

**Independence** 

**SELECT DRUG PROGRAM<sup>®</sup> FORMULARY**

**EFFECTIVE APRIL 1, 2026**

**[www.ibx.com](http://www.ibx.com)**

## INFORMATION FOR MEMBERS AND PROVIDERS

This Select Drug Program® Formulary is intended to help members and providers understand prescription drug coverage under the Independence Blue Cross Select Drug Program Formulary. We are committed to providing comprehensive prescription drug coverage. To achieve this, we include a formulary feature in your prescription drug benefit. The drugs are approved by the U.S. Food and Drug Administration (FDA). They are also reviewed by our Pharmacy and Therapeutics Committee, a group of doctors and pharmacists from the area. These prescription drugs have been added to the Select Drug Program Formulary for their reported medical effectiveness, safety, and value.

The pharmacy benefits manager monitors all drugs to ensure they are safe and effective.

**Please note:** Prescription drug benefits vary by group. Therefore, a drug on this formulary does not imply coverage. Drug coverage is based on medical necessity. This formulary guide was current at the time of printing and is subject to change. Please call Customer Service at the number listed on the back of your ID card if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your provider or pharmacist.

### What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier.

### Select Formulary tier structure

Below is a summary of tiers in the general order from lowest to highest level of cost-share. Benefits vary by group, so the inclusion of a drug in this formulary does not guarantee coverage. All cost-share tiers may not be available on all plans.

- Low-Cost Generic (availability varies by benefit)
- Generic
- Preferred Brand
- Non-preferred Drug
- Specialty (availability varies by benefit)

- Generally, if a brand-name drug has a generic equivalent, the brand-name drug is non-preferred while the generic equivalent is covered at the generic level of cost-sharing.

**For example:** Cipro® is the brand drug and is considered non-preferred; its generic equivalent ciprofloxacin is available at the generic level of cost-sharing.

- Some brand-name drugs without generic equivalents, authorized generic (also referred to as authorized brand alternative) drugs and generic drugs are also considered *non-preferred*. This is because there are other more cost-effective alternatives covered on the formulary to treat the same condition..

Covered generic drugs not listed in the formulary guide are available at the generic level of cost-sharing; covered brand drugs not listed in the formulary guide are available at the non-preferred level of cost-sharing.

**The Low-Cost Generic [LCG] Tier** offers copays lower than the cost-share for the generic tier, when possible. This applies to certain generic drugs that are typically used to treat chronic conditions such as high blood pressure, high cholesterol, diabetes, heart failure, and depression. Benefits may vary. Not all plans provide this incentive. The drug list is subject to change. When this incentive is not available on a plan, these drugs will be covered at the generic cost-share level.

**Specialty Drugs [SP]** meet certain criteria, including, but not limited to drugs used to treat rare, complex, or chronic diseases, drugs that have complex storage and/or shipping requirements, and drugs that require comprehensive patient monitoring and/or education. Specialty drugs covered under the pharmacy benefit may be managed by your pharmacy benefit managers Specialty Pharmacy Program. Benefits may vary, and many plans cover specialty drugs on a specialty tier with higher cost-sharing. For cost-sharing purposes, drugs on the specialty tier are not eligible for tier lowering.

**Authorized Generics [AG]** are brand-name drugs that are marketed without the brand name on its label. An authorized generic may be marketed by the brand-name drug company, or another company with the brand company's permission. These drugs are approved by the FDA. But they are not approved through the abbreviated new drug application (ANDA) process like a standard generic drug. For cost sharing purposes, authorized generics are treated as brand-name drugs and are not eligible for coverage on the generic tier(s). Another name for AGs is Authorized Brand Alternative [ABA]. **For example:** oxycodone ER tablet, an authorized generic of brand OxyContin<sup>®</sup>, is listed as non-preferred and is available at the non-preferred level of cost-sharing.

#### **What are Affordable Care Act (ACA) preventive medications?**

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventive Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail-order pharmacy.

The following categories of drugs may be available at no member cost-share with a prescription. Please note that individual benefits may vary. Always refer to your benefits to determine your coverage. This list is subject to change. Refer to the searchable drug lookup tool on your health insurance plan's website to check the status of a specific drug.

Category	Product(s) Available at \$0 at the Pharmacy
<b>Aspirin products (OTC)</b> For women after 12 weeks' gestation who are at high risk for preeclampsia	aspirin 81mg (tab/chewable)
<b>Bowel preparations</b> Bowel preparation for colonoscopy needed for preventive colon cancer screening, for ages 45-75	generic bowel preparation products such as Gavilyte-CTM, Gavilyte-GTM, Gavilyte-NTM, Gavilyte-HTM with bisacodyl, polyethylene glycol (PEG) 3350 oral powder, Trilyte® w/packets
<b>Breast cancer chemo prevention</b> For asymptomatic females age 35 years and older without a prior diagnosis of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ, who are at high risk for breast cancer and at low risk for adverse effects from breast cancer chemoprevention	tamoxifen 20mg
<b>Contraceptives</b> Includes, but not limited to, oral, injectable, transdermal, diaphragms, cervical caps, intravaginal devices, condoms, and contraceptive film and jelly (in accordance with the women's preventive services provisions of the ACA). Note: IUDs and implantable products are covered under the medical benefit.	<ul style="list-style-type: none"> <li>- Oral: some generics such as Amethia, Cryselle-28, Emoquette, Fayosim, Necon, Sprintec, Trivora</li> <li>- Injectable: all generics such as medroxyprogesterone injection</li> <li>- Transdermal: Xulane® patches</li> <li>- Diaphragms</li> <li>- Cervical Caps</li> <li>- Condoms</li> <li>- Contraceptive film</li> <li>- Contraceptive gel/jelly/foam: such as VCF® foam 12.5%, 28%, Options Conceptrol® 4%, Options Gynol® 3%, Phexxi®</li> <li>- Emergency: all generics such as levonorgestrel 1.5mg tab, My Way® 1.5mg tab</li> <li>- Intravaginal devices: etonogestrel-ethinyl estradiol vaginal ring</li> </ul>
<b>Fluoride</b> For children ages 6 months to 16 years. Includes generics strengths <b>up to 0.5mg</b>	sodium fluoride 1.1 (0.5f) mg/ml solution sodium fluoride 0.55 (0.25f) mg chewable tab Fluoritab 0.275 (0.125f) mg/drop solution Fluoritab 1.1 (0.5f) mg chewable tab
<b>Folic acid</b> For women planning for or capable of pregnancy. Limited to 0.4 to 0.8mg of folic acid. For women younger than 51 years of age	folic acid 400mcg tab folic acid 800mcg tab folic acid 0.8mg capsule (including generic prenatal vitamins with the above listed folic acid dose)

Category	Product(s) Available at \$0 at the Pharmacy
<p><b>Tobacco Cessation Medication</b> For adults ages 18+ years, who use tobacco products and want to quit</p>	<p>varenicline tab bupropion SR (generic Zyban®) tablet nicotine polacrilex lozenge nicotine patch 24 hour transdermal Nicotrol® Inhaler Nicotrol® NS Solution</p>
<p><b>Statins</b> Low-to-moderate dose statin for prevention of cardiovascular disease, recommended for ages 40-75 years without a history of CVD when 1 or more CVD risk factors are present (e.g., dyslipidemia, diabetes, hypertension, or smoking) and a calculated 10-year risk of a cardiovascular event of 10% or greater</p>	<p>lovastatin 10mg lovastatin 20mg lovastatin 40mg</p>
<p><b>HIV PrEP</b> Preexposure prophylaxis (PrEP) with effective anti-retroviral therapy for persons who are at high risk of HIV acquisition</p>	<p>Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300mg Tenofovir 300mg Descovy® 200-25mg</p>
<p><b>Vaccines</b> To prevent certain illnesses in infants, children, and adults. Include immunizations to prevent Influenza, Pneumococcal, Shingles, and Respiratory Syncytial Virus Infection (RSV)</p>	<p>- Influenza: Afluria®, Fluzone [Quad]®, Fluzone®, Fluarix®, Flumist®, Flublok®, Fluad®, Flucelvax®, Flulaval® - Pneumococcal: Prevnar 13®, Pneumovax 23®, Prevnar 20™, Vaxneuvance®, Capvaxive™* - Shingles: Shingrix®* - RSV: Arexvy™^, Abrysvo™***, Mresvia®**</p> <p>*Note: Applies to members at least 19 years of age. Cost share applies for members 18 years of age.</p> <p>^Note: Applies to members at least 60 years of age. Cost share applies for members 50-59 years of age.</p> <p>**Note: Applies to members at least 60 years of age.</p> <p>***Note: Applies to members at least 60 years of age or for pregnant individuals at 32 through 36 weeks gestational age. Cost share applies for members 18-59 years of age.</p>

## PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross utilizes an independent pharmacy benefits management (PBM) company, to manage the administration of its prescription drug programs. As our PBM, they are responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and their providers. The effectiveness and safety of drugs and drug-prescribing patterns are monitored by the Pharmacy benefit manager. Several procedures, such as prior authorization, age limits, and quantity limits, have been established to support safe prescribing patterns and to provide optimal clinical outcomes for members.

### **What is prior authorization?**

Prior authorization is a requirement that your provider obtain approval from your health plan for coverage of, or payment for, prescription drugs. Independence Blue Cross requires prior authorization of certain covered drugs to confirm that the drug prescribed is medically necessary, clinically appropriate, and is being prescribed according to FDA approved labeled or medically accepted use. The approval criteria were developed and approved by the Pharmacy and Therapeutics Committee, a group of physicians and pharmacists from the area. Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's provider, and the member's available prescription drug therapy history. The clinical pharmacists' evaluation may include a review of potential drug-drug interactions or contraindications, appropriate dosing and length of therapy, and utilization of other drug therapies, if necessary.

Please note, coverage of certain drugs on the formulary (e.g., weight loss drugs) requires a benefit rider. Please contact the health insurance plan for member eligibility information and benefit details.

Claim dollar limits are placed to require review for clinical appropriateness on prescription claims exceeding a defined dollar limit threshold. The member's provider will need to submit a prior authorization request to any claim exceeding \$10,000.

**Without prior authorization, the member's prescription will not be covered at the retail or mail-order pharmacy.** The prior authorization review process may take up to two business days once complete information from the provider has been received. Incomplete information may result in a delayed decision. Prior authorization approvals for some drugs may have a limited timeframe, for example six to twelve months. If the prior authorization approval for a drug is limited to a certain timeframe, an expiration date will be given at the time the approval is made. If the provider wants a member to continue the drug therapy as requested after the expiration date, a new prior authorization request will need to be submitted and approved for coverage to continue.

### **Safety Edits**

Safety edits are applied to prescription medications to ensure safe and appropriate use of drugs. They are designed to align with the clinical practice guideline and FDA approved use outlined in the manufacturer package insert. Some of these safety edits will prompt member counseling at the point of sale, while some will require prior authorization review. Safety edits include age limits, quantity limits, morphine milligram equivalent (MME) limits, and concurrent drug utilization review (cDUR). Each safety edit is described below.

### **Age Limits**

If the member's prescription falls outside of the FDA guidelines, it may not be covered unless prior authorization is obtained. In addition, an age limit may be applied when certain drugs are more likely to be used in certain age groups. The provider may request coverage for drugs outside of the age limit when medically necessary. The approval criteria for this review were developed and approved by the Pharmacy and Therapeutics Committee. The member should contact the provider to initiate the prior authorization process.

### **Quantity Limits**

Quantity limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses, standard dosing, and/or length of therapy of a drug. Independence Blue Cross has several different

types of quantity limits that are explained in detail below. The purpose of these limits is to ensure safe and appropriate utilization. If a member requires more than the limit, the member's provider will need to submit a prior authorization request. Similar to other prior authorization requests, quantity limit override requests for certain drugs may have a limited approval timeframe.

- **Quantity Over Time:** This quantity limit is based on dosing guidelines over a rolling time period. For example, if a drug has a quantity limit over a 30-day time period and a member went to the pharmacy on January 1, 2026, for one of these medications, the plan would have looked back 30 days to December 2, 2025, to see how much medication was dispensed. The purpose of these limits is to prevent the dispensing of excessive quantities. Examples of quantity limits over time are:
  - Etonogestrel-ethinyl estradiol (Nuvaring®) = 1 ring per 28 days
  - Ibandronate (Boniva®) 150mg = 1 tablet per 30 days
  - Sumatriptan (Imitrex®) 50mg = 18 tablets per 30 days
  - Diabetic supplies such as blood glucose test strips = 200 strips per 30 days
  - Sildenafil (Viagra®), tadalafil (Cialis® 10mg, 20mg) = 8 tablets per 30 days
- **Maximum daily dose:** This quantity limit defines the maximum number of units of the drug allowed per day. Examples of maximum daily dose quantity limits are:
  - Zolpidem (Ambien®) = 1 tablet per day
  - Oxycodone/acetaminophen 5/325mg = 12 tablets per day
  - Guanfacine Extended Release 24 Hour = 1 tablet per day
- **Refill too soon:** This limit is in place to encourage appropriate utilization and minimize stockpiling of prescription medications. Based on this edit, a member can receive a refill of a prescription after 75% utilization. Additional refills will be covered once 75% of the supply has been consumed. The following examples illustrate how refill too soon limit works:
  - A 30 days' supply of a prescription filled on 1/1/2026 will be refillable again on or after 1/24/2026
  - A 90 days' supply of a prescription filled on 7/1/2026 will be refillable again on or after 9/7/2026
  - The claims system looks at the member's refill history over the past 365 days to calculate the supply on hand before dispensing a refill. If there is more than an 18-day supply on hand for a 30-day fill (or 36-day supply for a 90-day fill), the claim will reject and the next available refill date will be provided.
- **Day Supply Limit:** This limit is based on the day supply and not the quantity. However, quantity limits may apply as well. Day Supply Limits apply to some classes of drugs, such as opioids. If a quantity limit applies, the member will also be limited to the maximum daily dose for that drug. The following are examples of drugs that have a day supply and a quantity limit:
  - Short acting opioids, such as oxycodone/acetaminophen 5mg/325mg
    - Day supply limit = Two 5 days' supplies limit per 60 days for adults, two 3 days' supply limit for children under 18 years of age.
  - Butalbital containing headache agents, such as butalbital/aspirin
    - Day supply limit = 5-day supply per 30 days
    - Quantity Limit = 6 tablets per 1 day
    - Maximum quantity allowed without prior authorization = 30 tablets (6 tablets per day for 5 days)
  - Opioid containing cough and cold products, such as hydrocodone/homatropine
    - Day supply limit = Two 5-days' supplies limit per 60 days for adults, and two 3 days' supply limit for children under 18 years of age
    - Quantity Limit = 30ml per 1 day
    - Maximum quantity allowed without prior authorization = 150ml (30ml per day for 5 days)

### Morphine Milligram Equivalent (MME) Limit

Independence Blue Cross applies additional safety measures to opioid products by limiting the total daily dose. This limit accounts for various opioid products through a measurement called the Morphine Milligram Equivalent (MME) dose. The MME is a number that is used to determine and compare the potency of opioid medications. It helps to identify when additional caution is needed. The daily limit is calculated based on the number of opioid drugs, their potencies and the total daily usage. Prior authorization is required for an opioid dose that exceeds 90 MME per day. MME Limit applies to the opioid products containing the active ingredients listed below:

Active Ingredient			
codeine	dihydrocodeine	fentanyl	hydrocodone
hydromorphone	levorphanol	meperidine	methadone
morphine	Opium	oxycodone	oxymorphone
tapentadol	Tramadol	benzhydrocodone	

### Cumulative Stimulant Limit

Central nervous system (CNS) stimulants such as amphetamine and methylphenidate, when used in high doses, are associated with increased risk for cardiac related adverse events such as hypertension and new or worsening psychosis including manic behavior. Cumulative stimulant limit is a safety measure designed to ensure the provider has assessed the members for alternative medication and advised the members about the risks associated with stimulant use. The cumulative stimulant limit works by calculating the total daily stimulant dose by the drug's active ingredient. Stimulant claims that exceed the limit outlined below would require prior authorization.

Active ingredient	Medications impacted (brands and generics)	High cumulative daily dose
Amphetamine	Adzenys <sup>®</sup> ER[ODT], Dyanavel <sup>®</sup> , Evekeo [ODT]	60mg/day
Amphetamine-Dextroamphetamine	Adderall <sup>®</sup> [IR/XR], Mydayis <sup>®</sup>	60mg/day
Dextroamphetamine	Dexedrine <sup>®</sup> , Zenzedi <sup>®</sup> , ProCentra <sup>®</sup> , Xelstrym <sup>®</sup>	60mg/day
Lisdexamfetamine	Vyvanse <sup>®</sup>	70mg/day
Methamphetamine	Desoxyn <sup>®</sup>	60mg/day
Dexmethylphenidate	Focalin <sup>®</sup> [IR/XR]	40mg/day
Methylphenidate	Ritalin <sup>®</sup> [IR/LA], Daytrana <sup>®</sup> , Cotempla <sup>®</sup> , Metadate <sup>®</sup> [ER/CD], Methylin <sup>®</sup> , Quillivant <sup>®</sup> XR, Concerta <sup>®</sup> , Aptensio <sup>®</sup> XR, QuilliChew ER <sup>®</sup> , Jornay PM <sup>™</sup> , Adhansia <sup>®</sup> XR, Relexxii <sup>®</sup>	72mg/day
Serdexmethylphenidate	Azstarys <sup>™</sup>	52.3mg/day

\*Prior authorization and other safety edits including quantity limit and age limit continue to apply.

## Concurrent Drug Utilization Review (cDUR)

These reviews are built into the pharmacy claim adjudication system to review a member's prescription history for possible drug related problems including drug-drug interactions and drug therapy duplications. Drugs may reject at the Point-of-Sale (POS) and/or generate a message to the dispensing pharmacist when there is a safety concern. The dispensing pharmacist can review the issue with the provider and override the rejection if appropriate for most edits. Examples of cDURs are:

- Drug-drug interaction: sildenafil (Viagra<sup>®</sup>/Revatio<sup>®</sup>) and nitroglycerin in combination may lead to potentially fatal hypotension.
- Drug therapy duplication: Simvastatin and atorvastatin in combination will trigger a message in the claim adjudication system to alert the dispensing pharmacist there is a duplication of statin therapy.

To determine if a covered prescription drug prescribed for you has a prior authorization requirement, an age limit, a quantity limit, or a morphine milligram equivalent (MME) limit, see the plan website at <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information> or call your pharmacy benefit manager at the phone number on the back of your ID card.

## How to submit a Prior Authorization?

Here is the process to request a prior authorization/preapproval or override:

1. The provider prescribing the drug can access electronic prior authorization (ePA) platform such as SureScripts<sup>™</sup> to submit a prior authorization request. Alternatively, the provider can complete a prior authorization fax form or write a letter of medical necessity and submit it to your pharmacy benefit manager by fax at 1-888-671-5285. The forms are available online at: <https://www.ibx.com/resources/for-providers/policies-and-guidelines/pharmacy-information>.
2. The pharmacy benefit manager will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
3. A decision is made regarding the request.
  - If approved, the provider will be notified of the approval via fax and/or telephone, and the pharmacy claim adjudication system will be coded with the approval. Note: ePA approval can occur in real time, this means the member can be approved for the drug prior to leaving the provider's office with a prescription. The member may call the Customer Service phone number on his or her ID card to determine if the request is approved.
  - If denied, the prescribing provider will be notified via letter, fax, or telephone. The member is also notified via letter. The appeals process is detailed within the denial letters sent to the member and provider.

## **Formulary exception requests**

**Tier exceptions:** Providers may request consideration for preferred coverage of a non-preferred drug when there has been a trial of, or contraindication to, at least three formulary alternatives when applicable.

- Requests for a generic medication that is located on the non-preferred drug tier to be lowered to the generic tier will be approved if the exception criteria are met.
- Requests for a brand medication or an authorized generic (also referred to as authorized brand alternative) non-preferred that is located on the non-preferred drug tier to be lowered to the preferred brand tier will be approved if the exception criteria are met.

Please note, restrictions apply to formulary exception requests. Drugs on the generic tier, the preferred brand tier and the specialty tier are not eligible for tier exceptions. Tier exceptions are not available under some plans; please refer to the member benefit booklet for details.

When requesting an exception, the provider should complete the formulary exception request form, providing detail to support the request, and fax the request to 1-888-671-5285. If the formulary exception request is approved for a non-preferred drug, the drug will pay at the appropriate preferred brand or generic level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language.

### **Appealing a decision**

If a request for prior authorization or exception results in a denial, the member, or the provider on the member's behalf (with the member's consent), may file an appeal. Both the member and his or her provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. To assist in the appeals process, it is recommended that the provider be involved to provide any additional information on the basis of the appeal.

**Prior authorization applies to all formulations of the following specific drugs, including but not limited to, tablet, capsule, and oral suspensions.\*+**

Abilify®	AirDuo® RespiClick®	Aqueursa®	Benicar®
Abilify Mycite®	Airsupra® AER	Arava®	Benicar HCT®
Maintenance/Starter	Ajoyv®	Arazlo™ lotion	Benlysta®
Pak	Akeega™	Arbli™	Benzaclin®
abiraterone	Aklief®	Aricept®	Benzamycin®
Abirtega™	Aktipak™	Arikayce®	Benzamycinpak®
Abirilada™	Ala-Scalp®	Arimidex®	benzphetamine
Absorica®	Alecensa®	ArmonAir™	Bepreve®
Absorica LD™	Alhemo®	Digihaler®	Berinert®
Abstral®	Alkindi® Sprinkle	ArmonAir™	Besremi®
Acanya®	Allopurinol 200mg Tab	RespiClick®	Bethkis® Neb
Accrufer®	Alocril®	Arthrotec®	Betoptic-S®
Accupril®	Alora®	Arymo™ ER	Bevespi Aerosphere™
Aciphex®	Alphagan® P	Asacol® HD	bexagliflozin
Actemra® SC	Alphanate®	Asmanex®	bexarotene
Acticlate®	Alphanine® SD	Asmanex® HFA	Bimzelx®
Actimmune®	Alprolix®	Atacand® (HCT)	Binosto®
Actiq®	Alex®	Atorvaliq®	Blujepa®
Actonel®	Altabax™	Atralin®	Boniva®
Actos®	Altace®	Attruby™	Bonjesta®
Aczone®	Altoprev® ER	Aubagio®	Bonsity®
Adalimu-AACF Inj	Altuviio®	Augtyro™	bosentan
Adalimu-AATY Kit	Alunbrig™	Austedo® [XR]	Bosulif®
Adalimu-Adaz Inj	Alvaiz™	Auvelity™	Brand prenatal vitamins <sup>1</sup>
Adalimu-RYVK Inj	Alvesco®	Auvi-Q® 0.15mg, 0.3mg	Bravelle®
Adalimumab-AATY Inj	Alyftrek™	avanafil	Breeze® 2 test strips/ glucometer
Adalimumab adbm/fkjp	Amaryl®	Avapro®/Avalide®	Brekiya®
Adalimumab Kit	Ambien®	Aveed®	Brenzavvy®
Adalimumab Kit 40/0.8ml	Ambien CR®	avidoxy	Brexafemme®
Adalimumab-ADBM	Amerge®	Avita®	Breyna™
Crohns/UC/HS Starter	Amitiza®	Avmapki™	Brinsupri®
Adalimumab-ADBM	Amjevita™	Avodart®	Briviact®
Psoriasis/Uveitis Starter	amphetamine	Axert®	BromSite®
adapalene pad	(generic Evekeo)	Axiron®	Bronchitol®
Adbry™ Inj	amphetamine er	Ayvakit™	Brukinsa™
Adcirca®	amphetamine ER susp	azelastine/fluticasone	Brynovin™
Adderall® [XR]	Ampyra®	spray	Bucapsol™
Addyi®	Amrix®	Azelex®	Budesonide-formoterol
Adempas®	Amzeeq®	Azmiro™	Butal/Apap Tab
Adhansia™ XR	Anaprox® DS	Azopt®	25-325mg
Adlarity®	Anafranil™	Azor®	butalbital-acetaminophen
Adlyxin®	Andembry®	Azstarys™	50-300mg
Advair Diskus®	Androderm®	Azulfidine®	Buphenyl®
Advate®	Androgel®	Baclofen soln	buprenorphine patch
Adynovate®	Angeliq®	baclofen sus 25mg/ml	Bupropion ER 450mg
Adzenys™ XR-ODT	Anucort-HC Supp 25mg	Banzel®	Butrans®
Aerospan™	Anusol-HC® Cream	Bebulin®	Bydureon BCise®
Afinitor®	Anzupgo®	Beconase AQ®	Byetta®
Afrezza®	Apokyn®	Belbuca™	Bylvay™
Afstyla®	apomorphine inj	Belsomra®	Bynfezia Pen™
Agamree®	Aptensio XR®	Belviq® [XR]	Bystolic®
AirDuo® Digihaler®	Aptiom®	BeneFIX®	

Byvalson™	colchicine 0.6mg capsule	deferasirox tab/granules	Doxycycline
Cabometyx™	Colcrys®	deferiprone tab	monohydrate tab
Cabtreo® Gel	Colestid®	deflazacort	150mg
Caduet®	Combigan®	Degludec Flextouch	doxylamine-pyridoxine
Calcipotriene foam	Combogesic®	Delatestryl®	Drizalma Sprinkle™
Calquence®	Cometriq™	Delzicol®	Drospirenone-ethinyl
Cambia®	Compro®	Demerol®	estradiol
Camzyos™	Concerta®	Depo®-Estradiol Oil	droxidopa
Canasa® Supp	Conjupri®	Desonate®	Duac®
Capex®	Contrave ER®	Desowen®	Duaklir®
Caplyta™	Conzip™	Desoxyn®	Duetact®
Caprelsa®	Copaxone®	Detrol®	Dulera®
Carac®	Copiktra®	Detrol® LA	Duobrii™
Carafate® Tab/Susp	Cordran®	dexchlorpheniramine soln	Dupixent®
Carbaglu®	Coreg®	Dexcom G7	Duragesic®
carbamazepine susp	Coreg® CR	Dexcom® Receiver,	Durlaza®
Carbatrol®	Corifact®	Sensor, Transmitter	Duvezat™
Cardizem®	Corlanor®	Dexedrine®	Duzallo®
Cardizem® CD	Cosentyx™	Dexilant™	Dyanavel XR™
Cardizem® LA	Cosopt®	dexlansoprazole	Dymista®
Cardura® [XL]	Cotellic™	dexlansoprazole DR	Ebglyss™
carglumic	Cotempla XR ODT™	D.H.E.® 45	EC-Naprosyn®
CaroSpir®	Coxanto™	Dhivy®	econazole aer 1%
Cataflam®	Cozaar®/Hyzaar®	Diabetic test strips <sup>2</sup>	Ecoza™
Cayston™	Crenessity™	Dibenzylamine®	Edarbi™
Celebrex®	Cresemba®	dichlorphenate tab	Edarbyclor™
Celexa®	Crestor®	Diclegis®	Edluar™
Cequa™	Crexont®	diclofenac cap 25mg	Effexor XR®
Cerdelga™	Crinone® Gel 8%	Diclofenac cap 35mg	Effient®
Cholbam®	Crotan®	diclofenac gel 3%	Elepsia™ XR
Cialis®	Cuprimine®	Diclofenac soln 2%	Elidel®
Cibinqo™	Cutivate®	dicyclomine tab 40mg	Elmiron®
Ciclodan®	Cuvrior™	diethylpropion HCL	Eloctate™
Cimzia®	cyanocobalamin spray	Differin®	eltrombopag
Cinryze®	cyclobenzaprine ER	Diflucan® susp/tab	Elyxyb™
Citalopram 30mg Cap	Cyclosporine emulsion	dihydroergotamine	Embeda®
Clarinox®	Cystadrops®	Dilaudid®	Emflaza™
Clarinox-D®	Cystaran™	Diovan® (HCT)	Emgality®
clemastine syrup	Cyltezo® Inj	Ditropan XL®	Empaveli™ Inj
Cleocin®	Cytomel®	Dojolvi™	Emrosi™
Cleocin T®	Daklinza™	Dolobid®	enalapril soln
Climara patch	Danziten™	Dolophine®	Enbrel®
Clindagel®	Dapagliflozin pro-	Doptelet®	Endari™
clindamycin/benzoyl	metformin ER	Doral®	Ensacove™
peroxide 1%/5%	Dapagliflozin propanediol	Doryx® DR	Enspryng™
clobazam	Dapsone Gel	Doryx® MPC	Entadfi™
clobetasol cream 0.025%	Daraprim Tab®	Dotti Patch®	Entocort® EC
Clobetasol® Susp	Dartisla ODT™	doxepin tablet	Entyvio® Inj
Clobex®	dasatinib	doxycycline DR 40mg	Eohilia™
Cloderm®	Dawnzera™	Doxycycline Hyclate DR	Epaned® Sol
clonidine ER 24HR tab	Daybue™	80mg	Epclusa®
clovique	Daypro®	Doxycycline Hyclate Tab	Epidiolex®
Coagadex®	Daytrana™	50mg	EpiPen®
Cobenfy™	Dayvigo™	Doxycycline	EpiPen® Jr.
Colazal®	DDAVP®	monohydrate cap	Eprontia™
		75mg, 150mg	

