



Molina Medicare Complete Care (HMO D-SNP)

Molina Medicare Complete Care Select (HMO D-SNP)

2024 Formulary / Formulario para 2024

(List of Covered Drugs) / (Lista de medicamentos cubiertos)

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

HPMS Approved Formulary File Submission ID 00024170, Version Number 11

This formulary was updated on 05/01/2024. For more recent information or other questions, please contact Molina Medicare Complete Care, and Molina Medicare Complete Care Select Member Service at (800) 665-3086 (TTY users should call 711), October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

**LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Identificación de Presentación del Archivo del Formulario Aprobado por el Sistema de Administración de Planes de Salud (HPMS): 00024170, Versión 11

Este formulario se actualizó el 05/01/2024. Para obtener información actualizada, o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Complete Care, and Molina Medicare Complete Care Select al (800) 665-3086, los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8 a. m. a 8 p. m., hora local, o puede visitar MolinaHealthcare.com/Medicare.

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 Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Complete Care, and Molina Medicare Complete Care Select.

This document includes list of the drugs (formulary) for our plan which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the Molina Medicare Complete Care, and Molina Medicare Complete Care Select Formulary?

A formulary is a list of covered drugs selected by our plan 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. our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 Molina Medicare Complete Care, and Molina Medicare Complete Care Select, 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 our plan 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 Molina Medicare Complete Care, and Molina Medicare Complete Care Select’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 new generic drug 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 31-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 Molina Medicare Complete Care, and Molina Medicare Complete Care Select's Formulary?"

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

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 12. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page number 12. 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 99. 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?

our plan 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:** our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per 30 days per prescription for esomeprazole 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 12. 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 our plan 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 Molina Medicare Complete Care, and Molina Medicare Complete Care Select's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Molina Medicare Complete Care, and Molina Medicare Complete Care Select's Formulary?

You can ask our plan 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, our plan 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, or utilization restriction exception. **When you request a formulary, 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

our plan will provide a temporary at least 31-day fill (unless the prescription is written for less than a 31 day supply or the prescription is dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits based on approved product labeling, in which case Molina Medicare will allow multiple fills to provide up to a total of 31 days of medication) in an Long Term Care setting any time during the first 90 days of member's enrollment, beginning on the enrollee's effective date of coverage.

For more information

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

If you have questions about our plan, 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>.

Molina Medicare Complete Care, and Molina Medicare Complete Care Select Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 99.

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

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

PA = Prior Authorization (approval): you must have approval before you can get this drug.

QL = Quantity Limits: the amount of the drug that the plan will cover.

ST = Step Therapy Criteria: you must try another drug before you can get this one.

NM = Non-Mail Order: this drug cannot be filled through mail order.

B/D = This drug may be covered under Medicare Part B or D depending upon the circumstances.

LA = Limited Access Drug: this drug may be available only at certain pharmacies.

_ = Non-Part D Drugs, or OTC items that are covered by Medicaid.

NDS = Non-Extended Days Supply: you will be limited to how many days supply you can receive.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, significa Molina Healthcare. Cuando dice “el plan” o “nuestro plan” se refiere a Molina Medicare Complete Care, and Molina Medicare Complete Care Select.

En este documento, se incluye una Lista de medicamentos (formulario) de nuestro plan, la cual está vigente a partir del 05/01/2024. Para recibir una versión actualizada del formulario, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Por lo general, debe utilizar farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero del 2024 y de vez en cuando durante el año.

¿Qué es el formulario de Molina Medicare Complete Care, and Molina Medicare Complete Care Select?

Un formulario es una Lista de medicamentos cubiertos seleccionados por nuestro plan con el asesoramiento de un equipo de proveedores de atención médica, que representa los tratamientos recetados que se consideran parte necesaria de un programa de tratamiento de calidad. Por lo general, nuestro plan cubrirá los medicamentos que aparecen en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta médica se surta en una farmacia de la red de plan y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de Cobertura.

Para obtener una lista completa de todos los medicamentos recetados cubiertos por nuestro plan, visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

¿Puede cambiar el formulario (Lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de enero, pero nuestro plan puede agregar o eliminar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes categorías de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare en la elaboración de estos cambios.

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

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca registrada de nuestra Lista de medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en la misma categoría de costos compartidos o en una categoría inferior, y con las mismas o menos restricciones. O, si agregamos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca registrada en nuestra Lista de medicamentos, pero inmediatamente pasarlo a una categoría de costo compartido diferente o agregar nuevas restricciones. Si usted está tomando el medicamento de marca registrada, es posible que no le avisemos antes de realizar ese cambio, pero luego le proporcionaremos información sobre los cambios específicos que realizamos.

