



Molina Dual MI Coordinated Health (HMO D-SNP)

2026 List of Covered Drugs (*Drug List* or Formulary)

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

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This *Drug List* was updated on 04/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time or visit MolinaHealthcare.com/Medicare.



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Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by our plan. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by our plan. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	4
B. Frequently Asked Questions (FAQ)	11
B1. What drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the <i>Drug List</i> for short.)	11
B2. Does the <i>Drug List</i> ever change?	12
B3. What happens when there's a change to the <i>Drug List</i> ?	12
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	14
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	14
B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	14
B7. How can I find a drug on the <i>Drug List</i> ?.....	14
B8. What if the drug I want to take isn't on the <i>Drug List</i> ?	15
B9. What if I'm a new plan member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	15
B10. Can I ask for an exception to cover my drug?	17
B11. How can I ask for an exception?.....	17
B12. How long does it take to get an exception?	17
B13. What are generic drugs?.....	17
B14. What are original biological products and how are they related to biosimilars?	18
B15. What are OTC drugs?.....	18
B16. Does our plan cover non-drug OTC products?.....	18

B17. Does our plan cover long-term supplies of prescriptions?	18
B18. Can I get prescriptions delivered to my home from my local pharmacy?	18
B19. What's my copay?.....	18
C. Overview of the <i>List of Covered Drugs</i>	19
C1. List of Drugs by Medical Condition	19
D. Index of Covered Drugs	104



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A. Disclaimers

This is a list of drugs that members can get in our plan.

- ❖ You can always check our plan's up-to-date *List of Covered Drugs* online at MolinaHealthcare.com/Medicare or by calling Member Services at the number in the footer of this document. This call is free.
- ❖ **You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at the number in the footer of this document. This call is free.**
- ❖ Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ We offer free interpreter and translation services to help you understand your health or drug plan. This includes support from someone who speaks your language.
- ❖ We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at the number listed on your Member ID card.

English

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call the Member Services number on the back of your ID card or speak to your provider.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles.

Llame al número del Departamento de Servicios para Miembros que figura en el reverso de su tarjeta de identificación o hable con su proveedor.

Simplified Chinese

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 ID 卡背面的客户服务号码或咨询您的服务提供商。

Traditional Chinese

注意：如果您說台語，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請撥打您 ID 卡背面的會員服務部電話號碼或諮詢您的服務提供者。

Russian

ВНИМАНИЕ! Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру службы поддержки клиентов, указанному на обратной стороне вашей идентификационной карты, или обратитесь к своему поставщику услуг.

Haitian Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nimewo Sèvis Manm ki sou do kat ID ou a oswa pale ak pwofesyonèl swen sante ou a.

Korean

주의:한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. ID 카드 뒷면에 있는 회원 서비스 번호로 전화하거나 서비스 제공업체에 문의하십시오.

Italian

ATTENZIONE: Se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente strumenti ausiliari e servizi adeguati per fornire informazioni in formati accessibili. Si prega di contattare il numero del Servizio per i membri riportato sul retro della propria tessera identificativa o di rivolgersi al proprio fornitore.

Yiddish

אכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פאסיקע אידס און באדינונג פאר צושטעלן אינפארמאציע אין צוטריטלעך פארמאטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באדינען נומער אין קריק פון דיין ID קארטל אדער רעדט מיט דיין צושטעלער.

Bengali

মনোযোগ দিন: যদি আপনি বাংলা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। আপনার আইডি কার্ডের পিছনে থাকা সদস্য পরিষেবা নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

Polish

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer Działu Obsługi Klienta podany na odwrocie Twojej karty identyfikacyjnej lub porozmawiaj ze swoim dostawcą.

Arabic

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تنبیه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بقسم خدمات الأعضاء على الرقم المدون على ظهر بطاقة هويتك أو تحدث إلى مقدم الخدمات.

French

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez les Services aux adhérents au numéro figurant au dos de votre carte d'adhérent, ou adressez-vous à votre prestataire.

Urdu

اردو
توجہ فرمائیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے مفت لسانی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ ممبر سروسز کو اپنے ID کارڈ کی پچھلی جانب موجود نمبر پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo ng tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga accessible na format. Tawagan ang numero ng Mga Serbisyo sa Miyembro sa likod ng ID card mo o makipag-usap sa iyong provider.

Greek

ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε τον αριθμό των υπηρεσιών Μέλους που βρίσκεται στο πίσω μέρος της κάρτας αναγνωριστικού σας ή απευθυνθείτε στον πάροχό σας.

Albanian

VINI RE: Nëse flisni anglisht, shërbimet falas të ndihmës gjuhësore janë të disponueshme për ju. Gjithashtu, disponohen falas ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të aksesueshme. Telefononi Shërbimet ndaj Anëtarëve në numrin që ndodhet në pjesën e pasme të kartës suaj të identitetit ose flisni me ofruesin tuaj të shërbimit.

German

HINWEIS: Wenn Sie Sprache einfügen sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Geeignete Hilfsmittel und Dienste für die Übermittlung von Informationen in zugänglicher Form sind ebenfalls kostenlos verfügbar. Rufen Sie die Nummer des Mitgliederservices auf der Rückseite Ihres Ausweises an oder sprechen Sie mit Ihrem Anbieter.

Pennsylvania Dutch

GEB ACHT: Wann du Pennsylvanisch Deitsch schwetzsch, Schprooch Hilfe Services sin meeglich mitaus Koscht. Appropriate Auxiliary Aids un Services un Services Information zu gewwe in

helfreiche Formats sin aa meeglich mitaus Koscht. Ruf die Member Services Nummer uff die Rickseit vun dei ID Kaart odder Schwetz mit dei Provider.

Vietnamese

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số điện thoại của bộ phận Dịch vụ thành viên có trên mặt sau thẻ ID của quý vị để trao đổi với nhà cung cấp dịch vụ của quý vị.

Somali

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac lambarka Adeegyada Macaamiisha ee ku qoran dhabarka danbe ee kaarkaaga aqoonsiga ama la hadal dhakhtarkaaga.

Japanese

注意：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセス可能な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。IDカードの裏面にある会員サービス番号に電話するか、プロバイダーにご相談ください。

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер служби підтримки учасників, указаний на звороті вашого посвідчення особи, або зверніться до свого постачальника послуг.

Romanian

ATENȚIE: Dacă vorbiți română, aveți la dispoziție servicii gratuite de asistență lingvistică. Sunt disponibile gratuit ajutoare și servicii auxiliare adecvate pentru furnizarea informațiilor în formate accesibile. Contactați Serviciul pentru Membri la numărul de telefon înscris pe verso-ul cardului de identificare sau adresați-vă furnizorului dumneavoastră.

Amharic

ማስታወሻ፡ አማርኛ የምናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎቶች ለእርስዎ ይኖራል። እንዲሁም፣ በሚገኙ ቅርፀቶች መረጃ ለማቅረብ ተገቢ የመርጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้



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ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข
ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک‌های لازم برای ارائه اطلاعات به صورت‌های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می‌گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Samoan

FAAMATALAGA: Afai e te tautala faa-Samoa, o loo i ai gagana fesoasoani i gagana e Le tologia mo oe. Fesoasoani fa'aopopo talafeagai ma auunaga ina ia tuuina atu ai faamatalaga e maua i limits e faigofie ona maua o loo maua foi e le tologia. Vala'au le Auaunaga a Sui Auai i le numera o i taua o lau ID card pe talanoa i lauvrautua.

Ilocano

PAKAAMMO: No agsasaoka iti Ilocano, magun-odam dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti format a nalaka a ma-access. Tagagam ti numero ti Serbisio para Kadagiti Miembro iti likudan ti ID card-mo wenno makisaritaka iti provider-mo.

Gujarati

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા છો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઓફિસ/વરી સહાય અને એક્સેસિબલ ફોર્મટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા ID કાર્ડની પાછળ આપેલા સભ્ય સેવાઓ નંબર પર કોલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

Portuguese

ATENÇÃO: se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Também estão disponíveis, de forma gratuita, ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis. Ligue para o número dos Serviços de apoio aos membros que se encontra no verso do seu cartão de identificação ou fale com o seu prestador de serviços de saúde.

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। अपने ID कार्ड के पीछे दिए गए सदस्य सेवा नंबर पर कॉल करें या अपने प्रदाता से बात करें।

Khmer

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគីតិចថ្លៃក៏មានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID

- ❖ Molina Dual MI Coordinated Health (HMO D-SNP) is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. Call (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. A Member Services representative can help you make or change a standing request. We will keep track of your standing request, so you do not need to make separate requests each time we send you information.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs (Drug List)*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the *Drug List* for short.)

The drugs on the *Drug List* that starts in **Section C1** are the drugs covered by our plan. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

Other drugs, such as some over-the-counter (OTC) medications and certain vitamins, may be covered by Michigan Medicaid. Please visit the Michigan Medicaid website www.michigan.gov/mdhhs/assistance-programs/medicaid for more information. You can also call the Michigan Medicaid Beneficiary Help Line at 1-800-642-3195 8:00 AM – 7:00 PM Monday through Friday (except holidays) or email beneficiarysupport@michigan.gov. Please bring your Member ID Card when getting prescriptions through Michigan Medicaid.

- Our plan will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - our plan agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a plan network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at MolinaHealthcare.com/Medicare or call Member Services at the number in the footer of this document.

If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and Michigan Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from our plan before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we'll cover another drug.)

For more information on these drug rules, refer to question B4.

If you're taking a drug that was covered at the **beginning** of the year, we'll generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug isn't safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check our plan's up-to-date *Drug List* online at MolinaHealthcare.com/Medicare. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document to check the current *Drug List*.

B3. What happens when there's a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:

- is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
- You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll send you a notice after we make the change. You should be working with your prescriber to switch to a different drug that we cover.

We may make other changes that affect the drugs you take. We'll tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that isn't new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* **or**
- let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there's a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.



If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from our plan before you fill your prescription. Prior authorization is different from a referral. Our plan may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes our plan limits the amount of a drug you can get.
- **Step therapy:** Sometimes our plan requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables in **Section C1**. You can also get more information by visiting our website at MolinaHealthcare.com/Medicare. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there's a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the section titled List of Drugs by Medical Condition has a column labeled "Necessary actions, restrictions, or limits on use."

B6. What happens if our plan changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we'll tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in **Section D**. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

To search by medical condition, find **Section C1** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in Cardiovascular category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at the number in the footer of this document and ask about it. If you learn that our plan won’t cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- Ask our plan to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new plan member and can’t find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you’re a member of our plan. This will give you time to talk to your doctor or other prescriber. They can help you decide if there’s a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we’ll allow multiple refills to provide up to a maximum of 31 days of medication.

We’ll cover a 31-day supply of your drug if:

- you’re taking a drug that is not on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by our plan, **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you’re in a nursing home or other long-term care facility and need a drug that isn’t on the *Drug List* or if you can’t easily get the drug you need, we can help. If you’ve been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new plan member.
- This is in addition to the temporary supply during the first 90 days you're a member of our plan.

Transition Policy

New members in our Plan may be taking drugs that aren't on our formulary or that are subject to certain restrictions, such as prior authorization or step therapy. Current members may also be affected by changes in our formulary from one year to the next. Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See the Member Handbook to learn more about how to request an exception. Please contact Member Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception.

During the period of time members are talking to their doctors to determine the right course of action, we may provide a temporary supply of the non-formulary drug if those members need a refill for the drug during the first 90 days of new membership in our Plan for Part D drugs. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of the non-formulary drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a drug that isn't on our formulary, or that has coverage restrictions or limits (but is otherwise considered a "Part D drug"), we will cover a 31-day supply (unless the prescription is written for fewer days). After we cover the temporary 31-day supply, we generally will not pay for these drugs as part of our transition policy again.

We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your doctor to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 31-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our Plan. If the resident has been enrolled in our Plan for more than 90 days and needs a drug that isn't on our formulary or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception. Exceptions are available in situations where you experience a change in the level of care you are receiving that also requires you to transition from one facility or treatment center to another. In such circumstances, you would be eligible for a temporary, one-time fill exception even if you are outside of the first 90 days as a member of the plan.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask our plan to make an exception to cover a drug that isn't on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, our plan may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section 7.2** of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. Your doctor or other prescriber can fax or mail us the supporting statement to (866) 290-1309. They can also tell us by phone and then fax or mail the statement.

Send the prescriber statement to:
Molina Healthcare
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we'll give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Our covers both brand name drugs and generic drugs.



If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.

B14. What are original biological products and how are they related to biosimilars?

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

For more information on drug types, refer to **Chapter 5** of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Our plan covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the plan *Drug List* to find out what OTC drugs are covered.

B16. Does our plan cover non-drug OTC products?

Our plan covers some non-drug OTC products when they’re written as prescriptions by your provider.

You can read the plan *Drug List* to find out what non-drug OTC products are covered.

B17. Does our plan cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
- **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered drugs. A 100-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What’s my copay?

Our plan members have some copays for prescriptions as long as the member follows the plan’s rules. Refer to questions B14 and B15 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

- *Tier 1 Preferred Generic drugs have \$0 copay*

- Tier 2 Generic name drugs have \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription
- Tier 3 Preferred Brand: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription
- Tier 4 Non-Preferred Drug: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription
- Tier 5 Specialty Tier: \$0, \$1.60, or \$5.10 copay for generic drugs (including brand drugs treated as generic) \$0, \$4.90, or \$12.65 copay for all other drugs per prescription
- Drug Tier 6 Select Care Drugs: \$0 copay

If you have questions, call Member Services at the numbers in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in **Section D**. The index alphabetically lists all drugs covered by our plan.

Note: The _ next to a drug means the drug isn't a "Part D drug." These drugs have different rules for appeals.

- An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake.
- For example, we might decide that a drug that you want isn't covered or is no longer covered by Medicare or Michigan Medicaid.
- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the number in the footer of this document.
- You can also read **Chapter 9** of the *Member Handbook* to learn how to appeal a decision.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That's where you'll find drugs that treat heart conditions.

If you have questions, please call Molina Dual MI Coordinated Health (HMO D-SNP) at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time. The call is free. **For more information**, visit MolinaHealthcare.com/Medicare.



Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

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.

_ = 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.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *metformin hcl*), brand name drugs are capitalized (for example, JANUVIA TABS), The information in the “Necessary actions, restrictions, or limits on use” column tells you if our plan has any rules for covering your drug.

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

ANALGESICS

GOUT

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	3	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
<i>febuxostat</i> TABS 40mg, 80mg	4	PA
<i>probenecid</i> TABS 500mg	3	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	3	B/D
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	3	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg	3	
<i>diclofenac sodium</i> TBEC 25mg, 50mg, 75mg	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal</i> TABS 500mg	3	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	3	
<i>flurbiprofen</i> TABS 100mg	3	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	3	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	2	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	3	
<i>oxaprozin</i> TABS 600mg	4	
<i>piroxicam</i> CAPS 10mg, 20mg	3	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	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	4	QL (10 patches / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

04/01/2026

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	4	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	5	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	3	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	3	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	3	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	5	NDS, QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	3	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>butorphanol tartrate</i> SOLN 10mg/ml	3	QL (10 mL / 30 days)
<i>endocet tab 2.5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	3	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	3	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	4	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	4	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	3	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	3	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	3	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	4	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	4	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl TABS 50mg</i>	2	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (240 tabs / 30 days)

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole TABS 200mg</i>	4	QL (672 tabs / year), PA
<i>amikacin sulfate SOLN 1gm/4ml, 500mg/2ml</i>	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, NM, PA
<i>atovaquone SUSP 750mg/5ml</i>	4	QL (300 mL / 30 days), PA
<i>aztreonam SOLR 1gm, 2gm</i>	4	
BLUJEPa TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, NM, PA
<i>clindamycin hcl CAPS 75mg, 150mg, 300mg</i>	2	
<i>clindamycin palmitate hydrochloride SOLR 75mg/5ml</i>	4	
<i>clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	4	
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium SOLR 150mg</i>	4	
<i>dapsone TABS 25mg, 100mg</i>	3	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	3	
<i>fosfomycin tromethamine PACK 3gm</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	3	
<i>gentamicin in saline inj 1 mg/ml</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin in saline inj 1.6 mg/ml</i>	3	
<i>gentamicin in saline inj 2 mg/ml</i>	3	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin TABS 3mg</i>	3	QL (20 tabs / 90 days), PA
<i>ivermectin TABS 6mg</i>	3	QL (10 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	4	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem SOLR 1gm, 2gm, 500mg</i>	4	
<i>methenamine hippurate TABS 1gm</i>	3	
<i>metronidazole SOLN 500mg/100ml</i>	3	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>pentamidine isethionate inh SOLR 300mg</i>	4	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	4	
<i>polymyxin b sulfate SOLR 500000unit</i>	4	
<i>praziquantel TABS 600mg</i>	4	
<i>pyrimethamine TABS 25mg</i>	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate SOLR 1gm</i>	5	NDS
<i>sulfadiazine TABS 500mg</i>	5	NDS
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	3	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
<i>amphotericin b</i> SOLR 50mg	4	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg	3	
<i>fluconazole</i> TABS 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	4	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	4	
<i>itraconazole</i> CAPS 100mg	4	QL (120 caps / 30 days)
<i>ketoconazole</i> TABS 200mg	3	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	4	
<i>nystatin</i> TABS 500000unit	3	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	2	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	4	PA
<i>voriconazole</i> SUSR 40mg/ml	5	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	4	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days)
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	4	
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	3	
<i>primaquine phosphate</i> TABS 26.3mg	3	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>quinine sulfate</i> CAPS 324mg	4	PA
ANTIRETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	4	
APTIVUS CAPS 250mg	5	NDS
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	4	
<i>darunavir</i> TABS 600mg	4	QL (60 tabs / 30 days)
<i>darunavir</i> TABS 800mg	4	QL (30 tabs / 30 days)
EDURANT TABS 25mg	5	NDS
EDURANT PED TBSO 2.5mg	5	NDS
<i>efavirenz</i> TABS 600mg	4	
<i>emtricitabine</i> CAPS 200mg	4	
EMTRIVA SOLN 10mg/ml	4	
<i>etravirine</i> TABS 100mg, 200mg	5	NDS
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS
INTELENCE TABS 25mg	4	
ISENTRESS CHEW 25mg	4	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS
ISENTRESS HD TABS 600mg	5	NDS
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	3	
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS
<i>nevirapine</i> SUSP 50mg/5ml; TB24 400mg	4	
<i>nevirapine</i> TABS 200mg	2	
NORVIR PACK 100mg	4	
PIFELTRO TABS 100mg	5	NDS
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days)
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days)
REYATAZ PACK 50mg	5	NDS
<i>ritonavir</i> TABS 100mg	3	
RUKOBIA TB12 600mg	5	NDS
SELZENTRY SOLN 20mg/ml	5	NDS
SUNLENCA TABS 300mg; TBPK 300mg	5	NDS
<i>tenofovir disoproxil fumarate</i> TABS 300mg	4	
TIVICAY TABS 50mg	5	NDS
TIVICAY PD TBSO 5mg	5	NDS
TROGARZO SOLN 200mg/1.33ml	5	NDS
TYBOST TABS 150mg	3	
VIRACEPT TABS 250mg, 625mg	5	NDS
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine</i> CAPS 100mg	4	
<i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	
BIKTARVY TAB 30-120-15 MG	5	NDS
BIKTARVY TAB 50-200-25 MG	5	NDS
CIMDUO TAB 300-300	5	NDS
DELSTRIGO TAB	5	NDS
DESCOVY TAB 120-15MG	5	NDS
DESCOVY TAB 200/25MG	5	NDS
DOVATO TAB 50-300MG	5	NDS
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	4	
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	
EVOTAZ TAB 300-150	5	NDS
GENVOYA TAB	5	NDS
JULUCA TAB 50-25MG	5	NDS
KALETRA SOL	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	
ODEFSEY TAB	5	NDS
PREZCOBIX TAB 675/150	5	NDS
PREZCOBIX TAB 800-150	5	NDS
STRIBILD TAB	5	NDS
SYMTUZA TAB	5	NDS
TRIUMEQ PD TAB	4	
TRIUMEQ TAB	5	NDS
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	3	
<i>isoniazid</i> SYRP 50mg/5ml	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	4	
<i>rifabutin</i> CAPS 150mg	4	
<i>rifampin</i> CAPS 150mg, 300mg	3	
<i>rifampin</i> SOLR 600mg	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	2	
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	4	B/D
<i>adefovir dipivoxil</i> TABS 10mg	4	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir</i> TABS .5mg, 1mg	4	
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	3	
<i>ganciclovir sodium</i> SOLR 500mg	4	B/D
<i>lamivudine (hcv)</i> TABS 100mg	3	
LIVTENCITY TABS 200mg	5	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	3	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	3	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSP 6mg/ml	3	QL (1080 mL / year)
PAXLOVID PAK	2	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	2	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	2	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	5	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	3	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	3	NM
<i>rimantadine hydrochloride</i> TABS 100mg	4	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	3	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	3	
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil</i> CAPS 500mg	2	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	3	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	3	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	4	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	4	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	4	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	4	
<i>cefdinir</i> CAPS 300mg	2	
<i>cefdinir</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>cefepime hcl</i> SOLR 1gm, 2gm	4	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	4	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	4	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	4	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml	4	
<i>cefpodoxime proxetil</i> TABS 100mg, 200mg	3	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	3	
<i>ceftaroline fosamil</i> SOLR 400mg, 600mg	5	NDS
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	4	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	3	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	3	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	4	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	3	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TB24 500mg	4	
<i>clarithromycin</i> TABS 250mg, 500mg	3	
DIFICID SUSR 40mg/ml	5	NDS
<i>e.e.s. 400</i> TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate</i> TABS 400mg	4	
<i>erythromycin lactobionate</i> SOLR 500mg	4	
<i>fidaxomicin</i> TABS 200mg	5	NDS
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	4	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin</i> CHEW 125mg, 250mg	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	4	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>ampicillin</i> CAPS 500mg	2	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

