



Molina Medicare Complete Care Plus (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*.

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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 numbers 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 numbers in the footer of this document. This call is free.
- ❖ Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.
- ❖ 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.
- ❖ 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 aksèsib 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

אַכטונג: אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פריי פאר דיר. פּאַסיקע אידס און באַדינונגס פֿאַר צושטעלן אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאַטירונגען זענען אויך פריי בנימצא. רופט דעם מיטגליד באַדינען נומער אין קריק פֿון דיין ID קאַרטל אָדער 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

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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

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجاناً. 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.

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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 የመረጃ ድጋፎች እና አገልግሎቶች በነፃ ይኖራሉ። በID ካርድዎ ጀርባ ላይ ባለው የአባላት አገልግሎቶች ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ።

Thai

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดติดต่อหมายเลข ฝ่ายบริการสมาชิกที่ระบุไว้ด้านหลังบัตรประจำตัวของคุณหรือพูดคุยกับผู้ให้บริการของคุณ

Persian

توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک زبانی به صورت رایگان در دسترس شماست. همچنین، خدمات و کمک های لازم برای ارائه اطلاعات به صورت های مختلف و قابل دسترسی، به صورت رایگان در اختیار شما قرار می گیرد. با شماره خدمات اعضا که پشت کارت شناسایی شما درج شده تماس بگیرید یا با ارائه دهنده 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 auaunaga 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. Tawagam 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 હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે.

योग्य ओक्रेडिबलरी सहाय्य अने अॅक्सेसिबल फॉर्मेटमां माहिती पूरी पाडवा माटेनी सेवाओ पण विना मूल्ये उपलब्ध छे. तमारा ID कार्डनी पाछण आपेवा सभ्य सेवाओ नंवर पर कोल करो अथवा तमारा प्रदाता साथे बात करो.

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៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរសេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដល់សមាជិក ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅលេខសេវាបម្រើសមាជិកនៅខាងក្រោយកាត ID របស់អ្នក ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີບໍລິການສະມາຊິກຢູ່ດ້ານຫຼັງບັດບະຈຳຕົວຂອງທ່ານ ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Karen

ဟ်သျှဉ်ဟ်သး- နမ့ၢ်ကတိၤ ကညီကျိၢ် အပိ, တၢ်အိၣ်ဒီး ကျိၢ်တၢ်ဆိၣ်ထွဲမၤ၁၀၁၁ လၢတလၢက့ၢ်လၢက့ၢ်

If you have questions, please call Molina Medicare Complete Care Plus (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.



လၢနဂီၢ်လီၤ. တၢ်အိၣ်ဒီး တၢ်မၤစၢၤတၢ်န့ၢ်ပီၤလီၤဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအကြၢၤအဘၣ် လၢကဟ့ၣ် တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤန့ၢ်အီၤသ့တဖၣ် လၢတလၢ်ဘျၣ်လၢ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး ကရၢဖိတၢ်မၤစၢၤတၢ်မၤ အလီၤတဲစိနီၣ်ဂံၢ်လၢ အိၣ်ဖဲနလံာ်အုၣ်သး (ID) ခးက့အလီၤ မ့တမ့ၢ် တဲတၢ်ဒီး ပုၤလၢအဟ့ၣ်န့ၢ်တၢ်ကွၢ်ထွဲန့ၣ် တက့ၢ်.

Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu kwa nambari ya Huduma za Wanachama iliyo nyuma ya kadi yako ya kitambulisho au zungumza na mtoa huduma wako.

Serbian

PAŽNJA: Ukoliko govorite Srpski, dostupne su vam besplatne usluge jezičke podrške. Dostupne su vam i besplatne odgovarajuće pomoći i usluge za pružanje informacija u formatima za lak pristup. Pozovite broj za usluge za članove koji se nalazi na poledini vaše ID kartice ili se obratite pružaocu usluge.

Croatian

PAŽNJA: Ako pričate Hrvatski, na raspolaganju su vam besplatne usluge pomoći za jezik. Odgovarajuća pomoćna sredstva i usluge za pružanje informacija u pristupačnim formatima također su dostupne besplatno. Nazovite broj Službe za članove na poledini vaše osobne iskaznice ili razgovarajte sa svojim pružateljem usluga.

Nepali

सावधानः तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। ID कार्डको पछाडिपट्टि लेखिएको Member Services नम्बरमा फोन गर्नुहोस्, नभए डाक्टरसँग कुरा गर्नुहोस्।

Yoruba

ÀKÍYÈSÍ: Bí o bá ń sọ èdè Yorùbá, àwọn isẹ̀ irànlọ̀wọ́ èdè ọ̀fẹ́ wà fún ọ. Àwọn ohun èlò irànlọ̀wọ́ àti àwọn isẹ̀ tó yẹ láti pèsè àlàyé ní àwọn ọ̀nà tó rọ̀rùn ló wà lófẹ́ẹ́. Pe nọmbà Àwọn isẹ̀ Ọmọ egbé tó wà ní èyìn kààdì idánimọ̀ rẹ̀ tàbí bá olùpèsè rẹ̀ sọ̀rọ̀.

Tamil

கவனிக்கவும்: நீங்கள் தமிழ் பேசுபவர் என்றால், உங்களுக்கு இலவச மொழி உதவிச் சேவைகள் கிடைக்கும். அணுகல் வசதிக் கேற்ற வடிவங்களில்

B1. What prescription 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.”

- 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 numbers in the footer of this document.

B2. Does the *Drug List* ever change?

Yes, and our plan must follow Medicare and South Carolina Healthy Connections 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 numbers 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.

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- 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.

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 as well as over-the-counter (OTC) drugs.

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 numbers 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’s 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.

If you have questions, please call Molina Medicare Complete Care Plus (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.



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 isn't 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:

- 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.

If you have questions, please call Molina Medicare Complete Care Plus (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.



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 plan covers both brand name drugs and generic drugs.

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 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.

B17. 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.

B18. What's my copay?

Our plan members have some copays for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 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 Healthy Connections Medicaid.

If you have questions, please call Molina Medicare Complete Care Plus (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.



- If you or your prescriber disagrees with our decision, you can appeal. If you ever have a question, call Member Services at the numbers 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.

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), and OTC drugs are listed in lower case (for example, calcium carbonate). The information in the "Necessary actions, restrictions, or limits on use" column tells you if our plan has any rules for covering your drug.

MOLINA_CY26_6T_GS_CORE eff 04/01/2026**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
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	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>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)
<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)

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 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	
<i>imipenem-cilastatin intravenous for soln 500 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
IMPAVIDO CAPS 50mg	5	NDS, PA
<i>ivermectin</i> TABS 3mg	3	QL (20 tabs / 90 days), PA
<i>ivermectin</i> TABS 6mg	3	QL (10 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	4	
<i>linezolid</i> SUSR 100mg/5ml	5	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	4	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	4	
<i>meropenem</i> SOLR 1gm, 2gm, 500mg	4	
<i>methenamine hippurate</i> TABS 1gm	3	
<i>metronidazole</i> SOLN 500mg/100ml	3	
<i>metronidazole</i> TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	2	
<i>nitazoxanide</i> TABS 500mg	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	4	B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	4	
<i>polymyxin b sulfate</i> SOLR 500000unit	4	
<i>praziquantel</i> TABS 600mg	4	
<i>pyrimethamine</i> TABS 25mg	5	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	5	NDS
<i>sulfadiazine</i> TABS 500mg	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</i> TABS 250mg, 500mg	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	5	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	3	
<i>trimethoprim</i> TABS 100mg	3	
<i>vancomycin hcl</i> CAPS 125mg	4	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	4	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	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
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>casprofungin 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	
<i>quinine sulfate</i> CAPS 324mg	4	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
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
<i>zidovudine</i> CAPS 100mg	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>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	
<i>isoniazid</i> TABS 100mg, 300mg	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
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> SUSR 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

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
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
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

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 2mg	5	NDS, QL (30 tabs / 30 days), NM, PA
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

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
RETEVMO TABS 120mg, 160mg	5	NDS, QL (60 tabs / 30 days), NM, PA
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
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX 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
TAGRISO 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

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
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, PA
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

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
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
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)

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

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
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	6	QL (30 tabs / 30 days)
<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)

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>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)
<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)
<i>EDARBI TABS 40mg, 80mg</i>	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	
<i>MULTAQ TABS 400mg</i>	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	

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>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	3	
ANTILIPEMICS, FIBRATES		
<i>choline fenofibrate</i> CPDR 45mg, 135mg	3	
<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)

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

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>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	6	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	3	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	4	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	4	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	4	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA applies if 65 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	4	
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</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
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>metirosine</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	
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

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
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

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<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)

ANTI-DEMENTIA

<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)

ANTI-DEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
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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
<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)
<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	

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>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
<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	

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 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	
<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

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>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	4	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	4	
<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)

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
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)
<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

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
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)
<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
ANTISEIZURE AGENTS		
APTiom TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTiom TABS 600mg, 800mg	5	NDS, 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
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	
<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	

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>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
<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	

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>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	4	
<i>methsuximide CAPS 300mg</i>	4	
<i>NAYZILAM SOLN 5mg/0.1ml</i>	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine SUSP 300mg/5ml</i>	4	
<i>oxcarbazepine TABS 150mg, 300mg, 600mg</i>	3	
<i>perampanel SUSP .5mg/ml</i>	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel TABS 2mg</i>	4	QL (60 tabs / 30 days), PA
<i>perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg</i>	4	QL (30 tabs / 30 days), PA
<i>phenobarbital ELIX 20mg/5ml</i>	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital sodium SOLN 65mg/ml, 130mg/ml</i>	4	PA; PA applies if 65 years and older
<i>phenytek CAPS 200mg, 300mg</i>	3	
<i>phenytoin CHEW 50mg; SUSP 125mg/5ml</i>	3	
<i>phenytoin sodium SOLN 50mg/ml</i>	4	
<i>phenytoin sodium extended CAPS 100mg, 200mg, 300mg</i>	3	
<i>pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg</i>	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin CAPS 200mg</i>	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin CAPS 225mg, 300mg</i>	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>pregabalin SOLN 20mg/ml</i>	4	QL (900 mL / 30 days), PA; PA applies if 65 years and older
<i>primidone TABS 50mg, 125mg, 250mg</i>	2	
<i>roweeptra TABS 500mg</i>	2	
<i>rufinamide SUSP 40mg/ml</i>	5	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide TABS 200mg</i>	4	QL (480 tabs / 30 days), PA
<i>rufinamide TABS 400mg</i>	5	NDS, QL (240 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
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
<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)

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
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
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</i> CAPS 10mg, 18mg, 25mg	4	QL (120 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 40mg	4	QL (60 caps / 30 days)
<i>atomoxetine hcl</i> CAPS 60mg, 80mg, 100mg	4	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl</i> TABS 2.5mg, 5mg	3	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl</i> TABS 10mg	3	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd)</i> TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), 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>guanfacine hcl (adhd)</i> TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
<i>lisdexamfetamine dimesylate</i> CAPS 10mg, 20mg, 30mg	4	QL (60 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CAPS 40mg, 50mg, 60mg, 70mg	4	QL (30 caps / 30 days), PA
<i>lisdexamfetamine dimesylate</i> CHEW 10mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
<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

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
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
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	

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>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
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

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>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
<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

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
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
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)

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>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)
<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</i> TABS 2mg	6	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	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

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
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)
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	

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
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
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	

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>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	
<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	

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>enskyce</i>	2	
<i>errin</i> TABS .35mg	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	
<i>hailey fe 1/20</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jencycla</i> TABS .35mg	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	

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>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	
LILETTA IUD 20.1mcg/day	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	
<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	
NEXPLANON IMPL 68mg	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	

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>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	
<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	

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>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	
<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	

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>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>yuvafem</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
<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	
PREDNISON 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

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>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
<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

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
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	
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

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
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> TBP 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
<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	

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>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	
<i>gavilyte-n/ flavor pack</i>	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>alose tron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alose tron 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	

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>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 10000UNIT	4	
ZENPEP CAP 15000UNIT	4	
ZENPEP CAP 20000UNIT	4	
ZENPEP CAP 25000UNIT	4	
ZENPEP CAP 40000UNIT	4	
ZENPEP CAP 60000UNIT	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)

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>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)
<i>tolterodine tartrate</i> TABS 1mg, 2mg	4	QL (60 tabs / 30 days)
<i>tropium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>tropium 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	

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>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NAACL 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
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

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
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
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 PUSH TOUCH 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

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
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
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

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
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
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

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
IMMUNOGLOBULINS		
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
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

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>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	4	B/D
<i>gengraf</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		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
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	

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
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	
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		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
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	

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>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	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	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 SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	4	
KLOR-CON 8 TBCR 8meq	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>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</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	
IV NUTRITION		
<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
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</i> SOLN 5%, 10%	3	
<i>dextrose</i> SOLN 50%	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

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
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	
<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	
trifluridine SOLN 1%	4	
XDEMZY 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	

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>difluprednate</i> EMUL .05%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	3	
<i>flurbiprofen sodium</i> SOLN .03%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%	3	
<i>ketorolac tromethamine (ophth)</i> SOLN .5%	2	
LOTEMAX OINT .5%	3	
<i>prednisolone acetate (ophth)</i> SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	2	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	3	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brinzolamide</i> SUSP 1%	4	ST
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	2	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	2	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	3	
RHOPRESSA SOLN .02%	4	
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	

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
OTIC		
OTIC AGENTS		
<i>acetic acid (otic) SOLN 2%</i>	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac OIL .01%</i>	3	
<i>fluocinolone acetonide (otic) OIL .01%</i>	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) SOLN .3%</i>	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)
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 SOLN .02%</i>	2	B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	3	
SPIRIVA RESPIMAT AERS 1.25mcg/act	4	QL (1 inhaler / 30 days)
ANTI-HISTAMINES		
<i>azelastine hcl SOLN .1%</i>	2	
<i>cetirizine hcl SOLN 5mg/5ml</i>	2	QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>desloratadine TABS 5mg</i>	3	QL (30 tabs / 30 days)
<i>diphenhydramine hcl SOLN 50mg/ml</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>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
<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	

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>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
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

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>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)
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)</i> SUSP .25mg/2ml, .5mg/2ml	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)

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
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
<i>breyana</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)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnestem</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) GEL 1%</i>	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid) GEL 2%</i>	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid) SOLN 2%</i>	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) LOTN 10%</i>	4	QL (118 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>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>ketconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>ketconazole (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)
<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

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
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)
<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	

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>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 2.5-2.5%</i>	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)
<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)
<i>PANRETIN</i> 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	

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>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 acetonide (mouth)</i> PSTE .1%	3	

_PART B

DIABETIC METERS AND TEST STRIPS

DEXCOM G6 MIS RECEIVER	0	PA
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.