Epsolay <sup>®</sup>	fentanyl citrate-OTFC	Gilotrif <sup>™</sup>	Imbruvica <sup>™</sup>
Erivedge <sup>™</sup>	Fentanyl citrate tablet	Gimoti <sup>™</sup>	Imcivree <sup>™</sup>
Erleada <sup>®</sup>	fentanyl transdermal	Gleevec <sup>®</sup>	imiquimod cream/pump
erlotinib	Fentora <sup>®</sup>	Gloperba <sup>®</sup>	Imitrex <sup>®</sup>
Ermeza <sup>™</sup>	Ferriprox <sup>®</sup>	Glucagen <sup>®</sup> Hypokit <sup>®</sup>	Imkeldi <sup>®</sup>
Ertaczo <sup>®</sup>	Fetzima <sup>™</sup>	Glucagon Emergency Kit	Impeklo <sup>™</sup>
Esbriet <sup>®</sup>	Filspari <sup>™</sup>	(Lilly)	Impoysz <sup>™</sup>
escitalopram cap 15mg	Filsuvez <sup>®</sup>	Glucotrol <sup>®</sup> XL	Imuldosa <sup>®</sup>
Esgic <sup>®</sup> cap/tab	Fintepla <sup>®</sup>	Gocovri <sup>®</sup>	Inbrija <sup>®</sup>
eslicarbazep	Fioricet <sup>®</sup> Cap	Golytely <sup>®</sup>	Increlex <sup>®</sup>
esomeprazole	Fioricet <sup>®</sup> with Codeine	Gomekli <sup>®</sup>	Incruse <sup>®</sup> Ellipta <sup>®</sup>
esomeprazole granules	Fiorinal <sup>®</sup> with Codeine	Gonal-f <sup>®</sup>	Inderal <sup>®</sup> LA
esomeprazole powder	Firazyr <sup>®</sup>	Gralise <sup>™</sup>	Indocin <sup>®</sup> Susp
Esproct <sup>®</sup>	Firvanq <sup>®</sup> Soln	Grastek <sup>®</sup>	indomethacin 20mg
Estrace <sup>®</sup> Cream	Flector <sup>®</sup> patch	griseofulvin	indomethacin susp
Estradiol transdermal	Fleqsuvy <sup>™</sup> Susp	ultramicrosize	Ingrezza <sup>™</sup>
eszopiclone 3mg	Flolipid <sup>®</sup> susp	Gvoke <sup>™</sup> HypoPen <sup>®</sup>	Inlyta <sup>®</sup>
Eucrisa <sup>™</sup>	Flomax <sup>®</sup>	Gvoke <sup>™</sup> PFS Inj	Innopran <sup>®</sup> XL
Eulexin <sup>®</sup>	Flovent <sup>®</sup> Diskus <sup>®</sup>	Hadlima <sup>™</sup>	Iopidine <sup>®</sup>
Evekeo <sup>™</sup>	Flovent <sup>®</sup> HFA	Haegarda <sup>®</sup>	Inpefa <sup>™</sup>
everolimus	fluoxetine soln	Halcion <sup>®</sup>	Inqovi <sup>®</sup>
(generic for Afinitor)	Fluticasone HFA AER	Halog <sup>®</sup>	Inrebic <sup>®</sup>
Eversense <sup>®</sup> Sensor	fluticasone inh	Harliku <sup>™</sup>	Inspra <sup>®</sup>
Eversense <sup>®</sup> Transmitter	fluticasone propionate	Harvoni <sup>™</sup>	Inzirqo <sup>™</sup>
Evista <sup>®</sup>	diskus	Helixate <sup>®</sup> FS	Istalol <sup>®</sup>
Evoclin <sup>®</sup> foam	Fluticasone/Salmeterol	Hemangeol <sup>®</sup> Soln	insulin aspart
Evoxac <sup>®</sup>	AER	Hemlibra <sup>®</sup> Soln	insulin aspart protamin
Evrysdi <sup>™</sup>	Flutic/Vilan INH	Hemmorex-HC <sup>®</sup> Supp	Insulin Degludec
Evrysdi <sup>®</sup> Tab	Focalin <sup>®</sup> XR	Hemofil <sup>®</sup> M	insulin glargine
Exenatide inj	ForFivo XL <sup>®</sup>	Hernexeos <sup>®</sup>	Intermezzo <sup>®</sup>
Evzio <sup>™</sup>	Fortamet <sup>®</sup>	Hetlioz <sup>™</sup>	Intrarosa <sup>®</sup>
Exalgo <sup>™</sup>	Forteo <sup>™</sup>	Horizant <sup>™</sup>	Intuniv <sup>™</sup>
Exelderm <sup>®</sup>	Fortesta <sup>™</sup>	Hulio <sup>®</sup> Inj	Invega <sup>™</sup>
Exforge <sup>®</sup> (HCT)	Fosrenol <sup>®</sup>	Humate-P <sup>®</sup>	Invokamet <sup>®</sup> [XR]
Exjade <sup>®</sup>	Fotivda <sup>®</sup>	Humatrope <sup>®</sup>	Invokana <sup>®</sup>
Exkivity <sup>™</sup>	FreeStyle Libre Reader,	Hycamtin <sup>®</sup>	Iqirvo <sup>®</sup>
Extavia <sup>®</sup>	Sensor, Reader Device	hydrocodone ER	Iressa <sup>®</sup>
Extina <sup>®</sup>	FreeStyle test strips/ glucometer	hydrocortisone 2.5% sol	Isturisa <sup>®</sup>
ExxuaTitrat	Frova <sup>®</sup>	hydromorphone ER	Itovebi <sup>™</sup>
Ezetimibe/Atorvastatin	Fruzaqla <sup>®</sup>	Hyftor <sup>™</sup>	ivabradine
Ezetimibe/Rosuvastatin	Fulvicin <sup>™</sup>	Hympavzi <sup>™</sup>	Ivermectin
Ezzalor <sup>™</sup> Sprinkle Cap	Fulyzaq <sup>™</sup>	Hyrimoz <sup>®</sup>	Iwilfin <sup>™</sup>
Fabhalta <sup>®</sup>	Fuzeon <sup>®</sup>	Hysingla <sup>™</sup>	Iyuzeh <sup>™</sup>
Fabior <sup>®</sup>	gabapentin soln	Ibrance <sup>®</sup>	Ixinity <sup>®</sup>
Factive <sup>®</sup>	gabapentin tab	Ibsrela <sup>®</sup>	Jadenu <sup>™</sup> tab/granules
Fanapt <sup>®</sup>	Gabarone <sup>™</sup>	Ibtrozi <sup>™</sup>	Jakafi <sup>™</sup>
Fanapt <sup>®</sup> Pak	Gattex <sup>®</sup>	Ibudone <sup>®</sup>	Jalyn <sup>™</sup>
Pack B, Pack C	Gavreto <sup>®</sup>	ibuprofen tab 300mg	Jasmiel <sup>®</sup>
Farydak <sup>®</sup>	gefitinib	icatibant inj	Jatenzo <sup>®</sup>
Fasenra <sup>®</sup>	Gelnique <sup>®</sup>	Iclusig <sup>™</sup>	Javygtor <sup>™</sup>
febuxostat	Gemtesa <sup>®</sup>	Icosapent cap	Jaypirca <sup>™</sup>
Feiba <sup>®</sup>	Genotropin <sup>®</sup>	Idacio <sup>®</sup> Inj	Jaythari <sup>™</sup>
Felbatol <sup>®</sup>	Geodon <sup>®</sup>	Idelvion <sup>®</sup>	Jesduvroq <sup>®</sup>
Femring <sup>®</sup>	Gilenya <sup>®</sup> 0.5mg	Idhifa <sup>®</sup>	Joenja <sup>®</sup>
Fenopron <sup>™</sup>		imatinib mesylate	Jornay <sup>™</sup> PM

Jublia®	Levemir®	Lyvispah™	Mulpleta®
Juxtapid™	Levetiracetam 250mg tab	Mavenclad®	Muse®
Jylamvo®	Levitra®	Mavyret™	Myalept™
Jynarque®	levothyroxine cap	Maxalt® (MLT)	Mycapssa®
Kadian®	Lexapro®	Mekinist®	Mydayis™
Kalydeco™	Lexette®	meloxicam cap	Myfembree®
Kapvay®	l-glutamine pow	Meloxicam susp	Mysoline™
Katerzia™	Lialda® DR	Menopur®	Mytesi™
Kazano®	Libervant™	Merilog™	Nalfon®
Kenalog™	Librax®	Mestinon®	Nalocet®
Keppra®	Licart™	Metadate CD®	Naprelan®
Kerendia®	Lidoderm®	metaxolone tab 640mg	Naprosyn®
Kerydin™	Likmez®	metformin 625mg	naproxen sodium ER
ketoprofen cap	Lipitor®	metformin 750mg	750mg
Ketorolac Tromethamine	Liqrev®	Metformin HCL ER	naproxen sodium susp
Keveyis™	liraglutide inj	(OSM)	Nascobal®
Kevzara®	Litfulo™	metformin HCL	Nasonex®
Khedezla®	Lithobid®	500mg/5ml soln	Natesto™
Khindivi™	Livalo®	methadone	Natpara®
Kineret®	Livdelzi®	Methadose™ concentrate	Nayzilam®
Kirsty™	Livmarli®	[SF]	Neffy®
Kisqali™	Livtencity™	Methitest™	Nemludio®
Kitabis® Pak Neb	Locoid®	methylphenidate ER (XR)	Nerlynx™
Klisyri®	Locoid® lipocream	methyltestosterone	Nesina®
Klonopin®	Lodoco®	metronidazole	Nestabs® One
Koate® -DVI	lofedidine	Micardis® (HCT)	Neupro®
Kogenate® FS	Lonhala™ Magnair™	Miconazole-zinc oint	Neurontin®
Kombiglyze™ XR	Lonsurf®	mifepristone	Nexavar®
Konvomep™	Lopressor® Sol	miglustat	Nexiclon™ XR
Korlym™	Loprox®	Migranal®	Nexium®
Koselugo™	Lorbrena®	Millipred®	Nexletol™
Kovaltry® Sol	Loreev XR™	Minivelle®	Nexlizet™
Krazati®	Lortab®	Minocin®	Ngenla™ Inj
Kristalose® Pak	Loryna®	minocycline ER cap	Niaspan® ER
Kuvan®	Lorzone®	Miplyffa™	Nikki®
Kynamro®	Lotrel®	Mitigare®	nilotinib
Kynmobi™ Mis/Kit	Lotronex®	Mobic®	Ninlaro®
Kyzatrex™	Lovaza®	Modeyso™	nitisinone
Lactulose Pak	Lo-Zumandimine™	mometasone furoate	Nitrofurantoin susp
Lamictal® (ODT)	Lucemyra™	nasal spray	Nityr®
Lansoprazole Solutab	Luliconazole	Mondoxyne NL	Noctiva™
lanthanum chewable	Lumakras™	75mg cap	Non Preferred Diabetic
lapatinib	Lumryz™	Mondoxyne NL	Meters
Lastacaft®	Lunesta®	100mg cap	Norco®
Latuda®	Lupkynis™	Monoclate-P®	Norditropin®
Lazanda®	Luxiq®	Monodox®	Norgesic™
Lazcluze™	Luzu®	Mononine®	Norgesic™ Forte
ledipasvir-sofosbuvir	Lybalvi®	Monurolo®	Norliqva®
lenalidomide	Lyllana Dis®	MorphaBond™ ER	Northera™
Lenvima™	LymePak™	morphine ER	nortriptyline soln
Leqselvi™	Lynparza™	Motegrity™	Norvasc®
Lescol® XL	Lyrica® Cap	Motpoly™ XR	Nourianz™
Letairis®	Lyrica® CR	Mounjaro®	Novoeight®
Leukeran®	Lyrica® Soln	MoviPrep®	Novolin® Relion
Levamlodipine	Lytgobi®	MS Contin®	Novolog® Relion

Novoseven <sup>®</sup> RT	Orkambi <sup>™</sup>	phentermine/topiramate	Qelbree <sup>™</sup>
Noxafil <sup>®</sup>	Orladeyo <sup>™</sup>	Phoslyra <sup>®</sup>	Qfitlia <sup>®</sup>
Nubeqa <sup>™</sup>	orlistat cap	Picato <sup>®</sup>	Qinlock <sup>™</sup>
Nucala <sup>®</sup> Soln	Orlynvah <sup>™</sup>	pilocarpine sol	Qlosi <sup>™</sup>
Nucynta <sup>®</sup>	Ormalvi <sup>™</sup>	pimecrolimus cream	Qnasl <sup>™</sup>
Nucynta ER <sup>®</sup>	orphenadrine-asa-caffeine	Piqray <sup>®</sup>	Qsymia <sup>®</sup> ER
Nuedexta <sup>™</sup>	Orphengesic <sup>®</sup> Forte	pirfenidone	Qtern <sup>®</sup>
Nulibry <sup>™</sup>	Orserdu <sup>™</sup>	Pitavastatin	Qudexy <sup>®</sup> XR
Nulytely <sup>®</sup>	Ortikos <sup>™</sup>	Plaquenil <sup>®</sup>	Questran <sup>®</sup> Light
Nuplazid <sup>™</sup>	Oseni <sup>®</sup>	Plegridy <sup>®</sup>	Questran <sup>®</sup> Packet/Powder
Nurtec <sup>™</sup> chw ODT	Osmoprep <sup>®</sup>	Plavix <sup>®</sup>	Qulipta <sup>™</sup>
Nutropin <sup>®</sup> (AQ)	Otezla <sup>™</sup>	Plenvu <sup>®</sup>	QuilliChew ER <sup>™</sup>
Nuessa <sup>™</sup>	Otrexup <sup>™</sup>	Pogo Automatic <sup>®</sup>	Quillivant XR <sup>™</sup>
Nuvigil <sup>®</sup>	Otulfi <sup>®</sup>	Mis Monitor	Quviviq <sup>™</sup>
Nuwiq <sup>®</sup>	Oxaprozin 300mg cap	Pogo Automatic <sup>®</sup>	Qvar RediHaler <sup>®</sup>
Nuzyra <sup>®</sup>	Oxaydo <sup>®</sup>	Test Cartridge	rabeprazole
Obizur <sup>®</sup>	Oxbryta <sup>™</sup>	Pokonza <sup>™</sup> Pow 10meq	Radicava ORS <sup>®</sup>
Ocaliva <sup>™</sup>	oxcarbazepine ER tab	Pomalyst <sup>®</sup>	Ragwitek <sup>™</sup>
Ocella <sup>®</sup>	oxcarbazepine susp	Ponvory <sup>™</sup>	Raldesy <sup>™</sup>
Odactra <sup>®</sup> SL	oxiconazole nitrate	Pradaxa <sup>®</sup>	Rapaflo <sup>®</sup>
Odomzo <sup>®</sup>	Oxistat <sup>®</sup>	Pradaxa <sup>®</sup> Pak	Rasuvo <sup>™</sup>
Ofev <sup>®</sup>	Oxtellar <sup>®</sup> XR	Praluent <sup>®</sup>	Ravicti <sup>™</sup>
Ogsiveo <sup>™</sup>	Oxycodone 5mg, 30mg	Pramosone <sup>®</sup>	Rayaldee <sup>®</sup>
Ohtuvayre <sup>™</sup>	oxycodone/ acetaminophen	Precision Glucometer	Rayos <sup>®</sup>
Ojemda <sup>™</sup>	oxycodone/APAP tab	Pred Forte <sup>®</sup>	Rebif <sup>®</sup> Rebidose <sup>®</sup>
Ojjaara <sup>™</sup>	oxycodone ER	Prednisolone tab	Rebinyn <sup>®</sup>
Olpruva <sup>™</sup> Pak	Oxycontin <sup>®</sup>	pregabalin ER tab	Recombinate <sup>™</sup>
Olumiant <sup>®</sup>	oxymorphone ER	pregabalin soln	Recorlev <sup>®</sup>
Olux <sup>®</sup> [E]	Oxytrol <sup>®</sup> Patch	Pretomanid <sup>®</sup>	Rectiv <sup>™</sup>
Omnitrope <sup>®</sup>	Ozempic <sup>®</sup>	Prevacid <sup>®</sup>	RediTrex <sup>®</sup>
Omvoh <sup>™</sup> Inj	Ozobax <sup>™</sup>	Prilosec <sup>®</sup>	Regimex <sup>®</sup>
OneTouch <sup>®</sup> Glucometers	P2i <sup>™</sup> Prenatal	Primlev <sup>™</sup>	Regranex <sup>®</sup>
OneTouch <sup>®</sup> Test Strips	Cap Choline	Pristiq <sup>™</sup>	Relafen <sup>™</sup>
Onfi <sup>®</sup>	Palforzia <sup>™</sup> cap/powder	ProAir <sup>®</sup> Digihaler <sup>™</sup>	Relafen <sup>™</sup> MDS
Onfi <sup>®</sup> Suspension	Pamelor <sup>™</sup>	Proctocort <sup>®</sup> Supp 30mg	Relexxii <sup>®</sup>
Ongentys <sup>®</sup>	Pancreaze <sup>®</sup>	Procysbi <sup>®</sup>	ReliOn <sup>®</sup>
Onglyza <sup>®</sup>	Pandel <sup>®</sup>	Profilnine <sup>®</sup>	Relistor <sup>®</sup>
Onmel <sup>™</sup>	Panretin <sup>®</sup>	Prograf <sup>®</sup>	Relpax <sup>®</sup>
Onureg <sup>®</sup>	pantoprazole pak	Prolate <sup>™</sup>	Reltone <sup>™</sup>
Onyda <sup>™</sup> XR	Patanase <sup>®</sup>	Prolensa <sup>®</sup>	Relyvrio <sup>™</sup> Pak
Onzetra Xsail <sup>™</sup>	Paxil <sup>®</sup> [CR]	Promacta <sup>®</sup>	Repatha <sup>™</sup>
Opana <sup>®</sup>	pazopanib	Protonix <sup>®</sup>	Rescula <sup>®</sup>
Opana ER <sup>®</sup>	Pegasys <sup>®</sup>	Protopic <sup>®</sup>	Restoril <sup>®</sup>
Opipza <sup>®</sup>	Pemazyre <sup>™</sup>	Proventil <sup>®</sup> HFA	Retevmo <sup>™</sup>
Opsumit <sup>®</sup>	penicillamine capsule	Provigil <sup>®</sup>	Revatio <sup>™</sup>
Opsynvi <sup>®</sup>	Penlac <sup>®</sup>	Prozac <sup>®</sup>	Revlimid <sup>®</sup>
Opzelura <sup>™</sup>	Pennsaid <sup>®</sup>	Pruradik <sup>™</sup>	Revuforj <sup>®</sup>
Oracea <sup>®</sup>	Pentasa <sup>®</sup> 500mg	Pulmicort Respules <sup>®</sup>	Reyvow <sup>™</sup>
Oralair <sup>®</sup>	Pepcid <sup>®</sup>	Pyquvi <sup>™</sup>	Rezdiffra <sup>™</sup>
Orencia <sup>®</sup> SQ	Perampanel	pyridostigmine soln	Rezlidhia <sup>™</sup>
Orenitram <sup>™</sup>	Pertzye <sup>®</sup>	Pyrukynd <sup>®</sup>	Rezurock <sup>™</sup>
Orfadin <sup>®</sup>	Pexeva <sup>®</sup>	Pyzchiva <sup>®</sup>	Riastap <sup>®</sup>
Orgovyx <sup>™</sup>	Pheburane <sup>®</sup> Mis	Pyzchiva <sup>®</sup> Auto-Injector	Rivfloza <sup>™</sup>
Oriahnn <sup>®</sup>	phendimetrazine tartrate	Qbrelis <sup>®</sup>	Rinvoq <sup>™</sup>
Orilissa <sup>®</sup>		Qdolo <sup>®</sup>	Riomet <sup>®</sup> [ER] soln/susp

Risperdal <sup>®</sup>	Skyclarys <sup>™</sup>	Tafinlar <sup>®</sup>	Tracleer <sup>®</sup>
Ritalin <sup>®</sup> LA	Skyrizi <sup>™</sup>	Tagrisso <sup>™</sup>	Tramadol ER (biphasic)
Ritalin <sup>®</sup> Tab	Skytrofa <sup>®</sup>	Takhzyro <sup>®</sup>	cap
Rixubis <sup>™</sup>	Soanz <sup>®</sup>	Taltz <sup>®</sup>	tramadol soln 5mg/ml
Romvimza <sup>™</sup>	Sodium Oxybate Sol	Talzenna <sup>®</sup>	Tremfya <sup>™</sup>
Roszet <sup>®</sup>	sodium phenylbutyrate	Tanzeum <sup>™</sup>	Tresiba <sup>®</sup>
Roxicodone <sup>®</sup>	Sofdra <sup>™</sup> Gel	Tarceva <sup>®</sup>	tretinoin caps
RoxyBond <sup>™</sup>	sofosbuvir-velpatasvir	Targadox <sup>™</sup>	tretinoin microsphere gel
Rozerem <sup>®</sup>	Sogroya <sup>®</sup>	Targretin <sup>®</sup>	Tretten <sup>®</sup>
Rozlytrek <sup>™</sup>	Sohonos <sup>™</sup>	Tarpeyo <sup>™</sup>	Treximet <sup>™</sup>
Rubraca <sup>®</sup>	Solaraze <sup>®</sup> Gel	Tascenso ODT <sup>™</sup>	triamcinolone 0.05%
Ruconest <sup>®</sup>	Solodyn <sup>®</sup>	Tasigna <sup>®</sup>	ointment
rufinamide	Solosec <sup>®</sup> Gra	tasimelteon	Trianax <sup>®</sup>
Rukobia <sup>®</sup>	Somavert <sup>®</sup>	Tasmar <sup>®</sup>	Tribenzor <sup>®</sup>
Ruzurgi <sup>®</sup>	Sonata <sup>®</sup>	tavaborole soln 5%	Tridacaine <sup>™</sup>
Ryaltris <sup>®</sup> Spray	sorafenib	Tavneos <sup>®</sup>	trientine
Rybelsus <sup>®</sup>	Sorilux <sup>®</sup>	tazarotene AER	Trikafta <sup>®</sup>
Ryclora <sup>™</sup>	Sotyktu <sup>™</sup>	Tazorac <sup>®</sup>	Trikafta <sup>®</sup> Pak
Rydapt <sup>®</sup>	Sovaldi <sup>™</sup>	Tazverik <sup>™</sup>	Trileptal <sup>®</sup> tab/susp
Rytary <sup>™</sup>	Sovuna <sup>™</sup>	Tecfidera <sup>®</sup>	Trilipix <sup>®</sup>
Rythmol SR <sup>®</sup>	Spevigo <sup>®</sup>	Technivie <sup>™</sup>	Trintellix <sup>®</sup>
Sabril <sup>®</sup>	Spritam <sup>®</sup> OD	Tegretol <sup>®</sup> Suspension	Tritocin <sup>™</sup>
Saizen <sup>®</sup>	Sprix <sup>®</sup>	Tegretol <sup>®</sup> [XR]	Trokendi <sup>®</sup> XR
Sajazir inj	Sprycel <sup>®</sup>	Tekturna <sup>®</sup> (HCT)	Trudhesa <sup>™</sup>
Samsca <sup>™</sup>	Staxyn <sup>™</sup>	Temodar <sup>®</sup> Oral	Trulance <sup>™</sup>
Sancuso <sup>®</sup>	Steglatro <sup>™</sup>	temozolomide	Trulicity <sup>®</sup>
Saphris <sup>®</sup>	Steglujan <sup>™</sup>	Tenoretic <sup>®</sup>	Truqap <sup>™</sup>
sapropterin pow/tab	Stelara <sup>®</sup>	Tenormin <sup>®</sup>	Truseltiq <sup>™</sup>
Saxenda <sup>®</sup>	Stendra <sup>™</sup>	Tepmetko <sup>®</sup>	Tryngolza <sup>®</sup>
Scemblix <sup>®</sup>	Steqeyma <sup>®</sup>	Teriparatide <sup>®</sup> inj	Tryptyr <sup>®</sup>
Secuado <sup>®</sup>	Stivarga <sup>®</sup>	Testim <sup>®</sup>	Tryvio <sup>™</sup>
Seglensis <sup>®</sup>	Strattera <sup>™</sup>	Tetracycline tab	Tudorza <sup>®</sup> Pressair <sup>®</sup>
Segluromet <sup>®</sup>	Strensiq <sup>™</sup>	Texacort <sup>®</sup>	Tukysa <sup>™</sup>
Selarsdi <sup>™</sup>	Striant <sup>®</sup>	Tezruly <sup>™</sup>	Turalio <sup>™</sup>
Semglee <sup>™</sup>	Subsys <sup>®</sup>	Tezspire <sup>®</sup> Inj	Twynéo <sup>®</sup>
Sensipar <sup>®</sup>	Sucraid <sup>®</sup>	Thalomid <sup>®</sup>	Twynsta <sup>®</sup>
Sephience <sup>®</sup>	sulconazole	Thiola EC <sup>®</sup>	Tyenne <sup>®</sup>
Sernivo <sup>™</sup>	sumatriptan/naproxen	Thyquidity <sup>™</sup>	Tykerb <sup>®</sup>
Seroquel <sup>®</sup> [XR]	sunitinib	Timoptic <sup>®</sup>	Tylenol <sup>®</sup> w/Codeine
Serostim <sup>®</sup>	Sunosi <sup>™</sup>	Tiotropium bromide cap	Tymlos <sup>™</sup>
Sertraline Caps	Sutent <sup>®</sup>	18mcg	Tyvaso <sup>®</sup>
Sevenfact <sup>®</sup>	Syeda <sup>®</sup>	Tirosint <sup>®</sup>	Ubrelyvy <sup>™</sup>
Signifor <sup>®</sup>	Sylatron <sup>™</sup>	Tivorbex <sup>®</sup>	Uceris <sup>®</sup>
sildenafil	Symbravo <sup>®</sup>	Tlando <sup>™</sup>	Ukoniq <sup>®</sup>
Silenor <sup>®</sup>	Symbyax <sup>™</sup>	Tobi <sup>®</sup> Neb	Uloric <sup>®</sup>
Siliq <sup>™</sup>	Symdeko <sup>®</sup>	Tolcapone	Ultracet <sup>®</sup>
Simlandi <sup>®</sup>	Symlin <sup>®</sup>	tolvaptan	Ultram <sup>®</sup>
Simplera <sup>™</sup>	Sympazan <sup>™</sup> Film	Topamax <sup>®</sup> Sprinkle	Ultravate <sup>®</sup>
Simponi <sup>™</sup>	Synalar <sup>®</sup>	Topamax <sup>®</sup> tab	Umeclid/vila inh
Simvastatin susp	Syndros <sup>®</sup>	Topicort <sup>®</sup>	Undecatret <sup>™</sup>
Singulair <sup>®</sup>	Synthroid <sup>®</sup>	topiramate ER sprinkle	Upneeq <sup>®</sup>
Sirturo <sup>™</sup>	Syprine <sup>®</sup>	topiramate sol	Uptravi <sup>®</sup>
Sitagliptin	Tabrecta <sup>™</sup>	Torpenz <sup>™</sup>	Uroxatral <sup>®</sup>
Sitagliptin-Metformin	tadalafil (generic Adcirca)	Tosymra <sup>™</sup>	Urso <sup>®</sup> [Forte]
Sivextro <sup>™</sup>	Tadliq <sup>®</sup>	Toviaz <sup>™</sup>	Ursodiol cap
Skelaxin <sup>®</sup>			

Ustekin-aekn inj/prefilled syr	Vigafyde™	Xelstry™	Zestril®
ustekinumab inj/prefilled syr	Viibryd®	Xenazine™	Zetia®
ustekinumab sol ttwe	Vijoice®	Xenical®	Ziana®
Utibron™ Neohaler	Vivjoa®	Xerese®	Zilbrysq®
Vafseo®	Vivlodex™	Xermelo™	zileuton ER tab
Vagifem®	Vizz™	Xhance™ MIS 93mcg	Zilxi™
Valchlor™	Vogelxo®	Xifaxan®	Zioptan™
Valcyte® Soln	Voltaren XR®	Xiidra™	Zipsor™
valganciclovir soln	Vonjo™	Ximino ER™	Zituvimet XR
Valium®	Vonvendi®	Xodol®	Zituvio™
Valsartan Soln	Voquezna® Tabs	Xolair®	Zmax™
Valtoco®	Voranigo®	Xolegel®	Zocor®
Valtrex™	Vosevi™	Xolremdi™	Zohydro® ER
vancomycin soln	Votrient™	Xopenex HFA®	Zokinvy®
Vandazole®	Vowst®	Xopenex® Soln	Zolinza®
Vanflyta®	Voxzogo™	Xphozah®	zolmitriptan spray
Vanrafia®	Voydeya™	Xpovio™ Pak	Zolofit®
varденаfil [ODT]	Vtama®	Xromi®	Zolpidem 10mg
Vasotec®	Vuity™	Xtampza® XR	Zolpidem Cap
VecamyI™	Vusion®	Xtandi®	Zolpidem ER 12.5mg
Velphoro®	Vykat™	Xultophy®	Zolpidem SL 3.5mg
Velsipity™	Vyleesi™	Xuriden™	Zomacton™
Veltin™	Vyndamax®	Xyntha®	Zomig Nasal Spray
Vemlidy®	Vyndaqel®	Xyrem®	Zomig® (ZMT)
Venclexta®	Vytorin™	Xywav™	Zonegran®
Venlafaxine Tab 112.5mg	Vyvance®	yargesa	Zonisade®
Ventavis®	Vyvgart® Hytrulo	Yesintek™	Zorbtive®
Ventolin® HFA	Vyzulta™	Yorvipath®	Zorvolex®
Veozah®	Wainua™	Yuflyma® Pen/Syr	Zoryve®
Verdeso®	Wakix®	Yupelri®	Ztalmy®
Veregen®	Wayrilz™	Yusimry™	Ztlido™
Verelan® ER, PM	Wegovy™ Inj	Yutrepia™	Zumandimine®
Verkazia®	Welchol®	Zanaflex®	ZunveyI™
Verquvo®	Welireg™	Zavesca®	Zurampic®
Verzenio™	Wellbutrin® SR	Zavzpret™ Nasal Soln	Zyclara™ cream/pump
Vesicare®	Wezlana™	Zebutal®	Zydelig®
Vestura®	Wilate®	Zejula™	Zyflo® Tab
Vevye®	Winlevi®	Zelboraf®	Zykadia®
Viagra®	Winrevair™	Zelnorm®	Zyloprim®
Viberzi™	Xadago™	Zelsuvmi™	Zymfentra™
Vibramycin®	Xalkori®	Zelvysia™	Zypitamag™
Victoza®	Xanax® [XR]	Zembrace Symtouch™	Zyprexa®
Viekira Pak™	Xatmep®	Zenzedi®	Zyprexa® Zydis®
vigabatrin tab/packet	Xcopri® pak/tab	Zepatier™	Zytiga™
Vigadrone	Xdemvy®	Zepbound™	Zyvox®
	Xeljanz® [XR]	Zeposia®	
	Xelpros™	Zerviate™	

<sup>1</sup> All brand prenatal vitamins require prior authorization.