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

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	3	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg	3	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 1gm, 500mg	4	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	5	NDS, B/D, NM
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS, PA
<i>lomustine</i> CAPS 10mg, 40mg	4	NM
<i>lomustine</i> CAPS 100mg	5	NDS, NM
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	4	B/D
<i>oxaliplatin</i> SOLR 50mg, 100mg	5	NDS, B/D
VIVIMUSTA SOLN 100mg/4ml	5	NDS, B/D, NM
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	3	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	3	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	4	B/D
INQOVI TAB 35-100MG	5	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), NM, PA
<i>mercaptopurine</i> SUSP 2000mg/100ml	5	NDS, NM
<i>mercaptopurine</i> TABS 50mg	3	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, QL (14 tabs / 28 days), NM, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TABLOID TABS 40mg	5	NDS, PA
<i>HORMONAL ANTINEOPLASTIC AGENTS</i>		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>abirtega</i> TABS 250mg	4	QL (120 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>anastrozole</i> TABS 1mg	2	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	4	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
INLURIYO TABS 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>letrozole</i> TABS 2.5mg	2	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	4	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NDS, NM, PA
LYSODREN TABS 500mg	5	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	5	NDS, NM, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	4	PA
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
YONSA TABS 125mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	5	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	5	NDS, QL (112 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, QL (2 syringes / 28 days), NM, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>doxorubicin hcl</i> SOLN 2mg/ml	4	B/D
<i>doxorubicin hcl liposomal</i> SUSP 2mg/ml	5	NDS, B/D
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	4	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, PA
<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	4	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	3	
MATULANE CAPS 50mg	5	NDS, NM
<i>mesna</i> TABS 400mg	5	NDS
MODEYSO CAPS 125mg	5	NDS, QL (20 caps / 28 days), NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	4	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D, NM
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	3	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	4	B/D
<i>paclitaxel inj 100mg</i>	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	4	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	5	NDS, QL (60 caps / 30 days), NM, PA
AVMAPKI PAK FAKZYNJA	5	NDS, QL (1 pack / 28 days), NM, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	4	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (300 caps / 30 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BRUKINSA TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ENSACOVE CAPS 25mg	5	NDS, QL (270 caps / 30 days), NM, PA
ENSACOVE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg, 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	5	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	5	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	5	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, PA
HERCESSI SOLR 150mg, 420mg	5	NDS, NM, PA
HERNEXEOS TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, PA
HYRNUO TABS 10mg	5	NDS, QL (120 tabs / 30 days), NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, PA
IBTROZI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	4	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABS 140mg, 280mg, 420mg	5	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	5	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	5	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	5	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPK 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	5	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	5	NDS, NM, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 50mg	5	NDS, QL (120 caps / 30 days), NM, PA
<i>nilotinib hcl</i> CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	5	NDS, NM, PA
OGSIVEO TABS 100mg, 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	5	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	5	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>pazopanib hcl</i> TABS 400mg	5	NDS, QL (60 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	5	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO TABS 80mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
REVUFORJ TABS 25mg	5	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	5	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	5	NDS, QL (8 caps / 28 days), NM, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ INJ HYBREZA	5	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	5	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	3	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	5	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
VORANIGO TABS 40mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	5	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	5	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	5	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 80mg	5	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	5	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	5	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	5	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), NM, PA

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	6	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	6	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	6	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	6	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	6	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	6	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	6	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	6	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	6	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	6	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	6	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	3	
<i>KERENDIA TABS 10mg, 20mg, 40mg</i>	3	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	2	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	6	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	6	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	6	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	4	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	4	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	3	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	3	QL (240 caps / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	6	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	3	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>sacubitril-valsartan tab 49-51 mg</i>	3	QL (60 tabs / 30 days)
<i>sacubitril-valsartan tab 97-103 mg</i>	3	QL (60 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	6	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	6	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	6	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	4	QL (30 tabs / 30 days), ST
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	6	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	6	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	6	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	6	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	6	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 400mg</i>	4	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	4	
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 400mg</i>	4	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg</i>	4	
<i>propafenone hcl TABS 150mg, 225mg, 300mg</i>	3	
<i>quinidine sulfate TABS 200mg, 300mg</i>	4	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate CPDR 45mg, 135mg</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	3	
<i>gemfibrozil</i> TABS 600mg	2	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	4	QL (30 caps / 30 days), ST
<i>fluvastatin sodium</i> CAPS 20mg, 40mg	6	QL (60 caps / 30 days), ST
<i>fluvastatin sodium</i> TB24 80mg	6	QL (30 tabs / 30 days), ST
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pitavastatin calcium</i> TABS 1mg, 2mg, 4mg	6	QL (30 tabs / 30 days), ST
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	6	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	4	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	6	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VASCEPA CAPS .5gm, 1gm	3	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	3	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	3	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	3	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	2	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	4	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	3	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	3	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	3	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml</i>	3	
<i>propranolol hcl TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	3	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg</i>	4	
<i>diltiazem hcl CP24 120mg, 180mg, 240mg; TABS 30mg, 60mg, 90mg, 120mg</i>	2	
<i>diltiazem hcl SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg	2	
<i>diltiazem hcl coated beads</i> CP24 360mg	4	
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	
<i>isradipine</i> CAPS 2.5mg, 5mg	4	
<i>matzim la</i> TB24 180mg, 240mg, 300mg, 360mg, 420mg	3	
<i>nicardipine hcl</i> CAPS 20mg, 30mg	4	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	3	
<i>nimodipine</i> CAPS 30mg	4	
<i>nisoldipine</i> TB24 8.5mg, 17mg, 34mg	4	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 200mg, 300mg, 360mg; SOLN 2.5mg/ml	4	
<i>verapamil hcl</i> CP24 120mg, 180mg, 240mg	3	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg	1	
<i>verapamil hcl</i> TBCR 120mg, 180mg, 240mg	2	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	3	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl</i> TABS 5mg	2	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	3	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml	2	
<i>furosemide</i> TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	3	
<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	4	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<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	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>2.5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>2.5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>2.5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>5-80 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>10-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>10-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>10-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> <i>10-80 mg</i>	6	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	3	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	4	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	4	
<i>digoxin</i> TABS 125mcg, 250mcg	2	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	4	QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	4	
<i>guanfacine hcl</i> TABS 1mg, 2mg	3	PA; PA applies if 65 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml	4	
<i>hydralazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	5	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg	3	
<i>midodrine hcl</i> TABS 10mg	4	
<i>minoxidil</i> TABS 2.5mg, 10mg	2	
<i>ranolazine</i> TB12 500mg, 1000mg	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days), PA
NITRATES		
<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	3	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
<i>nitroglycerin</i> SUBL .3mg, .4mg, .6mg	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>alyq</i> TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, PA
<i>bosentan</i> TBSO 32mg	5	NDS, QL (120 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	3	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	4	QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, PA
UPTRAVI TABS 200mcg	5	NDS, QL (140 tabs / 28 days), NM, PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	5	NDS, QL (60 tabs / 30 days), NM, PA
UPTRAVI PACK TAB 200/800	5	NDS, QL (1 pack / 28 days), NM, PA
WINREVAIR KIT 45mg, 60mg	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 45MG	5	NDS, QL (2 vials / 21 days), NM, PA
WINREVAIR INJ 60MG	5	NDS, QL (2 vials / 21 days), NM, PA
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	5	NDS, QL (140 caps / 28 days), NM, PA
YUTREPIA CAPS 106mcg	5	NDS, QL (224 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CENTRAL NERVOUS SYSTEM		
ANTIANKXIETY		
<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	3	
<i>lorazepam</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	3	QL (150 mL / 30 days)
ANTIDEMENTIA		
<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	2	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	2	
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	3	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	4	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	3	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml	4	PA; PA applies if 29 years and younger
<i>memantine hcl</i> TABS 5mg, 10mg	3	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	4	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	4	
NAMZARIC CAP 7-10MG	4	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	4	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	3	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	3	
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	4	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	4	PA; PA applies if 65 years and older
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	3	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	3	QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	4	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	5	NDS, QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	5	NDS, QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	4	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	4	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	4	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	3	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	3	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	2	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	4	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	PA; PA applies if 65 years and older

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TB24 12.5mg, 25mg, 37.5mg	4	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenelzine sulfate</i> TABS 15mg	3	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
RALDESY SOLN 10mg/ml	4	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml	3	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	4	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	4	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	4	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	4	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	2	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	3	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	4	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	3	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml	3	
<i>amantadine hcl</i> TABS 100mg	4	
<i>benztropine mesylate</i> SOLN 1mg/ml	4	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	PA; PA applies if 65 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	4	
<i>carb/levo orally disintegrating tab 10-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-100mg</i>	3	
<i>carb/levo orally disintegrating tab 25-250mg</i>	3	
<i>carbidopa</i> TABS 25mg	4	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	4	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	4	
<i>entacapone TABS 200mg</i>	4	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	2	
<i>pramipexole dihydrochloride TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	4	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	4	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	2	
<i>ropinirole hydrochloride TB24 2mg, 4mg, 6mg, 8mg, 12mg</i>	4	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	3	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	5	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	4	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	4	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	4	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 25mg, 50mg	3	
<i>clozapine</i> TABS 100mg	3	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	3	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	4	PA
<i>clozapine</i> TBDP 100mg	4	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	4	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	4	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 100-20MG	5	NDS, QL (60 caps / 30 days)
COBENFY CAP 125-30MG	5	NDS, QL (60 caps / 30 days)
COBENFY STRT CAP PACK	5	NDS, QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	5	NDS, QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	4	QL (2 packs / year), PA
FANAPT PAK PACK B	4	QL (2 packs / year), PA
FANAPT PAK PACK C	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	4	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	3	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	5	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	5	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	4	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	4	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	4	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	4	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	5	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	2	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	4	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	4	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	4	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	3	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	4	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	3	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	4	QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg	4	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
<i>ANTISEIZURE AGENTS</i>		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; TABS 200mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine</i> CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	3	QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	4	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>eslicarbazepine acetate</i> TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
<i>eslicarbazepine acetate</i> TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	3	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	2	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	2	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	3	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	4	
<i>lacosamide</i> TABS 50mg	4	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	4	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg	3	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	4	ST
<i>levetiracetam</i> SOLN 100mg/ml; TB24 500mg, 750mg	3	
<i>levetiracetam</i> SOLN 500mg/5ml	4	
<i>levetiracetam</i> TABS 250mg, 500mg, 750mg, 1000mg	2	
<i>levetiracetam</i> TB3D 250mg	4	QL (360 tabs / 30 days)
<i>levetiracetam</i> TB3D 500mg	4	QL (180 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	4	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA applies if 65 years and older
<i>phenytek</i> CAPS 200mg, 300mg	3	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	3	
<i>phenytoin sodium</i> SOLN 50mg/ml	4	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	3	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 200mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> CAPS 225mg, 300mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin</i> SOLN 20mg/ml	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone</i> TABS 50mg, 125mg, 250mg	2	
<i>roweepra</i> TABS 500mg	2	
<i>rufinamide</i> SUSP 40mg/ml	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	4	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	4	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	4	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	4	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	4	QL (90 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	5	NDS, ST
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	5	NDS, QL (60 films / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	4	
<i>topiramate</i> CPSP 15mg, 25mg	3	
<i>topiramate</i> CPSP 50mg	4	
<i>topiramate</i> SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	2	
<i>valproate sodium</i> SOLN 100mg/ml	4	
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	4	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	4	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg</i>	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg</i>	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg</i>	4	QL (60 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i> CHEW 40mg, 50mg, 60mg	4	QL (30 tabs / 30 days), PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg	4	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> SOLN 5mg/5ml	4	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl</i> SOLN 10mg/5ml	4	QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg	3	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl</i> TBCR 10mg, 20mg	4	QL (90 tabs / 30 days), PA

HYPNOTICS

DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	3	QL (30 tabs / 30 days)
<i>ramelteon</i> TABS 8mg	3	QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam</i> CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	3	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	3	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	4	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	4	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml	4	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 6mg	5	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	5	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	3	
<i>riluzole</i> TABS 50mg	4	
<i>tetrabenazine</i> TABS 12.5mg	4	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	5	NDS, QL (14 kits / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	3	QL (60 tabs / 30 days), NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatiramer acetate</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i> glatopa</i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatopa</i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / 365 days), NM, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i> baclofen</i> TABS 5mg	2	QL (90 tabs / 30 days)
<i> baclofen</i> TABS 10mg, 20mg	2	
<i> carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	4	
<i> methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i> tizanidine hcl</i> TABS 2mg, 4mg	2	
NARCOLEPSY/CATAPLEXY		
<i> armodafinil</i> TABS 50mg	4	QL (60 tabs / 30 days), PA
<i> armodafinil</i> TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 100mg	3	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	3	QL (60 tabs / 30 days), PA
<i>sodium oxybate</i> SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, PA

PSYCHOTHERAPEUTIC-MISC

<i>acamprosate calcium</i> TBEC 333mg	4	
<i>buprenorphine hcl</i> SUBL 2mg	3	QL (180 tabs / 30 days)
<i>buprenorphine hcl</i> SUBL 8mg	3	QL (120 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	4	QL (180 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	4	QL (120 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	4	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (180 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (120 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	QL (60 tabs / 30 days)
<i>disulfiram</i> TABS 250mg, 500mg	3	
KLOXXADO LIQD 8mg/0.1ml	3	
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	4	QL (300 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	3	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	3	PA
<i>testosterone pump</i> GEL 1.62%	4	QL (150 gm / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	6	
<i>dapagliflozin propanediol</i> TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>glimepiride</i> TABS 1mg, 2mg	6	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	6	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	6	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	6	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	6	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	6	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	6	QL (90 tabs / 30 days)
<i>repaglinide TABS 2mg</i>	6	QL (240 tabs / 30 days)
<i>repaglinide TABS .5mg, 1mg</i>	6	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
TRADJENTA TABS 5mg	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	3	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	3	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	3	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	B/D
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	3	PA
CEQR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	B/D; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	3	
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD 5 DX KIT INT G7G6	4	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	4	QL (15 pods / 30 days), PA
OMNIPOD 5 L2 KIT INTRO G6	4	QL (1 kit / year), PA
OMNIPOD 5 L2 MIS PODS G6	4	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	4	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> SOLN 70mg/75ml	4	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	6	
BILDYOS SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
BONSITY SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	3	B/D
<i>ibandronate sodium</i> SOLN 3mg/3ml	4	B/D, QL (1 injection / 90 days)
<i>ibandronate sodium</i> TABS 150mg	2	B/D
OSPOMYV SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	3	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	3	
<i>risedronate sodium</i> TABS 30mg	4	
<i>risedronate sodium</i> TBEC 35mg	4	ST
<i>teriparatide</i> SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA
TERIPARATIDE SOPN 560mcg/2.24ml	5	NDS, QL (1 pen / 28 days), NM, PA; (ALVOGEN product)
WYOST SOLN 120mg/1.7ml	5	NDS, NM, PA
XTRENBO SOLN 120mg/1.7ml	4	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	3	NM, PA
<i>deferasirox</i> TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
<i>kionex</i> SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate</i> SUSP 15gm/60ml	4	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	4	
<i>sps rectal</i> SUSP 15gm/60ml	4	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila TABS .35mg</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal eq</i>	2	
<i>cryselle</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	3	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	3	
<i>falmina</i>	2	
<i>feirza 1.5/30</i>	2	
<i>feirza 1/20</i>	2	
<i>finzala</i>	2	
<i>galbriela</i>	2	
<i>hailey 1.5/30</i>	2	
<i>hailey 24 fe</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>hailey fe 1/20</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla TABS .35mg</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>LILETTA IUD 20.1mcg/day</i>	3	NM
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>luizza 1.5/30</i>	2	
<i>luizza 1/20</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	3	
<i>meleya TABS .35mg</i>	2	
<i>mibelas 24 fe</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>NEXPLANON IMPL 68mg</i>	3	NM
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	3	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215- 25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215- 35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>orquidea TABS .35mg</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	
<i>rosyrah</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>turqoz</i>	2	
<i>tydemy</i>	2	
<i>valtya 1/35</i>	2	
<i>valtya 1/50</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>xelria fe</i>	2	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ESTROGENS		
<i>abigale</i>	3	
<i>abigale lo</i>	3	
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<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	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm	3	
<i>estradiol vaginal</i> TABS 10mcg	4	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	4	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm</i> TABS 10mcg	4	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	3	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	3	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>hydrocortisone sod succinate</i> SOLR 100mg	4	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	3	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	3	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 500mg, 1000mg	3	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 25mg/5ml	4	B/D
<i>prednisolone sodium phosphate</i> SOLN 15mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	4	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	4	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	5	NDS, NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg)	5	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	4	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	3	
REVCIVI SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
SYNAREL SOLN 2mg/ml	5	NDS, PA
<i>tolvaptan</i> TABS 15mg, 30mg	5	NDS, NM, PA; (generic of JYNARQUE)
<i>tolvaptan</i> TBPK 15mg	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	5	NDS, NM, PA
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	5	NDS, NM, PA
<i>zelvysia</i> PACK 100mg, 500mg	5	NDS, NM, PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	3	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	3	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	4	PA
<i>norethindrone acetate</i> TABS 5mg	3	
<i>progesterone</i> CAPS 100mg, 200mg	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
<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>liomny</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	3	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	3	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<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	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	4	B/D
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	4	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	4	B/D
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	4	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	B/D
<i>compro</i> SUPP 25mg	4	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	4	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	4	
<i>granisetron hcl</i> TABS 1mg	4	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	3	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	3	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	3	
<i>ondansetron hcl</i> SOLN 4mg/5ml	4	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl</i> TABS 4mg, 8mg	3	B/D
<i>prochlorperazine</i> SUPP 25mg	4	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	4	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days)
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	PA; PA applies if 65 years and older
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	PA; PA applies if 65 years and older
<i>glycopyrrolate</i> TABS 1mg	3	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	3	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	3	
<i>famotidine</i> SUSR 40mg/5ml	4	
<i>famotidine</i> TABS 20mg, 40mg	1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	3	
<i>nizatidine</i> CAPS 150mg, 300mg	4	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	3	
<i>budesonide</i> CPEP 3mg	4	QL (90 caps / 30 days)
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	4	
<i>mesalamine</i> CP24 .375gm	4	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	4	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	4	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	4	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	4	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	4	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg	2	
<i>sulfasalazine</i> TBEC 500mg	3	
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-n/</i> flavor pack	2	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	3	QL (60 caps / 30 days)
<i>lansoprazole</i> TBDD 15mg, 30mg	4	QL (60 tabs / 30 days), ST
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	4	
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	
<i>rabeprazole sodium</i> TBEC 20mg	3	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	2	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	3	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	3	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>silodosin</i> CAPS 4mg, 8mg	3	QL (30 caps / 30 days)
<i>tadalafil</i> TABS 5mg	3	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	3	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	3	
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide</i> TB24 7.5mg, 15mg	4	QL (30 tabs / 30 days), ST
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	4	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	3	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	3	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	3	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	3	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	3	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	4	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	4	QL (30 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	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	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	4	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	
DOPTELET TABS 20mg	5	NDS, NM, PA
DOPTELET SPRINKLE CPSP 10mg	5	NDS, NM, PA
DROXIA CAPS 200mg, 300mg, 400mg	4	
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	2	
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	4	
SIKLOS TABS 1000mg	5	NDS
TAVNEOS CAPS 10mg	5	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml	4	
<i>tranexamic acid</i> TABS 650mg	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	3	
<i>ticagrelor</i> TABS 60mg, 90mg	3	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	5	NDS, QL (6 syringes / 28 days), NM, PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BIMZELX SOSY 160mg/ml, 320mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	5	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, PA
KINERET SOSY 100mg/0.67ml	5	NDS, QL (28 syringes / 28 days), NM, PA
PYZCHIVA SOAJ 45mg/0.5ml	3	QL (1 pen / 28 days), NM, PA
PYZCHIVA SOAJ 90mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
PYZCHIVA SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
PYZCHIVA SOLN 130mg/26ml	5	NDS, NM, PA
PYZCHIVA SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	5	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	5	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	5	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	5	NDS, NM, PA
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	5	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA PEN SOAJ 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	5	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	5	NDS, NM, PA
TYENNE SOSY 162mg/0.9ml	5	NDS, QL (4 syringes / 28 days), NM, PA
USTEKINUMAB SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, PA
USTEKINUMAB SOLN 130mg/26ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
VELSIPITY TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA
YESINTEK SOLN 45mg/0.5ml	3	QL (1 vial / 28 days), NM, PA
YESINTEK SOLN 130mg/26ml	3	NM, PA
YESINTEK SOSY 45mg/0.5ml	3	QL (1 syringe / 28 days), NM, PA
YESINTEK SOSY 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	3	
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	3	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	3	
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D
<i>azathioprine</i> TABS 50mg	3	B/D
BENLYSTA SOAJ 200mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, PA
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	4	B/D
<i>engraf</i> CAPS 25mg, 100mg	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
ABRYSCO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENGVAXIA SUS	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD 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)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate</i> SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
<i>multiple electrolytes ph 5.5</i>	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	4	
KLOR-CON 8 TBCR 8meq	2	
<i>klor-con 10</i> TBCR 10meq	2	
KLOR-CON 10 TBCR 10meq	2	
<i>klor-con m10</i> TBCR 10meq	2	
<i>klor-con m15</i> TBCR 15meq	2	
<i>klor-con m20</i> TBCR 20meq	2	
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; TBCR 8meq, 10meq, 20meq	2	
<i>potassium chloride</i> PACK 20meq; SOLN 10%, 20%	4	
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 15meq, 20meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
WESTAB PLUS TAB 27-1MG	3	
<i>IV NUTRITION</i>		
<i>aminosyn ii soln 15%</i>	4	B/D
AMINOSYN INJ 10%	4	B/D
AMINOSYN-PF INJ 10%	4	B/D
CLINIMIX INJ 4.25/D5W	4	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose SOLN 5%, 10%</i>	3	
<i>dextrose SOLN 50%</i>	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL SOL 10%	5	NDS, B/D
PROSOL INJ 20%	4	B/D
TRAVASOL INJ 10%	4	B/D
TROPHAMINE INJ 10%	4	B/D