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	ALUNBRIG PAK 35
<i>abacavir sulfate</i> 26	..... 85	ALVAIZ..... 84
<i>abacavir sulfate-</i>	<i>adefovir dipivoxil</i> 28	ALVESCO 98
<i>lamivudine tab 600-</i>	ADEMPAS..... 51	<i>alyacen 1/35</i> 72
<i>300 mg</i> 27	ADMELOG 69	<i>alyacen 7/7/7</i> 72
<i>abigale</i> 76	ADMELOG SOLOSTAR	ALYFTREK TAB 10-50-
<i>abigale lo</i> 76	..... 69	125 97
ABILIFY ASIMTUFII 55	ADVAIR HFA AER	ALYFTREK TAB 4-20-
ABILIFY MAINTENA. 55	115/21 98	50..... 97
<i>abiraterone acetate</i> 33	ADVAIR HFA AER	ALYGLO 88
<i>abirtega</i> 33	230/21 98	<i>alyq</i> 51
ABRYSVO 89	ADVAIR HFA AER	<i>amantadine hcl</i> 54
<i>acamprosate calcium</i>	45/21 98	<i>ambrisentan</i> 51
..... 67	<i>afirmelle</i> 71	<i>amethyst</i> 72
<i>acarbose</i> 68	AIMOVIG 64	<i>amikacin sulfate</i> 23
<i>accutane</i> 99	AIRSUPRA AER 90-	<i>amiloride &</i>
<i>acebutolol hcl</i> 48	80MCG 98	<i>hydrochlorothiazide</i>
<i>acetaminophen w/</i>	AKEEGA TAB 100/500	<i>tab 5-50 mg</i> 49
<i>codeine soln 120-12</i>	..... 33	<i>amiloride hcl</i> 49
<i>mg/5ml</i> 22	AKEEGA TAB	<i>aminosyn ii soln 15%</i>
<i>acetaminophen w/</i>	50/500MG 33	..... 92
<i>codeine tab 300-15</i>	<i>ala-cort</i> .....101	AMINOSYN INJ 10% 92
<i>mg</i> 22	<i>albendazole</i> 23	AMINOSYN-PF INJ
<i>acetaminophen w/</i>	<i>albuterol sulfate</i> 96	10%..... 92
<i>codeine tab 300-30</i>	<i>alclometasone</i>	<i>amiodarone hcl</i> 46
<i>mg</i> 22	<i>dipropionate</i> .....101	<i>amitriptyline hcl</i> 52
<i>acetaminophen w/</i>	ALCOHOL SWABS:	<i>amlodipine besylate</i> 48
<i>codeine tab 300-60</i>	EMBECTA-	<i>amlodipine besylate-</i>
<i>mg</i> 22	BD/MHC/RUGBY .. 69	<i>atorvastatin calcium</i>
<i>acetazolamide</i> 49	ALDURAZYME 77	<i>tab 10-10 mg</i> 50
<i>acetic acid</i> 83	ALECENSA 35	<i>amlodipine besylate-</i>
<i>acetic acid (otic)</i> 95	<i>alendronate sodium</i> 70	<i>atorvastatin calcium</i>
<i>acetylcysteine</i> 97	<i>alfuzosin hcl</i> 82	<i>tab 10-20 mg</i> 50
<i>acitretin</i> .....100	<i>aliskiren fumarate</i> .. 50	<i>amlodipine besylate-</i>
ACTHIB INJ 89	<i>allopurinol</i> 21	<i>atorvastatin calcium</i>
ACTIMMUNE 88	<i>alose tron hcl</i> 81	<i>tab 10-40 mg</i> 50
<i>acyclovir</i> 28	<i>alprazolam</i> 52	<i>amlodipine besylate-</i>
<i>acyclovir sodium</i> 28	<i>altavera</i> 71	<i>atorvastatin calcium</i>
ADACEL INJ..... 89	ALUNBRIG..... 35	<i>tab 10-80 mg</i> 50

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

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	<i>medoxomil tab 10-40 mg</i>	<i>amoxicillin & k clavulanate tab 875-125 mg.....</i>
50	45	30
<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 10 mg</i>
50	45	63
<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 15 mg</i>
50	45	63
<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 20 mg</i>
50	45	63
<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 25 mg</i>
50	45	63
<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 30 mg</i>
50	45	63
<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 5 mg</i>
50	45	63
<i>amlodipine besylate-benazepril hcl cap 10-20 mg.....</i>	<i>amnestem</i>	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>
43	99	63
<i>amlodipine besylate-benazepril hcl cap 10-40 mg.....</i>	<i>amoxapine</i>	<i>amphetamine-dextroamphetamine tab 10 mg</i>
44	53	63
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	<i>amoxicillin.....</i>	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>
43	30	63
<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 15 mg</i>
43	30	63
<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 20 mg</i>
43	30	63
<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 30 mg</i>
43	30	63
<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 5 mg</i>
45	30	63
<i>amlodipine besylate-olmesartan</i>	<i>amoxicillin & k clavulanate tab 250-125 mg.....</i>	
	30	
	<i>amoxicillin & k clavulanate tab 500-125 mg.....</i>	
	30	

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

<i>amphetamine-</i>	<i>asenapine maleate</i> . 56	<i>azelaic acid</i> .....102
<i>dextroamphetamine</i>	<i>ashlyna</i> 72	<i>azelastine hcl</i> 95
<i>tab 7.5 mg</i> 63	<i>aspirin-dipyridamole</i>	<i>azelastine hcl (ophth)</i>
<i>amphotericin b</i> 25	<i>cap er 12hr 25-200</i>	..... 94
<i>amphotericin b</i>	<i>mg</i> 85	<i>azithromycin</i> 29
<i>liposome</i> 25	ASTAGRAF XL..... 88	<i>aztreonam</i> 23
<i>ampicillin</i> 30	<i>atazanavir sulfate</i> .. 26	<i>azurette</i> 72
<i>ampicillin & sulbactam</i>	<i>atenolol</i> 48	B
<i>sodium for inj 1.5</i>	<i>atenolol &</i>	<i>bacitracin</i>
<i>(1-0.5) gm</i> 30	<i>chlorthalidone tab</i>	<i>(ophthalmic)</i> 93
<i>ampicillin & sulbactam</i>	<i>100-25 mg</i> 48	<i>bacitracin-polymyxin b</i>
<i>sodium for inj 3 (2-</i>	<i>atenolol &</i>	<i>ophth oint</i> 93
<i>1) gm</i> 30	<i>chlorthalidone tab</i>	<i>bacitracin-polymyxin-</i>
<i>ampicillin & sulbactam</i>	<i>50-25 mg</i> 48	<i>neomycin-hc ophth</i>
<i>sodium for iv soln</i>	<i>atomoxetine hcl</i> 63	<i>oint 1%</i> 93
<i>1.5 (1-0.5) gm</i> 30	<i>atorvastatin calcium</i> 47	<i>baclofen</i> 66
<i>ampicillin & sulbactam</i>	<i>atovaquone</i> 23	BAFIERTAM 66
<i>sodium for iv soln 15</i>	<i>atovaquone-proguanil</i>	<i>balsalazide disodium</i>
<i>(10-5) gm</i> 30	<i>hcl tab 250-100 mg</i>	..... 80
<i>ampicillin & sulbactam</i>	..... 25	BALVERSA 35
<i>sodium for iv soln 3</i>	<i>atovaquone-proguanil</i>	<i>balziva</i> 72
<i>(2-1) gm</i> 30	<i>hcl tab 62.5-25 mg</i>	BARACLUDGE 28
<i>ampicillin sodium</i> ... 30	..... 25	BCG VACCINE..... 89
<i>anagrelide hcl</i> 84	ATROPINE SULFATE 94	<i>benazepril &</i>
<i>anastrozole</i> 33	<i>atropine sulfate</i>	<i>hydrochlorothiazide</i>
ANORO ELLIPT AER	<i>(ophthalmic)</i> 94	<i>tab 10-12.5 mg</i> ... 44
62.5-25 95	ATROVENT HFA..... 95	<i>benazepril &</i>
<i>aprepitant</i> 80	<i>aubra eq</i> 72	<i>hydrochlorothiazide</i>
<i>aprepitant capsule</i>	AUGTYRO..... 35	<i>tab 20-12.5 mg</i> ... 44
<i>therapy pack 80 &</i>	<i>aurovela 1/20</i> 72	<i>benazepril &</i>
<i>125 mg</i> 80	<i>aurovela 24 fe</i> 72	<i>hydrochlorothiazide</i>
<i>apri</i> 72	<i>aurovela fe 1.5/30</i> . 72	<i>tab 20-25 mg</i> 44
APTIOM 58	<i>aurovela fe 1/20</i> 72	<i>benazepril &</i>
APTIVUS 26	AUSTEDO..... 65	<i>hydrochlorothiazide</i>
ARALAST NP..... 97	AUSTEDO XR..... 65	<i>tab 5-6.25mg</i> 44
<i>aranelle</i> 72	AUSTEDO XR TAB	<i>benazepril hcl</i> 44
ARCALYST..... 88	TITR KIT 65	BENDAMUSTINE
AREXVY 89	AUVELITY TAB 45-	HYDROCHLORID . 31
<i>arformoterol tartrate</i>	105MG..... 53	BENDEKA..... 31
..... 96	<i>aviane</i> 72	BENLYSTA..... 88
ARIKAYCE 23	AVMAPKI PAK	<i>benzoyl peroxide-</i>
<i>aripiprazole</i> 55	FAKZYNJA 35	<i>erythromycin gel 5-</i>
ARISTADA..... 55	<i>ayuna</i> 72	<i>3%</i> 99
ARISTADA INITIO .. 55	AYVAKIT 35	<i>benztropine mesylate</i>
<i>armodafinil</i> 67	<i>azacitidine</i> 32	..... 54
ARNUITY ELLIPTA... 98	<i>azathioprine</i> 88	BERINERT 84

