



**Molina Medicare Complete Care (HMO D-SNP),
Molina Medicare Complete Care Select (HMO D-SNP),
Molina Medicare Choice Care (HMO)
2026 Formulary
(List of Covered Drugs or “Drug List”)**

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

HPMS Approved Formulary File Submission ID 00026144

This formulary was updated on 04/01/2026.

For more recent information or other questions, please contact Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care Member Services at (800) 665-3086 (TTY users should call 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.

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

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care.

This document includes Drug List (formulary) for our plan which is current as of 04/01/2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but our plan may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: MolinaHealthcare.com/Medicare.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care’s formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 31-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care’s formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/01/2026. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, 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 alternatives 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 discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 per prescription for esomeprazole magnesium. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care?" on page 6 for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Our plan pays for certain OTC drugs. Our plan will provide these OTC drugs at no cost to you. The cost to our plan of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care's formulary?

You can ask our plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.*** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31 day supply of medication. If coverage is not approved, after your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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.

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

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

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

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

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

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

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

_ = 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.

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
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You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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
<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
<i>OXYCONTIN</i> T12A 10mg, 15mg, 20mg, 30mg	4	QL (60 tabs / 30 days), PA
<i>OXYCONTIN</i> 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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	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</i> TABS 200mg	4	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	4	
ARIKAYCE SUSP 590mg/8.4ml	5	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	4	
BLUJEPA TABS 750mg	3	
CAYSTON SOLR 75mg	5	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	2	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	4	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	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</i> SOLR 150mg	4	
<i>dapsone</i> TABS 25mg, 100mg	3	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium</i> SOLR 1gm	3	
<i>fosfomycin tromethamine</i> PACK 3gm	4	
<i>gentamicin in saline inj</i> 0.8 mg/ml	3	
<i>gentamicin in saline inj</i> 1 mg/ml	3	
<i>gentamicin in saline inj</i> 1.2 mg/ml	3	
<i>gentamicin in saline inj</i> 1.6 mg/ml	3	
<i>gentamicin in saline inj</i> 2 mg/ml	3	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	3	
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	4	
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	4	
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</i> 400-80 mg/5ml	4	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tinidazole TABS 250mg, 500mg</i>	3	
TOBI PODHALER CAPS 28mg	5	NDS, NM, PA
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml</i>	3	
<i>trimethoprim TABS 100mg</i>	3	
<i>vancomycin hcl CAPS 125mg</i>	4	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	4	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg</i>	4	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
<i>amphotericin b SOLR 50mg</i>	4	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	NDS, B/D
<i>caspofungin acetate SOLR 50mg, 70mg</i>	4	
CRESEMBA CAPS 74.5mg, 186mg	5	NDS, PA
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg</i>	3	
<i>fluconazole TABS 100mg, 150mg, 200mg</i>	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 CAPS 250mg, 500mg</i>	5	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	4	
<i>griseofulvin ultramicrosize TABS 125mg, 250mg</i>	4	
<i>itraconazole CAPS 100mg</i>	4	QL (120 caps / 30 days)
<i>ketoconazole TABS 200mg</i>	3	PA
<i>miconazole sodium SOLR 50mg, 100mg</i>	4	
<i>nystatin TABS 500000unit</i>	3	
<i>posaconazole SUSP 40mg/ml</i>	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole TBEC 100mg</i>	5	NDS, QL (93 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 62.5-25 mg	4	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	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

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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>zidovudine</i> SYRP 50mg/5ml; TABS 300mg	3	
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	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</i> 600-200-300 mg	4	
<i>efavirenz-lamivudine-tenofovir df tab</i> 400-300-300 mg	5	NDS
<i>efavirenz-lamivudine-tenofovir df tab</i> 600-300-300 mg	5	NDS
<i>emtricitabine-rilpivirine-tenofovir df tab</i> 200-25-300 mg	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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 CAPS 250mg</i>	5	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	3	
<i>isoniazid SYRP 50mg/5ml</i>	4	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	4	
<i>rifabutin CAPS 150mg</i>	4	
<i>rifampin CAPS 150mg, 300mg</i>	3	
<i>rifampin SOLR 600mg</i>	4	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, PA
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	2	
<i>acyclovir SUSP 200mg/5ml</i>	4	
<i>acyclovir sodium SOLN 50mg/ml</i>	4	B/D
<i>adefovir dipivoxil TABS 10mg</i>	4	
BARACLUDE SOLN .05mg/ml	5	NDS, ST
<i>entecavir TABS .5mg, 1mg</i>	4	
EPCLUSA PAK 150-37.5	5	NDS, NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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 (hbv)</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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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
e.e.s. 400 TABS 400mg	4	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	4	
<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</i> 200 mg/100ml in d5w	3	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 250 mg/50ml	3	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	3	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	3	
<i>moxifloxacin hcl</i> TABS 400mg	3	
<i>moxifloxacin hcl</i> 400 mg/250ml in sodium chloride 0.8% inj	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</i> 200-28.5 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 250-62.5 mg/5ml	4	
<i>amoxicillin & k clavulanate for susp</i> 400-57 mg/5ml	3	
<i>amoxicillin & k clavulanate for susp</i> 600-42.9 mg/5ml	3	
<i>amoxicillin & k clavulanate tab</i> 250-125 mg	3	
<i>amoxicillin & k clavulanate tab</i> 500-125 mg	2	
<i>amoxicillin & k clavulanate tab</i> 875-125 mg	2	
<i>ampicillin</i> CAPS 500mg	2	
<i>ampicillin & sulbactam sodium for inj</i> 1.5 (1-0.5) gm	4	
<i>ampicillin & sulbactam sodium for inj</i> 3 (2-1) gm	4	
<i>ampicillin & sulbactam sodium for iv soln</i> 1.5 (1-0.5) gm	4	
<i>ampicillin & sulbactam sodium for iv soln</i> 3 (2-1) gm	4	
<i>ampicillin & sulbactam sodium for iv soln</i> 15 (10-5) gm	4	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	4	
<i>BICILLIN L-A</i> SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	4	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	3	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	4	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 3.375 gm (3-0.375 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	4	
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (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 on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	5	NDS, QL (1 vial / 21 days), NM, PA
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	5	NDS, QL (1 vial / 42 days), NM, PA
KISQALI 200 DOSE TBPk 200mg	5	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPk 200mg	5	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPk 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
KOMZIFTI CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, PA
KOSELUGO CPSP 5mg	5	NDS, QL (600 caps / 30 days), NM, PA
KOSELUGO CPSP 7.5mg	5	NDS, QL (360 caps / 30 days), NM, PA
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
ROZLYTREK CAPS 100mg	5	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	5	NDS, QL (840 tabs / 28 days), NM, PA
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	3	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	6	QL (30 tabs / 30 days)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	6	QL (30 tabs / 30 days)
<i>sacubitril-valsartan tab 24-26 mg</i>	3	QL (60 tabs / 30 days)
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	4	
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	3	
MULTAQ TABS 400mg	4	QL (60 tabs / 30 days)
<i>pacerone</i> TABS 100mg, 400mg	4	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg	4	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	3	
<i>quinidine sulfate</i> TABS 200mg, 300mg	4	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	2	
<i>sotalol hcl (afib/afl)</i> TABS 80mg, 120mg, 160mg	3	
ANTIPEMICS, 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	
ANTIPEMICS, 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
ANTIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	3	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	4	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm	4	
<i>colestipol hcl</i> TABS 1gm	3	
<i>ezetimibe</i> TABS 10mg	2	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	6	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	6	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	3	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	3	
REPATHA SOSY 140mg/ml	3	QL (6 syringes / 28 days), NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	QL (6 autoinjectors / 28 days), NM, PA
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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 5-50 mg	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</i> 25-25 mg	2	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	2	
<i>triamterene & hydrochlorothiazide cap</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 37.5-25 mg	1	
<i>triamterene & hydrochlorothiazide tab</i> 75-50 mg	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	6	QL (30 tabs / 30 days)
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-10 mg	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-20 mg	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> 2.5-40 mg	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-10 mg	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-20 mg	6	
<i>amlodipine besylate-atorvastatin calcium tab</i> 5-40 mg	6	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ivabradine hcl TABS 5mg, 7.5mg</i>	4	QL (60 tabs / 30 days)
<i>metyrosine CAPS 250mg</i>	5	NDS, NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg</i>	3	
<i>midodrine hcl TABS 10mg</i>	4	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	4	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days), PA
<i>NITRATES</i>		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	3	
<i>isosorbide mononitrate TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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 on this table mean by going to page number 8.

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	
<i>INBRIJA CAPS 42mg</i>	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		
<i>ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml</i>	5	NDS, QL (1 syringe / 56 days)
<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	5	NDS, QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	NDS
<i>asenapine maleate</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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	4	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	3	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	3	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	3	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	4	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	5	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
OPIPZA FILM 10mg	5	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	4	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	4	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	3	
<i>pimozide</i> TABS 1mg, 2mg	4	
<i>quetiapine fumarate</i> TABS 25mg	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	4	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	4	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	NDS, QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	3	QL (240 mL / 30 days)
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
ziprasidone mesylate 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)
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
carbamazepine CHEW 100mg; TABS 200mg	3	
carbamazepine CHEW 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TB12 100mg, 200mg, 400mg	4	
clobazam SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg	2	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg	2	QL (90 tabs / 30 days)
clonazepam TBDP 2mg	3	QL (300 tabs / 30 days)
clonazepam TBDP .125mg, .25mg, .5mg, 1mg	3	QL (90 tabs / 30 days)
clorazepate dipotassium 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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	3	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	4	
<i>diazepam inj</i> SOLN 5mg/ml	4	
<i>diazepam intensol</i> CONC 5mg/ml	3	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	4	
<i>divalproex sodium</i> CSDR 125mg	4	
<i>divalproex sodium</i> TB24 250mg, 500mg	3	
<i>divalproex sodium</i> TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, PA
<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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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</i> 500 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	4	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	4	
<i>methsuximide</i> CAPS 300mg	4	
NAYZILAM SOLN 5mg/0.1ml	4	QL (10 nasal units / 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml	4	
<i>oxcarbazepine</i> TABS 150mg, 300mg, 600mg	3	
<i>perampanel</i> SUSP .5mg/ml	5	NDS, QL (680 mL / 28 days), PA
<i>perampanel</i> TABS 2mg	4	QL (60 tabs / 30 days), PA
<i>perampanel</i> TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium</i> SOLN 250mg/5ml	3	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	QL (10 blister packs / 30 days)
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, PA
VIGAFYDE SOLN 100mg/ml	5	NDS, QL (900 mL / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg	4	QL (30 caps / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

HYPNOTICS

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

MIGRAINE

AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	3	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	3	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	3	QL (2 syringes / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	QL (40 tabs / 28 days), PA
<i>naratriptan hcl TABS 1mg, 2.5mg</i>	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 TABS 5mg, 10mg; TBDP 5mg, 10mg</i>	3	QL (18 tabs / 30 days)
<i>sumatriptan SOLN 5mg/act</i>	4	QL (24 units / 30 days)
<i>sumatriptan SOLN 20mg/act</i>	4	QL (12 units / 30 days)
<i>sumatriptan succinate SOAJ 6mg/0.5ml; SOLN 6mg/0.5ml</i>	4	QL (12 injections / 30 days)
<i>sumatriptan succinate TABS 25mg, 50mg, 100mg</i>	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 SOLN 8meq/5ml</i>	4	
<i>lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg</i>	1	
<i>lithium carbonate TBCR 300mg, 450mg</i>	2	
NUDEXTA CAP 20-10MG	5	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide TABS 60mg</i>	3	
<i>riluzole TABS 50mg</i>	4	
<i>tetrabenazine TABS 12.5mg</i>	4	QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>MULTIPLE SCLEROSIS AGENTS</i>		
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
<i>MUSCULOSKELETAL THERAPY AGENTS</i>		
<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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol</i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<i>NARCOLEPSY/CATAPLEXY</i>		
<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
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<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	
<i>KLOXXADO</i> LIQD 8mg/0.1ml	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl</i> LIQD 4mg/0.1ml	3	
<i>naloxone hcl</i> SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	3	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	4	QL (56 tabs / 28 days)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	4	QL (2 packs / year)
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

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

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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
CEQUR SIMPL KIT PATCH 2U (3-DAY)	4	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	4	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	4	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	3	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	NDS, B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	NDS
INSULIN PEN NEEDLES: EMBECTA-BD	3	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	3	PA
INSULIN SYRINGES: EMBECTA-BD	3	PA
LANTUS SOLN 100unit/ml	3	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)
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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	4	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	NDS
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	5	NDS, NM, PA
deferasirox TABS 90mg	3	NM, PA
deferasirox TABS 180mg, 360mg; TBSO 125mg	4	NM, PA
kionex SUSP 15gm/60ml	4	
LOKELMA PACK 5gm, 10gm	3	
penicillamine TABS 250mg	5	NDS, NM
sodium polystyrene sulfonate SUSP 15gm/60ml	4	
sodium polystyrene sulfonate powder	3	
sps SUSP 15gm/60ml	4	
sps rectal SUSP 15gm/60ml	4	
trientine hcl CAPS 250mg	5	NDS, NM, PA
CONTRACEPTIVES		
afirmelle	2	
altavera	2	
alyacen 1/35	2	
alyacen 7/7/7	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra eq	2	
aurovela 1/20	2	
aurovela 24 fe	2	
aurovela fe 1.5/30	2	
aurovela fe 1/20	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
LILETTA IUD 20.1mcg/day	3	NM
loestrin 1.5/30-21	2	
loestrin 1/20-21	2	
loestrin fe 1.5/30	2	
loestrin fe 1/20	2	
lojaimiess	2	
loryna	2	
low-ogestrel	2	
luizza 1.5/30	2	
luizza 1/20	2	
lutra	2	
lyleq TABS .35mg	2	
lyza TABS .35mg	2	
marlissa	2	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	3	
meleya TABS .35mg	2	
mibelas 24 fe	2	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	2	
microgestin fe 1/20	2	
mili	2	
mono-lynyah	2	
necon 0.5/35-28	2	
NEXPLANON IMPL 68mg	3	NM
nikki	2	
nora-be TABS .35mg	2	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	3	
norethindrone (contraceptive) TABS .35mg	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg	2	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	2	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>tri-mili</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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 on this table mean by going to page number 8.