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	3	
<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%</i>	3	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	4	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
TOBRADEX OIN 0.3-0.1%	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>besifloxacin hcl SUSP .6%</i>	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)
NATACYN SUSP 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	3	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	3	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) SOLN 10%</i>	3	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	4	
XDEMY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	3	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	4	
<i>fluorometholone (ophth) SUSP .1%</i>	3	
<i>flurbiprofen sodium SOLN .03%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .4%</i>	3	
<i>ketorolac tromethamine (ophth) SOLN .5%</i>	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth) SUSP 1%</i>	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth) SOLN .05%</i>	2	
<i>cromolyn sodium (ophth) SOLN 4%</i>	2	
ZERVIATE SOLN .24%	4	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth) SOLN .5%</i>	3	
<i>brimonidine tartrate SOLN .2%</i>	1	
<i>brinzolamide SUSP 1%</i>	4	ST
<i>carteolol hcl (ophth) SOLN 1%</i>	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl SOLN 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost SOLN .005%</i>	1	
<i>levobunolol hcl SOLN .5%</i>	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl SOLN 1%, 2%, 4%</i>	3	
RHOPRESSA SOLN .02%	4	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	3	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
<i>travoprost</i> SOLN .004%	4	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	3	
CYSTADROPS SOLN .37%	5	NDS, NM, PA
CYSTARAN SOLN .44%	5	NDS, NM, PA
EYSUVIS SUSP .25%	4	
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	3	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	3	B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine</i> TABS 5mg	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl</i> SOLN 50mg/ml	3	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal)</i> SOLN .6%	4	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	3	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	3	B/D
<i>albuterol sulfate</i> NEBU .083%	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml	3	
<i>albuterol sulfate</i> TABS 2mg, 4mg	4	
<i>arformoterol tartrate</i> NEBU 15mcg/2ml	4	B/D

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>formoterol fumarate</i> NEBU 20mcg/2ml	4	B/D
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	4	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	4	
VENTOLIN HFA AERS 108mcg/act	3	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	3	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg	2	
<i>montelukast sodium</i> PACK 4mg	4	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	3	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	4	B/D
ALYFTREK TAB 4-20-50	5	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	5	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	3	B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	3	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	3	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packets / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	4	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	4	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, PA
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg	4	
<i>theophylline</i> TB24 400mg, 600mg	3	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	5	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	5	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	3	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	4	QL (2 bottles / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	4	B/D
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>brey-na</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	3	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	3	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	3	QL (60 inhalations / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	4	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	3	QL (60 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	3	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	2	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i> GEL .77%	3	QL (100 gm / 30 days)
<i>ciclopirox</i> SHAM 1%	3	QL (120 mL / 30 days)
<i>ciclopirox olamine</i> CREA .77%	3	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	3	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	3	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	3	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	3	QL (85 gm / 30 days)
<i>keconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>keconazole (topical)</i> SHAM 2%	2	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	3	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	4	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	3	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	4	QL (120 gm / 30 days), PA
ENSTILAR AER	5	NDS, QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	NDS
<i>tazarotene</i> CREA .05%, .1%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%	3	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	3	QL (120 mL / 30 days)
<i>betamethasone dipropionate (topical)</i> OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	4	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	3	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
<i>clobetasol propionate</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>clobetasol propionate</i> SOLN .05%	4	QL (100 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	4	QL (120 gm / 30 days)
<i>clodan</i> SHAM .05%	4	QL (236 mL / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	4	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%	4	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	3	QL (118.28 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide</i> OINT .025%	3	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	4	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%, .1%	3	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	3	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	4	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	3	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%	1	
<i>hydrocortisone (topical)</i> CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	
<i>hydrocortisone (topical)</i> OINT 1%	2	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	3	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	3	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	2	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	3	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	2	
<i>triderm</i> CREA .5%	2	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	3	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	4	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	3	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	4	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	4	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>azelaic acid</i> GEL 15%	4	QL (50 gm / 30 days)
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	3	QL (300 mL / 28 days)
<i>EUCRISA</i> OINT 2%	4	QL (120 gm / 30 days), PA
<i>fluorouracil (topical)</i> CREA 5%	4	QL (40 gm / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil (topical)</i> SOLN 2%, 5%	3	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	3	
<i>imiquimod</i> CREA 5%	3	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	3	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	4	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

<i>malathion</i> LOTN .5%	4	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	3	QL (60 gm / 30 days)

DERMATOLOGY, WOUND CARE AGENTS

SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days), PA
<i>sodium chloride (gu irrigant)</i> SOLN .9%	3	
<i>water for irrigation, sterile irrigation soln</i>	2	

MOUTH/THROAT/DENTAL AGENTS

<i>cevimeline hcl</i> CAPS 30mg	4	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	3	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	3	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	2	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	2	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	3	
<i>triamcinolone acetanide (mouth)</i> PSTE .1%	3	

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
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You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS SENSOR	0	PA
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA
FREESTYLE LB KIT 2/SENSOR	0	PA
FREESTYLE LB KIT 3/SENSOR	0	PA
FREESTYLE LB KIT 14D/SEN	0	PA
FREESTYLE LB MIS 2/READER	0	PA
FREESTYLE LB MIS 3/READER	0	PA
FREESTYLE MIS READER	0	PA
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A	ADALIMUMAB-BWWD	ALVAIZ..... 84
<i>abacavir sulfate</i> 26	..... 84	ALVESCO 98
<i>abacavir sulfate-</i>	<i>adefovir dipivoxil</i> 28	<i>alyacen 1/35</i> 71
<i>lamivudine tab 600-</i>	ADEMPAS..... 51	<i>alyacen 7/7/7</i> 71
<i>300 mg</i> 27	ADMELOG 69	ALYFTREK TAB 10-50-
<i>abigale</i> 76	ADMELOG SOLOSTAR	125 96
<i>abigale lo</i> 76	..... 69	ALYFTREK TAB 4-20-
ABILIFY ASIMTUFII 55	ADVAIR HFA AER	50..... 96
ABILIFY MAINTENA. 55	115/21 98	ALYGLO 87
<i>abiraterone acetate</i> 33	ADVAIR HFA AER	<i>alyq</i> 51
<i>abirtega</i> 33	230/21 98	<i>amantadine hcl</i> 54
ABRYSVO 88	ADVAIR HFA AER	<i>ambrisentan</i> 51
<i>acamprosate calcium</i>	45/21 98	<i>amethyst</i> 71
..... 67	<i>afirmelle</i> 71	<i>amikacin sulfate</i> 23
<i>acarbose</i> 68	AIMOVIG 64	<i>amiloride &</i>
<i>accutane</i> 99	AIRSUPRA AER 90-	<i>hydrochlorothiazide</i>
<i>acebutolol hcl</i> 48	80MCG 98	<i>tab 5-50 mg</i> 49
<i>acetaminophen w/</i>	AKEEGA TAB 100/500	<i>amiloride hcl</i> 49
<i>codeine soln 120-12</i>	..... 33	<i>aminosyn ii soln 15%</i>
<i>mg/5ml</i> 22	AKEEGA TAB	..... 91
<i>acetaminophen w/</i>	50/500MG 33	AMINOSYN INJ 10% 91
<i>codeine tab 300-15</i>	<i>ala-cort</i> .....100	AMINOSYN-PF INJ
<i>mg</i> 22	<i>albendazole</i> 23	10%..... 91
<i>acetaminophen w/</i>	<i>albuterol sulfate</i> 95	<i>amiodarone hcl</i> 46
<i>codeine tab 300-30</i>	<i>alclometasone</i>	<i>amitriptyline hcl</i> 52
<i>mg</i> 22	<i>dipropionate</i> .....100	<i>amlodipine besylate</i> 48
<i>acetaminophen w/</i>	ALCOHOL SWABS:	<i>amlodipine besylate-</i>
<i>codeine tab 300-60</i>	EMBECTA-	<i>atorvastatin calcium</i>
<i>mg</i> 22	BD/MHC/RUGBY .. 69	<i>tab 10-10 mg</i> 50
<i>acetazolamide</i> 49	ALDURAZYME 77	<i>amlodipine besylate-</i>
<i>acetic acid</i> 82	ALECENSA 35	<i>atorvastatin calcium</i>
<i>acetic acid (otic)</i> 94	<i>alendronate sodium</i> 70	<i>tab 10-20 mg</i> 50
<i>acetylcysteine</i> 96	<i>alfuzosin hcl</i> 82	<i>amlodipine besylate-</i>
<i>acitretin</i> .....100	<i>aliskiren fumarate</i> .. 50	<i>atorvastatin calcium</i>
ACTHIB INJ 88	<i>allopurinol</i> 21	<i>tab 10-40 mg</i> 50
ACTIMMUNE 88	<i>alose tron hcl</i> 81	<i>amlodipine besylate-</i>
<i>acyclovir</i> 28	<i>alprazolam</i> 52	<i>atorvastatin calcium</i>
<i>acyclovir sodium</i> 28	<i>altavera</i> 71	<i>tab 10-80 mg</i> 50
ADACEL INJ..... 88	ALUNBRIG..... 35	
	ALUNBRIG PAK 35	

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	<i>medoxomil tab 10-40 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>
<i>50</i>	<i>45</i>	<i>63</i>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>
<i>50</i>	<i>44</i>	<i>63</i>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>
<i>50</i>	<i>45</i>	<i>63</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>
<i>50</i>	<i>45</i>	<i>63</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>
<i>50</i>	<i>45</i>	<i>63</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>
<i>50</i>	<i>45</i>	<i>63</i>
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>
<i>50</i>	<i>45</i>	<i>63</i>
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	<i>amnestem</i>	<i>amphetamine-dextroamphetamine tab 10 mg</i>
<i>43</i>	<i>99</i>	<i>63</i>
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	<i>amoxapine</i>	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>
<i>43</i>	<i>52</i>	<i>63</i>
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	<i>amoxicillin.....</i>	<i>amphetamine-dextroamphetamine tab 15 mg</i>
<i>43</i>	<i>30</i>	<i>63</i>
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	<i>amphetamine-dextroamphetamine tab 20 mg</i>
<i>43</i>	<i>30</i>	<i>63</i>
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	<i>amphetamine-dextroamphetamine tab 30 mg</i>
<i>43</i>	<i>30</i>	<i>63</i>
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml...</i>	<i>amphetamine-dextroamphetamine tab 5 mg</i>
<i>43</i>	<i>30</i>	<i>63</i>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>
<i>45</i>	<i>30</i>	<i>63</i>
<i>amlodipine besylate-olmesartan</i>	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	<i>amphotericin b</i>
	<i>30</i>	<i>25</i>
	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
	<i>45</i>	
	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	
	<i>44</i>	
	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	
	<i>45</i>	
	<i>amlodipine besylate-valsartan tab 10-160 mg</i>	
	<i>45</i>	
	<i>amlodipine besylate-valsartan tab 10-320 mg</i>	
	<i>45</i>	
	<i>amlodipine besylate-valsartan tab 5-160 mg</i>	
	<i>45</i>	
	<i>amlodipine besylate-valsartan tab 5-320 mg</i>	
	<i>45</i>	
	<i>amnestem</i>	
	<i>99</i>	
	<i>amoxapine</i>	
	<i>52</i>	
	<i>amoxicillin.....</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml...</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
	<i>30</i>	
	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
	<i>30</i>	

<i>amphotericin b</i>	<i>aspirin-dipyridamole</i>	<i>azelastine hcl (ophth)</i>
<i>liposome</i> 25	<i>cap er 12hr 25-200</i>	..... 93
<i>ampicillin</i> 30	<i>mg</i> 84	<i>azithromycin</i> 29
<i>ampicillin & sulbactam</i>	ASTAGRAF XL..... 88	<i>aztreonam</i> 23
<i>sodium for inj 1.5</i>	<i>atazanavir sulfate</i> .. 26	<i>azurette</i> 72
<i>(1-0.5) gm</i> 30	<i>atenolol</i> 48	B
<i>ampicillin & sulbactam</i>	<i>atenolol &</i>	<i>bacitracin</i>
<i>sodium for inj 3 (2-</i>	<i>chlorthalidone tab</i>	<i>(ophthalmic)</i> 92
<i>1) gm</i> 30	<i>100-25 mg</i> 48	<i>bacitracin-polymyxin b</i>
<i>ampicillin & sulbactam</i>	<i>atenolol &</i>	<i>ophth oint</i> 92
<i>sodium for iv soln</i>	<i>chlorthalidone tab</i>	<i>bacitracin-polymyxin-</i>
<i>1.5 (1-0.5) gm</i> 30	<i>50-25 mg</i> 48	<i>neomycin-hc ophth</i>
<i>ampicillin & sulbactam</i>	<i>atomoxetine hcl</i> 63	<i>oint 1%</i> 92
<i>sodium for iv soln 15</i>	<i>atorvastatin calcium</i> 47	<i>baclofen</i> 66
<i>(10-5) gm</i> 30	<i>atovaquone</i> 23	BAFIERTAM 65
<i>ampicillin & sulbactam</i>	<i>atovaquone-proguanil</i>	<i>balsalazide disodium</i>
<i>sodium for iv soln 3</i>	<i>hcl tab 250-100 mg</i>	..... 80
<i>(2-1) gm</i> 30	..... 25	BALVERSA 35
<i>ampicillin sodium</i> ... 30	<i>atovaquone-proguanil</i>	<i>balziva</i> 72
<i>anagrelide hcl</i> 84	<i>hcl tab 62.5-25 mg</i>	BARACLUDGE 28
<i>anastrozole</i> 33	..... 25	BCG VACCINE..... 88
ANORO ELLIPT AER	ATROPINE SULFATE 94	<i>benazepril &</i>
<i>62.5-25</i> 94	<i>atropine sulfate</i>	<i>hydrochlorothiazide</i>
<i>aprepitant</i> 79	<i>(ophthalmic)</i> 94	<i>tab 10-12.5 mg</i> ... 44
<i>aprepitant capsule</i>	ATROVENT HFA..... 95	<i>benazepril &</i>
<i>therapy pack 80 &</i>	<i>aubra eq</i> 71	<i>hydrochlorothiazide</i>
<i>125 mg</i> 79	AUGTYRO..... 35	<i>tab 20-12.5 mg</i> ... 44
<i>apri</i> 71	<i>aurovela 1/20</i> 71	<i>benazepril &</i>
APTIOM 58	<i>aurovela 24 fe</i> 71	<i>hydrochlorothiazide</i>
APTIVUS 26	<i>aurovela fe 1.5/30</i> . 71	<i>tab 20-25 mg</i> 44
ARALAST NP 96	<i>aurovela fe 1/20</i> 71	<i>benazepril &</i>
<i>aranelle</i> 71	AUSTEDO..... 65	<i>hydrochlorothiazide</i>
ARCALYST 88	AUSTEDO XR 65	<i>tab 5-6.25mg</i> 43
AREXVY 88	AUSTEDO XR TAB	<i>benazepril hcl</i> 44
<i>arformoterol tartrate</i>	TITR KIT 65	BENDAMUSTINE
..... 95	AUVELITY TAB 45-	HYDROCHLORID . 31
ARIKAYCE 23	105MG..... 52	BENDEKA..... 31
<i>aripiprazole</i> 55	<i>aviane</i> 71	BENLYSTA..... 88
ARISTADA..... 55	AVMAPKI PAK	<i>benzoyl peroxide-</i>
ARISTADA INITIO .. 55	FAKZYNJA 35	<i>erythromycin gel 5-</i>
<i>armodafinil</i> 66	<i>ayuna</i> 71	<i>3%</i> 99
ARNUITY ELLIPTA... 98	AYVAKIT 35	<i>benztropine mesylate</i>
<i>asenapine maleate</i> . 55	<i>azacitidine</i> 32	..... 54
<i>ashlyna</i> 71	<i>azathioprine</i> 88	BERINERT 84
	<i>azelaic acid</i> .....101	<i>besifloxacin hcl</i> 92
	<i>azelastine hcl</i> 95	BESIVANCE 92

BESREMI	34	BOOSTRIX INJ	89	2-0.5 mg (base equiv).....	67
<i>betaine powder for oral solution</i>	77	<i>bortezomib</i>	35	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	67
<i>betamethasone dipropionate (topical)</i>	100	BORTEZOMIB	35	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	67
<i>betamethasone dipropionate augmented</i>	100	<i>bosentan</i>	51	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	67
<i>betamethasone valerate</i>	100	BOSULIF.....	35	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	67
BETASERON	65	BRAFTOVI	35	<i>bupropion hcl</i>	52
<i>betaxolol hcl (ophth)</i>	93	BREO ELLIPTA INH 100-25	98	<i>bupropion hcl (smoking deterrent)</i>	67
<i>bethanechol chloride</i>	82	BREO ELLIPTA INH 200-25	98	<i>buspirone hcl</i>	52
BEVESPI AER 9-4.8MCG.....	94	BREO ELLIPTA INH 50-25MCG	98	<i>butorphanol tartrate</i>	22
<i>bexarotene</i>	34	<i>breyna</i>	98	C	
<i>bexarotene (topical)</i>	101	BREZTRI AERO AER SPHERE	94	<i>cabergoline</i>	77
BEXSERO	89	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....	94	CABOMETYX.....	36
<i>bicalutamide</i>	33	<i>briellyn</i>	72	<i>calcipotriene</i>	100
BICILLIN L-A	31	<i>brimonidine tartrate</i>	93	<i>calcitonin (salmon) spray</i>	70
BIKTARVY TAB 30-120-15 MG	27	<i>brinzolamide</i>	93	<i>calcitrene</i>	100
BIKTARVY TAB 50-200-25 MG	27	BRIVIACT.....	58	<i>calcitriol</i>	79
BILDYOS.....	70	<i>bromocriptine mesylate</i>	54	<i>calcitriol (oral)</i>	79
BIMZELX.....	84, 85	BRUKINSA	35, 36	CALQUENCE	36
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg...</i>	48	<i>budesonide</i>	80	<i>camila</i>	72
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg..</i>	48	<i>budesonide (inhalation)</i>	98	<i>camrese</i>	72
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	48	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	98	<i>camrese lo</i>	72
<i>bisoprolol fumarate</i>	48	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	98	<i>candesartan cilexetil</i>	46
BIVIGAM.....	87	<i>bumetanide</i>	49	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg...</i>	45
<i>blisovi 24 fe</i>	72	<i>buprenorphine</i>	21	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg...</i>	45
<i>blisovi fe 1.5/30</i>	72	<i>buprenorphine hcl</i> ..	67		
<i>blisovi fe 1/20</i>	72	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	67		
BLUJEPa	23	<i>buprenorphine hcl-naloxone hcl sl film</i>			
BONSITY.....	70				