<i>besifloxacin hcl</i> 93	<i>blisovi fe 1/20</i> 72	12-3 mg (base equiv)..... 67
BESIVANCE 93	BLUJEPa 23	<i>buprenorphine hcl-naloxone hcl sl film</i>
BESREMI 34	BONSITY..... 71	2-0.5 mg (base equiv)..... 67
<i>betaine powder for oral solution</i> 77	BOOSTRIX INJ 89	<i>buprenorphine hcl-naloxone hcl sl film</i>
<i>betamethasone dipropionate (topical)</i> .....101	<i>bortezomib</i> 35	4-1 mg (base equiv) 67
<i>betamethasone dipropionate augmented</i>.....101	BORTEZOMIB 35	<i>buprenorphine hcl-naloxone hcl sl film</i>
<i>betamethasone valerate</i> .....101	<i>bosentan</i> 51	8-2 mg (base equiv) 67
BETASERON 66	BOSULIF 35	<i>buprenorphine hcl-naloxone hcl sl tab</i>
<i>betaxolol hcl (ophth)</i> 94	BRAFTOVI 35	2-0.5 mg (base equiv)..... 67
<i>bethanechol chloride</i> 83	BREO ELLIPTA INH 100-25 99	<i>buprenorphine hcl-naloxone hcl sl tab</i>
BEVESPI AER 9-4.8MCG..... 95	BREO ELLIPTA INH 200-25 99	8-2 mg (base equiv) 67
<i>bexarotene</i> 34	BREO ELLIPTA INH 50-25MCG 98	<i>bupropion hcl</i> 53
<i>bexarotene (topical)</i> .....102	<i>breyana</i> 99	<i>bupropion hcl (smoking deterrent)</i> 67
BEXSERO 89	BREZTRI AERO AER SPHERE 95	<i>bupirone hcl</i> 52
<i>bicalutamide</i> 33	BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)..... 95	<i>butorphanol tartrate</i> 22
BICILLIN L-A 31	<i>briellyn</i> 72	C
BIKTARVY TAB 30-120-15 MG 27	<i>brimonidine tartrate</i> 94	<i>cabergoline</i> 77
BIKTARVY TAB 50-200-25 MG 27	<i>brinzolamide</i> 94	CABOMETYX..... 36
BILDYOS..... 71	BRIVIACT..... 59	<i>calcipotriene</i>.....100
BIMZELX..... 85	<i>bromocriptine mesylate</i> 54	<i>calcitonin (salmon) spray</i> 71
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg...</i> 48	BRUKINSA 35, 36	<i>calcitrene</i>.....100
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg..</i> 48	<i>budesonide</i> 81	<i>calcitriol</i> 79
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> 48	<i>budesonide (inhalation)</i> 98	<i>calcitriol (oral)</i> 79
<i>bisoprolol fumarate</i> 48	<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> 99	CALQUENCE 36
BIVIGAM..... 88	<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> 99	<i>camila</i> 72
<i>blisovi 24 fe</i> 72	<i>bumetanide</i> 49	<i>camrese</i> 72
<i>blisovi fe 1.5/30</i> 72	<i>buprenorphine</i> 21	<i>camrese lo</i> 72
	<i>buprenorphine hcl</i> .. 67	<i>candesartan cilexetil</i> 46
	<i>buprenorphine hcl-naloxone hcl sl film</i>	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg...</i> 45

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

<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg...</i>	45	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	55	<i>cefpodoxime proxetil</i>	29
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	45	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	55	<i>cefprozil</i>	29
CAPLYTA	56	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	55	<i>ceftaroline fosamil..</i>	29
CAPRELSA	36	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	55	<i>ceftazidime</i>	29
<i>captopril</i>	44	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	55	<i>ceftriaxone sodium</i>	29
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	44	<i>carboplatin</i>	31	<i>cefuroxime axetil ...</i>	29
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	44	<i>carglumic acid</i>	77	<i>cefuroxime sodium</i>	29
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	44	<i>carisoprodol</i>	66	<i>celecoxib</i>	21
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	44	<i>carteolol hcl (ophth)</i>	94	<i>cephalexin</i>	29
<i>carb/levo orally disintegrating tab 10-100mg</i>	54	<i>cartia xt</i>	48	CEQR SIMPL KIT PATCH 2U (3-DAY)	69
<i>carb/levo orally disintegrating tab 25-100mg</i>	54	<i>carvedilol</i>	48	CEQR SIMPL KIT PATCH 2U (4-DAY)	69
<i>carb/levo orally disintegrating tab 25-250mg</i>	54	<i>caspofungin acetate</i>	25	CEQR SIMPL MIS INSERTER	69
<i>carbamazepine</i>	59	CAYSTON	23	CERDELGA	77
<i>carbidopa</i>	54	<i>cefaclor</i>	28	CEREZYME	77
<i>carbidopa & levodopa tab 10-100 mg</i>	54	<i>cefadroxil</i>	29	<i>cetirizine hcl</i>	95
<i>carbidopa & levodopa tab 25-100 mg</i>	54	CEFAZOLIN	29	<i>cevimeline hcl</i>	103
<i>carbidopa & levodopa tab 25-250 mg</i>	54	CEFAZOLIN INJ 1GM/50ML	29	<i>chateal eq</i>	72
<i>carbidopa & levodopa tab er 25-100 mg</i>	55	<i>cefazolin sodium</i>	29	CHEMET	71
<i>carbidopa & levodopa tab er 50-200 mg</i>	55	CEFAZOLIN SOLN 2GM/100ML-4%	29	<i>chlorhexidine gluconate (mouth-throat)</i>	103
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	55	CEFAZOLIN/DEX SOL 1GM/50ML-4%	29	<i>chloroquine phosphate</i>	25
		CEFAZOLIN/DEX SOL 2GM/50ML-3%	29	<i>chlorpromazine hcl</i>	56
		CEFAZOLIN/DEX SOL 3GM/150ML-4%	29	<i>chlorthalidone</i>	49
		CEFAZOLIN/DEX SOL 3GM/50ML-2%	29	<i>cholestyramine</i>	47
		<i>cefdinir</i>	29	<i>cholestyramine light</i>	47
		<i>cefepime hcl</i>	29	<i>choline fenofibrate</i>	47
		<i>cefexime</i>	29	<i>ciclopirox</i>	100
		<i>cefotetan disodium</i>	29	<i>ciclopirox olamine</i>	100
		<i>cefoxitin sodium</i>	29	<i>cilostazol</i>	84
				CILOXAN	93
				CIMDUO TAB 300-300	27
				<i>cinacalcet hcl</i>	78
				CIPRO	30
				<i>ciprofloxacin 200 mg/100ml in d5w</i>	30
				<i>ciprofloxacin 400 mg/200ml in d5w</i>	30

<i>ciprofloxacin hcl</i> 30	CLINIMIX INJ	<i>colistimethate sodium</i>
<i>ciprofloxacin hcl</i>	5%/D20W 92	..... 23
(<i>ophth</i>) 93	CLINIMIX INJ 6/5... 92	COMBIGAN SOL
<i>ciprofloxacin-</i>	CLINIMIX INJ 8/10 . 92	0.2/0.5% 94
<i>dexamethasone otic</i>	CLINIMIX INJ 8/14 . 92	COMBIVENT AER 20-
<i>susp 0.3-0.1%</i> 95	<i>clinisol sf 15%</i> 92	100 95
<i>cisplatin</i> 32	CLINOLIPID EMU 20%	COMETRIQ (60MG
<i>citalopram</i>	..... 92	DOSE) 36
<i>hydrobromide</i> 53	<i>clobazam</i> 59	COMETRIQ KIT 100MG
<i>claravis</i> 99	<i>clobetasol propionate</i>	..... 36
<i>clarithromycin</i> 29	.....101	COMETRIQ KIT 140MG
<i>clindamycin hcl</i> 23	<i>clobetasol propionate</i>	..... 36
<i>clindamycin palmitate</i>	<i>e</i>.....101	<i>compro</i> 80
<i>hydrochloride</i> 23	<i>clodan</i> .....101	<i>constulose</i> 81
<i>clindamycin phosphate</i>	<i>clomipramine hcl</i> 53	COPAXONE..... 66
..... 23	<i>clonazepam</i> 59	COPIKTRA..... 36
<i>clindamycin phosphate</i>	<i>clonidine</i> 50	CORLANOR 50
(<i>topical</i>) 99	<i>clonidine hcl</i> 50	COTELLIC 36
<i>clindamycin phosphate</i>	<i>clopidogrel bisulfate</i> 85	CREON CAP 12000UNT
<i>in d5w iv soln 300</i>	<i>clorazepate</i>	..... 81
<i>mg/50ml</i> 23	<i>dipotassium</i> 59	CREON CAP 24000UNT
<i>clindamycin phosphate</i>	<i>clotrimazole</i> .....103	..... 81
<i>in d5w iv soln 600</i>	<i>clotrimazole (topical)</i>	CREON CAP 3000UNIT
<i>mg/50ml</i> 23	.....100	..... 81
<i>clindamycin phosphate</i>	<i>clotrimazole w/</i>	CREON CAP 36000UNT
<i>in d5w iv soln 900</i>	<i>betamethasone</i>	..... 81
<i>mg/50ml</i> 23	<i>cream 1-0.05%</i> ..100	CREON CAP 6000UNIT
<i>clindamycin phosphate</i>	<i>clozapine</i> 56	..... 81
<i>vaginal</i> 83	COARTEM TAB 20-	CRESEMBA 25
<i>clindamycin phosph-</i>	120MG..... 25	<i>cromolyn sodium</i> ... 97
<i>benzoyl peroxide</i>	COBENFY CAP 100-	<i>cromolyn sodium</i>
(<i>refrig</i>) gel 1.2 (1)-	20MG 56	(<i>mastocytosis</i>) 81
5%..... 99	COBENFY CAP 125-	<i>cromolyn sodium</i>
CLINDMYC/NAC INJ	30MG 56	(<i>ophth</i>) 94
300/50ML..... 23	COBENFY CAP 50-	<i>cryselle</i> 72
CLINDMYC/NAC INJ	20MG 56	<i>cyclobenzaprine hcl</i> 66
600/50ML..... 23	COBENFY STRT CAP	<i>cyclophosphamide</i> .. 32
CLINDMYC/NAC INJ	PACK 56	CYCLOPHOSPHAMIDE
900/50ML..... 23	<i>colchicine</i> 21	..... 32
CLINIMIX INJ	<i>colchicine w/</i>	CYCLOPHOSPHAMIDE
4.25/D10 92	<i>probenecid tab 0.5-</i>	MONOHYDR 32
CLINIMIX INJ	500 mg 21	<i>cycloserine</i> 27
4.25/D5W 92	<i>colesevelam hcl</i> 47	<i>cyclosporine</i> 88
CLINIMIX INJ	<i>colestipol hcl</i> 47	
5%/D15W 92		

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

<i>cyclosporine modified (for microemulsion)</i> 88	DEPO-SUBQ PROVERA 104 72	<i>dextrose 5% in lactated ringers...</i> 90
<i>cyproheptadine hcl</i> . 95	<i>depo-testosterone</i> .. 68	<i>dextrose 5% w/ sodium chloride 0.225%</i> 90
<i>cyred eq</i> 72	DESCOVY TAB 120- 15MG 27	<i>dextrose 5% w/ sodium chloride 0.3%.....</i> 90
CYSTADROPS 94	DESCOVY TAB 200/25MG 27	<i>dextrose 5% w/ sodium chloride 0.45%</i> 90
CYSTAGON..... 78	<i>desipramine hcl</i> 53	<i>dextrose 5% w/ sodium chloride 0.9%.....</i> 90
CYSTARAN 94	<i>desloratadine</i> 95	DEXTROSE 70%..... 92
<i>cytarabine</i> 32	<i>desmopressin acetate</i> 78	DIACOMIT..... 59
D	<i>desmopressin acetate spray</i> 78	<i>diazepam</i> 59
D10W/NAACL INJ 0.2% 90	<i>desmopressin acetate spray refrigerated</i> 78	<i>diazepam (anticonvulsant)</i> .. 59
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30	<i>aer powder ba 250-</i>	76
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(H.D.C.V.)	<i>isibloom</i>	JENTADUETO TAB XR
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INBRIJA	<i>jinteli</i>
<i>incassia</i>	ISOLYTE-S INJ PH 7.4	<i>jolessa</i>
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INQOVI TAB 35-	ITOVEBI	<i>junel fe 24</i>
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INREBIC	<i>ivabradine hcl</i>	JYNNEOS
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INTELENCE	1000	<i>in dextrose 5% &</i>
INTRALIPID.....	JANUMET TAB 50-	<i>nacl 0.45% inj</i>
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<i>ipratropium bromide</i>	500MG.....	<i>nacl 0.45% inj</i>
<i>(nasal)</i>	JANUVIA	<i>kcl 20 meq/l (0.15%)</i>
<i>ipratropium-albuterol</i>	JARDIANCE	<i>in dextrose 5% &</i>
<i>nebu soln 0.5-2.5(3)</i>	<i>jasmiel</i>	<i>nacl 0.9% inj</i>
<i>mg/3ml</i>	<i>javygtor</i>	

