32
<i>lidocaine hcl</i>	57	LYNPARZA	12
<i>lidocaine hcl jelly</i>	57	LYSODREN	12
<i>lidocaine hydrochloride</i>	51	LYTGOBI	12
<i>lidocaine hydrochloride</i>	57	<i>magnesium sulfate</i>	28
<i>lidocaine hydrochloride</i>	61	<i>malathion</i>	58
<i>lidocaine hydrochloride viscous</i>	41	<i>maraviroc</i>	7

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<i>marlissa</i>	48	<i>methylprednisolone acetate</i>	45
MARPLAN	33	<i>methylprednisolone dose pack</i>	45
MATULANE	12	<i>metoclopramide hcl</i>	44
<i>matzim la</i>	22	<i>metoclopramide hydrochloride</i>	44
MAVYRET	7	<i>metolazone</i>	37
MAXIDEX	40	<i>metoprolol succinate er</i>	21
MAYZENT	54	<i>metoprolol tartrate</i>	21
MAYZENT STARTER PACK	54	<i>metoprolol/hydrochlorothiazide</i>	21
<i>meclizine hcl</i>	42	<i>metronidazole</i>	6
<i>meclofenamate sodium</i>	25	<i>metronidazole</i>	59
MEDROL	45	<i>metronidazole vaginal</i>	58
<i>medroxyprogesterone acetate</i>	50	<i>metyrosine</i>	55
<i>mefloquine hcl</i>	6	<i>mexiletine hcl</i>	22
<i>megestrol acetate</i>	50	<i>mibelas 24 fe</i>	48
MEKINIST	12	<i>miconazolin</i>	5
MEKTOVI	12	<i>miconazole 3</i>	59
<i>meloxicam</i>	25	<i>microgestin 1.5/30</i>	48
<i>memantine hcl titration pak</i>	30	<i>microgestin 1/20</i>	48
<i>memantine hydrochloride</i>	30	<i>microgestin fe 1.5/30</i>	48
<i>memantine hydrochloride er</i>	30	<i>microgestin fe 1/20</i>	48
MENACTRA	16	<i>midodrine hcl</i>	19
MENEST	49	<i>mifepristone</i>	46
MENOSTAR	49	<i>miglitol</i>	46
MENQUADFI	16	<i>miglustat</i>	55
MENTAX	58	MILLIPRED	45
MENVEO	16	<i>minocycline hcl</i>	4
<i>mercaptapurine</i>	12	<i>minocycline hydrochloride</i>	4
<i>meropenem</i>	4	<i>minoxidil</i>	23
<i>mesalamine</i>	42	<i>mirabegron er</i>	62
<i>mesalamine dr</i>	42	<i>mirtazapine</i>	33
<i>mesalamine er</i>	42	<i>mirtazapine odt</i>	33
MESNEX	55	<i>misoprostol</i>	42
<i>metformin hydrochloride</i>	46	M-M-R II	16
<i>metformin hydrochloride er</i>	46	<i>modafinil</i>	27
<i>methadone hcl</i>	25	<i>moexipril hcl</i>	23
<i>methamphetamine hcl</i>	27	<i>molindone hydrochloride</i>	33
<i>methazolamide</i>	41	<i>mometasone furoate</i>	40
<i>methenamine hippurate</i>	9	<i>mometasone furoate</i>	60
<i>methenamine mandelate</i>	9	<i>montelukast sodium</i>	56
<i>methimazole</i>	51	<i>morphine sulfate</i>	26
<i>methotrexate</i>	12	<i>morphine sulfate er</i>	26
<i>methotrexate sodium</i>	12	MOUNJARO	46
<i>methsuximide</i>	28	MOVANTIK	43
<i>methylphenidate hydrochloride</i>	27	<i>moxifloxacin hydrochloride/sodium</i>	4
<i>methylphenidate hydrochloride er</i>	27	<i>hydrochloride</i>	
<i>methylprednisolone</i>	45	<i>moxifloxacin hydrochloride</i>	4