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>yuvaferm TABS 10mcg</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	3	
<i>DEXAMETHASONE INTENSOL CONC 1mg/ml</i>	4	
<i>dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml</i>	3	
<i>fludrocortisone acetate TABS .1mg</i>	2	
<i>hydrocortisone TABS 5mg, 10mg, 20mg</i>	3	
<i>hydrocortisone sod succinate SOLR 100mg</i>	4	
<i>methylprednisolone TABS 4mg, 8mg, 16mg, 32mg</i>	3	B/D
<i>methylprednisolone TBPK 4mg</i>	2	
<i>methylprednisolone acetate SUSP 40mg/ml, 80mg/ml</i>	3	B/D
<i>methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg</i>	3	B/D
<i>prednisolone SOLN 15mg/5ml</i>	2	B/D
<i>prednisolone sodium phosphate SOLN 5mg/5ml, 25mg/5ml</i>	4	B/D
<i>prednisolone sodium phosphate SOLN 15mg/5ml</i>	2	B/D
<i>prednisone SOLN 5mg/5ml</i>	4	B/D
<i>prednisone TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg</i>	1	B/D
<i>prednisone TBPK 5mg, 10mg</i>	2	
<i>PREDNISONE INTENSOL CONC 5mg/ml</i>	4	B/D
<i>SOLU-CORTEF SOLR 250mg, 500mg, 1000mg</i>	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide SUSP 50mg/ml</i>	5	NDS
<i>ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml</i>	3	
MISCELLANEOUS		
<i>ALDURAZYME SOLN 2.9mg/5ml</i>	5	NDS, NM, PA
<i>betaine powder for oral solution</i>	5	NDS, NM

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i> TABS .5mg	3	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, PA
CERDELGA CAPS 84mg	5	NDS, NM, PA
CEREZYME SOLR 400unit	5	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	4	B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	4	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	3	
<i>desmopressin acetate spray</i> SOLN .01%	4	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	4	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	3	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NDS, NM, PA
<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	
REVCovi SOLN 2.4mg/1.5ml	5	NDS, NM, PA
REZDIFFRA TABS 60mg, 80mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
<i>SIGNIFOR</i> SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
<i>SOMATULINE DEPOT</i> SOLN 60mg/0.2ml, 90mg/0.3ml	5	NDS, NM, PA
<i>SOMAVERT</i> SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, PA
<i>SYNAREL</i> 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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
MISCELLANEOUS		
<i>alosetron hcl</i> TABS 1mg	5	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	4	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
<i>cromolyn sodium (mastocytosis) CONC</i> 100mg/5ml	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	4	
GATTEX KIT 5mg	5	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	3	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	
<i>misoprostol</i> TABS 100mcg, 200mcg	3	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 12mg/0.6ml	5	NDS, QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate</i> TABS 1gm	3	
<i>ursodiol</i> CAPS 300mg	4	
<i>ursodiol</i> TABS 250mg, 500mg	3	
VOQUEZNA PAK DUAL PAK	3	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	3	QL (2 kits / year), PA
VOWST CAP	5	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	5	NDS, PA
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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>trospium chloride</i> CP24 60mg	4	QL (30 caps / 30 days)
<i>trospium chloride</i> TABS 20mg	3	QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal</i> CREA 2%	3	
<i>metronidazole vaginal</i> GEL .75%	3	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	3	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	3	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	3	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	3	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	3	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	3	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	3	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	4	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	3	B/D
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> SUSR 1mg/ml	3	QL (620 mL / 30 days)
<i>rivaroxaban</i> TABS 2.5mg	3	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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 PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 autoinjectors / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, QL (3 pens / 28 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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 on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	5	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
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
<i>IMMUNOMODULATORS</i>		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, PA
ARCALYST SOLR 220mg	5	NDS, NM, PA
<i>IMMUNOSUPPRESSANTS</i>		
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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	4	B/D
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	4	B/D
<i>everolimus (immunosuppressant)</i> TABS .5mg, .75mg, 1mg	5	NDS, B/D
<i>everolimus (immunosuppressant)</i> TABS .25mg	4	B/D
<i>engraf</i> CAPS 25mg, 100mg	4	B/D
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	3	B/D
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	4	B/D
NULOJIX SOLR 250mg	5	NDS, B/D
PROGRAF PACK .2mg, 1mg	4	B/D
REZUROCK TABS 200mg	5	NDS, QL (30 tabs / 30 days), NM, PA
<i>sirolimus</i> SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	4	B/D
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	4	B/D
VACCINES		
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	
DENGXVAXIA 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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	3	
ISOLYTE-P INJ /D5W	4	
ISOLYTE-S INJ PH 7.4	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	3	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	3	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	3	
KCL/D5W/NACL INJ 0.3/0.9%	4	
KCL/D5W/NACL INJ 0.15/0.2	3	
LACTATED RIN INJ	4	
<i>lactated ringer's solution</i>	3	
<i>magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml</i>	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	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride</i> SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride</i> 20 meq/l (0.15%) in <i>dextrose</i> 5% inj	3	
<i>sodium chloride</i> SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con</i> PACK 20meq	4	
KLOR-CON 8 TBCR 8meq	2	
<i>klor-con</i> 10 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</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	
WESTAB PLUS TAB 27-1MG	3	
<i>IV NUTRITION</i>		
<i>aminosyn ii</i> soln 15%	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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

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

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	3	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>besifloxacin hcl SUSP .6%</i>	3	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	2	
<i>erythromycin (ophth) OINT 5mg/gm</i>	2	
<i>gatifloxacin (ophth) SOLN .5%</i>	3	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	2	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	3	QL (12 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
NATACYN SUSP 5%	4	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	3	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
ofloxacin (ophth) SOLN .3%	2	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	3	
tobramycin (ophth) SOLN .3%	1	
trifluridine SOLN 1%	4	
XDEMVY SOLN .25%	5	NDS, NM, PA
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

dexamethasone sodium phosphate (ophth) SOLN .1%	3	
diclofenac sodium (ophth) SOLN .1%	2	
difluprednate EMUL .05%	4	
fluorometholone (ophth) SUSP .1%	3	
flurbiprofen sodium SOLN .03%	3	
ketorolac tromethamine (ophth) SOLN .4%	3	
ketorolac tromethamine (ophth) SOLN .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	3	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	

ANTIALLERGICS

azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	2	
ZERVIAE SOLN .24%	4	

ANTIGLAUCOMA

betaxolol hcl (ophth) SOLN .5%	3	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	4	ST
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	2	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	2	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	3	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>flac</i> OIL .01%	3	
<i>fluocinolone acetonide (otic)</i> OIL .01%	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	4	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin (otic)</i> SOLN .3%	4	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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>ciproheptadine 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	
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA applies if 65 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>hydroxyzine pamoate CAPS 25mg, 50mg</i>	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride SOLN 2.5mg/5ml</i>	4	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride TABS 5mg</i>	2	QL (30 tabs / 30 days)
<i>olopatadine hcl (nasal) SOLN .6%</i>	4	
BETA AGONISTS		
<i>albuterol sulfate AERS 108mcg/act</i>	3	QL (2 inhalers / 30 days); (generic of Proair HFA)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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	
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)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
<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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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
<i>NASAL STEROIDS</i>		
<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
<i>STEROID INHALANTS</i>		
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
<i>STEROID/BETA-AGONIST COMBINATIONS</i>		
ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	3	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<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>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>amnesteam</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	3	QL (45 gm / 30 days)
<i>clindamycin phosphate (topical)</i> GEL 1%	3	QL (75 mL / 30 days), PA
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	3	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	3	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	3	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	3	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	4	PA
<i>neuac</i>	3	QL (45 gm / 30 days)
<i>sulfacetamide sodium (acne)</i> LOTN 10%	4	QL (118 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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	
<i>SULFAMYLON</i> 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>ketoconazole (topical)</i> CREA 2%	3	QL (60 gm / 30 days)
<i>ketoconazole (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
<i>ENSTILAR</i> AER	5	NDS, QL (120 gm / 30 days), PA
<i>methoxsalen rapid</i> CAPS 10mg	5	NDS

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
tazarotene CREA .05%, .1%	3	QL (60 gm / 30 days), PA
<i>DERMATOLOGY, CORTICOSTEROIDS</i>		
ala-cort CREA 1%	1	
alclometasone dipropionate CREA .05%; OINT .05%	3	QL (60 gm / 30 days)
betamethasone dipropionate (topical) CREA .05%	3	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	3	QL (120 mL / 30 days)
betamethasone dipropionate (topical) OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented CREA .05%	2	QL (120 gm / 30 days)
betamethasone dipropionate augmented GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	4	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; OINT .1%	3	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	3	QL (120 mL / 30 days)
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	4	QL (120 gm / 30 days)
clobetasol propionate SHAM .05%	4	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	4	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	4	QL (120 gm / 30 days)
clodan SHAM .05%	4	QL (236 mL / 30 days)
fluocinolone acetonide CREA .01%	4	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%	4	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	3	QL (118.28 mL / 30 days)
fluocinolone acetonide OINT .025%	3	QL (120 gm / 30 days)
fluocinolone acetonide SOLN .01%	4	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	3	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	4	QL (60 gm / 30 days)
fluocinonide SOLN .05%	3	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	4	QL (120 gm / 30 days)
fluticasone propionate CREA .05%; OINT .005%	3	
halobetasol propionate CREA .05%; OINT .05%	4	QL (50 gm / 30 days)
hydrocortisone (topical) CREA 1%	1	
hydrocortisone (topical) CREA 2.5%; LOTN 2.5%; OINT 2.5%	2	

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin (intra-anal)</i> OINT .4%	4	QL (30 gm / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	4	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	3	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	3	
<i>proctocort</i> CREA 1%	3	
<i>proctosol hc</i> CREA 2.5%	3	
<i>proctozone-hc</i> CREA 2.5%	3	
<i>tacrolimus (topical)</i> OINT .03%, .1%	4	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, PA

DERMATOLOGY, SCABICIDES AND PEDICULIDES

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

DERMATOLOGY, WOUND CARE AGENTS

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

MOUTH/THROAT/DENTAL AGENTS

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

You can find information on what the symbols and abbreviations on this table mean by going to page number 8.

Drug Name	Drug Tier	Requirements/Limits
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 on this table mean by going to page number 8.