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

<i>kcl 20 meq/l (0.15%)</i> <i>in nacl 0.45% inj.</i> 91	KISQALI 600 PAK FEMARA 38	<i>lenalidomide</i> 34
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KESIMPTA 66	KOSELUGO..... 38, 39	<i>leucovorin calcium</i> . 34
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<i>ketoconazole (topical)</i>100	KRAZATI..... 39	<i>leuprolide acetate</i> .. 33
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KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML..... 38	<i>lacosamide</i> 60	<i>levetiracetam in</i> <i>sodium chloride iv</i> <i>soln 1000 mg/100ml</i> 60
KINERET 86	<i>lacosamide oral</i> 60	<i>levetiracetam in</i> <i>sodium chloride iv</i> <i>soln 1500 mg/100ml</i> 61
KINRIX INJ..... 89	LACTATED RIN INJ . 91	<i>levetiracetam in</i> <i>sodium chloride iv</i> <i>soln 500 mg/100ml</i> 60
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KISQALI 200 DOSE 38	<i>lactic acid (ammonium</i> <i>lactate)</i>102	<i>levocarnitine</i> <i>(metabolic</i> <i>modifiers)</i> 78
KISQALI 400 DOSE 38	<i>lactulose</i> 81	<i>levocetirizine</i> <i>dihydrochloride</i> ... 96
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	<i>lamivudine-zidovudine</i> <i>tab 150-300 mg</i> .. 27	
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	<i>lanreotide acetate</i> .. 78	
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	<i>latanoprost</i> 94	
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<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	30	<i>lidocan</i>	102	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg.</i>	45
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	30	LILETTA	74	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg....</i>	45
<i>levonest.....</i>	73	<i>linezolid</i>	24	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg...</i>	45
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	73	LINEZOLID INJ 2MG/ML	24	LOTEMAX	94
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	74	LINZESS	81	<i>loteprednol etabonate-tobramycin ophth susp 0.5-0.3%....</i>	93
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg ...</i>	74	<i>liomny</i>	79	<i>lovastatin</i>	47
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	74	<i>liothyronine sodium</i>	79	<i>low-ogestrel</i>	74
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	74	<i>lisdexamfetamine dimesylate</i>	64	<i>loxapine succinate..</i>	57
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	74	<i>lisinopril</i>	44	<i>luizza 1.5/30</i>	74
<i>levora 0.15/30-28 ..</i>	74	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg...</i>	44	<i>luizza 1/20</i>	74
<i>levo-t</i>	79	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg...</i>	44	LUMAKRAS	39
<i>levothyroxine sodium</i>	79	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	44	LUMIGAN	94
<i>levoxyl</i>	79	<i>lithium</i>	65	LUMIZYME	78
<i>l-glutamine (sickle cell)</i>	84	<i>lithium carbonate</i> ...	65	LUPRON DEPOT (1-MONTH)	33
<i>lidocaine</i>	102	LIVTENCITY	28	LUPRON DEPOT (3-MONTH)	33
<i>lidocaine hcl</i>	102	<i>loestrin 1.5/30-21 ..</i>	74	LUPRON DEPOT-PED (1-MONTH)	78
<i>lidocaine hcl (local anesth.)</i>	21	<i>loestrin 1/20-21</i>	74	LUPRON DEPOT-PED (3-MONTH)	78
<i>lidocaine hcl (mouth-throat)</i>	103	<i>loestrin fe 1.5/30</i> ...	74	LUPRON DEPOT-PED (6-MONTH)	78
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	102	<i>loestrin fe 1/20</i>	74	<i>lurasidone hcl</i>	57
		<i>lojaimiess</i>	74	<i>lutera</i>	74
		LOKELMA	71	LYBALVI TAB 10-10MG	57
		<i>lomustine</i>	32	LYBALVI TAB 15-10MG	57
		LONSURF TAB 15-6.14	32	LYBALVI TAB 20-10MG	57
		LONSURF TAB 20-8.19	32	LYBALVI TAB 5-10MG	57
		<i>loperamide hcl</i>	81	<i>lyleq</i>	74
		<i>lopinavir-ritonavir tab 100-25 mg</i>	27	<i>lyllana</i>	76
		<i>lopinavir-ritonavir tab 200-50 mg</i>	27	LYNPARZA	39
		<i>lorazepam</i>	52	LYSODREN	33
		<i>lorazepam intensol</i> .	52		
		LORBRENA	39		
		<i>loryna</i>	74		
		<i>losartan potassium</i> .	46		

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

LYTGOBI (12 MG DAILY DOSE)	39	<i>memantine hcl- donepezil hcl cap er 24hr 28-10 mg ...</i>	52	<i>metronidazole (topical).....</i>	102
LYTGOBI (16 MG DAILY DOSE)	39	MENQUADFI	89	<i>metronidazole vaginal</i>	83
LYTGOBI (20 MG DAILY DOSE)	39	MENVEO INJ.....	89	<i>metyrosine.....</i>	51
<i>lyza.....</i>	74	MENVEO SOL.....	89	<i>mibelas 24 fe</i>	74
M		<i>mercaptapurine</i>	32	<i>micafungin sodium .</i>	25
<i>magnesium sulfate .</i>	91	<i>meropenem.....</i>	24	<i>microgestin 1.5/30 .</i>	74
MAGNESIUM SULFATE	91	<i>mesalamine</i>	81	<i>microgestin 1/20....</i>	74
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	91	<i>mesalamine w/ cleanser</i>	81	<i>microgestin fe 1.5/30</i>	74
<i>malathion</i>	103	<i>mesna</i>	34	<i>microgestin fe 1/20</i>	74
<i>maraviroc</i>	26	<i>metformin hcl... 68, 69</i>		<i>midodrine hcl</i>	51
<i>marlissa.....</i>	74	<i>methadone hcl.....</i>	22	MIEBO.....	94
MARPLAN	53	<i>methadone hydrochloride i ...</i>	22	<i>mifepristone (hyperglycemia)..</i>	78
MATULANE	34	<i>methazolamide</i>	49	<i>mili</i>	74
<i>matzim la</i>	49	<i>methenamine hippurate</i>	24	<i>mimvey</i>	76
MAVYRET PAK 50- 20MG	28	<i>methimazole</i>	79	<i>minocycline hcl</i>	31
MAVYRET TAB 100- 40MG	28	<i>methocarbamol. 66, 67</i>		<i>minoxidil.....</i>	51
<i>meclizine hcl</i>	80	<i>methotrexate sodium</i>	32, 87	<i>mirtazapine.....</i>	53
<i>medroxyprogesterone acetate</i>	79	<i>methoxsalen rapid.100</i>		<i>misoprostol</i>	82
<i>medroxyprogesterone acetate (contraceptive) ...</i>	74	<i>methsuximide.....</i>	61	M-M-R II INJ	89
<i>mefloquine hcl</i>	25	<i>methylphenidate hcl</i>	64	M-NATAL PLUS TAB	92
<i>megestrol acetate .</i>	33, 79	<i>methylprednisolone</i>	77	<i>modafinil</i>	67
<i>megestrol acetate (appetite).....</i>	79	<i>methylprednisolone acetate</i>	77	MODEYSO	34
MEKINIST	39, 40	<i>methylprednisolone sod succ.....</i>	77	<i>moexipril hcl</i>	44
MEKTOVI	40	<i>metoclopramide hcl</i>	80	<i>molindone hcl.....</i>	57
<i>meleya</i>	74	<i>metolazone</i>	49	<i>mometasone furoate</i>	101
<i>meloxicam</i>	21	<i>metoprolol & hydrochlorothiazide tab 100-25 mg....</i>	48	<i>mometasone furoate (nasal).....</i>	98
<i>memantine hcl.....</i>	52	<i>metoprolol & hydrochlorothiazide tab 100-50 mg....</i>	48	MONJUVI	40
<i>memantine hcl- donepezil hcl cap er 24hr 14-10 mg ...</i>	52	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	48	<i>mono-lynyah.....</i>	74
<i>memantine hcl- donepezil hcl cap er 24hr 21-10 mg ...</i>	52	<i>metoprolol succinate</i>	48	<i>montelukast sodium</i>	96
		<i>metoprolol tartrate.</i>	48	<i>morphine sulfate....</i>	22
		<i>metronidazole</i>	24	MOUNJARO	69
				MOVANTIK	82
				<i>moxifloxacin hcl.....</i>	30
				<i>moxifloxacin hcl (ophth).....</i>	93
				<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.</i>	30
				MRESVIA	89
				MULTAQ	46

<i>multiple electrolytes</i>	<i>neomycin-polymyxin-</i>	<i>norethindrone ace &</i>
<i>ph 5.5</i> 91	<i>hc otic soln 1% ...</i> 95	<i>ethinyl estradiol tab</i>
<i>mupirocin</i> .....100	<i>neomycin-polymyxin-</i>	<i>1.5 mg-30 mcg ...</i> 75
<i>mycophenolate mofetil</i>	<i>hc otic susp 3.5</i>	<i>norethindrone ace &</i>
..... 89	<i>mg/ml-10000</i>	<i>ethinyl estradiol-fe</i>
<i>mycophenolate</i>	<i>unit/ml-1%</i> 95	<i>tab 1 mg-20 mcg</i> 75
<i>sodium</i> 89	NERLYNX 40	<i>norethindrone ace-eth</i>
MYRBETRIQ..... 83	<i>neuac</i> 99	<i>estradiol-fe chew tab</i>
N	<i>nevirapine</i> 26	<i>1 mg-20 mcg (24)</i> 75
<i>nabumetone</i> 21	NEXLETOL..... 47	<i>norethindrone acetate</i>
<i>nadolol</i> 48	NEXLIZET TAB	..... 79
<i>nafcillin sodium</i> 31	180/10MG 47	<i>norethindrone acetate-</i>
NAGLAZYME 78	NEXPLANON 74	<i>ethinyl estradiol tab</i>
<i>naloxone hcl</i> 67	<i>niacin</i>	<i>0.5 mg-2.5 mcg ..</i> 77
<i>naltrexone hcl</i> 67	<i>(antihyperlipidemic)</i>	<i>norethindrone acetate-</i>
NAMZARIC CAP 7-	..... 47	<i>ethinyl estradiol tab</i>
10MG 52	<i>nicardipine hcl</i> 49	<i>1 mg-5 mcg</i> 77
<i>naproxen</i> 21	NICOTROL NS..... 67	<i>norethindrone ac-</i>
<i>naproxen sodium</i> ... 21	<i>nifedipine</i> 49	<i>ethinyl estrad-fe tab</i>
<i>naratriptan hcl</i> 65	<i>nikki</i> 74	<i>1-20/1-30/1-35 mg-</i>
NATACYN 93	<i>nilotinib hcl</i> 40	<i>mcg</i> 74
<i>nateglinide</i> 69	<i>nilutamide</i> 33	<i>norgestimate & ethinyl</i>
NAYZILAM..... 61	<i>nimodipine</i> 49	<i>estradiol tab 0.25</i>
<i>nebivolol hcl</i> 48	NINLARO 40	<i>mg-35 mcg</i> 75
<i>necon 0.5/35-28</i> 74	<i>nisoldipine</i> 49	<i>norgestimate-eth</i>
<i>nefazodone hcl</i> 53	<i>nitazoxanide</i> 24	<i>estrad tab 0.18-</i>
<i>neomycin sulfate</i> 24	<i>nitisinone</i> 78	<i>25/0.215-25/0.25-</i>
<i>neomycin-bacitrac zn-</i>	NITRO-BID..... 51	<i>25 mg-mcg</i> 75
<i>polymyx 5(3.5)mg-</i>	<i>nitrofurantoin</i>	<i>norgestimate-eth</i>
<i>400unt-10000unt op</i>	<i>macrocrystal</i> 24	<i>estrad tab 0.18-</i>
<i>oin</i> 93	<i>nitrofurantoin</i>	<i>35/0.215-35/0.25-</i>
<i>neomycin-polymy-</i>	<i>monohyd macro</i> .. 24	<i>35 mg-mcg</i> 75
<i>gramicid op sol</i>	<i>nitroglycerin</i> 51	<i>norlyroc</i> 75
<i>1.75-10000-</i>	<i>nitroglycerin (intra-</i>	<i>nortrel 0.5/35 (28)</i> . 75
<i>0.025mg-unt-mg/ml</i>	<i>anal)</i> .....102	<i>nortrel 1/35 (21) ...</i> 75
..... 93	<i>nizatidine</i> 80	<i>nortrel 1/35 (28) ...</i> 75
<i>neomycin-polymyxin-</i>	<i>nora-be</i> 74	<i>nortrel 7/7/7</i> 75
<i>dexamethasone</i>	<i>norelgestromin-ethinyl</i>	<i>nortriptyline hcl</i> 53, 54
<i>ophth oint 0.1% ..</i> 93	<i>estradiol td ptwk</i>	NORVIR 26
<i>neomycin-polymyxin-</i>	<i>150-35 mcg/24hr</i> 74	NOVOLIN INJ 70/30 70
<i>dexamethasone</i>	<i>norethindrone</i>	NOVOLIN INJ 70/30 FP
<i>ophth susp 0.1%.</i> 93	<i>(contraceptive) ...</i> 74	..... 70
<i>neomycin-polymyxin-</i>	<i>norethindrone ace &</i>	NOVOLIN N 70
<i>hc ophth susp</i> 93	<i>ethinyl estradiol tab</i>	NOVOLIN N FLEXPEN
	<i>1 mg-20 mcg</i> 75	..... 70

