



Molina Medicare Choice Care Plus (HMO)

2023 Formulary/Formulario

(List of Covered Drugs) / (Lista de Medicamentos Cubiertos)

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

HPMS Approved Formulary File Submission ID, 00023251 Version Number 18

This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Molina Medicare Choice Care Plus Member Service at (800) 665-3086 (TTY users should call 711), October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

- **Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
- **Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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

Identificación de Presentación del Archivo del Formulario Aprobado de HPMS, 00023251 Versión Número de Versión 18

Este formulario se actualizó el 12/01/2023. Para obtener información más reciente u otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Choice Care Plus (800) 665-3086 (los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local; o visite MolinaHealthcare.com/Medicare.

- **Mensaje Importante Acerca de lo que Usted Paga por Vacunas** - Nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no ha pagado su deducible. Llame a Servicios para Miembros para obtener más información.
- **Mensaje Importante Acerca de lo que Usted Paga por Insulina** - No pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente de la categoría de costo compartido que tenga, incluso si no ha pagado su deducible.

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 Choice Care Plus.

This document includes list of the drugs (formulary) for our plan which is current as of 12/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Molina Healthcare Formulary?

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

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Choice Care Plus’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Molina Healthcare. When it refers to “plan” or “our plan,” it means Molina Medicare Choice Care Plus’s Formulary?”

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

The enclosed formulary is current as of 12/01/2023. 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 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

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

What are generic drugs?

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 30 tablets per 30 days per prescription for esomeprazole 40 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document 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 Healthcare. When it refers to "plan" or "our plan," it means Molina Medicare Choice Care Plus's formulary?" on page iv 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 (that is, the cost of the OTC drugs does not count for the coverage gap).

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 him or her 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 Choice Care Plus'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 cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

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>.

Our Plan's 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 75.

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

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

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

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

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

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

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

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

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

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

SI = Select Insulins

Nota para los miembros actuales: este formulario se ha modificado desde el año pasado. Revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros” o “nuestro”, significa Molina Healthcare. Cuando se refiere a “el plan” o “nuestro plan”, se refiere a Molina Medicare Choice Care Plus.

Este documento incluye una Lista de Medicamentos (formulario) para nuestro plan, que está vigente a partir del 12/01/2023. Para recibir una versión actualizada del formulario, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Por lo general, debe utilizar farmacias de la red para usar su beneficio de medicamentos recetados. Los beneficios, el formulario, la red de farmacias, los copagos o los coseguros pueden cambiar el 1 de enero de 2023 y de vez en cuando durante el año.

¿Qué es el Formulario de Molina Healthcare?

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

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

¿Puede cambiar el formulario (Lista de Medicamentos)?

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

Cambios que pueden afectarlo este año: en los casos que se indican a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar de inmediato un medicamento de marca registrada de nuestra Lista de Medicamentos si lo reemplazamos por un nuevo medicamento genérico que aparecerá en la misma categoría de costo compartido o en una categoría inferior, y con las mismas o menos restricciones. Además, si agregamos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca registrada en nuestra Lista de Medicamentos, pero inmediatamente pasarlo a una categoría de costo compartido diferente o agregar nuevas restricciones. Si usted está tomando el medicamento de marca registrada, es posible que no le avisemos antes de realizar ese cambio, pero luego le proporcionaremos información sobre los cambios específicos que realizamos.
 - Si llevamos a cabo ese cambio, usted o el recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. En el aviso que le proporcionamos, también se incluirá información sobre cómo solicitar una excepción. Además, puede encontrar información en la sección a continuación titulada “¿Cómo solicito

una excepción a Molina Healthcare. Cuando se refiere a “el plan” o “nuestro plan”, se refiere al Formulario de Molina Medicare Choice Care Plus?”

- **Medicamentos retirados del mercado.** Además, si la Administración de Alimentos y Medicamentos considera que un medicamento de nuestro formulario no es seguro, o si el fabricante del medicamento retira el medicamento del mercado, podemos eliminarlo inmediatamente de nuestro formulario y notificar a los miembros que lo toman.
- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que están tomando el medicamento. Por ejemplo, podríamos agregar un medicamento genérico que no es nuevo en el mercado para reemplazar un medicamento de marca registrada que esté actualmente en el formulario o agregar nuevas restricciones al medicamento de marca registrada, o cambiarlo a una nueva categoría de costo compartido, o ambos. O podemos hacer cambios según las nuevas pautas clínicas. Si retiramos medicamentos de nuestro formulario o agregamos restricciones de autorización previa, límites de cantidad o terapia progresiva para un medicamento, o si movemos un medicamento a una categoría de costo compartido más alta, debemos notificar a los miembros afectados sobre el cambio al menos 30 días antes de que el cambio entre en vigor o cuando el miembro solicite una renovación del medicamento, momento en el cual el miembro recibirá un suministro de 31 días del medicamento.
 - Si realizamos estos otros cambios, usted o su recetador pueden solicitarnos hacer una excepción y continuar con la cobertura de su medicamento de marca registrada. En el aviso que le proporcionamos, también se incluirá información sobre cómo solicitar una excepción. Además, puede encontrar información en la sección a continuación titulada “¿Cómo solicito una excepción al Formulario de Molina Healthcare. Cuando se refiere a “el plan” o “nuestro plan”, se refiere al Formulario de Molina Medicare Choice Care Plus?”

Cambios que no lo afectarán si está tomando el medicamento. Por lo general, si está tomando un medicamento de nuestro formulario para el 2023 que estaba cubierto al principio del año, no reduciremos ni dejaremos de ofrecer la cobertura de ese medicamento durante el año de cobertura 2023, excepto según lo descrito anteriormente. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que los tomen durante el resto del año de cobertura. Este año no se le notificarán directamente sobre los cambios que no lo afecten. Sin embargo, el 1.º de enero del año siguiente, dichos cambios lo afectarán, y es importante revisar la Lista de Medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto está vigente a partir del 12/01/2023. Para obtener información actualizada sobre los medicamentos que our plan cubre, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo uso el formulario?

Hay dos maneras de encontrar un medicamento en el formulario:

Enfermedad

El formulario comienza en la página 1. Los medicamentos de este formulario se agrupan en categorías según el tipo de enfermedades que tratan normalmente. Por ejemplo, los medicamentos que se utilizan para tratar una enfermedad cardíaca se enumeran en la categoría Cardiovascular. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la page number. Luego, busque en el nombre de la categoría que corresponda a su medicamento.

Orden alfabético

Si no está seguro de en qué categoría debe buscar, busque su medicamento en el Índice que comienza en la página 75. En el Índice, se proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca registrada como los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información sobre la cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

- **Autorización Previa:** Our plan requiere que usted o su médico obtenga una autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de our plan antes de surtir sus recetas médicas. Si no recibe la aprobación, es posible que our plan no cubra el medicamento.
- **Límites de Cantidad:** en el caso de ciertos medicamentos, our plan limita la cantidad de medicamento que our plan cubrirá. Por ejemplo, our plan proporciona 30 tablets per 30 days por receta médica de esomeprazole 40 mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.
- **Terapia Progresiva:** en algunos casos, our plan requiere que primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para dicha afección. Por ejemplo, si tanto el Medicamento A como el Medicamento B tratan su afección médica, es posible que our plan no cubra el Medicamento B, a menos que pruebe primero el Medicamento A. Si el Medicamento A no funciona para usted, entonces our plan cubrirá el Medicamento B.

Puede ver si su medicamento tiene requisitos o límites adicionales si consulta el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos visitando nuestro sitio web. Publicamos a document en línea que explica nuestras prior authorization and step therapy restrictions. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

Puede solicitar a our plan que haga una excepción a estas restricciones o límites, o que haga una excepción para una lista de otros medicamentos similares que puedan tratar su afección. Consulte la sección “Cómo solicito una excepción a Molina Healthcare. Cuando se refiere a “plan” o “nuestro plan”, significa el formulario de Molina Medicare Choice Care Plus?” en la página ix obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos OTC son medicamentos no recetados que normalmente no están cubiertos por un Plan de Medicamentos Recetados de Medicare. Our plan paga por ciertos medicamentos OTC. Our plan le proporcionará estos medicamentos OTC sin costo alguno. El costo para our plan de estos medicamentos OTC no se tendrá en cuenta para los costos totales de los medicamentos Parte D (es decir, el costo de los medicamentos OTC no se tiene en cuenta para la brecha en cobertura).

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

Si su medicamento no está incluido en este formulario (Lista de Medicamentos Cubiertos), primero debe comunicarse con los Servicios para Miembros y preguntar si su medicamento está cubierto.

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

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

¿Cómo solicito una excepción al Formulario de Molina Medicare Choice Care Plus?

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

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

Por lo general, our plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, the lower cost-sharing drug o las restricciones de utilización adicionales son menos eficaces para tratar su afección o tienen efectos médicos adversos en usted.

Debe comunicarse con nosotros a fin de solicitar una decisión de cobertura inicial para un formulario, tier o una excepción de restricción de utilización. **Cuando solicite una excepción para un formulario, tier o una restricción de utilización, debe enviar una declaración de su recetador o de un médico que respalde su solicitud.** Por lo general, debemos tomar nuestra decisión dentro de las 72 horas siguientes a la

obtención de la declaración de respaldo de su recetador. Puede solicitar una apelación acelerada (rápida) si usted o su doctor creen que su salud se podría ver gravemente perjudicada si espera hasta 72 horas para recibir la decisión. Si se acepta su solicitud acelerada, deberemos comunicarle nuestra decisión en un plazo no superior a 24 horas después de haber recibido una declaración de respaldo de su doctor u otro recetador.

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

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

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

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

Para obtener más información

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

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

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

El Formulario de Our Plan

El formulario below proporciona información de cobertura respecto a los medicamentos cubiertos por our plan. Si tiene problemas para encontrar el medicamento en la lista, consulte el Índice que comienza en la página 75.

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

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

PA = Autorización Previa (Prior Authorization) (aprobación): debe obtener una aprobación para recibir este medicamento.

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

ST = criterios de terapia progresiva (step therapy criteria): debe probar otro medicamento antes de obtener este.

NM = pedido sin envío (non-mail order): este medicamento no se puede adquirir por correo.

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

LA = medicamento de acceso limitado (limited access drug): es posible que este medicamento solo esté disponible en algunas farmacias.

(*) = medicamentos no incluidos en la parte D o elementos OTC cubiertos por Medicaid.

NDS (non-extended days supply) = SSED (suministro sin extensión de días): se limitará la cantidad de días de suministro que puede recibir.