04/01/2026

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Index of Drugs

A	
<i>abacavir sulfate</i>	14
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	15
<i>abigale</i>	69
<i>abigale lo</i>	69
ABILIFY ASIMTUFII	46
ABILIFY MAINTENA	46
<i>abiraterone acetate</i>	22
<i>abirtega</i>	22
ABRYSVO	83
<i>acamprosate calcium</i>	59
<i>acarbose</i>	60
<i>accutane</i>	94
<i>acebutolol hcl</i>	38
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	10
<i>acetaminophen w/ codeine tab 300-15 mg</i>	10
<i>acetaminophen w/ codeine tab 300-30 mg</i>	10
<i>acetaminophen w/ codeine tab 300-60 mg</i>	10
<i>acetazolamide</i>	40
<i>acetic acid</i>	76
<i>acetic acid (otic)</i>	89
<i>acetylcysteine</i>	91
<i>acitretin</i>	95
ACTHIB INJ	83
ACTIMMUNE	82
<i>acyclovir</i>	16
<i>acyclovir sodium</i>	16
ADACEL INJ	83
ADALIMUMAB-BWWD	79
<i>adefovir dipivoxil</i>	16
ADEMPAS	42
ADMELOG	62
ADMELOG SOLOSTAR	62
ADVAIR HFA AER 115/21	93
ADVAIR HFA AER 230/21	93
ADVAIR HFA AER 45/21	93
<i>afirmelle</i>	64
AIMOVIG	56
AIRSUPRA AER 90-80MCG	93
AKEEGA TAB 100/500	22
AKEEGA TAB 50/500MG	22
<i>ala-cort</i>	96
<i>albendazole</i>	11
<i>albuterol sulfate</i>	90, 91
<i>alclometasone dipropionate</i>	96
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	62
ALDURAZYME	70
ALECENSA	24
<i>alendronate sodium</i>	63
<i>alfuzosin hcl</i>	76
<i>aliskiren fumarate</i>	40
<i>allopurinol</i>	9
<i>alosetron hcl</i>	75
<i>alprazolam</i>	42
<i>altavera</i>	64
ALUNBRIG	24
ALUNBRIG PAK	24
ALVAIZ	78
ALVESCO	93
<i>alyacen 1/35</i>	64
<i>alyacen 7/7/7</i>	64
ALYFTREK TAB 10-50-125	91
ALYFTREK TAB 4-20-50	91
ALYGLO	82
<i>alyq</i>	42
<i>amantadine hcl</i>	45
<i>ambrisentan</i>	42
<i>amethyst</i>	64
<i>amikacin sulfate</i>	11
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	40
<i>amiloride hcl</i>	40
<i>aminosyn ii soln 15%</i>	86
AMINOSYN INJ 10%	86
AMINOSYN-PF INJ 10%	86
<i>amiodarone hcl</i>	36

<i>amitriptyline hcl</i>	43
<i>amlodipine besylate</i>	39
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 10-10 mg</i>	41
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 10-20 mg</i>	41
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 10-40 mg</i>	41
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 10-80 mg</i>	41
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 2.5-10 mg</i>	40
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 2.5-20 mg</i>	40
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 2.5-40 mg</i>	40
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 5-10 mg</i>	40
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 5-20 mg</i>	40
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 5-40 mg</i>	40
<i>amlodipine besylate-atorvastatin</i> <i>calcium tab 5-80 mg</i>	41
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-20 mg</i>	33
<i>amlodipine besylate-benazepril hcl cap</i> <i>10-40 mg</i>	33
<i>amlodipine besylate-benazepril hcl cap</i> <i>2.5-10 mg</i>	33
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-10 mg</i>	33
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-20 mg</i>	33
<i>amlodipine besylate-benazepril hcl cap</i> <i>5-40 mg</i>	33
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i>	35
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i>	35
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i>	35
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i>	35

<i>amlodipine besylate-valsartan tab 10-160 mg</i>	35
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	35
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	35
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	35
<i>amnesteem</i>	94
<i>amoxapine</i>	43
<i>amoxicillin</i>	19
<i>amoxicillin & k clavulanate for susp</i> <i>200-28.5 mg/5ml</i>	19
<i>amoxicillin & k clavulanate for susp</i> <i>250-62.5 mg/5ml</i>	19
<i>amoxicillin & k clavulanate for susp</i> <i>400-57 mg/5ml</i>	19
<i>amoxicillin & k clavulanate for susp</i> <i>600-42.9 mg/5ml</i>	19
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	19
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	19
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	19
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	55
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	54
<i>amphetamine-dextroamphetamine tab 10 mg</i>	55
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	55
<i>amphetamine-dextroamphetamine tab 15 mg</i>	55

<i>amphetamine-dextroamphetamine tab</i>	
20 mg	55
<i>amphetamine-dextroamphetamine tab</i>	
30 mg	55
<i>amphetamine-dextroamphetamine tab</i>	
5 mg	55
<i>amphetamine-dextroamphetamine tab</i>	
7.5 mg	55
<i>amphotericin b</i>	13
<i>amphotericin b liposome</i>	13
<i>ampicillin</i>	19
<i>ampicillin & sulbactam sodium for inj</i>	
1.5 (1-0.5) gm	19
<i>ampicillin & sulbactam sodium for inj 3</i>	
(2-1) gm	19
<i>ampicillin & sulbactam sodium for iv</i>	
soln 1.5 (1-0.5) gm	19
<i>ampicillin & sulbactam sodium for iv</i>	
soln 15 (10-5) gm	19
<i>ampicillin & sulbactam sodium for iv</i>	
soln 3 (2-1) gm	19
<i>ampicillin sodium</i>	19
<i>anagrelide hcl</i>	78
<i>anastrozole</i>	22
ANORO ELLIPT AER 62.5-25	89
<i>aprepitant</i>	73
<i>aprepitant capsule therapy pack 80 &</i>	
125 mg	73
<i>apri</i>	64
APTOM	50
APTIVUS	14
ARALAST NP	91
<i>aranelle</i>	64
ARCALYST	82
AREXVY	83
<i>arformoterol tartrate</i>	91
ARIKAYCE	11
<i>aripiprazole</i>	46
ARISTADA	47
ARISTADA INITIO	47
<i>armodafinil</i>	59
ARNUITY ELLIPTA	93
<i>asenapine maleate</i>	47
<i>ashlyna</i>	64

<i>aspirin-dipyridamole cap er 12hr 25-</i>	
200 mg	78
ASTAGRAF XL	82
<i>atazanavir sulfate</i>	14
<i>atenolol</i>	38
<i>atenolol & chlorthalidone tab 100-25</i>	
mg	38
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
.....	38
<i>atomoxetine hcl</i>	55
<i>atorvastatin calcium</i>	37
<i>atovaquone</i>	11
<i>atovaquone-proguanil hcl tab 250-100</i>	
mg	14
<i>atovaquone-proguanil hcl tab 62.5-25</i>	
mg	14
ATROPINE SULFATE	89
<i>atropine sulfate (ophthalmic)</i>	89
ATROVENT HFA	90
<i>aubra eq</i>	64
AUGTYRO	24
<i>aurovela 1/20</i>	64
<i>aurovela 24 fe</i>	64
<i>aurovela fe 1.5/30</i>	64
<i>aurovela fe 1/20</i>	64
AUSTEDO	57
AUSTEDO XR	57
AUSTEDO XR TAB TITR KIT	57
AUVELITY TAB 45-105MG	43
<i>aviane</i>	64
AVMAPKI PAK FAKZYNJA	24
<i>ayuna</i>	64
AYVAKIT	24
<i>azacitidine</i>	21
<i>azathioprine</i>	82
<i>azelaic acid</i>	97
<i>azelastine hcl</i>	90
<i>azelastine hcl (ophth)</i>	88
<i>azithromycin</i>	18
<i>aztreonam</i>	11
<i>azurette</i>	64
B	
<i>bacitracin (ophthalmic)</i>	87
<i>bacitracin-polymyxin b ophth oint</i>	87

<i>bacitracin-polymyxin-neomycin-hc</i>		
<i>ophth oint 1%</i>	87	
<i>baclofen</i>	58	
BAFIERTAM	58	
<i>balsalazide disodium</i>	74	
BALVERSA	24, 25	
<i>balziva</i>	64	
BARACLUDE	16	
BCG VACCINE	83	
<i>benazepril & hydrochlorothiazide tab</i>		
10-12.5 mg	34	
<i>benazepril & hydrochlorothiazide tab</i>		
20-12.5 mg	34	
<i>benazepril & hydrochlorothiazide tab</i>		
20-25 mg	34	
<i>benazepril & hydrochlorothiazide tab 5-</i>		
6.25mg	34	
<i>benazepril hcl</i>	34	
BENDAMUSTINE HYDROCHLORID	20	
BENDEKA	20	
BENLYSTA	82, 83	
<i>benzoyl peroxide-erythromycin gel 5-</i>		
3%	94	
<i>benztropine mesylate</i>	45	
BERINERT	78	
<i>besifloxacin hcl</i>	87	
BESIVANCE	87	
BESREMI	23	
<i>betaine powder for oral solution</i>	70	
<i>betamethasone dipropionate (topical)</i>	96	
<i>betamethasone dipropionate</i>		
<i>augmented</i>	96	
<i>betamethasone valerate</i>	96	
BETASERON	58	
<i>betaxolol hcl (ophth)</i>	88	
<i>bethanechol chloride</i>	76	
BEVESPI AER 9-4.8MCG	89	
<i>bexarotene</i>	23	
<i>bexarotene (topical)</i>	97	
BEXSERO	83	
<i>bicalutamide</i>	22	
BICILLIN L-A	19	
BIKTARVY TAB 30-120-15 MG	15	
BIKTARVY TAB 50-200-25 MG	15	
BILDYOS	63	
BIMZELX	79	
<i>bisoprolol & hydrochlorothiazide tab 10-</i>		
6.25 mg	38	
<i>bisoprolol & hydrochlorothiazide tab</i>		
2.5-6.25 mg	38	
<i>bisoprolol & hydrochlorothiazide tab 5-</i>		
6.25 mg	38	
<i>bisoprolol fumarate</i>	38	
BIVIGAM	82	
<i>blisovi 24 fe</i>	64	
<i>blisovi fe 1.5/30</i>	65	
<i>blisovi fe 1/20</i>	65	
BLUJEPa	11	
BONSITY	63	
BOOSTRIX INJ	83	
<i>bortezomib</i>	25	
BOREZOMIB	25	
<i>bosentan</i>	42	
BOSULIF	25	
BRAFTOVI	25	
BREO ELLIPTA INH 100-25	93	
BREO ELLIPTA INH 200-25	93	
BREO ELLIPTA INH 50-25MCG	93	
<i>brey-na</i>	94	
BREZTRI AERO AER SPHERE	89	
BREZTRI AERO AER SPHERE		
(INSTITUTIONAL PACK)	89	
<i>briellyn</i>	65	
<i>brimonidine tartrate</i>	88	
<i>brinzolamide</i>	88	
BRIVIACT	50	
<i>bromocriptine mesylate</i>	45	
BRUKINSA	25	
<i>budesonide</i>	74	
<i>budesonide (inhalation)</i>	93	
<i>budesonide-formoterol fumarate dihyd</i>		
<i>aerosol 160-4.5 mcg/act</i>	94	
<i>budesonide-formoterol fumarate dihyd</i>		
<i>aerosol 80-4.5 mcg/act</i>	94	
<i>bumetanide</i>	40	
<i>buprenorphine</i>	9	
<i>buprenorphine hcl</i>	59	

<i>buprenorphine hcl-naloxone hcl sl film</i> 12-3 mg (base equiv)	59
<i>buprenorphine hcl-naloxone hcl sl film</i> 2-0.5 mg (base equiv)	59
<i>buprenorphine hcl-naloxone hcl sl film</i> 4-1 mg (base equiv)	59
<i>buprenorphine hcl-naloxone hcl sl film</i> 8-2 mg (base equiv)	59
<i>buprenorphine hcl-naloxone hcl sl tab</i> 2-0.5 mg (base equiv)	59
<i>buprenorphine hcl-naloxone hcl sl tab</i> 8-2 mg (base equiv)	59
<i>bupropion hcl</i>	43
<i>bupropion hcl (smoking deterrent)</i>	59
<i>buspirone hcl</i>	42
<i>butorphanol tartrate</i>	10

C

<i>cabergoline</i>	71
<i>CABOMETYX</i>	25
<i>calcipotriene</i>	95
<i>calcitonin (salmon) spray</i>	63
<i>calcitrene</i>	95
<i>calcitriol</i>	73
<i>calcitriol (oral)</i>	73
<i>CALQUENCE</i>	25
<i>camila</i>	65
<i>camrese</i>	65
<i>camrese lo</i>	65
<i>candesartan cilexetil</i>	36
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5 mg</i>	35
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5 mg</i>	35
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> ..	35
<i>CAPLYTA</i>	47
<i>CAPRELSA</i>	25
<i>captopril</i>	34
<i>captopril & hydrochlorothiazide tab 25-</i> 15 mg	34
<i>captopril & hydrochlorothiazide tab 25-</i> 25 mg	34

<i>captopril & hydrochlorothiazide tab 50-</i> 15 mg	34
<i>captopril & hydrochlorothiazide tab 50-</i> 25 mg	34
<i>carb/levo orally disintegrating tab 10-</i> 100mg	45
<i>carb/levo orally disintegrating tab 25-</i> 100mg	45
<i>carb/levo orally disintegrating tab 25-</i> 250mg	45
<i>carbamazepine</i>	50
<i>carbidopa</i>	45
<i>carbidopa & levodopa tab 10-100 mg</i>	45
<i>carbidopa & levodopa tab 25-100 mg</i>	45
<i>carbidopa & levodopa tab 25-250 mg</i>	45
<i>carbidopa & levodopa tab er 25-100 mg</i>	46
<i>carbidopa & levodopa tab er 50-200 mg</i>	46
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	46
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	46
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	46
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	46
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	46
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	46
<i>carboplatin</i>	20
<i>carglumic acid</i>	71
<i>carisoprodol</i>	58
<i>carteolol hcl (ophth)</i>	88
<i>cartia xt</i>	39
<i>carvedilol</i>	38
<i>caspofungin acetate</i>	13
<i>CAYSTON</i>	11
<i>cefaclor</i>	17
<i>cefadroxil</i>	17
<i>CEFAZOLIN</i>	17
<i>CEFAZOLIN INJ 1GM/50ML</i>	17
<i>cefazolin sodium</i>	17