<sup>2</sup> All diabetic test strips require prior authorization except for Contour®.

\* Compound products with total cost equal to or greater than \$75 per prescription

+ Prescription claims exceeding the dollar limit threshold of \$10,000 per claim

## Reading the formulary drug list

### How can I tell if a drug is generic or brand?

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications start with an uppercase letter and are written in bold. Generic medications are shown in lowercase and in italic.

<b>Brand name Drug</b>	<b>Starts with UPPERCASE in Bold</b>	<b>Ex: Augmentin</b>
<i>Generic drug</i>	<i>Lowercase italic</i>	<i>Ex: lisinopril</i>

### Tier information

Tiers are the different cost levels you pay for a medication. Each drug on the formulary is in a tier. Below is a reference guide to use as you review your formulary to see the abbreviation for each drug tier on the formulary list.

<b>Drug Tier</b>	<b>Abbreviation</b>
Generic	G
Non-preferred drug	NPD
Specialty drug	SP
Low-cost generic	LCG
Preferred brand	PB
\$0 Preventive drug	ACA

### Drug list requirements and/or limits

Some medications are noted with letters next to them to help you see which drugs may have coverage requirements and/or limits. Below is a reference guide to use as you review your formulary to see the abbreviation for each requirement/limit on the formulary list.

<b>Requirements/Limits</b>	<b>Abbreviation</b>
Prior Authorization	PA
Quantity Limits Apply	QL
Age Limit	AL
Limited Distribution Drug	LDD
Day Supply Limit	5DS
Requires Rider	R
Quantity Over Time	Q/T
Morphine Milligram Equivalent	MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>ANTIBIOTICS &amp; OTHER DRUGS USED FOR INFECTION</b>		
<i>abacavir sulfate tab, soln</i>	G	
<i>abacavir sulfate/ lamivudine</i>	G	
<i>abacavir/ lamivudine/ zidovudine</i>	G	
<b>Acticlate</b>	NPD	PA
<i>acyclovir</i>	G	
<i>acyclovir 5% cream</i>	G	QL
<i>adefovir dipivoxil</i>	G	
<b>Aemcolo DR</b>	NPD	QL
<i>albendazole</i>	G	
<b>Alinia</b>	NPD	QL
<b>Altabax</b>	NPD	PA
<b>Alyftrek Tab</b>	NPD, SP	PA
<i>amoxicillin</i>	LCG	
<b>Amoxicillin 775mg</b>	PB	
<i>amoxicillin/ clavulanate</i>	G	
<i>amoxicillin/ clavulanate extended-release</i>	G	
<i>ampicillin</i>	G	
<b>Amzeeq</b>	NPD	PA
<b>Ancobon</b>	NPD	
<b>Arakoda</b>	NPD	
<b>Arikayce</b>	NPD, SP	PA
<i>atazanavir</i>	G	
<i>atovaquone</i>	G	
<i>atovaquone/ proguanil</i>	G	
<b>Atripla</b>	NPD	
<b>Augmentin</b>	NPD	
<b>Augmentin XR</b>	NPD	
<b>Avelox</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Avidoxy</b>	NPD	PA
<i>azithromycin</i>	G	
<b>Bactrim, Bactrim DS</b>	NPD	
<b>Baraclude</b>	NPD	
<b>Baxdela</b>	NPD	QL
<b>Benznidazole</b>	NPD	
<b>Bethkis Neb</b>	NPD, SP	PA
<b>Biaxin</b>	NPD	
<b>Biktarvy</b>	NPD	
<b>Biltricide</b>	NPD	
<b>Brexafemme</b>	NPD	PA, QL
<i>cefaclor</i>	G	
<i>cefaclor ER</i>	G	
<i>cefadroxil</i>	G	
<i>cefdinir</i>	G	
<i>cefixime susp/cap</i>	G	
<i>ceftibuten</i>	G	
<b>Ceftin</b>	NPD	
<i>cefuroxime axetil</i>	G	
<i>cephalexin</i>	G	
<i>chlorhexidine gluconate soln</i>	LCG	
<i>chloroquine phosphate</i>	G	
<b>Cimduo</b>	NPD	
<b>Cipro</b>	NPD	
<b>Cipro XR</b>	NPD	
<i>ciprofloxacin</i>	LCG	
<i>ciprofloxacin ER tabs</i>	G	
<i>clarithromycin</i>	G	
<i>clarithromycin ER</i>	G	
<b>Cleocin</b>	NPD	PA
<b>Clindesse Cream</b>	NPD	
<i>clotrimazole troches</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Combivir</b>	NPD	
<b>Complera</b>	NPD	
<b>Cresemba</b>	NPD	PA, QL, Q/T
<b>Crixivan</b>	PB	
<b>Daklinza</b>	NPD, SP	PA, QL, Q/T
<i>dapsone tab</i>	G	
<b>Daraprim Tab</b>	NPD	PA
<i>darunavir</i>	G	
<b>Daxbia</b>	NPD	
<b>Delstrigo</b>	NPD	
<i>demeclocycline</i>	G	
<b>Depen Titrate</b>	PB	
<b>Descovy</b>	NPD	QL
<b>Descovy 200-25mg</b>	ACA	QL
<i>dicloxacillin</i>	G	
<i>didanosine</i>	G	
<b>Dificid tab/susp</b>	NPD	QL
<b>Diffucan tab/susp</b>	NPD	PA
<b>Doryx 50mg DR tablet</b>	NPD	PA
<b>Doryx 200mg DR tablet</b>	NPD	PA, QL
<b>Doryx MPC Tab 60mg</b>	NPD	PA
<b>Dovato</b>	NPD	
<b>Doxycycline DR 40mg</b>	NPD	PA
<i>doxycycline hyclate cap 50mg, 100mg</i>	LCG	
<b>Doxycycline hyclate DR 80mg</b>	NPD	PA
<b>Doxycycline hyclate tab 75mg, 150mg</b>	NPD	
<b>Doxycycline hyclate tab 50mg</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Doxycycline hyclate tab DR 50mg, 100mg</b>	NPD	
<b>Doxycycline hyclate tab DR 75mg, 150mg</b>	NPD	
<b>Doxycycline hyclate tab DR 200mg</b>	NPD	QL, QT
<i>doxycycline monohydrate 50mg, 75mg, 100mg tab</i>	G	
<i>doxycycline monohydrate cap 50mg, 100mg</i>	G	
<b>Doxycycline monohydrate cap 75mg, 150mg</b>	NPD	PA
<b>Doxycycline monohydrate tab 150mg</b>	NPD	PA
<b>Edurant</b>	PB	
<b>E.E.S.</b>	NPD	
<i>efavirenz</i>	G	
<i>efavirenz-emtricitabine-tenofovir tab</i>	G	
<i>efavirenz-lamivudine-tenofovir tab</i>	G	
<b>Egaten 250mg tablet</b>	NPD	
<i>emtricitabine cap</i>	G	
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150mg, 133-200mg, 167-250mg</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300mg</i>	G, ACA	QL
<b>Emtriva</b>	NPD	
<b>Emverm</b>	NPD	QL
<i>entecavir</i>	G	
<b>Epclusa</b>	PB, SP	PA, QL, Q/T
<b>Epivir HBV Soln</b>	NPD	
<b>Epivir HBV Tab</b>	NPD	
<b>Epivir Tab</b>	NPD	
<b>Epzicom</b>	NPD	
<b>EryPed</b>	NPD	
<b>Ery-Tab</b>	NPD	
<b>Erythrocin</b>	NPD	
<i>erythromycin delayed release</i>	G	
<i>erythromycin ethylsuccinate</i>	G	
<i>erythromycin stearate</i>	G	
<i>ethambutol</i>	G	
<i>etravirine</i>	G	
<i>famciclovir</i>	G	
<i>fdaxomicin</i>	G	QL
<b>Firvanq Soln</b>	NPD	PA
<b>Flagyl</b>	NPD	
<i>fluconazole suspension</i>	G	
<i>fluconazole tabs</i>	LCG	
<i>flucytosine</i>	G	
<b>Flumadine</b>	NPD	
<i>fosamprenavir calcium tab</i>	G	
<i>fosfomycin pow</i>	G	
<b>Fulvicin</b>	NPD	PA
<b>Fuzeon</b>	NPD	PA
<i>griseofulvin microsize</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>griseofulvin ultramicronsize</i>	G	PA
<b>Gris-PEG</b>	NPD	
<b>Harvoni</b>	PB, SP	PA, QL, Q/T
<b>Hepsera</b>	NPD	
<b>Hiprex</b>	NPD	
<b>Humatin</b>	NPD	
<i>hydroxychloroquine</i>	G	
<b>Impavido</b>	NPD	Q/T
<b>Intelence</b>	NPD	
<b>Invirase</b>	PB	
<b>Isentress</b>	PB	
<i>isoniazid</i>	G	
<i>itraconazole</i>	G	
<b>Ivermectin</b>	NPD	PA
<b>Juluca</b>	NPD	
<b>Kaletra Tabs/ Soln</b>	NPD	
<b>Kalydeco Tabs/ Pack</b>	NPD, SP	PA, LDD
<b>Keflex</b>	NPD	
<i>ketoconazole tab</i>	G	
<b>Krintafel</b>	NPD	
<b>Lamisil Tabs</b>	NPD	
<i>lamivudine tab 100mg, 150mg, 300mg</i>	G	
<i>lamivudine/ zidovudine</i>	G	
<b>Lampit tab</b>	NPD	
<b>Ledipasvir-sofosbuvir tablet 90-400mg</b>	NPD, SP	PA, QL
<b>Levaquin</b>	NPD	
<i>levofloxacin tab</i>	LCG	
<b>Lexiva</b>	NPD	
<b>Likmez Susp</b>	NPD	PA
<i>linezolid</i>	G	QL
<b>Livtency</b>	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>lopinavir/ritonavir</i>	G	
<b>Luliconazole cream</b>	NPD	PA
<b>Lymepak</b>	NPD	PA
<b>Macrodantin</b>	NPD	
<b>Malarone</b>	NPD	
<i>maraviroc tab</i>	G	
<b>Mavyret</b>	PB, SP	PA, QL, Q/T
<i>mefloquine</i>	G	
<b>Mepron</b>	NPD	
<i>methenamine hippurate</i>	G	
<i>metronidazole</i>	LCG	PA
<b>Minocin</b>	NPD	PA
<i>minocycline caps</i>	G	
<b>Minocycline ER cap 135mg, 45mg, and 90mg</b>	NPD	Q/T, PA
<i>minocycline ER tablet</i>	G	Q/T
<i>minocycline tablet</i>	G	
<b>Minolira</b>	NPD	PA, Q/T
<i>moderiba</i>	G, SP	
<b>Molnupiravir 200mg</b>	NPD	QL, AL
<b>Mondoxyne NL 75mg cap</b>	NPD	PA, Q/T
<b>Mondoxyne NL 100mg cap</b>	NPD	PA
<b>Monurol Pak Granules</b>	NPD	PA
<b>Moxatag</b>	NPD	
<i>moxifloxacin hcl</i>	G	
<b>Myambutol</b>	NPD	
<b>Mycobutin</b>	NPD	
<b>Mytesi</b>	NPD	PA
<b>Nebupent INH</b>	NPD	
<i>nevirapine</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>nevirapine ER</i>	G	
<i>nitazoxanide</i>	G	QL
<i>nitrofurantoin macrocrystals</i>	LCG	
<i>nitrofurantoin suspension 25mg/5ml/ 50mg/10ml oral</i>	G	PA
<b>Nitrofurantoin Suspension 50mg/5ml Oral</b>	NPD	PA
<b>Norvir powder</b>	PB	
<b>Norvir tablet</b>	NPD	
<b>Noxafil</b>	NPD	PA, QL
<b>Nuversa gel</b>	NPD	PA
<b>Nuzyra</b>	NPD	PA, QL
<b>Onmel</b>	NPD	PA
<b>Oracea</b>	NPD	PA
<b>Orkambi tablet/ packet</b>	NPD, SP	PA, LDD
<b>Orlynvah</b>	NPD	PA, QL
<i>oseltamivir caps/ soln</i>	G	QL
<b>Paxlovid Tab</b>	PB	QL
<b>Pegasys</b>	NPD, SP	PA
<b>PegIntron</b>	NPD, SP	
<i>penicillin v potassium solution</i>	G	
<i>penicillin v potassium tablet</i>	LCG	
<i>pentamidine INH</i>	G	
<b>Pifeltro</b>	NPD	
<b>Plaquenil</b>	NPD	PA
<i>posaconazole</i>	G	QL
<i>potassium iodide soln</i>	G	
<i>praziquantel</i>	G	
<b>Pretomanid</b>	NPD	PA
<b>Prevymis</b>	NPD	
<b>Prevymis Pak</b>	NPD, SP	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Prezcobix</b>	NPD	
<b>Prezista</b>	NPD	
<i>pyrimethamin</i>	G	
<b>Qualaquin</b>	NPD	QL
<i>quinine sulfate</i>	G	QL
<b>Relenza</b>	NPD	QL
<b>Retrovir</b>	NPD	
<b>Reyataz</b>	NPD	
<b>Rezurock</b>	NPD, SP	PA, QL
<i>ribasphere ribapak 200mg &amp; 400mg/ 400mg &amp; 600mg</i>	G, SP	
<i>rifabutin</i>	G	
<b>Rifadin</b>	NPD	
<i>rifampin</i>	G	
<i>rimantadine</i>	G	
<i>ritonavir</i>	G	
<b>Rivfloza Inj</b>	NPD, SP	PA, QL
<b>Rukobia</b>	NPD	PA
<b>Selzentry</b>	NPD	
<b>Seysara</b>	NPD	Q/T, PA
<b>Sirturo</b>	NPD	PA
<b>Sitavig</b>	NPD	QL
<b>Sivextro</b>	NPD	PA, QL
<b>Sklice Lot 0.5%</b>	NPD	
<b>Skyclarys cap</b>	NPD, SP	PA
<b>Sofosbuvir- velpatasvir tablet 400-100mg</b>	NPD, SP	PA, QL
<b>Sohonos</b>	NPD, SP	PA
<b>Solodyn</b>	NPD	PA, QL, Q/T
<b>Solosec GRA</b>	NPD	PA
<b>Sovaldi</b>	NPD, SP	PA, QL, Q/T
<b>Sovuna Tab</b>	NPD	PA
<b>Sporanox</b>	NPD	
<b>SSKI Solution</b>	NPD	
<i>stavudine</i>	G	
<b>Stribild</b>	PB	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Stromectol</b>	NPD	
<i>sulfamethoxazole/ tmp</i>	LCG	
<b>Sunlenca</b>	NPD	
<b>Suprax Susp 100mg/5ml, 200mg/5ml</b>	NPD	
<b>Sustiva</b>	NPD	
<b>Symfi</b>	NPD	
<b>Symfi-Lo</b>	NPD	
<b>Symtuza</b>	NPD	
<b>Talicia</b>	NPD	
<b>Tamiflu</b>	NPD	QL
<b>Targadox</b>	NPD	PA
<b>Technivie</b>	NPD, SP	PA, QL, Q/T
<b>Temixys</b>	NPD	
<i>tenofovir</i>	G	
<i>terbinafine tabs</i>	G	
<b>Tetracycline tab</b>	NPD	PA
<b>Tindamax</b>	NPD	
<i>tinidazole</i>	G	
<b>Tivicay PD</b>	NPD	
<b>Tobi Neb Solution</b>	NPD, SP	PA
<b>Tobi Podhaler Cap</b>	NPD, SP	
<b>Tolsura</b>	NPD	
<b>Trikafta</b>	NPD, SP	PA
<b>Trikafta Pak</b>	NPD, SP	PA
<b>Triumeq</b>	PB	
<b>Trizivir</b>	NPD	
<b>Truvada</b>	NPD	
<i>valacyclovir tab</i>	G	
<b>Valcyte Soln</b>	NPD	PA
<b>Valcyte Tab</b>	NPD	
<i>valganciclovir soln</i>	G	PA
<i>valganciclovir tab</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Valtrex</b>	NPD	PA
<i>vancomycin</i>	G	
<i>vancomycin soln</i>	G	PA
<b>Vemlidy</b>	NPD	PA
<b>Vfend</b>	NPD	
<b>Vibramycin</b>	NPD	PA
<b>Videx EC</b>	NPD	
<b>Viekira Pak</b>	NPD, SP	PA, QL, Q/T
<b>Viekira XR</b>	NPD, SP	PA, QL, Q/T
<b>Viramune</b>	NPD	
<b>Viramune XR</b>	NPD	
<b>Viread</b>	NPD	
<b>Vivjoa</b>	NPD	PA, QL
<b>Vocabria</b>	NPD	
<i>voriconazole</i>	G	
<b>Vosevi</b>	PB, SP	PA, QL, Q/T
<b>Xenleta</b>	NPD	QL
<b>Xepi Cream 1%</b>	NPD	PA
<b>Xifaxan 200mg</b>	NPD	QL
<b>Xifaxan 550mg</b>	NPD	PA, QL, Q/T
<b>Ximino ER</b>	NPD	PA, Q/T
<b>Xofluza Tab</b>	NPD	QL
<b>Xofluza therapy pack</b>	NPD	Q/T
<b>Yeztugo</b>	NPD	
<b>Zelsuvmi Gel</b>	NPD	PA
<b>Zepatier</b>	NPD	PA, QL, Q/T
<b>Zerit</b>	NPD	
<b>Ziagen</b>	NPD	
<i>zidovudine</i>	G	
<b>Zithromax</b>	NPD	
<b>Zmax</b>	NPD	PA
<b>Zovirax</b>	NPD	
<b>Zyvox</b>	NPD	PA, QL
<b>CANCER &amp; ORGAN TRANSPLANT DRUGS</b>		
<i>abiraterone</i>	G, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>Abirtega</i>	G, SP	PA
<b>Afinitor</b>	NPD, SP	PA, QL
<b>Akeega</b>	NPD, SP	PA, QL
<b>Alecensa</b>	NPD, SP	PA
<b>Alkeran</b>	NPD, SP	
<b>Alunbrig tab/pak</b>	NPD, SP	PA, QL
<i>anastrazole</i>	G	
<b>Arimidex</b>	NPD	PA
<b>Aromasin</b>	NPD	
<b>Augtyro</b>	NPD, SP	PA
<b>Avmapki</b>	NPD, SP	PA
<b>Ayvakit</b>	NPD, SP	PA, QL
<b>Azasan</b>	NPD	
<i>azathioprine</i>	G	
<b>Balversa</b>	NPD, SP	PA
<b>Benlysta</b>	NPD, SP	PA
<b>Besremi</b>	NPD, SP	PA
<i>bexarotene</i>	G, SP	PA
<i>bexarotene gel</i>	G, SP	PA
<i>bicalutamide</i>	G	
<b>Bosulif</b>	NPD, SP	PA
<b>Braftovi</b>	NPD, SP	PA
<b>Brukinsa</b>	NPD, SP	PA
<b>Cabometyx</b>	NPD, SP	PA, QL
<b>Calquence</b>	NPD, SP	PA
<i>capecitabine</i>	G, SP	
<b>Caprelsa</b>	NPD, SP	PA, QL
<b>Casodex</b>	NPD	
<b>Cellcept</b>	NPD	
<b>Cometriq</b>	NPD, SP	PA
<b>Copiktra</b>	NPD, SP	PA, QL
<b>Cotellic</b>	NPD, SP	PA, LDD
<i>cyclophosphamide caps</i>	G	
<b>Cyclophosphamide tabs</b>	NPD	
<i>cyclosporine</i>	G	

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<b>Cytosan</b>	NPD, SP	
<i>danazol</i>	G	
<b>Danocrine</b>	NPD	
<b>Danziten Tab</b>	NPD, SP	PA
<i>dasatinib</i>	G, SP	PA
<b>Daurismo</b>	NPD, SP	PA
<b>Deltasone</b>	NPD	
<b>Emcyt</b>	NPD	
<b>Ensacove</b>	NPD, SP	PA
<b>Erivedge</b>	NPD, SP	PA
<b>Erleada</b>	NPD, SP	PA
<i>erlotinib</i>	G, SP	PA, QL
<i>etoposide</i>	G, SP	
<b>Eulexin</b>	NPD	PA
<i>everolimus (generic for Afinitor)</i>	G, SP	PA, QL
<i>everolimus (generic for Zortress)</i>	G	
<i>exemestane</i>	G	
<b>Exkivity</b>	NPD, SP	PA
<b>Fareston tab</b>	NPD	
<b>Farydak</b>	NPD, SP	PA, LDD
<b>Femara</b>	NPD	QL
<i>flutamide</i>	G	
<b>Fotivda</b>	NPD, SP	PA
<b>Fruzaqla</b>	NPD, SP	PA
<b>Gavreto</b>	NPD, SP	PA
<i>gefitinib</i>	G, SP	PA
<b>Gilotrif</b>	NPD, SP	PA, QL
<b>Gleevec</b>	NPD, SP	PA
<b>Gleostine</b>	NPD, SP	
<b>Gomekli</b>	NPD, SP	PA
<b>Hernexeos</b>	NPD, SP	PA
<b>Hexalen</b>	NPD	
<b>Hycamtin</b>	NPD, SP	PA
<b>Hydrea</b>	NPD	
<i>hydroxyurea</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Hyftor Gel 0.2%</b>	NPD	PA
<b>Ibrance</b>	NPD, SP	PA, LDD, QL
<b>Ibuprofen</b>	NPD, SP	PA
<b>Iclusig</b>	NPD, SP	PA, QL
<b>Idhifa</b>	NPD, SP	PA, QL
<i>imatinib mesylate</i>	G, SP	PA
<b>Imbruvica</b>	NPD, SP	PA, QL
<b>Imkeldi Sol 80mg/ml</b>	NPD, SP	PA
<b>Imuran</b>	NPD	
<b>Inlyta</b>	NPD, SP	PA
<b>Inqovi tab</b>	NPD, SP	PA
<b>Inrebic</b>	NPD, SP	PA
<b>Iressa tab</b>	NPD, SP	PA
<b>Itovebi Tab</b>	NPD, SP	PA
<b>Iwilfin</b>	NPD, SP	PA
<b>Jaypirca tab</b>	NPD, SP	PA, QL
<b>Jylamvo Soln</b>	NPD	PA
<b>Kisqali</b>	NPD, SP	PA, LDD, QL
<b>Koselugo</b>	NPD, SP	PA
<b>Krazati</b>	NPD, SP	PA
<i>lapatinib</i>	G, SP	PA
<b>Lazcluze</b>	NPD, SP	PA
<i>lenalidomide</i>	G, SP	PA
<b>Lenvima</b>	NPD, SP	PA, LDD
<i>letrozole</i>	G	QL
<i>leucovorin calcium</i>	G	
<b>Leukeran</b>	NPD, SP	PA
<i>leuprolide</i>	G, SP	
<b>Lonsurf</b>	NPD, SP	PA
<b>Lorbrena</b>	NPD, SP	PA
<b>Lumakras</b>	NPD, SP	PA
<b>Lupkynis</b>	NPD, SP	PA, QL
<b>Lynparza</b>	PB, SP	PA
<b>Lysodren</b>	NPD	
<b>Lytgobi</b>	NPD, SP	PA
<b>Matulane</b>	NPD, SP	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Mavenclad pak</b>	NPD, SP	PA
<b>Megace</b>	NPD	
<i>megestrol</i>	G	
<i>megestrol acetate</i>	G	
<b>Mekinist</b>	NPD, SP	PA, QL
<b>Mektovi</b>	NPD, SP	PA
<i>melphalan</i>	G, SP	
<i>mercaptopurine</i>	G	
<i>mercaptopuri sus</i>	G, SP	
<b>Mesnex</b>	NPD	
<i>methotrexate tab</i>	G	
<b>Modeyso</b>	NPD, SP	PA
<i>mycophenolate</i>	G	
<i>mycophenolic acid</i>	G	
<b>Myfortic</b>	NPD	
<b>Myhibbin Sus</b>	NPD	
<b>Myleran</b>	NPD	
<b>Nemludio Inj 30mg</b>	NPD, SP	PA
<b>Neoral</b>	NPD	PA
<b>Nerlynx</b>	NPD, SP	PA
<b>Nexavar</b>	NPD, SP	PA
<b>Nilandron</b>	NPD	
<b>Nilotinib cap</b>	NPD, SP	PA
<i>nilotinib cap (brand: Tasisna)</i>	G, SP	PA
<i>nilutamide</i>	G	
<b>Ninlaro</b>	NPD, SP	PA, QL
<b>Nubeqa</b>	NPD, SP	PA
<b>Odomzo</b>	NPD, SP	PA
<b>Ogsiveo</b>	NPD, SP	PA
<b>Ojemda Tab/Sus</b>	NPD, SP	PA
<b>Ojjaara</b>	NPD, SP	PA, QL
<b>Onureg</b>	NPD, SP	PA
<b>Orgovyx</b>	NPD, SP	PA
<b>Orserdu tab</b>	NPD, SP	PA
<b>Ortikos ER Cap</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pazopanib</i>	G, SP	PA
<b>Pemazyre</b>	NPD, SP	PA, QL
<b>Piqray</b>	NPD, SP	PA
<b>Pomalyst</b>	NPD, SP	PA
<i>prednisone</i>	LCG	
<i>prednisone therapy pack/ solution/ concentrate</i>	G	
<b>Prograf cap/ packets</b>	NPD	PA
<b>Protopic</b>	NPD	PA
<b>Purixan</b>	NPD, SP	
<b>Qinlock tab</b>	NPD, SP	PA
<b>Rapamune 1mg/ml Sol</b>	NPD	
<b>Rapamune tab</b>	NPD	
<b>RediTrex Inj</b>	NPD	PA
<b>Retevmo cap</b>	NPD, SP	PA
<b>Revlimid</b>	NPD, SP	PA
<b>Revuforj Tab</b>	NPD, SP	PA
<b>Rezlidhia</b>	NPD, SP	PA
<b>Romvimza</b>	NPD, SP	PA
<b>Rozlytrek</b>	NPD, SP	PA
<b>Rubraca</b>	PB, SP	PA
<b>Rydapt</b>	NPD, SP	PA
<b>Sandimmune</b>	NPD	
<b>Scemblix</b>	NPD, SP	PA, QL
<b>Siklos</b>	NPD	
<i>sirolimus tab/soln</i>	G	
<i>sorafenib</i>	G, SP	PA
<b>Sprycel</b>	NPD, SP	PA
<b>Stivarga</b>	PB, SP	PA
<i>sunitinib</i>	G, SP	PA
<b>Sutent</b>	NPD, SP	PA
<b>Tabloid</b>	NPD	
<b>Tabrecta tab</b>	NPD, SP	PA
<i>tacrolimus</i>	G	
<b>Tafinlar</b>	NPD, SP	PA

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<b>Tagrisso</b>	NPD, SP	PA, QL
<b>Talzenna</b>	NPD, SP	PA, QL
<i>tamoxifen 10mg</i>	G	
<b>Tarceva</b>	NPD, SP	PA, QL
<b>Targretin cap</b>	NPD, SP	PA
<b>Tasigna</b>	NPD, SP	PA
<b>Tazverik 200mg</b>	NPD, SP	PA
<b>Temodar</b>	NPD, SP	PA
<i>temozolomide</i>	G, SP	PA
<b>Tepmetko</b>	NPD, SP	PA
<b>Thalomid</b>	NPD, SP	PA
<i>thioguanine</i>	G	
<b>Tibsovo</b>	NPD, SP	PA
<i>toremifene tab</i>	G	
<i>torpenz</i>	G, SP	PA
<i>tretinoin caps</i>	G, SP	PA
<b>Trexall tab</b>	NPD	
<b>Truqap</b>	NPD, SP	PA
<b>Truseltiq</b>	NPD, SP	PA
<b>Tukysa</b>	NPD, SP	PA
<b>Turalio</b>	NPD, SP	PA
<b>Tykerb</b>	NPD, SP	PA
<b>Ukoniq</b>	NPD, SP	PA
<b>Valchlor</b>	NPD, SP	PA
<b>Vanflyta</b>	NPD, SP	PA
<b>Venclexta</b>	NPD, SP	PA
<b>Verzenio</b>	NPD, SP	PA, QL
<b>Vitrakvi</b>	NPD, SP	PA
<b>Vizimpro</b>	NPD, SP	PA
<b>Vonjo</b>	NPD, SP	PA
<b>Voranigo</b>	NPD, SP	PA
<b>Votrient</b>	NPD, SP	PA
<b>Welireg</b>	NPD, SP	PA
<b>Xalkori</b>	NPD, SP	PA
<b>Xatmep</b>	NPD	PA
<b>Xeloda</b>	NPD, SP	
<b>Xospata</b>	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Xpovio Pak</b>	NPD, SP	PA
<b>Xromi</b>	NPD	PA
<b>Xtandi</b>	NPD, SP	PA, LDD
<b>Yonsa</b>	NPD, SP	PA
<b>Zejula</b>	PB, SP	PA, QL, LDD
<b>Zelboraf</b>	NPD, SP	PA, LDD
<b>Zolinza</b>	NPD, SP	PA, LDD
<b>Zortress</b>	NPD	
<b>Zydelig</b>	NPD, SP	PA, LDD
<b>Zykadia</b>	NPD, SP	PA, LDD
<b>Zytiga</b>	NPD, SP	PA, LDD