- Si llevamos a cabo ese cambio, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. En el aviso que le proporcionamos, también se incluirá información sobre cómo solicitar una excepción. Además, puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Molina Medicare Complete Care, and Molina Medicare Complete Care Select?”

Medicamentos retirados del mercado. Además, si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro, o si el fabricante del medicamento retira el medicamento del mercado, podemos eliminarlo inmediatamente de nuestro formulario y notificar a los miembros que lo toman.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que están tomando el medicamento. Por ejemplo, podríamos agregar un medicamento genérico nuevo para reemplazar un medicamento de marca registrada que esté actualmente en el formulario o agregar nuevas restricciones al medicamento de marca registrada, o cambiarlo a una nueva categoría de costo compartido, o ambos. O podemos hacer cambios según las nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o agregamos restricciones de autorización previa, límites de cantidad o terapia escalonada para un medicamento, o si movemos un medicamento a una categoría de costo compartido más alta, debemos notificar a los miembros afectados sobre el cambio, al menos, 30 días antes de que el cambio entre en vigor o cuando el miembro solicite una renovación del medicamento, momento en el cual el miembro recibirá un suministro de 31 días del medicamento.
 - Si realizamos estos otros cambios, usted o su recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al formulario Molina Medicare Complete Care, and Molina Medicare Complete Care Select?”

Cambios que no le afectarán si está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario para el 2024 que estaba cubierto al principio del año, no reduciremos ni dejaremos de ofrecer la cobertura de ese medicamento durante el año de cobertura 2024, excepto según lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no le afecten. Sin embargo, el 1.º de enero del año siguiente, dichos cambios le afectarán, y es importante revisar la Lista de medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente a partir del 05/01/2024. Para obtener información actualizada sobre los medicamentos que nuestro plan cubre, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo uso el formulario?

Hay dos maneras de encontrar un medicamento en el formulario:

Enfermedad

El formulario comienza en la página 12. Los medicamentos de este formulario se agrupan en categorías según el tipo de enfermedades que tratan normalmente. Por ejemplo, los medicamentos que se utilizan para tratar una enfermedad cardíaca se enumeran en la categoría Cardiovascular. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página número 12. Luego, busque en el nombre de la categoría que corresponda a su medicamento.

Orden alfabético

Si no está seguro de en qué grupo debe buscar, busque su medicamento en el Índice que comienza en la página 99. En el Índice, se proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Los medicamentos de marca y los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Nuestro plan cubre medicamentos de marca registrada y medicamentos genéricos. Un medicamento genérico está aprobado por la FDA y contiene el mismo principio activo que el medicamento de marca registrada. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca registrada.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales en relación con la cobertura. A continuación, se indican algunos de estos requisitos y límites:

- **Autorización Previa:** Nuestro plan exige que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de nuestro plan antes de surtir sus recetas médicas. Si no recibe la aprobación, es posible que nuestro plan no cubra el medicamento.
- **Límites de Cantidad:** en el caso de ciertos medicamentos, nuestro plan limita la cantidad de medicamento que nuestro plan cubrirá. Por ejemplo, nuestro plan proporciona 30 comprimidos cada 30 días por receta de esomeprazol 40 mg. Esto puede sumarse al suministro estándar para uno o tres meses.
- **Terapia escalonada:** En algunos casos, nuestro plan exige que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, es posible

que nuestro plan no cubra el Medicamento B, a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, entonces nuestro plan cubrirá el Medicamento B.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta el formulario que comienza en la página 12. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestro sitio web. Publicamos documentos en línea en los que se explican nuestras restricciones de autorización previa y terapia escalonada. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a nuestro plan que haga una excepción a estas restricciones o límites, o que haga una excepción para una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección “¿Cómo solicito una excepción a la fórmula de Molina Medicare Complete Care, and Molina Medicare Complete Care Select” en la página 9 para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no se encuentra en el Formulario?

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

Si se entera de que nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Departamento de Servicios para Miembros una Lista de medicamentos similares que nuestro plan cubre. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por nuestro plan.
- Puede solicitarle a nuestro plan que haga una excepción y que cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario Molina Medicare Complete Care, and Molina Medicare Complete Care Select?

Puede solicitar a nuestro plan que haga una excepción a nuestras reglas de cobertura. Existen varios tipos de excepciones que puede solicitarnos que hagamos.