CEFAZOLIN SOLN 2GM/100ML-4%	17	<i>ciprofloxacin 200 mg/100ml in d5w</i> ...	18
CEFAZOLIN/DEX SOL 1GM/50ML-4%.	17	<i>ciprofloxacin 400 mg/200ml in d5w</i> ...	18
CEFAZOLIN/DEX SOL 2GM/50ML-3%.	17	<i>ciprofloxacin hcl</i>	19
CEFAZOLIN/DEX SOL 3GM/150ML-4%		<i>ciprofloxacin hcl (ophth)</i>	87
.....	17	<i>ciprofloxacin-dexamethasone otic susp</i>	
CEFAZOLIN/DEX SOL 3GM/50ML-2%.	17	0.3-0.1%.....	89
<i>cefdinir</i>	18	<i>cisplatin</i>	21
<i>cefepime hcl</i>	18	<i>citalopram hydrobromide</i>	43, 44
<i>cefixime</i>	18	<i>claravis</i>	94
<i>cefotetan disodium</i>	18	<i>clarithromycin</i>	18
<i>cefoxitin sodium</i>	18	<i>clindamycin hcl</i>	11
<i>cefpodoxime proxetil</i>	18	<i>clindamycin palmitate hydrochloride</i> ..	11
<i>cefprozil</i>	18	<i>clindamycin phosphate</i>	11
<i>ceftaroline fosamil</i>	18	<i>clindamycin phosphate (topical)</i>	94
<i>ceftazidime</i>	18	<i>clindamycin phosphate in d5w iv soln</i>	
<i>ceftriaxone sodium</i>	18	300 mg/50ml	11
<i>cefuroxime axetil</i>	18	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefuroxime sodium</i>	18	600 mg/50ml	11
<i>celecoxib</i>	9	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cephalexin</i>	18	900 mg/50ml	11
CEQUR SIMPL KIT PATCH 2U (3-DAY)	62	<i>clindamycin phosphate vaginal</i>	77
CEQUR SIMPL KIT PATCH 2U (4-DAY)	62	<i>clindamycin phosph-benzoyl peroxide</i>	
CEQUR SIMPL MIS INSERTER	62	(refrig) gel 1.2 (1)-5%	94
CERDELGA.....	71	CLINDMYC/NAC INJ 300/50ML.....	11
CEREZYME.....	71	CLINDMYC/NAC INJ 600/50ML.....	11
<i>cetirizine hcl</i>	90	CLINDMYC/NAC INJ 900/50ML.....	11
<i>cevimeline hcl</i>	98	CLINIMIX INJ 4.25/D10	86
<i>chateal eq</i>	65	CLINIMIX INJ 4.25/D5W	86
CHEMET	64	CLINIMIX INJ 5%/D15W	86
<i>chlorhexidine gluconate (mouth-throat)</i>		CLINIMIX INJ 5%/D20W	86
.....	98	CLINIMIX INJ 6/5	86
<i>chloroquine phosphate</i>	14	CLINIMIX INJ 8/10.....	86
<i>chlorpromazine hcl</i>	47	CLINIMIX INJ 8/14.....	86
<i>chlorthalidone</i>	40	<i>clinisol sf 15%</i>	87
<i>cholestyramine</i>	37	CLINOLIPID EMU 20%.....	87
<i>cholestyramine light</i>	38	<i>clobazam</i>	50
<i>choline fenofibrate</i>	37	<i>clobetasol propionate</i>	96
<i>ciclopirox</i>	95	<i>clobetasol propionate e</i>	96
<i>ciclopirox olamine</i>	95	<i>clodan</i>	96
<i>cilostazol</i>	78	<i>clomipramine hcl</i>	44
CILOXAN	87	<i>clonazepam</i>	50
CIMDUO TAB 300-300	15	<i>clonidine</i>	41
<i>cinacalcet hcl</i>	71	<i>clonidine hcl</i>	41
CIPRO	18	<i>clopidogrel bisulfate</i>	78

<i>clorazepate dipotassium</i>	50
<i>clotrimazole</i>	98
<i>clotrimazole (topical)</i>	95
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%.....	95
<i>clozapine</i>	47
COARTEM TAB 20-120MG	14
COBENFY CAP 100-20MG	47
COBENFY CAP 125-30MG	47
COBENFY CAP 50-20MG.....	47
COBENFY STRT CAP PACK.....	47
<i>colchicine</i>	9
<i>colchicine w/ probenecid tab 0.5-500</i> mg.....	9
<i>colesevelam hcl</i>	38
<i>colestipol hcl</i>	38
<i>colistimethate sodium</i>	11
COMBIGAN SOL 0.2/0.5%.....	88
COMBIVENT AER 20-100.....	90
COMETRIQ (60MG DOSE)	25
COMETRIQ KIT 100MG	25
COMETRIQ KIT 140MG	25
<i>compro</i>	73
<i>constulose</i>	74
COPAXONE	58
COPIKTRA	25
CORLANOR	41
COTELLIC	25
CREON CAP 12000UNT	75
CREON CAP 24000UNT	75
CREON CAP 3000UNIT.....	75
CREON CAP 36000UNT	75
CREON CAP 6000UNIT.....	75
CRESEMBA	13
<i>cromolyn sodium</i>	91
<i>cromolyn sodium (mastocytosis)</i>	75
<i>cromolyn sodium (ophth)</i>	88
<i>cryselle</i>	65
<i>cyclobenzaprine hcl</i>	58
<i>cyclophosphamide</i>	21
CYCLOPHOSPHAMIDE	21
CYCLOPHOSPHAMIDE MONOHYDR	21
<i>cycloserine</i>	16
<i>cyclosporine</i>	83

<i>cyclosporine modified (for</i> <i>microemulsion)</i>	83
<i>cyproheptadine hcl</i>	90
<i>cyred eq</i>	65
CYSTADROPS	89
CYSTAGON	71
CYSTARAN.....	89
<i>cytarabine</i>	21
D	
D10W/NACL INJ 0.2%	85
D10W/NACL INJ 0.45%	85
D2.5W/NACL INJ 0.45%	84
D5W/NACL INJ 0.2%.....	84
D5W/NACL INJ 0.45%	84
<i>dabigatran etexilate mesylate</i>	77
<i>dalfampridine</i>	58
<i>danazol</i>	60
<i>dantrolene sodium</i>	58
DANZITEN	25
<i>dapagliflozin propanediol</i>	60
<i>dapsone</i>	11
DAPTACEL INJ.....	83
<i>daptomycin</i>	11
DAPTOMYCIN	11
<i>darifenacin hydrobromide</i>	76
<i>darunavir</i>	14
<i>dasatinib</i>	25
<i>dasetta 1/35</i>	65
<i>dasetta 7/7/7</i>	65
DAURISMO	26
<i>daysee</i>	65
DAYVIGO.....	56
<i>deblitane</i>	65
<i>deferasirox</i>	64
DELSTRIGO TAB.....	15
DENGVAIXIA SUS	83
DEPO-SUBQ PROVERA 104	65
<i>depo-testosterone</i>	60
DESCOVY TAB 120-15MG	15
DESCOVY TAB 200/25MG	15
<i>desipramine hcl</i>	44
<i>desloratadine</i>	90
<i>desmopressin acetate</i>	71
<i>desmopressin acetate spray</i>	71

<i>desmopressin acetate spray refrigerated</i>		<i>dicloxacillin sodium</i>	19
.....	71	<i>dicyclomine hcl</i>	74
<i>desogest-eth estrad & eth estrad tab</i>		DIFICID	18
0.15-0.02/0.01 mg(21/5)	65	<i>diflunisal</i>	9
<i>desvenlafaxine succinate</i>	44	<i>difluprednate</i>	88
<i>dexamethasone</i>	70	<i>digoxin</i>	41
DEXAMETHASONE INTENSOL	70	<i>dihydroergotamine mesylate</i>	56
<i>dexamethasone sodium phosphate</i>	70	DILANTIN	51
<i>dexamethasone sodium phosphate</i>		<i>diltiazem hcl</i>	39
(ophth)	88	<i>diltiazem hcl coated beads</i>	39
DEXCOM G6 MIS RECEIVER.....	98	<i>diltiazem hcl extended release beads</i>	39
DEXCOM G6 MIS SENSOR	98	<i>dilt-xr</i>	39
DEXCOM G6 MIS TRANSMIT	98	<i>diphenhydramine hcl</i>	90
DEXCOM G7 MIS RECEIVER.....	98	<i>diphenoxylate w/ atropine tab 2.5-</i>	
DEXCOM G7 MIS SENSOR	98	0.025 mg	75
<i>dexmethylphenidate hcl</i>	55	<i>dipyridamole</i>	78
<i>dextrose</i>	87	<i>disopyramide phosphate</i>	37
DEXTROSE 10%	87	<i>disulfiram</i>	59
<i>dextrose 2.5% w/ sodium chloride</i>		<i>divalproex sodium</i>	51
0.45%	85	<i>docetaxel</i>	24
<i>dextrose 5% in lactated ringers</i>	85	DOCETAXEL.....	24
<i>dextrose 5% w/ sodium chloride</i>		DOCIVYX.....	24
0.225%	85	<i>dofetilide</i>	37
<i>dextrose 5% w/ sodium chloride 0.3%</i>		<i>dolishale</i>	65
.....	85	<i>donepezil hydrochloride</i>	43
<i>dextrose 5% w/ sodium chloride 0.45%</i>		DOPTelet	78
.....	85	DOPTelet SPRINKLE	78
<i>dextrose 5% w/ sodium chloride 0.9%</i>		<i>dorzolamide hcl</i>	88
.....	85	<i>dorzolamide hcl-timolol maleate ophth</i>	
DEXTROSE 70%	87	soln 2-0.5%	88
DIACOMIT	50, 51	<i>dotti</i>	69
<i>diazepam</i>	51	DOVATO TAB 50-300MG	15
<i>diazepam (anticonvulsant)</i>	51	<i>doxazosin mesylate</i>	34
<i>diazepam inj</i>	51	<i>doxepin hcl</i>	44
<i>diazepam intensol</i>	51	<i>doxepin hcl (sleep)</i>	56
<i>diazoxide</i>	70	<i>doxercalciferol</i>	73
<i>diclofenac potassium</i>	9	<i>doxorubicin hcl</i>	23
<i>diclofenac sodium</i>	9	<i>doxorubicin hcl liposomal</i>	23
<i>diclofenac sodium (ophth)</i>	88	<i>doxy 100</i>	20
<i>diclofenac sodium (topical)</i>	97	<i>doxycycline (monohydrate)</i>	20
<i>diclofenac w/ misoprostol tab delayed</i>		<i>doxycycline hyclate</i>	20
release 50-0.2 mg.....	9	DRIZALMA SPRINKLE	44
<i>diclofenac w/ misoprostol tab delayed</i>		<i>dronabinol</i>	73
release 75-0.2 mg.....	9		

<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	65
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	65
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> ..	65
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> ..	65
DROXIA.....	78
droxidopa	41
DULERA AER 100-5MCG.....	94
DULERA AER 200-5MCG.....	94
DULERA AER 50-5MCG	94
<i>duloxetine hcl</i>	44
DUPIXENT	79
<i>dutasteride</i>	76
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	76
E	
<i>e.e.s. 400</i>	18
<i>econazole nitrate</i>	95
EDARBI	36
EDARBYCLOR TAB 40-12.5.....	35
EDARBYCLOR TAB 40-25MG	35
EDURANT	14
EDURANT PED.....	14
<i>efavirenz</i>	14
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	15
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	15
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	15
ELIGARD	22
<i>elinest</i>	65
ELIQUIS	77
ELIQUIS (1.5MG PACK) 3 X.....	77
ELIQUIS (2MG PACK) 4 X.....	77
ELIQUIS STARTER PACK	77
<i>eluryng</i>	65
EMGALITY.....	56
EMSAM.....	44
<i>emtricitabine</i>	14

<i>emtricitabine-rlpivirine-tenofovir df tab 200-25-300 mg</i>	15
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	16
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	16
EMTRIVA	14
EMVERM.....	11
<i>emzahh</i>	65
<i>enalapril maleate</i>	34
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	34
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	34
ENBREL.....	79
ENBREL MINI	79
ENBREL SURECLICK.....	79
<i>endocet tab 10-325mg</i>	10
<i>endocet tab 2.5-325mg</i>	10
<i>endocet tab 5-325mg</i>	10
<i>endocet tab 7.5-325mg</i>	10
ENGERIX-B.....	83
<i>enilloring</i>	65
<i>enoxaparin sodium</i>	77
ENSACOVE	26
<i>enskyce</i>	65
ENSTILAR AER	95
<i>entacapone</i>	46
<i>entecavir</i>	16
ENTRESTO CAP 15-16MG.....	35
ENTRESTO CAP 6-6MG	35
<i>enulose</i>	74
EPCLUSA PAK 150-37.5.....	16
EPCLUSA PAK 200-50MG	17
EPCLUSA TAB 200-50MG	17
EPCLUSA TAB 400-100	17
EPIDIOLEX	51
<i>epinephrine (anaphylaxis)</i>	41, 91
<i>eplerenone</i>	34
<i>ergotamine w/ caffeine tab 1-100 mg</i> ..	57