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<i>moxifloxacin hydrochloride</i>	39	<i>nevirapine er</i>	7
MOZOBIL	19	NEXLETOL	21
MRESVIA	16	NEXLIZET	21
MULTAQ	23	<i>niacin</i>	62
<i>mupirocin</i>	59	<i>niacin er</i>	21
<i>mycophenolate mofetil</i>	54	<i>niacor</i>	62
<i>mycophenolic acid dr</i>	54	<i>nicardipine hcl</i>	22
MYFEMBREE	49	NICOTROL INHALER	17
MYORISAN	61	NICOTROL NS	17
MYRBETRIQ	62	<i>nifedipine er</i>	22
<i>nabumetone</i>	26	<i>nikki</i>	48
<i>nadolol</i>	21	<i>nilutamide</i>	12
<i>nafticillin sodium</i>	4	<i>nimodipine</i>	22
<i>naftifine hcl</i>	59	NINLARO	12
<i>naftifine hydrochloride</i>	57	<i>nisoldipine er</i>	22
<i>naftifine hydrochloride</i>	59	<i>nitazoxanide</i>	6
<i>naloxone hcl</i>	31	<i>nitisinone</i>	55
<i>naloxone hydrochloride</i>	31	NITRO-BID	24
<i>naltrexone hcl</i>	31	<i>nitrofurantoin macrocrystals</i>	9
NAMZARIC	30	<i>nitrofurantoin monohydrate/macrocrystals</i>	9
<i>naproxen</i>	26	<i>nitroglycerin</i>	24
<i>naproxen dr</i>	26	<i>nitroglycerin</i>	58
<i>naproxen sodium</i>	26	<i>nitroglycerin transdermal</i>	24
<i>naratriptan hcl</i>	29	NIVA THYROID	51
NATACYN	39	NORDITROPIN FLEXPRO	50
<i>nateglinide</i>	46	<i>norelgestromin/ethinyl estradiol</i>	48
NATPARA	50	<i>norethindrone & ethinyl estradiol ferrous</i>	48
NAYZILAM	28	<i>fumarate</i>	
<i>nebivolol hydrochloride</i>	21	<i>norethindrone acetate</i>	50
<i>necon 0.5/35-28</i>	48	<i>norethindrone acetate/ethinyl estradiol</i>	49
<i>nefazodone hydrochloride</i>	33	<i>norethindrone acetate/ethinyl</i>	48
<i>neomycin sulfate</i>	4	<i>estradiol/ferrous fumarate</i>	
<i>neomycin/bacitracin/polymyxin</i>	39	NORPACE CR	23
<i>neomycin/polymyxin/bacitracin/hydrocortis</i>	40	<i>nortrel 0.5/35 (28)</i>	48
<i>one</i>		<i>nortrel 1/35</i>	48
<i>neomycin/polymyxin/dexamethasone</i>	40	<i>nortrel 7/7/7</i>	48
<i>neomycin/polymyxin/gramicidin</i>	39	<i>nortriptyline hcl</i>	33
<i>neomycin/polymyxin/hc</i>	40	<i>nortriptyline hydrochloride</i>	33
<i>neomycin/polymyxin/hydrocortisone</i>	40	NORVIR	7
<i>neo-polycin</i>	39	NOURIANZ	30
<i>neo-polycin hc</i>	40	NOXAFIL	5
NERLYNX	12	<i>np thyroid 120</i>	51
NEULASTA	19	<i>np thyroid 15</i>	51
NEULASTA ONPRO KIT	19	<i>np thyroid 30</i>	51
NEUPRO	29	<i>np thyroid 60</i>	51
<i>nevirapine</i>	7	<i>np thyroid 90</i>	51