- Por ejemplo, puede solicitarnos que cubramos un medicamento, aunque no se encuentre en el formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costo compartido, y no podrá pedirnos que proporcionemos el medicamento a un nivel de costo compartido menor.
- Puede solicitarnos que no apliquemos restricciones o límites de cobertura a su medicamento. Por ejemplo, en el caso de ciertos medicamentos, nuestro plan limita la cantidad de medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitar que no apliquemos el límite y que otorguemos una mayor cobertura.

Por lo general, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de costo compartido más bajo o las restricciones de utilización adicionales son menos eficaces para tratar su afección o tienen efectos médicos adversos en usted.

Debe comunicarse con nosotros para solicitar una decisión de cobertura inicial para un formulario o una excepción de restricción de utilización. **Cuando solicite una excepción de formulario o de restricción de utilización debe enviar una declaración de su recetador o de un médico que respalde su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la obtención de la declaración de respaldo de su recetador. Puede solicitar una apelación acelerada (rápida) si usted o su médico creen que su salud se podría ver gravemente perjudicada si espera hasta 72 horas para recibir la decisión. Si se acepta su solicitud acelerada, deberemos comunicarle nuestra decisión en un plazo no superior a 24 horas después de haber recibido una declaración de respaldo de su médico u otro recetador.

¿Qué hago antes de hablar con mi médico sobre el cambio de medicamentos o la solicitud de una excepción?

Como miembro nuevo o continuo en nuestro plan, podría estar tomando medicamentos que no están en nuestro formulario. O bien es posible que esté tomando un medicamento que esté en nuestro formulario, pero su capacidad para obtenerlo sea limitada. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de poder surtir su receta médica. Debe hablar con su médico para decidir si debe cambiarse a un medicamento apropiado que cubramos o solicitar una excepción de formulario con el fin de cubrir el medicamento que usted toma. Mientras habla con su médico para determinar el curso de acción adecuado en su caso, es posible que cubramos su medicamento en ciertos casos durante los primeros [90] días en que es miembro de nuestro plan.

En el caso de cada uno de los medicamentos que no se encuentran en nuestro formulario, o si su capacidad para conseguir sus medicamentos es limitada, cubriremos un suministro provisional de 31 días. Si su receta médica está escrita para menos días, permitiremos varias renovaciones con el objetivo de proveer hasta un máximo de 31 días de suministro del medicamento. Después de su primer suministro de 31 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan durante un período inferior a 90 días.

Si es residente de un establecimiento de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para recibir medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras se presenta una excepción de formulario.

Nuestro plan proporcionará una renovación provisional de, al menos, 31 días (a menos que la receta médica se emita por menos de un suministro de 31 días o que la receta médica se dispense por un monto menor que el escrito debido a los límites de cantidad para fines de seguridad o las ediciones de utilización de medicamentos en función del etiquetado aprobado del producto, en cuyo caso Molina Medicare permitirá varias renovaciones para proporcionar un total de hasta 31 días de medicamentos) en un entorno de atención a largo plazo en cualquier momento durante los primeros 90 días de la inscripción del miembro a partir de la fecha de cobertura vigente del inscrito.

Para obtener más información

Para obtener información más detallada acerca de su cobertura de medicamentos recetados de su plan, revise la Evidencia de Cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

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

Formulario Molina Medicare Complete Care, and Molina Medicare Complete Care Select

En el formulario a continuación, se proporciona información de cobertura respecto a los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar el medicamento en la lista, consulte el Índice que comienza en la página 99.

En la primera columna de la tabla, se indica el nombre del medicamento. Los medicamentos de marca registrada aparecen en mayúsculas (p. ej., CIPRO) y los medicamentos genéricos aparecen en minúsculas y cursiva (p. ej., ciprofloxacina).

La información en la columna Requisitos/Límites indica si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

PA = autorización previa (prior authorization) (aprobación): debe obtener una aprobación para recibir este medicamento.

QL = Límites de Cantidad (Quantity Limits): la cantidad de medicamentos que cubrirá el plan.

ST = Criterios de Terapia Escalonada (Step Therapy Criteria): debe probar otro medicamento antes de obtener este.

NM = Pedido sin Envío (Non-Mail Order): este medicamento no se puede adquirir por correo.

B/D = este medicamento puede estar cubierto bajo Medicare Parte B o D, según las circunstancias.

LA = Medicamento de Acceso Limitado (Limited Access Drug): es posible que este medicamento solo esté disponible en algunas farmacias.

_ = Medicamentos No Incluidos en la Parte D o elementos OTC cubiertos por Medicaid.

NDS = Suministro sin Extensión de Días (Non-Extended Days Supply): se limitará la cantidad de días de suministro que puede recibir.