<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	45	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	55	<i>ceftazidime</i>	29
CAPLYTA.....	55	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	55	<i>ceftriaxone sodium</i> .	29
CAPRELSA.....	36	.....	55	<i>cefuroxime axetil</i> ...	29
<i>captopril</i>	44	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	55	<i>cefuroxime sodium</i> .	29
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	44	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	55	<i>celecoxib</i>	21
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	44	<i>carboplatin</i>	31	<i>cephalexin</i>	29
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	44	<i>carglumic acid</i>	77	CEQR SIMPL KIT PATCH 2U (3-DAY)	69
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	44	<i>carisoprodol</i>	66	CEQR SIMPL KIT PATCH 2U (4-DAY)	69
<i>carb/levo orally disintegrating tab 10-100mg</i>	54	<i>carteolol hcl (ophth)</i>	93	CEQR SIMPL MIS INSERTER	69
<i>carb/levo orally disintegrating tab 25-100mg</i>	54	<i>cartia xt</i>	48	CERDELGA	77
<i>carb/levo orally disintegrating tab 25-250mg</i>	54	<i>carvedilol</i>	48	CEREZYME	77
<i>carbamazepine</i> .58, 59		<i>casprofungin acetate</i>	25	<i>cetirizine hcl</i>	95
<i>carbidopa</i>	54	CAYSTON.....	23	<i>cevimeline hcl</i>	102
<i>carbidopa & levodopa tab 10-100 mg</i>	54	<i>cefaclor</i>	28	<i>chateal eq</i>	72
<i>carbidopa & levodopa tab 25-100 mg</i>	54	<i>cefadroxil</i>	29	CHEMET.....	71
<i>carbidopa & levodopa tab 25-250 mg</i>	54	CEFAZOLIN	29	<i>chlorhexidine gluconate (mouth-throat)</i>	102
<i>carbidopa & levodopa tab er 25-100 mg</i>	54	CEFAZOLIN INJ 1GM/50ML.....	29	<i>chloroquine phosphate</i>	25
<i>carbidopa & levodopa tab er 50-200 mg</i>	54	<i>cefazolin sodium</i>	29	<i>chlorpromazine hcl</i> .	55
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> ..	54	CEFAZOLIN SOLN 2GM/100ML-4% ..	29	<i>chlorthalidone</i>	49
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	54	CEFAZOLIN/DEX SOL 1GM/50ML-4%....	29	<i>cholestyramine</i>	47
		CEFAZOLIN/DEX SOL 2GM/50ML-3%....	29	<i>cholestyramine light</i>	47
		CEFAZOLIN/DEX SOL 3GM/150ML-4% ..	29	<i>choline fenofibrate</i> .	46
		CEFAZOLIN/DEX SOL 3GM/50ML-2%....	29	<i>ciclopirox</i>	99
		<i>cefdinir</i>	29	<i>ciclopirox olamine</i> ..	99
		<i>cefepime hcl</i>	29	<i>cilostazol</i>	84
		<i>cefixime</i>	29	CILOXAN	92
		<i>cefotetan disodium</i> .	29	CIMDUO TAB 300-300	27
		<i>cefoxitin sodium</i>	29	<i>cinacalcet hcl</i>	77
		<i>cefpodoxime proxetil</i>	29	CIPRO	30
		<i>cefprozil</i>	29	<i>ciprofloxacin 200 mg/100ml in d5w</i>	30
		<i>ceftaroline fosamil</i> ..	29	<i>ciprofloxacin 400 mg/200ml in d5w</i>	30
				<i>ciprofloxacin hcl</i>	30
				<i>ciprofloxacin hcl (ophth)</i>	92

<i>ciprofloxacin-</i>	CLINIMIX INJ 8/14 . 92	COMETRIQ (60MG
<i>dexamethasone otic</i>	<i>clinisol sf 15%</i> 92	DOSE) 36
<i>susp 0.3-0.1%</i> 94	CLINOLIPID EMU 20%	COMETRIQ KIT 100MG
<i>cisplatin</i> 32	..... 92	..... 36
<i>citalopram</i>	<i>clobazam</i> 59	COMETRIQ KIT 140MG
<i>hydrobromide</i> 53	<i>clobetasol propionate</i>	..... 36
<i>claravis</i> 99	.....100	<i>compro</i> 79
<i>clarithromycin</i> 29	<i>clobetasol propionate</i>	<i>constulose</i> 80
<i>clindamycin hcl</i> 23	<i>e</i>.....100	COPAXONE..... 65, 66
<i>clindamycin palmitate</i>	<i>clodan</i> .....100	COPIKTRA..... 36
<i>hydrochloride</i> 23	<i>clomipramine hcl</i> 53	CORLANOR 50
<i>clindamycin phosphate</i>	<i>clonazepam</i> 59	COTELLIC 36
..... 23	<i>clonidine</i> 50	CREON CAP 12000UNT
<i>clindamycin phosphate</i>	<i>clonidine hcl</i> 50	..... 81
<i>(topical)</i> 99	<i>clopidogrel bisulfate</i> 84	CREON CAP 24000UNT
<i>clindamycin phosphate</i>	<i>clorazepate</i>	..... 81
<i>in d5w iv soln 300</i>	<i>dipotassium</i> 59	CREON CAP 3000UNIT
<i>mg/50ml</i> 23	<i>clotrimazole</i> .....102	..... 81
<i>clindamycin phosphate</i>	<i>clotrimazole (topical)</i>	CREON CAP 36000UNT
<i>in d5w iv soln 600</i>	..... 99	..... 81
<i>mg/50ml</i> 23	<i>clotrimazole w/</i>	CREON CAP 6000UNIT
<i>clindamycin phosphate</i>	<i>betamethasone</i>	..... 81
<i>in d5w iv soln 900</i>	<i>cream 1-0.05%</i> ... 99	CRESEMBA..... 25
<i>mg/50ml</i> 23	<i>clozapine</i> 56	<i>cromolyn sodium</i> ... 96
<i>clindamycin phosphate</i>	COARTEM TAB 20-	<i>cromolyn sodium</i>
<i>vaginal</i> 83	120MG..... 25	<i>(mastocytosis)</i> 81
<i>clindamycin phosph-</i>	COBENFY CAP 100-	<i>cromolyn sodium</i>
<i>benzoyl peroxide</i>	20MG 56	<i>(ophth)</i> 93
<i>(refrig) gel 1.2 (1)-</i>	COBENFY CAP 125-	<i>cryelle</i> 72
<i>5%</i> 99	30MG 56	<i>cyclobenzaprine hcl</i> 66
CLINDMYC/NAC INJ	COBENFY CAP 50-	<i>cyclophosphamide</i> .. 32
300/50ML..... 23	20MG 56	CYCLOPHOSPHAMIDE
CLINDMYC/NAC INJ	COBENFY STRT CAP	..... 32
600/50ML..... 23	PACK 56	CYCLOPHOSPHAMIDE
CLINDMYC/NAC INJ	<i>colchicine</i> 21	MONOHYDR 32
900/50ML..... 23	<i>colchicine w/</i>	<i>cycloserine</i> 27
CLINIMIX INJ	<i>probenecid tab 0.5-</i>	<i>cyclosporine</i> 88
4.25/D10 92	<i>500 mg</i> 21	<i>cyclosporine modified</i>
CLINIMIX INJ	<i>colesevelam hcl</i> 47	<i>(for microemulsion)</i>
4.25/D5W 91	<i>colestipol hcl</i> 47	..... 88
CLINIMIX INJ	<i>colistimethate sodium</i>	<i>cyproheptadine hcl</i> . 95
5%/D15W 92	..... 23	<i>cyred eq</i> 72
CLINIMIX INJ	COMBIGAN SOL	CYSTADROPS 94
5%/D20W 92	0.2/0.5% 93	CYSTAGON..... 77
CLINIMIX INJ 6/5... 92	COMBIVENT AER 20-	CYSTARAN 94
CLINIMIX INJ 8/10 . 92	100 94	<i>cytarabine</i> 32

D		
D10W/NAACL INJ 0.2%	<i>desmopressin acetate</i>	<i>dextrose 5% w/ sodium chloride</i>
..... 90	..... 77	<i>0.45%</i> 90
D10W/NAACL INJ	<i>desmopressin acetate</i>	<i>dextrose 5% w/ sodium chloride</i>
0.45%	<i>spray.....</i> 77	<i>0.9%.....</i> 90
D2.5W/NAACL INJ	<i>desmopressin acetate</i>	DEXTROSE 70%..... 92
0.45%	<i>spray refrigerated</i> 77	DIACOMIT..... 59
D5W/NAACL INJ 0.2%	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	<i>diazepam.....</i> 59
..... 90	..... 72	<i>diazepam (anticonvulsant)..</i> 59
D5W/NAACL INJ 0.45%	<i>desvenlafaxine succinate</i> 53	<i>diazepam inj</i> 59
..... 90	<i>dexamethasone</i> 76	<i>diazepam intensol ..</i> 59
<i>dabigatran etexilate mesylate</i> 83	DEXAMETHASONE INTENSOL..... 76	<i>diazoxide</i> 77
<i>dalfampridine</i> 66	<i>dexamethasone sodium phosphate</i> 76	<i>diclofenac potassium</i> 21
<i>danazol</i> 67	<i>dexamethasone sodium phosphate (ophth).....</i> 93	<i>diclofenac sodium ..</i> 21
<i>dantrolene sodium .</i> 66	DEXCOM G6 MIS RECEIVER	<i>diclofenac sodium (ophth).....</i> 93
DANZITEN..... 36	.....102	<i>diclofenac sodium (topical).....</i> 101
<i>dapagliflozin propanediol</i> 68	DEXCOM G6 MIS SENSOR.....103	<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> 21
<i>dapsone.....</i> 23	DEXCOM G6 MIS TRANSMIT.....103	<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> 21
DAPTACEL INJ	DEXCOM G7 MIS RECEIVER	<i>dicloxacillin sodium</i> 31
..... 89	.....103	<i>dicyclomine hcl</i> 80
<i>daptomycin</i> 23	DEXCOM G7 MIS SENSOR.....103	DIFICID..... 29
DAPTOMYCIN	<i>dexmethylphenidate hcl</i> 63	<i>diflunisal.....</i> 21
..... 23	<i>dextrose</i> 92	<i>difluprednate.....</i> 93
<i>darifenacin hydrobromide</i> 82	DEXTROSE 10%..... 92	<i>digoxin</i> 50
<i>darunavir.....</i> 26	<i>dextrose 2.5% w/ sodium chloride 0.45%</i> 90	<i>dihydroergotamine mesylate.....</i> 64
<i>dasatinib.....</i> 36	<i>dextrose 5% in lactated ringers... ..</i> 90	DILANTIN
<i>dasetta 1/35</i> 72	<i>dextrose 5% w/ sodium chloride 0.225%</i> 90	..... 59
<i>dasetta 7/7/7</i> 72	<i>dextrose 5% w/ sodium chloride 0.3%</i> 90	<i>diltiazem hcl.....</i> 48
DAURISMO..... 36		<i>diltiazem hcl coated beads</i> 49
<i>daysee</i> 72		<i>diltiazem hcl extended release beads</i> 49
DAYVIGO		<i>dilt-xr.....</i> 48
..... 64		<i>diphenhydramine hcl</i> 95
<i>deblitane</i> 72		
<i>deferasirox.....</i> 71		
DELSTRIGO TAB 27		
DENGVAXIA SUS.... 89		
DEPO-SUBQ PROVERA 104		
..... 72		
<i>depo-testosterone ..</i> 67		
DESCOVY TAB 120-15MG		
..... 27		
DESCOVY TAB 200/25MG		
..... 27		
<i>desipramine hcl</i> 53		
<i>desloratadine.....</i> 95		

<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i>	81	<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.02-0.451 mg</i>	72	ELIQUIS (1.5MG PACK) 3 X	83
<i>dipyridamole</i>	84	<i>drospirenone-ethinyl estradiol-levomefolate tab 3-0.03-0.451 mg</i>	72	ELIQUIS (2MG PACK) 4 X	83
<i>disopyramide phosphate</i>	46	DROXIA	84	ELIQUIS STARTER PACK	83
<i>disulfiram</i>	67	<i>droxidopa</i>	50	<i>eluryng</i>	72
<i>divalproex sodium</i> ..	59	DULERA AER 100- 5MCG	98	EMGALITY	64
<i>docetaxel</i>	34	DULERA AER 200- 5MCG	98	EMSAM	53
DOCETAXEL	34	DULERA AER 50-5MCG	98	<i>emtricitabine</i>	26
DOCIVYX	35	<i>duloxetine hcl</i>	53	<i>emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg</i>	27
<i>dofetilide</i>	46	DUPIXENT	85	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> ..	27
<i>dolishale</i>	72	<i>dutasteride</i>	82	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> ..	27
<i>donepezil hydrochloride</i>	52	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	82	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> ..	27
DOPTELET	84	E		<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> ..	27
DOPTELET SPRINKLE	84	<i>e.e.s. 400</i>	29	EMTRIVA	26
<i>dorzolamide hcl</i>	93	<i>econazole nitrate</i> ...	99	EMVERM	23
<i>dorzolamide hcl- timolol maleate ophth soln 2-0.5%</i>	93	EDARBI	46	<i>emzahh</i>	72
<i>dotti</i>	76	EDARBYCLOR TAB 40- 12.5	45	<i>enalapril maleate</i> ...	44
DOVATO TAB 50- 300MG	27	EDARBYCLOR TAB 40- 25MG	45	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	44
<i>doxazosin mesylate</i>	44	EDURANT	26	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	44
<i>doxepin hcl</i>	53	EDURANT PED	26	ENBREL	85
<i>doxepin hcl (sleep)</i> .	64	<i>efavirenz</i>	26	ENBREL MINI	85
<i>doxercalciferol</i>	79	<i>efavirenz- emtricitabine- tenofovir df tab 600- 200-300 mg</i>	27	ENBREL SURECLICK	85
<i>doxorubicin hcl</i>	34	<i>efavirenz-lamivudine- tenofovir df tab 400- 300-300 mg</i>	27	<i>endocet tab 10-325mg</i>	22
<i>doxorubicin hcl liposomal</i>	34	<i>efavirenz-lamivudine- tenofovir df tab 600- 300-300 mg</i>	27	<i>endocet tab 2.5- 325mg</i>	22
<i>doxy 100</i>	31	ELIGARD	33	<i>endocet tab 5-325mg</i>	22
<i>doxycycline (monohydrate)</i>	31	<i>elinest</i>	72	ELIQUIS	83
<i>doxycycline hyclate</i>	31				
DRIZALMA SPRINKLE	53				
<i>dronabinol</i>	79				
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	72				
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	72				

<i>endocet tab 7.5-</i>	<i>erythromycin</i>	EZALLOR SPRINKLE 47
325mg..... 22	<i>lactobionate</i> 30	<i>ezetimibe</i> 47
ENGERIX-B 89	ERZOFRI..... 56	<i>ezetimibe-simvastatin</i>
<i>enilloring</i> 72	<i>escitalopram oxalate</i>	<i>tab 10-10 mg</i> 47
<i>enoxaparin sodium</i> . 83	..... 53	<i>ezetimibe-simvastatin</i>
ENSACOVE 36	<i>eslicarbazepine</i>	<i>tab 10-20 mg</i> 47
<i>enskyce</i> 72	<i>acetate</i> 60	<i>ezetimibe-simvastatin</i>
ENSTILAR AER.....100	<i>esomeprazole</i>	<i>tab 10-40 mg</i> 47
<i>entacapone</i> 55	<i>magnesium</i> 82	<i>ezetimibe-simvastatin</i>
<i>entecavir</i> 28	<i>estarylla</i> 72	<i>tab 10-80 mg</i> 47
ENTRESTO CAP 15-	<i>estradiol</i> 76	F
16MG 45	<i>estradiol &</i>	FABRAZYME 77
ENTRESTO CAP 6-6MG	<i>norethindrone</i>	<i>falmina</i> 72
..... 45	<i>acetate tab 0.5-0.1</i>	<i>famciclovir</i> 28
<i>enulose</i> 80	<i>mg</i> 76	<i>famotidine</i> 80
EPCLUSA PAK 150-	<i>estradiol &</i>	<i>famotidine in nacl</i>
37.5 28	<i>norethindrone</i>	<i>0.9% iv soln 20</i>
EPCLUSA PAK 200-	<i>acetate tab 1-0.5</i>	<i>mg/50ml</i> 80
50MG 28	<i>mg</i> 76	FANAPT 56
EPCLUSA TAB 200-	<i>estradiol vaginal</i> 76	FANAPT PAK PACK A56
50MG 28	<i>estradiol valerate</i> ... 76	FANAPT PAK PACK B56
EPCLUSA TAB 400-100	<i>ethambutol hcl</i> 27	FANAPT PAK PACK C56
..... 28	<i>ethosuximide</i> 60	FARXIGA..... 68
EPIDIOLEX 59	<i>ethynodiol diacetate &</i>	FASENRA 96
<i>epinephrine</i>	<i>ethinyl estradiol tab</i>	FASENRA PEN..... 96
<i>(anaphylaxis)</i> . 50, 96	<i>1 mg-50 mcg</i> 72	<i>febuxostat</i> 21
<i>eplerenone</i> 44	<i>etodolac</i> 21	<i>feirza 1.5/30</i> 72
<i>ergotamine w/</i>	<i>etonogestrel-ethinyl</i>	<i>feirza 1/20</i> 72
<i>caffeine tab 1-100</i>	<i>estradiol va ring</i>	<i>felbamate</i> 60
<i>mg</i> 64	<i>0.12-0.015 mg/24hr</i>	<i>felodipine</i> 49
ERIVEDGE..... 36	..... 72	<i>fenofibrate</i> 47
ERLEADA 33	<i>etoposide</i> 35	<i>fenofibrate micronized</i>
<i>erlotinib hcl</i> 36	<i>etravirine</i> 26	..... 47
<i>errin</i> 72	EUCRISA.....101	<i>fentanyl</i> 21
<i>ertapenem sodium</i> . 23	EULEXIN 33	<i>fesoterodine fumarate</i>
<i>ery</i> 99	<i>everolimus</i> 36	..... 82
ERYTHROCIN	<i>everolimus</i>	FETZIMA..... 53
LACTOBIONATE... 29	<i>(immunosuppressan</i>	FETZIMA CAP
<i>erythromycin (acne</i>	<i>t)</i> 88	TITRATIO 53
<i>aid)</i> 99	EVOTAZ TAB 300-150	FIASP..... 69
<i>erythromycin (ophth)</i>	..... 27	FIASP FLEXTOUCH . 69
..... 92	<i>exemestane</i> 33	FIASP PENFILL..... 69
<i>erythromycin base</i> . 29	EXXUA..... 53	FIASP PUMPCART ... 69
<i>erythromycin</i>	EXXUA TITRATION	<i>fidaxomicin</i> 30
<i>ethylsuccinate</i> 30	PACK..... 53	<i>finasteride</i> 82
	EYSUVIS..... 94	<i>fingolimod hcl</i> 66

FINTEPLA.....	60	<i>fluticasone-salmeterol</i>	<i>galantamine</i>
<i>finzala</i>	72	<i>aer powder ba 500-</i>	<i>hydrobromide</i>
FIRMAGON	33	<i>50 mcg/act.....</i>	52
<i>flac</i>	94	<i>fluvastatin sodium..</i>	<i>galbriela</i>
FLEBOGAMMA DIF..	87	47	<i>gallifrey</i>
<i>flecainide acetate</i> ...	46	<i>fluvoxamine maleate</i>	78
<i>fluconazole</i>	25	.....	GAMASTAN INJ.....
<i>fluconazole in nacl</i>		<i>fondaparinux sodium</i>	87
<i>0.9% inj 200</i>		.....	GAMMAGARD LIQUID
<i>mg/100ml</i>	25	.....	.....
<i>fluconazole in nacl</i>		<i>formoterol fumarate</i>	GAMMAGARD LIQUID
<i>0.9% inj 400</i>		96	ERC.....
<i>mg/200ml</i>	25	<i>fosamprenavir calcium</i>	87
<i>flucytosine</i>	25	.....	GAMMAGARD S/D IGA
<i>fludrocortisone acetate</i>		<i>fosfomycin</i>	LESS TH.....
.....	76	.....	87
<i>flunisolide (nasal)</i> ...	97	<i>tromethamine</i>	GAMMAKED.....
<i>fluocinolone acetonide</i>		.....	87
.....	100, 101	<i>fosinopril sodium....</i>	GAMMAPLEX.....
<i>fluocinolone acetonide</i>		44	GAMUNEX-C.....
<i>(otic)</i>	94	<i>fosinopril sodium &</i>	87
<i>fluocinonide</i>	101	<i>hydrochlorothiazide</i>	<i>ganciclovir sodium</i> .
<i>fluocinonide emulsified</i>		<i>tab 10-12.5 mg...</i>	28
<i>base</i>	101	44	GARDASIL 9.....
<i>fluorometholone</i>		<i>fosinopril sodium &</i>	89
<i>(ophth)</i>	93	<i>hydrochlorothiazide</i>	<i>gatifloxacin (ophth)</i>
<i>fluorouracil</i>	32	<i>tab 20-12.5 mg...</i>	92
<i>fluorouracil (topical)</i>		44	GATTEX
.....	101, 102	FOTIVDA.....	81
<i>fluoxetine hcl</i>	53	37	GAUZE PADS 2
<i>fluphenazine</i>		FREESTYLE LB KIT	69
<i>decanoate</i>	56	14D/SEN.....	<i>gavilyte-c</i>
<i>fluphenazine hcl</i>	56	103	80
<i>flurbiprofen</i>	21	FREESTYLE LB KIT	<i>gavilyte-g</i>
<i>flurbiprofen sodium</i>	93	2/SENSOR.....	80
<i>fluticasone propionate</i>		103	<i>gavilyte-n/</i>
.....	101	FREESTYLE LB KIT	<i>flavor pack</i>
<i>fluticasone propionate</i>		3/SENSOR.....	.....
<i>(nasal)</i>	97	103	GAVRETO.....
<i>fluticasone-salmeterol</i>		FREESTYLE LB MIS	37
<i>aer powder ba 100-</i>		2/READER	<i>gefitinib</i>
<i>50 mcg/act.....</i>	98	103	37
<i>fluticasone-salmeterol</i>		FREESTYLE LB MIS	<i>gemcitabine hcl</i>
<i>aer powder ba 250-</i>		3/READER	47
<i>50 mcg/act.....</i>	98	103	GEMTESA.....
		FREESTYLE MIS	<i>generlac</i>
		READER	81
		103	<i>gengraf</i>
		FRINDOVYX.....	88
		32	GENOTROPIN
		FRUZAQLA	77
		37	GENOTROPIN
		FULPHILA.....	MINIQUICK
		83	77
		<i>fulvestrant</i>	<i>gentamicin in saline</i>
		33	<i>inj 0.8 mg/ml</i>
		<i>furosemide</i>	23
		49	<i>gentamicin in saline</i>
		<i>furosemide inj</i>	<i>inj 1 mg/ml</i>
		49	23
		<i>fyavolv tab 0.5mg-</i>	<i>gentamicin in saline</i>
		<i>2.5mcg</i>	<i>inj 1.6 mg/ml</i>
		76	23
		<i>fyavolv tab 1mg-5mcg</i>	<i>gentamicin in saline</i>
		.....	<i>inj 2 mg/ml</i>
		76	23
		FYCOMPA.....	<i>gentamicin sulfate..</i>
		60	23
		G	<i>gentamicin sulfate</i>
		<i>gabapentin</i>	<i>(ophth)</i>
		60	93

