



HealthTeam Advantage

Diabetes & Heart Care (HMO CSNP)

2023 Formulary

(List of Covered Drugs)

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

Formulary ID: 00023451, Version Number 6

This formulary was updated on 12/19/2022. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care HealthCare Concierge at 888-965-1965 (TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit healthteamadvantage.com.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call your HealthCare Concierge for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.

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d Last Updated: 12/19/2022

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Care N Care Insurance Company of North Carolina. When it refers to “plan” or “our plan,” it means HealthTeam Advantage Diabetes & Heart Care.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/19/2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the HealthTeam Advantage Diabetes & Heart Care Formulary?

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

For a complete listing of all prescription drugs covered by HealthTeam Advantage Diabetes & Heart Care, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care’s Formulary?”

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/19/2022. To get updated information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care please contact us. Our contact information appears on the front and back cover pages. In addition, each month the plan posts an updated Comprehensive formulary and a Formulary Addendum that has all of the changes on the website.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

HealthTeam Advantage Diabetes & Heart Care covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** HealthTeam Advantage Diabetes & Heart Care requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from HealthTeam Advantage Diabetes & Heart Care before you fill your prescriptions. If you don't get approval, HealthTeam Advantage Diabetes & Heart Care may not cover the drug.
- **Quantity Limits:** For certain drugs, HealthTeam Advantage Diabetes & Heart Care limits the amount of the drug that HealthTeam Advantage Diabetes & Heart Care will cover. For example, HealthTeam Advantage Diabetes & Heart Care provides 60 tablets per prescription for ENTRESTO. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, HealthTeam Advantage Diabetes & Heart Care requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, HealthTeam Advantage Diabetes & Heart Care may not cover Drug B unless you try Drug A first. If Drug A does not work for you, HealthTeam Advantage Diabetes & Heart Care will then cover Drug B.

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

You can ask HealthTeam Advantage Diabetes & Heart Care to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care's formulary?" on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that HealthTeam Advantage Diabetes & Heart Care does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by HealthTeam Advantage Diabetes & Heart Care. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by HealthTeam Advantage Diabetes & Heart Care.
- You can ask HealthTeam Advantage Diabetes & Heart Care to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the HealthTeam Advantage Diabetes & Heart Care's Formulary?

You can ask HealthTeam Advantage Diabetes & Heart Care to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

In addition, if you experience a change in your treatment setting due to the level of care you require, we will allow an emergency transition or level of care fill. Such transitions include:

- If you are discharged from a hospital or skilled nursing facility to a home setting
- If you are admitted to a hospital or skilled nursing facility from a home setting
- If you transfer from one skilled nursing facility to another and that new facility is serviced by a different pharmacy
- If you end your skilled nursing facility Medicare Part A stay – where payments include all pharmacy charges – and now you need to use your Part D plan benefit
- If you give up Hospice status and revert back to standard Medicare Part A and B coverage

For more information

For more detailed information about your HealthTeam Advantage Diabetes & Heart Care prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about HealthTeam Advantage Diabetes & Heart Care, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

HealthTeam Advantage Diabetes & Heart Care's Formulary

The formulary below provides coverage information about the drugs covered by HealthTeam Advantage Diabetes & Heart Care. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

The information in the Requirements/Limits column tells you if HealthTeam Advantage Diabetes & Heart Care has any special requirements for coverage of your drug.

Most drugs included in this formulary are available via mail-order benefit. Contact HealthTeam Advantage Diabetes & Heart Care for details. Our contact information appears on the front and back cover pages.

KEY:

- **BD** = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
- **PA** = Prior Authorization - You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
- **QL** = Quantity Limits - There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
- **SI** = Select Insulin = Insulins included in the Part D Senior Savings program is offered at a \$0 copay for a 30-90 days' supply only for non-Low Income Subsidy (LIS) enrollees. Please refer to our Evidence of Coverage for more information about this program.
- **ST** = Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Every drug on HealthTeam Advantage Diabetes & Heart Care's Drug List is in one of six cost-sharing tiers. The second column of the Drug List contains the tier for each drug.

- **Tier 1 – Preferred Generics:** Generic drugs that are available at the lowest cost-share for this plan.
- **Tier 2 – Generics:** Generics that are available at a higher cost to you than drugs in Tier 1.
- **Tier 3 – Preferred Brands:** Generic or brand drugs that are available at a lower cost to you than drugs in Tier 4.
- **Tier 4 – Non-Preferred Drugs:** Generic or brand drugs that are available at a higher cost to you than drugs that are in Tier 3.
- **Tier 5 – Specialty Drugs:** This is the highest cost tier. Includes some injectables and other high-cost drugs.
- **Tier 6 – Select Care Drugs:** Generic or brand drugs that provide the best value for treatment or prevention of many conditions. There is no copay for this tier in the Deductible or Initial Coverage Stage. In addition, this plan offers additional gap coverage for generics, Part D vaccines and Select Insulins. During the Coverage Gap Stage, your out-of-pocket for generics, Part D vaccines and select insulins will be \$0.

During the Initial Coverage Stage, the plan pays its share of the cost of your covered prescription drugs, and you pay your share (your copayment or coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription. For more information on Copayment and Coinsurance, please review your Evidence of Coverage.

Drug Name	Tier	Requirements/Limits
ANALGESICS		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	4	QL (4 EA per 28 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>codeine sulfate oral tablet 60 mg</i>	4	
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	3	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 GM per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	3	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	3	
ENDOCET ORAL TABLET 10-325 MG, 7.5-325 MG	3	
ENDOCET ORAL TABLET 5-325 MG	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	3	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	3	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	2	
<i>hydromorphone hcl oral tablet 8 mg</i>	4	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	4	
IBU ORAL TABLET 600 MG, 800 MG	1	*
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	*
<i>indomethacin er oral capsule extended release 75 mg</i>	4	

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. You can find information on what the symbols and abbreviations on this table mean by going to page vi of the introduction.