ERIVEDGE	26
ERLEADA	22
erlotinib hcl.....	26
errin	65
ertapenem sodium	12
ery	94
ERYTHROCIN LACTOBIONATE.....	18
erythromycin (acne aid)	94
erythromycin (ophth)	87
erythromycin base	18
erythromycin ethylsuccinate	18
erythromycin lactobionate.....	18
ERZOFRI	47
escitalopram oxalate	44
eslicarbazepine acetate	51
esomeprazole magnesium.....	76
estarylla	65
estradiol	69
estradiol & norethindrone acetate tab 0.5-0.1 mg	69
estradiol & norethindrone acetate tab 1- 0.5 mg	69
estradiol vaginal	69
estradiol valerate	69
ethambutol hcl	16
ethosuximide	51
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	65
etodolac	9
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....	65
etoposide	24
etravirine	14
EUCRISA	97
EULEXIN.....	22
everolimus.....	26
everolimus (immunosuppressant)	83
EVOTAZ TAB 300-150	16
exemestane	22
EXXUA	44
EXXUA TITRATION PACK.....	44
EYSUVIS	89
EZALLOR SPRINKLE	37
ezetimibe	38

ezetimibe-simvastatin tab 10-10 mg ..	38
ezetimibe-simvastatin tab 10-20 mg ..	38
ezetimibe-simvastatin tab 10-40 mg ..	38
ezetimibe-simvastatin tab 10-80 mg ..	38

F

FABRAZYME.....	71
falmina	65
famciclovir.....	17
famotidine	74
famotidine in nacl 0.9% iv soln 20 mg/50ml	74
FANAPT.....	47
FANAPT PAK PACK A	47
FANAPT PAK PACK B	47
FANAPT PAK PACK C	47
FARXIGA	60
FASENRA.....	92
FASENRA PEN	92
febuxostat	9
feirza 1.5/30.....	65
feirza 1/20.....	65
felbamate	51
felodipine	39
fenofibrate.....	37
fenofibrate micronized.....	37
fentanyl	10
fesoterodine fumarate	76
FETZIMA	44
FETZIMA CAP TITRATIO.....	44
FIASP	62
FIASP FLEXTOUCH	62
FIASP PENFILL	62
FIASP PUMPCART	62
fidaxomicin	18
finasteride	76
fingolimod hcl	58
FINTEPLA	51
finzala.....	65
FIRMAGON	22
flac.....	89
FLEBOGAMMA DIF	82
flecainide acetate	37
fluconazole	13

<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	13
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	13
<i>flucytosine</i>	13
<i>fludrocortisone acetate</i>	70
<i>flunisolide (nasal)</i>	93
<i>fluocinolone acetonide</i>	96
<i>fluocinolone acetonide (otic)</i>	89
<i>fluocinonide</i>	96
<i>fluocinonide emulsified base</i>	96
<i>fluorometholone (ophth)</i>	88
<i>fluorouracil</i>	21
<i>fluorouracil (topical)</i>	97
<i>fluoxetine hcl</i>	44
<i>fluphenazine decanoate</i>	47
<i>fluphenazine hcl</i>	48
<i>flurbiprofen</i>	9
<i>flurbiprofen sodium</i>	88
<i>fluticasone propionate</i>	96
<i>fluticasone propionate (nasal)</i>	93
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	94
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	94
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	94
<i>fluvastatin sodium</i>	37
<i>fluvoxamine maleate</i>	43
<i>fondaparinux sodium</i>	77
<i>formoterol fumarate</i>	91
<i>fosamprenavir calcium</i>	14
<i>fosfomycin tromethamine</i>	12
<i>fosinopril sodium</i>	34
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	34
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	34
<i>FOTIVDA</i>	26
<i>FREESTYLE LB KIT 14D/SEN</i>	99
<i>FREESTYLE LB KIT 2/SENSOR</i>	99
<i>FREESTYLE LB KIT 3/SENSOR</i>	99
<i>FREESTYLE LB MIS 2/READER</i>	99
<i>FREESTYLE LB MIS 3/READER</i>	99

<i>FREESTYLE MIS READER</i>	99
<i>FRINDOVYX</i>	21
<i>FRUZAQLA</i>	26
<i>FULPHILA</i>	78
<i>fulvestrant</i>	22
<i>furosemide</i>	40
<i>furosemide inj</i>	40
<i>fyavolv tab 0.5mg-2.5mcg</i>	69
<i>fyavolv tab 1mg-5mcg</i>	69
<i>FYCOMPA</i>	51
G	
<i>gabapentin</i>	51, 52
<i>galantamine hydrobromide</i>	43
<i>galbriela</i>	65
<i>gallifrey</i>	72
<i>GAMASTAN INJ</i>	82
<i>GAMMAGARD LIQUID</i>	82
<i>GAMMAGARD LIQUID ERC</i>	82
<i>GAMMAGARD S/D IGA LESS TH</i>	82
<i>GAMMAKED</i>	82
<i>GAMMAPLEX</i>	82
<i>GAMUNEX-C</i>	82
<i>ganciclovir sodium</i>	17
<i>GARDASIL 9</i>	83
<i>gatifloxacin (ophth)</i>	87
<i>GATTEX</i>	75
<i>GAUZE PADS 2</i>	62
<i>gavilyte-c</i>	74
<i>gavilyte-g</i>	74
<i>gavilyte-n/flavor pack</i>	74
<i>GAVRETO</i>	26
<i>gefitinib</i>	26
<i>gemcitabine hcl</i>	21
<i>gemfibrozil</i>	37
<i>GEMTESA</i>	76
<i>generlac</i>	74
<i>gengraf</i>	83
<i>GENOTROPIN</i>	71
<i>GENOTROPIN MINISQUICK</i>	71
<i>gentamicin in saline inj 0.8 mg/ml</i>	12
<i>gentamicin in saline inj 1 mg/ml</i>	12
<i>gentamicin in saline inj 1.2 mg/ml</i>	12
<i>gentamicin in saline inj 1.6 mg/ml</i>	12
<i>gentamicin in saline inj 2 mg/ml</i>	12

<i>gentamicin sulfate</i>	12
<i>gentamicin sulfate (ophth)</i>	87
<i>gentamicin sulfate (topical)</i>	95
GENVOYA TAB	16
GILOTRIF	26
<i>glatiramer acetate</i>	58
<i>glatopa</i>	58
GLEOSTINE	21
<i>glimepiride</i>	60
<i>glipizide</i>	60
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	60
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	60
<i>glipizide-metformin hcl tab 5-500 mg</i>	60
<i>glycopyrrolate</i>	74
<i>glydo</i>	97
GLYXAMBI TAB 10-5 MG	60
GLYXAMBI TAB 25-5 MG	60
GOMEKLI	26
<i>granisetron hcl</i>	73
<i>griseofulvin microsize</i>	13
<i>griseofulvin ultramicrosize</i>	13
<i>guanfacine hcl</i>	41
<i>guanfacine hcl (adhd)</i>	55
H	
HADLIMA	79
HADLIMA PUSHTOUCH	79
HAEGARDA	78
<i>hailey 1.5/30</i>	65
<i>hailey 24 fe</i>	66
<i>hailey fe 1/20</i>	66
<i>halobetasol propionate</i>	96
<i>haloperidol</i>	48
<i>haloperidol decanoate</i>	48
<i>haloperidol lactate</i>	48
HAVRIX	83
<i>heather</i>	66
HEP SOD/NACL INJ 25000UNT	77
<i>heparin sodium (porcine)</i>	77
HEPLISAV-B	83
HERCEP HYLEC SOL 60-10000	26
HERCEPTIN	26
HERCESSI	26

HERNEXEOS	26
HERZUMA	27
HIBERIX	83
HUMIRA	79
HUMIRA PEN	79
HUMIRA PEN KIT PS/UV	79
HUMIRA PEN-CD/UC/HS START	80
HUMULIN R U-500 (CONCENTR)	62
HUMULIN R U-500 KWIKPEN	62
<i>hydralazine hcl</i>	41
<i>hydrochlorothiazide</i>	40
<i>hydrocodone bitartrate</i>	10
<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i>	10
<i>hydrocodone-acetaminophen tab 10-</i> <i>325 mg</i>	10
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	10
<i>hydrocodone-acetaminophen tab 7.5-</i> <i>325 mg</i>	10
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	10
<i>hydrocortisone</i>	70
<i>hydrocortisone (intrarectal)</i>	74
<i>hydrocortisone (rectal)</i>	97
<i>hydrocortisone (topical)</i>	96, 97
<i>hydrocortisone sod succinate</i>	70
<i>hydrocortisone valerate</i>	97
<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	89
<i>hydromorphone hcl</i>	10
<i>hydroxychloroquine sulfate</i>	81
<i>hydroxyurea</i>	23
<i>hydroxyzine hcl</i>	90
<i>hydroxyzine pamoate</i>	90
HYRNUO	27
I	
<i>ibandronate sodium</i>	63
IBRANCE	27
IBTROZI	27
<i>ibu</i>	9
<i>ibuprofen</i>	9
<i>icatibant acetate</i>	78
<i>iclevia</i>	66

ICLUSIG	27
IDHIFA	27
<i>imatinib mesylate</i>	27
IMBRUVICA	27
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	12
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	12
<i>imipramine hcl</i>	44
<i>imiquimod</i>	97
IMKELDI	27
IMOVAX RABIES (H.D.C.V.)	83
IMPAVIDO	12
INBRIJA	46
<i>incassia</i>	66
INCRELEX	71
INCRUSE ELLIPTA	90
<i>indapamide</i>	40
INFANRIX INJ	83
INFLIXIMAB	80
INLURIYO	22
INLYTA	27
INQOVI TAB 35-100MG	21
INREBIC	27
INSULIN PEN NEEDLES: EMBECTA-BD	62
INSULIN SAFETY NEEDLES: EMBECTA- BD	62
INSULIN SYRINGES: EMBECTA-BD ...	62
INTELENCE	14
INTRALIPID	87
<i>introvale</i>	66
INVEGA HAFYERA	48
INVEGA SUSTENNA	48
INVEGA TRINZA	48
IPOL INJ INACTIVE	83
<i>ipratropium bromide</i>	90
<i>ipratropium bromide (nasal)</i>	90
<i>ipratropium-albuterol nebu soln 0.5-</i> 2.5(3) mg/3ml	90
<i>irbesartan</i>	36
<i>irbesartan-hydrochlorothiazide tab 150-</i> 12.5 mg	35

<i>irbesartan-hydrochlorothiazide tab 300-</i> 12.5 mg	35
<i>irinotecan hcl</i>	23
ISENTRESS	14
ISENTRESS HD	14
<i>isibloom</i>	66
ISOLYTE-P INJ /D5W	85
ISOLYTE-S INJ PH 7.4	85
<i>isoniazid</i>	16
<i>isosorbide dinitrate</i>	41
<i>isosorbide mononitrate</i>	41
<i>isotretinoin</i>	94
<i>isradipine</i>	39
ITOVEBI	27
<i>itraconazole</i>	13
<i>ivabradine hcl</i>	41
<i>ivermectin</i>	12
IWILFIN	23
IXIARO INJ	83
J	
<i>jaimiess</i>	66
JAKAFI	27
<i>jantoven</i>	77
JANUMET TAB 50-1000	60
JANUMET TAB 50-500MG	60
JANUMET XR TAB 100-1000	60
JANUMET XR TAB 50-1000	60
JANUMET XR TAB 50-500MG	60
JANUVIA	60
JARDIANCE	61
<i>jasmiel</i>	66
<i>javygtor</i>	71
JAYPIRCA	27
<i>jencycla</i>	66
JENTADUETO TAB 2.5-1000	61
JENTADUETO TAB 2.5-500	61
JENTADUETO TAB 2.5-850	61
JENTADUETO TAB XR 2.5-1000MG ...	61
JENTADUETO TAB XR 5-1000MG	61
<i>jinteli</i>	69
<i>jolessa</i>	66
<i>juleber</i>	66
JULUCA TAB 50-25MG	16
<i>junel 1.5/30</i>	66

<i>june1 1/20</i>	66
<i>june1 fe 1.5/30</i>	66
<i>june1 fe 1/20</i>	66
<i>june1 fe 24</i>	66
JYLAMVO	81
JYNNEOS	83
K	
KADCYLA	28
<i>kaitlib fe</i>	66
KALETRA SOL	16
KALYDECO	92
KANJINTI	28
<i>kariva</i>	66
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	85
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	85
<i>kcl 20 meq/l (0.149%) in nacl 0.9% inj</i>	85
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	85
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	85
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	85
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	85
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	85
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	85
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	85
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	85
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	85
KCL/D5W/NACL INJ 0.15/0.2	85
KCL/D5W/NACL INJ 0.3/0.9%	85
kelnor 1/35	66
KERENDIA	34
KESIMPTA	58
ketoconazole	13
<i>ketoconazole (topical)</i>	95
<i>ketorolac tromethamine (ophth)</i>	88