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NUBEQA	12	OMNIPOD 5 LIBRE2 PLUS G6	35
NUCALA	56	OMNIPOD 5 LIBRE2 PLUS G6 PODS	35
NUDEXTA	30	OMNIPOD CLASSIC PDM STARTER	35
NULOJIX	54	KIT (GEN 3)	
NUPLAZID	33	OMNIPOD CLASSIC PODS (GEN 3)	35
NURTEC	29	OMNIPOD DASH INTRO KIT (GEN 4)	35
NUTRILIPID	37	OMNIPOD DASH PDM KIT (GEN 4)	35
NUTROPIN AQ NUSPIN 10	50	OMNIPOD DASH PODS (GEN 4)	35
NUTROPIN AQ NUSPIN 20	50	OMNIPOD GO 10 UNITS/DAY	35
NUTROPIN AQ NUSPIN 5	50	OMNIPOD GO 15 UNITS/DAY	35
NUVESSA	59	OMNIPOD GO 20 UNITS/DAY	35
NUZYRA	4	OMNIPOD GO 25 UNITS/DAY	35
<i>nyamyc</i>	59	OMNIPOD GO 30 UNITS/DAY	35
NYMALIZE	22	OMNIPOD GO 35 UNITS/DAY	35
<i>nystatin</i>	5	OMNIPOD GO 40 UNITS/DAY	35
<i>nystatin</i>	59	OMNITROPE	51
<i>nystop</i>	59	<i>ondansetron hcl</i>	42
OCTAGAM	15	<i>ondansetron hydrochloride</i>	42
<i>octreotide acetate</i>	50	<i>ondansetron odt</i>	42
ODEFSEY	7	ONGENTYS	29
ODOMZO	12	ONUREG	13
OFEV	56	OPDIVO	13
<i>ofloxacin</i>	4	<i>opium</i>	42
<i>ofloxacin</i>	39	<i>opium tincture</i>	42
OGSIVEO	12	OPSUMIT	57
OJEMDA	12	OPVEE	31
OJJAARA	12	<i>oralone dental paste</i>	60
<i>olanzapine</i>	33	ORENCIA	53
<i>olanzapine odt</i>	33	ORENCIA CLICKJECT	53
<i>olanzapine/fluoxetine</i>	33	ORENITRAM	57
<i>olmesartan medoxomil</i>	23	ORENITRAM TITRATION KIT MONTH	57
<i>olmesartan</i>	22	1	
<i>medoxomil/amlodipine/hydrochlorothiazide</i>		ORENITRAM TITRATION KIT MONTH	57
<i>olmesartan medoxomil/hydrochlorothiazide</i>	23	2	
<i>olopatadine hcl</i>	41	ORENITRAM TITRATION KIT MONTH	57
<i>olopatadine hydrochloride</i>	41	3	
<i>omega-3-acid ethyl esters</i>	21	ORFADIN	55
<i>omeprazole</i>	42	ORGOVYX	49
<i>omeprazole dr</i>	42	ORLISSA	50
OMNIPOD 5 DEXCOM G7G6 INTRO KIT	35	ORKAMBI	56
(GEN 5)		ORSERDU	13
OMNIPOD 5 DEXCOM G7G6 PODS	35	<i>oseltamivir phosphate</i>	8
(GEN 5)		OSMOPREP	43
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	35	OSPHERA	49
OMNIPOD 5 G7 INTRO KIT (GEN 5)	35	OTEZLA	51
OMNIPOD 5 G7 PODS (GEN 5)	35	OTEZLA	53

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<i>oxacillin sodium</i>	4	<i>pentamidine isethionate</i>	6
<i>oxaprozin</i>	26	<i>pentoxifylline er</i>	20
<i>oxazepam</i>	30	<i>perindopril erbumine</i>	23
OXBRYTA	19	<i>perio gard</i>	39
<i>oxcarbazepine</i>	28	<i>permethrin</i>	59
OXERVATE	41	<i>perphenazine</i>	33
<i>oxybutynin chloride</i>	62	PERSERIS	33
<i>oxybutynin chloride er</i>	62	<i>phenelzine sulfate</i>	33
<i>oxycodone hcl er</i>	26	<i>phenobarbital</i>	30
<i>oxycodone hydrochloride</i>	26	<i>phenoxybenzamine hydrochloride</i>	18
<i>oxycodone hydrochloride er</i>	26	<i>phenytek</i>	28
<i>oxycodone/acetaminophen</i>	26	<i>phenytoin</i>	28
OXYCONTIN	26	<i>phenytoin sodium extended</i>	28
OZEMPIC	46	PHOSPHOLINE IODIDE	41
<i>pacerone</i>	23	PIFELTRO	8
<i>paclitaxel</i>	13	<i>pilocarpine hcl</i>	41
<i>paliperidone er</i>	33	<i>pilocarpine hydrochloride</i>	17
PANRETIN	61	<i>pimecrolimus</i>	61
<i>pantoprazole sodium</i>	42	<i>pimozide</i>	33
PANZYGA	16	<i>pindolol</i>	21
<i>paricalcitol</i>	63	<i>pioglitazone hcl</i>	46
<i>paromomycin sulfate</i>	6	<i>pioglitazone hcl/metformin hcl</i>	46
<i>paroxetine hcl</i>	33	<i>pioglitazone hcl-glimepiride</i>	46
<i>paroxetine hcl er</i>	33	<i>pioglitazone hydrochloride</i>	46
<i>paroxetine hydrochloride</i>	33	<i>piperacillin sodium/tazobactam sodium</i>	4
PASER	5	PIQRAY 200MG DAILY DOSE	13
PAXLOVID	8	PIQRAY 250MG DAILY DOSE	13
<i>pazopanib hydrochloride</i>	13	PIQRAY 300MG DAILY DOSE	13
PEDIARIX	16	<i>pirfenidone</i>	56
PEDVAX HIB	16	<i>piroxicam</i>	26
<i>peg-3350/electrolytes</i>	43	<i>pitavastatin calcium</i>	21
<i>peg-3350/electrolytes/ascorbate</i>	43	PLEGRIDY	54
<i>peg-3350/nacl/na bicarbonate/kcl</i>	43	PLEGRIDY STARTER PACK	54
<i>peg-3350/sodium sulf/naclpotassium cl/na ascorbate/ascorbic</i>	43	PLENAMINE	37
PEGASYS	8	<i>plerixafor</i>	19
PEMAZYRE	13	<i>podofilox</i>	58
PENBRAYA	16	<i>podofilox</i>	61
<i>penciclovir</i>	59	<i>polycin</i>	39
<i>penicillamine</i>	44	<i>polymyxin b sulfate/trimethoprim sulfate</i>	39
<i>penicillin g potassium</i>	4	POMALYST	13
<i>penicillin g potassium in iso-osmotic dextrose</i>	4	<i>portia-28</i>	48
<i>penicillin g sodium</i>	4	<i>posaconazole</i>	5
<i>penicillin v potassium</i>	4	<i>posaconazole dr</i>	5
PENTACEL	16	<i>potassium chloride</i>	38
		<i>potassium chloride er</i>	38