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

NOVOLIN R	70	<i>hydrochlorothiazide</i>		OMNIPOD DASH MIS	
NOVOLIN R FLEXPEN		<i>tab 20-12.5 mg...</i>	45	PODS	70
.....	70	<i>olmesartan</i>		<i>ondansetron</i>	80
NOVOLOG	70	<i>medoxomil-</i>		<i>ondansetron hcl</i>	80
NOVOLOG FLEXPEN	70	<i>hydrochlorothiazide</i>		ONTRUZANT.....	40
NOVOLOG FLEXPEN		<i>tab 40-12.5 mg...</i>	45	ONUREG	32
RELION.....	70	<i>olmesartan</i>		OPIPZA.....	57
NOVOLOG MIX INJ		<i>medoxomil-</i>		OPSUMIT	51
70/30	70	<i>hydrochlorothiazide</i>		ORGOVYX	33
NOVOLOG MIX INJ		<i>tab 40-25 mg</i>	45	ORKAMBI GRA 100-	
FLEXPEN	70	<i>olmesartan-</i>		125	97
NOVOLOG PENFILL.	70	<i>amlodipine-</i>		ORKAMBI GRA 150-	
NOVOLOG RELION..	70	<i>hydrochlorothiazide</i>		188	97
NUBEQA	33	<i>tab 20-5-12.5 mg</i>	45	ORKAMBI GRA 75-	
NUEDEXTA CAP 20-		<i>olmesartan-</i>		94MG	97
10MG	65	<i>amlodipine-</i>		ORKAMBI TAB 100-	
NULOJIX	89	<i>hydrochlorothiazide</i>		125	97
NUPLAZID	57	<i>tab 40-10-12.5 mg</i>		ORKAMBI TAB 200-	
NURTEC.....	65	.....	46	125	97
NUTRILIPID.....	92	<i>olmesartan-</i>		<i>orquidea</i>	75
NUZYRA.....	31	<i>amlodipine-</i>		ORSERDU	33
<i>nyamyc</i>	100	<i>hydrochlorothiazide</i>		<i>oseltamivir phosphate</i>	
<i>nylia 1/35</i>	75	<i>tab 40-10-25 mg.</i>	46	.....	28
<i>nylia 7/7/7</i>	75	<i>olmesartan-</i>		OSPOMYV	71
<i>nystatin</i>	25	<i>amlodipine-</i>		<i>oxacillin sodium</i>	31
<i>nystatin (mouth-</i>		<i>hydrochlorothiazide</i>		<i>oxaliplatin</i>	32
<i>throat)</i>	103	<i>tab 40-5-12.5 mg</i>	45	<i>oxaprozin</i>	21
<i>nystatin (topical)</i> ...	100	<i>olmesartan-</i>		<i>oxcarbazepine</i>	61
<i>nystop</i>	100	<i>amlodipine-</i>		<i>oxybutynin chloride</i>	83
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	.....	96	<i>10-325 mg</i>	23
ODOMZO	40	<i>omega-3-acid ethyl</i>		<i>oxycodone w/</i>	
OFEV.....	97	<i>esters cap 1 gm ..</i>	48	<i>acetaminophen tab</i>	
<i>ofloxacin (ophth)</i> ...	93	<i>omeprazole</i>	82	<i>2.5-325 mg</i>	22
<i>ofloxacin (otic)</i>	95	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>	22
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>	22
<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)	69
<i>medoxomil-</i>		INTRO	70		

OZEMPIC (1MG/DOSE)	PENMENVY INJ.....	90	<i>piperacillin sod-</i>
.....	PENTACEL INJ	90	<i>tazobactam sod for</i>
OZEMPIC (2MG/DOSE)	<i>pentamidine</i>		<i>inj 13.5 gm (12-1.5</i>
.....	<i>isethionate inh</i>	24	<i>gm).....</i>
P	<i>pentamidine</i>		<i>piperacillin sod-</i>
<i>pacerone</i>	<i>isethionate inj</i>	24	<i>tazobactam sod for</i>
<i>paclitaxel</i>	<i>pentoxifylline.....</i>	84	<i>inj 2.25 gm (2-0.25</i>
<i>paclitaxel inj 100mg</i>	<i>perampanel.....</i>	61	<i>gm).....</i>
<i>35</i>	<i>perindopril erbumine</i>		<i>piperacillin sod-</i>
<i>paliperidone .....</i>	.....	44	<i>tazobactam sod for</i>
<i>pamidronate disodium</i>	<i>periogard.....</i>	103	<i>inj 4.5 gm (4-0.5</i>
.....	<i>permethrin.....</i>	103	<i>gm).....</i>
PAMIDRONATE	<i>perphenazine.....</i>	57	<i>piperacillin sod-</i>
DISODIUM	<i>pfizerpen</i>	31	<i>tazobactam sod for</i>
PANRETIN	<i>phenelzine sulfate ..</i>	54	<i>inj 40.5 gm (36-4.5</i>
102	<i>phenobarbital</i>	61	<i>gm).....</i>
<i>pantoprazole sodium</i>	<i>phenobarbital sodium</i>		PIQRAY 200MG DAILY
.....	.....	61	DOSE
PANZYGA	<i>phenytek</i>	61	40
88	<i>phenytoin</i>	61	PIQRAY 250MG TAB
<i>paricalcitol</i>	<i>phenytoin sodium ..</i>	61	DOSE
79	<i>phenytoin sodium</i>		40
<i>paroxetine hcl.....</i>	<i>extended.....</i>	61	PIQRAY 300MG DAILY
54	PHESGO SOL	40	DOSE
PAXLOVID PAK	<i>philith.....</i>	75	40
28	PIFELTRO.....	26	<i>pirfenidone.....</i>
PAXLOVID TAB 150-	<i>pilocarpine hcl</i>	94	97
100	<i>pilocarpine hcl (oral)</i>		<i>piroxicam.....</i>
28	.....	103	21
PAXLOVID TAB 300-	<i>pimecrolimus.....</i>	102	<i>pitavastatin calcium</i>
100	<i>pimozide.....</i>	57	47
28	<i>pimtrea</i>	75	<i>plenamine.....</i>
<i>pazopanib hcl</i>	<i>pindolol</i>	48	92
40	<i>pioglitazone hcl.....</i>	69	PLENVU SOL.....
PEDIARIX INJ 0.5ML	<i>pioglitazone hcl-</i>		<i>podofilox</i>
89	<i>metformin hcl tab</i>		<i>polymyxin b sulfate</i>
PEDVAX HIB	<i>15-500 mg</i>	69	24
89	<i>pioglitazone hcl-</i>		<i>polymyxin b-</i>
<i>peg 3350-kcl-na</i>	<i>metformin hcl tab</i>		<i>trimethoprim ophth</i>
<i>bicarb-nacl-na</i>	<i>15-850 mg</i>	69	<i>soln 10000 unit/ml-</i>
<i>sulfate for soln 236</i>	<i>piperacillin sod-</i>		<i>0.1%.....</i>
<i>gm</i>	<i>tazobactam na for</i>		93
81	<i>inj 3.375 gm (3-</i>		POMALYST
<i>peg 3350-kcl-sod</i>	<i>0.375 gm).....</i>	31	34
<i>bicarb-nacl for soln</i>			<i>portia-28</i>
<i>420 gm</i>			75
81			<i>posaconazole.....</i>
PEGASYS			25
28			POT CHL 20MEQ/L IN
PEMAZYRE			NACL 0.45% INJ .
40			91
<i>pemetrexed disodium</i>			POT CHL 20MEQ/L IN
.....			NACL 0.9% INJ ...
32			91
PENBRAYA INJ			POT CHL 40MEQ/L IN
90			NACL 0.9% INJ ...
<i>penicillamine</i>			91
71			<i>potassium chloride</i>
<i>penicillin g potassium</i>			91,
.....			92
31			
<i>penicillin g sodium .</i>			
31			
<i>penicillin v potassium</i>			
.....			
31			

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

<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj ..</i>	91	<i>probenecid</i>	21	<i>rasagiline mesylate</i>	55
<i>potassium chloride microencapsulated crystals er</i>	92	<i>prochlorperazine</i>	80	<i>reclipsen</i>	75
<i>potassium citrate (alkalinizer)</i>	83	<i>prochlorperazine edisylate</i>	80	RECOMBIVAX HB ...	90
<i>pramipexole dihydrochloride ...</i>	55	<i>prochlorperazine maleate</i>	80	RELENZA DISKHALER	28
<i>prasugrel hcl</i>	85	PROCRIT.....	84	RELISTOR	82
<i>pravastatin sodium.</i>	47	<i>proctocort</i>	103	REMICADE	86
<i>praziquantel</i>	24	<i>procto-med hc</i>	102	RENFLEXIS.....	86
<i>prazosin hcl.....</i>	44	<i>proctosol hc</i>	103	<i>repaglinide</i>	69
<i>prednisolone</i>	77	<i>proctozone-hc</i>	103	REPATHA	48
<i>prednisolone acetate (ophth)</i>	94	<i>progesterone</i>	79	REPATHA SURECLICK	48
PREDNISOLONE SODIUM PHOSP ..	94	PROGRAF.....	89	RESTASIS	94
<i>prednisolone sodium phosphate</i>	77	PROLASTIN-C.....	97	RESTASIS MULTIDOSE	94
<i>prednisone</i>	77	PROLIA.....	71	RETEVMO.....	40, 41
PREDNISONONE INTENSOL	77	<i>promethazine hcl ...</i>	80	REVCOVI	78
<i>pregabalin</i>	61	<i>propafenone hcl</i>	46	REVUFORJ.....	41
PREMASOL SOL 10%	92	<i>propranolol hcl.....</i>	48	REXULTI	58
PRENATAL TAB 27-1MG	92	<i>propylthiouracil.....</i>	79	REYATAZ	26
PRENATAL TAB PLUS	92	PROQUAD INJ.....	90	REZDIFFRA	78
<i>prevalite</i>	48	PROSOL INJ 20% ...	92	REZLIDHIA.....	41
PREVYMIS	28	<i>protriptyline hcl</i>	54	REZUROCK.....	89
PREZCOBIX TAB 675/150.....	27	PULMOZYME.....	97	RHOPRESSA	94
PREZCOBIX TAB 800-150	27	<i>pyrazinamide.....</i>	28	<i>ribavirin (hepatitis c)</i>	28
PREZISTA	26	<i>pyridostigmine bromide</i>	65	<i>rifabutin</i>	28
PRIFTIN	28	<i>pyrimethamine</i>	24	<i>rifampin.....</i>	28
<i>primaquine phosphate</i>	25	PYZCHIVA	86	<i>riluzole</i>	65
PRIMAQUINE PHOSPHATE.....	25	Q		<i>rimantadine hydrochloride.....</i>	28
<i>primidone</i>	61	QINLOCK	40	RINVOQ.....	86
PRIORIX INJ.....	90	QUADRACEL INJ 0.5ML	90	RINVOQ LQ	86
PRIVIGEN	88	<i>quetiapine fumarate</i>	57	<i>risedronate sodium</i>	71
		<i>quinapril hcl</i>	44	<i>risperidone.....</i>	58
		<i>quinidine sulfat</i> ...	46	<i>risperidone microspheres.....</i>	58
		<i>quinine sulfat</i>	25	<i>ritonavir</i>	26
		QULIPTA	65	<i>rivaroxaban.....</i>	84
		R		<i>rivastigmine</i>	52
		RABAVERT INJ.....	90	<i>rivastigmine tartrate</i>	52
		<i>rabeprazole sodium</i>	82	<i>rivelsa</i>	75
		RALDESY	54	<i>rizatriptan benzoate</i>	65
		<i>raloxifene hcl.....</i>	78	ROCKLATAN DRO ...	94
		<i>ramelteon</i>	64	<i>roflumilast</i>	97
		<i>ramipril</i>	44		
		<i>ranolazine</i>	51		