Formulary ID : 00023451

Formulary Version : 6

Formulary Effective Date : 01/2023

Last Updated Date : 12/19/2022

Drug Name	Tier	Requirements/Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	*
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	
<i>morphine sulfate (concentrate) oral solution 20 mg/ml</i>	3	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	*
<i>naproxen oral tablet delayed release 375 mg</i>	2	
<i>naproxen oral tablet delayed release 500 mg</i>	4	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>oxaprozin oral tablet 600 mg</i>	3	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	3	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg</i>	3	
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>tramadol hcl oral tablet 50 mg</i>	1	*
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	
ANESTHETICS		
<i>lidocaine external ointment 5 %</i>	4	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	PA; QL (30 GM per 30 days)

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Drug Name	Tier	Requirements/Limits
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	3	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	3	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	QL (60 EA per 30 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	3	
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (360 ML per 365 days)
<i>varenicline tartrate oral 0.5 mg x 11 & 1 mg x 42</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	QL (504 EA per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
ANTIBACTERIALS		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	*
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	*
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	*
<i>amoxicillin oral tablet chewable 125 mg</i>	1	*
<i>amoxicillin oral tablet chewable 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	4	

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Drug Name	Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm</i>	3	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	3	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	3	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	1	*
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	3	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	4	
BAXDELA ORAL TABLET 450 MG	5	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 2400000 UNIT/4ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 600000 UNIT/ML	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension reconstituted 125 mg/5ml, 250 mg/5ml, 375 mg/5ml</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	

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Drug Name	Tier	Requirements/Limits
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	3	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	3	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	3	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	3	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%)	4	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	*
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	3	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3	
CLINDACIN ETZ EXTERNAL SWAB 1 %	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	

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<i>clindamycin phosphate external swab 1 %</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	5	
DIFICID ORAL TABLET 200 MG	5	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>doxycycline hyclate oral capsule 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg</i>	2	
<i>doxycycline monohydrate oral capsule 50 mg</i>	3	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg</i>	2	
<i>doxycycline monohydrate oral tablet 50 mg</i>	3	
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	4	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
<i>gentamicin sulfate external cream 0.1 %</i>	3	
<i>gentamicin sulfate external ointment 0.1 %</i>	3	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	3	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	4	
IMPAVIDO ORAL CAPSULE 50 MG	5	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	

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<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>linezolid intravenous solution 600 mg/300ml</i>	4	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid oral tablet 600 mg</i>	4	QL (56 EA per 28 days)
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	4	
<i>methenamine hippurate oral tablet 1 gm</i>	4	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	*
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>paromomycin sulfate oral capsule 250 mg</i>	4	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	5	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	
<i>sulfadiazine oral tablet 500 mg</i>	4	

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<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	*
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	3	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	3	
<i>trimethoprim oral tablet 100 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg, 750 mg</i>	3	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
XENLETA ORAL TABLET 600 MG	5	
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5ml</i>	3	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	*; QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	*; QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90 EA per 30 days)

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<i>clonazepam oral tablet dispersible 2 mg</i>	3	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
EPITOL ORAL TABLET 200 MG	3	
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
<i>ethosuximide oral capsule 250 mg</i>	3	
<i>ethosuximide oral solution 250 mg/5ml</i>	3	
<i>felbamate oral suspension 600 mg/5ml</i>	5	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	*; QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	3	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	*
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	

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<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	2	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 EA per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	2	
<i>phenytoin oral tablet chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
ROWEEPRA ORAL TABLET 500 MG	2	
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	3	
<i>rufinamide oral tablet 400 mg</i>	5	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	*
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA
<i>vigabatrin oral tablet 500 mg</i>	5	PA
VIGADRONE ORAL PACKET 500 MG	5	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	5	

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VIMPAT ORAL TABLET 50 MG	4	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ANTIDEMENTIA AGENTS		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	*
<i>donepezil hcl oral tablet 23 mg</i>	4	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>ergoloid mesylates oral tablet 1 mg</i>	4	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	4	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	4	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	4	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 &28 -10 MG	4	QL (56 EA per 365 days); ST
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	QL (30 EA per 30 days); ST
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	
ANTIDEPRESSANTS		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	2	QL (90 EA per 30 days)

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<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	2	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	*
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	4	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	QL (30 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	*
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	*
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	3	

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<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	3	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	*
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	QL (60 EA per 365 days)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
ANTIEMETICS		
<i>aprepitant oral capsule 125 mg</i>	4	BD; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	BD; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	BD; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	BD; QL (8 EA per 30 days)
COMPRO RECTAL SUPPOSITORY 25 MG	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	4	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	BD; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	*, BD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BD
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	3	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	4	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	

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PROMETHEGAN RECTAL SUPPOSITORY 25 MG	4	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
ANTIFUNGALS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BD
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG	5	BD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	BD
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	5	
<i>casprofungin acetate intravenous solution reconstituted 70 mg</i>	4	
<i>clotrimazole external cream 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	3	
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	5	
<i>ketoconazole external cream 2 %</i>	2	QL (90 GM per 30 days)
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>micafungin sodium intravenous solution reconstituted 50 mg</i>	5	
NOXAFIL ORAL SUSPENSION 40 MG/ML	5	PA
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	QL (120 GM per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	3	

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NYSTOP EXTERNAL POWDER 100000 UNIT/GM	2	QL (120 GM per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
ANTIGOUT AGENTS		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	*
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
<i>probenecid oral tablet 500 mg</i>	2	
ANTIMIGRAINE AGENTS		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	4	PA; QL (1 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	4	PA; QL (2 ML per 30 days)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA; QL (3 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	4	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	4	PA; QL (1 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	5	QL (24 EA per 28 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	3	QL (9 EA per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)

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<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	6	*
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; QL (16 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (12 EA per 30 days)
ANTIMYASTHENIC AGENTS		
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
ANTIMYCOBACTERIALS		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral syrup 50 mg/5ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	*
PASER ORAL PACKET 4 GM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	
TRECTOR ORAL TABLET 250 MG	4	
ANTINEOPLASTICS		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	5	PA
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (60 EA per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	*
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	5	PA
<i>bicalutamide oral tablet 50 mg</i>	2	