SI = Insulinas Seleccionadas

MOLINA_CY23_6T_STND eff 12/01/2023

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> TABS .6mg	2	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	

NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	
<i>diflunisal</i> TABS 500mg	2	
<i>ec-naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	
<i>flurbiprofen</i> TABS 100mg	2	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml	2	
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	2	QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	
<i>piroxicam</i> CAPS 10mg, 20mg	2	
<i>sulindac</i> TABS 150mg, 200mg	2	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	2	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	2	QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	3	QL (60 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	2	QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	NDS, QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 20mg/ml	2	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	QL (180 tabs / 30 days)
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	4	B/D
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	4	
<i>oxycodone hcl</i> CAPS 5mg	2	QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	QL (180 mL / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	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)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES

ANTI-INFECTIVES - MISCELLANEOUS

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

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in saline inj 1 mg/ml</i>	2	
<i>gentamicin in saline inj 1.2 mg/ml</i>	2	
<i>gentamicin in saline inj 1.6 mg/ml</i>	2	
<i>gentamicin in saline inj 2 mg/ml</i>	2	
<i>gentamicin sulfate SOLN 10mg/ml, 40mg/ml</i>	2	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	2	
<i>ivermectin TABS 3mg</i>	2	QL (12 tabs / 90 days), PA
<i>linezolid SOLN 600mg/300ml</i>	2	
<i>linezolid SUSR 100mg/5ml</i>	5	NDS, QL (1800 mL / 30 days)
<i>linezolid TABS 600mg</i>	2	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	
<i>meropenem SOLR 1gm, 500mg</i>	2	
<i>methenamine hippurate TABS 1gm</i>	2	
<i>metronidazole SOLN 500mg/100ml</i>	2	
<i>metronidazole TABS 250mg, 500mg</i>	1	
<i>neomycin sulfate TABS 500mg</i>	2	
<i>nitazoxanide TABS 500mg</i>	5	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal CAPS 50mg, 100mg</i>	3	
<i>nitrofurantoin monohyd macro CAPS 100mg</i>	3	
<i>paromomycin sulfate CAPS 250mg</i>	2	
<i>pentamidine isethionate inh SOLR 300mg</i>	2	B/D
<i>pentamidine isethionate inj SOLR 300mg</i>	2	
<i>praziquantel TABS 600mg</i>	2	
SIVEXTRO SOLR 200mg; TABS 200mg	5	NDS
<i>streptomycin sulfate SOLR 1gm</i>	2	
<i>sulfadiazine TABS 500mg</i>	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
<i>tobramycin NEBU 300mg/5ml</i>	5	NDS, NM, PA
<i>tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml</i>	2	
<i>trimethoprim TABS 100mg</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> CAPS 125mg	2	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	2	
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	2	B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	NDS, B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	
<i>flucytosine</i> CAPS 250mg, 500mg	5	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	
<i>itraconazole</i> CAPS 100mg	2	PA
<i>ketoconazole</i> TABS 200mg	2	PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	NDS
NOXAFIL SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>nystatin</i> TABS 500000unit	2	
<i>posaconazole</i> SUSP 40mg/ml	5	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg; SUSR 40mg/ml	5	NDS, PA
<i>voriconazole</i> TABS 50mg	2	QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	2	QL (120 tabs / 30 days), PA
ANTIMALARIALS		
<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	2	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>mefloquine hcl</i> TABS 250mg	2	
<i>primaquine phosphate</i> TABS 26.3mg	2	
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	PA
ANTI-RETROVIRAL AGENTS		
<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	NM
APTIVUS CAPS 250mg	5	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	NM
<i>darunavir</i> TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NDS, NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	NM
<i>emtricitabine</i> CAPS 200mg	2	NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, NM
FUZEON SOLR 90mg	5	NDS, NM
INTELENCE TABS 25mg	4	NM
ISENRESS CHEW 25mg	4	NM
ISENRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENRESS HD TABS 600mg	5	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NDS, NM
PREZISTA SUSP 100mg/ml	5	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	NDS, QL (240 tabs / 30 days), NM
PREZISTA TABS 600mg	5	NDS, QL (60 tabs / 30 days), NM
PREZISTA TABS 800mg	5	NDS, QL (30 tabs / 30 days), NM

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
REYATAZ PACK 50mg	5	NDS, NM
ritonavir TABS 100mg	2	NM
RUKOBIA TB12 600mg	5	NDS, NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NDS, NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NDS, NM, LA
tenofovir disoproxil fumarate TABS 300mg	2	NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NDS, NM
TIVICAY PD TBSO 5mg	5	NDS, NM
TROGARZO SOLN 200mg/1.33ml	5	NDS, NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NDS, NM
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	2	NM
BIKTARVY TAB 30-120-15 MG	5	NDS, NM
BIKTARVY TAB 50-200-25 MG	5	NDS, NM
CIMDUO TAB 300-300	5	NDS, NM
COMPLERA TAB	5	NDS, NM
DELSTRIGO TAB	5	NDS, NM
DESCOVY TAB 120-15MG	5	NDS, QL (30 tabs / 30 days), NM
DESCOVY TAB 200/25MG	5	NDS, QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NDS, NM
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	NDS, NM
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	NDS, NM
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	NDS, NM
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	NDS, QL (30 tabs / 30 days), NM
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	NDS, QL (30 tabs / 30 days), NM

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
EVOTAZ TAB 300-150	5	NDS, NM
GENVOYA TAB	5	NDS, NM
JULUCA TAB 50-25MG	5	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	NM
ODEFSEY TAB	5	NDS, NM
PREZCOBIX TAB 800-150	5	NDS, NM
STRIBILD TAB	5	NDS, NM
SYMTUZA TAB	5	NDS, NM
TRIUMEQ PD TAB	5	NDS, NM
TRIUMEQ TAB	5	NDS, NM
TRIZIVIR TAB	5	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	
<i>isoniazid SYRP 50mg/5ml</i>	2	
<i>isoniazid TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	
<i>rifabutin CAPS 150mg</i>	2	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir CAPS 200mg; TABS 400mg, 800mg</i>	1	
<i>acyclovir SUSP 200mg/5ml</i>	2	
<i>acyclovir sodium SOLN 50mg/ml</i>	2	B/D
<i>adefovir dipivoxil TABS 10mg</i>	5	NDS, NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM
<i>entecavir TABS .5mg, 1mg</i>	2	NM
EPCLUSA PAK 150-37.5	5	NDS, NM, PA
EPCLUSA PAK 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 200-50MG	5	NDS, NM, PA
EPCLUSA TAB 400-100	5	NDS, NM, PA
EPIVIR HBV SOLN 5mg/ml	4	NM
<i>famciclovir TABS 125mg, 250mg, 500mg</i>	2	
<i>ganciclovir sodium SOLR 500mg</i>	2	B/D
HARVONI PAK 33.75-150MG	5	NDS, NM, PA
HARVONI PAK 45-200MG	5	NDS, NM, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
HARVONI TAB 45-200MG	5	NDS, NM, PA
HARVONI TAB 90-400MG	5	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	NM
MAVYRET PAK 50-20MG	5	NDS, NM, PA
MAVYRET TAB 100-40MG	5	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	QL (1080 mL / year)
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	2	NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	2	
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	NDS
<i>valganciclovir hcl</i> TABS 450mg	2	
VEMLIDY TABS 25mg	5	NDS, NM
VOSEVI TAB	5	NDS, NM, PA
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	
CEFACLOER ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 10gm, 500mg	2	
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	
<i>cefprozime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	
<i>cephalexin</i> CAPS 250mg, 500mg	1	
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	
TEFLARO SOLR 400mg, 600mg	5	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	
DIFICID SUSR 40mg/ml; TABS 200mg	5	NDS
<i>e.e.s. 400</i> TABS 400mg	2	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocin stearate</i> TABS 250mg	2	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	
<i>erythromycin lactobionate</i> SOLR 500mg	2	
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin</i> 200 mg/100ml in d5w	2	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	2	
<i>ciprofloxacin hcl</i> TABS 100mg	2	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin</i> SOLN 25mg/ml	2	
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	2	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	2	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	2	
<i>moxifloxacin hcl</i> TABS 400mg	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 chew tab</i> 200-28.5 mg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	
<i>nafcillin sodium SOLR 10gm</i>	5	NDS
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	
<i>PEN GK/DEXTR INJ 40000/ML</i>	4	
<i>PEN GK/DEXTR INJ 60000/ML</i>	4	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	2	
<i>PENICILLIN G PROCAINE SUSP 600000unit/ml</i>	4	
<i>penicillin g sodium SOLR 5000000unit</i>	2	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg</i>	2	
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NDS, NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	2	PA
<i>tigecycline SOLR 50mg</i>	5	NDS
<i>TIGECYCLINE SOLR 50mg</i>	5	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
<i>BENDEKA SOLN 100mg/4ml</i>	5	NDS, B/D, NM, LA
<i>carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml</i>	2	B/D
<i>cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml</i>	2	B/D
<i>cyclophosphamide CAPS 25mg, 50mg</i>	2	B/D
<i>CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml</i>	5	NDS, B/D
<i>cyclophosphamide SOLR 1gm, 2gm, 500mg</i>	5	NDS, B/D
<i>CYCLOPHOSPHAMIDE TABS 25mg, 50mg</i>	4	B/D
<i>CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml</i>	5	NDS, B/D
<i>GLEOSTINE CAPS 10mg, 40mg</i>	4	NM
<i>GLEOSTINE CAPS 100mg</i>	5	NDS, NM
<i>LEUKERAN TABS 2mg</i>	4	
<i>oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml</i>	2	B/D
<i>oxaliplatin SOLR 50mg, 100mg</i>	5	NDS, B/D
<i>paraplatin SOLN 1000mg/100ml</i>	2	B/D

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	NDS, B/D
ELLEENCE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	NDS, B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	B/D
INQOVI TAB 35-100MG	5	NDS, NM, LA, PA
LONSURF TAB 15-6.14	5	NDS, NM, LA, PA
LONSURF TAB 20-8.19	5	NDS, NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	B/D
ONUREG TABS 200mg, 300mg	5	NDS, NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
PURIXAN SUSP 2000mg/100ml	5	NDS, NM
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg, 500mg	5	NDS, NM, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
EMCYT CAPS 140mg	5	NDS
ERLEADA TABS 60mg, 240mg	5	NDS, NM, LA, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
<i>fulvestrant</i> SOSY 250mg/5ml	5	NDS, B/D
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	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, NM, LA, PA
ORGOVYX TABS 120mg	5	NDS, NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ORSERDU TABS 86mg, 345mg	5	NDS, NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	5	NDS
XTANDI CAPS 40mg; TABS 40mg, 80mg	5	NDS, NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg, 100mg	5	NDS, QL (28 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	NDS, QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	NDS, NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
KISQALI 200 PAK FEMARA	5	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	NDS, QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NDS, NM, LA
SYNRIBO SOLR 3.5mg	5	NDS, NM, PA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	2	B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	NDS, B/D