MOLINA_CY24_1T_SNP eff 05/01/2024

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

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

NSAIDS

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

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 5.

Puede encontrar información sobre el significado de los símbolos y las abreviaturas en esta tabla consultando la página 11.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab 2.5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	1	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	1	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	1	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	1	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	1	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	1	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CAPS 5mg	1	QL (180 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	1	QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
<i>ivermectin TABS 3mg</i>	1	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	1	
<i>linezolid SUSR 100mg/5ml</i>	1	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem SOLR 1gm, 500mg</i>	1	
<i>methenamine hippurate TABS 1gm</i>	1	
<i>metronidazole SOLN 500mg/100ml; TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	1	
<i>nitazoxanide TABS 500mg</i>	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	1	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	1	
<i>pentamidine isethionate inh SOLR 300mg</i>	1	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	1	
<i>praziquantel TABS 600mg</i>	1	
SIVEXTRO SOLR 200mg; TABS 200mg	1	NDS
<i>streptomycin sulfate SOLR 1gm</i>	1	NDS
<i>sulfadiazine TABS 500mg</i>	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	1	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	1	
<i>trimethoprim TABS 100mg</i>	1	
<i>vancomycin hcl CAPS 125mg</i>	1	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	1	QL (160 caps / 180 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	1	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NDS, NM
TRIUMEQ TAB	1	NDS, NM
TRIZIVIR TAB	1	NDS, NM

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	1	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	1	
<i>isoniazid</i> SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide</i> TABS 500mg	1	
<i>rifabutin</i> CAPS 150mg	1	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, LA, PA
TRECTOR TABS 250mg	1	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	B/D
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	1	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VEMLIDY TABS 25mg	1	NDS, NM
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
e.e.s. 400 TABS 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythrocin stearate</i> TABS 250mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	1	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	1	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
<i>PEN GK/DEXTR INJ 40000/ML</i>	1	
<i>PEN GK/DEXTR INJ 60000/ML</i>	1	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	1	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	1	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	1	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	1	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	1	NDS, NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	1	PA
<i>tigecycline SOLR 50mg</i>	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	1	NDS, B/D, NM, LA

Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	1	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	1	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS, B/D
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	B/D
<i>oxaliplatin</i> SOLR 100mg	1	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	1	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	1	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	1	NDS, B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	1	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	1	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	1	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	1	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS, B/D
PURIXAN SUSP 2000mg/100ml	1	NDS, NM, LA
TABLOID TABS 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	1	NDS, NM, LA, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	1	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	1	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	1	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	1	NDS, B/D, NM
<i>vincristine sulfate SOLN 1mg/ml</i>	1	B/D
<i>vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml</i>	1	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	1	NDS, NM, PA
<i>bortezomib SOLR 3.5mg</i>	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	1	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	1	NDS, NM, LA, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	1	NDS, NM, LA, PA
OGIVRI INJ 420MG	1	NDS, NM, LA, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	1	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, LA, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	1	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	1	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	1	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	1	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	1	
MESNEX TABS 400mg	1	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>captopril</i> TABS 12.5mg, 25mg, 50mg, 100mg	1	
<i>enalapril maleate</i> TABS 2.5mg, 5mg, 10mg, 20mg	1	
<i>fosinopril sodium</i> TABS 10mg, 20mg, 40mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i> TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
<i>moexipril hcl</i> TABS 7.5mg, 15mg	1	
<i>perindopril erbumine</i> TABS 2mg, 4mg, 8mg	1	
<i>quinapril hcl</i> TABS 5mg, 10mg, 20mg, 40mg	1	
<i>ramipril</i> CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
<i>trandolapril</i> TABS 1mg, 2mg, 4mg	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>epplerenone</i> TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>spironolactone</i> TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate</i> TABS 1mg, 2mg, 4mg, 8mg	1	
<i>prazosin hcl</i> CAPS 1mg, 2mg, 5mg	1	
<i>terazosin hcl</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 5-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-20 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab</i> 10-40 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 5-320 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-160 mg	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab</i> 10-320 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 16-12.5 mg	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-12.5 mg	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab</i> 32-25 mg	1	QL (30 tabs / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 150-12.5 mg	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab</i> 300-12.5 mg	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab</i> 50-12.5 mg	1	
<i>losartan potassium & hydrochlorothiazide tab</i> 100-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM

Drug Name	Drug Tier	Requirements/Limits
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	1	
NORPACE CR CP12 100mg, 150mg	1	
<i>pacerone</i> TABS 100mg, 200mg, 400mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	1	
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	
<i>isradipine</i> CAPS 2.5mg, 5mg	1	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	
<i>nimodipine</i> CAPS 30mg	1	
NYMALIZE SOLN 6mg/ml	1	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml	1	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
<i>metyrosine</i> CAPS 250mg	1	NDS, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>NITRATES</i>		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
<i>PULMONARY ARTERIAL HYPERTENSION</i>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	1	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	1	NDS, NM, LA, PA
CENTRAL NERVOUS SYSTEM		
<i>ANTI-ANXIETY</i>		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>bupirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, LA, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	1	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	1	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	1	QL (2 packs / year)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	1	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	1	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	1	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	1	
DILANTIN INFATABS CHEW 50mg	1	
DILANTIN-125 SUSP 125mg/5ml	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml	1	NDS
<i>felbamate</i> TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepira</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, LA, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon</i> CAPS 20mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUEDEXTA CAP 20-10MG	1	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

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

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	1	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	1	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
<i>naltrexone hcl</i> TABS 50mg	1	
NICOTROL INHALER INHA 10mg	1	
NICOTROL NS SOLN 10mg/ml	1	
<i>varenicline tartrate</i> TABS .5mg, 1mg	1	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	1	QL (2 packs / year), PA
VIVITROL SUSR 380mg	1	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>methyltestosterone</i> CAPS 10mg	1	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	1	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	1	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	1	PA
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	1	
BYDUREON BCISE AUIJ 2mg/0.85ml	1	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	1	QL (1 pen / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
FARXIGA TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	1	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	1	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	1	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	1	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	1	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	1	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	1	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	1	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	1	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	1	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	1	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	1	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	1	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	1	QL (1 pen / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	1	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	1	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	1	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	1	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	1	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
BD ALCOHOL SWABS	1	
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	B/D
GAUZE PADS 2" X 2"	1	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD/NOVO	1	
INSULIN SAFETY NEEDLES	1	
INSULIN SYRINGES: BD	1	
LANTUS SOLN 100unit/ml	1	
LANTUS SOLOSTAR SOPN 100unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	

Drug Name	Drug Tier	Requirements/Limits
V-GO 20 KIT	1	QL (30 devices / 30 days), PA
V-GO 30 KIT	1	QL (30 devices / 30 days), PA
V-GO 40 KIT	1	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml; TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	B/D
<i>ibandronate sodium</i> TABS 150mg	1	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	1	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg; TBEC 35mg	1	
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	1	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	1	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	1	NM, PA
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	1	
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila TABS .35mg</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane TABS .35mg</i>	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin TABS .35mg</i>	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ENDOMETRIOSIS		
<i>danazol</i> CAPS 50mg, 100mg, 200mg	1	
SYNAREL SOLN 2mg/ml	1	NDS, PA
ESTROGENS		
<i>amabelz tab 0.5-0.1mg</i>	1	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	B/D
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	1	B/D
<i>methylprednisolone</i> TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	B/D
<i>prednisolone</i> SOLN 15mg/5ml	1	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	B/D
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	1	
GVOKE KIT SOLN 1mg/0.2ml	1	
GVOKE PFS SOSY 1mg/0.2ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	1	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, LA, PA
CERDELGA CAPS 84mg	1	NDS, NM, LA, PA
CEREZYME SOLR 400unit	1	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, LA, PA
<i>javvygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, LA, PA
KORLYM TABS 300mg	1	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	B/D
LUMIZYME SOLR 50mg	1	NDS, NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	1	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
<i>miglustat</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, LA, PA
<i>yargesa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder)</i> CAPS 667mg	1	QL (360 caps / 30 days)
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1	QL (360 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 500mg, 1000mg	1	QL (90 tabs / 30 days)
<i>lanthanum carbonate</i> CHEW 750mg	1	QL (180 tabs / 30 days)
<i>sevelamer carbonate</i> PACK 2.4gm	1	QL (180 packets / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate</i> PACK .8gm	1	QL (540 packets / 30 days)
<i>sevelamer carbonate</i> TABS 800mg	1	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	1	NDS, QL (180 tabs / 30 days)
PROGESTINS		
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	1	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	1	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPR 30mcg	1	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	1	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	B/D
<i>compro</i> SUPP 25mg	1	

Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
<i>granisetron hcl</i> TABS 1mg	1	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
<i>prochlorperazine</i> SUPP 25mg	1	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	1	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	1	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA if 70 years and older

ANTISPASMODICS

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

H2-RECEPTOR ANTAGONISTS

<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	1	
<i>famotidine</i> SUSR 40mg/5ml	1	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	1	
<i>nizatidine</i> CAPS 150mg, 300mg	1	