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BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
BRUKINSA ORAL CAPSULE 80 MG	5	PA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COTELLIC ORAL TABLET 20 MG	5	PA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	BD
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
EMCYT ORAL CAPSULE 140 MG	5	
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
ERLEADA ORAL TABLET 60 MG	5	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	5	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
<i>exemestane oral tablet 25 mg</i>	4	
EXKIVITY ORAL CAPSULE 40 MG	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA
GAVRETO ORAL CAPSULE 100 MG	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
<i>hydroxyurea oral capsule 500 mg</i>	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA

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IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA
INQOVI ORAL TABLET 35-100 MG	5	PA
INREBIC ORAL CAPSULE 100 MG	5	PA
IRESSA ORAL TABLET 250 MG	5	PA
JAKAFI ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	5	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
<i>letrozole oral tablet 2.5 mg</i>	2	

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<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	
LEUKERAN ORAL TABLET 2 MG	5	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA
MATULANE ORAL CAPSULE 50 MG	5	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA
MEKTOVI ORAL TABLET 15 MG	5	PA
<i>mercaptopurine oral tablet 50 mg</i>	3	
MESNEX ORAL TABLET 400 MG	5	
NERLYNX ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
NUBEQA ORAL TABLET 300 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA
PANRETIN EXTERNAL GEL 0.1 %	5	
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
QINLOCK ORAL TABLET 50 MG	5	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA

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SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA
TAGRISSE ORAL TABLET 40 MG	5	PA; QL (30 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
<i>toremifene citrate oral tablet 60 mg</i>	5	
<i>tretinoin oral capsule 10 mg</i>	5	
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 MG	5	PA
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 100 & 25 MG	5	PA
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 25 MG	5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA
TURALIO ORAL CAPSULE 200 MG	5	PA
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
VENCLEXTA ORAL TABLET 10 MG	3	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA

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VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
VONJO ORAL CAPSULE 100 MG	5	PA
VOTRIENT ORAL TABLET 200 MG	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA
XOSPATA ORAL TABLET 40 MG	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA
ZEJULA ORAL CAPSULE 100 MG	5	PA
ZELBORAF ORAL TABLET 240 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA
ZYKADIA ORAL TABLET 150 MG	5	PA
ANTIPARASITICS		
<i>albendazole oral tablet 200 mg</i>	5	
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	3	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	3	

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<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	3	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	3	PA
<i>mefloquine hcl oral tablet 250 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	5	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	3	BD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	3	
<i>praziquantel oral tablet 600 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA
<i>quinine sulfate oral capsule 324 mg</i>	3	PA
ANTIPARKINSON AGENTS		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>entacapone oral tablet 200 mg</i>	3	
INBRIJA INHALATION CAPSULE 42 MG	5	PA
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150 EA per 30 days)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	ST
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK 129 & 193 MG	4	PA
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	

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<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG	4	ST
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	5	ST
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	4	
ANTIPSYCHOTICS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	5	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	PA; QL (30 EA per 30 days)
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)

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<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 EA per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	QL (8 EA per 180 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>haloperidol oral tablet 20 mg</i>	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	QL (30 EA per 30 days)
LATUDA ORAL TABLET 80 MG	5	QL (60 EA per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	QL (30 EA per 30 days)
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	

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<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
<i>perphenazine oral tablet 16 mg, 8 mg</i>	4	
<i>perphenazine oral tablet 2 mg, 4 mg</i>	3	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	2	QL (60 EA per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 EA per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG	4	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	
<i>risperidone oral solution 1 mg/ml</i>	4	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	*; QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	3	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	QL (30 EA per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine hcl oral tablet 10 mg</i>	4	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 ML per 30 days)

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VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	QL (14 EA per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
ANTISPASTICITY AGENTS		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>baclofen oral tablet 5 mg</i>	3	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
ANTIVIRALS		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	
<i>abacavir sulfate oral tablet 300 mg</i>	4	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	BD
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5ml</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	4	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 200-25 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	

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<i>efavirenz oral capsule 200 mg, 50 mg</i>	4	
<i>efavirenz oral tablet 600 mg</i>	4	
<i>efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	5	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	
<i>etravirine oral tablet 100 mg</i>	4	
<i>etravirine oral tablet 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	3	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	3	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
LIVTENCITY ORAL TABLET 200 MG	5	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (336 EA per 365 days)

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<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	4	
<i>nevirapine oral suspension 50 mg/5ml</i>	2	
<i>nevirapine oral tablet 200 mg</i>	3	
NORVIR ORAL PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)
PIFELTRO ORAL TABLET 100 MG	5	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	4	QL (240 EA per 365 days)
REYATAZ ORAL PACKET 50 MG	5	
<i>ribavirin oral tablet 200 mg</i>	3	
<i>rimantadine hcl oral tablet 100 mg</i>	3	
<i>ritonavir oral tablet 100 mg</i>	3	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 25 MG	4	
SELZENTRY ORAL TABLET 75 MG	5	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (84 EA per 365 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	5	QL (180 EA per 30 days)

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TRIZIVIR ORAL TABLET 300-150-300 MG	5	QL (60 EA per 30 days)
TYBOST ORAL TABLET 150 MG	4	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	3	QL (120 EA per 30 days)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
VEMLIDY ORAL TABLET 25 MG	5	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (84 EA per 365 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	QL (4 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	QL (2 EA per 365 days)
<i>zidovudine oral capsule 100 mg</i>	3	
<i>zidovudine oral syrup 50 mg/5ml</i>	3	
<i>zidovudine oral tablet 300 mg</i>	3	
ANXIOLYTICS		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	*, QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	*, QL (150 EA per 30 days)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	*
<i>buspirone hcl oral tablet 30 mg, 7.5 mg</i>	4	
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	2	QL (900 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	2	QL (360 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	2	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet 10 mg</i>	1	*, QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	1	*, QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	1	*, QL (240 EA per 30 days)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	3	