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	B/D
<i>paclitaxel protein-bound particles for iv susp</i> 100 mg	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, NM, LA, PA
ALUNBRIG TABS 30mg, 90mg, 180mg	5	NDS, NM, LA, PA
ALUNBRIG PAK	5	NDS, NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg, 4mg, 5mg	5	NDS, NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg, 3.5mg	5	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF TABS 100mg, 400mg, 500mg	5	NDS, NM, PA
BRAFTOVI CAPS 75mg	5	NDS, NM, LA, PA
BRUKINSA CAPS 80mg	5	NDS, NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
CALQUENCE CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg, 300mg	5	NDS, NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, NM, LA, PA
COTELLIC TABS 20mg	5	NDS, NM, LA, PA
DAURISMO TABS 25mg, 100mg	5	NDS, NM, LA, PA
ERIVEDGE CAPS 150mg	5	NDS, NM, LA, 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	5	NDS, QL (150 tabs / 30 days), NM, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus</i> TBSO 3mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	NDS, QL (60 tabs / 30 days), NM, PA
EXKIVITY CAPS 40mg	5	NDS, NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NDS, NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NDS, NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, NM, LA, PA
HERCEP HYLEC SOL 60-10000	5	NDS, NM, LA, PA
HERCEPTIN SOLR 150mg	5	NDS, NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NDS, NM, LA, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	NDS, QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	NDS, 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, LA, PA
IMBRUVICA CAPS 140mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	NDS, QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	NDS, NM, LA, PA
IRESSA TABS 250mg	5	NDS, NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
JAYPIRCA TABS 100mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	NDS, B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NDS, NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NDS, NM, LA, 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 600 DOSE TBPk 200mg	5	NDS, QL (63 tabs / 28 days), NM, PA
KRAZATI TABS 200mg	5	NDS, NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	NDS, QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	NDS, QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg, 100mg	5	NDS, NM, LA, PA
LUMAKRAS TABS 120mg, 320mg	5	NDS, NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI TBPk 4mg	5	NDS, NM, LA, PA
MEKINIST SOLR .05mg/ml; TABS .5mg, 2mg	5	NDS, NM, LA, PA
MEKTOVI TABS 15mg	5	NDS, NM, LA, PA
MONJUVI SOLR 200mg	5	NDS, NM, LA, PA
MVASI SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
NERLYNX TABS 40mg	5	NDS, NM, LA, PA
NEXAVAR TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, LA, 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 v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ODOMZO CAPS 200mg	5	NDS, NM, LA, PA
OGIVRI SOLR 150mg	5	NDS, NM, LA, PA
OGIVRI INJ 420MG	5	NDS, NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, LA, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, NM, LA, PA
PHESGO SOL	5	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPk 200mg	5	NDS, NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, NM, PA
PIQRAY 300MG DAILY DOSE TBPk 150mg	5	NDS, NM, PA
QINLOCK TABS 50mg	5	NDS, NM, LA, PA
RETEVMO CAPS 40mg, 80mg	5	NDS, NM, LA, PA
REZLIDHIA CAPS 150mg	5	NDS, NM, LA, PA
ROZLYTREK CAPS 100mg, 200mg	5	NDS, NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NDS, NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, NM, PA
STIVARGA TABS 40mg	5	NDS, NM, LA, 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, NM, PA
TAFINLAR CAPS 50mg, 75mg; TBSO 10mg	5	NDS, NM, LA, PA
TAGRISSO TABS 40mg, 80mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg, 150mg, 200mg	5	NDS, NM, PA
TAZVERIK TABS 200mg	5	NDS, NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, LA, PA
TEPMETKO TABS 225mg	5	NDS, NM, LA, PA
TIBSOVO TABS 250mg	5	NDS, NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUSELTIQ 50MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA
TRUSELTIQ 75MG DAILY DOSE CPPK 25mg	5	NDS, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ 100MG DAILY DOSE CPPK 100mg	5	NDS, LA, PA
TRUSELTIQ 125MG DAILY DOSE	5	NDS, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, NM, LA, PA
TURALIO CAPS 125mg, 200mg	5	NDS, NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	NDS, QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	5	NDS, NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, NM, LA, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
VOTRIENT TABS 200mg	5	NDS, NM, LA, PA
XALKORI CAPS 200mg, 250mg	5	NDS, NM, LA, PA
XOSPATA TABS 40mg	5	NDS, NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	NDS, QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	NDS, QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	NDS, QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	NDS, QL (8 tabs / 28 days), NM, LA, PA
ZEJULA CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
ZEJULA TABS 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	NDS, NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA CAPS 100mg	5	NDS, NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, NM, LA, PA
ZYKADIA TABS 150mg	5	NDS, NM, LA, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	2	B/D
<i>leucovorin calcium</i> TABS 5mg, 10mg, 15mg, 25mg	2	
MESNEX TABS 400mg	5	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	6	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<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>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<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>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	2	
<i>KERENDIA TABS 10mg, 20mg</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>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	2	
<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>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO TAB 24-26MG	3	
ENTRESTO TAB 49-51MG	3	
ENTRESTO TAB 97-103MG	3	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	6	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	6	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	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>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	6	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	6	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan</i> TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
<i>valsartan</i> TABS 320mg	1	QL (30 tabs / 30 days)
<i>ANTIARRHYTHMICS</i>		
<i>amiodarone hcl</i> SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg	2	
<i>amiodarone hcl</i> TABS 200mg	1	
<i>disopyramide phosphate</i> CAPS 100mg, 150mg	4	
<i>dofetilide</i> CAPS 125mcg, 250mcg, 500mcg	2	NM
<i>flecainide acetate</i> TABS 50mg, 100mg, 150mg	2	
MULTAQ TABS 400mg	4	
NORPACE CR CP12 100mg, 150mg	4	
<i>pacerone</i> TABS 100mg, 400mg	2	
<i>pacerone</i> TABS 200mg	1	
<i>propafenone hcl</i> CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	2	
<i>quinidine sulfate</i> TABS 200mg, 300mg	2	
<i>sorine</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl</i> TABS 80mg, 120mg, 160mg, 240mg	1	
<i>sotalol hcl (afib/af)</i> TABS 80mg, 120mg, 160mg	2	
<i>ANTILIPEMICS, FIBRATES</i>		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
<i>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</i>		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	6	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
<i>ANTILIPEMICS, MISCELLANEOUS</i>		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	2	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe</i> TABS 10mg	2	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
PRALUENT SOAJ 75mg/ml, 150mg/ml	3	NM, PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
VASCEPA CAPS .5gm, 1gm	4	
<i>BETA-BLOCKER/DIURETIC COMBINATIONS</i>		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	
<i>BETA-BLOCKERS</i>		
<i>acebutolol hcl</i> CAPS 200mg, 400mg	2	
<i>atenolol</i> TABS 25mg, 50mg, 100mg	1	
<i>bisoprolol fumarate</i> TABS 5mg, 10mg	1	
<i>carvedilol</i> TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
<i>labetalol hcl</i> TABS 100mg, 200mg, 300mg	2	
<i>metoprolol succinate</i> TB24 25mg, 50mg, 100mg, 200mg	1	
<i>metoprolol tartrate</i> SOLN 5mg/5ml	2	
<i>metoprolol tartrate</i> TABS 25mg, 50mg, 100mg	1	
<i>nadolol</i> TABS 20mg, 40mg, 80mg	2	
<i>nebivolol hcl</i> TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>nebivolol hcl</i> TABS 20mg	2	QL (60 tabs / 30 days)
<i>pindolol</i> TABS 5mg, 10mg	2	
<i>propranolol hcl</i> CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	2	
<i>timolol maleate</i> TABS 5mg, 10mg, 20mg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
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; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<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>nicardipine hcl</i> CAPS 20mg, 30mg	2	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	
<i>nimodipine</i> CAPS 30mg	2	
NYMALIZE SOLN 6mg/ml	5	NDS
<i>taztia xt</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	
<i>amiloride & hydrochlorothiazide tab</i> 5-50 mg	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	
<i>chlorthalidone</i> TABS 25mg, 50mg	2	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	2	
<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	2	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torsemide TABS 5mg, 10mg, 20mg, 100mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	4	
<i>aliskiren fumarate TABS 150mg, 300mg</i>	2	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	4	
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	
<i>digoxin TABS 125mcg, 250mcg</i>	2	QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	NDS, 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>	2	
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg</i>	2	
<i>metirosine CAPS 250mg</i>	5	NDS, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	
<i>minoxidil TABS 2.5mg, 10mg</i>	2	
<i>ranolazine TB12 500mg, 1000mg</i>	2	
VERQUVO TABS 2.5mg, 5mg, 10mg	3	
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
NITRO-BID OINT 2%	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>ambrisentan</i> TABS 5mg, 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan</i> TABS 62.5mg, 125mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	2	QL (360 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NDS, NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NDS, NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 10mg, 15mg	1	
<i>buspirone hcl</i> TABS 7.5mg, 30mg	2	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	2	
<i>lorazepam</i> CONC 2mg/ml	2	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 2mg/ml, 4mg/ml	2	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	2	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	2	QL (150 mL / 30 days)

ANTI-CONVULSANTS

APTOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	2	
CELONTIN CAPS 300mg	4	
<i>clobazam</i> SUSP 2.5mg/ml	2	QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TDBP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TDBP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	NDS, QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA if 65 years and older
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA if 65 years and older
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
DILANTIN CAPS 30mg, 100mg	4	
DILANTIN INFATABS CHEW 50mg	4	
DILANTIN-125 SUSP 125mg/5ml	4	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	2	
EPIDIOLEX SOLN 100mg/ml	5	NDS, QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	
<i>felbamate</i> SUSP 600mg/5ml	5	NDS
<i>felbamate</i> TABS 400mg, 600mg	2	
FINTEPLA SOLN 2.2mg/ml	5	NDS, QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	NDS, QL (720 mL / 30 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

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	5	NDS
<i>lacosamide</i> TABS 50mg	2	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	PA; PA if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	4	PA; PA if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	2	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	2	
<i>phenytoin sodium</i> SOLN 50mg/ml	2	
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	QL (900 mL / 30 days), PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<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	2	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)
<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	2	
<i>topiramate</i> CPSP 15mg, 25mg	2	
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	
<i>valproic acid</i> CAPS 250mg	2	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	4	
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	4	
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	4	
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	4	
<i>vigabatrin</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
VIMPAT SOLN 10mg/ml	5	NDS, QL (1200 mL / 30 days)
XCOPRI TABS 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)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

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

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	2	QL (30 tabs / 30 days), PA
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	3	
<i>doxepin hcl</i> CAPS 150mg	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	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	2	
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	
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	PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg	1	
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	
<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
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	
<i>phenelzine sulfate</i> TABS 15mg	2	
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	2	
<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)
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg	1	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
VIIBRYD KIT STARTER	4	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	2	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	
<i>benztropine mesylate</i> SOLN 1mg/ml	2	
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	3	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab</i> 10-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-100mg	2	
<i>carb/levo orally disintegrating tab</i> 25-250mg	2	
<i>carbidopa & levodopa tab</i> 10-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-100 mg	2	
<i>carbidopa & levodopa tab</i> 25-250 mg	2	
<i>carbidopa & levodopa tab er</i> 25-100 mg	2	
<i>carbidopa & levodopa tab er</i> 50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg	2	
<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg	2	
<i>entacapone</i> TABS 200mg	2	
INBRIJA CAPS 42mg	5	NDS, QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	3	PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	2	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	2	QL (30 tabs / 30 days)
<i>aripiprazole</i> TBDP 10mg, 15mg	5	NDS, QL (60 tabs / 30 days)
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	2	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	2	
<i>clozapine</i> TABS 25mg, 50mg	2	
<i>clozapine</i> TABS 100mg	2	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	PA
<i>clozapine</i> TBDP 100mg	2	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	NDS, QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	4	PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	
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)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	5	NDS, QL (30 tabs / 30 days)
LATUDA TABS 80mg	5	NDS, QL (60 tabs / 30 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	2	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	2	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	
NUPLAZID CAPS 34mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	
PERSERIS PRSY 90mg, 120mg	5	NDS, QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	
<i>quetiapine fumarate</i> TABS 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg	2	
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	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)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA SRER 12.5mg, 25mg	4	QL (2 injections / 28 days)
RISPERDAL CONSTA SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
<i>risperidone</i> SOLN 1mg/ml	2	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	2	QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	
VERSACLOZ SUSP 50mg/ml	5	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	NDS, QL (30 caps / 30 days)
VRAYLAR CAP 1.5-3MG	4	
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	2	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
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	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 v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	3	QL (30 tabs / 30 days), PA; PA if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	3	QL (60 tabs / 30 days), PA; PA if 70 years and older
<i>metadate er TBCR 20mg</i>	2	QL (90 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	2	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	2	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 5mg, 10mg</i>	2	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	2	QL (90 tabs / 30 days), PA
HYPNOTICS		
<i>BELSOMRA TABS 5mg, 10mg, 15mg, 20mg</i>	4	QL (30 tabs / 30 days)
<i>DAYVIGO TABS 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	2	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	3	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon CAPS 20mg</i>	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	2	QL (30 caps / 30 days), PA; PA if 65 years and older