**PAIN, NERVOUS SYSTEM, & PSYCH**

<b>Abilify</b>	NPD	PA
<b>Abilify Mycite</b>	NPD	PA
<b>Abilify Mycite Tab Maintenance/ Starter Pak</b>	NPD	PA
<b>Abstral</b>	NPD	PA, QL, MME
<i>acamprosate DR tab 333mg</i>	G	
<i>acetaminophen/ codeine</i>	LCG	QL, 5DS, MME
<b>Actiq</b>	NPD	PA, QL, MME
<b>Adderall</b>	NPD	PA, QL
<b>Adderall XR</b>	NPD	PA, QL
<b>Adhansia XR Capsule</b>	NPD	PA, QL
<b>Adipex-P</b>	NPD	R
<b>Adlarity Dis</b>	NPD	PA
<b>Adzenys ER Susp</b>	NPD	PA, QL
<b>Adzenys XR ODT</b>	NPD	PA, QL
<b>Aimovig</b>	PB	PA
<b>Ajovy</b>	NPD	PA
<b>Allzital 25-325mg</b>	NPD	PA, QL, 5DS
<i>almotriptan maleate</i>	G	QL, AL
<i>alprazolam</i>	LCG	

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<i>alprazolam ER</i>	G	
<i>amantadine</i>	G	
<b>Ambien</b>	NPD	PA, QL
<b>Ambien CR</b>	NPD	PA, QL
<b>Amerge</b>	NPD	PA, QL, AL
<i>amitriptyline hcl</i>	G	
<i>amoxapine</i>	G	
<i>amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine</i>	G	QL
<i>amphetamine aspartate/ amphetamine sulfate/dextro-amphetamine ER</i>	G	QL
<b>Amphetamine ER suspension</b>	NPD	PA, QL
<b>Amphetamine ER tab</b>	NPD	PA, QL
<i>amphetamine tablet</i>	G	QL
<i>amphetamine tablet (generic Evekeo)</i>	G	PA, QL
<i>amphet/dextr cap er</i>	G	QL
<b>Anafranil</b>	NPD	PA
<b>Antabuse</b>	NPD	
<b>Apadaz</b>	NPD	PA, QL, 5DS, MME
<b>Apokyn Solution Cartridge 30mg/3ml</b>	NPD, SP	PA
<i>apomorphine inj 30mg/3ml</i>	G, SP	PA
<b>Apo-Varenicline</b>	NPD, ACA	QL
<b>Aptensio XR</b>	NPD	PA, QL
<b>Aptiom</b>	NPD	PA
<b>Aricept</b>	NPD	PA
<i>aripiprazole</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>armodafinil</i>	G	
<b>Arymo ER</b>	NPD	PA, QL, MME
<i>asenapine tab sub</i>	G	
<i>atomoxetine</i>	G	QL
<b>Aubagio</b>	NPD, SP	PA
<b>Austedo [XR]</b>	NPD, SP	PA
<b>Auvelity</b>	NPD	PA
<b>Avonex</b>	PB, SP	QL
<b>Axert</b>	NPD	PA, QL
<b>Azilect</b>	NPD	
<b>Azstarys</b>	PB	PA, QL
<b>Banzel</b>	NPD	PA
<b>Banzel Susp</b>	NPD	PA
<b>Belbuca</b>	PB	PA, QL, MME
<b>Belsomra</b>	NPD	PA, QL
<b>Belviq [XR]</b>	NPD	PA, R
<i>benzphetamine</i>	G	R, PA
<b>Benzhydro-codone-acetaminophen</b>	NPD	PA, QL, 5DS, MME
<i>benztropine</i>	LCG	
<b>Betaseron</b>	PB, SP	QL
<b>Brekiya</b>	NPD	PA, QL
<b>Brisdelle</b>	NPD	
<b>Briviact</b>	NPD	PA
<b>Briviact soln</b>	NPD	PA
<i>bromocriptine mesylate</i>	G	
<b>Bucapsol</b>	NPD	PA
<b>Bunavail</b>	NPD	QL
<i>buprenorphine hcl/naloxone hcl</i>	G	QL
<i>buprenorphine patch</i>	G	PA, QL, MME
<i>buprenorphine SL</i>	G	QL
<i>bupropion</i>	G	
<i>bupropion ER 150mg</i>	G	QL

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<b>Bupropion ER 450mg</b>	NPD	PA
<i>bupropion SR</i>	G	
<i>bupropion XL</i>	G	
<b>Buspar</b>	NPD	
<i>bupirone</i>	G	
<b>Butal/Apap Tab 25-325mg</b>	NPD	PA, QL, 5DS
<b>Butalbital-acetaminophen 50-300mg</b>	NPD	PA, QL, 5DS
<i>butalbital/apap/caffeine</i>	G	QL, 5DS
<i>butalbital/apap/caffeine/codeine</i>	G	QL, 5DS, MME
<i>butalbital/aspirin/caffeine/codeine</i>	G	QL, 5DS, MME
<i>butorphanol tartrate nasal</i>	G	QL, 5DS, MME
<b>Butrans</b>	NPD	PA, QL, MME
<b>Cafegot</b>	NPD	
<b>Cambia Packet</b>	NPD	PA
<b>Capcof Syrup</b>	NPD	QL, 5DS, MME
<b>Caplyta</b>	NPD	PA
<i>carbamazepine</i>	G	
<i>carbamazepine susp</i>	G	PA
<i>carbamazepine XR</i>	G	
<b>Carbatrol</b>	NPD	PA
<i>carbidopa</i>	G	
<i>carbidopa/levodopa</i>	G	
<i>carbidopa/levodopa ER</i>	G	
<i>carbidopa/levodopa ODT</i>	G	
<i>carbidopa/levodopa/entacapone</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>carisoprodol-aspirin-codeine</i>	G	QL, 5DS, MME
<b>Cataflam</b>	NPD	PA
<b>Celexa</b>	NPD	PA
<b>Celontin</b>	NPD	
<b>Chantix</b>	NPD	QL
<i>chlordiazepoxide</i>	LCG	
<i>chlorpromazine HCl</i>	G	
<i>citalopram</i>	LCG	
<b>Citalopram 30mg Cap</b>	NPD	PA
<i>clobazam</i>	G	PA
<i>clobazam susp</i>	G	PA
<i>clomipramine HCl</i>	G	
<i>clonazepam</i>	G	
<i>clorazepate dipotassium</i>	G	
<i>clozapine</i>	G	
<i>clozapine ODT</i>	G	
<b>Clozaril</b>	NPD	
<i>codeine tabs</i>	G	QL, 5DS, MME
<i>coditussin AC liquid</i>	G	QL, 5DS, MME
<b>Combogesic</b>	NPD	PA
<b>Compro 25mg supp</b>	NPD	PA
<b>Comtan</b>	NPD	
<b>Concerta</b>	NPD	PA, QL
<b>Contrave ER</b>	NPD	PA, R
<b>Conzip</b>	NPD	PA, QL, MME
<b>Copaxone</b>	NPD, SP	PA, QL
<b>Cotempla XR ODT</b>	NPD	PA, QL
<b>Coxanto</b>	NPD	PA
<b>Crexont</b>	NPD	PA
<b>Cymbalta</b>	NPD	PA
<b>Dantrium</b>	NPD	

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<b>Dantrolene</b>	NPD	
<b>Daybue Soln</b>	NPD, SP	PA
<b>Daypro</b>	NPD	PA
<b>Daytrana</b>	NPD	PA, QL
<b>Dayvigo</b>	NPD	PA, QL
<b>Demerol</b>	NPD	PA, QL, 5DS, MME
<b>Depakene</b>	NPD	
<b>Depakote</b>	NPD	
<b>Depakote ER</b>	NPD	
<b>Depakote Sprinkle Caps</b>	NPD	
<i>desipramine</i>	G	
<b>Desoxyn</b>	NPD	PA, QL
<b>Desvenlafaxine ER 24 HR</b>	NPD	
<b>Dexedrine</b>	NPD	PA, QL
<i>dexmethylphenidate ER</i>	G	QL
<i>dexmethylphenidate hcl</i>	G	QL
<i>dextroamphetamine</i>	G	QL
<i>dextroamphetamine ER</i>	G	QL
<b>D.H.E.45</b>	NPD	PA
<b>Dhivy</b>	NPD	PA
<b>Diacomit</b>	NPD, SP	PA
<b>Diastat</b>	NPD	
<i>diazepam rectal gel</i>	G	
<i>diazepam solution</i>	G	
<i>diazepam tabs</i>	LCG	
<i>diclofenac cap 25mg</i>	G	PA, QL
<b>Diclofenac cap 35mg</b>	NPD	PA
<i>diclofenac potassium</i>	G	
<i>diclofenac powder</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac sodium</i>	G	
<i>diclofenac sodium gel 1%</i>	G	
<i>diethylpropion</i>	G	R, PA
<i>diflunisal</i>	G	
<i>dihydrocodeine/APAP/caff</i>	G	QL, 5DS, MME
<i>dihydrocodeine/aspirin/caffeine</i>	G	QL, 5DS, MME
<i>dihydroergotamine inj</i>	G	PA
<i>dihydroergotamine nasal spray</i>	G	PA
<b>Dilantin caps, chewable tabs, susp</b>	NPD	
<b>Dilaudid</b>	NPD	PA, QL, 5DS, MME
<i>dimethyl fumarate DR cap</i>	G, SP	
<i>disulfiram</i>	G	
<i>divalproex sodium</i>	G	
<i>divalproex sodium ER</i>	G	
<i>divalproex sprinkle cap</i>	G	
<b>Dolobid Tab</b>	NPD	PA
<b>Dolophine</b>	NPD	PA, QL, MME
<i>donepezil hydrochloride</i>	LCG	
<b>Doral</b>	NPD	PA
<i>doxepin capsule</i>	G	
<i>doxepin HCL con 10mg/ml</i>	G	
<i>doxepin tablet</i>	G	PA
<b>Drizalma Sprinkle</b>	NPD	PA
<i>duloxetine</i>	G	
<b>Duragesic patch</b>	NPD	PA, QL, MME
<b>Dyanavel XR</b>	NPD	PA, QL

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<b>Effexor XR</b>	NPD	PA
<b>Eldepryl</b>	NPD	
<b>Elepsia XR</b>	NPD	PA
<i>eletriptan</i>	G	QL, AL
<b>Embeda</b>	NPD	PA, QL, MME
<b>Emgality (300mg Dose) Prefilled Pen 100mg/ml</b>	PB	PA, QL
<b>Emgality Prefilled Pen/ Auto-Injector 120mg/ml</b>	PB	PA
<i>endocet</i>	LCG	5DS, QL, MME
<i>entacapone</i>	G	
<b>Epidiolex Soln</b>	NPD, SP	PA
<b>Eprontia</b>	NPD	PA
<i>ergotamine tartrate/caffeine</i>	G	
<i>escitalopram</i>	LCG	
<b>Escitalopram cap 15mg</b>	NPD	PA
<b>Esgic cap/tab</b>	NPD	PA, QL, 5DS
<i>eslicarbazep</i>	G	PA
<i>estazolam</i>	G	QL
<i>eszopiclone</i>	G	PA, QL (3mg only)
<i>ethosuximide</i>	G	
<i>etodolac</i>	G	
<b>Evekeo [ODT]</b>	NPD	PA, QL
<b>Evzio</b>	NPD	PA, QL
<b>Exalgo</b>	NPD	PA, QL, MME
<b>Exelon</b>	NPD	
<b>Exservan Mis</b>	NPD	
<b>Extavia</b>	NPD, SP	PA
<b>ExxuaTitrat</b>	NPD	PA
<b>Fanapt</b>	NPD	PA
<b>Fanapt Pak Pack B, Pack C</b>	NPD	PA
<b>Fazaclio</b>	NPD	
<i>felbamate</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Felbatol</b>	NPD	PA
<b>Feldene</b>	NPD	
<b>Fenoprofen calcium</b>	NPD	PA
<b>Fenopron</b>	NPD	PA
<i>fentanyl citrate OTFC</i>	G	PA, QL, MME
<b>Fentanyl citrate tablet</b>	NPD	PA, QL, MME
<i>fentanyl transdermal</i>	G	PA, QL, MME
<b>Fentora</b>	NPD	PA, QL, MME
<b>Fetzima</b>	NPD	PA
<i> fingolimod</i>	G, SP	
<b>Fintepla sol</b>	NPD, SP	PA
<b>Fioricet Cap</b>	NPD	PA, QL, 5DS
<b>Fioricet with codeine</b>	NPD	QL, 5DS, PA, MME
<b>Fiorinal with codeine</b>	NPD	QL, 5DS, PA, MME
<i> fluoxetine</i>	G	QL (Weekly Only)
<i> fluoxetine 10mg, 20mg, 40mg</i>	G	
<i> fluoxetine soln</i>	G	PA
<i> fluphenazine</i>	G	
<i> flurazepam</i>	G	QL
<i> flurbiprofen</i>	G	
<i> fluvoxamine</i>	G	
<i> fluvoxamine ER</i>	G	
<b>Focalin</b>	NPD	QL
<b>Focalin XR</b>	NPD	PA, QL
<b>ForFivo XL</b>	NPD	PA
<b>Frova</b>	NPD	PA, QL
<b>Frovatriptan succinate</b>	NPD	QL
<b>Fycompa</b>	NPD	
<i> gabapentin</i>	G	
<i> gabapentin soln</i>	G	PA
<i> gabapentin tab</i>	G	PA
<b>Gabarone</b>	NPD	PA

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<b>Gabitril</b>	NPD	
<i>galantamine</i>	G	
<i>galantamine ER</i>	G	
<b>Geodon</b>	NPD	PA
<b>Gilenya 0.5mg</b>	NPD, SP	PA
<b>Gilenya 0.25mg</b>	NPD, SP	
<i>glatiramer acetate</i>	G, SP	QL
<i>glatopa</i>	G, SP	QL
<b>Gocovri</b>	NPD	PA
<b>Gralise Mis</b>	NPD	PA
<i>guaifenesin-codeine soln 10mg/5ml</i>	LCG	QL, 5DS, MME
<i>guanfacine ER</i>	G	QL
<b>Halcion</b>	NPD	PA, QL
<i>haloperidol</i>	G	
<b>Hetlioz Cap</b>	NPD, SP	PA, QL
<b>Hetlioz LQ Susp</b>	NPD, SP	PA
<b>Horizant</b>	NPD	PA
<i>hydrocodone ER</i>	G	PA, QL, MME
<i>hydrocodone/acetaminophen</i>	LCG	QL, 5DS, MME
<i>hydrocodone-homatropine tab</i>	G	QL, 5DS, MME
<i>hydromorphone ER</i>	G	PA, QL, MME
<i>hydromorphone IR</i>	G	QL, 5DS, MME
<b>Hysingla ER</b>	NPD	PA, QL, MME
<b>Ibudone</b>	NPD	QL, 5DS, PA, MME
<i>ibuprofen/hydrocodone</i>	G	QL, 5DS, MME
<b>Imcivree Inj 10mg/ml</b>	NPD, SP	PA
<i>imipramine</i>	G	
<b>Imitrex</b>	NPD	AL
<b>Inbrija</b>	NPD, SP	PA
<b>Indocin Suppository</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Indocin susp</b>	NPD	PA
<b>Ingrezza</b>	NPD, SP	PA
<b>Intermezzo</b>	NPD	PA, QL
<b>Intuniv</b>	NPD	PA, QL
<b>Invega ER tablet</b>	NPD	PA
<i>isometheptene/dichloralphenazone/apap</i>	G	
<b>Jakafi</b>	NPD, SP	PA, QL, LDD
<b>Jornay PM Capsule</b>	NPD	PA, QL
<b>Journavx</b>	NPD	QL
<b>Kadian ER</b>	NPD	PA, QL, MME
<b>Kapvay</b>	NPD	PA, QL
<b>Keppra</b>	NPD	PA
<b>Keppra XR</b>	NPD	PA
<i>ketoprofen</i>	G	
<i>ketorolac</i>	G	
<b>Khedeza</b>	NPD	PA
<b>Klonopin</b>	NPD	PA
<b>Kloxxado Liq</b>	PB	QL
<b>Kynmobi Kit Titration</b>	NPD, SP	PA
<b>Kynmobi Mis</b>	NPD, SP	PA, QL
<i>lacosamide</i>	G	
<b>Lamictal</b>	NPD	PA
<b>Lamictal ODT</b>	NPD	PA
<b>Lamictal XR</b>	NPD	PA
<i>lamotrigine</i>	G	
<i>lamotrigine ER</i>	G	
<i>lamotrigine ODT</i>	G	
<i>lamotrigine ODT kit</i>	G	
<b>Latuda</b>	NPD	PA
<b>Lazanda</b>	NPD	PA, QL, MME
<i>levetiracetam</i>	LCG	
<b>Levetiracetam 250mg tab</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>levetiracetam ER</i>	G	
<i>levorphanol</i>	G	QL, 5DS, MME
<b>Lexapro</b>	NPD	PA
<b>Libervant Mis</b>	NPD	PA, QL
<b>Librax</b>	NPD	PA
<b>Licart Dis 1.3%</b>	NPD	PA, QL
<i>lisdexamfetamine cap/chew</i>	G	QL
<i>lithium carbonate</i>	G	
<i>lithium carbonate ER</i>	G	
<b>Lithobid</b>	NPD	PA
<b>Lodine</b>	NPD	
<b>Lodosyn</b>	NPD	
<i>lofexidine</i>	G	PA, QL
<b>Lomaira</b>	NPD	R
<i>lorazepam</i>	LCG	
<i>lorazepam concentrate</i>	G	
<b>Loreev XR</b>	NPD	PA
<b>Lortab</b>	NPD	QL, 5DS, PA
<i>lortab elixir</i>	LCG	QL, MME
<i>loxapine</i>	G	
<b>Lucemyra</b>	NPD	PA, QL, Q/T
<b>Lumryz Pak</b>	NPD, SP	PA
<b>Lunesta</b>	NPD	PA, QL
<i>lurasidone tab</i>	G	
<b>Lybalvi</b>	NPD	PA
<b>Lyrica Cap</b>	NPD	PA
<b>Lyrica CR</b>	NPD	PA
<b>Lyrica soln</b>	NPD	PA
<i>maprotiline</i>	G	
<b>Maxalt, Maxalt-MLT</b>	NPD	QL
<b>Mayzent tablet, starter pak</b>	NPD, SP	
<b>m-clear wc soln</b>	NPD	QL, 5DS, MME
<i>meman/donepz</i>	G	
<i>meclofenamate</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>memantine</i>	G	
<i>memantine ER</i>	G	
<i>meperidine HCl</i>	G	QL, 5DS, MME
<i>meprobamate</i>	G	
<b>Mestinon syrup</b>	NPD	PA
<b>Mestinon [ER] Tab</b>	NPD	PA
<b>Metadate CD</b>	NPD	PA, QL, MME
<i>methadone</i>	G	PA, QL, MME
<i>methadone HCl concentrate</i>	LCG	PA, QL
<i>methadone HCl sol</i>	LCG	PA, QL
<b>Methadose concentrate [SF]</b>	NPD	PA, QL, MME
<b>Methamphetamine</b>	NPD	QL
<i>methocarbamol 500mg, 750mg</i>	LCG	
<i>methsuximide</i>	G	
<b>Methylin</b>	NPD	QL
<i>methylphenidate</i>	G	QL
<i>methylphenidate ER</i>	G	QL
<i>methylphenidate ER (CD)</i>	G	QL
<i>methylphenidate ER (LA)</i>	G	QL
<b>Methlyphenidate ER (XR)</b>	NPD	PA, QL
<i>methylphenidate pad</i>	G	QL
<b>Midrin</b>	NPD	
<b>Migranal</b>	NPD	PA
<b>Mirapex</b>	NPD	
<b>Mirapex ER</b>	NPD	
<i>mirtazapine</i>	G	
<i>modafinil</i>	G	
<i>molindone hcl</i>	G	
<b>MorphaBond ER</b>	NPD	PA, QL, MME

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<i>morphine IR</i>	G	QL, 5DS, MME
<i>morphine sulfate ER</i>	G	PA, QL, MME
<i>morphine suppositories</i>	G	QL, 5DS, MME
<b>Motpoly XR</b>	NPD	PA
<b>MS Contin</b>	NPD	PA, QL, MME
<b>Mydayis</b>	NPD	PA, QL
<b>Mysoline</b>	NPD	PA
<i>nabumetone</i>	G	
<b>Nalfon</b>	NPD	PA
<b>Nalocet</b>	NPD	PA, QL, 5DS, MME
<b>Naloxone Injection 2mg</b>	NPD	QL
<i>naloxone spray</i>	G	QL
<i>naltrexone 50mg</i>	G	
<b>Namenda Titration Pak Tablet 28 x 5mg &amp; 21 x 10mg Oral</b>	NPD	
<b>Namenda [XR]</b>	NPD	
<b>Namzaric</b>	NPD	
<i>naratriptan</i>	G	QL
<b>Narcan 4mg/ actuation spray</b>	PB	QL
<b>Nardil</b>	NPD	
<b>Nayzilam</b>	NPD	PA, QL
<i>nefazodone</i>	G	
<b>Neupro Patch</b>	NPD	PA
<b>Neurontin</b>	NPD	PA
<b>Neurontin soln</b>	NPD	PA
<i>ninjacof-XG liquid</i>	G	QL, AL, 5DS, MME
<b>Norpramin</b>	NPD	
<i>nortriptyline</i>	G	
<i>nortriptyline soln</i>	G	PA
<b>Nourianz</b>	NPD	PA
<b>Nucynta</b>	NPD	QL, 5DS, MME
<b>Nucynta ER</b>	NPD	PA, QL, MME

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nuplazid</b>	NPD	PA
<b>Nurtec chw 75mg ODT</b>	PB	PA, QL
<b>Nuvigil</b>	NPD	PA
<i>olanzapine</i>	G	
<i>olanzapine ODT</i>	LCG	
<i>olanzapine/ fluoxetine hcl</i>	G	
<b>Onfi</b>	NPD	PA
<b>Onfi Susp</b>	NPD	PA
<b>Ongentys</b>	NPD	PA
<b>Onyda XR Susp</b>	NPD	PA, QL
<b>Onzetra Xsail</b>	NPD	PA, QL, AL
<b>Opana</b>	NPD	QL, 5DS, PA, MME
<b>Opana ER</b>	NPD	PA, QL, MME
<b>Opipza Mis</b>	NPD	PA
<b>Opvee Spray</b>	NPD	QL
<b>Orap</b>	NPD	
<b>Osmolex ER</b>	NPD	
<b>Oxaprozin 300mg cap</b>	NPD	PA
<i>oxaprozin 600mg tab</i>	G	
<b>Oxaydo</b>	NPD	PA, QL, 5DS, MME
<i>oxazepam</i>	G	
<i>oxcarbazepine ER tab</i>	G	PA
<i>oxcarbazepine susp</i>	G	PA
<i>oxcarbazepine tab</i>	G	
<b>Oxtellar XR</b>	NPD	PA
<b>Oxycodone 5mg, 30mg Tab</b>	NPD	PA, QL, 5DS, MME
<b>Oxycodone ER tablet</b>	NPD	PA, QL, MME
<i>oxycodone IR</i>	G	QL, 5DS, MME
<i>oxycodone/ acetaminophen</i>	LCG	QL, 5DS, MME
<b>Oxycodone/ acetaminophen</b>	NPD	PA, QL, 5DS, MME

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<b>Oxycodone/ APAP 2.5-300mg, 5-300mg, 10-300mg tab</b>	NPD	PA, QL, 5DS, MME
<i>oxycodone/ aspirin</i>	G	QL, 5DS, MME
<i>oxycodone/ ibuprofen</i>	G	QL, 5DS, MME
<b>OxyContin</b>	NPD	PA, QL, MME
<i>oxymorphone ER</i>	G	PA, QL, MME
<i>oxymorphone IR</i>	G	QL, 5DS, MME
<i>paliperidone er tablet</i>	G	
<b>Pamelor</b>	NPD	PA
<b>Parlodel</b>	NPD	
<b>Parnate</b>	NPD	
<i>paroxetine</i>	G	
<i>paroxetine ER</i>	G	
<b>Paxil CR</b>	NPD	PA
<b>Paxil Tab/Susp</b>	NPD	PA
<i>pentazocine-naloxone</i>	G	QL, 5DS, MME
<b>Perampanel</b>	NPD	PA
<i>perphenazine</i>	G	
<b>Pexeva</b>	NPD	PA
<i>phendimetrazine tartrate</i>	G	PA, R
<i>phenelzine</i>	G	
<i>phenobarbital</i>	G	
<i>phentermine hcl</i>	LCG	R
<i>phentermine/ topiramate</i>	G	PA, R
<b>Phenytek</b>	NPD	
<i>phenytoin</i>	G	
<i>pimozide</i>	G	
<i>piroxicam</i>	G	
<b>Plegridy</b>	NPD, SP	PA, QL
<b>Ponvory</b>	NPD, SP	PA
<i>pramipexole</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pramipexole ER</i>	G	
<i>pregabalin cap</i>	G	
<i>pregabalin ER tab</i>	G	PA
<i>pregabalin soln</i>	G	PA
<i>primidone</i>	G	
<b>Primlev</b>	NPD	PA, QL, 5DS, MME
<b>Pristiq</b>	NPD	PA
<b>Procentra 1mg/ml</b>	NPD	QL
<b>Prolate Sol 10/300mg</b>	NPD	PA, QL, 5DS, MME
<b>Prolate tab</b>	NPD	PA, QL, 5DS, MME
<i>promethegan supp</i>	NPD	
<b>Provigil</b>	NPD	PA
<b>Prozac</b>	NPD	PA
<i>pyridostigmine</i>	G	
<i>pyridostigmine soln</i>	G	PA
<b>Qdolo Soln 5mg/ml</b>	NPD	PA, QL
<b>Qelbree</b>	NPD	PA, QL
<b>Qmiiz ODT</b>	NPD	PA
<b>Qsymia ER</b>	NPD	PA, R
<i>quazepam</i>	G	QL
<b>Qudexy XR</b>	NPD	PA
<i>quetiapine fumarate [ER]</i>	G	
<b>Quillichew ER</b>	NPD	PA, QL
<b>Quillivant XR</b>	NPD	PA, QL
<b>Qulipta</b>	PB	PA, QL
<b>Quviviq</b>	NPD	PA, QL
<b>Radicava ORS Susp</b>	PB, SP	PA
<b>Raldesy</b>	NPD	PA
<i>ramelteon</i>	G	QL
<i>rasagiline</i>	G	
<b>Razadyne</b>	NPD	AL
<b>Razadyne ER</b>	NPD	AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Rebif Rebidose</b>	NPD, SP	PA, QL
<b>Regimex</b>	NPD	PA, R
<b>Relafen</b>	NPD	PA
<b>Relafen DS</b>	NPD	PA
<b>Relexxii</b>	NPD	PA, QL
<b>Relpax</b>	NPD	PA, QL, AL
<b>Relyvrio Pak</b>	NPD, SP	PA
<b>Remeron</b>	NPD	
<b>Remeron SolTab</b>	NPD	
<b>Requip</b>	NPD	
<b>Requip XL</b>	NPD	
<b>Restoril</b>	NPD	PA, QL
<b>Rextovy Spray</b>	NPD	QL
<b>Rexulti</b>	NPD	
<b>Reyvow</b>	NPD	PA, QL
<b>Rilutek</b>	NPD	
<i>riluzole</i>	G	
<b>Risperdal</b>	NPD	PA
<i>risperidone</i>	LCG	
<b>Ritalin LA</b>	NPD	PA, QL
<b>Ritalin Tab</b>	NPD	PA, QL
<i>rivastigmine</i>	G	
<i>rizatriptan benzoate</i>	G	QL
<b>Robaxin</b>	NPD	
<i>ropinirole</i>	G	
<i>ropinirole ER</i>	G	
<b>Roxicodone</b>	NPD	QL, 5DS, PA, MME
<b>Roxybond</b>	NPD	QL, 5DS, PA, MME
<b>Rozerem</b>	NPD	PA, QL
<i>rufinamide susp 40mg/ml</i>	G	PA
<i>rufinamide tab</i>	G	PA
<b>Rytary</b>	NPD	PA
<b>Sabril</b>	NPD, SP	PA
<b>Saphris</b>	NPD	PA
<b>Saxenda</b>	NPD	PA, R, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Secuado Patch</b>	NPD	PA
<b>Seglentis 56-44mg Tab</b>	NPD	PA, QL
<i>selegiline HCl</i>	G	
<b>Seroquel</b>	NPD	PA
<b>Seroquel XR</b>	NPD	PA
<i>sertraline</i>	LCG	
<b>Sertraline Caps 150mg, 200mg</b>	NPD	PA
<b>Silenor</b>	NPD	PA
<b>Sinemet</b>	NPD	
<b>Sinemet CR</b>	NPD	
<b>Sodium Oxybate Sol (Hikma)</b>	NPD, SP	PA, QL
<b>Sonata</b>	NPD	PA, QL
<b>Spritam Oral Disintegrating Tab</b>	NPD	PA
<b>Sprix Nasal Spray</b>	NPD	PA, QL
<b>Stalevo</b>	NPD	
<b>Strattera</b>	NPD	PA, QL
<b>Suboxone Sublingual Film</b>	NPD	QL
<b>Subsys</b>	NPD	PA, QL, MME
<i>sulindac</i>	G	
<i>sumatriptan</i>	G	QL
<i>sumatriptan/ naproxen</i>	G	PA, QL
<b>Sunosi</b>	PB	PA
<b>Sylatron</b>	NPD, SP	PA
<b>Symbravo</b>	NPD	PA, QL
<b>Symbyax</b>	NPD	PA
<b>Sympazan Film</b>	NPD	PA
<b>Tascenso ODT</b>	NPD, SP	PA
<i>tasimelteon</i>	G, SP	PA, QL
<b>Tasmar</b>	NPD	PA
<b>Tecfidera</b>	NPD, SP	PA, LDD
<b>Tegretol susp</b>	NPD	PA
<b>Tegretol [XR]</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>temazepam</i>	G	QL
<i>teriflunomid</i>	G, SP	
<i>tetrabenazine</i>	G, SP	PA
<i>thioridazine</i>	G	
<i>thiothixene</i>	G	
<i>tiagabine hcl</i>	G	
<b>Tiglutik Susp</b>	PB	
<b>Tivorbex</b>	NPD	PA
<b>Tofranil</b>	NPD	
<b>Tolcapone</b>	NPD	PA
<i>tolmetin sodium</i>	G	
<b>Topamax</b>	NPD	PA
<b>Topamax Sprinkle Capsules</b>	NPD	PA
<i>topiramate</i>	G	
<i>topiramate ER cap</i>	G	
<i>topiramate ER sprinkle cap</i>	G	PA
<i>topiramate sol</i>	G	PA
<b>Tosymra Nasal Solution</b>	NPD	PA, QL
<i>tramadol</i>	LCG	QL, MME
<b>Tramadol ER (biphasic) cap</b>	NPD	PA, QL, MME
<i>tramadol ER (biphasic) tablet</i>	G	QL, MME
<i>tramadol ER tablet</i>	G	QL, MME
<i>tramadol HCL tab 75mg</i>	G	QL
<i>tramadol HCl tablet 25mg, 50mg, and 100mg oral</i>	LCG	QL, MME
<b>Tramadol soln 5mg/ml</b>	NPD	PA, QL, MME
<i>tramadol/acetaminophen</i>	G	QL, MME
<b>Tranxene T</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>tranycypromine sulfate</i>	G	
<i>trazodone</i>	G	
<b>Treximet</b>	NPD	PA, QL
<b>Trezix</b>	NPD	QL
<i>triazolam</i>	G	QL
<i>trifluoperazine</i>	G	
<i>trihexyphenidyl</i>	LCG	
<b>Trileptal Susp</b>	NPD	PA
<b>Trileptal Tab</b>	NPD	PA
<i>trimipramine</i>	G	
<b>Trintellix</b>	NPD	PA
<b>Trokendi XR</b>	NPD	PA
<b>Trudhesa AER</b>	NPD	PA, QL
<i>trymine CG liquid</i>	G	QL, 5DS, MME
<b>Tylenol w/ Codeine</b>	NPD	QL, 5DS, PA, MME
<b>Ubrelvy</b>	PB	PA, QL
<b>Ultracet</b>	NPD	QL, PA, MME
<b>Ultram</b>	NPD	QL, PA, MME
<b>Valium</b>	NPD	PA
<i>valproic acid</i>	G	
<b>Valtoco</b>	NPD	PA, QL
<b>Vanatol S/LQ</b>	NPD	PA, QL, 5DS
<i>varenicline</i>	G, ACA	QL
<i>varenicline pak</i>	G, ACA	
<i>venlafaxine</i>	G	
<i>venlafaxine ER</i>	G	
<b>Venlafaxine Tab 112.5mg</b>	NPD	PA
<b>Veozah</b>	NPD	PA
<i>vigabatrin</i>	G, SP	PA
<b>Vigadrone</b>	NPD, SP	PA
<b>Vigafyde Sol</b>	NPD, SP	PA
<b>Vimpat tab, soln</b>	NPD	
<b>Virtussin AC w/ ALC liquid</b>	NPD	QL, 5DS, MME
<b>Vivlodex</b>	NPD	PA