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<i>potassium chloride/dextrose/sodium chloride</i>	38	<i>progesterone</i>	50
<i>potassium citrate er</i>	35	PROGRAF	54
PRALUENT	21	PROLASTIN-C	57
<i>pramipexole dihydrochloride</i>	29	PROLENSA	40
<i>prasugrel hydrochloride</i>	19	PROLIA	52
<i>pravastatin sodium</i>	21	PROMACTA	20
<i>praziquantel</i>	2	<i>promethazine hcl</i>	9
<i>prazosin hydrochloride</i>	20	<i>promethazine hydrochloride</i>	9
PRED MILD	40	<i>promethazine hydrochloride plain</i>	9
<i>prednisolone</i>	45	<i>promethazine vc/codeine</i>	56
<i>prednisolone acetate</i>	40	<i>promethazine/codeine</i>	56
<i>prednisolone sodium phosphate</i>	40	<i>promethazine/phenylephrine/codeine</i>	56
<i>prednisolone sodium phosphate</i>	45	<i>propafenone hcl</i>	23
<i>prednisolone sodium phosphate odt</i>	45	<i>propafenone hydrochloride</i>	23
<i>prednisone</i>	45	<i>propafenone hydrochloride er</i>	23
<i>pregabalin</i>	28	<i>propranolol hcl</i>	21
<i>pregabalin er</i>	26	<i>propranolol hcl er</i>	21
PREHEVBRIO	16	<i>propranolol hydrochloride</i>	21
PREMARIN	49	<i>propranolol hydrochloride er</i>	21
PREMASOL	37	<i>propylthiouracil</i>	51
<i>premium lidocaine</i>	61	PROQUAD	16
PREMPHASE	49	PROSOL	37
PREMPRO	49	<i>protriptyline hcl</i>	33
<i>prenatal</i>	62	PULMOZYME	57
<i>prevalite</i>	21	PURIXAN	13
PREVYMIS	8	PYLERA	43
PREZCOBIX	8	<i>pyrazinamide</i>	5
PREZISTA	8	<i>pyridostigmine bromide</i>	17
PRIFTIN	5	<i>pyridostigmine bromide er</i>	17
<i>primaquine phosphate</i>	6	<i>pyrimethamine</i>	6
<i>primidone</i>	28	PYRUKYND	19
PRIORIX	16	PYRUKYND TAPER PACK	19
PRIVIGEN	16	QINLOCK	13
PROAIR RESPICLICK	19	QUADRACEL	16
<i>probenecid</i>	39	<i>quetiapine fumarate</i>	33
<i>probenecid/colchicine</i>	39	<i>quetiapine fumarate er</i>	33
<i>prochlorperazine</i>	33	<i>quinapril hydrochloride</i>	23
<i>prochlorperazine edisylate</i>	33	<i>quinapril/hydrochlorothiazide</i>	23
<i>prochlorperazine maleate</i>	33	<i>quinidine gluconate cr</i>	23
PROCRIT	20	<i>quinidine sulfate</i>	23
PROCTOFOAM HC	57	<i>quinine sulfate</i>	6
<i>procto-med hc</i>	60	QVAR REDIHALER	45
<i>procto-pak</i>	60	RABAVERT	16
<i>proctosol hc</i>	60	<i>rabeprazole sodium</i>	43
<i>proctozone-hc</i>	60	RADICAVA ORS	30
		RADICAVA ORS STARTER KIT	30