INFLAMMATORY BOWEL DISEASE

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
MISCELLANEOUS		
<i>alose tron hcl</i> TABS .5mg, 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	1	
<i>misoprostol</i> TABS 100mcg, 200mcg	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucrafate</i> TABS 1gm	1	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	1	
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	1	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNT	1	
ZENPEP CAP 15000UNT	1	
ZENPEP CAP 20000UNT	1	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 25000UNT	1	
ZENPEP CAP 40000UNT	1	
ZENPEP CAP 60000UNT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg; TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	1	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	1	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/D5W INJ 20000UNT	1	
HEP SOD/D5W INJ 25000UNT	1	
HEP SOD/NACL INJ 12500UNT	1	
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 110mg	1	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	1	

Drug Name	Drug Tier	Requirements/Limits
ENDARI PACK 5gm	1	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
PROMACTA PACK 12.5mg	1	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	1	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	1	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	1	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	1	NDS, QL (2 syringes / 28 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	1	NDS, QL (3 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	1	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	1	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	1	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, LA, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	1	NDS, QL (3 syringes / 28 days), NM, LA, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

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

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	1	NDS, NM, LA, PA
ARCALYST SOLR 220mg	1	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	1	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	B/D, NM
<i>azathioprine</i> TABS 50mg	1	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	1	NDS, B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	1	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	1	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	1	B/D, NM
NULOJIX SOLR 250mg	1	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	1	B/D, NM
REZUROCK TABS 200mg	1	NDS, NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	1	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	1	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	1	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	1	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	

Drug Name	Drug Tier	Requirements/Limits
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
D2.5W/NACL INJ 0.45%	1	
D5W/LYTES INJ #48	1	

Drug Name	Drug Tier	Requirements/Limits
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
MG SO4/D5W INJ 10MG/ML	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
PLASMA-LYTE INJ -148	1	
PLASMA-LYTE INJ -A	1	
POT CHL 20MEQ/L IN NAACL 0.9% INJ	1	

Drug Name	Drug Tier	Requirements/Limits
POT CHL 20MEQ/L IN NAACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NAACL 0.9% INJ	1	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	1	
POTASSIUM CHLORIDE SOLN 10meq/50ml	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	1	
TPN ELECTROL INJ	1	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con 8</i> TBCR 8meq	1	
<i>klor-con 10</i> TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
<i>IV NUTRITION</i>		
CLINIMIX INJ 4.25/D5W	1	B/D
CLINIMIX INJ 4.25/D10	1	B/D
CLINIMIX INJ 5%/D15W	1	B/D
CLINIMIX INJ 5%/D20W	1	B/D
CLINIMIX INJ 6/5	1	B/D
CLINIMIX INJ 8/10	1	B/D
CLINIMIX INJ 8/14	1	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	1	B/D
<i>dextrose</i> SOLN 5%, 10%	1	
<i>dextrose</i> SOLN 50%, 70%	1	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	B/D
NUTRILIPID EMUL 20gm/100ml	1	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	1	NDS, B/D
PROSOL INJ 20%	1	B/D

Drug Name	Drug Tier	Requirements/Limits
TRAVASOL INJ 10%	1	B/D
TROPHAMINE INJ 10%	1	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
<i>neo-polycin hc ophth oint 1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
TOBRADEX ST SUS 0.3-0.05	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	
NATACYN SUSP 5%	1	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	1	
ZIRGAN GEL .15%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	1	
<i>bromfenac sodium (ophth)</i> SOLN .07%, .075%	1	
BROMSITE SOLN .075%	1	
<i>dexamethasone sodium phosphate (ophth)</i> SOLN .1%	1	
<i>diclofenac sodium (ophth)</i> SOLN .1%	1	
<i>difluprednate</i> EMUL .05%	1	
EYSUVIS SUSP .25%	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth)</i> SUSP .1%	1	
<i>flurbiprofen sodium</i> SOLN .03%	1	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	1	
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
PROLENSA SOLN .07%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIATE SOLN .24%	1	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, LA, PA
CYSTARAN SOLN .44%	1	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
TYRVAYA SOLN .03mg/act	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml; SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	B/D
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, LA, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	1	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	1	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, LA, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, LA, PA

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	1	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, LA, PA
<i>NASAL STEROIDS</i>		
<i>flunisolide (nasal) SOLN .025%</i>	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal) SUSP 50mcg/act</i>	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
<i>STEROID INHALANTS</i>		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	1	B/D
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
SULFAMYLON CREA 85mg/gm	1	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	1	QL (45 gm / 30 days)
<i>keetoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	1	QL (60 gm / 30 days)
ENSTILAR AER	1	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	1	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
RECTIV OINT .4%	1	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days)
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