<i>gentamicin sulfate</i> (topical).....	99	HEP SOD/NACL INJ 25000UNT.....	83	<i>hydrocortisone</i> (topical).....	101
GENVOYA TAB	27	<i>heparin sodium</i> (porcine).....	83	<i>hydrocortisone sod</i> <i>succinate</i>	76
GILOTRIF	37	HEPLISAV-B	89	<i>hydrocortisone</i> <i>valerate</i>	101
<i>glatiramer acetate</i> ..	66	HERCEP HYLEC SOL 60-10000	37	<i>hydrocortisone w/</i> <i>acetic acid otic soln</i> 1-2%.....	94
<i>glatopa</i>	66	HERCEPTIN	37	<i>hydromorphone hcl</i>	22
GLEOSTINE	32	HERCESSI.....	37	<i>hydroxychloroquine</i> <i>sulfate</i>	87
<i>glimepiride</i>	68	HERNEXEOS.....	37	<i>hydroxyurea</i>	34
<i>glipizide</i>	68	HERZUMA	37	<i>hydroxyzine hcl</i>	95
<i>glipizide-metformin hcl</i> tab 2.5-250 mg...	68	HIBERIX	89	<i>hydroxyzine pamoate</i>	95
<i>glipizide-metformin hcl</i> tab 2.5-500 mg...	68	HUMIRA.....	85	HYRNUO	37
<i>glipizide-metformin hcl</i> tab 5-500 mg	68	HUMIRA PEN	85	I	
<i>glycopyrrolate</i>	80	HUMIRA PEN KIT PS/UV.....	85	<i>ibandronate sodium</i>	70
<i>glydo</i>	101	HUMIRA PEN- CD/UC/HS START	85	IBRANCE	37
GLYXAMBI TAB 10-5 MG.....	68	HUMULIN R U-500 (CONCENTR.....	69	IBTROZI	37
GLYXAMBI TAB 25-5 MG.....	68	HUMULIN R U-500 KWIKPEN	69	<i>ibu</i>	21
GOMEKLI	37	<i>hydralazine hcl</i>	50	<i>ibuprofen</i>	21
<i>granisetron hcl</i>	79	<i>hydrochlorothiazide</i>	49	<i>icatibant acetate</i>	84
<i>griseofulvin microsize</i>	25	<i>hydrocodone bitartrate</i>	22	<i>iclevia</i>	73
<i>griseofulvin</i> <i>ultramicrosize</i>	25	<i>hydrocodone-</i> <i>acetaminophen soln</i> 7.5-325 mg/15ml	22	ICLUSIG	37
<i>guanfacine hcl</i>	50	<i>hydrocodone-</i> <i>acetaminophen tab</i> 10-325 mg	22	IDHIFA.....	37
<i>guanfacine hcl (adhd)</i>	63	<i>hydrocodone-</i> <i>acetaminophen tab</i> 5-325 mg.....	22	<i>imatinib mesylate</i> ..	37
H		<i>hydrocodone-</i> <i>acetaminophen tab</i> 7.5-325 mg	22	IMBRUVICA.....	37, 38
HADLIMA	85	<i>hydrocodone-</i> <i>ibuprofen tab 7.5-</i> 200 mg.....	22	<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 250 mg.....	23
HADLIMA PUSH TOUCH	85	<i>hydrocortisone</i>	76	<i>imipenem-cilastatin</i> <i>intravenous for soln</i> 500 mg.....	24
HAEGARDA.....	84	<i>hydrocortisone</i> (intrarectal).....	80	<i>imipramine hcl</i>	53
<i>hailey 1.5/30</i>	72	<i>hydrocortisone (rectal)</i>	102	<i>imiquimod</i>	102
<i>hailey 24 fe</i>	72	.....	102	IMKELDI	38
<i>hailey fe 1/20</i>	73			IMOVAX RABIES (H.D.C.V.).....	89
<i>halobetasol propionate</i>	101			IMPAVIDO.....	24
<i>haloperidol</i>	56			INBRIJA.....	55
<i>haloperidol decanoate</i>	56			<i>incassia</i>	73
<i>haloperidol lactate</i> ..	56			INCRELEX	77
HAVRIX	89			INCRUSE ELLIPTA ..	95
<i>heather</i>	73			<i>indapamide</i>	49

INFANRIX INJ	89	<i>isosorbide mononitrate</i>	<i>junel 1/20</i>	73
INFLIXIMAB.....	85	.....	<i>junel fe 1.5/30</i>	73
INLURIYO	33	<i>isotretinoin</i>	<i>junel fe 1/20</i>	73
INLYTA	38	<i>isradipine</i>	<i>junel fe 24</i>	73
INQOVI TAB 35-		ITOVEBI	JYLAMVO	87
100MG.....	32	<i>itraconazole</i>	JYNNEOS	89
INREBIC	38	<i>ivabradine hcl</i>	K	
INSULIN PEN		<i>ivermectin</i>	KADCYLA	38
NEEDLES:		IWILFIN.....	<i>kaitlib fe</i>	73
EMBECTA-BD	69	IXIARO INJ	KALETRA SOL.....	27
INSULIN SAFETY		J	KALYDECO	96
NEEDLES:		<i>jaimiess</i>	KANJINTI.....	38
EMBECTA-BD	69	JAKAFI	<i>kariva</i>	73
INSULIN SYRINGES:		<i>jantoven</i>	<i>kcl 10 meq/l (0.075%)</i>	
EMBECTA-BD	69	JANUMET TAB 50-	<i>in dextrose 5% &</i>	
INTELENCE	26	1000	<i>nacl 0.45% inj</i>	90
INTRALIPID.....	92	JANUMET TAB 50-	<i>kcl 20 meq/l (0.149%)</i>	
<i>introvale</i>	73	500MG.....	<i>in nacl 0.45% inj. 90</i>	
INVEGA HAFYERA... 56		JANUMET XR TAB 100-	<i>kcl 20 meq/l (0.149%)</i>	
INVEGA SUSTENNA 56		1000	<i>in nacl 0.9% inj .. 90</i>	
INVEGA TRINZA..... 56		JANUMET XR TAB 50-	<i>kcl 20 meq/l (0.15%)</i>	
IPOL INJ INACTIVE. 89		1000	<i>in dextrose 5% &</i>	
<i>ipratropium bromide</i> 95		JANUMET XR TAB 50-	<i>nacl 0.45% inj 90</i>	
<i>ipratropium bromide</i>		500MG.....	<i>kcl 20 meq/l (0.15%)</i>	
(<i>nasal</i>).....	95	JANUVIA	<i>in dextrose 5% &</i>	
<i>ipratropium-albuterol</i>		JARDIANCE	<i>nacl 0.9% inj..... 90</i>	
<i>nebu soln 0.5-2.5(3)</i>		<i>jasmiel</i>	<i>kcl 20 meq/l (0.15%)</i>	
<i>mg/3ml</i>	94	<i>javygtor</i>	<i>in nacl 0.45% inj. 90</i>	
<i>irbesartan</i>	46	JAYPIRCA.....	<i>kcl 20 meq/l (0.15%)</i>	
<i>irbesartan-</i>		<i>jencycla</i>	<i>in nacl 0.9% inj .. 90</i>	
<i>hydrochlorothiazide</i>		JENTADUETO TAB 2.5-	<i>kcl 30 meq/l (0.224%)</i>	
<i>tab 150-12.5 mg . 45</i>		1000	<i>in dextrose 5% &</i>	
<i>irbesartan-</i>		JENTADUETO TAB 2.5-	<i>nacl 0.45% inj 90</i>	
<i>hydrochlorothiazide</i>		500	<i>kcl 40 meq/l (0.298%)</i>	
<i>tab 300-12.5 mg . 45</i>		JENTADUETO TAB 2.5-	<i>in nacl 0.9% inj .. 90</i>	
<i>irinotecan hcl</i>	34	850	<i>kcl 40 meq/l (0.3%) in</i>	
ISENTRESS	26	JENTADUETO TAB XR	<i>dextrose 5% & nacl</i>	
ISENTRESS HD	26	2.5-1000MG	<i>0.45% inj..... 90</i>	
<i>isibloom</i>	73	JENTADUETO TAB XR	<i>kcl 40 meq/l (0.3%) in</i>	
ISOLYTE-P INJ /D5W		5-1000MG.....	<i>dextrose 5% & nacl</i>	
.....	90	<i>jinteli</i>	<i>0.9% inj</i>	90
ISOLYTE-S INJ PH 7.4		<i>jolessa</i>	<i>kcl 40 meq/l (0.3%) in</i>	
.....	90	<i>juleber</i>	<i>nacl 0.9% inj..... 90</i>	
<i>isoniazid</i>	27, 28	JULUCA TAB 50-25MG	KCL/D5W/NACL INJ	
<i>isosorbide dinitrate</i> . 51		.....	0.15/0.2	90
		<i>junel 1.5/30</i>		73

KCL/D5W/NAACL INJ	LACTATED RIN INJ . 90	LEUKERAN 32
0.3/0.9% 90	<i>lactated ringer's</i>	<i>leuprolide acetate</i> .. 33
<i>kelnor 1/35</i> 73	<i>solution</i> 90	<i>levabuterol hcl</i> 96
KERENDIA..... 44	<i>lactic acid (ammonium</i>	<i>levabuterol tartrate</i> 96
KESIMPTA 66	<i>lactate)</i>.....102	<i>levetiracetam</i> 60
<i>ketoconazole</i> 25	<i>lactulose</i> 81	<i>levetiracetam in</i>
<i>ketoconazole (topical)</i>	<i>lactulose</i>	<i>sodium chloride iv</i>
..... 99	<i>(encephalopathy)</i> 81	<i>soln 1000 mg/100ml</i>
<i>ketorolac</i>	<i>lamivudine</i> 26	..... 60
<i>tromethamine</i>	<i>lamivudine (hbv)</i> 28	<i>levetiracetam in</i>
<i>(ophth)</i> 93	<i>lamivudine-zidovudine</i>	<i>sodium chloride iv</i>
KEYTRUDA 38	<i>tab 150-300 mg</i> .. 27	<i>soln 1500 mg/100ml</i>
KEYTRUDA INJ QLEX	<i>lamotrigine</i> 60	..... 60
395-4800 MG-	<i>lanreotide acetate</i> .. 77	<i>levetiracetam in</i>
UNIT/2.4ML..... 38	<i>lansoprazole</i> 82	<i>sodium chloride iv</i>
KEYTRUDA INJ QLEX	LANTUS 69	<i>soln 500 mg/100ml</i>
790-9600 MG-	LANTUS SOLOSTAR 69	..... 60
UNIT/4.8ML..... 38	<i>lapatinib ditosylate</i> . 39	<i>levobunolol hcl</i> 93
KINERET 85	<i>larin 1.5/30</i> 73	<i>levocarnitine</i>
KINRIX INJ..... 89	<i>larin 1/20</i> 73	<i>(metabolic</i>
<i>kionex</i> 71	<i>larin 24 fe</i> 73	<i>modifiers)</i> 78
KISQALI 200 DOSE 38	<i>larin fe 1.5/30</i> 73	<i>levocetirizine</i>
KISQALI 400 DOSE 38	<i>larin fe 1/20</i> 73	<i>dihydrochloride</i> ... 95
KISQALI 400 PAK	<i>latanoprost</i> 93	<i>levofloxacin</i> 30
FEMARA 38	LAZCLUZE..... 39	<i>levofloxacin in d5w iv</i>
KISQALI 600 DOSE 38	<i>leflunomide</i> 87	<i>soln 250 mg/50ml</i> 30
KISQALI 600 PAK	<i>lenalidomide</i> 34	<i>levofloxacin in d5w iv</i>
FEMARA 38	LENVIMA 10 MG DAILY	<i>soln 500 mg/100ml</i>
<i>klayesta</i> 99	DOSE 39	..... 30
<i>klor-con</i> 91	LENVIMA 12MG DAILY	<i>levofloxacin in d5w iv</i>
<i>klor-con 10</i> 91	DOSE 39	<i>soln 750 mg/150ml</i>
KLOR-CON 10..... 91	LENVIMA 20 MG DAILY	..... 30
KLOR-CON 8..... 91	DOSE 39	<i>levonest</i> 73
<i>klor-con m10</i> 91	LENVIMA 4 MG DAILY	<i>levonor-eth est tab</i>
<i>klor-con m15</i> 91	DOSE 39	<i>0.15-</i>
<i>klor-con m20</i> 91	LENVIMA 8 MG DAILY	<i>0.02/0.025/0.03 mg</i>
KLOXXADO..... 67	DOSE 39	<i>&eth est 0.01 mg</i> 73
KOMZIFTI 38	LENVIMA CAP 14 MG	<i>levonorgestrel &</i>
KOSELUGO..... 38	..... 39	<i>ethinyl estradiol (91-</i>
<i>kourzeq</i> .....102	LENVIMA CAP 18 MG	<i>day) tab 0.15-0.03</i>
KRAZATI..... 39	..... 39	<i>mg</i> 73
<i>kurvelo</i> 73	LENVIMA CAP 24 MG	<i>levonorgestrel &</i>
L	..... 39	<i>ethinyl estradiol tab</i>
<i>labetalol hcl</i> 48	<i>lessina</i> 73	<i>0.1 mg-20 mcg</i> ... 73
<i>lacosamide</i> 60	<i>letrozole</i> 33	<i>levonorgestrel-eth</i>
<i>lacosamide oral</i> 60	<i>leucovorin calcium</i> .. 34	<i>estra tab 0.05-</i>

30/0.075-40/0.125-30mg-mcg	73	<i>lithium carbonate</i> ...	65	LUPRON DEPOT (3-MONTH).....	33
<i>levonorgestrel-ethinyl estradiol (continuous) tab</i>	90-20 mcg	LIVTENCITY.....	28	LUPRON DEPOT-PED (1-MONTH).....	78
<i>levonorg-eth est tab</i>	0.1-0.02mg(84) & eth est tab	<i>loestrin 1.5/30-21</i> ..	73	LUPRON DEPOT-PED (3-MONTH).....	78
0.01mg(7).....	73	<i>loestrin 1/20-21</i>	73	LUPRON DEPOT-PED (6-MONTH).....	78
<i>levora 0.15/30-28</i> ..	73	<i>loestrin fe 1.5/30</i> ...	73	<i>lurasidone hcl</i>	57
<i>levo-t</i>	79	<i>loestrin fe 1/20</i>	73	<i>lutera</i>	74
<i>levothyroxine sodium</i>	79	<i>lojaimiess</i>	74	LYBALVI TAB 10-10MG	57
.....	79	LOKELMA	71	LYBALVI TAB 15-10MG	57
<i>levoxyl</i>	79	<i>lomustine</i>	32	LYBALVI TAB 20-10MG	57
<i>l-glutamine (sickle cell)</i>	84	LONSURF TAB 15-6.14	32	LYBALVI TAB 5-10MG	57
<i>lidocaine</i>	101	LONSURF TAB 20-8.19	32	<i>lyleq</i>	74
<i>lidocaine hcl</i>	101	<i>loperamide hcl</i>	81	<i>lyllana</i>	76
<i>lidocaine hcl (local anesth.)</i>	21	<i>lopinavir-ritonavir tab</i>	100-25 mg	LYNPARZA.....	39
<i>lidocaine hcl (mouth-throat)</i>	102	200-50 mg	27	LYSODREN	33
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	101	<i>lopinavir-ritonavir tab</i>	200-50 mg	LYTGOBI (12 MG DAILY DOSE).....	39
<i>lidocan</i>	101	<i>lorazepam</i>	52	LYTGOBI (16 MG DAILY DOSE).....	39
LILETTA	73	<i>lorazepam intensol</i> .	52	LYTGOBI (20 MG DAILY DOSE).....	39
<i>linezolid</i>	24	LORBRENA	39	<i>lyza</i>	74
LINEZOLID INJ	2MG/ML	<i>loryna</i>	74	M	
.....	24	<i>losartan potassium</i> .	46	<i>magnesium sulfat</i> e .	91
LINZESS	81	<i>losartan potassium & hydrochlorothiazide tab</i>	100-12.5 mg .	MAGNESIUM SULFATE	91
<i>liomny</i>	79	45	45	<i>magnesium sulfat</i> e in dextrose 5% iv soln	1 gm/100ml
<i>liothyronine sodium</i>	79	<i>losartan potassium & hydrochlorothiazide tab</i>	100-25 mg....	102	
<i>lisdexamphetamine dimesylate</i>	63, 64	45	45	<i>malathion</i>	102
<i>lisinopril</i>	44	<i>losartan potassium & hydrochlorothiazide tab</i>	50-12.5 mg... 45	<i>maraviroc</i>	26
<i>lisinopril & hydrochlorothiazide tab</i>	10-12.5 mg... 44	LOTEMAX.....	93	<i>marlissa</i>	74
<i>lisinopril & hydrochlorothiazide tab</i>	20-12.5 mg... 44	<i>loteprednol etabonate-tobramycin ophth susp</i>	0.5-0.3%	MARPLAN.....	53
<i>lisinopril & hydrochlorothiazide tab</i>	20-25 mg	47	92	MATULANE	34
<i>lithium</i>	65	<i>lovastatin</i>	47	<i>matzim la</i>	49
		<i>low-ogestrel</i>	74	MAVYRET PAK 50-20MG	28
		<i>loxapine succinate</i> ..	57	MAVYRET TAB 100-40MG	28
		<i>luizza 1.5/30</i>	74		
		<i>luizza 1/20</i>	74		
		LUMAKRAS.....	39		
		LUMIGAN	93		
		LUMIZYME	78		
		LUPRON DEPOT (1-MONTH).....	33		