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam</i> CAPS 15mg	2	QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	3	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	5	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	NDS, QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab</i> 1-100 mg	2	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	QL (12 tabs / 30 days)
<i>zolmitriptan</i> TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	2	QL (12 tabs / 30 days)
MISCELLANEOUS		
AUSTEDO TABS 6mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	NDS, QL (120 tabs / 30 days), NM, LA, 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 24mg	5	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	NDS, QL (2 packs / year), NM, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
INGREZZA CAPS 40mg, 60mg, 80mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
INGREZZA CAP 40-80MG	5	NDS, QL (28 caps / 28 days), NM, LA, PA
LITHIUM SOLN 8meq/5ml	4	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	
<i>riluzole</i> TABS 50mg	2	
<i>tetrabenazine</i> TABS 12.5mg	5	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	NDS, QL (120 tabs / 30 days), NM, PA
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CPDR 95mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
BETASERON KIT .3mg	5	NDS, QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	NM, PA
<i> fingolimod hcl</i> CAPS .5mg	5	NDS, QL (28 caps / 28 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 / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen</i> TABS 10mg, 20mg	2	
<i>carisoprodol</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	3	PA; PA if 70 years and older
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol</i> TABS 500mg, 750mg	3	PA; PA if 70 years and older
<i>tizanidine hcl</i> TABS 2mg, 4mg	2	
<i>vanadom</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA if 70 years and older
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	2	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	QL (30 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA
XYREM SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	2	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	2	QL (90 tabs / 30 days), PA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	2	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	2	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	2	QL (90 tabs / 30 days)
<i>bupropion hcl (smoking deterrent)</i> TB12 150mg	2	
<i>disulfiram</i> TABS 250mg, 500mg	2	
<i>naloxone hcl</i> LIQD 4mg/0.1ml; SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	2	
<i>naltrexone hcl</i> TABS 50mg	2	
NICOTROL INHALER INHA 10mg	4	
NICOTROL NS SOLN 10mg/ml	4	
<i>varenicline tartrate</i> TABS .5mg, 1mg	2	QL (56 tabs / 28 days), PA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	2	PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
VIVITROL SUSR 380mg	5	NDS, NM
ENDOCRINE AND METABOLIC		
ANDROGENS		
depo-testosterone SOLN 100mg/ml, 200mg/ml	2	PA
testosterone GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
testosterone GEL 1.62%	2	QL (150 gm / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	2	PA
testosterone enanthate SOLN 200mg/ml	2	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	2	
BYDUREON BCISE AUIJ 2mg/0.85ml	3	QL (4 pens / 28 days), PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	4	QL (1 pen / 30 days), PA
FARXIGA TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 5mg	6	QL (240 tabs / 30 days)
glipizide TABS 10mg	6	QL (120 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
glipizide TB24 10mg	6	QL (60 tabs / 30 days)
glipizide xl TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
glipizide xl TB24 10mg	6	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg	3	QL (60 tabs / 30 days)
JARDIANCE TABS 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)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
metformin hcl TABS 500mg	6	QL (150 tabs / 30 days)
metformin hcl TABS 850mg	6	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	6	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml, 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
pioglitazone hcl TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	3	QL (30 tabs / 30 days)
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 SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	3	QL (4 pens / 28 days), PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>ANTIDIABETICS, INSULINS</i>		
BASAGLAR KWIKPEN SOPN 100unit/ml	3	SI
BD ALCOHOL SWABS	3	
FIASP FLEX INJ TOUCH	3	SI
FIASP INJ 100/ML	3	SI
FIASP PENFIL INJ U-100	3	SI
FIASP PMPCRT INJ U-100	3	B/D; SI
GAUZE PADS 2" X 2"	3	
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: BD/NOVO	3	
INSULIN SAFETY NEEDLES	3	
INSULIN SYRINGES: BD	3	
LANTUS SOLN 100unit/ml	3	SI
LANTUS SOLOSTAR SOPN 100unit/ml	3	SI
LEVEMIR SOLN 100unit/ml	3	SI
LEVEMIR FLEXPEN SOPN 100unit/ml	3	SI
LEVEMIR FLEXTOUCH SOPN 100unit/ml	3	SI
NOVOLIN INJ 70/30	3	SI; (brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	SI; (brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	3	SI; (brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	SI; (brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	SI; (brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	SI; (brand RELION not covered)
NOVOLOG SOLN 100unit/ml	3	SI; (brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	3	SI; (brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	SI; (brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	SI; (brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	3	SI; (brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6 MIS PODS	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
OMNIPOD GO KIT 10UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	4	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	4	QL (15 pods / 30 days), PA
OMNIPOD PDM KIT CLASSIC	4	QL (1 kit / year), PA
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days); SI
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	SI
TOUJEO SOLOSTAR SOPN 300unit/ml	3	SI
TRESIBA SOLN 100unit/ml	3	SI
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	SI
V-GO 20 KIT	4	QL (1 kit / 30 days), PA
V-GO 30 KIT	4	QL (1 kit / 30 days), PA
V-GO 40 KIT	4	QL (1 kit / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days); SI
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
FORTEO SOPN 600mcg/2.4ml	5	NDS, NM, PA
<i>ibandronate sodium</i> TABS 150mg	2	B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	NDS, LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	5	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NDS, NM, PA
<i>deferasirox</i> TABS 90mg	2	NM, PA
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	2	
<i>sps</i> SUSP 15gm/60ml	2	
<i>trientine hcl</i> CAPS 250mg	5	NDS, NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi fe 1.5/30</i>	2	
<i>briellyn</i>	2	
<i>camila</i> TABS .35mg	2	
<i>chateal</i>	2	
<i>cryselle-28</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>deblitane</i> TABS .35mg	2	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</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>	2	
<i>emoquette</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin</i> TABS .35mg	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather</i> TABS .35mg	2	
<i>iclevia</i>	2	
<i>incassia</i> TABS .35mg	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jasmiel</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>kariva</i>	2	
<i>kelnor 1/35</i>	2	
<i>kelnor 1/50</i>	2	
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>larin 1/20</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</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 & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levora 0.15/30-28</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>lyleq TABS .35mg</i>	2	
<i>lyza TABS .35mg</i>	2	
<i>marlissa</i>	2	
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	
<i>microgestin 1.5/30</i>	2	
<i>microgestin 1/20</i>	2	
<i>microgestin fe 1.5/30</i>	2	
<i>microgestin fe 1/20</i>	2	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norlyroc TABS .35mg</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	
<i>nortrel 1/35 (21)</i>	2	
<i>nortrel 1/35 (28)</i>	2	
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	
<i>portia-28</i>	2	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>sharobel TABS .35mg</i>	2	
<i>simliya</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	
<i>syeda</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-nymyo</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 v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>trivora-28</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>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol CAPS 50mg, 100mg, 200mg</i>	2	
<i>SYNAREL SOLN 2mg/ml</i>	5	NDS
ESTROGENS		
<i>amabelz</i>	3	
<i>DELESTROGEN OIL 10mg/ml</i>	4	
<i>dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>estradiol 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</i>	3	
<i>estradiol TABS .5mg, 1mg, 2mg</i>	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 CREA .1mg/gm; TABS 10mcg</i>	2	
<i>estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml</i>	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvaferm TABS 10mcg</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	2	
<i>fludrocortisone acetate</i> TABS .1mg	2	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	2	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	B/D
<i>methylprednisolone</i> TBPK 4mg	2	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	B/D
<i>prednisone</i> SOLN 5mg/5ml	2	B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	NDS
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	3	
GVOKE KIT SOLN 1mg/0.2ml	3	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	3	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	5	NDS, NM, LA, PA
<i>betaine powder for oral solution</i>	5	NDS, NM, LA
<i>cabergoline</i> TABS .5mg	2	
<i>carglumic acid</i> TBSO 200mg	5	NDS, NM, LA, PA
CERDELGA CAPS 84mg	5	NDS, NM, LA, PA
CEREZYME SOLR 400unit	5	NDS, NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg	2	B/D, QL (60 tabs / 30 days), NM

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet hcl</i> TABS 60mg	5	NDS, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	NDS, B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	
<i>desmopressin acetate spray</i> SOLN .01%	2	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	
FABRAZYME SOLR 5mg, 35mg	5	NDS, NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	5	NDS, NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, LA, PA
KORLYM TABS 300mg	5	NDS, NM, LA, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	B/D
LUMIZYME SOLR 50mg	5	NDS, NM, LA, 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>miglustat</i> CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NDS, NM, LA, 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	2	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NDS, NM, LA, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	5	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, LA, PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	2	QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	2	QL (360 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	5	NDS, QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	5	NDS, QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	2	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	NDS, QL (180 tabs / 30 days)
PROGESTINS		
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	3	
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	2	
THYROID AGENTS		
euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	2	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	2	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
VITAMIN D ANALOGS		
<i>calcitriol</i> CAPS .25mcg, .5mcg	2	B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	B/D
RAYALDEE CPCR 30mcg	5	NDS
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	B/D
<i>compro</i> SUPP 25mg	2	
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	
<i>granisetron hcl</i> TABS 1mg	2	B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	
<i>ondansetron</i> TBDP 4mg, 8mg	2	B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	B/D
<i>prochlorperazine</i> SUPP 25mg	2	
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>promethazine hcl</i> SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg, 2mg	2	
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	
<i>famotidine</i> SUSR 40mg/5ml	2	QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	QL (60 tabs / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>nizatidine CAPS 150mg, 300mg</i>	2	
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium CAPS 750mg</i>	2	
<i>budesonide CPEP 3mg</i>	2	QL (90 caps / 30 days), PA
<i>budesonide TB24 9mg</i>	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal) ENEM 100mg/60ml</i>	2	
<i>mesalamine CP24 .375gm</i>	2	QL (120 caps / 30 days)
<i>mesalamine CPDR 400mg</i>	2	QL (180 caps / 30 days)
<i>mesalamine ENEM 4gm; SUPP 1000mg</i>	2	
<i>mesalamine TBEC 1.2gm</i>	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser KIT 4gm</i>	2	
<i>sulfasalazine TABS 500mg; TBEC 500mg</i>	2	
LAXATIVES		
<i>constulose SOLN 10gm/15ml</i>	2	
<i>enulose SOLN 10gm/15ml</i>	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac SOLN 10gm/15ml</i>	2	
<i>GOLYTELY SOL</i>	3	
<i>lactulose SOLN 10gm/15ml</i>	2	
<i>lactulose (encephalopathy) SOLN 10gm/15ml</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
<i>PLENVU SOL</i>	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
<i>SUPREP BOWEL SOL PREP KIT</i>	4	
MISCELLANEOUS		
<i>alosetron hcl TABS .5mg, 1mg</i>	5	NDS, QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis) CONC 100mg/5ml</i>	2	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	4	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	3	
<i>GATTEX KIT 5mg</i>	5	NDS, NM, LA, PA
<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, PA
<i>sucralfate</i> TABS 1gm	2	
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	
XERMELO TABS 250mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
XIFAXAN TABS 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNIT	3	
CREON CAP 24000UNIT	3	
CREON CAP 36000UNIT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNIT	4	
ZENPEP CAP 15000UNIT	4	
ZENPEP CAP 20000UNIT	4	
ZENPEP CAP 25000UNIT	4	
ZENPEP CAP 40000UNIT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	
<i>pantoprazole sodium</i> SOLR 40mg	2	
<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	1	QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	
<i>tamsulosin hcl</i> CAPS .4mg	1	
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	2	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	4	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	4	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	4	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml; TABS 5mg	2	
<i>oxybutynin chloride</i> TB24 5mg	2	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	QL (60 tabs / 30 days)
<i>trospium chloride</i> TABS 20mg	2	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	2	
<i>metronidazole vaginal</i> GEL .75%	2	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	2	
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	QL (60 caps / 30 days)
ELIQUIS TABS 2.5mg	3	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	3	QL (74 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	2	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	NDS
HEP SOD/D5W INJ 20000UNT	2	
HEP SOD/D5W INJ 25000UNT	2	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	B/D
HEPARIN/NACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
PRADAXA CAPS 75mg, 150mg	4	QL (60 caps / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAPS 110mg	4	QL (120 caps / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	3	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	3	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
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
ZIEXTENZO SOSY 6mg/0.6ml	5	NDS, NM, PA
MISCELLANEOUS		
anagrelide hcl CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
cilostazol TABS 50mg, 100mg	1	
DOPTLET TABS 20mg	5	NDS, NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NDS, NM, LA, PA
HAEGARDA SOLR 2000unit	5	NDS, QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	NDS, QL (20 vials / 30 days), NM, LA, PA
icatibant acetate SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
pentoxifylline TBCR 400mg	1	
PROMACTA PACK 12.5mg	5	NDS, QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
sajazir SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, LA, PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	2	
BRILINTA TABS 60mg, 90mg	3	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NDS, NM, PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg	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
HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	NDS, NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NDS, NM, PA
INFLIXIMAB SOLR 100mg	5	NDS, NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	NDS, QL (2 syringes / 28 days), NM, PA
OTEZLA TABS 30mg	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 v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TAB 10/20/30	5	NDS, QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NDS, NM, LA, PA
RENFLEXIS SOLR 100mg	5	NDS, NM, LA, 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
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	NDS, QL (6 vials / year), 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
STELARA SOLN 45mg/0.5ml	5	NDS, QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NDS, NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	NDS, QL (3 syringes / 28 days), NM, LA, 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
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
<i>leflunomide</i> TABS 10mg, 20mg	2	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	
XATMEP SOLN 2.5mg/ml	4	B/D
<i>IMMUNOGLOBULINS</i>		
BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NDS, NM, PA
GAMASTAN INJ	4	B/D, NM, LA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
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, LA, 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, 25gm/500ml, 30gm/300ml	5	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 2000000unit/0.5ml	5	NDS, NM, LA, PA
ARCALYST SOLR 220mg	5	NDS, NM, LA, PA
INTRON A SOLR 10000000unit, 18000000unit, 50000000unit	5	NDS, B/D, NM, LA
IMMUNOSUPPRESSANTS		
<i>azathioprine</i> TABS 50mg	2	B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	NDS, QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NDS, NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg; SOLN 50mg/ml	2	B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	NDS, B/D, NM
<i>engraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	NDS, B/D, NM
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	B/D, NM
NULOJIX SOLR 250mg	5	NDS, B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NDS, NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
sirolimus SOLN 1mg/ml	5	NDS, B/D, NM
sirolimus TABS .5mg, 1mg, 2mg	2	B/D, NM
tacrolimus CAPS .5mg, 1mg, 5mg	2	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	3	
ACTHIB INJ	3	
ADACEL INJ	3	
AREXVY SUSR 120mcg/0.5ml	3	
BCG VACCINE SOLR 50mg	3	
BEXSERO INJ	3	
BOOSTRIX INJ	3	
DAPTACEL INJ	3	
DENGVAIXA SUS	3	
DIP/TET PED INJ 25-5LFU	3	B/D
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	3	B/D
GARDASIL 9 INJ	3	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	3	
HEPLISAV-B SOSY 20mcg/0.5ml	3	B/D
HIBERIX SOLR 10mcg	3	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	3	B/D
INFANRIX INJ	3	
IPOL INJ INACTIVE	3	
IXIARO INJ	3	
KINRIX INJ	3	
M-M-R II INJ	3	
MENACTRA INJ	3	
MENQUADFI INJ	3	
MENVEO INJ	3	
MENVEO SOL	3	
PEDIARIX INJ 0.5ML	3	
PEDVAX HIB SUSP 7.5mcg/0.5ml	3	
PENTACEL INJ	3	
PREHEVBRIO SUSP 10mcg/ml	3	B/D
PRIORIX INJ	3	
PROQUAD INJ	3	
QUADRACEL INJ	3	
QUADRACEL INJ 0.5ML	3	
RABAVERT INJ	3	B/D