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<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	*; QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	*; QL (150 EA per 30 days)
BIPOLAR AGENTS		
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	*
<i>lithium carbonate oral tablet 300 mg</i>	1	*
<i>valproic acid oral capsule 250 mg</i>	2	
<i>valproic acid oral solution 250 mg/5ml</i>	2	
BLOOD GLUCOSE REGULATORS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	6	*
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	6	
CYCLOSET ORAL TABLET 0.8 MG	6	
<i>diazoxide oral suspension 50 mg/ml</i>	6	*
FARXIGA ORAL TABLET 10 MG, 5 MG	6	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	*
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	*
<i>glipizide oral tablet 10 mg, 5 mg</i>	6	*
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	*
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	6	ST
<i>glucagon emergency injection kit 1 mg</i>	6	*
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	*
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	*
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	6	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	6	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	6	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	6	
HUMALOG INJECTION SOLUTION 100 UNIT/ML	6	SI
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SI

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HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	SI
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	6	SI
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	6	SI
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	6	SI
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	6	SI
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	SI
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SI
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SI
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	SI
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	SI
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	6	SI
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	6	SI
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	6	SI
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	6	ST
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG	6	ST
INVOKANA ORAL TABLET 100 MG, 300 MG	6	ST
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	6	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	6	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	6	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	6	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	6	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	6	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SI

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LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SI
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SI
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SI
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	6	SI
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	SI
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	*
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	*
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	6	*
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	6	QL (2 ML per 28 days); ST
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	*
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SI
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SI
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	6	SI
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	6	SI
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SI
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	6	SI
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	6	SI
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	6	SI
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	6	SI
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	6	SI
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	6	SI
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	6	QL (1.5 ML per 28 days); ST
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	6	QL (3 ML per 28 days); ST

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OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	6	QL (3 ML per 28 days); ST
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	*
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	*
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	*
RYBELSUS ORAL TABLET 14 MG, 7 MG	6	QL (30 EA per 30 days); ST
RYBELSUS ORAL TABLET 3 MG	6	QL (60 EA per 365 days); ST
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	6	ST; SI
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	6	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	6	PA
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	6	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	6	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	SI
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	6	SI
TRADJENTA ORAL TABLET 5 MG	6	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	6	SI
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	6	SI
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	6	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	6	QL (2 ML per 28 days); ST
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	6	QL (9 ML per 30 days); ST
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	6	
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	3	

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<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
CABLIVI INJECTION KIT 11 MG	5	PA; QL (30 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	*
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	4	QL (35 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	4	QL (28 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	4	QL (10.5 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	4	QL (14 ML per 90 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	4	QL (21 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (28 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	QL (17.5 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (14 ML per 90 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	QL (22.8 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	5	QL (35 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	5	QL (17.5 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	5	QL (21 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	5	QL (25.3 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	QL (7 ML per 90 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML	5	QL (7 ML per 90 days)

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FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	5	QL (10.5 ML per 90 days)
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	*
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
OXBRYTA ORAL TABLET SOLUBLE 300 MG	5	PA; QL (240 EA per 30 days)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; QL (30 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	5	PA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA
<i>tranexamic acid oral tablet 650 mg</i>	3	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	*
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	6	*

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<i>acetazolamide oral tablet 125 mg, 250 mg</i>	6	*
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	*
<i>amiloride hcl oral tablet 5 mg</i>	6	*
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	6	*
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	3	
<i>amiodarone hcl oral tablet 200 mg</i>	1	*
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	*
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	*
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	*
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	6	*
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	6	*
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	6	*
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	*
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	*
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	*
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	6	*
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	6	*
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	6	*
<i>bumetanide injection solution 0.25 mg/ml</i>	6	*
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	*
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; QL (30 EA per 30 days)
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	*
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	6	*
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	*
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	6	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	6	*
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	6	*

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<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	6	*
<i>cholestyramine light oral packet 4 gm</i>	4	
<i>cholestyramine oral packet 4 gm</i>	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	6	*
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	6	*
<i>colesevelam hcl oral tablet 625 mg</i>	4	
<i>colestipol hcl oral packet 5 gm</i>	4	
<i>colestipol hcl oral tablet 1 gm</i>	3	
CORLANOR ORAL SOLUTION 5 MG/5ML	6	PA; QL (450 ML per 30 days)
CORLANOR ORAL TABLET 5 MG, 7.5 MG	6	PA; QL (60 EA per 30 days)
DIGITEK ORAL TABLET 125 MCG, 250 MCG	6	
<i>digoxin oral solution 0.05 mg/ml</i>	6	*
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	6	*
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	6	*
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	6	*
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg</i>	6	*
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	6	*
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	6	*
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	6	*
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA
EDARBI ORAL TABLET 40 MG, 80 MG	6	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	*
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	*
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	6	QL (60 EA per 30 days)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	6	*
<i>ezetimibe oral tablet 10 mg</i>	2	

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ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	6	*
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	6	*
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	6	*
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	6	*
fenofibric acid oral capsule delayed release 135 mg, 45 mg	6	*
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	2	
fluvastatin sodium er oral tablet extended release 24 hour 80 mg	6	*
fluvastatin sodium oral capsule 20 mg, 40 mg	6	*
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	6	*
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	6	*
furosemide injection solution 10 mg/ml, 10 mg/ml (4ml syringe)	6	*
furosemide oral solution 10 mg/ml, 8 mg/ml	6	*
furosemide oral tablet 20 mg, 40 mg, 80 mg	6	*
gemfibrozil oral tablet 600 mg	6	*
guanfacine hcl oral tablet 1 mg, 2 mg	6	*
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	6	*
hydrochlorothiazide oral capsule 12.5 mg	6	*
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	6	*
icosapent ethyl oral capsule 1 gm	4	PA
indapamide oral tablet 1.25 mg, 2.5 mg	6	*
irbesartan oral tablet 150 mg, 300 mg, 75 mg	6	*
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	6	*
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	6	*
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	6	*
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	6	*
isosorbide mononitrate oral tablet 10 mg, 20 mg	6	*
isradipine oral capsule 2.5 mg, 5 mg	6	*
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	5	PA; QL (60 EA per 30 days)