<i>meclizine hcl</i>	79	<i>methsuximide</i>	60	M-NATAL PLUS TAB	91
<i>medroxyprogesterone acetate</i>	78	<i>methylphenidate hcl</i>	64	<i>modafinil</i>	67
<i>medroxyprogesterone acetate (contraceptive)</i> ...	74	<i>methylprednisolone</i>	76, 77	MODEYSO	34
<i>mefloquine hcl</i>	25	<i>methylprednisolone acetate</i>	77	<i>moexipril hcl</i>	44
<i>megestrol acetate</i> .	33, 78	<i>methylprednisolone sod succ</i>	77	<i>molindone hcl</i>	57
<i>megestrol acetate (appetite)</i>	78	<i>metoclopramide hcl</i>	79	<i>mometasone furoate</i>	101
MEKINIST	39, 40	<i>metolazone</i>	49	<i>mometasone furoate (nasal)</i>	97
MEKTOVI	40	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	48	MONJUVI	40
<i>meleya</i>	74	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	48	<i>mono-lynyah</i>	74
<i>meloxicam</i>	21	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	48	<i>montelukast sodium</i>	96
<i>memantine hcl</i>	52	<i>metoprolol succinate</i>	48	<i>morphine sulfate</i>	22
<i>memantine hcl- donepezil hcl cap er 24hr 14-10 mg</i> ...	52	<i>metoprolol tartrate</i> .	48	MOUNJARO	68
<i>memantine hcl- donepezil hcl cap er 24hr 21-10 mg</i> ...	52	<i>metronidazole</i>	24	MOVANTIK	81
<i>memantine hcl- donepezil hcl cap er 24hr 28-10 mg</i> ...	52	<i>metronidazole (topical)</i>	102	<i>moxifloxacin hcl</i>	30
MENQUADFI	89	<i>metronidazole vaginal</i>	83	<i>moxifloxacin hcl (ophth)</i>	93
MENVEO INJ	89	<i>metyrosine</i>	50	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .	30
MENVEO SOL.....	89	<i>mibelas 24 fe</i>	74	MRESVIA	89
<i>mercaptapurine</i>	32	<i>micafungin sodium</i> .	25	MULTAQ	46
<i>meropenem</i>	24	<i>microgestin 1.5/30</i> .	74	<i>multiple electrolytes ph 5.5</i>	91
<i>mesalamine</i>	80	<i>microgestin 1/20</i>	74	<i>mupirocin</i>	99
<i>mesalamine w/ cleanser</i>	80	<i>microgestin fe 1.5/30</i>	74	<i>mycophenolate mofetil</i>	88
<i>mesna</i>	34	<i>microgestin fe 1/20</i>	74	<i>mycophenolate sodium</i>	88
<i>metformin hcl</i>	68	<i>midodrine hcl</i>	50	MYRBETRIQ.....	82
<i>methadone hcl</i>	22	MIEBO.....	94	N	
<i>methadone hydrochloride i</i>	22	<i>mifepristone (hyperglycemia)</i> ..	78	<i>nabumetone</i>	21
<i>methazolamide</i>	49	<i>mili</i>	74	<i>nadolol</i>	48
<i>methenamine hippurate</i>	24	<i>mimvey</i>	76	<i>nafcillin sodium</i>	31
<i>methimazole</i>	79	<i>minocycline hcl</i>	31	NAGLAZYME	78
<i>methocarbamol</i>	66	<i>minoxidil</i>	50	<i>naloxone hcl</i>	67
<i>methotrexate sodium</i>	32, 87	<i>mirtazapine</i>	53	<i>naltrexone hcl</i>	67
<i>methoxsalen rapid</i>	100	<i>misoprostol</i>	81	NAMZARIC CAP 7-10MG	52
		M-M-R II INJ	89	<i>naproxen</i>	21
				<i>naproxen sodium</i> ...	21
				<i>naratriptan hcl</i>	64
				NATACYN.....	93
				<i>nateglinide</i>	68
				NAYZILAM.....	60

<i>nebivolol hcl</i>	48	<i>nitazoxanide</i>	24	<i>25/0.215-25/0.25-</i>	
<i>necon 0.5/35-28</i>	74	<i>nitisinone</i>	78	<i>25 mg-mcg</i>	74
<i>nefazodone hcl</i>	53	NITRO-BID.....	51	<i>norgestimate-eth</i>	
<i>neomycin sulfate</i>	24	<i>nitrofurantoin</i>		<i>estradiol tab 0.18-</i>	
<i>neomycin-bacitrac zn-</i>		<i>macrocrystal</i>	24	<i>35/0.215-35/0.25-</i>	
<i>polymyx 5(3.5)mg-</i>		<i>nitrofurantoin</i>		<i>35 mg-mcg</i>	74
<i>400unt-10000unt op</i>		<i>monohyd macro</i> ..	24	<i>norlyroc</i>	74
<i>oin</i>	93	<i>nitroglycerin</i>	51	<i>nortrel 0.5/35 (28)</i> .	74
<i>neomycin-polymy-</i>		<i>nitroglycerin (intra-</i>		<i>nortrel 1/35 (21)</i> ...	74
<i>gramicid op sol</i>		<i>anal)</i>	102	<i>nortrel 1/35 (28)</i> ...	74
<i>1.75-10000-</i>		<i>nizatidine</i>	80	<i>nortrel 7/7/7</i>	75
<i>0.025mg-unt-mg/ml</i>		<i>nora-be</i>	74	<i>nortriptyline hcl</i>	53
.....	93	<i>norelgestromin-ethinyl</i>		NORVIR	26
<i>neomycin-polymyxin-</i>		<i>estradiol td ptwk</i>		NOVOLIN INJ 70/30	69
<i>dexamethasone</i>		<i>150-35 mcg/24hr</i>	74	NOVOLIN INJ 70/30 FP	
<i>ophth oint 0.1%</i> ..	92	<i>norethindrone</i>		.....	69
<i>neomycin-polymyxin-</i>		<i>(contraceptive)</i> ...	74	NOVOLIN N	70
<i>dexamethasone</i>		<i>norethindrone ace &</i>		NOVOLIN N FLEXPEN	
<i>ophth susp 0.1%</i> .	92	<i>ethinyl estradiol tab</i>		.....	70
<i>neomycin-polymyxin-</i>		<i>1 mg-20 mcg</i>	74	NOVOLIN R	70
<i>hc ophth susp</i>	92	<i>norethindrone ace &</i>		NOVOLIN R FLEXPEN	
<i>neomycin-polymyxin-</i>		<i>ethinyl estradiol tab</i>		.....	70
<i>hc otic soln 1%</i> ...	94	<i>1.5 mg-30 mcg</i> ...	74	NOVOLOG	70
<i>neomycin-polymyxin-</i>		<i>norethindrone ace &</i>		NOVOLOG FLEXPEN	70
<i>hc otic susp 3.5</i>		<i>ethinyl estradiol-fe</i>		NOVOLOG FLEXPEN	
<i>mg/ml-10000</i>		<i>tab 1 mg-20 mcg</i>	74	RELION.....	70
<i>unit/ml-1%</i>	94	<i>norethindrone ace-eth</i>		NOVOLOG MIX INJ	
NERLYNX	40	<i>estradiol-fe chew tab</i>		<i>70/30</i>	70
<i>neuac</i>	99	<i>1 mg-20 mcg (24)</i>	74	NOVOLOG MIX INJ	
<i>nevirapine</i>	26	<i>norethindrone acetate</i>		FLEXPEN	70
NEXLETOL.....	47	.....	78	NOVOLOG PENFILL .	70
NEXLIZET TAB		<i>norethindrone acetate-</i>		NOVOLOG RELION .	70
<i>180/10MG</i>	47	<i>ethinyl estradiol tab</i>		NUBEQA	33
NEXPLANON	74	<i>0.5 mg-2.5 mcg</i> ..	76	NUEDEXTA CAP 20-	
<i>niacin</i>		<i>norethindrone acetate-</i>		<i>10MG</i>	65
<i>(antihyperlipidemic)</i>		<i>ethinyl estradiol tab</i>		NULOJIX	88
.....	47	<i>1 mg-5 mcg</i>	76	NUPLAZID.....	57
<i>nicardipine hcl</i>	49	<i>norethindrone ac-</i>		NURTEC.....	64
NICOTROL NS.....	67	<i>ethinyl estrad-fe tab</i>		NUTRILIPID.....	92
<i>nifedipine</i>	49	<i>1-20/1-30/1-35 mg-</i>		NUZYRA.....	31
<i>nikki</i>	74	<i>mcg</i>	74	<i>nyamyc</i>	99
<i>nilotinib hcl</i>	40	<i>norgestimate & ethinyl</i>		<i>nylia 1/35</i>	75
<i>nilutamide</i>	33	<i>estradiol tab 0.25</i>		<i>nylia 7/7/7</i>	75
<i>nimodipine</i>	49	<i>mg-35 mcg</i>	74	<i>nystatin</i>	25
NINLARO	40	<i>norgestimate-eth</i>		<i>nystatin (mouth-</i>	
<i>nisoldipine</i>	49	<i>estradiol tab 0.18-</i>		<i>throat)</i>	102

<i>nystatin (topical)</i> ...100	<i>olmesartan-</i>	<i>oxcarbazepine</i> 60
<i>nystop</i>.....100	<i>amlodipine-</i>	<i>oxybutynin chloride</i> 82
O	<i>hydrochlorothiazide</i>	<i>oxycodone hcl</i> 22
OCTAGAM 88	<i>tab 40-5-25 mg</i> .. 45	<i>oxycodone w/</i>
<i>octreotide acetate</i> .. 78	<i>olopatadine hcl (nasal)</i>	<i>acetaminophen tab</i>
ODEFSEY TAB..... 27	..... 95	<i>10-325 mg</i> 23
ODOMZO 40	<i>omega-3-acid ethyl</i>	<i>oxycodone w/</i>
OFEV..... 96	<i>esters cap 1 gm</i> .. 47	<i>acetaminophen tab</i>
<i>ofloxacin (ophth)</i> ... 93	<i>omeprazole</i> 82	<i>2.5-325 mg</i> 22
<i>ofloxacin (otic)</i> 94	OMNIPOD 5 DX KIT	<i>oxycodone w/</i>
OGIVRI..... 40	INT G7G6..... 70	<i>acetaminophen tab</i>
OGSIVEO 40	OMNIPOD 5 DX MIS	<i>5-325 mg</i> 23
OJEMDA..... 40	POD G7G6..... 70	<i>oxycodone w/</i>
OJJAARA..... 40	OMNIPOD 5 L2 KIT	<i>acetaminophen tab</i>
<i>olanzapine</i> 57	INTRO G6..... 70	<i>7.5-325 mg</i> 23
<i>olmesartan medoxomil</i>	OMNIPOD 5 L2 MIS	OXYCONTIN 22
..... 46	PODS G6..... 70	OZEMPIC (0.25 OR
<i>olmesartan</i>	OMNIPOD DASH KIT	0.5MG/DOSE) 68
<i>medoxomil-</i>	INTRO 70	OZEMPIC (1MG/DOSE)
<i>hydrochlorothiazide</i>	OMNIPOD DASH MIS	..... 68
<i>tab 20-12.5 mg</i> ... 45	PODS 70	OZEMPIC (2MG/DOSE)
<i>olmesartan</i>	<i>ondansetron</i> 79	..... 68
<i>medoxomil-</i>	<i>ondansetron hcl</i> 79, 80	P
<i>hydrochlorothiazide</i>	ONTRUZANT..... 40	<i>pacerone</i> 46
<i>tab 40-12.5 mg</i> ... 45	ONUREG 32	<i>paclitaxel</i> 35
<i>olmesartan</i>	OPIPZA..... 57	<i>paclitaxel inj 100mg</i> 35
<i>medoxomil-</i>	OPSUMIT 51	<i>paliperidone</i> 57
<i>hydrochlorothiazide</i>	ORGOVYX 33	<i>pamidronate disodium</i>
<i>tab 40-25 mg</i> 45	ORKAMBI GRA 100-	..... 70
<i>olmesartan-</i>	125 96	PAMIDRONATE
<i>amlodipine-</i>	ORKAMBI GRA 150-	DISODIUM 70
<i>hydrochlorothiazide</i>	188 96	PANRETIN.....102
<i>tab 20-5-12.5 mg</i> 45	ORKAMBI GRA 75-	<i>pantoprazole sodium</i>
<i>olmesartan-</i>	94MG 96	..... 82
<i>amlodipine-</i>	ORKAMBI TAB 100-	PANZYGA..... 88
<i>hydrochlorothiazide</i>	125 97	<i>paricalcitol</i> 79
<i>tab 40-10-12.5 mg</i>	ORKAMBI TAB 200-	<i>paroxetine hcl</i> .. 53, 54
..... 45	125 97	PAXLOVID PAK 28
<i>olmesartan-</i>	<i>orquidea</i> 75	PAXLOVID TAB 150-
<i>amlodipine-</i>	ORSERDU 33	100 28
<i>hydrochlorothiazide</i>	<i>oseltamivir phosphate</i>	PAXLOVID TAB 300-
<i>tab 40-10-25 mg</i> . 45	..... 28	100 28
<i>olmesartan-</i>	OSPOMYV 70	<i>pazopanib hcl</i> 40
<i>amlodipine-</i>	<i>oxacillin sodium</i> 31	PEDIARIX INJ 0.5ML89
<i>hydrochlorothiazide</i>	<i>oxaliplatin</i> 32	PEDVAX HIB..... 89
<i>tab 40-5-12.5 mg</i> 45	<i>oxaprozin</i> 21	

<i>peg 3350-kcl-na</i>	<i>pilocarpine hcl (oral)</i>	<i>polymyxin b-</i>
<i>bicarb-nacl-na</i>	.....102	<i>trimethoprim ophth</i>
<i>sulfate for soln 236</i>	<i>pimecrolimus</i>.....102	<i>soln 10000 unit/ml-</i>
<i>gm</i> 81	<i>pimozide</i> 57	0.1%..... 93
<i>peg 3350-kcl-sod</i>	<i>pimtrea</i> 75	POMALYST 34
<i>bicarb-nacl for soln</i>	<i>pindolol</i> 48	<i>portia-28</i> 75
420 gm 81	<i>pioglitazone hcl</i> 68	<i>posaconazole</i> 25
PEGASYS 28	<i>pioglitazone hcl-</i>	POT CHL 20MEQ/L IN
PEMAZYRE 40	<i>metformin hcl tab</i>	NACL 0.45% INJ . 91
<i>pemetrexed disodium</i>	15-500 mg 69	POT CHL 20MEQ/L IN
..... 32	<i>pioglitazone hcl-</i>	NACL 0.9% INJ ... 91
PENBRAYA INJ 89	<i>metformin hcl tab</i>	POT CHL 40MEQ/L IN
<i>penicillamine</i> 71	15-850 mg 69	NACL 0.9% INJ ... 91
<i>penicillin g potassium</i>	<i>piperacillin sod-</i>	<i>potassium chloride</i> . 91
..... 31	<i>tazobactam na for</i>	<i>potassium chloride 20</i>
<i>penicillin g sodium</i> . 31	<i>inj 3.375 gm (3-</i>	<i>meq/l (0.15%) in</i>
<i>penicillin v potassium</i>	0.375 gm)..... 31	<i>dextrose 5% inj .. 91</i>
..... 31	<i>piperacillin sod-</i>	<i>potassium chloride</i>
PENMENVY INJ..... 89	<i>tazobactam sod for</i>	<i>microencapsulated</i>
PENTACEL INJ 89	<i>inj 13.5 gm (12-1.5</i>	<i>crystals er</i> 91
<i>pentamidine</i>	gm)..... 31	<i>potassium citrate</i>
<i>isethionate inh</i> 24	<i>piperacillin sod-</i>	<i>(alkalinizer)</i> 82
<i>pentamidine</i>	<i>tazobactam sod for</i>	<i>pramipexole</i>
<i>isethionate inj</i> 24	<i>inj 2.25 gm (2-0.25</i>	<i>dihydrochloride</i> ... 55
<i>pentoxifylline</i> 84	gm)..... 31	<i>prasugrel hcl</i> 84
<i>perampanel</i> 61	<i>piperacillin sod-</i>	<i>pravastatin sodium</i> . 47
<i>perindopril erbumine</i>	<i>tazobactam sod for</i>	<i>praziquantel</i> 24
..... 44	<i>inj 4.5 gm (4-0.5</i>	<i>prazosin hcl</i> 44
<i>periogard</i> .....102	gm)..... 31	<i>prednisolone</i> 77
<i>permethrin</i> .....102	<i>piperacillin sod-</i>	<i>prednisolone acetate</i>
<i>perphenazine</i> 57	<i>tazobactam sod for</i>	<i>(ophth)</i> 93
<i>pfizerpen</i> 31	<i>inj 40.5 gm (36-4.5</i>	PREDNISOLONE
<i>phenelzine sulfate</i> .. 54	gm)..... 31	SODIUM PHOSP .. 93
<i>phenobarbital</i> 61	PIQRAY 200MG DAILY	<i>prednisolone sodium</i>
<i>phenobarbital sodium</i>	DOSE 40	<i>phosphate</i> 77
..... 61	PIQRAY 250MG TAB	<i>prednisone</i> 77
<i>phenytek</i> 61	DOSE 40	PREDNISONE
<i>phenytoin</i> 61	PIQRAY 300MG DAILY	INTENSOL 77
<i>phenytoin sodium</i> .. 61	DOSE 40	<i>pregabalin</i> 61
<i>phenytoin sodium</i>	<i>pirfenidone</i> 97	PREMASOL SOL 10%
<i>extended</i> 61	<i>piroxicam</i> 21	..... 92
PHESGO SOL 40	<i>pitavastatin calcium</i> 47	PRENATAL TAB 27-
<i>philith</i> 75	<i>plenamine</i> 92	1MG 91
PIFELTRO..... 26	PLENVU SOL..... 81	PRENATAL TAB PLUS
<i>pilocarpine hcl</i> 93	<i>podofilox</i>.....102	..... 91
	<i>polymyxin b sulfate</i> 24	<i>prevalite</i> 47

PREVYMIS	28	QUADRACEL INJ 0.5ML	89	RINVOQ.....	86
PREZCOBIX TAB		.....	89	RINVOQ LQ	86
675/150.....	27	<i>quetiapine fumarate</i>	57	<i>risedronate sodium</i>	71
PREZCOBIX TAB 800-		<i>quinapril hcl</i>	44	<i>risperidone</i>	57, 58
150	27	<i>quinidine sulfate</i>	46	<i>risperidone</i>	
PREZISTA	26	<i>quinine sulfate</i>	26	<i>microspheres</i>	58
PRIFTIN	28	QULIPTA	65	<i>ritonavir</i>	26
<i>primaquine phosphate</i>		R		<i>rivaroxaban</i>	83
.....	25	RABAVERT INJ.....	89	<i>rivastigmine</i>	52
PRIMAQUINE		<i>rabeprazole sodium</i>	82	<i>rivastigmine tartrate</i>	
PHOSPHATE.....	25	RALDESY	54	.....	52
<i>primidone</i>	61	<i>raloxifene hcl</i>	78	<i>rivelsa</i>	75
PRIORIX INJ.....	89	<i>ramelteon</i>	64	<i>rizatriptan benzoate</i>	65
PRIVIGEN	88	<i>ramipril</i>	44	ROCKLATAN DRO ...	94
<i>probenecid</i>	21	<i>ranolazine</i>	50	<i>roflumilast</i>	97
<i>prochlorperazine</i>	80	<i>rasagiline mesylate</i>	55	ROMVIMZA.....	41
<i>prochlorperazine</i>		<i>reclipsen</i>	75	<i>ropinirole</i>	
<i>edisylate</i>	80	RECOMBIVAX HB ...	89	<i>hydrochloride</i>	55
<i>prochlorperazine</i>		RELENZA DISKHALER		<i>rosuvastatin calcium</i>	47
<i>maleate</i>	80	.....	28	<i>rosyrah</i>	75
PROCRIT.....	83	RELISTOR	81	ROTARIX SUS.....	89
<i>proctocort</i>	102	REMICADE	86	ROTATEQ SOL	89
<i>procto-med hc</i>	102	RENFLEXIS.....	86	<i>roweepra</i>	61
<i>proctosol hc</i>	102	<i>repaglinide</i>	69	ROZLYTREK.....	41
<i>proctozone-hc</i>	102	REPATHA	47	RUBRACA.....	41
<i>progesterone</i>	78	REPATHA SURECLICK		<i>rufinamide</i>	61
PROGRAF	88	.....	47	RUKOBIA	26
PROLASTIN-C.....	97	RESTASIS	94	RYBELSUS	69
PROLIA	71	RESTASIS MULTIDOSE		RYDAPT	41
<i>promethazine hcl</i> ...	80	.....	94	S	
<i>propafenone hcl</i>	46	RETEVMO.....	40	<i>sacubitril-valsartan tab</i>	
<i>proparacaine hcl</i>	94	REVCIVI	78	24-26 mg.....	45
<i>propranolol hcl</i>	48	REVUFORJ.....	41	<i>sacubitril-valsartan tab</i>	
<i>propylthiouracil</i>	79	REXULTI	57	49-51 mg.....	46
PROQUAD INJ.....	89	REYATAZ	26	<i>sacubitril-valsartan tab</i>	
PROSOL INJ 20% ...	92	REZDIFFRA	78	97-103 mg	46
<i>protriptyline hcl</i>	54	REZLIDHIA.....	41	<i>sajazir</i>	84
PULMOZYME	97	REZUROCK.....	88	SANTYL	102
<i>pyrazinamide</i>	28	RHOPRESSA.....	93	<i>sapropterin</i>	
<i>pyridostigmine</i>		<i>ribavirin (hepatitis c)</i>		<i>dihydrochloride</i> ...	78
<i>bromide</i>	65	.....	28	SCSEMBLIX.....	41
<i>pyrimethamine</i>	24	<i>rifabutin</i>	28	<i>scopolamine</i>	80
PYZCHIVA	85, 86	<i>rifampin</i>	28	SECUADO	58
Q		<i>riluzole</i>	65	<i>selegiline hcl</i>	55
QINLOCK	40	<i>rimantadine</i>		<i>selenium sulfide</i>	100
		<i>hydrochloride</i>	28	SELZENTRY	26