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	3	B/D
ROTARIX SUS	3	
ROTATEQ SOL	3	
SHINGRIX SUSR 50mcg/0.5ml	3	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	3	B/D
TENIVAC INJ 5-2LF	3	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	3	
TRUMENBA INJ	3	
TWINRIX INJ	3	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	3	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	3	
VARIVAX INJ 1350pfu/0.5ml	3	
YF-VAX INJ	3	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	4
D5W/LYTES INJ #48	4
D10W/NACL INJ 0.2%	3
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% in lactated ringers</i>	2
<i>dextrose 5% w/ sodium chloride 0.2%</i>	2
<i>dextrose 5% w/ sodium chloride 0.3%</i>	2
<i>dextrose 5% w/ sodium chloride 0.9%</i>	2
<i>dextrose 5% w/ sodium chloride 0.45%</i>	2
<i>dextrose 5% w/ sodium chloride 0.225%</i>	2
<i>dextrose 10% w/ sodium chloride 0.45%</i>	2
ISOLYTE-P INJ /D5W	4
ISOLYTE-S INJ	4
ISOLYTE-S INJ PH 7.4	4
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	3	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	3	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	3	
MG SO4/D5W INJ 10MG/ML	3	
<i>multiple electrolytes ph 5.5</i>	2	
<i>multiple electrolytes ph 7.4</i>	2	
PLASMA-LYTE INJ -148	4	
PLASMA-LYTE INJ -A	4	
POT CHL 20MEQ/L IN NACL 0.9% INJ	2	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/50ml, 20meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	
TPN ELECTROL INJ	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>klor-con PACK 20meq</i>	2	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	2	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	3	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 15meq	2	
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	2	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	4	B/D
CLINIMIX INJ 4.25/D10	4	B/D
CLINIMIX INJ 5%/D15W	4	B/D
CLINIMIX INJ 5%/D20W	4	B/D
CLINIMIX INJ 6/5	4	B/D
CLINIMIX INJ 8/10	4	B/D
CLINIMIX INJ 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	
<i>dextrose</i> SOLN 50%, 70%	2	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	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>	2	
<i>neo-polycin hc ophth oint 1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX OIN 0.3-0.1%	3	
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	2	
<i>gentak OINT .3%</i>	2	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>ofloxacin (ophth) SOLN .3%</i>	2	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	
<i>tobramycin (ophth) SOLN .3%</i>	1	
<i>trifluridine SOLN 1%</i>	2	
ZIRGAN GEL .15%	4	
ANTI-INFLAMMATORIES		
ALREX SUSP .2%	3	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	
<i>difluprednate EMUL .05%</i>	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	
<i>flurbiprofen sodium SOLN .03%</i>	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
prednisolone acetate (ophth) SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	2	
cromolyn sodium (ophth) SOLN 4%	1	
olopatadine hcl SOLN .1%	2	
ZERVIAE SOLN .24%	4	
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%	3	
betaxolol hcl (ophth) SOLN .5%	2	
BETOPTIC-S SUSP .25%	3	
brimonidine tartrate SOLN .1%, .15%	2	
brimonidine tartrate SOLN .2%	1	
brinzolamide SUSP 1%	2	
carteolol hcl (ophth) SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	2	
LUMIGAN SOLN .01%	3	
pilocarpine hcl SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	3	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	3	
timolol maleate (ophth) SOLG .25%, .5%	2	
timolol maleate (ophth) SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
atropine sulfate (ophthalmic) SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NDS, NM, LA, PA
CYSTARAN SOLN .44%	5	NDS, NM, LA, PA
proparacaine hcl SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
TYRVAYA SOLN .03mg/act	4	
XIIDRA SOLN 5%	3	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	2	
<i>flac</i> OIL .01%	2	
<i>fluocinolone acetonide (otic)</i> OIL .01%	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin (otic)</i> SOLN .3%	2	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	3	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	3	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	3	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	4	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	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</i> SOLN .02%	2	B/D
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	2	
ANTI-HISTAMINES		
<i>azelastine hcl</i> SOLN .1%, .15%	2	
<i>cetirizine hcl</i> SOLN 1mg/ml	1	
<i>ciproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	4	PA; PA if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	3	PA; PA if 70 years and older
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml; TABS 5mg	2	
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	2	B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	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	2	
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; PACK 4mg	2	
<i>montelukast sodium</i> TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	2	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	2	B/D
ARALAST NP SOLR 500mg, 1000mg	5	NDS, NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	(generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	(generic of Adrenaclick)
FASENRA SOSY 30mg/ml	5	NDS, NM, LA, PA
FASENRA PEN SOAJ 30mg/ml	5	NDS, NM, LA, PA
KALYDECO PACK 13.4mg, 25mg, 50mg, 75mg	5	NDS, QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	NDS, QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	NDS, QL (112 tabs / 28 days), NM, LA, 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; SOLR 1000mg	5	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg, 500mcg	2	
SYMDEKO TAB 50-75MG	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	4	
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	4	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	2	
TRIKAFTA PAK 59.5MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA PAK 75MG	5	NDS, QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	5	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg	5	NDS, NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	B/D
FLOVENT DISKUS AEPB 50mcg/blist	3	QL (180 inhalations / 30 days)
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist	3	QL (240 inhalations / 30 days)
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	3	QL (2 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 90mcg/act	4	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	4	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days)
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days)
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)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	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 v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days)
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>acutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel</i> 5-3%	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	2	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	2	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	2	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	2	QL (45 gm / 30 days), PA
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	2	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	2	
<i>ssd</i> CREA 1%	2	
SULFAMYLON CREA 85mg/gm	4	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine</i> CREA .77%	2	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	2	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	2	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	2	QL (30 mL / 30 days)
<i>clotrimazole w/ betamethasone cream</i> 1-0.05%	2	QL (45 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	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	2	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	QL (60 gm / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	QL (50 mL / 30 days)
<i>clobetasol propionate e</i> CREA .05%	2	QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	QL (60 gm / 30 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide</i> SOLN .05%	2	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	
<i>triamcinolone acetonide (topical)</i> CREA .1%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> CREA .025%, .5%; OINT .025%, .1%, .5%	1	
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	QL (30 gm / 30 days), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	5	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%	2	
<i>hydrocortisone (rectal)</i> CREA 2.5%	1	
<i>imiquimod</i> CREA 5%	2	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	QL (59 mL / 30 days)
PANRETIN GEL .1%	5	NDS, QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	QL (7 mL / 28 days)

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

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Drug Name	Drug Tier	Requirements/Limits
<i>procto-med hc</i> CREA 2.5%	2	
<i>proctosol hc</i> CREA 2.5%	2	
<i>proctozone-hc</i> CREA 2.5%	2	
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	NDS, QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	4	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	2	
<i>water for irrigation, sterile irrigation soln</i>	2	
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	2	QL (150 lozenges / 30 days)
<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	2	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	2	
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
FREESTY LIBR KIT 2 SENSOR	0	PA
FREESTY LIBR MIS 2 READER	0	PA
FREESTYLE KIT SENSOR	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 v.

Puede encontrar información sobre lo que significan los símbolos y las abreviaturas en esta tabla en la página xi.