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Vraylar	NPD	
Vyvanse	NPD	PA, QL
Wainua Inj	NPD, SP	PA, QL
Wakix	NPD, SP	PA, QL
Wellbutrin SR	NPD	PA
Xadago	NPD	PA
Xanax	NPD	PA
Xanax XR	NPD	PA
Xcopri pak/tab	NPD	PA
Xelstrym Pad	NPD	PA, QL
Xenazine	NPD	
Xodol, Norco	NPD	QL, 5DS, PA, MME
Xtampza ER	PB	PA, QL, MME
Xyrem	NPD, SP	PA, QL
Xywav Soln	NPD, SP	PA, QL
<i>zaleplon</i>	G	QL
Zarontin	NPD	
Zavzpret Nasal Soln	NPD	PA, QL
Zebutal Cap 50-325-40mg	NPD	PA, QL, 5DS
Zembrace Symtouch	NPD	PA, QL
Zenzedi	NPD	PA, QL
Zimhi Soln	NPD	QL
<i>ziprasidone</i>	G	
Zohydro ER	NPD	PA, QL, MME
<i>zolmitriptan</i>	G	QL, AL
<i>zolmitriptan spray</i>	G	PA, QL, AL
Zoloft	NPD	PA
<i>zolpidem tartrate</i>	LCG	PA, QL (10mg only)
Zolpidem Tartrate Cap	NPD	PA, QL
<i>zolpidem tartrate ER</i>	G	PA, QL (12.5mg only)
<i>zolpidem tartrate SL</i>	G	PA, QL (3.5mg only)

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
Zomig	NPD	PA, QL, AL
Zonegran	NPD	PA
Zonisade Susp	NPD	PA
<i>zonisamide</i>	G	
Zorvolex	NPD	PA
Ztalmy Susp	NPD, SP	PA
Zubsolv	PB	QL
Zurnai	NPD	QL
Zurzuvae	NPD	QL
Zyban	NPD	QL
Zyprexa	NPD	PA
Zyprexa Zydis	NPD	PA

### HEART, BLOOD PRESSURE, & CHOLESTEROL

Accupril	NPD	PA
Accuretic	NPD	
<i>acebutolol</i>	G	
<i>acetazolamide</i>	G	
<i>acetazolamide ER</i>	G	
Actimmune	NPD, SP	PA
Adalat CC	NPD	
Adcirca	NPD, SP	PA
Adempas	PB, SP	PA
Advate	PB, SP	PA
Adynovate	NPD, SP	PA
Afstyla	NPD, SP	PA
Aggrenox	NPD	
Agrylin	NPD	
Aldactazide	NPD	
Aldactone	NPD	
Alhemo Inj	NPD, SP	PA
<i>aliskiren</i>	G	
Alphanate	PB, SP	PA
Alphanine	NPD, SP	PA
Alprolix	NPD, SP	PA, LDD
Altace	NPD	PA
Altoprev ER	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Altuviii Inj</b>	NPD, SP	PA
<i>ambriesentan</i>	G, SP	PA
<b>Amicar</b>	NPD	
<i>amiloride</i>	G	
<i>amiloride/HCTZ</i>	G	
<i>aminocaproic acid</i>	G	
<i>amiodarone</i>	G	
<i>amlodipine</i>	LCG	
<i>amlodipine besylate/ olmesartan</i>	G	
<i>amlodipine/ benazepril</i>	G	
<i>amlodipine/ valsartan</i>	G	
<i>amlodipine/ valsartan/HCTZ</i>	G	
<i>anagrelide</i>	G	
<b>Andembry</b>	NPD, SP	PA
<b>Antara</b>	NPD	
<b>Arixtra</b>	NPD	
<b>Arbli</b>	NPD	PA
<i>aspirin-dipyridamole er</i>	G	
<b>Aspruzyo Spr Gra</b>	NPD	
<b>Atacand</b>	NPD	PA
<b>Atacand HCT</b>	NPD	PA
<i>atenolol</i>	LCG	
<i>atenolol/ chlorthalidone</i>	G	
<b>Atorvaliq Susp</b>	NPD	PA
<i>atorvastatin</i>	G	
<i>atorvastatin/ amlodipine</i>	G	
<b>Attruby Pak 356mg</b>	NPD, SP	PA
<b>Avalide</b>	NPD	PA
<b>Avapro</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Azor</b>	NPD	PA
<b>Bebulin</b>	NPD, SP	PA
<i>benazepril</i>	G	
<i>benazepril/HCTZ</i>	G	
<b>BeneFIX</b>	PB, SP	PA
<b>Benicar</b>	NPD	PA
<b>Benicar HCT</b>	NPD	PA
<b>Betapace AF</b>	NPD	
<i>betaxolol</i>	G	
<b>Bevyxxa</b>	NPD	QL
<b>Bidil</b>	NPD	
<i>bisoprolol</i>	G	
<i>bisoprolol fumarate</i>	G	
<i>bisoprolol/HCTZ</i>	G	
<i>bumetanide</i>	G	
<b>Bystolic</b>	NPD	PA
<b>Byvalson</b>	NPD	PA
<b>Caduet</b>	NPD	PA
<b>Calan</b>	NPD	
<b>Calan SR</b>	NPD	
<b>Camzyos</b>	NPD, SP	QL, PA
<i>candesartan</i>	G	
<i>candesartan/ hydrochlorothiazide</i>	G	
<i>captopril</i>	G	
<i>captopril/HCTZ</i>	G	
<b>Cardizem</b>	NPD	PA
<b>Cardizem CD</b>	NPD	PA
<b>Cardizem LA</b>	NPD	PA
<b>Cardura</b>	NPD	PA
<b>Carospir</b>	NPD	PA
<i>cartia XT</i>	G	
<i>carvedilol</i>	G	
<i>carvedilol ER</i>	G	
<b>Catapres tablets</b>	NPD	
<b>Catapres-TTS</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>chlorothiazide</i>	G	
<i>chlorthalidone</i>	G	
<i>cholestyramine</i>	G	
<i>cholestyramine light</i>	G	
<i>cilostazol</i>	G	
<i>clonidine ER 12 HR tab</i>	G	QL
<b>Clonidine ER 24HR tab</b>	NPD	PA
<i>clonidine IR tablet</i>	LCG	
<i>clonidine patches</i>	G	
<i>clopidogrel</i>	G	
<b>Coagadex</b>	NPD, SP	PA
<i>colesevelam</i>	G	
<b>Colestid</b>	NPD	PA
<i>colestipol HCl</i>	G	
<b>Conjupri</b>	NPD	PA
<b>Coreg</b>	NPD	PA
<b>Coreg CR</b>	NPD	PA
<b>Corgard</b>	NPD	
<b>Corifact</b>	NPD	PA
<b>Corlanor</b>	NPD	PA
<b>Corzide</b>	NPD	
<b>Coumadin</b>	PB	
<b>Cozaar</b>	NPD	PA
<b>Crestor</b>	NPD	PA
<i>dabigatran cap</i>	G	
<b>Demadex</b>	NPD	
<b>Dibenzylidine</b>	NPD	PA
<i>digitek</i>	G	
<i>digox</i>	G	
<i>digoxin</i>	G	
<i>dilt-CD</i>	G	
<i>diltiazem HCl</i>	G	
<i>diltiazem HCl CD</i>	G	
<i>diltiazem HCl ER</i>	G	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>diltiazem HCl LA</i>	G	
<i>diltiazem HCl SR</i>	G	
<i>diltzac ER</i>	G	
<b>Diovan</b>	NPD	PA
<b>Diovan HCT</b>	NPD	PA
<i>dipyridamole</i>	G	
<i>disopyramide</i>	G	
<i>dofetilide</i>	G	
<i>doxazosin mesylate</i>	G	
<i>droxidopa</i>	G	PA
<b>Durlaza</b>	NPD	PA
<b>Dutoprol</b>	NPD	
<b>Dyazide</b>	NPD	
<b>Dyrenium</b>	NPD	
<b>Edarbi</b>	NPD	PA
<b>Edarbyclor</b>	NPD	PA
<b>Edecrin</b>	NPD	
<b>Effient</b>	NPD	PA
<b>Eliquis</b>	PB	
<b>Eloctate</b>	NPD, SP	PA
<i>eltrombopag</i>	G, SP	PA
<b>Elyxyb Sol</b>	NPD	PA, QL
<i>enalapril</i>	G	
<i>enalapril/HCTZ</i>	G	
<b>Enalapril solution</b>	NPD	PA
<i>enoxaparin</i>	G	
<b>Entadfi</b>	NPD	PA
<b>Entresto</b>	NPD	QL
<b>Epaned Sol 1mg/ml</b>	NPD	PA
<i>eplerenone</i>	G	
<i>eprosartan</i>	G	PA
<b>Esperoct</b>	NPD, SP	PA
<i>ethacrynic acid</i>	G	
<b>Exforge</b>	NPD	PA
<b>Exforge HCT</b>	NPD	PA

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<i>ezetimibe</i>	G	
<b>Ezetimibe/Atorvastatin</b>	NPD	PA
<b>Ezetimibe/Rosuvastatin</b>	NPD	PA
<i>ezetimibe/simvastatin</i>	G	
<b>Ezzalor Sprinkle Cap</b>	NPD	PA
<b>Feiba</b>	NPD, SP	PA
<i>felodipine ER</i>	G	
<i>fenofibrate</i>	G	
<b>Fenofibrate Micronized</b>	NPD	
<i>fenofibrate nanocrystallized</i>	G	
<i>fenofibric acid</i>	G	
<b>Fenoglide</b>	NPD	
<b>Fibricor</b>	NPD	
<i>flecainide</i>	G	
<b>Flolipid susp</b>	NPD	PA
<i>fluvastatin sodium</i>	G	
<i>fondaparinux</i>	G	
<i>fosinopril</i>	G	
<i>fosinopril/HCTZ</i>	G	
<b>Fragmin</b>	NPD	
<b>Furoscix Kit 80mg/10ml</b>	NPD	
<i>furosemide solution</i>	LCG	
<i>furosemide tabs</i>	LCG	
<i>gemfibrozil</i>	G	
<i>guanfacine</i>	G	
<b>Helixate FS</b>	NPD, SP	PA
<b>Hemangeol Soln</b>	NPD	PA
<b>Hemiclor</b>	NPD	
<b>Hemlibra Soln</b>	NPD, SP	PA
<b>Hemofil M</b>	NPD, SP	PA
<b>Humate-P</b>	PB, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydralazine</i>	G	
<i>hydrochlorothiazide</i>	LCG	
<b>Hypnavzi Inj</b>	NPD, SP	PA
<b>Hyzaar</b>	NPD	PA
<b>Icosapent cap</b>	NPD	PA
<i>indapamide</i>	G	
<b>Inderal LA</b>	NPD	PA
<b>InnoPran XL</b>	NPD	PA
<b>Inpefa</b>	NPD	PA
<b>Inspra</b>	NPD	PA
<b>Inzirqo</b>	NPD	PA
<i>irbesartan</i>	G	
<i>irbesartan hydrochlorothiazide</i>	G	
<b>Isordil Titrados Tabs</b>	NPD	
<i>isosorb dinitrate-hydralazine</i>	G	
<i>isosorbide dinitrate</i>	G	
<i>isosorbide dinitrate ER</i>	G	
<i>isosorbide mononitrate</i>	G	
<i>isosorbide mononitrate ER</i>	G	
<i>isradipine</i>	G	
<i>ivabradine</i>	G	PA
<b>Ixinity</b>	NPD, SP	PA
<i>jantoven</i>	G	
<b>Jesduvroq</b>	NPD	PA
<b>Jivi</b>	NPD, SP	PA
<b>Juxtapid</b>	NPD, SP	PA
<b>Kaspargo</b>	NPD	PA
<b>Katerzia Susp</b>	NPD	PA
<b>Kerendia</b>	NPD	PA
<b>Koate-DVI</b>	PB, SP	PA
<b>Kogenate FS</b>	PB, SP	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Kovaltry Sol</b>	PB, SP	PA
<b>Kynamro</b>	NPD, SP	PA
<i>labetalol HCl</i>	G	
<b>Lanoxin</b>	NPD	
<b>Lasix</b>	NPD	
<b>Lescol XL</b>	NPD	PA
<b>Letairis</b>	NPD, SP	PA
<b>Levamlodipine</b>	NPD	PA
<b>Lipitor</b>	NPD	PA
<b>Lipofen</b>	NPD	
<b>Liqrev Susp</b>	NPD, SP	PA
<i>lisinopril</i>	LCG	
<i>lisinopril/HCTZ</i>	LCG	
<b>Livalo</b>	NPD	PA
<b>Lopid</b>	NPD	
<b>Lopressor HCT</b>	NPD	
<b>Lopressor Sol</b>	NPD	PA
<i>losartan</i>	G	
<i>losartan-HCTZ</i>	G	
<b>Lotensin</b>	NPD	
<b>Lotrel</b>	NPD	PA
<i>lovastatin</i>	G	
<b>Lovaza</b>	NPD	PA
<b>Lovenox</b>	NPD	
<b>Maxzide</b>	NPD	
<i>methyl dopa</i>	G	
<i>metolazone</i>	G	
<i>metoprolol succinate</i>	G	
<i>metoprolol tartrate</i>	LCG	
<i>metoprolol tartrate/HCT</i>	G	
<b>Mevacor</b>	NPD	
<i>mexiletine HCl</i>	G	
<b>Micardis</b>	NPD	PA
<b>Micardis HCT</b>	NPD	PA
<b>Microzide</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Minipress</b>	NPD	
<i>minitran</i>	G	
<i>minoxidil</i>	G	
<i>moexipril</i>	G	
<i>moexipril/HCTZ</i>	G	
<b>Monoclate-P</b>	NPD, SP	PA
<b>Mononine</b>	PB, SP	PA
<b>Mulpleta</b>	NPD, SP	PA
<b>Multaq</b>	PB	
<i>nadolol</i>	G	
<i>nadolol-bendroflume thiazide</i>	G	
<i>nebivolol</i>	G	
<b>Nexiclon XR</b>	NPD	PA
<b>Nexletol</b>	PB	PA
<b>Nexlizet</b>	PB	PA
<i>niacin ER</i>	G	
<b>Niaspan ER</b>	NPD	PA
<i>nicardipine</i>	G	
<i>nifedical XL</i>	G	
<i>nifedipine</i>	G	
<i>nifedipine ER</i>	G	
<i>nimodipine</i>	G	
<i>nisoldipine ER</i>	G	
<b>Nitro-Bid</b>	NPD	
<b>Nitro-Dur</b>	NPD	
<i>nitro-time cap</i>	G	
<b>Nitro-Time CR Cap</b>	NPD	
<i>nitroglycerin ER</i>	LCG	
<i>nitroglycerin oint 0.4%</i>	G	
<i>nitroglycerin patches</i>	G	
<i>nitroglycerin SL</i>	G	
<i>nitroglycerin spray</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nitrolingual Spray</b>	NPD	
<b>Nitromist</b>	NPD	
<b>Nitrostat SL</b>	NPD	
<b>Nocdurna SL</b>	NPD	
<b>Norliqva Soln</b>	NPD	PA
<b>Norpace</b>	NPD	
<b>Northera</b>	NPD	PA
<b>Norvasc</b>	NPD	PA
<b>Novoeight</b>	PB, SP	PA
<b>NovoSeven RT</b>	NPD, SP	PA
<b>Nuwiq</b>	PB, SP	PA
<b>Nymalize Sol</b>	NPD	
<b>Obizur</b>	NPD	PA
<i>olmesartan medoxomil</i>	G	
<i>olmesartan/amlodipine/hctz</i>	G	
<i>olmesartan/hctz</i>	G	
<i>omega-3 acid ethyl esters</i>	G	
<b>Opsumit</b>	PB, SP	PA
<b>Opsynvi</b>	NPD, SP	PA
<b>Orenitram</b>	NPD, SP	PA
<b>Ormalvi Tab</b>	NPD, SP	PA
<i>pacerone</i>	G	
<i>pentoxifylline ER</i>	G	
<i>perindopril</i>	G	
<b>Persantine</b>	NPD	
<i>phenoxybenzamine hcl</i>	G	PA
<i>pindolol ER</i>	G	
<b>Pitavastatin</b>	NPD	PA
<b>Plavix</b>	NPD	PA
<b>Pradaxa</b>	NPD	PA
<b>Pradaxa Pak</b>	NPD	PA
<b>Praluent</b>	NPD	PA
<i>prasugrel</i>	G	
<b>Pravachol</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>pravastatin</i>	G	
<i>prazosin</i>	G	
<i>prevalite</i>	G	
<b>Prinivil</b>	NPD	PA
<b>Procardia</b>	NPD	
<b>Procardia XL</b>	NPD	
<b>Profilnine</b>	NPD, SP	PA
<b>Promacta</b>	NPD, SP	PA
<i>propafenone</i>	G	
<i>propafenone ER</i>	G	
<i>propranolol</i>	G	
<i>propranolol ER</i>	G	
<i>propranolol/HCTZ</i>	G	
<b>Qbrexis</b>	NPD	PA
<b>Questran Light</b>	NPD	PA
<b>Questran Packet/Powder</b>	NPD	PA
<i>quinapril</i>	LCG	
<i>quinapril/HCTZ</i>	G	
<i>ramipril</i>	G	
<b>Ranexa</b>	NPD	
<i>ranolazine tab ER</i>	G	
<b>Rebinyn Soln</b>	NPD, SP	PA
<b>Recombinate</b>	PB, SP	PA
<b>Rectiv Oint</b>	NPD	PA
<b>Repatha</b>	PB	PA
<b>Revatio</b>	NPD, SP	PA
<b>Riastap</b>	NPD	PA
<i>rivaroxaban</i>	G	
<b>Rixubis</b>	NPD, SP	PA
<i>rosuvastatin</i>	G	
<b>Roszet</b>	NPD	PA
<b>Rythmol</b>	NPD	
<b>Rythmol SR</b>	NPD	PA
<i>sacub/valsar</i>	G	QL
<b>Samsca</b>	NPD, SP	PA, LDD
<b>Sevenfact Inj</b>	NPD, SP	PA

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<i>sildenafil citrate 20mg tab, 10mg/ml susp</i>	G, SP	PA
<i>sildenafil citrate 25mg, 50mg, 100mg</i>	LCG	QL
<i>simvastatin</i>	LCG	
<b>Simvastatin susp</b>	NPD	PA
<b>Soanz</b>	NPD	PA
<i>sotalol HCl</i>	G	
<b>Sotylize soln</b>	NPD	
<i>spironolactone</i>	G	
<i>spironolactone/ HCTZ</i>	G	
<b>Stimate</b>	NPD	
<b>Sular</b>	NPD	
<i>tadalafil (generic Adcirca)</i>	G, SP	PA
<i>tadalafil (generic Cialis)</i>	G	QL
<b>Tadliq Susp</b>	NPD, SP	PA
<b>Tarka</b>	NPD	
<i>taztia XT</i>	G	
<b>Tekturna/ Tekturna HCT</b>	NPD	PA
<i>telmisartan</i>	G	
<i>telmisartan-amlodipine</i>	G	
<i>telmisartan/ hydrochlorothiazide</i>	G	
<b>Tenoretic</b>	NPD	PA
<b>Tenormin</b>	NPD	PA
<b>Tezruly</b>	NPD	PA
<b>Thalitone</b>	NPD	
<i>tiadylt ER</i>	G	
<b>Tiazac</b>	NPD	
<i>ticagrelor</i>	G	
<i>ticlopidine HCl</i>	G	
<b>Tikosyn</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>timolol maleate tab</i>	G	
<i>tolvaptan tab 15mg, 30mg, pak 15mg, pack 30-15mg, 45-15mg, 60-30mg, 90-30mg</i>	G, SP	PA
<b>Toprol XL</b>	NPD	
<i>torse mide</i>	G	
<b>Tracleer</b>	PB, SP	PA, LDD
<i>trandolapril</i>	G	
<i>trandolapril/ verapamil ER</i>	G	
<b>Tretten</b>	NPD, SP	PA
<i>triamterene/ HCTZ</i>	LCG	
<i>triamterene cap</i>	G	
<b>Tribenzor</b>	NPD	PA
<b>Tricor</b>	NPD	
<b>Trilipix</b>	NPD	PA
<b>Tryngolza</b>	NPD, SP	PA
<b>Tryvio</b>	NPD	PA
<b>Twynsta</b>	NPD	PA
<b>Tyvaso</b>	NPD, SP	PA
<b>Uptravi</b>	NPD, SP	PA
<b>Vafseo Tab</b>	NPD	PA
<i>valsartan</i>	G	
<i>valsartan/ hydrochlorothiazide</i>	G	
<b>Valsartan Soln</b>	NPD	PA
<i>vascepa</i>	G	
<b>Vaseretic</b>	NPD	
<b>Vasotec</b>	NPD	PA
<i>vecamyl</i>	G	PA
<b>Ventavis</b>	NPD, SP	PA
<i>verapamil HCl</i>	G	
<i>verapamil HCl ER</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Verelan ER, PM</b>	NPD	PA
<b>Verquvo</b>	NPD	PA, QL
<b>Vijoice</b>	NPD, SP	PA, QL
<b>Vonvendi</b>	NPD, SP	PA
<b>Voxzogo</b>	NPD, SP	PA
<b>Vyndaqel, Vyndamax</b>	NPD, SP	PA
<b>Vytorin</b>	NPD	PA
<i>warfarin</i>	G	
<b>Welchol</b>	NPD	PA
<b>Wilate</b>	PB, SP	PA
<b>Xarelto</b>	PB	
<b>Xolremdi</b>	NPD, SP	PA, QL
<b>Xyntha</b>	PB, SP	PA
<b>Yutrepia</b>	NPD, SP	PA
<b>Zestoretic</b>	NPD	
<b>Zestril</b>	NPD	PA
<b>Zetia</b>	NPD	PA
<b>Ziac</b>	NPD	
<b>Zocor</b>	NPD	PA
<b>Zypitamag</b>	NPD	PA