SEREVENT DISKUS. 96	<i>sorafenib tosylate</i> .. 41	<i>sumatriptan</i> 65
<i>sertraline hcl</i> 54	<i>sotalol hcl</i> 46	<i>sumatriptan succinate</i>
<i>setlakin</i> 75	<i>sotalol hcl (afib/afl)</i> 46	..... 65
<i>sharobel</i> 75	SOTYKTU 86	<i>sunitinib malate</i> 41
SHINGRIX 89	SPIRIVA RESPIMAT 95	SUNLENCA 26
SIGNIFOR 78	<i>spironolactone</i> 44	<i>syeda</i> 75
SIKLOS..... 84	<i>spironolactone &</i>	SYMDEKO TAB 100-
<i>sildenafil citrate</i>	<i>hydrochlorothiazide</i>	150 97
(<i>pulmonary</i>	<i>tab 25-25 mg</i> 49	SYMDEKO TAB 50-
<i>hypertension</i>) 51	<i>sprintec 28</i> 75	75MG 97
<i>silodosin</i> 82	SPRITAM..... 61	SYMPAZAN 61
<i>silver sulfadiazine</i> ... 99	<i>sps</i> 71	SYMTUZA TAB 27
SIMBRINZA SUS 1-	<i>sps rectal</i> 71	SYNAREL 78
0.2% 94	<i>sronyx</i> 75	SYNTHROID 79
<i>simliya</i> 75	<i>ssd</i> 99	T
<i>simpesse</i> 75	STELARA..... 86	TABLOID..... 33
<i>simvastatin</i> 47	STIVARGA..... 41	TABRECTA 41
<i>sirolimus</i> 88	<i>streptomycin sulfate</i> 24	<i>tacrolimus</i> 88
SIRTURO 28	STRIBILD TAB 27	<i>tacrolimus (topical)</i>
SKYRIZI..... 86	<i>subvenite</i> 61	.....102
SKYRIZI PEN 86	SUBVENITE 61	<i>tadalafil</i> 82
<i>sod sulfate-pot sulf-</i>	<i>sucalfate</i> 81	<i>tadalafil (pulmonary</i>
<i>mg sulf oral sol</i>	<i>sulfacetamide sodium</i>	<i>hypertension</i>) 51
<i>17.5-3.13-1.6</i>	(<i>acne</i>) 99	TAFINLAR 41
<i>gm/177ml</i> 81	<i>sulfacetamide sodium</i>	TAGRISSO 41
<i>sodium chloride</i> 91	(<i>ophth</i>)..... 93	TALZENNA 41
<i>sodium chloride (gu</i>	<i>sulfacetamide sodium-</i>	<i>tamoxifen citrate</i> ... 33
<i>irrigant</i>) .....102	<i>prednisolone ophth</i>	<i>tamsulosin hcl</i> 82
<i>sodium fluoride chew;</i>	<i>soln 10-</i>	<i>tarina 24 fe</i> 75
<i>tab; 1.1 (0.5 f)</i>	<i>0.23(0.25)%</i> 92	<i>tarina fe 1/20 eq</i> 75
<i>mg/ml soln</i> 91	<i>sulfadiazine</i> 24	<i>tasimelteon</i> 64
<i>sodium oxybate</i> 67	<i>sulfamethoxazole-</i>	TAVNEOS..... 84
<i>sodium phenylbutyrate</i>	<i>trimethoprim iv soln</i>	<i>tazarotene</i> .....100
..... 78	<i>400-80 mg/5ml</i> ... 24	<i>tazicef</i> 29
<i>sodium polystyrene</i>	<i>sulfamethoxazole-</i>	TAZVERIK..... 41
<i>sulfonate</i> 71	<i>trimethoprim susp</i>	TECENTRIQ 41
<i>sodium polystyrene</i>	<i>200-40 mg/5ml</i> ... 24	TECENTRIQ INJ
<i>sulfonate powder.</i> 71	<i>sulfamethoxazole-</i>	HYBREZA 42
<i>solifenacin succinate</i> 82	<i>trimethoprim tab</i>	TEFLARO..... 29
SOLIQUA INJ 100/33	<i>400-80 mg</i> 24	<i>telmisartan</i> 46
..... 70	<i>sulfamethoxazole-</i>	<i>telmisartan-</i>
SOLTAMOX..... 33	<i>trimethoprim tab</i>	<i>amlodipine tab 40-</i>
SOLU-CORTEF 77	<i>800-160 mg</i> 24	<i>10 mg</i> 46
SOMATULINE DEPOT	SULFAMYLON 99	<i>telmisartan-</i>
..... 78	<i>sulfasalazine</i> 80	<i>amlodipine tab 40-5</i>
SOMAVERT..... 78	<i>sulindac</i> 21	<i>mg</i> 46

<i>telmisartan-amlodipine tab 80-10 mg</i>	46	<i>timolol maleate (ophth)</i>	94	TRAZIMERA.....	42
<i>telmisartan-amlodipine tab 80-5 mg</i>	46	<i>tinidazole</i>	24	<i>trazodone hcl</i>	54
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> ...	46	TIVICAY.....	26	TRELEGY AER ELLIPTA 100-62.5-25 MCG	94
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> ...	46	TIVICAY PD.....	26	TRELEGY AER ELLIPTA 200-62.5-25 MCG	94
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	46	<i>tizanidine hcl</i>	66	TREMFYA.....	86
<i>temazepam</i>	64	TOBI PODHALER....	24	TREMFYA INDUCTION PACK FO.....	86
TENIVAC INJ 5-2LF.	89	TOBRADEX OIN 0.3-0.1%.....	92	TREMFYA PEN.....	86
<i>tenofovir disoproxil fumarate</i>	26	<i>tobramycin</i>	24	<i>treprostinil</i>	51
TEPMETKO.....	42	<i>tobramycin (ophth)</i>	93	<i>tretinoin</i>	99
<i>terazosin hcl</i>	44	<i>tobramycin sulfate</i> .	24	<i>tretinoin (chemotherapy)</i> ..	34
<i>terbutaline sulfate</i> ..	96	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	92	<i>triamcinolone acetonide (mouth)</i>	102
<i>terconazole vaginal</i>	83	<i>tolterodine tartrate</i> 82, 83		<i>triamcinolone acetonide (topical)</i>	101
<i>teriparatide</i>	71	<i>tolvaptan</i>	78	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> ..	49
TERIPARATIDE.....	71	<i>tolvaptan tab therapy pack 30 & 15 mg</i> .	78	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> ...	49
<i>testosterone</i>	67	<i>tolvaptan tab therapy pack 45 & 15 mg</i> .	78	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> ...	49
<i>testosterone cypionate</i>	67	<i>tolvaptan tab therapy pack 60 & 30 mg</i> .	78	<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	49
<i>testosterone enanthate</i>	67	<i>tolvaptan tab therapy pack 90 & 30 mg</i> .	78	<i>tridacaine ii</i>	101
<i>testosterone pump</i> .	67	<i>topiramate</i>	62	<i>triderm</i>	101
<i>tetrabenazine</i>	65	<i>toremifene citrate</i> ..	33	<i>trientine hcl</i>	71
<i>tetracycline hcl</i>	31	<i>torpenz</i>	42	<i>tri-estarylla</i>	75
THALOMID.....	34	<i>torsemide</i>	49	<i>trifluoperazine hcl</i> ..	58
<i>theophylline</i>	97	TOUJEO MAX SOLOSTAR.....	70	<i>trifluridine</i>	93
<i>thioridazine hcl</i>	58	TOUJEO SOLOSTAR	70	<i>trihexyphenidyl hcl</i> .	55
<i>thiothixene</i>	58	TPN ELECTROL INJ .	91	TRIJARDY XR TAB ER 24HR 10-5-1000MG.....	69
<i>tiadylt er</i>	49	TRADJENTA.....	69	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG.....	69
<i>tiagabine hcl</i>	62	<i>tramadol hcl</i>	23	TRIJARDY XR TAB ER 24HR 25-5-1000MG.....	69
TIBSOVO.....	42	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	23		
<i>ticagrelor</i>	84	<i>trandolapril</i>	44		
TICOVAC.....	89	<i>tranexamic acid</i>	84		
<i>tigecycline</i>	31	<i>tranylcypromine sulfate</i>	54		
<i>tilia fe</i>	75	TRAVASOL INJ 10%	92		
<i>timolol maleate</i>	48	<i>travoprost</i>	94		

TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 69	<i>twice-daily</i> <i>clindamycin</i> <i>phosphate (topical)</i> 99	VALTOCO 5 MG DOSE 62
TRIKAFTA PAK 59.5MG 97	TWINRIX INJ 89	<i>valtya 1/35</i> 75
TRIKAFTA PAK 75MG 97	TYBOST 26	<i>valtya 1/50</i> 75
TRIKAFTA TAB 100- 50-75MG & 150MG 97	<i>tydemy</i> 75	<i>vancomycin hcl</i> . 24, 25
TRIKAFTA TAB 50-25- 37.5MG & 75MG.. 97	TYENNE 86	VANCOMYCIN INJ 1 GM..... 25
<i>tri-legest fe</i> 75	TYPHIM VI 89	VANCOMYCIN INJ 500MG..... 25
<i>tri-lynyah</i> 75	U	VANCOMYCIN INJ 750MG..... 25
<i>tri-lo-estarylla</i> 75	UBRELVY 65	VANFLYTA..... 42
<i>tri-lo-marzia</i> 75	<i>unithroid</i> 79	VAQTA..... 90
<i>tri-lo-mili</i> 75	UPTRAVI 51	<i>varenicline tartrate</i> . 67
<i>tri-lo-sprintec</i> 75	UPTRAVI PACK TAB 200/800..... 51	<i>varenicline tartrate tab</i> <i>11 x 0.5 mg & 42 x</i> <i>1 mg start pack</i> .. 67
<i>trimethoprim</i> 24	ursodiol 81	VARIVAX..... 90
<i>tri-mili</i> 75	USTEKINUMAB.. 86, 87	VASCEPA 48
<i>trimipramine maleate</i> 54	V	VAXCHORA SUS..... 90
TRINTELLIX..... 54	<i>valacyclovir hcl</i> 28	<i>velivet</i> 75
<i>tri-sprintec</i> 75	VALCHLOR .....102	VELSIPITY..... 87
TRIUMEQ PD TAB ... 27	<i>valganciclovir hcl</i> ... 28	VENCLEXTA..... 42
TRIUMEQ TAB..... 27	<i>valproate sodium</i> ... 62	VENCLEXTA TAB START PK..... 42
<i>tri-vylibra</i> 75	<i>valproic acid</i> 62	<i>venlafaxine hcl</i> 54
<i>tri-vylibra lo</i> 75	<i>valsartan</i> 46	VENTOLIN HFA 96
TROGARZO 26	<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 160-12.5 mg</i> . 46	VENTOLIN HFA (INSTITUTIONAL PACK)..... 96
TROPHAMINE INJ 10% 92	<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 160-25 mg</i> 46	<i>verapamil hcl</i> 49
<i>trospium chloride</i> ... 83	<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 320-12.5 mg</i> . 46	VERQUVO 51
TRUE METRIX KIT AIR.....103	<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 320-25 mg</i> 46	VERSACLOZ 58
TRUE METRIX KIT METER.....103	<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 80-12.5 mg</i> ... 46	VERZENIO..... 42
TRUE METRIX STRIPS.....103	VALTOCO 10 MG DOSE 62	<i>vestura</i> 75
TRULICITY 69	VALTOCO 15 MG DOSE 62	<i>vienva</i> 75
TRUMENBA..... 89	VALTOCO 20 MG DOSE 62	<i>vigabatrin</i> 62
TRUQAP 42		<i>vigadrone</i> 62
TRUXIMA 42		VIGAFYDE..... 62
TUKYSA 42		<i>vilazodone hcl</i> 54
TURALIO..... 42		VIMKUNYA 90
<i>turqoz</i> 75		<i>vincristine sulfate</i> ... 35
		<i>vinorelbine tartrate</i> 35
		<i>viorele</i> 75
		VIRACEPT 26
		VIREAD 26

VITRAKVI.....	42	XCOPRI PAK 12.5-25	62	<i>xulane</i>	76
VIVIMUSTA	32	.....	62	XULTOPHY INJ	
VIVITROL.....	67	XCOPRI PAK 150-		100/3.6	70
VIVOTIF CAP EC.....	90	200MG		Y	
VIZIMPRO	42	(MAINTENANCE) .	62	YESINTEK	87
VONJO.....	42	XCOPRI PAK 150-		YF-VAX INJ	90
VOQUEZNA PAK DUAL		200MG (TITRATION)		YONSA	34
PAK.....	81	.....	62	YUTREPIA	51
VOQUEZNA PAK TRIP		XCOPRI PAK 50-		<i>yuvafem</i>	76
PK.....	81	100MG.....	62	Z	
VORANIGO	42	XDEMVI	93	<i>zafemy</i>	76
<i>voriconazole</i>	25	XELJANZ.....	87	<i>zafirlukast</i>	96
VOSEVI TAB	28	XELJANZ XR	87	ZARXIO	84
VOWST CAP	81	<i>xelria fe</i>	76	ZEGALOGUE.....	77
VRAYLAR	58	XERMELO.....	81	ZEJULA.....	43
<i>vyfemla</i>	75	XHANCE.....	98	ZELBORAF	43
<i>vylibra</i>	75	XIFAXAN.....	81	<i>zelvysia</i>	78
VYZULTA.....	94	XIGDUO XR TAB 10-		ZEMAIRA	97
W		1000	69	<i>zenatane</i>	99
<i>warfarin sodium</i>	83	XIGDUO XR TAB 10-		ZENPEP CAP	
<i>water for irrigation,</i>		500MG.....	69	10000UNT.....	81
<i>sterile irrigation soln</i>		XIGDUO XR TAB 2.5-		ZENPEP CAP	
.....	102	1000	69	15000UNT.....	82
WELIREG	34	XIGDUO XR TAB 5-		ZENPEP CAP	
<i>wera</i>	75	1000MG.....	69	20000UNT.....	82
WESTAB PLUS TAB		XIGDUO XR TAB 5-		ZENPEP CAP	
27-1MG	91	500MG.....	69	25000UNT.....	82
WINREVAIR.....	51	XIIDRA	94	ZENPEP CAP	
WINREVAIR INJ 45MG		XOLAIR.....	97	3000UNIT	81
.....	51	XOSPATA.....	43	ZENPEP CAP	
WINREVAIR INJ 60MG		XPOVIO PAK (100 MG		40000UNT.....	82
.....	51	ONCE WEEKLY)...	43	ZENPEP CAP	
<i>wixela inhub</i>	98	XPOVIO PAK (40 MG		5000UNIT	81
<i>wymzya fe</i>	75	ONCE WEEKLY)...	43	ZENPEP CAP	
WYOST	71	XPOVIO PAK (40 MG		60000UNT.....	82
X		TWICE WEEKLY)..	43	ZERVIAE	93
XALKORI.....	42, 43	XPOVIO PAK (60 MG		<i>zidovudine</i>	27
<i>xarah fe</i>	75	ONCE WEEKLY)...	43	<i>ziprasidone hcl</i>	58
XARELTO	83	XPOVIO PAK (60 MG		<i>ziprasidone mesylate</i>	
XARELTO STAR TAB		TWICE WEEKLY)..	43	.....	58
15/20MG.....	83	XPOVIO PAK (80 MG		ZIRABEV.....	43
XATMEP	87	ONCE WEEKLY)...	43	ZIRGAN	93
XCOPRI	62	XPOVIO PAK (80 MG		<i>zoledronic acid</i>	71
XCOPRI PAK 100-150		TWICE WEEKLY)..	43	ZOLINZA	43
.....	62	XTANDI	33, 34	<i>zolpidem tartrate</i> ...	64
		XTRENBO.....	71	ZONISADE	62

<i>zonisamide</i>	62	ZURZUVAE.....	54	ZYLET SUS 0.5-0.3%	
<i>zovia 1/35</i>	76	ZYDELIG.....	43	.....	92
ZTALMY	62	ZYKADIA.....	43	ZYPITAMAG.....	47
<i>zumandimine</i>	76			ZYPREXA RELPREVV	58

Molina Dual MI Coordinated Health OTC Wrap List

National Drug Code	Label Name	Strength Description
00121076616	CALCIUM CARBONATE	500 MG/5ML
00904546080	OYSTER SHELL CALCIUM-VIT D3	500MG-5MCG
71085007704	OYSTER SHELL CALCIUM	500(1250)
83035181006	CALCIUM 500-VIT D3	500MG-5MCG
00603021321	MAGNESIUM OXIDE	420 MG
67618000005	SLOWMAG	71.5 MG
67618011220	SLOW-MAG	71.5 MG
69315020906	NU-MAG	71.5 MG
71800001301	MAGNESIUM OXIDE	400 MG
00121053005	FERROUS SULFATE	300 MG/5ML
00245010801	FERROUS SULFATE	325(65) MG
00536134480	INFANT-TODDLER IRON	15 MG/ML
00536140085	FERROUS SULFATE	220 (44)/5
00574060801	FERROUS SULFATE	324(65)MG
00904759060	FEROSUL	325(65) MG
39328055750	FERROUS SULFATE	15 MG/ML
46122008402	IRON	325(65) MG
49483006301	FERRO-TIME	325(65) MG
71399748005	PEDIATRIC FE-VITE	15 MG/ML
76518006050	PEDIA IRON	15 MG/ML
98302014006	PEDIATRIC IRON	15 MG/ML
00409409101	MANGANESE CHLORIDE	0.1 MG/ML
00409409201	COPPER CHLORIDE	0.4 MG/ML
00409409301	CHROMIUM	4 MCG/ML
70069050625	CUPRIC CHLORIDE	0.4 MG/ML
72819023516	CHROMIC CHLORIDE	4 MCG/ML
10542000909	DIALYVITE SUPREME D	3 MG-2000
10542001010	DIALYVITE	1 MG-100MG
10542001109	DIALYVITE 5000	5 MG
10542001210	DIALYVITE ZINC	1 MG-100MG
10542001409	DIALYVITE 3000	3MG-15MG
13811052501	TRIPHROCAPS	1 MG
59528031701	NEPHPLEX RX	1 MG-60 MG
59528198801	VITAL-D RX	1750-60-1
60258016201	RENAL CAPS	1 MG
63044062201	RENO CAPS	1 MG
69367022409	WESTAB MAX	2-2.5-25MG
69367031401	WESCAPS	1 MG

National Drug Code	Label Name	Strength Description
75834008090	NIVA-FOL	2-2.5-25MG
23155080901	VITAMIN D2	1250 MCG
83035184901	VITAMIN D3	250 MCG
15370010050	QUFLORA	0.25 MG/ML
15370010150	QUFLORA	0.5 MG/ML
15370010250	QUFLORA FE	9.5-.25/ML
15370010330	QUFLORA	0.25(0.55)
15370010430	QUFLORA	0.5(1.1)MG
15370010530	QUFLORA	1MG(2.2MG)
15370012030	QUFLORA FE	9MG-0.25MG
23594022530	POLY-VI-FLOR	0.25 MG
23594032530	POLY-VI-FLOR	0.5 MG
23594042530	POLY-VI-FLOR	1 MG
23594052530	POLY-VI-FLOR WITH IRON	0.5MG-10MG
23594055050	POLY-VI-FLOR	0.25 MG/ML
23594060550	POLY-VI-FLOR WITH IRON	0.25-7MG/1
39328000350	SOLUVITA MULTIVITAMIN FLUORIDE	0.25 MG/ML
39328000450	SOLUVITA MULTIVITAMIN FLUORIDE	0.5 MG/ML
58657016301	MULTIVITAMIN WITH FLUORIDE	0.25 MG
58657016401	MULTIVITAMIN WITH FLUORIDE	0.5 MG
58657016501	MULTIVITAMIN WITH FLUORIDE	1 MG
58657032350	TRI-VITE WITH FLUORIDE	0.25 MG/ML
58657032450	TRI-VITE WITH FLUORIDE	0.5 MG/ML
58657032550	MULTIVITAMIN WITH FLUORIDE	0.25 MG/ML
58657032650	MULTIVITAMIN WITH FLUORIDE	0.5 MG/ML
58657032750	MULTI-VITAMIN W-FLUORIDE-IRON	0.25-10/ML
59088001554	FLOTREX	0.5 MG
59088001754	FLOTREX	0.25 MG
61269016350	MULTIVITAMIN-IRON-FLUORIDE	0.25-10/ML
81279010050	FLORAFOL PEDIATRIC	0.25 MG/ML
81279010150	FLORAFOL FE PEDIATRIC	0.25-7MG/1
00409915701	VITAMIN K1	1 MG/0.5ML
00409915801	VITAMIN K1	10 MG/ML
00904688210	PHYTONADIONE	5 MG
43598040516	PHYTONADIONE	10 MG/ML
69097000396	PHYTONADIONE	1 MG/0.5ML
00143961901	CYANOCOBALAMIN INJECTION	1000MCG/ML
00591288830	HYDROXOCOBALAMIN	1000MCG/ML
43386023770	CYANOCOBALAMIN	500MCG/SPR
49884027082	NASCOBAL	500MCG/SPR
50991032301	FOLTRATE	0.5 MG-1MG
00904722461	FOLIC ACID	1 MG
39822110001	FOLIC ACID	5 MG/ML