ROMVIMZA.....	41	<i>simliya</i>	75	<i>sronyx</i>	75
<i>ropinirole</i>		<i>simpesse</i>	75	<i>ssd</i>	100
<i>hydrochloride</i>	55	<i>simvastatin</i>	47	STELARA.....	86
<i>rosuvastatin calcium</i>	47	<i>sirolimus</i>	89	STIVARGA.....	41
<i>rosyrah</i>	75	SIRTURO	28	<i>streptomycin sulfate</i>	24
ROTARIX SUS.....	90	SKYRIZI	86	STRIBILD TAB	27
ROTATEQ SOL	90	SKYRIZI PEN	86	<i>subvenite</i>	62
<i>roweepra</i>	61	<i>sod sulfate-pot sulf-</i>		SUBVENITE	62
ROZLYTREK.....	41	<i>mg sulf oral sol</i>		<i>sucalfate</i>	82
RUBRACA.....	41	17.5-3.13-1.6		<i>sulfacetamide sodium</i>	
<i>rufinamide</i>	61	<i>gm/177ml</i>	81	(<i>acne</i>)	99
RUKOBIA	26	<i>sodium chloride</i>	91	<i>sulfacetamide sodium</i>	
RYBELSUS.....	69	<i>sodium chloride (gu</i>		(<i>ophth</i>).....	93
RYDAPT	41	<i>irrigant)</i>	103	<i>sulfacetamide sodium-</i>	
S		<i>sodium fluoride chew;</i>		<i>prednisolone ophth</i>	
<i>sacubitril-valsartan tab</i>		<i>tab; 1.1 (0.5 f)</i>		<i>soln 10-</i>	
24-26 mg.....	46	<i>mg/ml soln</i>	92	0.23(0.25)%	93
<i>sacubitril-valsartan tab</i>		<i>sodium oxybate</i>	67	<i>sulfadiazine</i>	24
49-51 mg.....	46	<i>sodium phenylbutyrate</i>		<i>sulfamethoxazole-</i>	
<i>sacubitril-valsartan tab</i>		.....	78	<i>trimethoprim iv soln</i>	
97-103 mg	46	<i>sodium polystyrene</i>		400-80 mg/5ml...	24
<i>sajazir</i>	84	<i>sulfonate</i>	71	<i>sulfamethoxazole-</i>	
SANTYL	103	<i>sodium polystyrene</i>		<i>trimethoprim susp</i>	
<i>sapropterin</i>		<i>sulfonate powder.</i>	71	200-40 mg/5ml...	24
<i>dihydrochloride</i> ...	78	<i>solifenacin succinate</i>	83	<i>sulfamethoxazole-</i>	
SCSEMBLIX.....	41	SOLLIQUA INJ 100/33		<i>trimethoprim tab</i>	
<i>scopolamine</i>	80	.....	70	400-80 mg	24
SECUADO	58	SOLTAMOX.....	33	<i>sulfamethoxazole-</i>	
<i>selegiline hcl</i>	55	SOLU-CORTEF	77	<i>trimethoprim tab</i>	
<i>selenium sulfide</i>	100	SOMATULINE DEPOT		800-160 mg	24
SELZENTRY	26	.....	78	SULFAMYLON	100
SEREVENT DISKUS.	96	SOMAVERT.....	79	<i>sulfasalazine</i>	81
<i>sertraline hcl</i>	54	<i>sorafenib tosylate</i> ..	41	<i>sulindac</i>	21
<i>setlakin</i>	75	<i>sotalol hcl</i>	47	<i>sumatriptan</i>	65
<i>sharobel</i>	75	<i>sotalol hcl (afib/afl)</i>	47	<i>sumatriptan succinate</i>	
SHINGRIX	90	SOTYKTU	86	.....	65
SIGNIFOR	78	SPIRIVA RESPIMAT	95	<i>sunitinib malate</i>	41
SIKLOS.....	84	<i>spironolactone</i>	44	SUNLENCA	26
<i>sildenafil citrate</i>		<i>spironolactone &</i>		<i>syeda</i>	75
(<i>pulmonary</i>		<i>hydrochlorothiazide</i>		SYMDEKO TAB 100-	
<i>hypertension</i>)	51	<i>tab 25-25 mg</i>	49	150	97
<i>silodosin</i>	82	<i>sprintec 28</i>	75	SYMDEKO TAB 50-	
<i>silver sulfadiazine</i> ..	100	SPRITAM.....	62	75MG	97
SIMBRINZA SUS 1-		<i>sps</i>	71	SYMPAZAN.....	62
0.2%	94	<i>sps rectal</i>	71	SYMTUZA TAB	27

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SYNAREL	79		
SYNTHROID	79		
T			
TABLOID.....	33		
TABRECTA.....	41		
<i>tacrolimus</i>	89		
<i>tacrolimus (topical)</i>	103		
<i>tadalafil</i>	82		
<i>tadalafil (pulmonary hypertension)</i>	51		
TAFINLAR	41		
TAGRISSE	41		
TALZENNA	41		
<i>tamoxifen citrate</i>	33		
<i>tamsulosin hcl</i>	82		
<i>tarina 24 fe</i>	75		
<i>tarina fe 1/20 eq</i>	75		
<i>tasimelteon</i>	64		
TAVNEOS.....	85		
<i>tazarotene</i>	100		
<i>tazicef</i>	29		
TAZVERIK	42		
TECENTRIQ	42		
TECENTRIQ INJ HYBREZA	42		
TEFLARO.....	29		
<i>telmisartan</i>	46		
<i>telmisartan- amlodipine tab 40- 10 mg</i>	46		
<i>telmisartan- amlodipine tab 40-5 mg</i>	46		
<i>telmisartan- amlodipine tab 80- 10 mg</i>	46		
<i>telmisartan- amlodipine tab 80-5 mg</i>	46		
<i>telmisartan- hydrochlorothiazide tab 40-12.5 mg</i> ...	46		
<i>telmisartan- hydrochlorothiazide tab 80-12.5 mg</i> ...	46		
<i>telmisartan- hydrochlorothiazide tab 80-25 mg</i>	46		
TENIVAC INJ 5-2LF. 90			
<i>tenofovir disoproxil fumarate</i>	26		
TEPMETKO	42		
<i>terazosin hcl</i>	44		
<i>terbinafine hcl</i>	25		
<i>terbutaline sulfate</i> ..	96		
<i>terconazole vaginal</i> 83			
<i>teriparatide</i>	71		
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<i>testosterone</i>	68		
<i>testosterone cypionate</i>	68		
<i>testosterone enantate</i>	68		
<i>testosterone pump</i> .	68		
<i>tetrabenazine</i>	66		
<i>tetracycline hcl</i>	31		
THALOMID	34		
<i>theophylline</i>	98		
<i>thioridazine hcl</i>	58		
<i>thiothixene</i>	58		
<i>tiadylt er</i>	49		
<i>tiagabine hcl</i>	62		
TIBSOVO	42		
<i>ticagrelor</i>	85		
TICOVAC	90		
<i>tigecycline</i>	31		
<i>tilia fe</i>	75		
<i>timolol maleate</i>	48		
<i>timolol maleate (ophth)</i>	94		
<i>tinidazole</i>	24		
TIVICAY.....	26		
TIVICAY PD	26		
<i>tizanidine hcl</i>	67		
TOBI PODHALER	24		
TOBRADEX OIN 0.3- 0.1%	93		
<i>tobramycin</i>	24		
<i>tobramycin (ophth)</i> 93			
<i>tobramycin sulfate</i> .	24		
<i>tobramycin- dexamethasone ophth susp 0.3- 0.1%</i>	93		
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<i>topiramate</i>	62		
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<i>toremide</i>	49		
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TOUJEO SOLOSTAR 70			
TPN ELECTROL INJ .	91		
TRADJENTA.....	69		
<i>tramadol hcl</i>	23		
<i>tramadol- acetaminophen tab 37.5-325 mg</i>	23		
<i>trandolapril</i>	44		
<i>tranexamic acid</i>	85		
<i>tranylcypromine sulfate</i>	54		
TRAVASOL INJ 10% 92			
<i>travoprost</i>	94		
TRAZIMERA.....	42		
<i>trazodone hcl</i>	54		
TRELEGY AER ELLIPTA 100-62.5-25 MCG 95			
TRELEGY AER ELLIPTA 200-62.5-25 MCG 95			
TREMFYA	87		
TREMFYA INDUCTION PACK FO	87		
TREMFYA PEN	87		
<i>treprostinil</i>	51		
<i>tretinoin</i>	100		

<i>tretinoin</i>	<i>tri-legest fe</i>	UPTRAVI.....
(<i>chemotherapy</i>) ..	75	51
<i>triamcinolone</i>	<i>tri-linyah</i>	UPTRAVI PACK TAB
<i>acetonide (mouth)</i>	75	200/800.....
.....	<i>tri-lo-estarylla</i>	51
103	75	<i>ursodiol</i>
<i>triamcinolone</i>	<i>tri-lo-marzia</i>	82
<i>acetonide (topical)</i>	75	USTEKINUMAB.....
.....	<i>tri-lo-mili</i>	87
102	<i>tri-lo-sprintec</i>	V
<i>triamterene &</i>	<i>trimethoprim</i>	<i>valacyclovir hcl</i>
<i>hydrochlorothiazide</i>	24	28
<i>cap 37.5-25 mg</i> ..	<i>tri-mili</i>	VALCHLOR
50	76	103
<i>triamterene &</i>	<i>trimipramine maleate</i>	<i>valganciclovir hcl</i> ...
<i>hydrochlorothiazide</i>	.....	28
<i>tab 37.5-25 mg</i> ...	54	<i>valproate sodium</i> ...
50	TRINTELLIX.....	62
<i>triamterene &</i>	<i>tri-sprintec</i>	<i>valproic acid</i>
<i>hydrochlorothiazide</i>	76	62
<i>tab 37.5-25 mg</i> ...	TRIUMEQ PD TAB ...	<i>valsartan</i>
50	27	46
<i>triamterene &</i>	TRIUMEQ TAB.....	<i>valsartan-</i>
<i>hydrochlorothiazide</i>	<i>tri-vylibra</i>	<i>hydrochlorothiazide</i>
<i>tab 75-50 mg</i>	76	<i>tab 160-12.5 mg</i> .
50	<i>tri-vylibra lo</i>	46
<i>tridacaine ii</i>	TROGARZO	<i>valsartan-</i>
102	26	<i>hydrochlorothiazide</i>
<i>triderm</i>	TROPHAMINE INJ 10%	<i>tab 160-25 mg</i>
102	.....	46
<i>trientine hcl</i>	92	<i>valsartan-</i>
71	<i>trospium chloride</i> ...	<i>hydrochlorothiazide</i>
<i>tri-estarylla</i>	83	<i>tab 320-12.5 mg</i> .
75	TRUE METRIX KIT AIR	46
<i>trifluoperazine hcl</i> ..	.....	<i>valsartan-</i>
58	103	<i>hydrochlorothiazide</i>
<i>trifluridine</i>	TRUE METRIX KIT	<i>tab 320-25 mg</i>
93	METER.....	46
<i>trihexyphenidyl hcl</i> .	103	<i>valsartan-</i>
55	TRUE METRIX STRIPS	<i>hydrochlorothiazide</i>
TRIJARDY XR TAB ER	.....	<i>tab 80-12.5 mg</i> ... 46
24HR 10-5-1000MG	103	VALTOCO 10 MG
.....	TRULICITY	DOSE
69	69	62
TRIJARDY XR TAB ER	TRUMENBA.....	VALTOCO 15 MG
24HR 12.5-2.5-	90	DOSE
1000MG	TRUQAP	62
69	42	VALTOCO 20 MG
TRIJARDY XR TAB ER	TRUXIMA	DOSE
24HR 25-5-1000MG	42	62
.....	TUKYSA	VALTOCO 5 MG DOSE
69	42	.....
TRIJARDY XR TAB ER	TURALIO.....	62
24HR 5-2.5-1000MG	<i>turqoz</i>	<i>valtya 1/35</i>
.....	76	76
69	<i>twice-daily</i>	<i>valtya 1/50</i>
TRIKAFTA PAK 59.5MG	<i>clindamycin</i>	76
.....	<i>phosphate (topical)</i>	<i>vancomycin hcl</i>
98	.....	24
TRIKAFTA PAK 75MG	100	VANCOMYCIN INJ 1
.....	TWINRIX INJ	GM.....
98	90	25
TRIKAFTA TAB 100-	TYBOST	VANCOMYCIN INJ
50-75MG & 150MG	26	500MG.....
.....	<i>tydemy</i>	25
98	76	VANCOMYCIN INJ
TRIKAFTA TAB 50-25-	TYENNE	750MG.....
37.5MG & 75MG ..	87	25
98	TYPHIM VI	VANFLYTA.....
	90	42
	U	
	UBRELVY	
	65	
	<i>unithroid</i>	
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You can find information on what the symbols and abbreviations in this table mean by going to Section C1.