### SKIN MEDICATIONS

<b>Absorica</b>	NPD	PA
<b>Absorica LD</b>	NPD	PA
<b>Acanya</b>	NPD	PA
<i>accutane cap</i>	G	
<i>acitretin</i>	G	
<i>acyclovir cream/ oint</i>	LCG	
<b>Aczone 5%, 7.5% Gel</b>	NPD	PA
<b>Adapalene 0.1% lotion</b>	NPD	AL
<i>adapalene 0.1% soln</i>	G	AL
<i>adapalene 0.3% gel</i>	G	AL
<i>adapalene cream</i>	G	AL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>adapalene-benzoyl-peroxide gel</i>	G	AL
<b>Adapalene pad 0.1%</b>	NPD	PA, AL
<b>Adbry Inj 150mg/ml</b>	PB, SP	PA
<b>Aklief Cream 0.005%</b>	NPD	PA, AL
<b>Aktipak</b>	NPD	PA
<i>ala-cort cream</i>	LCG	
<b>Ala-Scalp Lotion</b>	NPD	PA
<i>alclometasone cream, ointment</i>	G	
<b>Aldara</b>	NPD	
<b>Altreno 0.05% lotion</b>	NPD	PA, AL
<b>Amcinonide</b>	NPD	
<i>anthralin</i>	G	
<b>Anzupgo</b>	NPD	PA, QL
<b>ApexiCon E</b>	NPD	PA
<b>Arazlo lotion 0.045%</b>	NPD	PA, AL
<b>Atralin</b>	NPD	PA, AL
<i>avita</i>	G	AL
<i>azelaic acid gel 15%</i>	G	
<b>Azelex</b>	NPD	PA
<b>Benzaclin</b>	NPD	PA
<b>Benzamycin gel</b>	NPD	PA
<b>Benzamycinpak</b>	NPD	PA
<i>benzoyl peroxide/ erythromycin</i>	G	
<i>besser lotion 0.05%</i>	G	
<b>Betamethasone dipropionate</b>	NPD	
<i>betamethasone valerate</i>	G	
<i>betamethasone/ clotrimazole</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Bimzelx Inj</b>	NPD, SP	PA
<i>brimonidine gel 0.33%</i>	G	
<b>Bryhali lotion 0.01%</b>	NPD	PA
<b>Cabtreo Gel</b>	NPD	PA
<i>calcipotriene cream</i>	G	
<b>Calcipotriene foam</b>	NPD	PA
<i>calcipotriene-betamethasone dp oint</i>	G	
<i>calcipotriene-betamethasone dp susp</i>	G	
<i>calcitriol ointment</i>	G	
<b>Capex</b>	NPD	PA
<b>Carac</b>	NPD	PA
<b>Centany 2% oint</b>	NPD	
<b>Cibinco Tab</b>	PB, SP	PA
<i>ciclopirox 0.77% cream</i>	G	
<i>ciclopirox 8% solution</i>	G	
<i>ciclopirox cream, gel, shampoo, suspension</i>	G	
<b>Cleocin T</b>	NPD	PA
<b>Clindagel</b>	NPD	PA
<i>clindamycin, clindamycin-benzoyl peroxide gel [w/pump]</i>	G	
<b>Clindamycin/ benzoyl peroxide 1-5%</b>	NPD	PA
<i>clindamycin HCL cap</i>	LCG	
<i>clindamycin phosphate sol 1%</i>	LCG	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>clindamycin/ tretinoin gel</i>	G	AL
<b>Clind/benz gel 1.2-3.75%</b>	NPD	PA
<b>Clobetasol cream 0.025%</b>	NPD	PA
<i>clobetasol cream, ointment, solution</i>	G	
<b>Clobetasol Propionate Emulsion Foam 0.05%</b>	NPD	
<b>Clobex</b>	NPD	PA
<b>Clocortolone pivalate</b>	NPD	PA
<i>clodan</i>	G	
<b>Cloderm</b>	NPD	PA
<b>Condylox</b>	NPD	
<b>Cordran</b>	NPD	PA
<b>Cosentyx</b>	NPD, SP	PA
<b>Crotan Lotion</b>	NPD	PA
<b>Cutivate</b>	NPD	PA
<b>Dapsone Gel</b>	NPD	PA
<b>Denavir</b>	NPD	QL
<b>Derma-Smoothe FS</b>	NPD	PA
<b>Dermatop</b>	NPD	
<b>Desonate</b>	NPD	PA
<i>desonide gel 0.05%</i>	G	
<b>Desowen</b>	NPD	PA
<b>Desoximetasone cream, gel, ointment</b>	NPD	
<i>diclofenac 3% gel</i>	G	PA
<b>Differin 0.1% cream</b>	NPD	PA, AL
<b>Differin 0.1% lotion</b>	NPD	PA, AL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Differin 0.3% gel</b>	NPD	PA, AL
<b>Diflorasone diacetate</b>	NPD	PA
<b>Diprolene, Diprolene AF</b>	NPD	
<b>Dovonex cream</b>	NPD	
<i>doxepin cream 5%</i>	G	QL
<b>Duac</b>	NPD	PA
<b>Duobrii Lotion</b>	NPD	PA
<b>Dupixent</b>	PB, SP	PA
<b>Ebglyss Inj</b>	NPD, SP	PA
<i>econazole</i>	G	
<b>Econazole aer 1%</b>	NPD	PA
<b>Ecoza</b>	NPD	PA
<b>Efudex cream</b>	NPD, SP	
<b>Elidel</b>	NPD	PA
<b>Elimite</b>	NPD	
<b>Elocon</b>	NPD	
<b>Emrosi</b>	NPD	PA
<b>Enstilar</b>	NPD	
<b>Epiduo</b>	NPD	AL
<b>Epiduo Forte gel</b>	NPD	AL
<b>Epsolay Cream</b>	NPD	PA
<b>Ertaczo</b>	NPD	PA
<b>Erygel</b>	NPD	
<i>erythromycin gel, soln, swabs</i>	G	
<b>Eucrisa</b>	PB	PA
<b>Eurax Lotion</b>	NPD	
<b>Evoclin</b>	NPD	PA
<b>Exelderm</b>	NPD	PA
<b>Extina</b>	NPD	PA
<b>Fabior</b>	NPD	PA, AL
<b>Fasenra</b>	PB, SP	PA
<b>Filsuvez Gel 10%</b>	NPD, SP	PA, QL
<b>Finacea</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>fluocinolone acetonide cream, sol, oil</i>	G	
<i>fluocinonide cream 0.1%</i>	G	
<i>fluocinonide gel</i>	G	
<i>fluocinonide ointment</i>	G	
<b>Fluorouracil Cream 0.5%</b>	NPD	
<i>fluorouracil solution 2%</i>	G, SP	
<b>Flurandrenolide cream, lotn, oint</b>	NPD	PA
<i>fluticasone propionate cream, lotn, oint.</i>	G	
<b>Fluticasone propionate lotion 0.05%</b>	NPD	
<i>gentamicin topical cream, ointment</i>	G	
<b>Halcinonide cream 0.1%</b>	NPD	
<i>halobetasol AER 0.05%</i>	G	
<i>halobetasol propionate</i>	G	
<b>Halobetasol propionate foam 0.05%</b>	NPD	
<b>Halog</b>	NPD	PA
<i>hydrocortisone 2.5%</i>	G	
<i>hydrocortisone 2.5% solution</i>	NPD	PA
<b>Hydrocortisone butyrate 0.1%</b>	NPD	
<i>hydrocortisone butyrate/emoll</i>	G	
<i>hydrocortisone lot 0.1%</i>	LCG	

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<b>Hydrocortisone Lot 2%</b>	NPD	
<i>hydrocortisone supp</i>	G	
<i>hydrocortisone valerate 0.2%</i>	G	
<i>hydrocortisone/lidocaine HCl</i>	G	
<i>imiquimod cream</i>	G	PA
<b>Imiquimod Cream 3.75% Pump</b>	NPD	PA
<b>Impeklo Lotion 0.05%</b>	NPD	PA
<b>Impoyz Cream 0.025%</b>	NPD	PA
<i>isotretinoin</i>	G	
<b>Jublia</b>	NPD	PA
<b>Kenalog Spray</b>	NPD	PA
<b>Kerydin</b>	NPD	PA
<i>ketoconazole cream</i>	G	
<i>ketoconazole shampoo</i>	G	
<b>Klisyri Oint 1%</b>	NPD	PA
<b>Klaron</b>	NPD	
<b>Leqselvi</b>	NPD, SP	PA
<b>Lexette Foam 0.05%</b>	NPD	PA
<i>lidocaine patch 5%</i>	G	
<i>lidocaine solution, gel, ointment</i>	G	
<b>Lidoderm</b>	NPD	PA
<b>Litfulo</b>	NPD, SP	PA
<b>Locoid</b>	NPD	PA
<b>Locoid Lipocream</b>	NPD	PA
<b>Loprox</b>	NPD	PA
<b>Lotrisone</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Luxiq</b>	NPD	PA
<b>Luzu</b>	NPD	PA
<i>malathion lotion</i>	G	
<i>methoxsalen</i>	G	
<b>MetroCream</b>	NPD	
<b>MetroGel</b>	NPD	
<b>MetroLotion</b>	NPD	
<i>metronidazole cream, lotion, gel</i>	G	
<b>Miconazole-zinc ointment</b>	NPD	PA
<b>Mirvaso</b>	PB	
<i>mometasone cream, ointment, solution</i>	LCG	
<i>mupirocin cream, ointment</i>	G	
<i>naftifine cream</i>	G	
<b>Naftifine hcl gel 2%</b>	NPD	
<b>Naftin</b>	NPD	
<b>Natroba</b>	NPD	
<b>Nizoral shampoo</b>	NPD	
<b>Noritate</b>	NPD	PA
<i>nystatin/triamcinolone cream, ointment</i>	LCG	
<i>nystatin suspension</i>	G	
<b>Olux [E]</b>	NPD	PA
<i>onexton</i>	G	
<b>Opzelura Cream</b>	PB	PA, QL
<b>Ovide</b>	NPD	
<b>Oxiconazole nitrate</b>	NPD	PA
<b>Oxistat</b>	NPD	PA
<b>Oxsoralen Ultra</b>	NPD	
<b>Pandel</b>	NPD	PA
<b>Panretin Gel</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>penciclovir cream</i>	G	QL
<b>Penlac</b>	NPD	PA
<i>permethrin</i>	G	
<i>pimecrolimus cre 1%</i>	G	PA
<i>podofilox soln/ gel</i>	G	
<b>Pramosone cream/lotion</b>	NPD	PA
<i>prednicarbate ointment</i>	G	
<i>prilocaine/ lidocaine</i>	G	
<b>Proctocort Supp 30mg</b>	NPD	PA
<b>Proctofoam HC</b>	PB	
<b>Prudoxin cream 5%</b>	NPD	QL
<b>Pruradik</b>	NPD	PA
<b>Qbrexza Pad 2.4%</b>	NPD	PA, QL
<b>Retin-A</b>	NPD	PA, AL
<i>retin-a micro</i>	G	PA, AL
<b>Rhofade 1% cream</b>	NPD	PA
<i>selenium sulfide shampoo/lotion</i>	G	
<b>Sernivo</b>	NPD	PA
<b>Siliq</b>	NPD, SP	PA
<b>Silvadene</b>	NPD	
<i>silver sulfadiazine</i>	LCG	
<b>Skyrizi Inj</b>	PB, SP	PA
<i>sodium sulfacetamide suspension</i>	G	
<b>Sofdra Gel 12.45%</b>	NPD	PA
<b>Solaraze</b>	NPD	PA
<i>soolantra</i>	G	
<b>Soriatane</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sorilux Foam</b>	NPD	PA
<b>Spevigo Inj</b>	NPD, SP	PA
<i>spinosad</i>	G	
<i>SSD cream</i>	LCG	
<b>Sulconazole cream/solution</b>	NPD	PA
<b>Sulfamylon</b>	NPD	
<b>Synalar</b>	NPD	PA
<b>Taclonex</b>	NPD	
<b>Taltz</b>	PB, SP	PA
<b>Targretin gel</b>	NPD, SP	PA
<i>taviorole soln 5%</i>	G	PA
<b>Tazarotene AER 0.1%</b>	NPD	PA, AL
<i>tazarotene gel/ cream</i>	G	AL
<b>Tazorac cream/ gel</b>	NPD	PA, QL
<b>Temovate</b>	NPD	
<b>Texacort soln</b>	NPD	PA
<b>Topicort</b>	NPD	PA
<b>Tovet</b>	NPD	
<b>Tremfya</b>	PB, SP	PA
<i>tretinoin gel, cream</i>	G	AL
<b>Tretinoin microspheres gel</b>	NPD	PA, AL
<i>triamcinolone acetone</i>	LCG	
<b>Triamcinolone acetone aerosol solution</b>	NPD	
<b>Triamcinolone oint 0.05%</b>	NPD	PA
<b>Trianex</b>	NPD	PA
<b>Tridacaine/ Tridacaine II Pad 5%</b>	NPD	PA, QL
<i>triderm cream</i>	LCG	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Tritocin oint 0.05%</b>	NPD	PA
<b>Twynéo 0.1-3% Cream</b>	NPD	PA, AL
<b>Tyenne</b>	NPD, SP	PA
<b>Ultravate</b>	NPD	PA
<i>ustekinumab sol ttwe</i>	NPD, SP	PA
<b>Vectical</b>	NPD	
<b>Veltin</b>	NPD	PA, AL
<b>Verdeso</b>	NPD	PA
<b>Veregen Oint</b>	NPD	PA, QL
<b>Vtama Cream</b>	PB	PA
<b>Vusion</b>	NPD	PA
<b>Winlevi Cream 1%</b>	NPD	PA
<b>Wynzora Cream</b>	NPD	
<b>Xaciató Gel</b>	NPD	
<b>Xerese Cream</b>	NPD	PA
<b>Xolegel</b>	NPD	PA
<b>Ziana</b>	NPD	PA, AL
<b>Zilxi Aer</b>	NPD	PA
<b>Zonalon cream 5%</b>	NPD	QL
<b>Zoryve Cream/ Foam</b>	PB	PA
<b>Zovirax cream</b>	NPD	QL
<b>Zovirax oint</b>	NPD	
<b>Ztlido Patch</b>	NPD	PA, QL
<b>Zyclara Cream</b>	NPD	PA
<b>Zyclara Pump</b>	NPD	PA
EAR, NOSE, THROAT MEDICATIONS		
<i>acetasol HC, acetic acid HC otic</i>	G	
<i>azelastine</i>	G	
<b>Bactroban nasal oint</b>	PB	
<b>Cetraxal</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>cevimeline hcl</i>	G	
<b>Ciprodex</b>	NPD	
<i>ciprofloxacin</i>	G	
<i>ciprofloxacin-dexamethasone otic susp</i>	G	
<b>Ciprofloxacin-fluocinolone PF otic soln</b>	NPD	
<i>cortane B otic drops</i>	G	
<b>Dermotic</b>	NPD	
<b>Evoxac</b>	NPD	PA
<i>fluocinolone acetone oil</i>	G	
<i>mometasone furoate nasal spray</i>	G	PA
<b>Nasonex</b>	NPD	PA
<i>neomycin/ polymyxin/ hydrocortisone</i>	LCG	
<i>ofloxacin otic</i>	LCG	
<i>olopatadine</i>	G	
<b>Omnaris</b>	NPD	
<b>Patanase</b>	NPD	PA
<i>pilocarpine HCl</i>	G	
<b>Qnasl</b>	NPD	PA
<i>ribavirin</i>	G, SP	
<b>Ryaltris Spray 665-25mcg/act</b>	NPD	PA
<b>Salagen</b>	NPD	
<b>Virazole</b>	NPD, SP	
<b>Vuity</b>	NPD	PA
<b>Xhance</b>	NPD	PA
<b>Zetonna</b>	NPD	
<b>Zunveyl</b>	NPD	PA
DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES		
<i>acarbose</i>	G	
<b>Actos</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Adthyza tab</b>	NPD	
<b>Adlyxin</b>	NPD	PA
<b>Admelog</b>	PB	QL
<b>Afrezza</b>	NPD	PA
<b>Alkindi Sprinkle Cap</b>	NPD	PA
<b>Alogliptin/ metformin hcl</b>	NPD	
<b>Alogliptin/ pioglitazone</b>	NPD	
<b>Alogliptin Benzoate</b>	NPD	
<b>Amaryl</b>	NPD	PA
<b>Androderm patch</b>	NPD	PA
<b>Androgel 1.62% Packet, Pump</b>	NPD	PA
<b>Androgel 1%</b>	NPD	PA
<b>Apidra</b>	PB	QL
<b>Armour Thyroid</b>	NPD	
<b>Aveed Soln 750mg/3ml Intramuscular</b>	NPD	PA
<b>Axiron</b>	NPD	PA
<b>Azmiro Inj</b>	NPD	PA
<b>Bafiertam DR Cap</b>	PB, SP	
<b>Baqsimi</b>	PB	
<b>Basaglar</b>	PB	QL
<i>betaine powder</i>	G	
<b>Bexagliflozin</b>	NPD	PA
<b>Bonsity</b>	NPD, SP	PA
<b>Breeze2 Glucometer</b>	PB	PA, QL
<b>Breeze2 Test Strips</b>	NPD	PA, QL
<b>Brenzavvy</b>	NPD	PA
<b>Brynovin</b>	NPD	PA
<b>Bydureon</b>	PB	PA, QL
<b>Byetta</b>	PB	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Bynfezia Pen</b>	NPD, SP	PA
<i>calcitriol capsules</i>	G	
<b>Carnitor</b>	NPD	
<b>Cequor Simplicity</b>	PB	QL
<b>Cetrotide Kit</b>	NPD, SP	R
<i>cinacalcet</i>	G	
<b>Contour Glucometer</b>	PB	QL
<b>Contour Next Test Strips</b>	PB	QL
<b>Contour Plus Test Strips</b>	PB	QL
<b>Contour Test Strips</b>	PB	QL
<b>Cortef</b>	NPD	
<b>Cortisone tab</b>	NPD	
<b>Crenessity Cap</b>	NPD, SP	PA
<b>Cytomel</b>	NPD	PA
<i>danazol</i>	G	
<b>Dapagliflozin pro-metformin ER tablet 24 hour 10-1000mg, 5-1000mg</b>	NPD	PA
<b>Dapagliflozin propanediol tablet 10mg, 5mg</b>	NPD	PA
<b>DDAVP</b>	NPD	PA
<i>deflazacort tab/sus</i>	G, SP	PA
<b>Degludec Flextouch Inj</b>	NPD	PA, QL
<b>Delatestryl</b>	NPD	PA
<b>Delestrogen Oil Intramuscular</b>	NPD	
<b>Demser</b>	NPD	
<b>Depo-Estradiol Oil 5mg/ml Intramuscular</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Depo-Testosterone Solution 100mg/ml, 200mg/ml</b>	NPD	
<i>desmopressin acetate</i>	G	
<b>Desmopressin Nasal Soln</b>	NPD	
<b>Dexabliss tab 1.5mg</b>	NPD	
<i>dexamethasone</i>	LCG	
<i>dexamethasone tablet 6-day, 10-day, 13-day</i>	G	
<b>Dexcom Continuous Glucose Monitor Receiver</b>	PB	PA, QL
<b>Dexcom Continuous Glucose Monitor Transmitter</b>	PB	PA, QL
<b>Dexcom Continuous Glucose Monitor G7, G6, G5, G4 Sensors</b>	PB	PA, QL
<b>Dexcom G7 Mis 15 Day</b>	PB	PA, QL
<b>Dexpak pak 10-day, 13-day</b>	NPD	
<i>diazoxide suspension 50mg/ml</i>	G	
<i>doxercalciferol</i>	G	
<b>Duetact</b>	NPD	PA
<b>Dxevo 11-day Pak 1.5mg</b>	NPD	
<b>Emflaza</b>	NPD, SP	PA
<b>Enspryng Inj</b>	NPD, SP	PA
<b>Eohilia Sus</b>	NPD	PA, QL
<b>Ermeza Soln</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>euthyrox</i>	G	
<b>Eversense E3 Sensor</b>	NPD	PA, QL
<b>Eversense E3 Transmitter</b>	NPD	PA, QL
<b>Evrysdi Soln</b>	NPD, SP	PA
<b>Evrysdi Tab</b>	NPD, SP	PA
<b>Exenatide inj</b>	NPD	PA, QL
<b>Farxiga</b>	PB	
<b>Fiasp</b>	PB	QL
<i>fludrocortisone acetate</i>	G	
<b>Fora GTel test strips</b>	NPD	
<b>Fortamet</b>	NPD	PA
<b>Forteo</b>	NPD, SP	PA, Q/T
<b>Fortesta</b>	NPD	PA
<b>Freestyle Glucometer</b>	PB	PA, QL
<b>Freestyle InsuLinx Test Strips</b>	NPD	PA, QL
<b>FreeStyle Libre Reader, Sensor, Reader Device</b>	NPD	PA, QL
<b>Freestyle Lite Test Strips</b>	NPD	PA, QL
<b>Freestyle Test Strips</b>	NPD	PA, QL
<b>Genotropin</b>	NPD, SP	PA
<i>glimepiride</i>	G	
<i>glipizide ER</i>	G	
<i>glipizide tab</i>	LCG	
<i>glipizide XL</i>	G	
<b>Glucagen Inj Hypokit</b>	NPD	PA
<i>glucagon emergency kit (generic)</i>	G	
<b>Glucagon Emergency Kit (Lilly)</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>glucagon kit 1mg</i>	G	
<b>Glucophage</b>	NPD	
<b>Glucophage XR</b>	NPD	
<b>Glucotrol XL</b>	NPD	PA
<b>Glucovance</b>	NPD	
<i>glyburide</i>	G	
<i>glyburide micronized</i>	G	
<b>Glynase</b>	NPD	
<b>Glyset</b>	NPD	
<b>Glyxambi</b>	PB	
<b>Gojji Test Strips</b>	NPD	
<b>Gvoke HypoPen</b>	NPD	PA
<b>Gvoke PFS inj</b>	NPD	PA
<b>Hectorol</b>	NPD	
<b>Hemady</b>	NPD	
<b>Humalog</b>	PB	QL
<b>Humatrope</b>	NPD, SP	PA
<b>Humulin</b>	PB	QL
<b>Humulin R U-500 (Concentrated and KwikPen)</b>	PB	QL
<i>hydrocortisone</i>	G	
<b>Increlex</b>	NPD, SP	PA, LDD
<b>Insulin aspart inj</b>	NPD	PA, QL
<b>Insulin aspart protamin inj flexpen</b>	NPD	PA, QL
<b>Insulin Degludec Inj</b>	NPD	PA, QL
<b>Insulin Glargine</b>	NPD	PA, QL
<b>Insulin lispro 100 units/ml</b>	PB	QL
<b>Insulin lispro inj junior</b>	PB	QL
<b>Insulin lispro inj protamin</b>	PB	QL
<b>Invokamet [XR]</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Invokana</b>	NPD	PA
<b>Janumet</b>	PB	
<b>Janumet XR</b>	PB	
<b>Januvia</b>	PB	
<b>Jardiance</b>	PB	
<b>Jatenzo</b>	NPD	PA
<b>Jentadueto tablet</b>	PB	
<b>Jentadueto XR</b>	PB	
<b>Kazano tablet</b>	NPD	PA
<b>Kesimpta Inj</b>	PB, SP	
<b>Kirsty</b>	NPD	PA, QL
<b>Kombiglyze XR</b>	NPD	PA
<b>Korlym tablet</b>	NPD, SP	PA
<b>Kyzatrex</b>	NPD	PA
<b>Lantus</b>	PB	QL
<b>Levemir</b>	NPD	PA, QL, AL
<i>levocarnitine</i>	LCG	
<b>Levothyroxine cap</b>	NPD	PA
<i>levothyroxine tab</i>	G	
<i>levo-T tab</i>	G	
<i>levoxyl</i>	G	
<b>Lilly Glucagon Emergency Kit</b>	NPD	PA
<i>liothyronine</i>	G	
<i>liraglutide inj</i>	G	PA, QL
<b>Lyumjev Inj/Pen</b>	PB	QL
<b>Medtronic Continuous Glucose Monitor Receiver</b>	NPD	PA, QL
<b>Medtronic Continuous Glucose Monitor Guardian Transmitter</b>	NPD	PA, QL

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Medtronic Continuous Glucose Monitor Enlite, MiniMed Guardian Sensors</b>	NPD	PA, QL
<b>Medrol</b>	NPD	
<b>Merilog inj/solo</b>	NPD	PA, QL
<i>metformin</i>	LCG	
<b>Metformin 625mg</b>	NPD	PA
<i>metformin 750mg</i>	LCG	PA
<i>metformin ER (generic for Glucophage XR)</i>	G	
<i>metformin HCL 500mg/5ml soln</i>	G	PA
<b>Metformin HCL ER (OSM)</b>	NPD	PA
<i>metformin/glyburide</i>	G	
<b>Methergine 0.2mg tab</b>	NPD	
<i>methimazole</i>	G	
<b>Methitest Tab</b>	NPD	PA
<i>methylpred-nisolone</i>	G	
<i>methylpred-nisolone therapy pak</i>	G	
<i>methyltest-osterone</i>	G	PA
<i>metyrosine</i>	G	
<i>mifepristone</i>	G, SP	PA
<i>miglitol</i>	G	
<b>Millipred</b>	NPD	PA
<b>Mounjaro Inj</b>	PB	PA, QL
<b>Myalept</b>	NPD, SP	PA
<b>Mycapssa cap</b>	NPD, SP	PA
<i>nateglinide</i>	G	
<b>Natesto</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Natpara</b>	NPD, SP	PA
<b>Nature-Throid</b>	NPD	
<b>Nesina tablet</b>	NPD	PA
<b>Ngenla Inj</b>	NPD, SP	PA
<b>Noctiva Emulsion</b>	NPD	
<b>Non Preferred Diabetic Meters</b>	PB	PA, QL
<b>Norditropin</b>	PB, SP	PA
<b>Nova Max Test Strips</b>	NPD	
<b>Novolin</b>	PB	QL
<b>Novolin R</b>	PB	QL
<b>Novolin Relion</b>	NPD	PA, QL
<b>Novolog</b>	PB	QL
<b>Novolog Relion</b>	NPD	PA, QL
<i>NP thyroid</i>	G	
<b>Nutropin AQ</b>	NPD, SP	PA
<b>Omnipod 5 Pack</b>	PB	
<b>Omnipod Dash System</b>	PB	
<b>Omnipod Dash 5 Pack</b>	PB	
<b>Omnipod Go Kit</b>	PB	
<b>Omnipod Starter Kit</b>	PB	
<b>Omnitrope</b>	PB, SP	PA
<b>One Touch Glucometers</b>	PB	PA, QL
<b>One Touch Test Strips</b>	NPD	PA, QL
<b>Onglyza</b>	NPD	PA
<b>Orapred ODT</b>	NPD	
<b>Orilissa</b>	PB	PA, QL
<b>Oseni</b>	NPD	PA
<b>Oxandrin</b>	NPD	
<i>oxandrolone</i>	G	QL
<b>Ozempic</b>	PB	PA, QL
<i>paricalcitol</i>	G	

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<b>Pediapred Sol</b>	NPD	
<i>pioglitazone</i>	G	
<i>pioglitazone/ glimepiride</i>	G	
<b>Pogo Automatic Mis Monitor</b>	PB	PA, QL
<b>Pogo Automatic Test Cartridge</b>	NPD	PA, QL
<b>Prandin</b>	NPD	
<b>Precision Glucometer</b>	PB	PA, QL
<b>Precision XTRA Test Strips</b>	NPD	
<b>Precose</b>	NPD	
<b>Prednisolone 5mg Tab</b>	NPD	PA
<b>Prelone</b>	NPD	
<b>Procysbi</b>	NPD, SP	PA
<b>Proglycem Susp</b>	NPD	
<i>propylthiouracil</i>	G	
<b>Qfitlia</b>	NPD, SP	PA
<b>Qtern</b>	NPD	PA
<b>Rayos</b>	NPD	PA
<b>Regranex gel</b>	NPD	PA
<i>repaglinide</i>	G	
<b>Rezdiffra Tab</b>	NPD	PA, QL
<b>Rezvoglar Inj</b>	PB	QL
<b>Riomet [ER] solution/ suspension 500mg/5ml</b>	NPD	PA
<b>Rocaltrol capsules</b>	NPD	
<b>Rybelsus</b>	PB	PA, QL
<b>Saizen</b>	NPD, SP	PA
<i>saxagliptin</i>	G	
<i>saxagliptin- metformin</i>	G	
<b>Segluromet</b>	NPD	PA
<b>Semglee Inj 100U/ml</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sensipar</b>	NPD	PA
<b>Serostim</b>	NPD, SP	PA, LDD
<b>Signifor</b>	NPD, SP	PA
<b>Simplera System and Sensor</b>	NPD	PA, QL
<b>Sitagliptin</b>	NPD	PA
<b>Sitagliptin-Metformin</b>	NPD	PA
<b>Skytrofa</b>	NPD, SP	PA
<b>Sogroya Inj</b>	NPD, SP	PA
<b>Soliqua</b>	PB	
<b>Somavert</b>	NPD, SP	PA
<b>Starlix</b>	NPD	
<b>Steglatro</b>	NPD	PA
<b>Steglujan</b>	NPD	PA
<b>Striant buccal system</b>	NPD	PA
<b>Symlin</b>	PB	PA
<b>Synjardy</b>	PB	
<b>Synjardy XR</b>	PB	
<b>Synthroid</b>	NPD	PA
<b>Tanzeum</b>	NPD	PA
<b>Tapazole</b>	NPD	
<b>Teriparatide 620mcg/2.48ml inj</b>	PB, SP	PA, Q/T
<b>Testim Gel</b>	NPD	PA
<i>testosterone cypionate solution 100mg/ml, 200mg/ml intramuscular</i>	G	
<b>Testosterone Cypionate Solution 200mg/ml Injection</b>	NPD	
<i>testosterone enanthate inj 200mg/ml</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>testosterone gel 10mg/act (2%)</i>	G	
<i>testosterone gel 1%, 1.62%</i>	G	
<i>testosterone solution 30mg/act</i>	G	
<b>Thyquidity Soln</b>	NPD	PA
<b>Tirosint</b>	NPD	PA
<b>Tlando</b>	NPD	PA
<i>tolbutamide</i>	G	
<b>Toujeo Solostar</b>	PB	QL
<b>Tradjenta tablet</b>	PB	
<b>Tresiba</b>	NPD	PA, QL, AL
<b>Trijardy XR</b>	PB	
<b>Trulicity</b>	PB	PA, QL
<b>Tymlos</b>	PB, SP	PA, Q/T
<b>Uceris</b>	NPD	PA
<b>Undecatrex Cap</b>	NPD	PA
<i>unithroid</i>	G	
<b>Veripred soln 20mg/5ml</b>	NPD	
<b>Victoza</b>	NPD	PA, QL
<b>Vogelxo</b>	NPD	PA
<b>Vykat</b>	NPD, SP	PA
<b>Vyvgart Hytrulo</b>	NPD, SP	PA
<b>Wegovy Inj</b>	NPD	PA, R, QL
<b>Westhroid</b>	NPD	
<b>WP Thyroid</b>	NPD	
<b>Xigduo XR</b>	PB	
<b>Xultophy</b>	NPD	PA
<b>Xyosted Soln</b>	NPD	PA
<b>Yorvipath Inj</b>	NPD, SP	PA
<b>Zcort 7-day tab</b>	NPD	
<b>Zegalogue Inj</b>	PB	
<b>Zemplar</b>	NPD	
<b>Zepbound Inj</b>	NPD	PA, R, QL
<b>Zituvimet XR Tab</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Zituvio</b>	NPD	PA
<b>Zomacton</b>	NPD, SP	PA
<b>STOMACH, ULCER, &amp; BOWEL MEDS</b>		
<b>Abrilada Inj</b>	NPD, SP	PA, QL
<b>Aciphex</b>	NPD	PA, QL
<b>Aciphex Sprinkle</b>	NPD	PA, QL, AL
<b>Actigall</b>	NPD	
<b>Agamree Susp</b>	NPD, SP	PA
<b>Amitiza</b>	NPD	PA
<b>Amoxicill-clarithro-lansoprazole</b>	NPD	
<b>Ampyra</b>	NPD, SP	PA, QL
<b>Anucort-HC Supp 25mg</b>	NPD	PA
<b>Anusol-HC cream</b>	NPD	PA
<i>aprepitant</i>	G	QL
<b>Aqneursa Pow 1gm</b>	NPD, SP	PA, QL
<b>Asacol HD</b>	NPD	PA
<b>Azulfidine</b>	NPD	PA
<i>balsalazide</i>	G	
<b>Bentyl</b>	NPD	
<b>Bismth/metr/cap tetracycline</b>	NPD	
<b>Bonjesta</b>	NPD	PA
<i>budesonide ER tab</i>	G	
<b>Bylvay</b>	PB, SP	PA
<b>Canasa supp</b>	NPD	PA
<b>Carafate tabs/susp</b>	NPD	PA
<b>Chenodal</b>	NPD, SP	
<i>chlordiaze-poxide/clidinium</i>	G	
<b>Cholbam</b>	NPD, SP	PA
<i>cimetidine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Clenpiq Soln</b>	NPD	
<b>Colazal</b>	NPD	PA
<b>Colocort</b>	NPD	
<b>Creon</b>	PB	
<i>cromolyn sodium solution</i>	LCG	
<b>Cytotec</b>	NPD	
<b>Delzicol</b>	NPD	PA
<b>Dexilant</b>	NPD	PA, QL
<i>dexlansoprazole</i>	G	PA, QL
<i>dexlansoprazole DR cap</i>	G	PA, QL
<b>Diclegis</b>	NPD	PA
<i>dicyclomine</i>	G	
<b>Dicyclomine tab 40mg</b>	NPD	PA
<i>diphenoxylate HCl/atropine</i>	G	
<i>doxylamine-pyridoxine</i>	G	PA
<i>dronabinol</i>	G	
<b>Emend</b>	NPD	QL
<b>Emverm</b>	NPD	QL
<b>Endari powder</b>	NPD	PA
<b>Entocort EC</b>	NPD	PA
<i>esomeprazole</i>	G	PA, QL
<i>esomeprazole granules</i>	G	PA, QL
<i>esomeprazole powder</i>	G	PA, QL
<b>Esomeprazole strontium</b>	NPD	PA, QL
<i>famotidine 40mg tab, suspension</i>	G	
<b>Gastrocrom</b>	NPD	
<b>Gattex</b>	NPD, SP	PA
<b>Gimoti Spray</b>	NPD	PA, Q/T
<b>Golytely solution reconstituted 227.1gm</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Golytely solution reconstituted 236gm</b>	NPD	PA, QL
<i>granisetron</i>	G	
<b>Hemmorex-HC Supp</b>	NPD	PA
<b>Hydrocort ac cream</b>	NPD	
<i>hydrocortisone cream</i>	LCG	
<i>hydrocortisone retention enema</i>	G	
<b>Ibsrela</b>	NPD	PA
<b>Iqirvo</b>	NPD, SP	PA
<b>Konvomep Soln</b>	NPD	QL, PA
<b>Kristalose Pak</b>	NPD	PA
<b>Lactulose pak</b>	NPD	PA
<i>lactulose soln</i>	G	
<i>lansoprazole cap</i>	G	QL
<i>lansoprazole solutab</i>	G	PA, QL
<i>l-glutamine pow</i>	G	PA
<b>Lialda DR Tab</b>	NPD	PA
<b>Linzess</b>	PB	
<b>Livdelzi</b>	NPD, SP	PA
<b>Livmarli</b>	NPD, SP	PA
<b>Lomotil</b>	NPD	
<i>loperamide</i>	G	
<i>lubiprostone cap</i>	G	
<b>Marinol</b>	NPD	
<i>meclizine</i>	LCG	
<i>mesalamine</i>	G	
<i>mesalamine DR</i>	G	
<i>mesalamine rectal susp</i>	G	
<i>metoclopramide</i>	G	
<b>Metoclopramide odt</b>	NPD	
<i>misoprostol</i>	LCG	