Index of Drugs / Índice de Medicamentos

A	
<i>abacavir sulfate</i>	6
<i>abacavir sulfate-</i> <i>lamivudine tab 600-</i> <i>300 mg</i>	7
ABELCET	5
ABILIFY MAINTENA....	34
<i>abiraterone acetate</i> ...	13
ABRYSVO	61
<i>acamprosate calcium</i> .	40
<i>acarbose</i>	41
<i>accutane</i>	71
<i>acebutolol hcl</i>	24
<i>acetaminophen w/</i> <i>codeine soln 120-12</i> <i>mg/5ml</i>	2
<i>acetaminophen w/</i> <i>codeine tab 300-15</i> <i>mg</i>	2
<i>acetaminophen w/</i> <i>codeine tab 300-30</i> <i>mg</i>	2
<i>acetaminophen w/</i> <i>codeine tab 300-60</i> <i>mg</i>	2
<i>acetazolamide</i>	25
<i>acetic acid</i>	55
<i>acetic acid (otic)</i>	67
<i>acetylcysteine</i>	68
<i>acitretin</i>	72
ACTHIB INJ	61
ACTIMMUNE	60
<i>acyclovir</i>	8
<i>acyclovir sodium</i>	8
ADACEL INJ	61
<i>adefovir dipivoxil</i>	8
ADEMPAS	26
ADRENALIN	26
ADVAIR DISKU AER 100/50.....	70
ADVAIR DISKU AER 250/50.....	70

ADVAIR DISKU AER 500/50	70
ADVAIR HFA AER 115/21	70
ADVAIR HFA AER 230/21	70
ADVAIR HFA AER 45/21	70
<i>afirmelle</i>	45
AIMOVIG	38
<i>ala-cort</i>	72
<i>albendazole</i>	3
<i>albuterol sulfate</i>	68
<i>alclometasone</i> <i>dipropionate</i>	72
ALDURAZYME	50
ALECENSA	15
<i>alendronate sodium</i> ..	44
<i>alfuzosin hcl</i>	55
<i>aliskiren fumarate</i>	26
<i>allopurinol</i>	1
<i>alosetron hcl</i>	54
ALPHAGAN P	66
<i>alprazolam</i>	27
ALREX	65
<i>altavera</i>	45
ALUNBRIG	15
ALUNBRIG PAK	15
<i>alyacen 1/35</i>	45
<i>alyacen 7/7/7</i>	45
<i>amabelz</i>	49
<i>amantadine hcl</i>	33
<i>ambrisentan</i>	27
<i>amikacin sulfate</i>	3
<i>amiloride &</i> <i>hydrochlorothiazide</i> <i>tab 5-50 mg</i>	25
<i>amiloride hcl</i>	25
<i>amiodarone hcl</i>	23
<i>amitriptyline hcl</i>	31
<i>amlodipine besylate</i> ..	25
<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-</i> <i>20 mg</i>	20

<i>amlodipine besylate-</i> <i>benazepril hcl cap 10-</i> <i>40 mg</i>	20
<i>amlodipine besylate-</i> <i>benazepril hcl cap 2.5-</i> <i>10 mg</i>	20
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>10 mg</i>	20
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>20 mg</i>	20
<i>amlodipine besylate-</i> <i>benazepril hcl cap 5-</i> <i>40 mg</i>	20
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 10-20 mg</i>	21
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 10-40 mg</i>	21
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 5-20 mg</i>	21
<i>amlodipine besylate-</i> <i>olmesartan medoxomil</i> <i>tab 5-40 mg</i>	21
<i>amlodipine besylate-</i> <i>valsartan tab 10-160</i> <i>mg</i>	21
<i>amlodipine besylate-</i> <i>valsartan tab 10-320</i> <i>mg</i>	21
<i>amlodipine besylate-</i> <i>valsartan tab 5-160</i> <i>mg</i>	21
<i>amlodipine besylate-</i> <i>valsartan tab 5-320</i> <i>mg</i>	21
<i>amnestem</i>	71
<i>amoxapine</i>	31
<i>amoxicillin</i>	10
<i>amoxicillin & k</i> <i>clavulanate chew tab</i> <i>200-28.5 mg</i>	10

<i>amoxicillin & k clavulanate chew tab 400-57 mg 11</i>	<i>amphotericin b 5 amphotericin b liposome 5</i>	<i>atenolol & chlorthalidone tab 50-25 mg 24</i>
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml ... 11</i>	<i>ampicillin 11 ampicillin & sulbactam sodium for inj 1.5 (1- 0.5) gm 11</i>	<i>atomoxetine hcl 37 atorvastatin calcium... 23 atovaquone..... 3</i>
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml ... 11</i>	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm 11</i>	<i>atovaquone-proguanil hcl tab 250-100 mg . 5</i>
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml..... 11</i>	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm 11</i>	<i>atovaquone-proguanil hcl tab 62.5-25 mg .. 5</i>
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml ... 11</i>	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm 11</i>	<i>ATROPINE SULFATE ... 66 atropine sulfate (ophthalmic) 66</i>
<i>amoxicillin & k clavulanate tab 250- 125 mg 11</i>	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 11</i>	<i>ATROVENT HFA 67 aubra eq 45 aurovela 1/20 45</i>
<i>amoxicillin & k clavulanate tab 500- 125 mg 11</i>	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm 11</i>	<i>aurovela fe 1.5/30 45 aurovela fe 1/20 45</i>
<i>amoxicillin & k clavulanate tab 875- 125 mg 11</i>	<i>ampicillin sodium 11 anagrelide hcl..... 57 anastrozole 13</i>	<i>AUSTEDO 38 AUSTEDO XR 38 AUSTEDO XR TAB TITR KIT 38</i>
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 11</i>	<i>ANORO ELLIPT AER 62.5-25 67 aprepitant 53</i>	<i>AUVELITY TAB 45- 105MG 31 aviane 45 ayuna 45</i>
<i>amphetamine- dextroamphetamine tab 10 mg 36</i>	<i>aprepitant capsule therapy pack 80 & 125 mg 53</i>	<i>AYVAKIT 15 azacitidine 13 azathioprine 60</i>
<i>amphetamine- dextroamphetamine tab 12.5 mg 36</i>	<i>apri 45 APTIOM 27 APTIVUS 6</i>	<i>azelastrine hcl 67 azelastrine hcl (ophth) 66 azithromycin 10</i>
<i>amphetamine- dextroamphetamine tab 15 mg 37</i>	<i>ARALAST NP 68 aranella 45 ARCALYST 60</i>	<i>aztreonam 3 azurette 45</i>
<i>amphetamine- dextroamphetamine tab 20 mg 37</i>	<i>AREXVY 61 aripiprazole 34 ARISTADA 34</i>	
<i>amphetamine- dextroamphetamine tab 30 mg 37</i>	<i>ARISTADA INITIO 34 armodafinil 40 ARNUITY ELLIPTA 70</i>	B
<i>amphetamine- dextroamphetamine tab 5 mg 36</i>	<i>asenapine maleate 34 aspirin-dipyridamole cap er 12hr 25-200 mg. 57</i>	<i>bacitracin (ophthalmic) 65 bacitracin-polymyxin b ophth oint 65</i>
<i>amphetamine- dextroamphetamine tab 7.5 mg 36</i>	<i>atazanavir sulfate 6 atenolol 24 atenolol & chlorthalidone tab 100-25 mg 24</i>	<i>bacitracin-polymyxin- neomycin-hc ophth oint 1% 64 baclofen 39 BAFIERTAM 39</i>
		<i>balsalazide disodium .. 54 BALVERSA 15 balziva 45</i>

BARACLUDE8
 BASAGLAR KWIKPEN .43
 BCG VACCINE.....61
 BD ALCOHOL SWABS.43
 BELSOMRA37
*benazepril &
 hydrochlorothiazide
 tab 10-12.5 mg.....20*
*benazepril &
 hydrochlorothiazide
 tab 20-12.5 mg.....20*
*benazepril &
 hydrochlorothiazide
 tab 20-25 mg.....20*
*benazepril &
 hydrochlorothiazide
 tab 5-6.25mg20*
 benazepril hcl21
 BENDEKA12
 BENLYSTA60
*benzoyl peroxide-
 erythromycin gel 5-
 3%71*
benztropine mesylate 33
 BERINERT57
 BESIVANCE65
 BESREMI.....14
*betaine powder for oral
 solution.....50*
*betamethasone
 dipropionate (topical)
72*
*betamethasone
 dipropionate
 augmented72*
*betamethasone valerate
72*
 BETASERON39
betaxolol hcl (ophth) .66
bethanechol chloride..55
 BETOPTIC-S66
 BEVESPI AER 9-4.8MCG
67
bexarotene.....14
bexarotene (topical) ..73
 BEXSERO INJ.....61
bicalutamide.....13
 BICILLIN L-A11

BIKTARVY TAB 30-120-
 15 MG7
 BIKTARVY TAB 50-200-
 25 MG7
*bisoprolol &
 hydrochlorothiazide
 tab 10-6.25 mg24*
*bisoprolol &
 hydrochlorothiazide
 tab 2.5-6.25 mg24*
*bisoprolol &
 hydrochlorothiazide
 tab 5-6.25 mg24*
bisoprolol fumarate ...24
 BIVIGAM.....59
blisovi fe 1.5/3045
 BOOSTRIX INJ.....61
bortezomib15
 BORTEZOMIB15
bosentan27
 BOSULIF.....15
 BRAFTOVI.....15
 BREO ELLIPTA INH 100-
 25.....70
 BREO ELLIPTA INH 200-
 25.....71
 BREO ELLIPTA INH 50-
 25MCG70
 BREZTRI AERO AER
 SPHERE67
 BREZTRI AERO AER
 SPHERE
 (INSTITUTIONAL
 PACK).....67
briellyn45
 BRILINTA.....57
brimonidine tartrate ..66
brinzolamide66
 BRIVIACT.....27
*bromocriptine mesylate
33*
 BROMSITE65
 BRUKINSA15
budesonide54
*budesonide (inhalation)
70*
bumetanide.....25
buprenorphine1

buprenorphine hcl.....40
*buprenorphine hcl-
 naloxone hcl sl film
 12-3 mg (base equiv)
40*
*buprenorphine hcl-
 naloxone hcl sl film 2-
 0.5 mg (base equiv)40*
*buprenorphine hcl-
 naloxone hcl sl film 4-
 1 mg (base equiv) ..40*
*buprenorphine hcl-
 naloxone hcl sl film 8-
 2 mg (base equiv) ..40*
*buprenorphine hcl-
 naloxone hcl sl tab 2-
 0.5 mg (base equiv)40*
*buprenorphine hcl-
 naloxone hcl sl tab 8-2
 mg (base equiv)40*
bupropion hcl.....31
*bupropion hcl (smoking
 deterrent).....40*
buspirone hcl27
butorphanol tartrate ...2
 BYDUREON BCISE41
 BYETTA41

C

cabergoline.....50
 CABOMETYX15
calcipotriene72
*calcitonin (salmon)
 spray44*
calcitrene72
calcitriol53
calcitriol (oral)53
*calcium acetate
 (phosphate binder) .52*
 CALQUENCE.....15
camila45
candesartan cilexetil ..22
*candesartan cilexetil-
 hydrochlorothiazide
 tab 16-12.5 mg21*