_PART B

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DEXCOM G6 MIS SENSOR	0	B, PA
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<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	15	TABRECTA	31	<i>terbutaline sulfate</i>	80
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	15	<i>tacrolimus</i>	73	<i>terconazole vaginal</i>	68
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	15	<i>tacrolimus (topical)</i> ...	85	TERIPARATIDE	57
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	15	TAFINLAR	31	<i>testosterone</i>	53
SULFAMYLON.....	83	TAGRISSO	31	<i>testosterone cypionate</i>	53
<i>sulfasalazine</i>	67	TALTZ	72	<i>testosterone enanthate</i>	53
<i>sulindac</i>	12	TALZENNA	31	<i>tetrabenazine</i>	51
<i>sumatriptan</i>	51	<i>tamoxifen citrate</i>	24	<i>tetracycline hcl</i>	22
<i>sumatriptan succinate</i> ..	51	<i>tamsulosin hcl</i>	68	THALOMID	25
<i>sunitinib malate</i>	31	<i>tarina 24 fe</i>	61	THEO-24	81
SUNLENCA	17	<i>tarina fe 1/20 eq</i>	61	<i>theophylline</i>	81
<i>syeda</i>	61	TASIGNA	31	<i>thioridazine hcl</i>	44
		<i>tasimelteon</i>	50	<i>thiothixene</i>	44
		<i>tazarotene</i>	84	<i>tiadylt er</i>	38
		<i>tazicef</i>	20	<i>tiagabine hcl</i>	48
		TAZORAC.....	84		
		<i>taztia xt</i>	38		
		TAZVERIK.....	31		

TIBSOVO.....	31	TRELEGY AER ELLIPTA		<i>tri-lo-estarylla</i>	61
TICOVAC.....	74	200-62.5-25 MCG ..	79	<i>tri-lo-marzia</i>	61
<i>tigecycline</i>	22	<i>treprostinil</i>	39	<i>tri-lo-mili</i>	61
<i>tilia fe</i>	61	TRESIBA	56	<i>tri-lo-sprintec</i>	61
<i>timolol maleate</i>	37	TRESIBA FLEXTOUCH	56	<i>trimethoprim</i>	15
<i>timolol maleate (ophth)</i>		<i>tretinoin</i>	83	<i>tri-mili</i>	61
.....	78	<i>tretinoin</i>		<i>trimipramine maleate</i>	41
<i>tinidazole</i>	15	(<i>chemotherapy</i>)	25	TRINTELLIX	41
TIVICAY	17	<i>triamcinolone acetonide</i>		<i>tri-nymyo</i>	61
TIVICAY PD	17	(<i>mouth</i>)	86	<i>tri-sprintec</i>	61
<i>tizanidine hcl</i>	52	<i>triamcinolone acetonide</i>		TRIUMEQ PD TAB	18
TOBRADEX OIN 0.3-		(<i>topical</i>).....	85	TRIUMEQ TAB	18
0.1%	77	<i>triamterene &</i>		<i>trivora-28</i>	61
TOBRADEX ST SUS 0.3-		<i>hydrochlorothiazide</i>		<i>tri-vylibra</i>	61
0.05	77	<i>cap 37.5-25 mg</i>	38	<i>tri-vylibra lo</i>	61
<i>tobramycin</i>	15	<i>triamterene &</i>		TRIZIVIR TAB	18
<i>tobramycin (ophth)</i> ...	77	<i>hydrochlorothiazide</i>		TROGARZO	17
<i>tobramycin sulfate</i>	15	<i>tab 37.5-25 mg</i>	38	TROPHAMINE INJ 10%	
<i>tobramycin-</i>		<i>triamterene &</i>		77
<i>dexamethasone ophth</i>		<i>hydrochlorothiazide</i>		<i>trospium chloride</i>	68
<i>susp 0.3-0.1%</i>	77	<i>tab 75-50 mg</i>	38	TRUE METRIX KIT AIR	86
<i>tolterodine tartrate</i>	68	<i>trientine hcl</i>	57	TRUE METRIX KIT	
<i>topiramate</i>	48	<i>tri-estarylla</i>	61	METER.....	86
<i>toremifene citrate</i>	24	<i>trifluoperazine hcl</i>	45	TRUE METRIX STRIPS	86
<i>torseamide</i>	38	<i>trifluridine</i>	77	TRULICITY	55
TOUJEO MAX SOLOSTAR		<i>trihexyphenidyl hcl</i>	42	TRUMENBA INJ.....	74
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TOUJEO SOLOSTAR ...	56	24HR 10-5-1000MG	55	TRUXIMA.....	31
TPN ELECTROL INJ	76	TRIJARDY XR TAB ER		TUKYSA.....	31
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<i>tramadol hcl</i>	14	1000MG.....	55	<i>turqoz</i>	61
<i>tramadol-</i>		TRIJARDY XR TAB ER		TWINRIX INJ.....	74
<i>acetaminophen tab</i>		24HR 25-5-1000MG	55	TYBOST.....	17
<i>37.5-325 mg</i>	14	TRIJARDY XR TAB ER		<i>tydemy</i>	61
<i>trandolapril</i>	34	24HR 5-2.5-1000MG		TYPHIM VI	74
<i>tranexamic acid</i>	70	55	TYRVAYA	79
<i>tranylcypromine sulfate</i>		TRIKAFTA PAK 59.5MG			
.....	41	81	U	
TRAVASOL INJ 10%...	77	TRIKAFTA PAK 75MG.	81	UBRELVY	51
TRAZIMERA	31	TRIKAFTA TAB 100-50-		<i>unithroid</i>	65
<i>trazodone hcl</i>	41	75MG & 150MG.....	82	<i>ursodiol</i>	67
TRECTOR	19	TRIKAFTA TAB 50-25-			
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100-62.5-25 MCG...	79	<i>tri-legest fe</i>	61	<i>valacyclovir hcl</i>	20
		<i>tri-linyah</i>	61	VALCHLOR.....	85