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<b>Motegrity tab</b>	NPD	PA
<b>Movantik</b>	PB	
<b>MoviPrep Solution Reconstituted 100gm Oral</b>	NPD	PA
<b>Nexium capsule</b>	NPD	PA, QL
<b>Nexium packets</b>	NPD	PA, QL, AL
<i>nizatidine cap</i>	G	
<i>nizatidine solution</i>	G	
<b>Nulytely</b>	NPD	PA, QL
<b>Olpruva Pak</b>	NPD, SP	PA
<b>Omeclamox-Pak</b>	NPD	
<i>omeprazole</i>	G	QL
<b>Omeprazole-sodium bicarbonate Caps</b>	NPD	QL
<i>ondansetron ODT</i>	G	
<i>ondansetron HCl</i>	LCG	
<b>Orlistat Cap</b>	NPD	PA, R
<b>Osmoprep tab</b>	NPD	PA
<b>Pancreaze</b>	NPD	PA
<i>pancrelipase EC/SA</i>	G	
<i>pantoprazole</i>	G	QL
<i>pantoprazole pak</i>	G	PA, QL
<i>peg-kcl-nacl-nasulf-na asc-c soln reconstituted</i>	G	
<i>PEG 3350 &amp; electrolytes</i>	G	
<b>Peg-Prep</b>	NPD	QL
<b>Pentasa 250mg</b>	NPD	QL
<b>Pentasa 500mg</b>	NPD	PA
<b>Pepcid tabs, suspension</b>	NPD	PA
<b>Pertzye</b>	NPD	PA
<b>Pheburane Mis 483/gm</b>	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Plenvu Soln</b>	NPD	PA
<b>Prevacid caps</b>	NPD	PA, QL
<b>Prevacid SoluTab</b>	NPD	PA, QL
<b>Prilosec packets</b>	NPD	PA, QL
<i>prochlorperazine suppository</i>	G	
<i>prochlorperazine tabs</i>	G	
<b>Proctosol HC Cream 2.5%</b>	NPD	
<b>Proctozone Cream HC Cream 2.5%</b>	NPD	
<b>Protonix</b>	NPD	PA, QL
<b>Protonix packets</b>	NPD	PA, QL
<i>prucalopride</i>	G	
<b>Pylera</b>	NPD	
<i>rabeprazole DR tab 20mg</i>	G	QL
<b>Rabeprazole Sprinkle Cap 10mg</b>	NPD	PA, QL
<i>ranitidine 300mg</i>	G	
<b>Ravicti</b>	NPD, SP	PA
<b>Recorlev 150mg Tab</b>	NPD, SP	PA, QL
<b>Reglan</b>	NPD	
<b>Relistor</b>	NPD	PA
<b>Reltone</b>	NPD	PA
<b>Sancuso Patch</b>	NPD	PA
<i>scopolamine patch</i>	G	
<b>SFRowasa enema</b>	NPD	
<i>sodium/potassium sol magnesium</i>	G	
<i>sucralfate tabs</i>	G	
<b>Suflave Sol</b>	NPD	QL
<i>sulfasalazine</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Suprep Bowel Prep Kit</b>	NPD	
<b>Sutab</b>	NPD	
<b>Symproic</b>	PB	
<b>Syndros</b>	NPD	PA
<b>Tarpeyo</b>	NPD	PA, QL
<b>Tigan</b>	NPD	
<b>Transderm-Scop patch</b>	NPD	
<i>trimetho-benzamide</i>	G	
<b>Trulance</b>	NPD	PA
<b>Urso 250 Tab</b>	NPD	PA
<b>Urso Forte Tab</b>	NPD	PA
<b>Ursodiol Cap</b>	NPD	PA
<i>ursodiol tab</i>	G	
<b>Varubi</b>	NPD	
<b>Viberzi</b>	NPD	PA
<b>Viokace</b>	NPD	PA
<b>Voquezna Pak</b>	NPD	
<b>Voquezna Tabs</b>	NPD	PA, QL
<b>Xenical</b>	NPD	PA, R
<b>Xermelo</b>	NPD	PA
<b>Zantac</b>	NPD	
<b>Zegerid packets</b>	NPD	PA, QL
<b>Zelnorm</b>	NPD	PA
<b>Zenpep</b>	PB	
<b>Zofran</b>	NPD	
<b>Zorbtive</b>	NPD, SP	PA
<b>Zuplenz</b>	NPD	
<b>Zymfentra Inj</b>	NPD, SP	PA
<b>BONE, JOINT, &amp; MUSCLE</b>		
<b>Actemra SC</b>	NPD, SP	PA
<b>Actonel</b>	NPD	PA, QL
<b>Adalimu-AACF Inj 40/0.8ml</b>	PB, SP	PA, QL
<b>Adalimu-AATY Kit</b>	NPD, SP	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Adalimu-Adaz Inj 40/0.4ml (Sandoz)</b>	NPD, SP	PA, QL
<b>Adalimu-RYVK Inj</b>	NPD, SP	PA, QL
<b>Adalimumab-Adbm (2 Pen) Auto-Injector Kit 40mg/0.4ml</b>	NPD, SP	PA, QL
<b>Adalimumab-Adbm (2 Syringe) Prefilled Syringe Kit 40mg/0.4ml</b>	NPD, SP	PA, QL
<b>Adalimumab-adbm Prefilled Syringe Kit 10mg/0.2ml, 20mg/0.4ml</b>	PB, SP	PA, QL
<b>Adalimumab fkjp</b>	NPD, SP	PA, QL
<b>Adalimumab-ADBM Crohns/UC/HS Starter</b>	NPD, SP	PA, QL
<b>Adalimumab-ADBM Psoriasis/Uveitis Starter</b>	NPD, SP	PA, QL
<b>Adalimumab - A Kit 40/0.8ml</b>	PB, SP	PA, QL
<b>Adalimumab Kit 10/0.2ml, 20/0.4ml, 40/0.8ml</b>	PB, SP	PA, QL
<i>alendronate</i>	LCG	QL
<i>allopurinol</i>	G	
<b>Allopurinol 200mg Tab</b>	NPD	PA
<i>alosetron hcl</i>	G	
<b>Amjevita Inj</b>	NPD, SP	PA, QL
<b>Amrix</b>	NPD	PA
<b>Anaprox DS</b>	NPD	PA
<b>Arava</b>	NPD	PA
<b>Arcalyst</b>	NPD, SP	PA

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<b>Arthrotec</b>	NPD	PA
<b>Atelvia</b>	NPD	QL
<i>baclofen</i>	G	
<b>Baclofen soln</b>	NPD	PA
<i>baclofen sus 25mg/ml</i>	G	PA, QL
<b>Bimzelx Inj</b>	NPD, SP	PA
<b>Binosto</b>	NPD	PA, QL
<b>Boniva</b>	NPD	PA, QL
<i>calcitonin-salmon inj</i>	G	
<i>calcitonin-salmon (rDNA origin) nasal spray</i>	G	
<i>carisoprodol</i>	G	
<b>Celebrex</b>	NPD	PA
<i>celecoxib</i>	G	
<i>chlorzoxazone 375mg, 500mg, 750mg</i>	G	
<b>Cimzia</b>	PB, SP	PA
<b>Colchicine Cap 0.6mg</b>	NPD	PA
<i>colchicine 0.6mg tab</i>	G	
<i>colchicine/probenecid</i>	G	
<b>Colcrys</b>	NPD	PA
<b>Cuprimine</b>	NPD	PA
<b>Cuvposa</b>	NPD	
<b>Cuvrior</b>	NPD, SP	PA
<i>cyclobenzaprine</i>	LCG	
<b>Cyclobenzaprine ER</b>	NPD	PA
<b>Cyltezo Inj</b>	NPD, SP	PA, QL
<b>Dantrium</b>	NPD	
<i>dantrolene</i>	G	
<b>Dartisla ODT</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Diclofenac epolamine transdermal 1.3%</b>	NPD	PA, QL
<i>diclofenac potassium</i>	G	
<i>diclofenac sodium DR</i>	G	
<i>diclofenac sodium ER</i>	G	
<i>diclofenac sodium soln 1.5%</i>	G	
<b>Diclofenac soln 2%</b>	NPD	PA, QL
<i>diclofenac/misoprostol</i>	G	
<b>EC-Naprosyn</b>	NPD	PA
<b>Enbrel</b>	PB, SP	PA
<b>Entyvio Inj</b>	NPD, SP	PA
<i>etidronate disodium</i>	G	
<i>etodolac</i>	G	
<i>febuxostat</i>	G	PA
<b>Feldene</b>	NPD	
<b>Fenoprofen calcium</b>	NPD	PA
<b>Fenortho</b>	NPD	PA
<i>fesoterodine tab ER</i>	G	
<b>Fexmid</b>	NPD	
<b>Flector Patch</b>	NPD	PA, QL
<b>Fleqsuvy Susp 25mg/5ml</b>	NPD	PA, QL
<i>flurbiprofen</i>	G	
<b>Fosamax</b>	NPD	QL
<b>Fosamax Plus D</b>	NPD	QL
<b>Gloperba Soln</b>	NPD	PA
<i>glycopyrrolate oral solution 1mg/5ml</i>	G	
<i>glycopyrrolate tab</i>	G	

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<b>Hadlima Inj</b>	NPD, SP	PA, QL
<b>Hulio Inj</b>	NPD, SP	PA, QL
<b>Hyrimoz Auto-Injector/ Prefilled Syringe</b>	NPD, SP	PA
<i>ibandronate</i>	G	QL
<i>ibuprofen</i>	LCG	
<b>Ibuprofen tab 300mg</b>	NPD	PA
<b>Idacio Inj</b>	NPD, SP	PA, QL
<b>Imuldosa</b>	NPD, SP	PA
<i>indomethacin</i>	G	
<b>Indomethacin 20mg capsule</b>	NPD	PA
<i>indomethacin SR</i>	G	
<i>indomethacin sus 25mg/5ml</i>	G	PA
<b>Joenja</b>	NPD, SP	PA
<b>Ketoprofen 25mg, 50mg caps</b>	NPD	PA
<i>ketoprofen ER</i>	G	
<i>ketorolac</i>	G	
<b>Ketorolac sol tromethamine</b>	NPD	PA, QL
<b>Kevzara</b>	NPD, SP	PA
<b>Kineret</b>	NPD, SP	PA
<i>leftunomide</i>	G	
<b>Lodoco</b>	NPD	PA
<b>Lorzone</b>	NPD	PA
<b>Lotronex</b>	NPD	PA
<b>Lyvispah Gra</b>	NPD	PA
<i>meclofenamate</i>	G	
<i>meloxicam cap</i>	G	PA
<b>Meloxicam susp</b>	NPD	PA
<b>Metaxalone</b>	NPD	PA
<i>meloxicam tab</i>	LCG	
<i>metaxalone tab 640mg</i>	G	PA
<b>Miacalcin</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Mitigare</b>	NPD	PA
<b>Mobic</b>	NPD	PA
<i>nabumetone</i>	G	
<b>Nalfon</b>	NPD	PA
<b>Naprelan</b>	NPD	PA
<b>Naprosyn</b>	NPD	PA
<b>Naprosyn susp</b>	NPD	
<i>naproxen sodium</i>	G	
<i>naproxen sodium DR</i>	G	
<i>naproxen sodium ER</i>	G	
<i>naproxen sodium ER 750mg</i>	G	PA
<i>naproxen sodium susp</i>	G	PA
<b>Norgesic Forte Tab</b>	NPD	PA
<b>Norgesic Tab</b>	NPD	PA
<b>Olumiant</b>	NPD, SP	PA
<b>OmvoH Inj</b>	PB, SP	PA
<b>Orencia</b>	NPD, SP	PA
<b>Orphenadrine-asa-caffeine</b>	NPD	PA
<i>orphenadrine ER</i>	G	
<b>Orphengesic Forte Tab</b>	NPD	PA
<b>Otezla</b>	PB, SP	PA
<b>Otrexup</b>	NPD	PA
<b>Otulfi</b>	NPD, SP	PA
<i>oxaprozin</i>	G	
<b>Ozobax Soln</b>	NPD	PA
<b>Pennsaid</b>	NPD	PA, QL
<i>piroxicam</i>	G	
<i>probenecid</i>	G	
<b>Pyzchiva Auto-Injector</b>	NPD, SP	PA
<b>Pyzchiva Inj</b>	NPD, SP	PA
<i>raloxifene hcl</i>	G	
<b>Rasuvo</b>	PB	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>risedronate</i>	G	QL
<i>risedronate DR</i>	G	QL
<b>Robaxin</b>	NPD	
<i>salsalate tab</i>	G	
<b>Selarsdi Inj</b>	NPD, SP	PA
<i>silodosin</i>	G	
<b>Simlandi Kit/Inj</b>	NPD, SP	PA, QL
<b>Simponi</b>	PB, SP	PA
<b>Skelaxin</b>	NPD	PA
<b>Soma</b>	NPD	PA
<b>Sotyktu</b>	PB, SP	PA
<b>Stelara</b>	NPD, SP	PA
<b>Steqeyma Inj</b>	NPD, SP	PA
<i>sulindac</i>	G	
<i>tizanidine</i>	G	
<i>tolmetin</i>	G	
<b>Toviaz</b>	NPD	PA
<b>Uloric</b>	NPD	PA
<b>Ustekinumab/ustekin-aekn inj/prefilled syr</b>	NPD, SP	PA
<b>Velsipity</b>	PB, SP	PA
<b>Viibryd</b>	NPD	PA
<i>vilazodone</i>	G	
<b>Voltaren Gel</b>	NPD	
<b>Wezlana Inj</b>	NPD, SP	PA
<b>Xeljanz [XR]</b>	PB, SP	PA
<b>Yesintek Inj</b>	PB, SP	PA
<b>Yuflyma 2pen Kit 40/0.4ml</b>	NPD, SP	PA, QL
<b>Yuflyma 2Syr Kit 40/0.4ml</b>	NPD, SP	PA, QL
<b>Yuflyma Kit 20/0.2ml</b>	NPD, SP	PA, QL
<b>Yusimry Soln</b>	NPD, SP	PA, QL
<b>Zanaflex</b>	NPD	PA
<b>Zeposia</b>	NPD, SP	PA
<b>Zipsor</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Zurampic 200mg</b>	NPD	PA
<b>Zyloprim</b>	NPD	PA
<b>FEMALE, HORMONE REPLACEMENT, &amp; BIRTH CONTROL</b>		
The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.		
<b>Activella</b>	NPD	
<b>Addyi</b>	NPD	PA
<b>Alora</b>	NPD	PA
<b>Angeliq</b>	NPD	PA
<b>Annovera Mis</b>	NPD	QL
<i>aurovela 24 FE 1/20</i>	G	
<b>Averi</b>	NPD	
<b>Aygestin</b>	NPD	
<b>Balcoltra</b>	NPD	
<b>Beyaz</b>	NPD	
<b>Bijuva cap</b>	NPD	
<i>blisovi 24 FE 1/20</i>	G	
<b>Bravelle</b>	NPD, SP	PA, QL, R
<b>Brevicon</b>	NPD	
<b>Cenestin</b>	PB	
<b>Cetrorelix</b>	NPD, SP	
<i>charlotte 24 chew FE 1/20</i>	G	
<b>Cleocin vaginal</b>	NPD	PA
<b>Climara patch</b>	NPD	PA
<i>clomiphene citrate</i>	G	
<b>Crinone Gel 4%</b>	NPD	
<b>Crinone Gel 8%</b>	NPD	PA
<b>Cyclessa</b>	NPD	
<b>Depo SubqQ Provera</b>	NPD	QL
<b>Depo-Provera</b>	NPD	QL
<b>Desogen</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>desogestrel-ethinyl estradiol</i>	G	
<b>Diflucan</b>	NPD	PA
<b>Divigel</b>	NPD	
<b>Dotti Patch</b>	NPD	PA
<b>Drospirenone-ethinyl estradiol</b>	NPD	PA
<i>eluryng mis</i>	ACA	QL
<b>Endometrin Insert 100mcg Vaginal</b>	PB	
<b>Estrace Cream</b>	NPD	PA
<b>Estrace Tab</b>	NPD	
<i>estradiol</i>	G	
<i>estradiol cream 0.1%</i>	G	
<b>Estradiol transdermal</b>	NPD	PA
<b>Estring</b>	NPD	
<b>Estrogel Gel</b>	NPD	
<i>estropipate</i>	G	
<b>Eurostep FE</b>	NPD	
<b>Evista</b>	NPD	PA
<i>fayosim tab</i>	G	
<b>Femcon FE</b>	NPD	
<b>FemHRT</b>	NPD	
<b>Femlyv</b>	NPD	
<b>Femring</b>	NPD	PA
<i>finzala chew FE 1/20</i>	G	
<b>Follistim AQ</b>	PB, SP	QL, R
<b>Gemmily cap 1/20</b>	ACA	
<b>Generess FE</b>	NPD	
<b>Gonal-f</b>	NPD, SP	PA, QL, R
<i>hailey 1.5/30</i>	ACA	
<i>hailey 24 FE 1/20</i>	G	
<b>Imvexxy</b>	PB	
<b>Intrarosa</b>	NPD	PA
<b>Jasmiel</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<i>joyeaux</i>	G	
<i>junel FE 24 tab</i>	G	
<i>kaitlib FE chew</i>	G	
<i>layolis FE chew</i>	G	
<i>leena tab</i>	G	
<i>levonorgestrel-ethinyl estradiol</i>	G	
<i>levonorgestrel/my way/next dose</i>	ACA	
<b>Loestrin</b>	NPD	
<b>Lo Loestrin FE</b>	PB	
<b>Loryna</b>	NPD	PA
<b>Loseasonique</b>	NPD	
<b>Lo-Zumandimine</b>	NPD	PA
<b>Lyllana Dis</b>	NPD	PA
<b>Lysteda</b>	NPD	
<i>medroxyprogesterone acetate suspension IM</i>	ACA	QL
<i>medroxyprogesterone acetate tab</i>	LCG	
<i>melodetta chew 24 FE</i>	G	
<b>Menest</b>	NPD	
<b>Menopur</b>	NPD, SP	PA, QL, R
<b>Metrogel vaginal</b>	NPD	
<i>metronidazole</i>	LCG	PA
<i>metronidazole vaginal gel</i>	G	
<i>mibelas 24 chew FE</i>	G	
<i>microgestin 24 FE 1/20</i>	G	
<b>Minastrin 24 FE</b>	NPD	
<b>Minivelle</b>	NPD	PA
<b>Mircette</b>	NPD	
<b>Myfembree</b>	PB	PA
<b>Natazia</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nextstellis</b>	NPD	
<b>Nikki</b>	NPD	PA
<i>nore/eth/fer chew 0.4mg-35mcg</i>	G	
<i>norethin-ethynil-fer cap 1/20</i>	G	
<i>norethindrone</i>	G	
<i>norethindrone acetate</i>	G	
<i>norethindrone-ethinyl estradiol</i>	ACA	
<i>norethindrone-mestranol</i>	ACA	
<i>norgestimate-ethinyl estradiol</i>	ACA	
<i>norgestrel-ethinyl estradiol</i>	ACA	
<b>Nuvaring</b>	NPD	QL
<b>OB Complete</b>	NPD	PA
<b>Ocella</b>	NPD	PA
<b>Oriahnn cap</b>	PB	PA
<b>Ortho Micronor</b>	NPD	
<b>Ortho Novum</b>	NPD	
<b>Ortho Tri-Cyclen</b>	NPD	
<b>Ortho Tri-Cyclen Lo</b>	NPD	
<b>Ortho Cyclen</b>	NPD	
<b>Ovidrel</b>	PB, SP	R
<b>Plan B One-Step</b>	NPD	QL
<b>Premarin</b>	PB	
<b>Premarin vaginal cream</b>	PB	
<b>Premphase</b>	PB	
<b>Prempro</b>	PB	
<i>progesterone, micronized</i>	G	
<i>progesterone sup</i>	G	
<b>Prometrium</b>	NPD	
<b>Provera</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Quartette</b>	NPD	
<i>raloxifene</i>	G	
<b>Safyral</b>	NPD	
<b>Seasonique</b>	NPD	
<b>Slynd</b>	NPD	
<b>Syeda</b>	NPD	PA
<b>Synarel</b>	NPD	
<i>tarina 24 FE tab</i>	G	
<b>Taytulla</b>	NPD	
<i>terconazole cream</i>	G	
<i>tilia FE tab</i>	G	
<i>tri-legest FE</i>	G	
<b>Tri-norinyl</b>	NPD	
<b>Twirla Dis</b>	NPD	QL
<b>Tyblume</b>	NPD	
<i>tydemi tab</i>	G	
<b>Vagifem</b>	NPD	PA
<b>Vandazole</b>	NPD	PA
<b>VCF Vaginal Gel 4%</b>	NPD	
<b>Vestura Tab</b>	NPD	PA
<i>vivelle dot</i>	G	
<b>Vyleesi</b>	NPD	PA, QL
<i>wymzya Fe tablet chewable</i>	G	
<i>xulane</i>	ACA	QL
<i>yasmin</i>	G, ACA	
<i>yaz</i>	G, ACA	
<i>yuvafem</i>	G	
<b>Zafemy DIS</b>	ACA	QL
<b>Zumandimine</b>	NPD	PA
EYE MEDICATIONS		
<b>Acular/Acular LS</b>	NPD	
<b>Alcaine</b>	NPD	
<b>Alocril Soln</b>	NPD	PA
<b>Alphagan P soln</b>	NPD	PA

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Alex</b>	NPD	PA
<i>apraclonidine</i>	G	
<i>atropine sulfate</i>	G	
<i>azelastine HCL drops</i>	G	
<b>Azopt</b>	NPD	PA
<i>bacitracin ophth</i>	G	
<i>bacitracin/ polymyxin B ophth oint</i>	G	
<i>bepotastine</i>	G	
<b>Bepreve</b>	NPD	PA
<b>Besivance</b>	PB	
<b>Betagan</b>	NPD	
<i>betaxolol</i>	G	
<b>Betimol</b>	NPD	
<b>Betoptic S</b>	NPD	PA
<i>bimatoprost</i>	G	
<b>Bleph 10</b>	NPD	
<b>Blephamide S.O.P. ointment</b>	NPD	
<i>brimonidine sol 0.1%</i>	G	
<i>brimonidine tartrate</i>	G	
<i>brimonidine/ timolol soln 0.2-0.5%</i>	G	
<i>brinzolamide sus 1%</i>	G	
<i>bromfenac drops</i>	G	
<b>Bromsite sol 0.075%</b>	NPD	PA
<i>carteolol</i>	G	
<b>Cequa Sol 0.09%</b>	NPD	PA, QL
<b>Ciloxan Sol</b>	NPD	
<i>ciprofloxacin</i>	G	
<b>Clobetasol Ophth Susp 0.05%</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Combigan soln 0.2-0.5%</b>	NPD	PA
<b>Cosopt</b>	NPD	PA
<b>Cosopt PF</b>	NPD	PA
<i>cromolyn ophth</i>	G	
<b>Cyclogyl</b>	NPD	
<i>cyclopentolate HCl</i>	G	
<b>Cyclosporine emulsion</b>	NPD	PA, QL
<b>Cystadrops Soln</b>	NPD, SP	PA, QL
<i>dexamethasone ophth</i>	G	
<b>Diamox Sequels</b>	NPD	
<i>diclofenac soln 0.1% ophth</i>	G	
<i>difluprednate emu</i>	G	
<i>dorzolamide HCl 2%</i>	G	
<i>dorzolamide-timolol</i>	G	
<b>Durezol Emu</b>	NPD	
<b>Elestat</b>	NPD	
<i>epinastine HCl</i>	G	
<i>erythromycin etyhylsuccinate sus</i>	G	
<i>erythromycin ophth oint</i>	G	
<b>Eysuvis Ophth</b>	NPD	
<i>fluorometholone</i>	G	
<i>flurbiprofen</i>	G	
<b>FML Liquifilm suspension</b>	NPD	
<b>Gentak Oint 0.3% OP</b>	NPD	
<i>gentamicin ophth</i>	G	
<i>homatropine ophthalmic</i>	LCG	
<b>Homatropaire sol 5% OP</b>	NPD	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Ilevro Susp 0.3%</b>	NPD	PA
<b>Inveltys Susp 1%</b>	NPD	
<b>Iopidine</b>	NPD	PA
<b>Isopto Carpine</b>	NPD	
<b>Istalol Drops</b>	NPD	PA
<b>Iyuzeh Drops 0.005%</b>	NPD	PA
<i>ketorolac ophth soln</i>	G	
<b>Lastacaft</b>	NPD	PA
<i>latanoprost</i>	G	
<i>levobunolol</i>	G	
<i>levofloxacin ophth soln</i>	G	
<b>Lotemax [SM]</b>	NPD	
<i>loteprednol susp</i>	G	
<b>Lumigan</b>	PB	
<b>Maxitrol</b>	NPD	
<i>methazolamide</i>	G	
<b>Miebo Drops</b>	PB	QL
<b>Moxeza</b>	NPD	
<i>moxifloxacin ophthalmic soln</i>	G	
<b>Mydriacyl</b>	NPD	
<i>neomycin/ polymyxin B/ dexamethasone</i>	G	
<b>Neo-Polycin Oint HC 1% OP</b>	NPD	
<b>Neo-Polycin Oint Op</b>	NPD	
<b>Neosporin soln</b>	NPD	
<b>Nevanac Susp 0.1%</b>	NPD	PA
<b>Ocufen</b>	NPD	
<b>Ocuflox</b>	NPD	
<i>ofloxacin</i>	G	
<i>olopatadine hcl</i>	G	
<b>Omnipred</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Oxervate soln 200mcg/ml</b>	NPD, SP	PA, QL
<b>Patanol</b>	NPD	
<b>Phospholine Iodide</b>	NPD	
<i>pilocarpine</i>	G	
<i>pilocarpine sol</i>	G	PA
<i>polymyxin B/neo/ bacitracin</i>	G	
<i>polymyxin B/neo/ gramicidin</i>	G	
<i>polymyxin B/ trimethoprim soln</i>	G	
<b>Polytrim</b>	NPD	
<b>Pred-Forte</b>	NPD	PA
<i>prednisolone acetate</i>	G	
<i>prednisolone sodium phosphate</i>	G	
<i>prednisolone/ sodium sulfacetamide</i>	G	
<b>Prolensa sol 0.07%</b>	NPD	PA
<i>proparacaine</i>	G	
<b>Qlosi Sol 0.4%</b>	NPD	PA
<b>Rescula</b>	NPD	PA
<i>restasis emulsion 0.05% ophthalmic</i>	G	QL
<b>Restasis Multidose</b>	PB	QL
<b>Rhopressa Soln 0.02%</b>	NPD	
<b>Rocklatan Soln 0.02-0.005%</b>	NPD	
<b>Simbrinza Susp 1-0.2%</b>	PB	PA
<i>sulfacetamide</i>	G	
<i>tafluprost soln</i>	G	