KEYTRUDA	28
KEYTRUDA INJ QLEX 395-4800 MG- UNIT/2.4ML	28
KEYTRUDA INJ QLEX 790-9600 MG- UNIT/4.8ML	28
KINERET	80
KINRIX INJ	84
<i>kionex</i>	64
KISQALI 200 DOSE	28
KISQALI 400 DOSE	28
KISQALI 400 PAK FEMARA	28
KISQALI 600 DOSE	28
KISQALI 600 PAK FEMARA	28
<i>klayesta</i>	95
<i>klor-con</i>	86
<i>klor-con 10</i>	86
KLOR-CON 10	86
KLOR-CON 8	86
<i>klor-con m10</i>	86
<i>klor-con m15</i>	86
<i>klor-con m20</i>	86
KLOXXADO	59
KOMZIFTI	28
KOSELUGO	28
<i>kourzeq</i>	98
KRAZATI	28
<i>kurvelo</i>	66
L	
<i>labetalol hcl</i>	38
<i>lacosamide</i>	52
<i>lacosamide oral</i>	52
LACTATED RIN INJ	85
<i>lactated ringer's solution</i>	85
<i>lactic acid (ammonium lactate)</i>	97
<i>lactulose</i>	74
<i>lactulose (encephalopathy)</i>	74
<i>lamivudine</i>	14
<i>lamivudine (hcv)</i>	17
<i>lamivudine-zidovudine tab 150-300 mg</i>	16
<i>lamotrigine</i>	52
<i>lanreotide acetate</i>	71
<i>lansoprazole</i>	76
LANTUS	62

LANTUS SOLOSTAR.....	62	levonor-eth est tab 0.15-	
lapatinib ditosylate.....	28	0.02/0.025/0.03 mg ð est 0.01	
larin 1.5/30	66	mg	66
larin 1/20	66	levonorgestrel & ethinyl estradiol (91-	
larin 24 fe.....	66	day) tab 0.15-0.03 mg	66
larin fe 1.5/30.....	66	levonorgestrel & ethinyl estradiol tab	
larin fe 1/20.....	66	0.1 mg-20 mcg	66
latanoprost	88	levonorgestrel-eth estra tab 0.05-	
LAZCLUZE	28	30/0.075-40/0.125-30mg-mcg	66
leflunomide.....	81	levonorgestrel-ethinyl estradiol	
lenalidomide	23	(continuous) tab 90-20 mcg	66
LENVIMA 10 MG DAILY DOSE	28	levonorg-eth est tab 0.1-0.02mg(84) &	
LENVIMA 12MG DAILY DOSE	28	eth est tab 0.01mg(7)	66
LENVIMA 20 MG DAILY DOSE	29	levora 0.15/30-28	66
LENVIMA 4 MG DAILY DOSE	28	levo-t.....	72
LENVIMA 8 MG DAILY DOSE	28	levothyroxine sodium	72
LENVIMA CAP 14 MG.....	29	levoxyl.....	72
LENVIMA CAP 18 MG.....	29	l-glutamine (sickle cell)	78
LENVIMA CAP 24 MG.....	29	lidocaine	97
lessina	66	lidocaine hcl.....	97
letrozole	22	lidocaine hcl (local anesth.).....	9
leucovorin calcium	23	lidocaine hcl (mouth-throat).....	98
LEUKERAN	21	lidocaine-prilocaine cream 2.5-2.5% .	97
leuprolide acetate	22	lidocan	97
levalbuterol hcl.....	91	LILETTA	67
levalbuterol tartrate	91	linezolid	12
levetiracetam	52	LINEZOLID INJ 2MG/ML.....	12
levetiracetam in sodium chloride iv soln		LINZESS	75
1000 mg/100ml.....	52	liomny	72
levetiracetam in sodium chloride iv soln		liothyronine sodium	72
1500 mg/100ml.....	52	lisdexamphetamine dimesylate	55, 56
levetiracetam in sodium chloride iv soln		lisinopril	34
500 mg/100ml	52	lisinopril & hydrochlorothiazide tab 10-	
levobunolol hcl	88	12.5 mg	34
levocarnitine (metabolic modifiers)....	71	lisinopril & hydrochlorothiazide tab 20-	
levocetirizine dihydrochloride	90	12.5 mg	34
levofloxacin	19	lisinopril & hydrochlorothiazide tab 20-	
levofloxacin in d5w iv soln 250 mg/50ml		25 mg	34
.....	19	lithium	57
levofloxacin in d5w iv soln 500		lithium carbonate	57
mg/100ml.....	19	LIVTENCITY	17
levofloxacin in d5w iv soln 750		loestrin 1.5/30-21	67
mg/150ml.....	19	loestrin 1/20-21	67
levonest	66	loestrin fe 1.5/30.....	67

<i>loestrin fe 1/20</i>	67
<i>lojaimiess</i>	67
LOKELMA.....	64
<i>lomustine</i>	21
LONSURF TAB 15-6.14	21
LONSURF TAB 20-8.19	21
<i>loperamide hcl</i>	75
<i>lopinavir-ritonavir tab 100-25 mg</i>	16
<i>lopinavir-ritonavir tab 200-50 mg</i>	16
<i>lorazepam</i>	43
<i>lorazepam intensol</i>	43
LORBRENA.....	29
<i>loryna</i>	67
<i>losartan potassium</i>	36
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-12.5 mg</i>	35
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 100-25 mg</i> 35	
<i>losartan potassium &</i> <i>hydrochlorothiazide tab 50-12.5 mg</i>	35
LOTEMAX	88
<i>loteprednol etabonate-tobramycin ophth</i> <i>susp 0.5-0.3%</i>	87
<i>lovastatin</i>	37
<i>low-ogestrel</i>	67
<i>loxapine succinate</i>	48
<i>luizza 1.5/30</i>	67
<i>luizza 1/20</i>	67
LUMAKRAS	29
LUMIGAN.....	88
LUMIZYME	71
LUPRON DEPOT (1-MONTH)	22
LUPRON DEPOT (3-MONTH)	22
LUPRON DEPOT-PED (1-MONTH).....	71
LUPRON DEPOT-PED (3-MONTH).....	71
LUPRON DEPOT-PED (6-MONTH).....	71
<i>lurasidone hcl</i>	48
<i>lutra</i>	67
LYBALVI TAB 10-10MG	48
LYBALVI TAB 15-10MG	48
LYBALVI TAB 20-10MG	48
LYBALVI TAB 5-10MG.....	48

<i>lyleq</i>	67
<i>lyllana</i>	69
LYNPARZA	29
LYSODREN	22
LYTGOBI (12 MG DAILY DOSE)	29
LYTGOBI (16 MG DAILY DOSE)	29
LYTGOBI (20 MG DAILY DOSE)	29
<i>lyza</i>	67
M	
<i>magnesium sulfate</i>	85
MAGNESIUM SULFATE.....	85
<i>magnesium sulfate in dextrose 5% iv</i> <i>soln 1 gm/100ml</i>	85
<i>malathion</i>	98
<i>maraviroc</i>	14
<i>marlissa</i>	67
MARPLAN	44
MATULANE	23
<i>matzim la</i>	39
MAVYRET PAK 50-20MG	17
MAVYRET TAB 100-40MG.....	17
<i>meclizine hcl</i>	73
<i>medroxyprogesterone acetate</i>	72
<i>medroxyprogesterone acetate</i> <i>(contraceptive)</i>	67
<i>mefloquine hcl</i>	14
<i>megestrol acetate</i>	22, 72
<i>megestrol acetate (appetite)</i>	72
MEKINIST.....	29
MEKTOVI.....	29
<i>meleya</i>	67
<i>meloxicam</i>	9
<i>memantine hcl</i>	43
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 14-10 mg</i>	43
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 21-10 mg</i>	43
<i>memantine hcl-donepezil hcl cap er</i> <i>24hr 28-10 mg</i>	43
MENQUADFI.....	84
MENVEO INJ	84
MENVEO SOL	84
<i>mercaptopurine</i>	21
<i>meropenem</i>	12

<i>mesalamine</i>	74
<i>mesalamine w/ cleanser</i>	74
<i>mesna</i>	23
<i>metformin hcl</i>	61
<i>methadone hcl</i>	10
<i>methadone hydrochloride i</i>	10
<i>methazolamide</i>	40
<i>methenamine hippurate</i>	12
<i>methimazole</i>	72
<i>methocarbamol</i>	59
<i>methotrexate sodium</i>	21, 81
<i>methoxsalen rapid</i>	95
<i>methsuximide</i>	52
<i>methylphenidate hcl</i>	56
<i>methylprednisolone</i>	70
<i>methylprednisolone acetate</i>	70
<i>methylprednisolone sod succ</i>	70
<i>metoclopramide hcl</i>	73
<i>metolazone</i>	40
<i>metoprolol & hydrochlorothiazide tab</i> 100-25 mg.....	38
<i>metoprolol & hydrochlorothiazide tab</i> 100-50 mg.....	38
<i>metoprolol & hydrochlorothiazide tab</i> 50-25 mg	38
<i>metoprolol succinate</i>	39
<i>metoprolol tartrate</i>	39
<i>metronidazole</i>	12
<i>metronidazole (topical)</i>	97
<i>metronidazole vaginal</i>	77
<i>metyrosine</i>	41
<i>mibelas 24 fe</i>	67
<i>micafungin sodium</i>	13
<i>microgestin 1.5/30</i>	67
<i>microgestin 1/20</i>	67
<i>microgestin fe 1.5/30</i>	67
<i>microgestin fe 1/20</i>	67
<i>midodrine hcl</i>	41
<i>MIEBO</i>	89
<i>mifepristone (hyperglycemia)</i>	71
<i>mili</i>	67
<i>mimvey</i>	69
<i>minocycline hcl</i>	20
<i>minoxidil</i>	41

<i>mirtazapine</i>	44
<i>misoprostol</i>	75
<i>M-M-R II INJ</i>	84
<i>M-NATAL PLUS TAB</i>	86
<i>modafinil</i>	59
<i>MODEYSO</i>	24
<i>moexipril hcl</i>	34
<i>molindone hcl</i>	48
<i>mometasone furoate</i>	97
<i>mometasone furoate (nasal)</i>	93
<i>MONJUVI</i>	29
<i>mono-lynyah</i>	67
<i>montelukast sodium</i>	91
<i>morphine sulfate</i>	10, 11
<i>MOUNJARO</i>	61
<i>MOVANTIK</i>	75
<i>moxifloxacin hcl</i>	19
<i>moxifloxacin hcl (ophth)</i>	87
<i>moxifloxacin hcl 400 mg/250ml in</i> sodium chloride 0.8% inj	19
<i>MRESVIA</i>	84
<i>MULTAQ</i>	37
<i>multiple electrolytes ph 5.5</i>	85
<i>mupirocin</i>	95
<i>mycophenolate mofetil</i>	83
<i>mycophenolate sodium</i>	83
<i>MYRBETRIQ</i>	76
N	
<i>nabumetone</i>	9
<i>nadolol</i>	39
<i>nafticillin sodium</i>	19, 20
<i>NAGLAZYME</i>	71
<i>naloxone hcl</i>	60
<i>naltrexone hcl</i>	60
<i>NAMZARIC CAP 7-10MG</i>	43
<i>naproxen</i>	9
<i>naproxen sodium</i>	9
<i>naratriptan hcl</i>	57
<i>NATACYN</i>	88
<i>nateglinide</i>	61
<i>NAYZILAM</i>	52
<i>nebivolol hcl</i>	39
<i>necon 0.5/35-28</i>	67
<i>nefazodone hcl</i>	44

<i>neomycin sulfate</i>	12
<i>neomycin-bacitrac zn-polymyx</i> 5(3.5)mg-400unt-10000unt op oin.	88
<i>neomycin-polymy-gramicid op sol</i> 1.75- 10000-0.025mg-unt-mg/ml.....	88
<i>neomycin-polymyxin-dexamethasone</i> ophth oint 0.1%	87
<i>neomycin-polymyxin-dexamethasone</i> ophth susp 0.1%	87
<i>neomycin-polymyxin-hc ophth susp</i> ...	87
<i>neomycin-polymyxin-hc otic soln</i> 1%.	89
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	89
NERLYNX	29
neuac	94
nevirapine	14, 15
NEXLETOL	38
NEXLIZET TAB 180/10MG	38
NEXPLANON.....	67
<i>niacin (antihyperlipidemic)</i>	38
<i>nicardipine hcl</i>	39
NICOTROL NS	60
<i>nifedipine</i>	39
<i>nikki</i>	67
<i>nilotinib hcl</i>	29
<i>nilutamide</i>	22
<i>nimodipine</i>	39
NINLARO	29
<i>nisoldipine</i>	39
<i>nitazoxanide</i>	12
<i>nitisinone</i>	71
NITRO-BID	41
<i>nitrofurantoin macrocrystal</i>	12
<i>nitrofurantoin monohyd macro</i>	12
<i>nitroglycerin</i>	41, 42
<i>nitroglycerin (intra-anal)</i>	98
<i>nizatidine</i>	74
<i>nora-be</i>	67
<i>norelgestromin-ethinyl estradiol td ptwk</i> 150-35 mcg/24hr.....	67
<i>norethindrone (contraceptive)</i>	67
<i>norethindrone ace & ethinyl estradiol</i> tab 1 mg-20 mcg	67