VAQTA.....	90	VOSEVI TAB	28	<i>xelria fe</i>	76
<i>varenicline tartrate</i> .	67	VOWST CAP	82	XERMELO.....	82
<i>varenicline tartrate tab</i>		VRAYLAR	58	XHANCE	98
<i>11 x 0.5 mg & 42 x</i>		<i>vyfemla</i>	76	XIFAXAN.....	82
<i>1 mg start pack...</i>	67	<i>vylibra</i>	76	XIGDUO XR TAB 10-	
VARIVAX.....	90	VYZULTA.....	94	1000	69
VASCEPA	48	W		XIGDUO XR TAB 10-	
VAXCHORA SUS.....	90	<i>warfarin sodium</i>	84	500MG.....	69
<i>velivet</i>	76	<i>water for irrigation,</i>		XIGDUO XR TAB 2.5-	
VELSIPITY.....	87	<i>sterile irrigation soln</i>		1000	69
VENCLEXTA.....	42	.....	103	XIGDUO XR TAB 5-	
VENCLEXTA TAB		WELIREG	34	1000MG.....	69
START PK.....	42	<i>wera</i>	76	XIGDUO XR TAB 5-	
<i>venlafaxine hcl</i>	54	WESTAB PLUS TAB		500MG.....	69
VENTOLIN HFA	96	27-1MG	92	XIIDRA.....	94
VENTOLIN HFA		WINREVAIR.....	51	XOLAIR	98
(INSTITUTIONAL		WINREVAIR INJ 45MG		XOSPATA.....	43
PACK).....	96	.....	51	XPOVIO PAK (100 MG	
<i>verapamil hcl</i>	49	WINREVAIR INJ 60MG		ONCE WEEKLY)...	43
VERQUVO	51	.....	52	XPOVIO PAK (40 MG	
VERSACLOZ	58	<i>wixela inhub</i>	99	ONCE WEEKLY)...	43
VERZENIO.....	42	<i>wymzya fe</i>	76	XPOVIO PAK (40 MG	
<i>vestura</i>	76	WYOST	71	TWICE WEEKLY)..	43
<i>vienva</i>	76	X		XPOVIO PAK (60 MG	
<i>vigabatrin</i>	62	XALKORI.....	43	ONCE WEEKLY)...	43
<i>vigadrone</i>	62	<i>xarah fe</i>	76	XPOVIO PAK (60 MG	
VIGAFYDE	62	XARELTO	84	TWICE WEEKLY)..	43
<i>vilazodone hcl</i>	54	XARELTO STAR TAB		XPOVIO PAK (80 MG	
VIMKUNYA	90	15/20MG.....	84	ONCE WEEKLY)...	43
<i>vincristine sulfate</i> ...	35	XATMEP	87	XPOVIO PAK (80 MG	
<i>vinorelbine tartrate</i>	35	XCOPRI	62	TWICE WEEKLY)..	43
<i>viorele</i>	76	XCOPRI PAK 100-150		XTANDI	33, 34
VIRACEPT	26	.....	62	XTRENBO.....	71
VIREAD	26	XCOPRI PAK 12.5-25		<i>xulane</i>	76
VITRAKVI.....	42	.....	62	XULTOPHY INJ	
VIVIMUSTA	32	XCOPRI PAK 150-		100/3.6	70
VIVITROL.....	67	200MG		Y	
VIVOTIF CAP EC.....	90	(MAINTENANCE) .	62	YESINTEK	87
VIZIMPRO	42	XCOPRI PAK 150-		YF-VAX INJ	90
VONJO.....	42	200MG (TITRATION)		YONSA	34
VOQUEZNA PAK DUAL		.....	63	YUTREPIA	52
PAK.....	82	XCOPRI PAK 50-		<i>yuvafem</i>	77
VOQUEZNA PAK TRIP		100MG.....	62	Z	
PK.....	82	XDEMVY	93	<i>zafemy</i>	76
VORANIGO.....	42, 43	XELJANZ.....	87	<i>zafirlukast</i>	96
<i>voriconazole</i>	25	XELJANZ XR	87	ZARXIO	84

ZEGALOGUE	77	ZENPEP CAP		<i>zoledronic acid</i>	71
ZEJULA	43	3000UNIT	82	ZOLINZA	43
ZELBORAF.....	43	ZENPEP CAP		<i>zolpidem tartrate</i> ...	64
<i>zelvysia</i>	79	40000UNT	82	ZONISADE	63
ZEMAIRA	98	ZENPEP CAP		<i>zonisamide</i>	63
<i>zenatane</i>	100	5000UNIT	82	<i>zovia 1/35</i>	76
ZENPEP CAP		ZENPEP CAP		ZTALMY	63
10000UNT	82	60000UNT	82	<i>zumandimine</i>	76
ZENPEP CAP		ZERVIATE	94	ZURZUVAE	54
15000UNT	82	<i>zidovudine</i>	26, 27	ZYDELIG.....	43
ZENPEP CAP		<i>ziprasidone hcl</i>	58	ZYKADIA.....	43
20000UNT	82	<i>ziprasidone mesylate</i>		ZYLET SUS 0.5-0.3%	
ZENPEP CAP		.....	58	.....	93
25000UNT	82	ZIRABEV.....	43	ZYPITAMAG.....	47
		ZIRGAN	93	ZYPREXA RELPREVV	58

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

2026 Molina Medicare Complete Care Plus (HMO D-SNP) “Medicaid Wrap Formulary”

Medicare Part D is the primary payer for the Molina Medicare Complete Care Plus (HMO D-SNP) plan and should provide access to all medically appropriate medications through the Part D formulary, coverage determination, or appeal process. It is expected that the Medicaid “wrap-around” drug benefit will be used in addition to the Medicare formulary for the drugs listed below that may be excluded by Medicare Part D coverage, such as: some non-prescription drugs, Over-the-Counter drugs (when a prescription is obtained), some prescription vitamins, and/or other Part D excluded drugs.

Product Name	NDC
KETOTIFEN FUMARATE OPHTH SOLN 0.035%	24208060105
KETOTIFEN FUMARATE OPHTH SOLN 0.035%	24208060110
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	46122053161
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	46122053105
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	69230032134
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	69230032133
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	69230032131
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	69230032110
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	70000036201
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	70000036202
BENZOYL PEROXIDE LIQ 10%	45802031834
BENZOYL PEROXIDE LIQ 10%	45802031801
BENZOYL PEROXIDE LIQ 10%	35573045491
BENZOYL PEROXIDE LIQ 10%	35573045408
BENZOYL PEROXIDE LIQ 10%	00536126163
BENZOYL PEROXIDE LIQ 5%	45802028001

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

Product Name	NDC
BENZOYL PEROXIDE LIQ 5%	35573045391
BENZOYL PEROXIDE LIQ 5%	35573045308
BENZOYL PEROXIDE LIQ 5%	00536125963
BENZOYL PEROXIDE LIQ 5%	00536125919
CETIRIZINE HCL TAB 10 MG	00378363701
CETIRIZINE HCL TAB 10 MG	00378363705
CETIRIZINE HCL TAB 10 MG	00904751061
CETIRIZINE HCL TAB 10 MG	16714079904
CETIRIZINE HCL TAB 10 MG	16714079903
CETIRIZINE HCL TAB 10 MG	16714079902
CETIRIZINE HCL TAB 10 MG	16714079901
CETIRIZINE HCL TAB 10 MG	43598081115
CETIRIZINE HCL TAB 10 MG	43598081112
CETIRIZINE HCL TAB 10 MG	70010016309
CETIRIZINE HCL TAB 10 MG	70010016305
CETIRIZINE HCL TAB 10 MG	51079059720
CETIRIZINE HCL TAB 10 MG	51079059701
CETIRIZINE HCL TAB 10 MG	16571040250
CETIRIZINE HCL TAB 10 MG	16571040210
CETIRIZINE HCL TAB 10 MG	51660093990
CETIRIZINE HCL TAB 10 MG	51660093930
CETIRIZINE HCL TAB 10 MG	51660093953
CETIRIZINE HCL TAB 10 MG	51660093954
CETIRIZINE HCL TAB 10 MG	51660093901

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

Product Name	NDC
CETIRIZINE HCL TAB 10 MG	51660093905
CETIRIZINE HCL TAB 10 MG	45802091987
CETIRIZINE HCL TAB 10 MG	45802091939
CETIRIZINE HCL TAB 10 MG	00904671743
CETIRIZINE HCL TAB 10 MG	00904671741
CETIRIZINE HCL TAB 10 MG	00904671740
CETIRIZINE HCL TAB 10 MG	00904671746
CETIRIZINE HCL TAB 10 MG	00904671772
CETIRIZINE HCL TAB 10 MG	00904671760
CETIRIZINE HCL TAB 10 MG	00904671786
CETIRIZINE HCL TAB 10 MG	55111069990
CETIRIZINE HCL TAB 10 MG	68001043604
CETIRIZINE HCL TAB 10 MG	68001043616
CETIRIZINE HCL TAB 10 MG	68001043696
CETIRIZINE HCL TAB 10 MG	68001043697
CETIRIZINE HCL TAB 5 MG	00378363501
CETIRIZINE HCL TAB 5 MG	16571040110
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70000041501
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70000041502
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70000041503
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	00113030601
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	00113030603
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	00113030602
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	69238205301

Product Name	NDC
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	00536129497
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	00536129434
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	68001062145
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	70512010610
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	45802095301
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	43598097710
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	76282010339
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	21922004409
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	69097072044
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70677110901
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70677110903
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70677110902
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70677110904
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70677106801
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	70677106802
IBUPROFEN SUSP 40 MG/ML	70677114601
IBUPROFEN SUSP 40 MG/ML	70677114401
IBUPROFEN TAB 200 MG	70677113602
IBUPROFEN TAB 200 MG	70677113603
IBUPROFEN TAB 200 MG	70677113601
IBUPROFEN TAB 200 MG	70677113202
IBUPROFEN TAB 200 MG	70677113203

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

Product Name	NDC
IBUPROFEN TAB 200 MG	70677113201
IBUPROFEN TAB 200 MG	70677113204
IBUPROFEN TAB 200 MG	70677113205
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	70677128301
NICOTINE TD PATCH 24HR 14 MG/24HR	70677118101
NICOTINE TD PATCH 24HR 14 MG/24HR	70677126501
NICOTINE TD PATCH 24HR 21 MG/24HR	70677118201
NICOTINE TD PATCH 24HR 21 MG/24HR	70677126601
NICOTINE TD PATCH 24HR 21 MG/24HR	70677126602
NICOTINE TD PATCH 24HR 7 MG/24HR	70677118001
NICOTINE TD PATCH 24HR 7 MG/24HR	70677126401
NICOTINE POLACRILEX GUM 2 MG	70677117001
NICOTINE POLACRILEX GUM 2 MG	70677119201
NICOTINE POLACRILEX GUM 2 MG	70677116401
NICOTINE POLACRILEX GUM 2 MG	70677116602
NICOTINE POLACRILEX GUM 2 MG	70677116601
NICOTINE POLACRILEX GUM 4 MG	70677117101
NICOTINE POLACRILEX GUM 4 MG	70677119301
NICOTINE POLACRILEX GUM 4 MG	70677116701
NICOTINE POLACRILEX GUM 4 MG	70677116702
NICOTINE POLACRILEX LOZENGE 2 MG	70677117201
NICOTINE POLACRILEX LOZENGE 2 MG	70677117801
NICOTINE POLACRILEX LOZENGE 2 MG	70677117401
NICOTINE POLACRILEX LOZENGE 2 MG	70677117601
NICOTINE POLACRILEX LOZENGE 4 MG	70677117701

Product Name	NDC
NICOTINE POLACRILEX LOZENGE 4 MG	70677117901
NICOTINE POLACRILEX LOZENGE 4 MG	70677117301
NICOTINE POLACRILEX LOZENGE 4 MG	70677117501
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	43386031208
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	43386031214
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	46122001452
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	46122080529
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	46122001431
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	46122001433
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	46122001471
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	46122075237
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	46122075252
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	46122075253
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	46122081271
NICOTINE TD PATCH 24HR 14 MG/24HR	46122035274
NICOTINE TD PATCH 24HR 21 MG/24HR	46122056803
NICOTINE TD PATCH 24HR 21 MG/24HR	46122056807
NICOTINE TD PATCH 24HR 21 MG/24HR	46122035374
NICOTINE TD PATCH 24HR 7 MG/24HR	46122035474
NICOTINE POLACRILEX GUM 2 MG	46122028460
NICOTINE POLACRILEX GUM 2 MG	46122071760
NICOTINE POLACRILEX GUM 2 MG	46122044858
NICOTINE POLACRILEX GUM 2 MG	46122072425

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

Product Name	NDC
NICOTINE POLACRILEX GUM 2 MG	46122071960
NICOTINE POLACRILEX GUM 4 MG	46122066678
NICOTINE POLACRILEX GUM 4 MG	46122071860
NICOTINE POLACRILEX GUM 4 MG	46122044958
NICOTINE POLACRILEX GUM 4 MG	46122072571
NICOTINE POLACRILEX GUM 4 MG	46122072025
NICOTINE POLACRILEX GUM 4 MG	46122073360
NICOTINE POLACRILEX LOZENGE 2 MG	46122073408
NICOTINE POLACRILEX LOZENGE 4 MG	46122066515
NICOTINE POLACRILEX LOZENGE 4 MG	46122073208
NICOTINE POLACRILEX LOZENGE 4 MG	46122071660
NICOTINE POLACRILEX LOZENGE 4 MG	46122071615
NICOTINE POLACRILEX LOZENGE 2 MG	46122073115
NICOTINE POLACRILEX LOZENGE 2 MG	46122071560
NICOTINE POLACRILEX LOZENGE 2 MG	46122066315
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	46122067127
PERMETHRIN CREME RINSE 1%	00113191016
IBUPROFEN CHEW TAB 100 MG	00113246162
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	60687043127
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	60687043198
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	60687043192
IBUPROFEN CHEW TAB 100 MG	46122063262
IBUPROFEN CHEW TAB 100 MG	46122061762
IBUPROFEN SUSP 40 MG/ML	24385055010
IBUPROFEN SUSP 40 MG/ML	00904546335

Product Name	NDC
IBUPROFEN SUSP 40 MG/ML	00113005705
IBUPROFEN SUSP 40 MG/ML	70000029801
IBUPROFEN CHEW TAB 100 MG	70677114501
IBUPROFEN CHEW TAB 100 MG	70000023901
IBUPROFEN TAB 200 MG	24385064778
IBUPROFEN TAB 200 MG	24385064771
IBUPROFEN TAB 200 MG	00113051771
IBUPROFEN TAB 200 MG	24385005878
IBUPROFEN TAB 200 MG	00904674740
IBUPROFEN TAB 200 MG	00904674724
IBUPROFEN TAB 200 MG	00904674759
IBUPROFEN TAB 200 MG	00904674751
IBUPROFEN TAB 200 MG	00904674780
IBUPROFEN TAB 200 MG	00904674770
IBUPROFEN TAB 200 MG	00113060478
IBUPROFEN TAB 200 MG	00113060471
IBUPROFEN TAB 200 MG	00113060462
IBUPROFEN TAB 200 MG	00113060490
IBUPROFEN TAB 200 MG	24385060478
IBUPROFEN TAB 200 MG	24385060471
IBUPROFEN TAB 200 MG	24385060485
IBUPROFEN TAB 200 MG	70000059702
IBUPROFEN TAB 200 MG	70000059701
IBUPROFEN TAB 200 MG	70000017501