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DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol hemi sol 0.5% ophth</i>	G	
<i>timolol ophth</i>	G	
<b>Timoptic</b>	NPD	PA
<b>Timoptic XE</b>	NPD	
<b>Tobradex</b>	NPD	
<i>tobramycin-dexamethasone</i>	G	
<i>tobramycin ophthalmic</i>	LCG	
<b>Tobrex</b>	NPD	
<b>Travatan Z</b>	NPD	
<i>travoprost</i>	G	
<i>trifluridine</i>	G	
<i>trimethoprim sulfate/ polymyxin B</i>	G	
<i>trimethoprim tab</i>	G	
<i>tropicamide</i>	LCG	
<b>Trusopt</b>	NPD	
<b>Tryptyr</b>	NPD	PA
<b>Tyrvaya Sol</b>	NPD	QL
<b>Upneeq Soln</b>	NPD	PA
<b>Verkazia Emu 0.1%</b>	NPD	PA, QL
<b>Vevye Drop 0.1%</b>	NPD	PA, QL
<b>Vigamox</b>	NPD	
<b>Viroptic</b>	NPD	
<b>Vizz</b>	NPD	PA
<b>Vyzulta Soln 0.024% OP</b>	NPD	PA
<b>Xalatan</b>	NPD	
<b>Xdemvy Drops 0.25%</b>	NPD	PA, QL
<b>Xelpros Emulsion 0.005%</b>	NPD	PA
<b>Xiidra</b>	PB	QL
<b>Zerviate Drops 0.24%</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Zioptan</b>	NPD	PA
<b>Zymaxid</b>	NPD	
ALLERGY, COUGH & COLD, LUNG MEDS		
<b>Accolate</b>	NPD	
<i>acetylcysteine</i>	G	
<b>Advair Diskus</b>	NPD	PA
<b>Advair HFA</b>	PB	
<b>Aerospan</b>	NPD	PA
<b>AirDuo Digihaler</b>	NPD	PA
<b>AirDuo RespiClick</b>	NPD	PA
<b>Airsupra AER</b>	NPD	PA
<i>albuterol sulfate er</i>	G	
<i>albuterol sulfate nebulizer soln, syrup, tab</i>	G	
<b>Alvesco</b>	NPD	PA
<b>Anoro Ellipta</b>	PB	
<i>arformoterol neb 15/2ml</i>	G	
<b>ArmonAir Digihaler</b>	NPD	PA
<b>ArmonAir RespiClick</b>	NPD	PA
<b>Arnuity Ellipta</b>	PB	
<b>Asmanex</b>	NPD	PA
<b>Asmanex HFA</b>	NPD	PA
<b>Atrovent HFA</b>	PB	
<b>Auvi-Q 0.1mg</b>	NPD	QL, AL
<b>Auvi-Q 0.15mg and 0.3mg</b>	NPD	PA, QL
<i>azelastine nasal spray</i>	G	
<i>azelastine/ fluticasone spray 137-50</i>	G	PA
<b>Beconase AQ</b>	NPD	PA

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<i>benzonatate</i>	LCG	
<b>Bevespi Aerosphere</b>	NPD	PA
<i>bosentan</i>	G, SP	PA
<b>Breo Ellipta</b>	PB	
<b>Breyna AER</b>	NPD	PA
<b>Breztri Aerosphere</b>	PB	
<b>Brinsupri</b>	NPD, SP	PA, QL
<i>bromfed DM</i>	G	
<b>Bronchitol Cap</b>	NPD, SP	PA
<b>Brovana Neb</b>	NPD	
<i>budesonide susp.</i>	G	
<b>Budesonide-formoterol</b>	NPD	PA
<i>carbinoxamine</i>	G	
<b>Carbinoxamine ER Sus</b>	NPD	
<b>Cayston</b>	NPD, SP	PA
<i>cheratussin AC</i>	G	5DS, QL, AL, MME
<i>cheratussin DAC</i>	G	5DS, QL, AL, MME
<b>Clarinet</b>	NPD	PA
<b>Clarinet-D</b>	NPD	PA, AL
<b>Clemastine syrup</b>	NPD	PA
<b>Clemasz</b>	NPD	
<i>clemastine tab</i>	NPD	
<b>Combivent Respimat</b>	PB	
<i>cromolyn inhalation soln</i>	G	
<i>cyproheptadine</i>	LCG	
<i>dalfampridin ER</i>	G, SP	PA, QL
<b>Daliresp</b>	NPD	
<i>desrx gel 0.05%</i>	G	
<b>Dexchlorpheniramine soln</b>	NPD	PA
<b>Duaklir</b>	NPD	PA
<b>Dulera</b>	NPD	PA
<b>Dymista</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Elixophyllin Elixir</b>	NPD	
<b>Epinephrine pen 0.15mg</b>	PB	QL
<i>epinephrine pen 0.3mg</i>	G	QL
<b>EpiPen</b>	NPD	PA, QL
<b>EpiPen Jr.</b>	NPD	PA, QL
<b>Esbriet</b>	NPD, SP	PA, LDD
<b>Filspari tab</b>	NPD, SP	PA, QL
<b>Flovent Diskus</b>	NPD	PA
<b>Flovent HFA</b>	NPD	PA (Bypass PA for members 5 years of age and under)
<i>fluticasone</i>	G	
<b>Flutic/Vilan INH</b>	NPD	PA
<b>Fluticasone HFA AER</b>	NPD	PA (Bypass PA for members 5 years of age and under)
<b>Fluticasone inh</b>	NPD	PA
<b>Fluticasone propionate diskus</b>	NPD	PA
<i>fluticasone propionate nasal susp</i>	G	
<b>Fluticasone/Salmeterol AER</b>	NPD	PA
<b>Fluticasone-Salmeterol AER powder</b>	NPD	
<i>formoterol neb 20/2ml</i>	G	
<b>Grastek</b>	NPD	PA
<b>Hycodan Sol 5-1.5mg/5ml</b>	NPD	QL, MME
<b>Hycodan Tab 5-1.5mg</b>	NPD	QL, MME
<b>Hycufenix</b>	NPD	QL, 5DS
<i>hydrocodon-cpm-phenylephrine</i>	G	QL, 5DS, MME

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<i>hydrocod-cpm-pseudoephedrine</i>	G	QL, 5DS, MME
<i>hydrocodone bit/homatrop syrup</i>	G	QL, 5DS, MME
<i>hydrocodone-chlorpheniramine susp</i>	G	QL, 5DS, MME
<i>hydromet</i>	G	QL, 5DS, MME
<i>hydroxyzine HCL syrup</i>	G	
<i>hydroxyzine HCL tabs</i>	LCG	
<i>hydroxyzine pamoate</i>	G	
<b>HyperSal</b>	NPD	
<b>Incruse Ellipta</b>	NPD	PA
<i>ipratropium-albuterol</i>	G	
<i>ipratropium inhalation soln</i>	G	
<i>ipratropium nasal spray</i>	G	
<b>Isturisa</b>	NPD, SP	QL, PA
<b>Javygtor Pak</b>	NPD, SP	PA
<i>Jaythari</i>	G, SP	PA
<b>Khindivi</b>	NPD	PA
<b>Kitabis Pak</b>	NPD, SP	PA, LDD
<b>Kuvan</b>	NPD, SP	PA
<i>levalbuterol neb</i>	G	
<b>Levalbuterol tartrate HFA</b>	NPD	QL
<b>Lonhala Magnair Soln</b>	NPD	PA
<b>Mar-Cof CG Expectorant Liquid 225-7.5mg/5ml Oral</b>	NPD	QL, 5DS, MME
<i>metaproterenol</i>	G	
<i>montelukast sodium</i>	G	
<b>Miplyffa</b>	NPD, SP	PA, QL
<b>Neffy</b>	NPD	PA, QL

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Nucala Soln</b>	PB, SP	PA
<b>Obredon</b>	NPD	QL, 5DS, AL, MME
<b>Odactra SL</b>	NPD	PA
<b>Ofev</b>	NPD, SP	PA
<b>Ohtuvayre Susp</b>	NPD	PA, QL
<b>Oralair</b>	NPD	PA
<b>Palforzia cap/powder</b>	NPD	PA
<b>Perforomist Neb</b>	NPD	
<i>pirfenidone</i>	G, SP	PA
<b>ProAir Digihaler</b>	NPD	PA, QL
<b>ProAir HFA</b>	NPD	QL
<b>ProAir RespiClick</b>	NPD	QL
<i>promethazine</i>	LCG	
<i>promethazine/codeine</i>	LCG	QL, 5DS, MME
<i>promethazine/dextromethorphan</i>	G	
<i>promethazine/phenylephrine</i>	G	
<b>Pro-Red AC Syrup 5-1-9mg/5ml Oral</b>	NPD	QL, 5DS, MME
<b>Proventil HFA</b>	NPD	PA, QL
<b>Pulmicort Flexhaler</b>	PB	
<b>Pulmicort Respules</b>	NPD	PA
<b>Pulmozyme</b>	PB, SP	
<i>Pyquvi</i>	G, SP	PA
<b>Qvar</b>	NPD	PA
<b>Ragwitek</b>	NPD	PA
<b>Rebetol</b>	NPD, SP	
<b>Rezira</b>	NPD	QL, 5DS, AL, MME
<i>roflumilast</i>	G	
<b>Ryclora</b>	NPD	PA

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<b>Ryvent</b>	NPD	
<i>sapropterin pow/tab</i>	G, SP	PA
<b>Seebri</b>	NPD	PA
<b>Semprex-D</b>	NPD	QL
<b>Sephience</b>	NPD, SP	PA
<b>Serevent Diskus</b>	PB	
<b>Singular</b>	NPD	PA
<i>sodium chloride inhalation</i>	G	
<b>Spiriva</b>	PB	
<b>Stiolto Respimat</b>	PB	
<b>Striverdi Respimat Aer Solution</b>	PB	
<b>Symbicort</b>	PB	
<b>Symdeko</b>	NPD, SP	PA
<b>Symjepi Inj</b>	NPD	QL
<i>terbutaline sulfate tabs</i>	G	
<b>Tessalon Perles</b>	NPD	
<b>Tezspire Inj</b>	PB, SP	PA
<b>Theo-24</b>	NPD	
<i>theochron</i>	G	
<i>theophylline soln</i>	G	
<i>theophylline extended release</i>	G	
<b>Thiola [EC]</b>	NPD, SP	PA
<i>tiopronin</i>	G, SP	
<b>Tiotropium bromide cap 18mcg</b>	NPD	PA
<b>Tracleer</b>	NPD, SP	PA
<b>Trelegy Ellipta</b>	PB	
<b>Tudorza Pressair</b>	NPD	PA
<b>Tussicap</b>	NPD	QL, 5DS, MME
<b>Tuxarin ER tabs</b>	NPD	QL, 5DS, MME
<b>Tuzistra XR</b>	NPD	QL, 5DS, MME
<b>Umeclid/vila inh</b>	NPD	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>Utibron Neohaler</b>	NPD	PA
<b>Vanrafia</b>	NPD, SP	PA
<b>Ventolin HFA</b>	NPD	PA, QL
<b>Vistaril</b>	NPD	
<b>Vituz</b>	NPD	QL, 5DS, MME
<b>VoSpire ER</b>	NPD	
<b>Winrevair Inj</b>	NPD, SP	PA
<i>wixela inhub aer</i>	G	
<b>Xhance</b>	NPD	PA
<b>Xolair Inj</b>	PB, SP	PA
<b>Xopenex Nebulization Soln</b>	NPD	PA
<b>Xopenex HFA</b>	NPD	PA, QL
<b>Yupelri Soln</b>	NPD	PA
<b>Z-Tuss AC</b>	NPD	QL, 5DS, MME
<i>zafirlukast</i>	G	
<i>Zelvysia</i>	G, SP	PA
<i>zileuton ER 600mg</i>	G	PA
<b>Zutripro</b>	NPD	QL, 5DS, MME
<b>Zyflo 600mg tab</b>	NPD	PA
<b>Zyflo CR 600mg</b>	NPD	

#### URINARY & PROSTATE MEDS

<b>Accrufer</b>	NPD	PA
<i>alfuzosin</i>	G	
<b>Anaspaz</b>	NPD	
<i>avanafil tab</i>	G	PA, QL
<b>Avodart</b>	NPD	PA
<i>bethanechol</i>	G	
<b>Blujepa</b>	NPD	PA, QL
<b>Cardura</b>	NPD	PA
<b>Caverject</b>	NPD	QL
<b>Cialis</b>	NPD	PA, QL
<b>Cobefy Cap</b>	NPD	PA, QL
<i>darifenacin ER</i>	G	
<b>Detrol</b>	NPD	PA
<b>Detrol LA</b>	NPD	PA

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<b>Ditropan XL</b>	NPD	PA
<i>doxazosin mesylate</i>	G	
<i>dutasteride</i>	G	
<i>dutasteride/ tamsulosin hcl</i>	G	
<b>Duvyzat Sus</b>	NPD, SP	PA
<b>Edex</b>	NPD	QL
<b>ED-Spaz</b>	NPD	
<b>Elmiron</b>	NPD	PA
<b>Enablex</b>	NPD	
<i>finasteride</i>	G	
<i>flavoxate</i>	G	
<b>Flomax</b>	NPD	PA
<b>Gelnique Gel</b>	NPD	PA
<b>Gemtesa</b>	NPD	PA
<i>hyoscyamine</i>	LCG	
<i>hyosyne</i>	LCG	
<b>IFE-PG 20</b>	NPD	PA, QL
<b>Jalyn</b>	NPD	PA
<b>Levbid</b>	NPD	
<b>Levitra</b>	NPD	PA, QL
<b>Levsin</b>	NPD	
<i>mirabegron</i>	G	
<b>Muse</b>	PB	PA, QL
<b>Myrbetriq</b>	PB	
<b>Nulev</b>	NPD	
<i>oscimin</i>	LCG	
<i>oxybutynin tab [ER]</i>	G	
<i>oxybutynin sol</i>	G	
<i>oxybutynin syrup</i>	LCG	
<b>Oxytrol Patch</b>	NPD	PA
<i>phenazopyridine</i>	LCG	
<i>potassium citrate ER</i>	G	
<b>Proscar</b>	NPD	
<b>Pyridium</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Rapaflo</b>	NPD	PA
<i>solifenacin</i>	G	
<b>Staxyn</b>	NPD	PA, QL
<b>Stendra</b>	NPD	PA, QL
<b>Symax</b>	NPD	
<i>tamsulosin</i>	G	
<i>terazosin</i>	G	
<i>tolterodine tartrate</i>	G	
<i>tolterodine tartrate LA</i>	G	
<i>trospium chloride</i>	G	
<b>Urecholine</b>	NPD	
<b>Urocit-K</b>	NPD	
<b>Uroxatral</b>	NPD	PA
<i>varденаfil</i>	G	PA, QL
<i>varденаfil ODT</i>	G	PA, QL
<b>Vesicare</b>	NPD	PA
<b>Viagra</b>	NPD	PA, QL

### VITAMINS & ELECTROLYTES

<b>Auryxia</b>	NPD	
<b>Brand Prenatal Vitamins</b>	NPD	PA
<b>Buphenyl</b>	NPD, SP	PA
<b>Calciferol</b>	NPD	
<i>cyanocobalamin nasal spray</i>	G	PA
<b>Dailyvite w/Zinc &amp; NephlexRx</b>	NPD	
<b>Dojolvi Liq</b>	NPD	PA
<b>Duzallo</b>	NPD	PA
<i>ergocalciferol</i>	G	
<b>Ferric citrate</b>	NPD	
<i>fluoritab chew tab</i>	LCG	
<b>Fosrenol</b>	NPD	PA
<b>Jynarque</b>	NPD, SP	PA
<b>K-Phos</b>	NPD	

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<b>K-Tab</b>	NPD	
<i>klor-Con</i>	G	
<i>lanthanum chewable tab</i>	G	PA
<b>Lokelma PAK</b>	NPD	
<b>Mephyton</b>	NPD	
<i>multivitamin with fluoride drops, tabs</i>	G	
<b>Nascobal</b>	NPD	PA
<b>Nebusal Nebulization Solution</b>	NPD	
<b>Nestabs One</b>	NPD	PA
<b>P2i Prenatal Cap Choline</b>	NPD	PA
<b>Phospho-trin tab K500</b>	NPD	
<i>phytonadione tab</i>	G	
<i>potassium bicarbonate/potassium citrate effervescent</i>	G	
<i>potassium chloride</i>	G	
<b>Pulmosal Nebulization Solution</b>	NPD	
<b>Quflora</b>	NPD	
<b>Royaldee</b>	NPD	PA
<i>sodium fluoride chew tab</i>	G	
<i>sodium phenylbutyrate tab</i>	G, SP	PA
<b>SPS Suspension 15GM/60ml</b>	NPD	
<b>Tri-Vi-Flor, Poly-Vi-Flor with and without iron</b>	NPD	
<b>Veltassa Pow</b>	NPD	

DRUG NAME +	DRUG TIER	REQUIREMENTS/LIMITS
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>Alvaiz Tab</b>	NPD, SP	PA
<b>Auranofin</b>	NPD	
<b>Berinert</b>	NPD, SP	PA
<b>Cablivi Kit</b>	NPD, SP	QL
<i>calcium acetate</i>	G	
<b>Carbaglu</b>	NPD, SP	PA
<i>carglumic</i>	G, SP	PA
<b>Cerdelga</b>	NPD, SP	PA
<b>Chemet</b>	NPD	
<b>Chorionic gonadotropin</b>	NPD	
<b>Cinryze</b>	NPD, SP	PA
<i>clovique</i>	G, SP	PA
<b>Cystadane</b>	NPD	
<b>Cystagon</b>	NPD, SP	PA
<b>Dawnzera</b>	NPD, SP	PA
<i>deferiasirox tab/granules</i>	G	PA
<i>deferiprone tab</i>	G	PA
<b>D-Penamine 125mg tablet</b>	NPD, SP	
<i>dichlorphenate tab</i>	G, SP	PA
<b>Doptelet</b>	NPD, SP	PA
<b>Empaveli Inj</b>	NPD, SP	PA
<b>Exjade</b>	NPD	PA
<b>Fabhalta</b>	NPD, SP	PA
<b>Ferriprox</b>	NPD	PA
<b>Firazyr</b>	NPD, SP	PA, QL
<b>Fyremadel Sol 250/0.5ml</b>	NPD, SP	
<b>Firdapse</b>	NPD, SP	PA
<b>Galafold</b>	NPD, SP	PA, QL
<i>ganirelix acetate soln</i>	G, SP	R
<b>Haegarda</b>	NPD, SP	PA
<b>Harliku</b>	NPD, SP	PA

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<i>icatibant inj</i>	G, SP	PA
<b>Idelvion</b>	NPD, SP	PA
<b>Jadenu tab/ granules</b>	NPD	PA
<b>Keveyis</b>	NPD, SP	PA
<b>Kionex Sus</b>	NPD	
<b>Metopirone</b>	NPD	
<i>midodrine HCl</i>	G	
<i>miglustat</i>	G, SP	PA
<i>nitisinone</i>	G, SP	PA
<b>Nityr</b>	NPD, SP	PA
<b>Novarel 5000 units</b>	NPD, SP	
<b>Novarel 10000 units</b>	PB, SP	
<b>Nulibry Inj</b>	NPD, SP	PA
<b>Ocaliva</b>	NPD, SP	PA
<b>Opfolda</b>	NPD, SP	
<b>Orfadin</b>	NPD, SP	PA
<b>Orladeyo</b>	NPD, SP	PA
<b>Oxbryta</b>	NPD, SP	PA
<b>Palynziq</b>	NPD, SP	PA
<i>penicillamine capsule</i>	G	PA
<i>penicillamine tablet</i>	G	
<b>PhosLo</b>	NPD	
<b>Phoslyra</b>	NPD	PA
<i>phospha</i>	G	
<b>Pokonza Pow</b>	NPD	PA
<b>Potaba</b>	NPD	
<i>pregnyl</i>	PB	
<b>Pyrukynd</b>	NPD, SP	PA
<b>Renagel</b>	NPD	
<b>Renvela</b>	NPD	
<b>Ridaura</b>	NPD	
<b>Rinvoq</b>	PB, SP	PA
<b>Ruconest</b>	NPD, SP	PA
<b>Ruzurgi</b>	NPD, SP	PA

DRUG NAME +	DRUG TIER	REQUIREMENTS/ LIMITS
<b>Sajazir inj</b>	NPD, SP	PA, QL
<i>sevelamer carbonate</i>	G	
<b>Strensiq</b>	NPD, SP	PA
<b>Sucraid Solution 8500 unit/ml</b>	NPD, SP	PA
<b>Syprine</b>	NPD	PA
<b>Takhzyro Inj</b>	NPD, SP	PA
<b>Tavalisse</b>	NPD, SP	PA
<b>Tavneos</b>	NPD, SP	PA
<b>Tegsedi</b>	NPD, SP	PA
<i>trientine</i>	G	PA
<b>Velphoro</b>	NPD	PA
<b>V-GO</b>	PB	
<b>Vizz</b>	NPD	PA
<b>Vowst</b>	NPD	PA, QL
<b>Voydeya</b>	NPD, SP	PA
<b>Vumerity</b>	PB, SP	
<b>Wayrilz</b>	NPD, SP	PA
<b>Xphozah</b>	NPD	PA
<b>Xuriden</b>	NPD, SP	PA
<i>yargesa</i>	G, SP	PA
<b>Zavesca</b>	NPD, SP	PA
<b>Zilbrysq Inj</b>	NPD, SP	PA
<b>Zokinvy</b>	NPD, SP	PA

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## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-275-2583 (TTY: 711) or speak to your provider.

**العربية:** انتباه: إذا كنت تتحدث العربية، فيمكنك الحصول على مساعدة لغوية مجانية. كما تتوفر الوسائل والخدمات المساعدة والمناسبة مجانًا لضمان وصول المعلومات إليك بصيغ ميسرة ومناسبة. يُرجى الاتصال على الرقم 1-800-275-2583 (TTY: 711) أو يمكنك التحدث مع مقدم الرعاية الخاص بك.

**বাংলা:** দৃষ্টি আকর্ষণ: যদি আপনি বাংলাভাষী হন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ। অ্যাক্সেসিবল ফরম্যাটে তথ্য প্রদান করার জন্য উপযুক্ত সহায়ক উপকরণ ও পরিষেবা বিনামূল্যে উপলব্ধ। 1-800-275-2583 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সঙ্গে যোগাযোগ করুন।

**普通话:** 注意: 如果您说普通话, 我们将为您免费提供语言协助服务。我们还免费提供适当的辅助工具和服务, 确保以无障碍格式传递信息。请致电 1-800-275-2583 (TTY: 711) 或咨询服务提供者。

**Français:** ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-275-2583 (TTY: 711) ou parlez-en à votre fournisseur.

**Kreyòl Ayisyen:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans pou lang ki disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele nan 1-800-275-2583 (TTY: 711) oswa pale ak founisè w la.

**ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારી માટે મફત ભાષા સહાયતા સેવા ઉપલબ્ધ છે. સુલભ સ્વરૂપમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનો અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-800-275-2583 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતાનો સંપર્ક કરો.

**हिंदी:** ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा संबंधी सहायता सेवाएँ मुफ्त में उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के लिए उचित सहायक सहायता और सेवाएँ भी मुफ्त में मिलती हैं। 1-800-275-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Italiano:** ATTENZIONE: Se parli Italiano, puoi trovare disponibili servizi gratuiti di assistenza linguistica. Gratuitamente, sono inoltre disponibili ausili e servizi di supporto adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-275-2583 (TTY: 711) oppure rivolgiti al tuo fornitore.

**日本語:** 注意: 日本語話者の方には、無料の言語支援サービスをご提供しています。アクセシビリティ情報を提供するための適切な補助やサービスも無料でご利用いただけます。1-800-275-2583 (TTY: 711) にお電話くださるか、または、プロバイダーにお問い合わせください。

**한국어:** 주의: 한국어를 구사하시는 경우 무료 언어 보조 서비스를 이용할 수 있습니다. 접근성 높은 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스 역시 무료로 이용 가능합니다. 1-800-275-2583 (TTY: 711) 에 전화하시거나 서비스 제공업체에 문의하세요.

**Diné bizaad:** BAA'ÁKONÍNÍZIN: Diné bizaad bee yánífti'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anída'awo'í ná hóló. T'áadoole'é binahji' bee adahodoonífti diné bich'i' anídahazt'i'í bee bika'anída'awo'í beego bee baa dahane'í baa dahwiizt'i'go hadadilyaaígíí áldó' t'áá jiik'eh hóló. Kohji' 1-800-275-2583 (TTY: 711) hodíilnih doodago níka'análawo'í bich'i' hanidziih.

**Pennsilfaanisch-Deutsch:** WICHDIICH: Wann du Deitsch schwetzsch, kenne mer dich Schprooch-Hilf beigriege, unni as es dich ennich eppes koschde zellt. Mir kenne dich aa differnti Sadde Hilf beigriege, wasewwer as brauchsch fer Information griege, aa fer nix. Call 1-800-275-2583 (TTY: 711) odder schwetz mit dei Provider.

**Polski:** UWAGA: Jeśli jesteś osobą polskojęzyczną, pamiętaj, że oferujemy bezpłatne usługi pomocy językowej. Bezpłatnie dostępne są również odpowiednie materiały pomocnicze i usługi informacyjne w przystępnych formatach. Zadzwoń na numer 1-800-275-2583 (TTY: 711) lub porozmawiaj z dostawcą usług.

**Português:** ATENÇÃO: se você fala português, há serviços gratuitos de assistência linguística disponíveis. Também são disponibilizados gratuitamente para suporte e serviços auxiliares apropriados para o fornecimento de informações. Ligue para 1-800-275-2583 (TTY: 711) ou entre em contato com seu prestador.

**Русский:** Внимание! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Также бесплатно предоставляются соответствующие вспомогательные услуги по предоставлению информации в доступных форматах. Звоните по телефону 1-800-275-2583 (TTY: 711) или обратитесь к своему провайдеру.

**Español:** ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia lingüística disponibles. También hay ayudas y servicios auxiliares disponibles y sin cargo en formatos accesibles para brindarle información. Llame al 1-800-275-2583 (TTY: 711) o hable con su prestador.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, available para sa iyo ang mga libreng serbisyo sa tulong sa wika. Available din ang naaangkop na mga auxiliary aid at serbisyo para magbigay ng impormasyon sa mga naa-access na format nang walang bayad. Tumawag sa 1-800-275-2583 (TTY: 711) o makipag-usap sa iyong provider.

**తెలుగు:** గమనిక: మీరు తెలుగు మాట్లాడితే, ఉచిత భాష సహాయ సేవలు మీకు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు అలాగే సేవలు కూడా ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) నంబర్ కు కాల్ చేయండి లేదా మీ ప్రొవైడర్ తో మాట్లాడండి.

**Українська:** Увага! Якщо ви говорите українською, вам доступні безплатні послуги перекладача. Також безоплатно надаються відповідні допоміжні послуги з надання інформації в доступних форматах. Телефонуйте за номером 1-800-275-2583 (TTY: 711) або зверніться до свого провайдера.

**Tiếng Việt:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Bạn cũng có thể nhận được các công cụ và dịch vụ hỗ trợ khác để giúp tiếp cận thông tin dễ dàng hơn, hoàn toàn miễn phí. Vui lòng gọi 1-800-275-2583 (TTY: 711) hoặc liên hệ với nhà cung cấp dịch vụ của bạn để được hỗ trợ.

**Yorùbá:** ÀKÍYÈSÍ: Tí o bá nso Yorùbá, àwọn isẹ̀ àtìlẹ̀hìn èdè lófẹ̀ẹ̀ wà lárọ̀wótó rẹ̀. Àwọn isẹ̀ àtìlẹ̀hìn ìrànlọ̀wọ̀ tó yẹ̀ láti pèsè iwífúnni ni ọ̀na irááyèsì kíkà wà lárọ̀wótó bakanna lófẹ̀ẹ̀. Pe 1-800-275-2583 (TTY: 711) tàbí kí ó bá olùpèsè rẹ̀ sọrọ̀.

## Discrimination Is Against the Law

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that this Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: our Civil Rights Coordinator, in person or by mail: 1901 Market Street, Philadelphia, PA 19103, by phone: 1-888-377-3933 (TTY: 711), by fax: 215-761-0245, or by email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the following website: [www.healthinsurancehosting.com/notices](http://www.healthinsurancehosting.com/notices).

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