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<i>raloxifene hydrochloride</i>	49	<i>risperidone er</i>	33
<i>ramelteon</i>	30	<i>risperidone odt</i>	33
<i>ramipril</i>	23	<i>ritonavir</i>	8
<i>ranolazine er</i>	23	<i>rivastigmine tartrate</i>	18
<i>rasagiline mesylate</i>	29	<i>rivastigmine transdermal system</i>	18
RASUVO	53	<i>rizatriptan benzoate</i>	29
RAYALDEE	63	<i>rizatriptan benzoate odt</i>	29
REBIF	54	ROCKLATAN	41
REBIF REBIDOSE	54	<i>roflumilast</i>	57
REBIF REBIDOSE TITRATION PACK	54	<i>ropinirole hcl</i>	29
REBIF TITRATION PACK	54	<i>ropinirole hydrochloride</i>	29
RECOMBIVAX HB	17	<i>rosadan</i>	59
RECTIV	61	<i>rosuvastatin calcium</i>	21
REGRANEX	61	ROTARIX	17
RELENZA DISKHALER	8	ROTATEQ	17
RELISTOR	43	<i>roweepira</i>	28
RELYVRIO	31	ROZLYTREK	13
<i>repaglinide</i>	46	RUBRACA	13
REPATHA	21	<i>rufinamide</i>	28
REPATHA PUSHTRONEX SYSTEM	21	RUKOBIA	8
REPATHA SURECLICK	21	RYBELSUS	46
RESTASIS	40	RYDAPT	13
RESTASIS MULTIDOSE	40	RYTARY	29
RETACRIT	20	SAJAZIR	55
RETEVMO	13	<i>salsalate</i>	26
RETIN-A MICRO	58	SANTYL	61
RETIN-A MICRO PUMP	61	<i>sapropterin dihydrochloride</i>	55
REVCovi	39	SAVELLA	31
REVLIMID	13	SAVELLA TITRATION PACK	31
REXULTI	33	SCSEMBLIX	13
REYATAZ	8	<i>scopolamine</i>	42
REZLIDHIA	13	SECUADO	33
REZUROCK	55	<i>selegiline hcl</i>	29
RHOPRESSA	41	<i>selenium sulfide</i>	59
<i>ribavirin</i>	8	SELZENTRY	8
RIDAURA	44	SEREVENT DISKUS	19
<i>rifabutin</i>	5	SEROSTIM	51
<i>rifampin</i>	6	<i>sertraline hcl</i>	33
<i>riluzole</i>	31	<i>sertraline hydrochloride</i>	33
<i>rimantadine hydrochloride</i>	8	<i>sevelamer carbonate</i>	37
RINVOQ	53	<i>sf 5000 plus</i>	52
RINVOQ LQ	51	<i>sharobel</i>	48
<i>risedronate sodium</i>	52	SHINGRIX	17
<i>risedronate sodium dr</i>	52	SIGNIFOR	50
RISPERDAL CONSTA	33	<i>sildenafil citrate</i>	24
<i>risperidone</i>	33	<i>silodosin</i>	18