<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-12.5 mg.....21	<i>carbidopa-levodopa-entacapone tabs</i> 25-100-200 mg 33	<i>chlorhexidine gluconate</i> (mouth-throat) .....74
<i>candesartan cilexetil-hydrochlorothiazide</i> tab 32-25 mg.....21	<i>carbidopa-levodopa-entacapone tabs</i> 31.25-125-200 mg . 33	<i>chloroquine phosphate</i> 5
CAPLYTA .....34	<i>carbidopa-levodopa-entacapone tabs</i> 37.5-150-200 mg 33	<i>chlorpromazine hcl</i> ....34
CAPRELSA .....15	<i>carbidopa-levodopa-entacapone tabs</i> 50-200-200 mg 33	<i>chlorthalidone</i> .....25
<i>captopril</i> .....21	<i>carboplatin</i> 12	<i>cholestyramine</i>.....23
<i>captopril & hydrochlorothiazide</i> tab 25-15 mg.....20	<i>carglumic acid</i> 50	<i>cholestyramine light</i> ...23
<i>captopril & hydrochlorothiazide</i> tab 25-25 mg.....20	<i>carisoprodol</i> 39	<i>ciclopirox olamine</i> .....71
<i>captopril & hydrochlorothiazide</i> tab 50-15 mg.....20	<i>carteolol hcl (ophth)</i> .. 66	<i>cilostazol</i> .....57
<i>captopril & hydrochlorothiazide</i> tab 50-25 mg.....20	<i>cartia xt</i> 25	CILOXAN .....65
<i>carb/levo orally disintegrating tab</i> 10-100mg .....33	<i>carvedilol</i> 24	CIMDUO TAB 300-300. 7
<i>carb/levo orally disintegrating tab</i> 25-100mg .....33	<i>caspofungin acetate</i> 5	<i>cinacalcet hcl</i> 50, 51
<i>carb/levo orally disintegrating tab</i> 25-250mg .....33	CAYSTON.....3	CIPRO .....10
<i>carbamazepine</i> .....27	<i>cefaclor</i> .....9	<i>ciprofloxacin</i> 200 mg/100ml in d5w ...10
<i>carbidopa & levodopa</i> tab 10-100 mg .....33	CEFACLO ER.....9	<i>ciprofloxacin</i> 400 mg/200ml in d5w ...10
<i>carbidopa & levodopa</i> tab 25-100 mg .....33	<i>cefadroxil</i>.....9	<i>ciprofloxacin hcl</i> .....10
<i>carbidopa & levodopa</i> tab 25-250 mg .....33	CEFAZOLIN .....9	<i>ciprofloxacin hcl (ophth)</i> .....65
<i>carbidopa & levodopa</i> tab er 25-100 mg ...33	CEFAZOLIN INJ 1GM/50ML .....9	<i>ciprofloxacin-dexamethasone otic</i> susp 0.3-0.1% .....67
<i>carbidopa & levodopa</i> tab er 50-200 mg ...33	<i>cefazolin sodium</i> .....9	<i>cisplatin</i> .....12
<i>carbidopa-levodopa-entacapone tabs</i> 12.5-50-200 mg .....33	CEFAZOLIN SOLN 2GM/100ML-4%.....9	<i>citalopram</i> <i>hydrobromide</i>.....31
<i>carbidopa-levodopa-entacapone tabs</i> 18.75-75-200 mg ...33	<i>cefdinir</i> .....9	<i>claravis</i> .....71
	<i>cefepime hcl</i>.....9	<i>clarithromycin</i> .....10
	<i>cefixime</i>.....9	<i>clindamycin hcl</i> 3
	<i>cefoxitin sodium</i> .....9	<i>clindamycin palmitate</i> <i>hydrochloride</i> 3
	<i>cefpodoxime proxetil</i> ...9	<i>clindamycin phosphate</i> 3
	<i>cefprozil</i>.....9	<i>clindamycin phosphate</i> (topical) .....71
	<i>ceftazidime</i> .....9	<i>clindamycin phosphate</i> in d5w iv soln 300 mg/50ml 3
	<i>ceftriaxone sodium</i> 10	<i>clindamycin phosphate</i> in d5w iv soln 600 mg/50ml 3
	<i>cefuroxime axetil</i> 10	<i>clindamycin phosphate</i> in d5w iv soln 900 mg/50ml 3
	<i>cefuroxime sodium</i> 10	<i>clindamycin phosphate</i> vaginal .....56
	<i>celecoxib</i> 1	CLINDMYC/NAC INJ 300/50ML 3
	CELONTIN..... 27	
	<i>cephalexin</i> 10	
	CERDELGA 50	
	CEREZYME 50	
	<i>cetirizine hcl</i> 67	
	<i>chateal</i> 45	
	CHEMET..... 45	

CLINDMYC/NAC INJ
600/50ML.....3
CLINDMYC/NAC INJ
900/50ML.....3
CLINIMIX INJ 4.25/D10
.....64
CLINIMIX INJ 4.25/D5W
.....64
CLINIMIX INJ 5%/D15W
.....64
CLINIMIX INJ 5%/D20W
.....64
CLINIMIX INJ 6/564
CLINIMIX INJ 8/1064
CLINIMIX INJ 8/1464
clinisol sf 15%64
CLINOLIPID EMU 20%64
clobazam27
clobetasol propionate .72
clobetasol propionate e
.....72
clomipramine hcl.....31
clonazepam27
clonidine26
clonidine hcl26
clopidogrel bisulfate...58
clorazepate dipotassium
.....28
clotrimazole.....74
clotrimazole (topical) .71
*clotrimazole w/
betamethasone cream*
1-0.05%71
clozapine.....34
COARTEM TAB 20-
120MG5
colchicine1
colchicine w/ probenecid
tab 0.5-500 mg1
colesevelam hcl23
colestipol hcl.....23
colistimethate sodium ..3
COMBIGAN SOL
0.2/0.5%66
COMBIVENT AER 20-100
.....67
COMETRIQ (60MG
DOSE)15

COMETRIQ KIT 100MG
.....15
COMETRIQ KIT 140MG
.....15
COMPLERA TAB7
compro.....53
constulose54
COPIKTRA.....15
CORLANOR26
COTELLIC15
CREON CAP 12000UNT
.....55
CREON CAP 24000UNT
.....55
CREON CAP 3000UNIT55
CREON CAP 36000UNT
.....55
CREON CAP 6000UNIT55
cromolyn sodium68
cromolyn sodium
(mastocytosis).....54
cromolyn sodium
(ophth).....66
cryselle-28.....45
cyclobenzaprine hcl...39
cyclophosphamide.....12
CYCLOPHOSPHAMIDE 12
CYCLOPHOSPHAMIDE
MONOHYDR.....12
cycloserine.....8
cyclosporine60
cyclosporine modified
(for microemulsion) 60
cyproheptadine hcl....67
cyred eq45
CYSTADROPS66
CYSTAGON.....51
CYSTARAN66
cytarabine.....13

D

D10W/NACL INJ 0.2%62
D2.5W/NACL INJ 0.45%
.....62
D5W/LYTES INJ #48 .62
dabigatran etexilate
mesylate.....56

dalfampridine.....39
danazol49
dantrolene sodium39
dapsone3
DAPTACEL INJ.....61
daptomycin.....3
DAPTOMYCIN3
darunavir6
dasetta 1/3545
dasetta 7/7/7.....45
DAURISMO15
DAYVIGO.....37
deblitane46
deferasirox45
DELESTROGEN.....49
DELSTRIGO TAB.....7
DENG VAXIA SUS61
depo-testosterone41
DESCOVY TAB 120-
15MG7
DESCOVY TAB
200/25MG7
desipramine hcl.....31
desmopressin acetate 51
desmopressin acetate
spray51
desmopressin acetate
spray refrigerated...51
*desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5)*46
desogestrel & ethinyl
*estradiol tab 0.15 mg-
30 mcg*.....46
desvenlafaxine succinate
.....32
dexamethasone.....50
DEXAMETHASONE
INTENSOL.....50
dexamethasone sodium
phosphate.....50
dexamethasone sodium
phosphate (ophth) ..65
DEXCOM G6 MIS
RECEIVER.....74
DEXCOM G6 MIS
SENSOR74

DEXCOM G6 MIS
 TRANSMIT 74
 dexmethylphenidate hcl
 37
 dextrose 64
 dextrose 10% w/
 sodium chloride
 0.45% 62
 dextrose 2.5% w/
 sodium chloride
 0.45% 62
 dextrose 5% in lactated
 ringers 62
 dextrose 5% w/ sodium
 chloride 0.2% 62
 dextrose 5% w/ sodium
 chloride 0.225% 62
 dextrose 5% w/ sodium
 chloride 0.3% 62
 dextrose 5% w/ sodium
 chloride 0.45% 62
 dextrose 5% w/ sodium
 chloride 0.9% 62
 DIACOMIT 28
 diazepam 28
 diazepam
 (anticonvulsant) 28
 diazepam inj 28
 diazoxide 50
 diclofenac potassium ... 1
 diclofenac sodium 1
 diclofenac sodium
 (ophth) 65
 diclofenac sodium
 (topical) 73
 dicloxacillin sodium ... 11
 dicyclomine hcl 53
 DIFICID 10
 diflunisal 1
 difluprednate 65
 digoxin 26
 dihydroergotamine
 mesylate 38
 DILANTIN 28
 DILANTIN INFATABS.. 28
 DILANTIN-125 28
 diltiazem hcl 25

diltiazem hcl coated
 beads 25
 diltiazem hcl extended
 release beads 25
 dilt-xr 25
 DIP/TET PED INJ 25-
 5LFU 61
 diphenhydramine hcl . 67
 diphenoxylate w/
 atropine liq 2.5-0.025
 mg/5ml 54
 diphenoxylate w/
 atropine tab 2.5-0.025
 mg 54
 dipyridamole 58
 disopyramide phosphate
 23
 disulfiram 40
 divalproex sodium 28
 docetaxel 14
 DOCETAXEL 14
 dofetilide 23
 donepezil hydrochloride
 31
 DOPTelet 57
 dorzolamide hcl 66
 dorzolamide hcl-timolol
 maleate ophth soln 2-
 0.5% 66
 dott 49
 DOVATO TAB 50-300MG
 7
 doxazosin mesylate... 21
 doxepin hcl 32
 doxepin hcl (sleep).... 37
 doxorubicin hcl 13
 doxorubicin hcl
 liposomal 13
 doxy 100 12
 doxycycline
 (monohydrate) 12
 doxycycline hyclate ... 12
 DRIZALMA SPRINKLE 32
 dronabinol 53
 drospirenone-ethinyl
 estradiol tab 3-0.02
 mg 46

drospirenone-ethinyl
 estradiol tab 3-0.03
 mg 46
 DROXIA 57
 droxidopa 26
 duloxetine hcl 32
 DUPIXENT 58
 dutasteride 55
 dutasteride-tamsulosin
 hcl cap 0.5-0.4 mg.. 55

E

e.e.s. 400 10
 ec-naproxen 1
 EDURANT 6
 efavirenz 6
 efavirenz-emtricitabine-
 tenofovir df tab 600-
 200-300 mg 7
 efavirenz-lamivudine-
 tenofovir df tab 400-
 300-300 mg 7
 efavirenz-lamivudine-
 tenofovir df tab 600-
 300-300 mg 7
 ELIGARD 13
 elinest 46
 ELIQUIS 56
 ELIQUIS STARTER PACK
 56
 ELLENCE 13
 eluryng 46
 EMCYT 13
 emoquette 46
 EMSAM 32
 emtricitabine 6
 emtricitabine-tenofovir
 disoproxil fumarate
 tab 100-150 mg 7
 emtricitabine-tenofovir
 disoproxil fumarate
 tab 133-200 mg 7
 emtricitabine-tenofovir
 disoproxil fumarate
 tab 167-250 mg 7

emtricitabine-tenofovir
disoproxil fumarate
tab 200-300 mg7
 EMTRIVA.....6
 EMVERM3
enalapril maleate21
enalapril maleate &
hydrochlorothiazide
tab 10-25 mg.....20
enalapril maleate &
hydrochlorothiazide
tab 5-12.5 mg.....20
 ENBREL.....58
 ENBREL MINI.....58
 ENBREL SURECLICK ..58
 ENDARI.....57
endocet tab 10-325mg..2
*endocet tab 2.5-325mg*2
endocet tab 5-325mg ..2
*endocet tab 7.5-325mg*2
 ENGERIX-B.....61
enilloring.....46
enoxaparin sodium56
enpresse-2846
enskyce46
 ENSTILAR AER72
entacapone33
entecavir.....8
 ENTRESTO TAB 24-
 26MG.....22
 ENTRESTO TAB 49-
 51MG.....22
 ENTRESTO TAB 97-
 103MG.....22
enulose.....54
 EPCLUSA PAK 150-37.58
 EPCLUSA PAK 200-50MG
8
 EPCLUSA TAB 200-50MG
8
 EPCLUSA TAB 400-100 8
 EPIDIOLEX28
epinephrine
(anaphylaxis)... 26, 69
epitol.....28
 EPIVIR HBV8
eplerenone21
 EPRONTIA28

ergotamine w/ caffeine
tab 1-100 mg 38
 ERIVEDGE..... 15
 ERLEADA 13
erlotinib hcl..... 15
errin..... 46
ertapenem sodium 3
ery..... 71
ery-tab 10
 ERYTHROCIN
 LACTOBIONATE 10
erythrocin stearate.... 10
erythromycin (acne aid)
 71
erythromycin (ophth) 65
erythromycin base 10
erythromycin
ethylsuccinate 10
erythromycin
lactobionate 10
escitalopram oxalate . 32
esomeprazole
magnesium 55
estarylla 46
estradiol 49
estradiol &
norethindrone acetate
tab 0.5-0.1 mg 49
estradiol &
norethindrone acetate
tab 1-0.5 mg 49
estradiol vaginal 49
estradiol valerate 49
eszopiclone 37
ethambutol hcl 8
ethosuximide..... 28
ethynodiol diacetate &
ethinyl estradiol tab 1
mg-35 mcg 46
ethynodiol diacetate &
ethinyl estradiol tab 1
mg-50 mcg 46
etodolac 1
etonogestrel-ethinyl
estradiol va ring
0.120-0.015 mg/24hr
 46
etoposide..... 15

etravirine 6
 EULEXIN.....13
euthyrox52
everolimus..... 15, 16
everolimus
(immunosuppressant)
60
 EVOTAZ TAB 300-150 . 8
exemestane13
 EXKIVITY.....16
 EYSUVIS65
ezetimibe24
ezetimibe-simvastatin
tab 10-10 mg24
ezetimibe-simvastatin
tab 10-20 mg24
ezetimibe-simvastatin
tab 10-40 mg24
ezetimibe-simvastatin
tab 10-80 mg24