<i>norethindrone ace & ethinyl estradiol</i> tab 1.5 mg-30 mcg	67
<i>norethindrone ace & ethinyl estradiol-fe</i> tab 1 mg-20 mcg	67
<i>norethindrone ace-eth estradiol-fe chew</i> tab 1 mg-20 mcg (24)	67
<i>norethindrone acetate</i>	72
<i>norethindrone acetate-ethinyl estradiol</i> tab 0.5 mg-2.5 mcg	70
<i>norethindrone acetate-ethinyl estradiol</i> tab 1 mg-5 mcg.....	70
<i>norethindrone ac-ethinyl estrad-fe tab</i> 1-20/1-30/1-35 mg-mcg.....	67
<i>norgestimate & ethinyl estradiol tab</i> 0.25 mg-35 mcg	68
<i>norgestimate-eth estrad tab</i> 0.18- 25/0.215-25/0.25-25 mg-mcg	68
<i>norgestimate-eth estrad tab</i> 0.18- 35/0.215-35/0.25-35 mg-mcg	68
<i>norlyroc</i>	68
<i>nortrel</i> 0.5/35 (28)	68
<i>nortrel</i> 1/35 (21)	68
<i>nortrel</i> 1/35 (28)	68
<i>nortrel</i> 7/7/7.....	68
<i>nortriptyline hcl</i>	44
NORVIR	15
NOVOLIN INJ 70/30	62
NOVOLIN INJ 70/30 FP.....	62
NOVOLIN N.....	62
NOVOLIN N FLEXPEN	62
NOVOLIN R.....	62
NOVOLIN R FLEXPEN.....	62
NOVOLOG	62
NOVOLOG FLEXPEN	62
NOVOLOG FLEXPEN RELION	62
NOVOLOG MIX INJ 70/30.....	62
NOVOLOG MIX INJ FLEXPEN.....	63
NOVOLOG PENFILL	63
NOVOLOG RELION	63
NUBEQA.....	22
NUDEXTA CAP 20-10MG	57
NULOJIX.....	83
NUPLAZID	48
NURTEC	57

NUTRILIPID	87
NUZYRA	20
nyamyc	95
nylia 1/35.....	68
nylia 7/7/7	68
nystatin.....	13
nystatin (mouth-throat).....	98
nystatin (topical)	95
nystop	95
O	
OCTAGAM.....	82
octreotide acetate.....	71
ODEFSEY TAB	16
ODOMZO	30
OFEV	92
ofloxacin (ophth)	88
ofloxacin (otic)	89
OGIVRI	30
OGSIVEO.....	30
OJEMDA	30
OJJAARA	30
olanzapine	48
olmesartan medoxomil	36
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	35
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	35
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg ..	35
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg	36
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg.....	36
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg	36
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg	36

olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg	36
olopatadine hcl (nasal)	90
omega-3-acid ethyl esters cap 1 gm..	38
omeprazole.....	76
OMNIPOD 5 DX KIT INT G7G6	63
OMNIPOD 5 DX MIS POD G7G6	63
OMNIPOD 5 L2 KIT INTRO G6.....	63
OMNIPOD 5 L2 MIS PODS G6	63
OMNIPOD DASH KIT INTRO	63
OMNIPOD DASH MIS PODS	63
ondansetron	73
ondansetron hcl	73
ONTRUZANT	30
ONUREG.....	22
OPIPZA	48, 49
OPSUMIT.....	42
ORGOVYX.....	22
ORKAMBI GRA 100-125.....	92
ORKAMBI GRA 150-188.....	92
ORKAMBI GRA 75-94MG.....	92
ORKAMBI TAB 100-125	92
ORKAMBI TAB 200-125	92
orquidea.....	68
ORSERDU	22, 23
oseltamivir phosphate	17
OSPOMYV	63
oxacillin sodium.....	20
oxaliplatin	21
oxaprozin	9
oxcarbazepine.....	52
oxybutynin chloride	76
oxycodone hcl	11
oxycodone w/ acetaminophen tab 10- 325 mg	11
oxycodone w/ acetaminophen tab 2.5- 325 mg	11
oxycodone w/ acetaminophen tab 5-325 mg	11
oxycodone w/ acetaminophen tab 7.5- 325 mg	11
OXYCONTIN.....	10
OZEMPIC (0.25 OR 0.5MG/DOSE)	61

OZEMPIC (1MG/DOSE)	61
OZEMPIC (2MG/DOSE)	61

P

<i>pacerone</i>	37
<i>paclitaxel</i>	24
<i>paclitaxel inj 100mg</i>	24
<i>paliperidone</i>	49
<i>pamidronate disodium</i>	63
PAMIDRONATE DISODIUM	63
PANRETIN.....	98
<i>pantoprazole sodium</i>	76
PANZYGA.....	82
<i>paricalcitol</i>	73
<i>paroxetine hcl</i>	44, 45
PAXLOVID PAK	17
PAXLOVID TAB 150-100	17
PAXLOVID TAB 300-100	17
<i>pazopanib hcl</i>	30
PEDIARIX INJ 0.5ML.....	84
PEDVAX HIB	84
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	74
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	75
PEGASYS	17
PEMAZYRE	30
<i>pemetrexed disodium</i>	22
PENBRAYA INJ.....	84
<i>penicillamine</i>	64
<i>penicillin g potassium</i>	20
<i>penicillin g sodium</i>	20
<i>penicillin v potassium</i>	20
PENMENVY INJ	84
PENTACEL INJ	84
<i>pentamidine isethionate inh</i>	12
<i>pentamidine isethionate inj</i>	12
<i>pentoxifylline</i>	78
<i>perampanel</i>	52
<i>perindopril erbumine</i>	34
<i>perio gard</i>	98
<i>permethrin</i>	98
<i>perphenazine</i>	49
<i>pfizerpen</i>	20
<i>phenelzine sulfate</i>	45

<i>phenobarbital</i>	52
<i>phenobarbital sodium</i>	53
<i>phenytek</i>	53
<i>phenytoin</i>	53
<i>phenytoin sodium</i>	53
<i>phenytoin sodium extended</i>	53
PHESGO SOL	30
<i>philith</i>	68
PIFELTRO	15
<i>pilocarpine hcl</i>	89
<i>pilocarpine hcl (oral)</i>	98
<i>pimecrolimus</i>	98
<i>pimozide</i>	49
<i>pimtrea</i>	68
<i>pindolol</i>	39
<i>pioglitazone hcl</i>	61
<i>pioglitazone hcl-metformin hcl tab 15- 500 mg</i>	61
<i>pioglitazone hcl-metformin hcl tab 15- 850 mg</i>	61
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	20
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	20
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	20
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	20
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	20
PIQRAY 200MG DAILY DOSE	30
PIQRAY 250MG TAB DOSE	30
PIQRAY 300MG DAILY DOSE	30
<i>pirfenidone</i>	92
<i>piroxicam</i>	9
<i>pitavastatin calcium</i>	37
<i>plenamine</i>	87
PLENVU SOL	75
<i>podofilox</i>	98
<i>polymyxin b sulfate</i>	12
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	88
POMALYST.....	23
<i>portia-28</i>	68

<i>posaconazole</i>	13
POT CHL 20MEQ/L IN NACL 0.45% INJ	86
POT CHL 20MEQ/L IN NACL 0.9% INJ	85
POT CHL 40MEQ/L IN NACL 0.9% INJ	86
<i>potassium chloride</i>	86
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	86
<i>potassium chloride microencapsulated crystals er</i>	86
<i>potassium citrate (alkalinizer)</i>	76
<i>pramipexole dihydrochloride</i>	46
<i>prasugrel hcl</i>	78
<i>pravastatin sodium</i>	37
<i>praziquantel</i>	12
<i>prazosin hcl</i>	35
<i>prednisolone</i>	70
<i>prednisolone acetate (ophth)</i>	88
PREDNISOLONE SODIUM PHOSP	88
<i>prednisolone sodium phosphate</i>	70
<i>prednisone</i>	70
PREDNISON INTENSOL	70
<i>pregabalin</i>	53
PREMASOL SOL 10%	87
PRENATAL TAB 27-1MG	86
PRENATAL TAB PLUS	86
<i>prevalite</i>	38
PREVYMIS	17
PREZCOBIX TAB 675/150	16
PREZCOBIX TAB 800-150	16
PREZISTA	15
PRIFTIN	16
<i>primaquine phosphate</i>	14
PRIMAQUINE PHOSPHATE	14
<i>primidone</i>	53
PRIORIX INJ	84
PRIVIGEN	82
<i>probenecid</i>	9
<i>prochlorperazine</i>	73
<i>prochlorperazine edisylate</i>	73
<i>prochlorperazine maleate</i>	73
PROCRIT	78
<i>proctocort</i>	98
<i>procto-med hc</i>	98

<i>proctosol hc</i>	98
<i>proctozone-hc</i>	98
<i>progesterone</i>	72
PROGRAF	83
PROLASTIN-C	92
PROLIA	63
<i>promethazine hcl</i>	73
<i>propafenone hcl</i>	37
<i>proparacaine hcl</i>	89
<i>propranolol hcl</i>	39
<i>propylthiouracil</i>	72
PROQUAD INJ	84
PROSOL INJ 20%	87
<i>protriptyline hcl</i>	45
PULMOZYME	92
<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	57
<i>pyrimethamine</i>	12
PYZCHIVA	80

Q

QINLOCK	30
QUADRACEL INJ 0.5ML	84
<i>quetiapine fumarate</i>	49
<i>quinapril hcl</i>	34
<i>quinidine sulfate</i>	37
<i>quinine sulfate</i>	14
QULIPTA	57

R

RABAVERT INJ	84
<i>rabeprazole sodium</i>	76
RALDESY	45
<i>raloxifene hcl</i>	71
<i>ramelteon</i>	56
<i>ramipril</i>	34
<i>ranolazine</i>	41
<i>rasagiline mesylate</i>	46
<i>reclipsen</i>	68
RECOMBIVAX HB	84
RELENZA DISKHALER	17
RELISTOR	75
REMICADE	80
RENFLEXIS	80
<i>repaglinide</i>	61
REPATHA	38

REPATHA SURECLICK	38
RESTASIS.....	89
RESTASIS MULTIDOSE	89
RETEVMO	30
REVCIVI	71
REVUFORJ	30
REXULTI.....	49
REYATAZ	15
REZDIFFRA	71
REZLIDHIA	30
REZUROCK	83
RHOPRESSA.....	89
<i>ribavirin (hepatitis c)</i>	17
<i>rifabutin</i>	16
<i>rifampin</i>	16
<i>riluzole</i>	57
<i>rimantadine hydrochloride</i>	17
RINVOQ	80
RINVOQ LQ.....	80
<i>risedronate sodium</i>	63
<i>risperidone</i>	49
<i>risperidone microspheres</i>	49
<i>ritonavir</i>	15
<i>rivaroxaban</i>	77
<i>rivastigmine</i>	43
<i>rivastigmine tartrate</i>	43
<i>rivelsa</i>	68
<i>rizatriptan benzoate</i>	57
ROCKLATAN DRO.....	89
<i>roflumilast</i>	92
ROMVIMZA	30
<i>ropinirole hydrochloride</i>	46
<i>rosuvastatin calcium</i>	37
<i>rosyrah</i>	68
ROTARIX SUS	84
ROTATEQ SOL.....	84
<i>roweepra</i>	53
ROZLYTREK	31
RUBRACA	31
<i>rufinamide</i>	53
RUKOBIA.....	15
RYBELSUS	61
RYDAPT	31

S	
<i>sacubitril-valsartan tab 24-26 mg</i>	36
<i>sacubitril-valsartan tab 49-51 mg</i>	36
<i>sacubitril-valsartan tab 97-103 mg</i> ...	36
<i>sajazir</i>	78
SANTYL.....	98
<i>sapropterin dihydrochloride</i>	72
SCEMBLIX	31
<i>scopolamine</i>	73
SECUADO	49
<i>selegiline hcl</i>	46
<i>selenium sulfide</i>	95
SELZENTRY	15
SEREVENT DISKUS	91
<i>sertraline hcl</i>	45
<i>setlakin</i>	68
<i>sharobel</i>	68
SHINGRIX	84
SIGNIFOR.....	72
SIKLOS	78
<i>sildenafil citrate (pulmonary hypertension)</i>	42
<i>silodosin</i>	76
<i>silver sulfadiazine</i>	95
SIMBRINZA SUS 1-0.2%	89
<i>simliya</i>	68
<i>simpeesse</i>	68
<i>simvastatin</i>	37
<i>sirolimus</i>	83
SIRTURO	16
SKYRIZI	80
SKYRIZI PEN.....	80
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	75
<i>sodium chloride</i>	86
<i>sodium chloride (gu irrigant)</i>	98
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	86
<i>sodium oxybate</i>	59
<i>sodium phenylbutyrate</i>	72
<i>sodium polystyrene sulfonate</i>	64
<i>sodium polystyrene sulfonate powder</i>	64
<i>solifenacin succinate</i>	77
SOLQUA INJ 100/33	63