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<i>silver sulfadiazine</i>	59	<i>subvenite</i>	28
SIMBRINZA	41	<i>subvenite starter kit/blue</i>	28
<i>simvastatin</i>	21	<i>subvenite starter kit/green</i>	28
<i>sirolimus</i>	54	<i>subvenite starter kit/orange</i>	28
SIRTURO	6	SUCRAID	39
SIVEXTRO	4	<i>sucralfate</i>	43
SKYRIZI	43	<i>sulfacetamide sodium</i>	39
SKYRIZI	62	<i>sulfacetamide sodium/prednisolone sodium</i>	40
SKYRIZI PEN	62	<i>phosphate</i>	
<i>sodium chloride</i>	39	<i>sulfadiazine</i>	4
<i>sodium chloride 0.45%</i>	39	<i>sulfamethoxazole/trimethoprim</i>	4
<i>sodium chloride 0.9%</i>	38	<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>sodium fluoride</i>	52	SULFAMYLON	59
<i>sodium fluoride 5000 plus</i>	52	<i>sulfasalazine</i>	4
<i>sodium fluoride 5000 ppm</i>	52	<i>sulindac</i>	26
<i>sodium oxybate</i>	31	<i>sumatriptan</i>	29
<i>sodium phenylbutyrate</i>	35	<i>sumatriptan succinate</i>	29
<i>sodium polystyrene sulfonate</i>	37	<i>sumatriptan succinate refill</i>	29
<i>sodium sulfate/potassium sulfate/magnesium sulfate</i>	43	<i>sunitinib malate</i>	14
<i>solifenacin succinate</i>	62	SUNLENCA	8
SOLOSEC	6	SUNOSI	27
SOLTAMOX	49	SUPRAX	4
SOLU-CORTEF	45	SYMDEKO	57
SOMATULINE DEPOT	50	SYMLINPEN 120	46
SOMAVERT	51	SYMLINPEN 60	46
<i>sorafenib</i>	13	SYMPAZAN	28
<i>sorafenib tosylate</i>	13	SYMTUZA	8
<i>sotalol hcl</i>	21	SYNAREL	50
<i>sotalol hydrochloride (af)</i>	21	SYNJARDY	46
SPIRIVA RESPIMAT	17	SYNJARDY XR	46
<i>spironolactone</i>	24	SYNRIBO	14
<i>spironolactone/hydrochlorothiazide</i>	23	SYNTHROID	51
SPRITAM	28	TABLOID	14
SPRYCEL	13	TABRECTA	14
<i>sps</i>	38	<i>tacrolimus</i>	54
<i>ssd</i>	59	<i>tacrolimus</i>	62
STAMARIL	17	<i>tadalafil</i>	24
STELARA	62	TAFINLAR	14
<i>sterile water for irrigation</i>	38	<i>tafluprost</i>	41
STIOLTO RESPIMAT	17	TAGRISSE	14
STIVARGA	14	TALZENNA	14
<i>streptomycin sulfate</i>	4	<i>tamoxifen citrate</i>	49
STRIBILD	8	<i>tamsulosin hydrochloride</i>	18
STRIVERDI RESPIMAT	19	<i>tarina fe 1/20 eq</i>	48
SUBSYS	26	TASIGNA	14
		<i>tasimelteon</i>	30

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

Drug Name	Page #	Drug Name	Page #
TAVALISSE	19	TIBSOVO	14
TAVNEOS	55	TICOVAC	17
<i>taysofy</i>	48	<i>timolol maleate</i>	21
<i>tazarotene</i>	58	<i>timolol maleate</i>	41
<i>tazarotene</i>	62	<i>timolol maleate ophthalmic gel forming</i>	41
TAZICEF	4	<i>tinidazole</i>	6
TAZORAC	62	<i>tiopronin dr</i>	55
<i>taztia xt</i>	22	TIROSINT-SOL	51
TAZVERIK	14	TIVICAY	8
<i>tdvax</i>	16	TIVICAY PD	8
<i>techlite insulin syringe u-100/0.5ml/30g x</i>	35	<i>tizanidine hcl</i>	18
<i>1/2"</i>		<i>tizanidine hydrochloride</i>	18
<i>techlite pen needles 29g x 10mm</i>	35	TOBI PODHALER	4
TEFLARO	4	TOBRADEX	40
TEGSEDI	52	TOBRADEX ST	40
TEKTURNA HCT	24	<i>tobramycin</i>	4
<i>telmisartan</i>	24	<i>tobramycin</i>	39
<i>telmisartan/amlodipine</i>	22	<i>tobramycin sulfate</i>	4
<i>telmisartan/hydrochlorothiazide</i>	24	<i>tobramycin/dexamethasone</i>	40
<i>temazepam</i>	30	<i>tolterodine tartrate er</i>	62
TEMIXYS	8	<i>topiramate</i>	28
TENIVAC	16	<i>topiramate er</i>	28
<i>tenofovir disoproxil fumarate</i>	8	<i>toremifene citrate</i>	49
TEPMETKO	14	<i>torse mide</i>	37
<i>terazosin hcl</i>	20	TOUJEO MAX SOLOSTAR	46
<i>terazosin hydrochloride</i>	20	TOUJEO SOLOSTAR	47
<i>terbinafine hcl</i>	5	TOVET	60
<i>terconazole</i>	59	TRACLEER	57
<i>teriflunomide</i>	54	TRADJENTA	47
<i>teriparatide</i>	50	<i>tramadol hcl er</i>	26
<i>testosterone</i>	45	<i>tramadol hydrochloride</i>	26
<i>testosterone cypionate</i>	45	<i>tramadol hydrochloride er</i>	26
<i>testosterone enanthate</i>	45	<i>tramadol hydrochloride/acetaminophen</i>	26
<i>testosterone pump</i>	45	<i>trandolapril</i>	24
<i>tetrabenazine</i>	34	<i>tranexamic acid</i>	19
<i>tetracycline hydrochloride</i>	4	<i>tranylcypromine sulfate</i>	34
THALOMID	54	TRAVASOL	37
<i>theophylline</i>	62	<i>travoprost</i>	41
<i>theophylline er</i>	62	<i>trazodone hydrochloride</i>	34
THIOLA EC	55	TRECTOR	6
<i>thioridazine hcl</i>	34	TRELEGY ELLIPTA	45
<i>thiothixene</i>	34	TRELSTAR MIXJECT	50
THYQUIDITY	51	TRESIBA	47
THYROID	51	TRESIBA FLEXTOUCH	47
<i>tiadylt er</i>	22	<i>tretinoin</i>	14
<i>tiagabine hydrochloride</i>	28	<i>tretinoin</i>	61