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

Product Name	NDC
IBUPROFEN TAB 200 MG	70000017508
IBUPROFEN TAB 200 MG	70000017502
IBUPROFEN TAB 200 MG	70000017503
IBUPROFEN TAB 200 MG	70000017505
IBUPROFEN TAB 200 MG	49483060101
IBUPROFEN TAB 200 MG	70000029101
IBUPROFEN TAB 200 MG	46122054890
IBUPROFEN TAB 200 MG	00113121285
IBUPROFEN TAB 200 MG	00113121209
IBUPROFEN TAB 200 MG	00113064771
IBUPROFEN TAB 200 MG	70000017605
IBUPROFEN TAB 200 MG	00113064778
IBUPROFEN TAB 200 MG	70000017601
IBUPROFEN TAB 200 MG	70000017604
IBUPROFEN TAB 200 MG	00113064762
IBUPROFEN TAB 200 MG	70000000301
IBUPROFEN TAB 200 MG	00904791259
IBUPROFEN TAB 200 MG	00904791251
IBUPROFEN TAB 200 MG	00904791461
KETOTIFEN FUMARATE OPHTH SOLN 0.035%	72485061710
KETOTIFEN FUMARATE OPHTH SOLN 0.035%	76385010617
PERMETHRIN CREME RINSE 1%	46122010846
LORATADINE CHEW TAB 5 MG	51660075431
LORATADINE CHEW TAB 5 MG	51660011231
LORATADINE TAB 10 MG	45802065065

Product Name	NDC
LORATADINE TAB 10 MG	45802065078
LORATADINE TAB 10 MG	45802065075
LORATADINE TAB 10 MG	45802065087
LORATADINE TAB 10 MG	00904751161
LORATADINE TAB 10 MG	24385047199
LORATADINE TAB 10 MG	70010016201
LORATADINE TAB 10 MG	70010016234
LORATADINE TAB 10 MG	16571082230
LORATADINE TAB 10 MG	16571082203
LORATADINE TAB 10 MG	16571082201
LORATADINE TAB 10 MG	50268048915
LORATADINE TAB 10 MG	50268048911
LORATADINE TAB 10 MG	60505014708
LORATADINE TAB 10 MG	00904742659
LORATADINE TAB 10 MG	00904742646
LORATADINE TAB 10 MG	00904685272
LORATADINE TAB 10 MG	00904685289
LORATADINE TAB 10 MG	69230032330
LORATADINE TAB 10 MG	69230032334
LORATADINE TAB 10 MG	69230032333
LORATADINE TAB 10 MG	68001043800
LORATADINE TAB 10 MG	68001043804
LORATADINE TAB 10 MG	68001043816
LORATADINE TAB 10 MG	68001043897

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

Product Name	NDC
LORATADINE TAB 10 MG	68001043896
MAGNESIUM CITRATE SOLN	70000066001
MAGNESIUM CITRATE SOLN	70000065901
MAGNESIUM CITRATE SOLN	00904741844
MAGNESIUM CITRATE SOLN	70000066101
MAGNESIUM CITRATE SOLN	46122074038
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	00480347819
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	00480347868
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	45802057884
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	45802057800
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	69238210401
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	69238210407
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	60219210407
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	68001064545
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	69547062702
NICOTINE POLACRILEX GUM 2 MG	00113002925
NICOTINE POLACRILEX GUM 2 MG	00113002960
NICOTINE POLACRILEX GUM 2 MG	00113002971
NICOTINE POLACRILEX GUM 2 MG	00113810025
NICOTINE POLACRILEX GUM 2 MG	00113045660
NICOTINE POLACRILEX GUM 4 MG	00113053260
NICOTINE POLACRILEX GUM 4 MG	00113005306
NICOTINE POLACRILEX GUM 4 MG	00113017071
NICOTINE POLACRILEX LOZENGE 2 MG	45802008901
NICOTINE POLACRILEX LOZENGE 2 MG	45802008902

Product Name	NDC
NICOTINE POLACRILEX LOZENGE 2 MG	43598048681
NICOTINE POLACRILEX LOZENGE 2 MG	43598048672
NICOTINE POLACRILEX LOZENGE 2 MG	43598048624
NICOTINE POLACRILEX LOZENGE 2 MG	43598048627
NICOTINE POLACRILEX LOZENGE 2 MG	43598048610
NICOTINE POLACRILEX LOZENGE 2 MG	00113073402
NICOTINE POLACRILEX LOZENGE 4 MG	45802095701
NICOTINE POLACRILEX LOZENGE 4 MG	45802095702
NICOTINE POLACRILEX LOZENGE 4 MG	57237032172
NICOTINE POLACRILEX LOZENGE 4 MG	00536133809
NICOTINE POLACRILEX LOZENGE 4 MG	70000056101
NICOTINE POLACRILEX LOZENGE 4 MG	00113095702
NICOTINE POLACRILEX LOZENGE 4 MG	00113095760
NICOTINE POLACRILEX LOZENGE 2 MG	00536123981
NICOTINE POLACRILEX LOZENGE 2 MG	57237032072
NICOTINE POLACRILEX GUM 2 MG	00536136234
NICOTINE POLACRILEX GUM 2 MG	00536136223
NICOTINE POLACRILEX GUM 2 MG	00536136206
NICOTINE POLACRILEX GUM 2 MG	63739037163
NICOTINE POLACRILEX GUM 2 MG	00536340401
NICOTINE POLACRILEX GUM 2 MG	63739037010
NICOTINE POLACRILEX GUM 2 MG	45802082725
NICOTINE POLACRILEX GUM 2 MG	00536311201
NICOTINE POLACRILEX GUM 2 MG	00536311237

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

Product Name	NDC
NICOTINE POLACRILEX GUM 2 MG	57237032201
NICOTINE POLACRILEX GUM 2 MG	70000034701
NICOTINE POLACRILEX GUM 2 MG	70000034802
NICOTINE POLACRILEX GUM 2 MG	70000034801
NICOTINE POLACRILEX GUM 2 MG	00113020625
NICOTINE POLACRILEX GUM 2 MG	00536302934
NICOTINE POLACRILEX GUM 2 MG	00536302906
NICOTINE POLACRILEX GUM 2 MG	00536302923
NICOTINE POLACRILEX GUM 2 MG	70000034501
NICOTINE POLACRILEX GUM 2 MG	00536338601
NICOTINE POLACRILEX GUM 2 MG	70000034601
NICOTINE POLACRILEX GUM 4 MG	00536340501
NICOTINE POLACRILEX GUM 4 MG	00536338701
NICOTINE POLACRILEX GUM 4 MG	63739036910
NICOTINE POLACRILEX GUM 4 MG	45802065125
NICOTINE POLACRILEX GUM 4 MG	00536311301
NICOTINE POLACRILEX GUM 4 MG	00536311337
NICOTINE POLACRILEX GUM 4 MG	00536137223
NICOTINE POLACRILEX GUM 4 MG	00536137234
NICOTINE POLACRILEX GUM 4 MG	00536137206
NICOTINE POLACRILEX GUM 4 MG	57237032301
NICOTINE POLACRILEX GUM 4 MG	00113042225
NICOTINE POLACRILEX GUM 4 MG	70000034301
NICOTINE POLACRILEX GUM 4 MG	70000034402
NICOTINE POLACRILEX GUM 4 MG	70000034401

Product Name	NDC
NICOTINE POLACRILEX GUM 4 MG	00536303006
NICOTINE POLACRILEX GUM 4 MG	00536303023
NICOTINE POLACRILEX GUM 4 MG	70000034101
NICOTINE POLACRILEX GUM 4 MG	63739036810
NICOTINE POLACRILEX GUM 4 MG	70000034201
NICOTINE POLACRILEX LOZENGE 2 MG	70000056001
NICOTINE POLACRILEX LOZENGE 2 MG	00113034405
NICOTINE POLACRILEX LOZENGE 2 MG	00536133735
NICOTINE POLACRILEX LOZENGE 2 MG	00536133709
NICOTINE POLACRILEX LOZENGE 2 MG	45802034405
NICOTINE POLACRILEX LOZENGE 2 MG	45802034403
NICOTINE POLACRILEX LOZENGE 2 MG	70000056201
NICOTINE POLACRILEX LOZENGE 4 MG	70000055901
NICOTINE POLACRILEX LOZENGE 4 MG	00113087305
NICOTINE POLACRILEX LOZENGE 4 MG	43598048781
NICOTINE POLACRILEX LOZENGE 4 MG	43598048772
NICOTINE POLACRILEX LOZENGE 4 MG	43598048724
NICOTINE POLACRILEX LOZENGE 4 MG	43598048727
NICOTINE POLACRILEX LOZENGE 4 MG	45802087303
NICOTINE POLACRILEX LOZENGE 4 MG	45802087305
NICOTINE TD PATCH 24HR 14 MG/24HR	43598044774
NICOTINE TD PATCH 24HR 14 MG/24HR	43598044770
NICOTINE TD PATCH 24HR 14 MG/24HR	70000051102
NICOTINE TD PATCH 24HR 14 MG/24HR	70000051101

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

Product Name	NDC
NICOTINE TD PATCH 24HR 14 MG/24HR	00536110788
NICOTINE TD PATCH 24HR 14 MG/24HR	60505708900
NICOTINE TD PATCH 24HR 14 MG/24HR	60505706200
NICOTINE TD PATCH 24HR 14 MG/24HR	00536589588
NICOTINE TD PATCH 24HR 14 MG/24HR	00536589571
NICOTINE TD PATCH 24HR 14 MG/24HR	00536589553
NICOTINE TD PATCH 24HR 14 MG/24HR	68001043388
NICOTINE TD PATCH 24HR 14 MG/24HR	68001043390
NICOTINE TD PATCH 24HR 21 MG/24HR	43598044874
NICOTINE TD PATCH 24HR 21 MG/24HR	43598044870
NICOTINE TD PATCH 24HR 21 MG/24HR	43598044828
NICOTINE TD PATCH 24HR 21 MG/24HR	70000051201
NICOTINE TD PATCH 24HR 21 MG/24HR	70000051202
NICOTINE TD PATCH 24HR 21 MG/24HR	00536110888
NICOTINE TD PATCH 24HR 21 MG/24HR	60505706300
NICOTINE TD PATCH 24HR 21 MG/24HR	00536589653
NICOTINE TD PATCH 24HR 21 MG/24HR	00536589688
NICOTINE TD PATCH 24HR 21 MG/24HR	00536589671
NICOTINE TD PATCH 24HR 21 MG/24HR	60505709000
NICOTINE TD PATCH 24HR 7 MG/24HR	43598044674
NICOTINE TD PATCH 24HR 7 MG/24HR	43598044670
NICOTINE TD PATCH 24HR 7 MG/24HR	00536110688
NICOTINE TD PATCH 24HR 7 MG/24HR	70000051001
NICOTINE TD PATCH 24HR 7 MG/24HR	70000051002
NICOTINE TD PATCH 24HR 7 MG/24HR	60505708800

Product Name	NDC
NICOTINE TD PATCH 24HR 7 MG/24HR	60505706100
NICOTINE TD PATCH 24HR 7 MG/24HR	00536589488
NICOTINE TD PATCH 24HR 7 MG/24HR	00536589453
NICOTINE TD PATCH 24HR 21 MG/24HR	68001043488
NICOTINE TD PATCH 24HR 21 MG/24HR	68001043490
NICOTINE TD PATCH 24HR 21 MG/24HR	68001043491
NICOTINE TD PATCH 24HR 7 MG/24HR	68001043288
NICOTINE TD PATCH 24HR 7 MG/24HR	68001043290
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	43598076402
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	16571086125
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	00536130723
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	70069049101
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	70000071601
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	68001053069
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	68001060769
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	68001060755
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	69230032435
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	69230032434
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	69230032436
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	62559015710
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	62559015730
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	45802086800

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

Product Name	NDC
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	45802086866
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	72603030203
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	72603030204
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	72603030202
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	69230032437
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	51079030601
POLYETHYLENE GLYCOL 3350 ORAL PACKET 17 GM	51079030630
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	45802086801
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	45802086802
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	45802086803
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	68001050555
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	68001050569
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	11534018028
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	11534018050
IBUPROFEN TAB 200 MG	49348082909
NICOTINE POLACRILEX GUM 4 MG	49348057208

Molina Medicare Complete Care Plus (HMO D-SNP)

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.