<i>valganciclovir hcl</i>	20	VENCLEXTA.....	31	WELIREG.....	25
<i>valproate sodium</i>	48	VENCLEXTA TAB START		<i>wera</i>	62
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<i>valsartan</i>	35	<i>venlafaxine hcl</i>	41	<i>wymzya fe</i>	62
<i>valsartan-</i>		VENTAVIS.....	39		
<i>hydrochlorothiazide</i>		VENTOLIN HFA	80	X	
<i>tab 160-12.5 mg</i>	35	VENTOLIN HFA		XALKORI	32
<i>valsartan-</i>		(INSTITUTIONAL		XARELTO	69
<i>hydrochlorothiazide</i>		PACK).....	80	XARELTO STAR TAB	
<i>tab 160-25 mg</i>	35	<i>verapamil hcl</i>	38	15/20MG	69
<i>valsartan-</i>		VERQUVO	39	XATMEP.....	72
<i>hydrochlorothiazide</i>		VERSACLOZ	45	XCOPRI	48
<i>tab 320-12.5 mg</i>	35	VERZENIO	32	XCOPRI PAK 100-150.	48
<i>valsartan-</i>		<i>vestura</i>	61	XCOPRI PAK 12.5-25	.48
<i>hydrochlorothiazide</i>		V-GO 20 KIT	57	XCOPRI PAK 150-200MG	
<i>tab 320-25 mg</i>	35	V-GO 30 KIT	57	(MAINTENANCE).....	48
<i>valsartan-</i>		V-GO 40 KIT	57	XCOPRI PAK 150-200MG	
<i>hydrochlorothiazide</i>		<i>vienna</i>	62	(TITRATION).....	48
<i>tab 80-12.5 mg</i>	35	<i>vigabatrin</i>	48	XCOPRI PAK 50-100MG	
VALTOCO 10 MG DOSE		<i>vigadrone</i>	48	48
.....	48	<i>vigpoder</i>	48	XELJANZ	72
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<i>vancomycin hcl</i> ...	15, 16	VIREAD	18	XIGDUO XR TAB 10-	
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.....	16	VIVITROL.....	53	XIGDUO XR TAB 10-	
VANCOMYCIN INJ		VIZIMPRO.....	32	500MG	55
500MG.....	16	VONJO.....	32	XIGDUO XR TAB 2.5-	
VANCOMYCIN INJ		<i>voriconazole</i>	16	1000	55
750MG.....	16	VOSEVI TAB.....	20	XIGDUO XR TAB 5-	
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VAQTA	74	VRAYLAR CAP 1.5-3MG		XIGDUO XR TAB 5-	
<i>varenicline tartrate</i>	53	45	500MG	55
<i>varenicline tartrate tab</i>		<i>vyfemla</i>	62	XIIDRA.....	79
11 x 0.5 mg & 42 x 1		<i>vylibra</i>	62	XOFLUZA.....	20
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WEEKLY 32
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WEEKLY 32
XPOVIO 60 MG TWICE
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