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Drug Name	Page #	Drug Name	Page #
<i>tretinoin microsphere</i>	58	<i>unithroid</i>	51
<i>tretinoin microsphere</i>	61	UPTRAVI	57
TREXALL	14	UPTRAVI TITRATION PACK	57
<i>triamcinolone acetonide</i>	45	<i>ursodiol</i>	43
<i>triamcinolone acetonide</i>	60	<i>valacyclovir hydrochloride</i>	8
<i>triamcinolone acetonide dental paste</i>	60	VALCHLOR	62
<i>triamterene</i>	37	<i>valganciclovir</i>	8
<i>triamterene/hydrochlorothiazide</i>	37	<i>valganciclovir hydrochloride</i>	8
TRIANEX	60	<i>valproate sodium</i>	28
<i>triderm</i>	60	<i>valproic acid</i>	28
<i>trientine hydrochloride</i>	44	<i>valsartan</i>	24
<i>trifluoperazine hcl</i>	34	<i>valsartan/hydrochlorothiazide</i>	24
<i>trifluoperazine hydrochloride</i>	34	VALTOCO 10 MG DOSE	28
<i>trifluridine</i>	39	VALTOCO 15 MG DOSE	28
<i>trihexyphenidyl hcl</i>	29	VALTOCO 20 MG DOSE	28
<i>trihexyphenidyl hydrochloride</i>	29	VALTOCO 5 MG DOSE	28
TRIKAFTA	57	<i>vancomycin</i>	5
<i>trimethoprim</i>	9	<i>vancomycin hcl</i>	4
<i>trimipramine maleate</i>	34	<i>vancomycin hydrochloride</i>	4
TRINTELLIX	34	VANFLYTA	14
<i>tri-sprintec</i>	48	VAQTA	17
TRITOCIN	60	<i>ildenafil hydrochloride</i>	24
TRIUMEQ	8	<i>ildenafil hydrochloride odt</i>	24
TRIUMEQ PD	8	<i>varenicline starting month</i>	17
<i>trivora-28</i>	48	<i>varenicline tartrate</i>	17
TRIZIVIR	8	<i>varenicline tartrate</i>	18
TROPHAMINE	37	VARIVAX	17
<i>trueplus insulin syringe /u-100/1ml/29g x 1/2"</i>	35	VARIZIG	16
<i>trueplus pen needles 29gx12mm</i>	35	VASCEPA	21
TRULICITY	47	VAXCHORA	17
TRUMENBA	17	<i>velivet</i>	48
TRUQAP	14	VELPHORO	38
TRUSELTIQ	14	VELTASSA	38
TUKYSA	14	VEMLIDY	8
TURALIO	14	VENCLEXTA	14
<i>turqoz</i>	48	VENCLEXTA STARTING PACK	14
TWINRIX	17	<i>venlafaxine besylate er</i>	34
<i>tyblume</i>	48	<i>venlafaxine hcl er</i>	34
TYBOST	55	<i>venlafaxine hydrochloride</i>	34
TYMLOS	50	<i>venlafaxine hydrochloride er</i>	34
TYPHIM VI	17	VENTAVIS	57
UBRELVY	29	<i>verapamil hcl</i>	22
UCERIS	61	<i>verapamil hcl er</i>	22
UDENYCA	20	<i>verapamil hcl sr</i>	22
UDENYCA ONBODY	20	<i>verapamil hydrochloride</i>	22
		<i>verapamil hydrochloride er</i>	22