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<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	6	*
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	*
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	*
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	6	ST
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	*
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	*
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	*
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	6	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	*
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	6	*
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	6	*
<i>metyrosine oral capsule 250 mg</i>	5	PA
<i>mexiletine hcl oral capsule 150 mg</i>	3	
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	4	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	*
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	6	*
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	*
MULTAQ ORAL TABLET 400 MG	3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	6	*
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	*
NEXLETOL ORAL TABLET 180 MG	4	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	4	PA; QL (30 EA per 30 days)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	6	*
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	6	*
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	6	*
<i>nimodipine oral capsule 30 mg</i>	6	*
NITRO-BID TRANSDERMAL OINTMENT 2 %	6	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	6	*

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<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	6	*
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	6	*
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	*
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	*
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	3	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	1	*
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	*
<i>pindolol oral tablet 10 mg, 5 mg</i>	6	*
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 ML per 28 days)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	*
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	6	*
PREVALITE ORAL PACKET 4 GM	4	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	6	*
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	6	*
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	*
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	*
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	*
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	6	*
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)

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<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	*
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	*
SORINE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	6	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	6	*
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	6	*
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	6	*
<i>spironolactone-hctz oral tablet 25-25 mg</i>	6	*
TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	*
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	6	*
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	6	*
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	6	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	6	*
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	*
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	6	*
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	6	*
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	6	*
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	*
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	*
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	6	*
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	6	*
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	6	*
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (30 EA per 30 days)
CENTRAL NERVOUS SYSTEM AGENTS		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 25 mg, 5 mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 15 mg, 20 mg, 30 mg</i>	3	QL (60 EA per 30 days)

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<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
<i>atomoxetine hcl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	5	PA; QL (120 EA per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	4	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	4	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	4	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 5 mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	3	QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	5	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral 120 & 240 mg</i>	5	PA; QL (120 EA per 365 days)
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)

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MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA; QL (14 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	4	QL (60 EA per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (90 EA per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML	5	PA; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; QL (1 ML per 28 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	2	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	4	QL (900 ML per 30 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML	5	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
<i>riluzole oral tablet 50 mg</i>	4	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA
<i>tetrabenazine oral tablet 25 mg</i>	5	PA

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VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	5	PA; QL (74 EA per 365 days)
DENTAL AND ORAL AGENTS		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	*
<i>doxycycline hyclate oral tablet 20 mg</i>	2	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3	
DERMATOLOGICAL AGENTS		
AC CUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>acyclovir external ointment 5 %</i>	4	
<i>ala-cort external cream 2.5 %</i>	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	3	
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	
<i>amcinonide external lotion 0.1 %</i>	4	
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	2	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	PA
<i>azelaic acid external gel 15 %</i>	4	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	4	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	3	
<i>betamethasone dipropionate external cream 0.05 %</i>	3	
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	

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<i>betamethasone valerate external ointment 0.1 %</i>	2	
<i>calcipotriene external cream 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	3	QL (60 ML per 30 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; QL (30 EA per 30 days)
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox external solution 8 %</i>	2	PA
<i>ciclopirox olamine external cream 0.77 %</i>	2	
<i>ciclopirox olamine external suspension 0.77 %</i>	3	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	3	
<i>clindamycin phosphate external lotion 1 %</i>	4	QL (75 ML per 30 days)
<i>clindamycin phosphate external solution 1 %</i>	2	QL (60 ML per 30 days)
<i>clobetasol propionate e external cream 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	3	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	3	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	
<i>desonide external cream 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
<i>diclofenac sodium external gel 3 %</i>	4	QL (300 GM per 30 days); ST
<i>ery external pad 2 %</i>	3	
<i>erythromycin external gel 2 %</i>	2	
<i>erythromycin external solution 2 %</i>	3	
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
FINACEA EXTERNAL FOAM 15 %	3	QL (50 GM per 30 days)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	3	
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	
<i>fluocinolone acetonide external solution 0.01 %</i>	3	

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<i>fluocinolone acetonide scalp external oil 0.01 %</i>	3	
<i>fluocinonide external cream 0.05 %</i>	3	
<i>fluocinonide external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	3	
<i>fluocinonide external ointment 0.05 %</i>	3	
<i>fluocinonide external solution 0.05 %</i>	3	
<i>fluorouracil external cream 5 %</i>	2	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %</i>	3	
<i>fluorouracil external solution 5 %</i>	4	
<i>fluticasone propionate external cream 0.05 %</i>	2	
<i>fluticasone propionate external ointment 0.005 %</i>	2	
<i>halobetasol propionate external cream 0.05 %</i>	3	
<i>halobetasol propionate external ointment 0.05 %</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream 0.2 %</i>	3	QL (60 GM per 30 days)
<i>imiquimod external cream 5 %</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
KLISYRI EXTERNAL OINTMENT 1 %	5	ST
<i>malathion external lotion 0.5 %</i>	4	
<i>metronidazole external cream 0.75 %</i>	3	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
<i>metronidazole external lotion 0.75 %</i>	4	
<i>mometasone furoate external cream 0.1 %</i>	2	
<i>mometasone furoate external ointment 0.1 %</i>	2	
<i>mometasone furoate external solution 0.1 %</i>	2	
<i>mupirocin external ointment 2 %</i>	2	QL (110 GM per 30 days)
MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	3	
OPZELURA EXTERNAL CREAM 1.5 %	5	PA; QL (240 GM per 30 days)
<i>permethrin external cream 5 %</i>	3	