National Drug Code	Label Name	Strength Description
64661071130	ENLYTE	1.5-8.73MG
49483001801	NIACIN	500 MG
63323018001	PYRIDOXINE HCL	100 MG/ML
00641622825	THIAMINE HCL	100 MG/ML
00642020410	STROVITE FORTE	10 MG-1 MG
00642020790	STROVITE ONE	1-1000-5
00682300101	BACMIN	27 MG-1 MG
13811002810	CORVITA	1.25-2.5MG
42192030160	VIT 3	500-0.5-1
68025001110	CORVITE	1.25-2.5MG
00121176030	MAG-AL	200-200/5
00121176130	MAG-AL PLUS	200-200-20
00121176230	MAG-AL PLUS XS	400-400-40
00536001583	ALMACONE-2	400-400-40
00536009185	ALUMINUM HYDROXIDE	320 MG/5ML
00536100715	CAL-GEST	200(500)MG
00536104610	SODIUM BICARBONATE	325 MG
00536104710	SODIUM BICARBONATE	650 MG
00536104815	CALCIUM ANTACID	200(500)MG
00536104922	CALCIUM ANTACID	300MG(750)
00536122922	ANTACID EXTRA STRENGTH	300MG(750)
00536129383	ANTACID-ANTIGAS	200-200-20
00904572514	MINTOX MAXIMUM STRENGTH	400-400-40
00904732573	ALUM-MAG HYDROXIDE-SIMETHICONE	200-200-20
00904772714	ACID GONE ANTACID	358-95/15
46122043140	ANTACID-ANTIGAS	400-400-40
46122043340	ANTACID	200-200-20
49348030239	ADVANCED ANTACID-ANTIGAS	400-400-40
51645073515	ANTACID	200(500)MG
57237032431	ALUM-MAG HYDROXIDE-SIMETHICONE	400-400-40
70000036301	HEARTBURN RELIEF	237.5-254
70000045901	ANTACID ULTRA STRENGTH	400(1000)
70000059301	SMOOTH ANTACID	300MG(750)
00093735056	LANSOPRAZOLE	15 MG
00113091530	OMEPRAZOLE	20 MG
55111039733	OMEPRAZOLE MAGNESIUM	20 MG
61269046090	XENICAL	120 MG
61269056590	ORLISTAT	120 MG
00009033303	KAOPECTATE	262MG/15ML
00093031101	LOPERAMIDE	2 MG
00113022453	ANTI-DIARRHEAL	2 MG
00113164526	ANTI-DIARRHEAL	1MG/7.5ML
00536128636	STOMACH RELIEF	262MG/15ML

National Drug Code	Label Name	Strength Description
00536128736	STOMACH RELIEF	525MG/15ML
00904683620	LOPERAMIDE	1MG/7.5ML
00904720546	BISMUTH	262 MG
24385001758	PINK BISMUTH	262 MG
46122074706	PINK BISMUTH	525MG/15ML
49348051159	STOMACH RELIEF	262 MG
00009361002	KAOPECTATE	240 MG
00121093540	DOCUSATE SODIUM	50 MG/5 ML
00132000047	BISACODYL	5 MG
00132000048	DOCUSATE SODIUM	100 MG
00904693126	POLYETHYLENE GLYCOL 3350	17 G
00904699740	DOCUSATE CALCIUM	240 MG
00904728160	DOCUSATE SODIUM	250 MG
46122001452	CLEARLAX	17 G
46122042963	WOMEN'S GENTLE LAXATIVE	5 MG
46122052978	GENTLE LAXATIVE	5 MG
46122063378	STOOL SOFTENER	250 MG
46122068878	STOOL SOFTENER	240 MG
46122069272	STOOL SOFTENER	100 MG
49483000301	LAXATIVE	5 MG
60687043127	HEALTHYLAX	17 G
67618010101	COLACE	100 MG
00113200312	OPTION 2	1.5 MG
00536114263	LEVONORGESTREL	1.5 MG
16714080901	NEW DAY	1.5 MG
50102011101	ECONTRA EZ	1.5 MG
50102021111	ECONTRA ONE-STEP	1.5 MG
51285010088	TAKE ACTION	1.5 MG
51285010388	AFTERA	1.5 MG
51285014619	PLAN B ONE-STEP	1.5 MG
62756071860	OPCICON ONE-STEP	1.5 MG
62756072060	MY CHOICE	1.5 MG
68180085211	MY WAY	1.5 MG
00536105429	ASPIRIN	325 MG
00536123201	ASPIRIN EC	325 MG
00574703412	ASPIRIN	300 MG
00904201559	TRI-BUFFERED ASPIRIN	325 MG
70000014701	BUFFERED ASPIRIN	325 MG
00113002026	CHILDREN'S PAIN-FEVER	160 MG/5ML
00113002562	PAIN RELIEF	500 MG
00113016110	INFANTS' PAIN-FEVER	160 MG/5ML
00113040378	PAIN RELIEF	325 MG
00113054478	ARTHRITIS PAIN	650 MG

National Drug Code	Label Name	Strength Description
00121065700	ACETAMINOPHEN	160 MG/5ML
00121096600	CHILDREN'S ACETAMINOPHEN	160 MG/5ML
00121131400	ACETAMINOPHEN	325/10.15
00121197100	ACETAMINOPHEN	650MG/20.3
00485005708	ED-APAP	160 MG/5ML
00536117201	ACETAMINOPHEN	500 MG
00536121277	INFANTS' ACETAMINOPHEN	160 MG/5ML
00904198760	MAPAP	500 MG
00904579146	CHILDREN'S MAPAP	80 MG
00904584709	MAPAP	500MG/15ML
00904677361	ACETAMINOPHEN	325 MG
00904731427	ACETAMINOPHEN ER	650 MG
00904748159	ACETAMINOPHEN	500MG/15ML
24385014626	CHILDREN'S PAIN RELIEVER	160 MG/5ML
24385048447	PAIN RELIEF EXTRA STRENGTH	500 MG
24385062982	ARTHRITIS PAIN RELIEF	650 MG
28595078001	HISTAFLEX	325MG-25MG
45802073030	ACETAMINOPHEN	650 MG
45802073230	ACETAMINOPHEN	120 MG
46122005603	INFANT PAIN-FEVER	160 MG/5ML
46122006271	8 HOUR ACETAMINOPHEN	650 MG
46122024778	PAIN RELIEVER	325 MG
46122062962	8HR ARTHRITIS PAIN	650 MG
46122063071	8 HOUR PAIN RELIEF	650 MG
49348004210	PAIN RELIEVER	500 MG
51672211402	FEVERALL	80 MG
51672211502	FEVERALL	120 MG
51672211602	FEVERALL	325 MG
51672211704	FEVERALL	650 MG
58657052404	M-PAP	160 MG/5ML
68094004258	ACETAMINOPHEN	80MG/2.5ML
70000015901	TENSION HEADACHE	500MG-65MG
70677016801	PAIN RELIEVER	650 MG
70677113001	ARTHRITIS PAIN RELIEVER	650 MG
70677127001	CHILDREN'S PAIN RELIEVER	120 MG
83324003404	CHILDREN'S PAIN RELIEF	160 MG/5ML
83720050016	CHILDREN'S PAIN AND FEVER	160 MG/5ML
00480347868	NALOXONE HCL	4 MG
00113002925	NICOTINE GUM	2 MG
00113005306	NICOTINE GUM	4 MG
00113034405	NICOTINE LOZENGE	2 MG
00113087305	NICOTINE LOZENGE	4 MG
00536110688	NICOTINE PATCH	7MG/24HR

National Drug Code	Label Name	Strength Description
00536110788	NICOTINE PATCH	14MG/24HR
00536110888	NICOTINE PATCH	21 MG/24HR
43598044556	NICOTINE PATCH	21-14-7MG
45802041926	AMMONIUM LACTATE	12 %
00536105525	ACNE MEDICATION	5 %
00536105625	ACNE MEDICATION	10 %
00536112925	ACNE MEDICATION	2.5 %
35573045308	BENZOYL PEROXIDE	5 %
45802010196	BENZOYL PEROXIDE	2.5 %
45802030801	BENZOYL PEROXIDE	10 %
00168042446	ADAPALENE	0.1 %
00187514020	RETIN-A MICRO	0.1 %
00187514050	RETIN-A MICRO PUMP	0.1 %
00187514420	RETIN-A MICRO	0.04 %
00187514450	RETIN-A MICRO PUMP	0.04 %
00187514850	RETIN-A MICRO PUMP	0.08 %
00187516020	RETIN-A	0.025 %
00187516220	RETIN-A	0.05 %
00187516420	RETIN-A	0.1 %
00187517215	RETIN-A	0.01 %
00299591202	DIFFERIN	0.1 %
00299591825	DIFFERIN	0.3 %
00378808220	TRETINOIN	0.025 %
00378808320	TRETINOIN	0.05 %
00378808420	TRETINOIN	0.1 %
00378808515	TRETINOIN	0.01 %
00472012645	ADAPALENE	0.3 %
13548007045	ATRALIN	0.05 %
68308077750	TRETINOIN MICROSPHERE	0.08 %
68682051382	TRETINOIN MICROSPHERE	0.1 %
68682051492	TRETINOIN MICROSPHERE	0.04 %
51862029510	FABIOR	0.1 %
00187515020	RENOVA	0.02 %
00187515044	RENOVA PUMP	0.02 %
00113027468	ASPIRIN	81 MG
00536123441	ASPIRIN EC	81 MG
70000060301	ASPIRIN REGIMEN	81 MG
70301100201	RAYALDEE	30 MCG
00132020140	ENEMA	19G-7G/118
00132020220	PEDIA-LAX ENEMA	9.5-3.5/59
00536741551	ENEMA DISPOSABLE	19G-7G/118
00574705012	BISACODYL	10 MG
46122060851	GENTLE LAXATIVE	10 MG

National Drug Code	Label Name	Strength Description
00113008100	MICONAZOLE 3	200 MG-2 %
00113021429	MICONAZOLE 7	2 %
00713059377	MICONAZOLE NITRATE	200 MG-2 %
24385011009	CLOTRIMAZOLE-3	2 %
46122057702	MICONAZOLE 1	1200MG-2%
49348037954	3-DAY VAGINAL CREAM	2 %
49348087277	MICONAZOLE NITRATE	2 %
51672200306	CLOTRIMAZOLE	1 %
70000000901	MICONAZOLE-7	2 %
70000035701	TIOCONAZOLE-1	6.5 %
00536127180	FIRST AID ANTISEPTIC	10 %
00904110309	POVIDONE-IODINE	10 %
67618015001	BETADINE	10 %
00085096315	LOTRIMIN AF	1 %
00536131543	TOLNAFTATE	1 %
00884029301	FUNGOID TINCTURE	2 %
11527007140	ATHLETE'S FOOT	1 %
49348015529	ANTIFUNGAL CREAM	1 %
59088044107	MYCOZYL AC	1 %
59088047607	MICOTRIN AC	1 %
68001047545	ANTIFUNGAL	1 %
00536135795	LIDOCAINE	4 %
83035113806	ULTRA LIDO	4 %
00113054164	ANTI-ITCH	1 %
00168001516	HYDROCORTISONE	1 %
00536127780	HYDROCORTISONE-ALOE	1 %
24385019003	HYDROCORTISONE ACETATE	0.5 %
24385027403	HYDROCORTISONE ACETATE	1 %
49348044172	HYDROCORTISONE PLUS	1 %
51672201002	HYDROCORTISONE	0.5 %
70677121501	ITCH RELIEF WITH ALOE	1 %
00113191016	LICE KILLING	1 %
00904734920	LICE KILLING	4%-0.33%
46122010846	LICE TREATMENT	1 %
00113008464	FIRST AID ANTIBIOTIC	3.5-400-5K
00713026831	TRIPLE ANTIBIOTIC	3.5-400-5K
00065401105	ZADITOR	0.025 %
00536125240	EYE ITCH RELIEF	0.025 %
24208060105	CHILDREN'S ALAWAY	0.025 %
24208060110	ALAWAY	0.025 %
60505621501	KETOTIFEN FUMARATE	0.025 %
00023040330	REFRESH PLUS	0.5 %
00023079801	REFRESH TEARS	0.5 %

National Drug Code	Label Name	Strength Description
00023455430	REFRESH CELLUVISC	1 %
00023920515	REFRESH LIQUIGEL	1 %
00065047401	SYSTANE GEL	0.3 %
00065806401	GENTEAL TEARS SEVERE	0.3 %
00536138635	CARBOXYMETHYLCELLULOSE SODIUM	0.5 %
00536138792	LUBRICANT EYE DROP	0.5 %
00536140894	POLYVINYL ALCOHOL	1.4 %
24385000605	ARTIFICIAL TEARS	0.5%-0.6%
70000001201	LUBRICANT EYE DROPS	0.5 %
00023031204	REFRESH LACRI-LUBE	42.5-56.8%
00065050935	SYSTANE	3 %-94 %
00065051801	GENTEAL TEARS SEVERE	3 %-94 %
00904648838	LUBRIFRESH PM	15 %-83 %
46122075737	NIGHTTIME RELIEF LUBRICANT EYE	42.5-57.3%
70000051301	LUBRICANT EYE	42.5-57.3%
57782039726	CROMOLYN SODIUM	5.2 MG
00113002808	24 HOUR ALLERGY	50 MCG
00536111248	BUDESONIDE	32 MCG
00536118313	FLUTICASONE PROPIONATE	50 MCG
70000011001	ALLERGY RELIEF	50 MCG
00486111101	K-PHOS ORIGINAL	500 MG
00486112501	K-PHOS NEUTRAL	250 MG
39328000810	PHOSPHO-TRIN K500	500 MG
39328010710	PHOSPHO-TRIN 250 NEUTRAL	250 MG
64980010401	PHOSPHA 250 NEUTRAL	250 MG
69367025001	WES-PHOS 250 NEUTRAL	250 MG
00113005705	INFANT'S IBUPROFEN	50 MG/1.25
00113007471	IBUPROFEN	200 MG
00113016626	CHILDREN'S IBUPROFEN	100 MG/5ML
00113090162	NAPROXEN SODIUM	220 MG
00113246162	IBUPROFEN	100 MG
00472200216	IBUPROFEN	100 MG/5ML
00536109306	ALL DAY RELIEF	220 MG
00904546335	INFANTS' IBUPROFEN	50 MG/1.25
00904791459	IBU-200	200 MG
69230031301	ALL DAY PAIN RELIEF	220 MG
70677007201	IBUPROFEN IB	100 MG
70677124401	PAIN RELIEF	200 MG
00113530016	DUAL ACTION PAIN RELIEVER	125-250 MG
00536137636	ACETAMINOPHEN-IBUPROFEN	125-250 MG
70000062201	DUAL ACTION PAIN RELIEF	125-250 MG
00113003263	DUAL ACTION COMPLETE	10-800-165
00113014165	ACID REDUCER	10 MG

National Drug Code	Label Name	Strength Description
00113019402	ACID REDUCER	20 MG
00172572860	FAMOTIDINE	20 MG
00187442010	PEPCID	20 MG
00378005301	CIMETIDINE	200 MG
00904552952	HEARTBURN RELIEF	10 MG
00904578017	HEARTBURN RELIEF	20 MG
31722001801	FAMOTIDINE	40 MG
55111011890	FAMOTIDINE	10 MG
70000041601	ACID REDUCER COMPLETE	10-800-165
70677110001	ACID REDUCER-ANTACID	10-800-165
00113037926	CHILDREN'S ALLERGY	12.5MG/5ML
00113047962	ALLERGY RELIEF	25 MG
00121086500	DIPHENHYDRAMINE HCL	12.5MG/5ML
00485009816	ED CHLORPED JR	2 MG/5 ML
00536100601	ALLER-CHLOR	4 MG
00536121429	DIPHENHYDRAMINE HCL	25 MG
00904001224	ALLERGY	4 MG
00904205661	DIPHENHYDRAMINE HCL	50 MG
00904530760	BANOPHEN	50 MG
00904555124	BANOPHEN	25 MG
00904753315	CHILDREN'S ALLERGY RELIEF	12.5MG/5ML
15370011004	PEDIAVENT	2 MG/5 ML
24385037926	DIPHEDRYL	12.5MG/5ML
24385047978	ALLERGY	25 MG
28595080130	HISTEX PD	0.938MG/ML
28595080208	HISTEX	2.5 MG/5ML
46122035626	ALLERGY	12.5MG/5ML
46122061862	ALLERGY RELIEF	4 MG
46122068526	ALLERGY RELIEF	12.5MG/5ML
49483006101	ALLER-G-TIME	25 MG
49483024201	ALLERGY-TIME	4 MG
50991078360	ALA-HIST IR	2 MG
58657052804	M-DRYL	12.5MG/5ML
58809065150	PEDIACLEAR PD	0.625MG/ML
69367025330	TRIPROLIDINE HCL	0.938MG/ML
71321070150	TRIPROLIDINE HCL	0.625MG/ML
00113018926	CHILDREN'S ALL DAY ALLERGY	1 MG/ML
00113061239	ALLERGY RELIEF	10 MG
00113067126	CHILDREN'S ALLERGY RELIEF	5 MG/5 ML
00113084795	ALLER-EASE	180 MG
00113945813	ALL DAY ALLERGY	10 MG
00378363501	CETIRIZINE HCL	5 MG
00378363701	CETIRIZINE HCL	10 MG

National Drug Code	Label Name	Strength Description
00536136707	LORATADINE	10 MG
00904671146	FEXOFENADINE HCL	180 MG
00904676520	CHILDREN'S CETIRIZINE HCL	1 MG/ML
00904676720	CHILDREN'S LORATADINE	5 MG/5 ML
00904719204	FEXOFENADINE HCL	60 MG
16571013412	CETIRIZINE HCL	1 MG/ML
24385053126	ALLERGY RELIEF	5 MG/5 ML
46122046222	ALLERGY RELIEF	180 MG
47335034483	CHILDREN'S CETIRIZINE HCL	10 MG
49348063634	LORATADINE	5 MG/5 ML
49483068201	ALLERGY RELIEF	5 MG
54838055840	LORATADINE ALLERGY	5 MG/5 ML
61269052794	CHILDREN'S ALLERGY	30 MG/5 ML
68094000459	CETIRIZINE HCL	5 MG/5 ML
69230031611	CHILDREN'S ALLERGY RELIEF	1 MG/ML
70000012501	CHILDREN'S ALLERGY	5 MG/5 ML
70000058601	ALLERGY RELIEF	60 MG
10702-0077-01	PHENDIMETRAZINE TARTRATE TAB	35 MG
	PHENDIMETRAZINE TARTRATE CAP ER	
72989-0409-30	24HR	105 MG
10702-0026-01	PHENTERMINE HCL CAP	15 MG
10702-0028-01	PHENTERMINE HCL CAP	30 MG
10702-0029-01	PHENTERMINE HCL CAP	37.5 MG
62135-0959-90	PHENTERMINE HCL TAB	8 MG
10702-0025-01	PHENTERMINE HCL TAB	37.5 MG
	PHENTERMINE HCL-TOPIRAMATE CAP	
00480-3297-56	ER 24HR	3.75-23 MG
	PHENTERMINE HCL-TOPIRAMATE CAP	
00480-3296-56	ER 24HR	7.5-46 MG
	PHENTERMINE HCL-TOPIRAMATE CAP	
00480-2299-56	ER 24HR	11.25-69 MG
	PHENTERMINE HCL-TOPIRAMATE CAP	
00480-3295-56	ER 24HR	15-92 MG
00169-2800-15	LIRAGLUTIDE (WEIGHT MNGMT) SOLN PEN-INJ	18 MG/3ML (6 MG/ML)
	SEMAGLUTIDE (WEIGHT MNGMT) SOLN	
00169-4525-14	AUTO-INJECTOR	0.25 MG/0.5ML
	SEMAGLUTIDE (WEIGHT MNGMT) SOLN	
00169-4505-14	AUTO-INJECTOR	0.5 MG/0.5ML
	SEMAGLUTIDE (WEIGHT MNGMT) SOLN	
00169-4501-14	AUTO-INJECTOR	1 MG/0.5ML
	SEMAGLUTIDE (WEIGHT MNGMT) SOLN	
00169-4517-14	AUTO-INJECTOR	1.7 MG/0.75ML
	SEMAGLUTIDE (WEIGHT MNGMT) SOLN	
00169-4524-14	AUTO-INJECTOR	2.4 MG/0.75ML

National Drug Code	Label Name	Strength Description
00002-2506-01	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	2.5 MG/0.5ML
00002-2495-01	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	5 MG/0.5ML
00002-2484-01	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	7.5 MG/0.5ML
00002-2471-01	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	10 MG/0.5ML
00002-2460-01	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	12.5 MG/0.5ML
00002-2457-01	TIRZEPATIDE (WEIGHT MNGMT) SOLN AUTO-INJECTOR	15 MG/0.5ML
00002-2506-80	TIRZEPATIDE (WEIGHT MNGMT) SOLN	2.5 MG/0.5ML
00002-2495-80	TIRZEPATIDE (WEIGHT MNGMT) SOLN	5 MG/0.5ML
00002-2484-80	TIRZEPATIDE (WEIGHT MNGMT) SOLN	7.5 MG/0.5ML
00002-2471-80	TIRZEPATIDE (WEIGHT MNGMT) SOLN	10 MG/0.5ML

Molina Dual MI Coordinated Health (HMO D-SNP)

This formulary was updated on 04/01/2026.

For more recent information or other questions, contact us at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m. local time, April 1 - September 30: Monday – Friday, 8 a.m. to 8 p.m. local time or visit MolinaHealthcare.com/Medicare.