SOLTAMOX	23
SOLU-CORTEF	70
SOMATULINE DEPOT	72
SOMAVERT	72
<i>sorafenib tosylate</i>	31
<i>sotalol hcl</i>	37
<i>sotalol hcl (afib/afl)</i>	37
SOTYKTU	80
SPIRIVA RESPIMAT	90
<i>spironolactone</i>	34
<i>spironolactone & hydrochlorothiazide</i> <i>tab 25-25 mg</i>	40
<i>sprintec 28</i>	68
SPRITAM	53
<i>sps</i>	64
<i>sps rectal</i>	64
<i>sronyx</i>	68
<i>ssd</i>	95
STELARA	80
STIVARGA	31
<i>streptomycin sulfate</i>	12
STRIBILD TAB	16
<i>subvenite</i>	53
SUBVENITE	53
<i>sucralfate</i>	75
<i>sulfacetamide sodium (acne)</i>	94
<i>sulfacetamide sodium (ophth)</i>	88
<i>sulfacetamide sodium-prednisolone</i> <i>ophth soln 10-0.23(0.25)%</i>	87
<i>sulfadiazine</i>	12
<i>sulfamethoxazole-trimethoprim iv soln</i> <i>400-80 mg/5ml</i>	12
<i>sulfamethoxazole-trimethoprim susp</i> <i>200-40 mg/5ml</i>	13
<i>sulfamethoxazole-trimethoprim tab</i> <i>400-80 mg</i>	13
<i>sulfamethoxazole-trimethoprim tab</i> <i>800-160 mg</i>	13
SULFAMYLON	95
<i>sulfasalazine</i>	74
<i>sulindac</i>	9
<i>sumatriptan</i>	57
<i>sumatriptan succinate</i>	57
<i>sunitinib malate</i>	31

SUNLENCA	15
<i>syeda</i>	68
SYMDEKO TAB 100-150	92
SYMDEKO TAB 50-75MG	92
SYMPAZAN	53
SYMTUZA TAB	16
SYNAREL	72
SYNTHROID	73
T	
TABLOID	22
TABRECTA	31
<i>tacrolimus</i>	83
<i>tacrolimus (topical)</i>	98
<i>tadalafil</i>	76
<i>tadalafil (pulmonary hypertension)</i>	42
TAFINLAR	31
TAGRISSO	31
TALZENNA	31
<i>tamoxifen citrate</i>	23
<i>tamsulosin hcl</i>	76
<i>tarina 24 fe</i>	68
<i>tarina fe 1/20 eq</i>	68
<i>tasimelteon</i>	56
TAVNEOS	78
<i>tazarotene</i>	96
<i>tazicef</i>	18
TAZVERIK	31
TECENTRIQ	31
TECENTRIQ INJ HYBREZA	31
TEFLARO	18
<i>telmisartan</i>	36
<i>telmisartan-amlodipine tab 40-10 mg</i>	36
<i>telmisartan-amlodipine tab 40-5 mg</i>	36
<i>telmisartan-amlodipine tab 80-10 mg</i>	36
<i>telmisartan-amlodipine tab 80-5 mg</i>	36
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	36
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i>	36
<i>telmisartan-hydrochlorothiazide tab 80-</i> <i>25 mg</i>	36
<i>temazepam</i>	56
TENIVAC INJ 5-2LF	84
<i>tenofovir disoproxil fumarate</i>	15

TEPMETKO	31
terazosin hcl	35
terbinafine hcl	14
terbutaline sulfate.....	91
terconazole vaginal	77
teriparatide.....	63
TERIPARATIDE	64
testosterone	60
testosterone cypionate	60
testosterone enanthate.....	60
testosterone pump.....	60
tetrabenazine.....	57, 58
tetracycline hcl.....	20
THALOMID	23
theophylline	92
thioridazine hcl.....	49
thiothixene	49
tiadylt er	39
tiagabine hcl	53
TIBSOVO	31
ticagrelor.....	79
TICOVAC	84
tigecycline	20
tilia fe	68
timolol maleate	39
timolol maleate (ophth)	89
tinidazole	13
TIVICAY	15
TIVICAY PD.....	15
tizanidine hcl.....	59
TOBI PODHALER.....	13
TOBRADEX OIN 0.3-0.1%	87
tobramycin	13
tobramycin (ophth).....	88
tobramycin sulfate	13
tobramycin-dexamethasone ophth susp 0.3-0.1%.....	87
tolterodine tartrate	77
tolvaptan	72
tolvaptan tab therapy pack 30 & 15 mg	72
tolvaptan tab therapy pack 45 & 15 mg	72

tolvaptan tab therapy pack 60 & 30 mg	72
tolvaptan tab therapy pack 90 & 30 mg	72
topiramate	53
toremifene citrate	23
torpenz	32
torseamide.....	40
TOUJEO MAX SOLOSTAR.....	63
TOUJEO SOLOSTAR.....	63
TPN ELECTROL INJ.....	86
TRADJENTA	61
tramadol hcl	11
tramadol-acetaminophen tab 37.5-325 mg	11
trandolapril.....	34
tranexamic acid.....	78
tranylcypromine sulfate	45
TRAVASOL INJ 10%	87
travoprost	89
TRAZIMERA	32
trazodone hcl	45
TRELEGY AER ELLIPTA 100-62.5-25 MCG	90
TRELEGY AER ELLIPTA 200-62.5-25 MCG	90
TREMFYA.....	80, 81
TREMFYA INDUCTION PACK FO.....	81
TREMFYA PEN	81
treprostinil.....	42
tretinoin	95
tretinoin (chemotherapy).....	24
triamcinolone acetonide (mouth)	98
triamcinolone acetonide (topical)	97
triamterene & hydrochlorothiazide cap 37.5-25 mg.....	40
triamterene & hydrochlorothiazide tab 37.5-25 mg.....	40
triamterene & hydrochlorothiazide tab 75-50 mg	40
tridacaine ii.....	97
triderm	97
trientine hcl	64
tri-estarylla.....	68

<i>trifluoperazine hcl</i>	49
<i>trifluridine</i>	88
<i>trihexyphenidyl hcl</i>	46
TRIJARDY XR TAB ER 24HR 10-5- 1000MG.....	61
TRIJARDY XR TAB ER 24HR 12.5-2.5- 1000MG.....	61
TRIJARDY XR TAB ER 24HR 25-5- 1000MG.....	61
TRIJARDY XR TAB ER 24HR 5-2.5- 1000MG.....	61
TRIKAFTA PAK 59.5MG	92
TRIKAFTA PAK 75MG.....	92
TRIKAFTA TAB 100-50-75MG & 150MG	93
TRIKAFTA TAB 50-25-37.5MG & 75MG	93
<i>tri-legest fe</i>	68
<i>tri-linyah</i>	68
<i>tri-lo-estarylla</i>	68
<i>tri-lo-marzia</i>	68
<i>tri-lo-mili</i>	68
<i>tri-lo-sprintec</i>	68
<i>trimethoprim</i>	13
<i>tri-mili</i>	68
<i>trimipramine maleate</i>	45
TRINTELLIX	45
<i>tri-sprintec</i>	68
TRIUMEQ PD TAB.....	16
TRIUMEQ TAB	16
<i>tri-vylibra</i>	68
<i>tri-vylibra lo</i>	68
TROGARZO	15
TROPHAMINE INJ 10%	87
<i>trospium chloride</i>	77
TRUE METRIX KIT AIR	99
TRUE METRIX KIT METER.....	99
TRUE METRIX STRIPS.....	99
TRULICITY	61
TRUMENBA	84
TRUQAP	32
TRUXIMA	32
TUKYSA.....	32
TURALIO	32

<i>turqoz</i>	69
<i>twice-daily clindamycin phosphate (topical)</i>	95
TWINRIX INJ.....	84
TYBOST.....	15
<i>tydemy</i>	69
TYENNE.....	81
TYPHIM VI	84
U	
UBRELVI	57
<i>unithroid</i>	73
UPTRAVI	42
UPTRAVI PACK TAB 200/800	42
<i>ursodiol</i>	75
USTEKINUMAB	81
V	
<i>valacyclovir hcl</i>	17
VALCHLOR.....	98
<i>valganciclovir hcl</i>	17
<i>valproate sodium</i>	53, 54
<i>valproic acid</i>	54
<i>valsartan</i>	36
<i>valsartan-hydrochlorothiazide tab 160- 12.5 mg</i>	36
<i>valsartan-hydrochlorothiazide tab 160- 25 mg</i>	36
<i>valsartan-hydrochlorothiazide tab 320- 12.5 mg</i>	36
<i>valsartan-hydrochlorothiazide tab 320- 25 mg</i>	36
<i>valsartan-hydrochlorothiazide tab 80- 12.5 mg</i>	36
VALTOCO 10 MG DOSE.....	54
VALTOCO 15 MG DOSE.....	54
VALTOCO 20 MG DOSE.....	54
VALTOCO 5 MG DOSE	54
<i>valtya 1/35</i>	69
<i>valtya 1/50</i>	69
<i>vancomycin hcl</i>	13
VANCOMYCIN INJ 1 GM	13
VANCOMYCIN INJ 500MG.....	13
VANCOMYCIN INJ 750MG.....	13
VANFLYTA	32
VAQTA	84

varenicline tartrate60
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack60
 VARIVAX84
 VASCEPA38
 VAXCHORA SUS84
velivet.....69
 VELSIPTY81
 VENCLEXTA32
 VENCLEXTA TAB START PK32
venlafaxine hcl45
 VENTOLIN HFA91
 VENTOLIN HFA (INSTITUTIONAL PACK)91
verapamil hcl 39, 40
 VERQUVO41
 VERSACLOZ49
 VERZENIO32
vestura69
vienva.....69
vigabatrin54
vigadrone54
 VIGAFYDE.....54
vilazodone hcl45
 VIMKUNYA.....84
vincristine sulfate24
vinorelbine tartrate24
viorele69
 VIRACEPT15
 VIREAD15
 VITRAKVI32
 VIVIMUSTA.....21
 VIVITROL60
 VIVOTIF CAP EC84
 VIZIMPRO.....32
 VONJO32
 VOQUEZNA PAK DUAL PAK.....75
 VOQUEZNA PAK TRIP PK.....75
 VORANIGO32
voriconazole14
 VOSEVI TAB.....17
 VOWST CAP75
 VRAYLAR 49, 50
vyfemla69

vylibra69
 VYZULTA89
W
warfarin sodium77
water for irrigation, sterile irrigation soln98
 WELIREG.....24
wera69
 WESTAB PLUS TAB 27-1MG.....86
 WINREVAIR42
 WINREVAIR INJ 45MG42
 WINREVAIR INJ 60MG42
wixela inhub94
wymzya fe.....69
 WYOST64
X
 XALKORI32
xarah fe69
 XARELTO.....77
 XARELTO STAR TAB 15/20MG77
 XATMEP81
 XCOPRI54
 XCOPRI PAK 100-15054
 XCOPRI PAK 12.5-25.....54
 XCOPRI PAK 150-200MG (MAINTENANCE).....54
 XCOPRI PAK 150-200MG (TITRATION)54
 XCOPRI PAK 50-100MG54
 XDEMVY88
 XELJANZ81
 XELJANZ XR.....81
xelria fe69
 XERMELO75
 XHANCE93
 XIFAXAN75
 XIGDUO XR TAB 10-100062
 XIGDUO XR TAB 10-500MG.....61
 XIGDUO XR TAB 2.5-100061
 XIGDUO XR TAB 5-1000MG.....61
 XIGDUO XR TAB 5-500MG61
 XIIDRA89
 XOLAIR93
 XOSPATA.....33

XPOVIO PAK (100 MG ONCE WEEKLY)	33
XPOVIO PAK (40 MG ONCE WEEKLY)	33
XPOVIO PAK (40 MG TWICE WEEKLY)	33
XPOVIO PAK (60 MG ONCE WEEKLY)	33
XPOVIO PAK (60 MG TWICE WEEKLY)	33
XPOVIO PAK (80 MG ONCE WEEKLY)	33
XPOVIO PAK (80 MG TWICE WEEKLY)	33
XTANDI	23
XTRENBO	64
<i>xulane</i>	69
XULTOPHY INJ 100/3.6	63

Y

YESINTEK	81
YF-VAX INJ	84
YONSA	23
YUTREPIA	42
<i>yuvaferm</i>	70

Z

<i>zafemy</i>	69
<i>zafirlukast</i>	91
ZARXIO	78
ZEGALOGUE	70
ZEJULA	33
ZELBORAF	33
<i>zelvysia</i>	72
ZEMAIRA	93
<i>zenatane</i>	95
ZENPEP CAP 10000UNT	75

ZENPEP CAP 15000UNT	75
ZENPEP CAP 20000UNT	75
ZENPEP CAP 25000UNT	76
ZENPEP CAP 3000UNIT	75
ZENPEP CAP 40000UNT	76
ZENPEP CAP 5000UNIT	75
ZENPEP CAP 60000UNT	76
ZERVIAE	88
<i>zidovudine</i>	15
<i>ziprasidone hcl</i>	50
<i>ziprasidone mesylate</i>	50
ZIRABEV	33
ZIRGAN	88
<i>zoledronic acid</i>	64
ZOLINZA	33
<i>zolpidem tartrate</i>	56
ZONISADE	54
<i>zonisamide</i>	54
<i>zovia 1/35</i>	69
ZTALMY	54
<i>zumandimine</i>	69
ZURZUVAE	45
ZYDELIG	33
ZYKADIA	33
ZYLET SUS 0.5-0.3%	87
ZYPITAMAG	37
ZYPREXA RELPREVV	50

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.

Michigan Members Only

Molina Healthcare is a D-SNP plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

[For Notice of Availability click here.](#)

This formulary was updated on 04/01/2026.

For more recent information or other questions, please contact Molina Medicare Complete Care, Molina Medicare Complete Care Select, Molina Medicare Choice Care Member Service at (800) 665-3086 (TTY users should call 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.