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<i>podofilox external solution 0.5 %</i>	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	
<i>silver sulfadiazine external cream 1 %</i>	2	
SSD EXTERNAL CREAM 1 %	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
<i>tazarotene external cream 0.1 %</i>	4	
<i>tretinoin external cream 0.025 %</i>	2	PA
<i>tretinoin external cream 0.05 %</i>	4	PA
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %</i>	3	
<i>triamcinolone acetonide external lotion 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TRIDERM EXTERNAL CREAM 0.1 %, 0.5 %	2	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	4	PA
ELECTROLYTES/MINERALS/METALS/VITAMINS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe)	5	PA
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	4	
<i>calcium acetate oral tablet 667 mg</i>	3	
<i>carglumic acid oral tablet soluble 200 mg</i>	5	
CHEMET ORAL CAPSULE 100 MG	5	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 360 mg</i>	4	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg</i>	5	PA
<i>deferasirox oral tablet soluble 500 mg</i>	4	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	5	PA
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-nacl intravenous solution 5-0.45 %, 5-0.9 %</i>	3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	

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KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	2	
KLOR-CON ORAL PACKET 20 MEQ	4	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	4	
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	BD
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	3	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4	
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	5	
<i>sevelamer carbonate oral tablet 800 mg</i>	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	3	
SPS ORAL SUSPENSION 15 GM/60ML	3	
<i>trientine hcl oral capsule 250 mg</i>	5	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG	5	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	5	
GASTROINTESTINAL AGENTS		
<i>alosectron hcl oral tablet 0.5 mg, 1 mg</i>	4	PA
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM - GM/160ML	3	
<i>constulose oral solution 10 gm/15ml</i>	2	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG	4	QL (30 EA per 30 days)

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<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>dicyclomine hcl oral capsule 10 mg</i>	2	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	4	
<i>dicyclomine hcl oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>enulose oral solution 10 gm/15ml</i>	2	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	4	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
GATTEX SUBCUTANEOUS KIT 5 MG	5	PA
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	2	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	2	
<i>generlac oral solution 10 gm/15ml</i>	2	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	4	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	PA
<i>lactulose oral solution 10 gm/15ml</i>	2	
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	QL (60 EA per 30 days)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>loperamide hcl oral capsule 2 mg</i>	2	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	*
<i>misoprostol oral tablet 100 mcg</i>	2	
<i>misoprostol oral tablet 200 mcg</i>	3	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	
<i>omeprazole oral capsule delayed release 10 mg</i>	2	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 20 mg, 40 mg</i>	1	*, QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	*, QL (60 EA per 30 days)

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<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3	QL (60 EA per 30 days)
RECTIV RECTAL OINTMENT 0.4 %	4	
RELISTOR ORAL TABLET 150 MG	5	QL (90 EA per 30 days); ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	QL (18 ML per 30 days); ST
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	QL (12 ML per 30 days); ST
<i>sucralfate oral suspension 1 gm/10ml</i>	4	
<i>sucralfate oral tablet 1 gm</i>	2	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML	3	
<i>ursodiol oral capsule 300 mg</i>	4	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	4	
XERMELO ORAL TABLET 250 MG	5	PA; QL (90 EA per 30 days)
XIFAXAN ORAL TABLET 200 MG, 550 MG	5	PA
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	5	PA
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	
ORFADIN ORAL CAPSULE 20 MG	5	
ORFADIN ORAL SUSPENSION 4 MG/ML	5	

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PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	5	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
GENITOURINARY AGENTS		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	4	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	6	*
<i>dutasteride oral capsule 0.5 mg</i>	2	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	4	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>finasteride oral tablet 5 mg</i>	1	*
<i>flavoxate hcl oral tablet 100 mg</i>	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>penicillamine oral tablet 250 mg</i>	5	
<i>silodosin oral capsule 4 mg, 8 mg</i>	4	

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<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG	5	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	3	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	3	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	4	
<i>trospium chloride oral tablet 20 mg</i>	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml</i>	3	
<i>prednisone oral solution 5 mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	*
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	4	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA

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GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	5	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	5	PA
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)		
KORLYM ORAL TABLET 300 MG	6	PA; QL (120 EA per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	3	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	3	
AMABELZ ORAL TABLET 0.5-0.1 MG, 1-0.5 MG	4	
AMETHIA ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	3	PA
ASHLYNA ORAL TABLET 0.15-0.03 & 0.01 MG	4	QL (91 EA per 91 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	3	
AVIANE ORAL TABLET 0.1-20 MG-MCG	3	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	3	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	
CAMILA ORAL TABLET 0.35 MG	3	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	4	QL (91 EA per 91 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
CRYSSELLE-28 ORAL TABLET 0.3-30 MG-MCG	3	
<i>danazol oral capsule 100 mg, 50 mg</i>	3	
<i>danazol oral capsule 200 mg</i>	4	
DEBLITANE ORAL TABLET 0.35 MG	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	4	QL (0.65 ML per 90 days)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	

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DOLISHALE ORAL TABLET 90-20 MCG	3	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	
ENPRESSE-28 ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
ERRIN ORAL TABLET 0.35 MG	3	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1- 0.5 mg</i>	4	
ESTRING VAGINAL RING 2 MG	4	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
FALMINA ORAL TABLET 0.1-20 MG-MCG	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR	4	QL (1 EA per 90 days)
FEMYNOR ORAL TABLET 0.25-35 MG-MCG	3	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG- MCG	4	
ICLEVIA ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
INCASSIA ORAL TABLET 0.35 MG	3	
INTROVALE ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
JINTELI ORAL TABLET 1-5 MG-MCG	4	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	3	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	3	
KELNOR 1/50 ORAL TABLET 1-50 MG-MCG	3	
KURVELO ORAL TABLET 0.15-30 MG-MCG	3	