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Drug Name	Page #	Drug Name	Page #
VERQUVO	24	XIFAXAN	5
VERSACLOZ	34	XIGDUO XR	47
VERZENIO	14	XOFLUZA	8
VIBRAMYCIN	5	XOLAIR	57
VICTOZA	47	XOSPATA	15
<i>vigabatrin</i>	28	XPOVIO	15
<i>vigadrone</i>	28	XPOVIO 100 MG ONCE WEEKLY	15
VIGAFYDE	28	XPOVIO 40 MG ONCE WEEKLY	15
<i>vigpoder</i>	28	XPOVIO 40 MG TWICE WEEKLY	15
VIIBRYD STARTER PACK	34	XPOVIO 60 MG ONCE WEEKLY	15
VIJOICE	55	XPOVIO 60 MG TWICE WEEKLY	15
<i>vilazodone hydrochloride</i>	34	XPOVIO 80 MG ONCE WEEKLY	15
VIRACEPT	8	XPOVIO 80 MG TWICE WEEKLY	15
VIREAD	8	XTANDI	15
<i>vitamin d</i>	63	<i>xulane</i>	48
VITRAKVI	14	XYOSTED	45
VIVITROL	31	<i>yargesa</i>	55
VIZIMPRO	14	YERVOY	15
VONJO	14	YF-VAX	17
VORANIGO	14	YONSA	15
<i>voriconazole</i>	5	YUPELRI	17
VOSEVI	8	<i>yuvafem</i>	49
VOTRIENT	15	<i>zafemy</i>	48
VOXZOGO	55	<i>zafirlukast</i>	56
VRAYLAR	34	<i>zaleplon</i>	30
VUMERITY	54	ZARXIO	20
<i>vyfemla</i>	48	ZEJULA	15
VYNDAMAX	55	ZELBORAF	15
VYNDAQEL	55	ZENATANE	62
VYVANSE	27	ZENPEP	43
VYZULTA	41	ZEPOSIA	54
<i>warfarin sodium</i>	19	ZEPOSIA 7-DAY STARTER PACK	54
WELIREG	15	ZEPOSIA STARTER KIT	54
WINLEVI	62	ZERBAXA	5
<i>wixela inhub</i>	19	<i>zidovudine</i>	8
XALKORI	15	ZIEXTENZO	20
XARELTO	19	<i>zileuton er</i>	56
XARELTO STARTER PACK	19	<i>ziprasidone hcl</i>	34
XATMEP	15	<i>ziprasidone mesylate</i>	34
XCOPRI	28	ZIRGAN	39
XDEMVI	39	<i>zoledronic acid</i>	52
XELJANZ	53	ZOLINZA	15
XELJANZ XR	53	<i>zolpidem tartrate</i>	30
XENLETA	5	ZONISADE	28
XERMELO	42	<i>zonisamide</i>	28
XGEVA	52	ZORBTIVE	51

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Drug Name	Page #
ZOSYN	5
<i>zovia 1/35</i>	48
ZTALMY	28
ZURZUVAE	34
ZYDELIG	15
ZYKADIA	15
ZYLET	40
ZYPREXA RELPREVV	34

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Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، سيقوم شخص ما يتحدث العربية 1-888-341-1507 (HMO)/1-866-632-0060 (PPO) ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

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

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

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

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

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

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

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This formulary was updated on 12/01/2024. For more recent information or other questions, please contact CarePartners of Connecticut Member Services at **1-888-341-1507** (TTY users should call 711), 8:00 a.m. to 8:00 p.m., 7 days a week from October 1 to March 31 and Monday–Friday from April 1 to September 30, or visit **www.carepartnersct.com**.



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