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LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
LARISSIA ORAL TABLET 0.1-20 MG-MCG	3	
LESSINA ORAL TABLET 0.1-20 MG-MCG	3	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	4	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	3	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	3	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	3	
LUTERA ORAL TABLET 0.1-20 MG-MCG	3	
LYLEQ ORAL TABLET 0.35 MG	3	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	4	
LYZA ORAL TABLET 0.35 MG	3	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	*
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	PA
<i>megestrol acetate oral suspension 625 mg/5ml</i>	4	PA
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	PA
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	3	

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MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	3	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	3	
MILI ORAL TABLET 0.25-35 MG-MCG	3	
MIMVEY ORAL TABLET 1-0.5 MG	4	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORA-BE ORAL TABLET 0.35 MG	3	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	3	
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	3	
<i>norethindrone oral tablet 0.35 mg</i>	3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	3	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	3	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	3	
NYMYO ORAL TABLET 0.25-35 MG-MCG	3	
OSPHENA ORAL TABLET 60 MG	3	PA; QL (30 EA per 30 days)
<i>oxandrolone oral tablet 10 mg</i>	4	PA; QL (60 EA per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; QL (240 EA per 30 days)
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	3	
PIRMELLA 1/35 ORAL TABLET 1-35 MG-MCG	3	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	4	
PREMPHASE ORAL TABLET 0.625-5 MG	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	

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<i>raloxifene hcl oral tablet 60 mg</i>	2	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	4	QL (91 EA per 91 days)
SETLAKIN ORAL TABLET 0.15-0.03 MG	4	QL (91 EA per 91 days)
SHAROBEL ORAL TABLET 0.35 MG	3	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	3	
SRONYX ORAL TABLET 0.1-20 MG-MCG	3	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	3	PA
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-NYMYO ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
TRIVORA (28) ORAL TABLET 50-30/75-40/ 125-30 MCG	3	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	3	
VIENVA ORAL TABLET 0.1-20 MG-MCG	3	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	3	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	3	
YUVAFEM VAGINAL TABLET 10 MCG	4	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	3	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

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<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)		
LYSODREN ORAL TABLET 500 MG	5	
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)		
<i>cabergoline oral tablet 0.5 mg</i>	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; QL (1 EA per 168 days)
MYFEMBREE ORAL TABLET 40-1-0.5 MG	5	PA; QL (30 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
ORGOVYX ORAL TABLET 120 MG	5	PA
ORLISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 ML per 30 days)

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SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
SYNAREL NASAL SOLUTION 2 MG/ML	5	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	5	PA; QL (1 EA per 168 days)
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
IMMUNOLOGICAL AGENTS		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	5	PA
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	6	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (4 ML per 28 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
<i>azathioprine oral tablet 100 mg, 75 mg</i>	4	BD
<i>azathioprine oral tablet 50 mg</i>	2	BD
<i>bcg vaccine injection solution reconstituted 50 mg</i>	6	*
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	6	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	6	
CIMZIA PREFILLED SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA

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COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	BD
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	BD
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	BD
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	6	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 Iu/0.5ml</i>	6	*
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML, 20 MCG/ML (PREFILLED SYRINGE)	6	BD
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	BD
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	BD

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<i>everolimus oral tablet 0.25 mg</i>	4	BD
<i>everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	BD
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
GARDASIL 9 INTRAMUSCULAR SUSPENSION	6	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	4	BD
GENGRAF ORAL SOLUTION 100 MG/ML	4	BD
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML	6	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	6	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	6	BD
INFANRIX INTRAMUSCULAR SUSPENSION 25-58- 10	6	
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	PA
IPOL INJECTION INJECTABLE	6	

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IXIARO INTRAMUSCULAR SUSPENSION	6	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
MENACTRA INTRAMUSCULAR SOLUTION	6	
MENQUADFI INTRAMUSCULAR SOLUTION	6	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	6	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	6	
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	BD
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	BD
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	BD
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	6	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED , (96-30-68-1-80-2-16-3-64-20 VAR UNITS)	6	
<i>prehevbrio intramuscular suspension 10 mcg/ml</i>	6	*, BD
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
PROGRAF ORAL PACKET 0.2 MG	4	BD
PROGRAF ORAL PACKET 1 MG	5	BD

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PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	6	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	6	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	6	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	6	BD
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML, 5 MCG/0.5ML (PREFILLED SYRINGE)	6	BD
REZUROCK ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
ROTARIX ORAL SUSPENSION RECONSTITUTED	6	
ROTATEQ ORAL SOLUTION	6	
SAJAZIR SUBCUTANEOUS SOLUTION 30 MG/3ML	5	PA
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	BD
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	6	
<i>sirolimus oral solution 1 mg/ml</i>	5	BD
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	BD
<i>sirolimus oral tablet 2 mg</i>	5	BD
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT 75 MG/0.83ML	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (0.5 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; QL (0.5 ML per 56 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; QL (1 ML per 56 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	BD
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	6	

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TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	6	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	6	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	6	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	6	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	6	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	6	
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (300 ML per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (30 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	6	
INFLAMMATORY BOWEL DISEASE AGENTS		
<i>balsalazide disodium oral capsule 750 mg</i>	4	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	4	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	4	
<i>mesalamine rectal enema 4 gm</i>	4	

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<i>mesalamine rectal suppository 1000 mg</i>	4	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	2	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	2	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	2	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG	5	PA; QL (120 EA per 30 days)
METABOLIC BONE DISEASE AGENTS		
<i>alendronate sodium oral solution 70 mg/75ml</i>	4	
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	1	*
<i>alendronate sodium oral tablet 70 mg</i>	1	*; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	
<i>cinacalcet hcl oral tablet 90 mg</i>	5	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; QL (2 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	
<i>risedronate sodium oral tablet 150 mg</i>	4	QL (1 EA per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	4	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 EA per 28 days)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	4	QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA

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MISCELLANEOUS THERAPEUTIC AGENTS		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	6	QL (200 EA per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	6	QL (200 EA per 30 days)
<i>cvs gauze sterile pad 2"x2"</i>	6	*
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	6	QL (200 EA per 30 days)
<i>global alcohol prep ease pad 70 %</i>	6	*
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; QL (90 ML per 30 days)
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	BD
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	6	*, QL (200 EA per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML	6	QL (200 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	2	
TAVNEOS ORAL CAPSULE 10 MG	5	PA; QL (180 EA per 30 days)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	5	PA; QL (28 EA per 28 days)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA; QL (56 EA per 28 days)
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG	5	PA; QL (30 EA per 30 days)
OPHTHALMIC AGENTS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	6	*
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	4	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic suspension 1 %</i>	4	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	

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<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	PA; QL (60 ML per 28 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	3	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
FLAREX OPHTHALMIC SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	3	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	
FML OPHTHALMIC OINTMENT 0.1 %	3	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	QL (4 ML per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	*
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 %	4	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	4	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	6	*
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	

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<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	*
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	
PROLENSA OPHTHALMIC SOLUTION 0.07 %	4	QL (12 ML per 365 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	QL (2.5 ML per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	3	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	4	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	*
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	4	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	4	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	*
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	
<i>trifluridine ophthalmic solution 1 %</i>	4	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 ML per 25 days)
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	
OTIC AGENTS		
<i>acetic acid otic solution 2 %</i>	2	

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<i>ciprofloxacin hcl otic solution 0.2 %</i>	4	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	4	
FLAC OTIC OIL 0.01 %	3	
<i>fluocinolone acetonide otic oil 0.01 %</i>	3	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	3	
RESPIRATORY TRACT/PULMONARY AGENTS		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	4	BD
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	BD; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	BD; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	BD; QL (100 EA per 30 days)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	4	
ALYQ ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	QL (60 EA per 30 days)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	4	QL (1 EA per 30 days)

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ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	4	QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	4	QL (13 GM per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
<i>azelastine hcl nasal solution 0.1 %</i>	2	QL (60 ML per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	3	QL (60 ML per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	QL (60 EA per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	BD; QL (120 ML per 30 days)
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	5	BD
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	PA
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	3	
ESBRIET ORAL CAPSULE 267 MG	5	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	5	PA
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	QL (21.2 GM per 30 days)

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<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	QL (50 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	*
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	4	BD; QL (120 ML per 30 days)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	BD; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	2	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	BD; QL (540 ML per 30 days)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG	5	PA
KALYDECO ORAL TABLET 150 MG	5	PA
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	4	BD; QL (540 ML per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	4	BD; QL (90 EA per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	4	BD; QL (270 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	3	QL (30 GM per 30 days)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION 25 MCG/ML	5	QL (60 ML per 30 days)
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
<i>montelukast sodium oral packet 4 mg</i>	2	
<i>montelukast sodium oral tablet 10 mg</i>	1	*
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 EA per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA

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OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG	5	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	QL (17 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	QL (2 EA per 30 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	PA
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	4	QL (21.2 GM per 30 days); ST
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	QL (60 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG	3	QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (24 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	3	QL (12 GM per 30 days)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	3	QL (13.8 GM per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA; QL (56 EA per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA; QL (60 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	4	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	
TOBI PODHALER INHALATION CAPSULE 28 MG	5	QL (224 EA per 56 days)

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TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH, 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	5	PA; QL (84 EA per 28 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML	5	PA; QL (270 ML per 30 days)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 EA per 30 days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	5	BD; QL (90 ML per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
SKELTAL MUSCLE RELAXANTS		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	4	
SLEEP DISORDER AGENTS		
<i>armodafinil oral tablet 150 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>armodafinil oral tablet 50 mg</i>	3	PA; QL (60 EA per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	QL (30 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>ramelteon oral tablet 8 mg</i>	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 EA per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; QL (540 ML per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)

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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-965-1965. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-965-1965. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-965-1965。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-965-1965。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-965-1965. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-965-1965. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-965-1965 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-965-1965. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-965-1965번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-965-1965. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية 1-888-965-1965 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-965-1965 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-965-1965. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-965-1965. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-965-1965. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-965-1965. Ta usługa jest bezpłatna.

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Visit HealthTeam Advantage Diabetes & Heart Care Plan at healthteamadvantage.com.

HEALTHCARE CONCIERGE

Current HealthTeam Advantage Diabetes & Heart Care members call your Healthcare Concierge toll-free at 888-965-1965 for questions related to your HealthTeam Advantage Diabetes & Heart Care Medicare Advantage Plan from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

SALES INFORMATION

Prospective members call toll-free 855-547-0344 for questions related to HealthTeam Advantage Diabetes & Heart Care Medicare Advantage Plans from October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday.

TTY USERS

TTY users call toll-free 711 for questions related to Medicare Advantage Plans.

PRESCRIPTION DRUG BENEFIT

Current HealthTeam Advantage Diabetes & Heart Care members call toll-free 888-965-1965 for questions related to your HealthTeam Advantage Diabetes & Heart Care Part D Prescription Drug Benefit. Prospective members call toll-free 855-547-0344 for questions related to the HealthTeam Advantage Diabetes & Heart Care Part D Prescription Drug Benefit.

MEDICARE INFORMATION

For more information about Medicare, call Medicare at 1-800-Medicare (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, seven days a week or visit medicare.gov.

Formulary ID: 00023451, Version Number 6

This formulary was updated on 12/19/2022. For more recent information or other questions, please contact us, HealthTeam Advantage Diabetes & Heart Care HealthCare Concierge at 888-965-1965 (TTY users should call 711), October 1 - March 31, 8 a.m. to 8 p.m. ET, seven days a week, or April 1 - September 30, 8 a.m. to 8 p.m. ET, Monday through Friday, or visit healthteamadvantage.com.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call your HealthCare Concierge for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$0 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

HealthTeam Advantage, a product of Care N' Care Insurance Company of North Carolina, Inc., is a PPO and HMO Medicare Advantage plan with a Medicare contract. Enrollment in HealthTeam Advantage depends on contract renewal.