F

FABRAZYME51
falmina.....46
famciclovir 8
famotidine53
famotidine in nacl 0.9%
iv soln 20 mg/50ml .54
 FANAPT34
 FANAPT PAK.....34
 FARXIGA41
 FASENRA.....69
 FASENRA PEN69
felbamate28
felodipine25
femynor46
fenofibrate.....23
*fenofibrate micronized*23
fentanyl..... 1
fentanyl citrate..... 2
fesoterodine fumarate 56
 FETZIMA32
 FETZIMA CAP TITRATIO
32
 FIASP FLEX INJ TOUCH
43
 FIASP INJ 100/ML.....43

FIASP PENFIL INJ U-10043
 FIASP PMPCRT INJ U-10043
finasteride55
 fingolimod hcl39
 FINTEPLA28
flac67
 FLAREX65
 FLEBOGAMMA DIF59
flecainide acetate23
 FLOVENT DISKUS70
 FLOVENT HFA70
fluconazole5
fluconazole in nacl 0.9% inj 200 mg/100ml5
fluconazole in nacl 0.9% inj 400 mg/200ml5
flucytosine5
fludrocortisone acetate50
flunisolide (nasal)70
fluocinolone acetonide72
fluocinolone acetonide (otic)67
fluocinonide72, 73
fluocinonide emulsified base73
fluorometholone (ophth)65
fluorouracil13
fluorouracil (topical) ..73
fluoxetine hcl32
fluphenazine decanoate34
fluphenazine hcl34
flurbiprofen1
flurbiprofen sodium ...65
fluticasone propionate73
fluticasone propionate (nasal)70
fluvoxamine maleate .27
fondaparinux sodium .56
 FORTEO44
fosamprenavir calcium .6
fosinopril sodium21

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 20
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 20
 FOTIVDA 16
 FREESTY LIBR KIT 2 SENSOR 74
 FREESTY LIBR MIS 2 READER 74
 FREESTYLE KIT SENSOR 74
 FREESTYLE MIS READER 74
fulvestrant 13
furosemide 25
furosemide inj 25
 FUZEON 6
fyavolv tab 0.5mg-2.5mcg 49
fyavolv tab 1mg-5mcg 49
 FYCOMPA 28

G

gabapentin 29
galantamine hydrobromide 31
 GAMASTAN INJ 59
 GAMMAGARD LIQUID 59
 GAMMAGARD S/D IGA LESS TH 60
 GAMMAKED 60
 GAMMAPLEX 60
 GAMUNEX-C 60
ganciclovir sodium 8
 GARDASIL 9 INJ 61
gatifloxacin (ophth) ... 65
 GATTEX 54
 GAUZE PADS 2 43
gavilyte-c 54
gavilyte-g 54
 GAVRETO 16
gefitinib 16
gemcitabine hcl 13
gemfibrozil 23

GEMTESA56
generlac54
gengraf60
 GENOTROPIN51
 GENOTROPIN MINIQUICK51
gentak65
gentamicin in saline inj 0.8 mg/ml 3
gentamicin in saline inj 1 mg/ml 4
gentamicin in saline inj 1.2 mg/ml 4
gentamicin in saline inj 1.6 mg/ml 4
gentamicin in saline inj 2 mg/ml 4
gentamicin sulfate 4
gentamicin sulfate (ophth)65
gentamicin sulfate (topical)71
 GENVOYA TAB 8
 GILOTRIF16
glatiramer acetate39
glatopa39
 GLEOSTINE12
glimepiride41
glipizide41
glipizide xl41
glipizide-metformin hcl tab 2.5-250 mg41
glipizide-metformin hcl tab 2.5-500 mg41
glipizide-metformin hcl tab 5-500 mg41
glycopyrrolate53
glydo73
 GLYXAMBI TAB 10-5 MG41
 GLYXAMBI TAB 25-5 MG41
 GOLYTELY SOL54
granisetron hcl53
griseofulvin microsize.. 5
griseofulvin ultramicrosize 5
guanfacine hcl26

guanfacine hcl (adhd) 37
 GVOKE HYOPEN 2-
 PACK 50
 GVOKE KIT 50
 GVOKE PFS 50

H

HAEGARDA 57
hailey 1.5/30 46
halobetasol propionate
 73
haloette 46
haloperidol 34
haloperidol decanoate 34
haloperidol lactate 35
 HARVONI PAK 33.75-
 150MG 8
 HARVONI PAK 45-
 200MG 8
 HARVONI TAB 45-
 200MG 9
 HARVONI TAB 90-
 400MG 9
 HAVRIX 61
heather 46
 HEP SOD/D5W INJ
 20000UNT 56
 HEP SOD/D5W INJ
 25000UNT 56
 HEP SOD/NACL INJ
 12500UNT 56
 HEP SOD/NACL INJ
 25000UNT 56
heparin sodium
 (*porcine*) 56
 HEPARIN/NACL INJ
 25000UNT 56
 HEPLISAV-B 61
 HERCEP HYLEC SOL 60-
 10000 16
 HERCEPTIN 16
 HERZUMA 16
 HIBERIX 61
 HUMIRA 58
 HUMIRA PEDIA INJ
 CROHNS 58

HUMIRA PEDIATRIC
 CROHNS D 58
 HUMIRA PEN 58
 HUMIRA PEN KIT PS/UV
 58
 HUMIRA PEN-CD/UC/HS
 START 58
 HUMIRA PEN-PEDIATRIC
 UC S 58
 HUMIRA PEN-PS/UV
 STARTER 58
 HUMULIN R U-500
 (CONCENTR 43
 HUMULIN R U-500
 KWIKPEN 43
hydralazine hcl 26
hydrochlorothiazide ... 25
hydrocodone bitartrate 1
hydrocodone-
 acetaminophen soln
 7.5-325 mg/15ml 2
hydrocodone-
 acetaminophen tab
 10-325 mg 2
hydrocodone-
 acetaminophen tab 5-
 325 mg 2
hydrocodone-
 acetaminophen tab
 7.5-325 mg 2
hydrocodone-ibuprofen
 tab 7.5-200 mg 2
hydrocortisone 50
hydrocortisone
 (*intrarectal*) 54
hydrocortisone (rectal)
 73
hydrocortisone (topical)
 73
hydromorphone hcl 2
hydroxychloroquine
 sulfate 59
hydroxyurea 14
hydroxyzine hcl 68
hydroxyzine pamoate 68
 HYSINGLA ER 1

I

ibandronate sodium ... 44
 IBRANCE 16
ibu 1
ibuprofen 1
icatibant acetate 57
iclevia 46
 ICLUSIG 16
 IDHIFA 16
 ILEVRO 66
imatinib mesylate 16
 IMBRUVICA 16
imipenem-cilastatin
 intravenous for soln
 250 mg 4
imipenem-cilastatin
 intravenous for soln
 500 mg 4
imipramine hcl 32
imiquimod 73
 IMOVAX RABIES
 (H.D.C.V.) 61
 INBRIJA 33
incassia 46
 INCRELEX 51
 INCRUSE ELLIPTA 67
indapamide 25
 INFANRIX INJ 61
 INFLIXIMAB 58
 INGREGZA 39
 INGREGZA CAP 40-
 80MG 39
 INLYTA 16
 INQOVI TAB 35-100MG
 13
 INREBIC 16
 INSULIN PEN NEEDLES:
 BD/NOVO 43
 INSULIN SAFETY
 NEEDLES 43
 INSULIN SYRINGES: BD
 43
 INTELENCE 6
 INTRALIPID 64
 INTRON A 60
introvale 46
 INVEGA HAFYERA 35

INVEGA SUSTENNA ... 35
 INVEGA TRINZA 35
 IPOL INJ INACTIVE 61
ipratropium bromide .. 67
ipratropium bromide
(nasal) 67
ipratropium-albuterol
nebu soln 0.5-2.5(3)
mg/3ml 67
irbesartan 22
irbesartan-
hydrochlorothiazide
tab 150-12.5 mg 22
irbesartan-
hydrochlorothiazide
tab 300-12.5 mg 22
 IRESSA 16
irinotecan hcl 14
 ISENTRESS 6
 ISENTRESS HD 6
isibloom 46
 ISOLYTE-P INJ /D5W . 62
 ISOLYTE-S INJ 62
 ISOLYTE-S INJ PH 7.4 62
isoniazid 8
isosorbide dinitrate 26
isosorbide mononitrate
 26
isotretinoin 71
itraconazole 5
ivermectin 4
 IXIARO INJ 61

J

JAKAFI 16
jantoven 56
 JANUMET TAB 50-1000
 41
 JANUMET TAB 50-
 500MG 41
 JANUMET XR TAB 100-
 1000 41
 JANUMET XR TAB 50-
 1000 41
 JANUMET XR TAB 50-
 500MG 41
 JANUVIA 41

JARDIANCE 41
jasmiel 46
javygtor 51
 JAYPIRCA 16, 17
 JENTADUETO TAB 2.5-
 1000 41
 JENTADUETO TAB 2.5-
 500 41
 JENTADUETO TAB 2.5-
 850 41
 JENTADUETO TAB XR
 2.5-1000MG 41
 JENTADUETO TAB XR 5-
 1000MG 42
jinteli 49
jolessa 46
juleber 46
 JULUCA TAB 50-25MG . 8
junel 1.5/30 46
junel 1/20 46
junel fe 1.5/30 46
junel fe 1/20 46

K

KADCYLA 17
 KALYDECO 69
 KANJINTI 17
kariva 46
kcl 10 meq/l (0.075%)
in dextrose 5% & nacl
0.45% inj 62
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.2% inj 62
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.45% inj 62
kcl 20 meq/l (0.15%) in
dextrose 5% & nacl
0.9% inj 62
kcl 20 meq/l (0.15%) in
nacl 0.45% inj 62
kcl 20 meq/l (0.15%) in
nacl 0.9% inj 62
kcl 30 meq/l (0.224%)
in dextrose 5% & nacl
0.45% inj 63

kcl 40 meq/l (0.3%) in
dextrose 5% & nacl
0.45% inj 63
kcl 40 meq/l (0.3%) in
dextrose 5% & nacl
0.9% inj 63
kcl 40 meq/l (0.3%) in
nacl 0.9% inj 63
 KCL/D5W/NACL INJ
 0.3/0.9% 63
kelnor 1/35 46
kelnor 1/50 46
 KERENDIA 21
 KESIMPTA 39
ketoconazole 5
ketoconazole (topical)
 71, 72
ketorolac tromethamine
(ophth) 66
 KEVZARA 58
 KEYTRUDA 17
 KINRIX INJ 61
 KISQALI 200 DOSE 17
 KISQALI 200 PAK
 FEMARA 14
 KISQALI 400 DOSE 17
 KISQALI 400 PAK
 FEMARA 14
 KISQALI 600 DOSE 17
 KISQALI 600 PAK
 FEMARA 14
klor-con 63
klor-con 10 63
klor-con 8 63
klor-con m10 63
klor-con m15 63
klor-con m20 63
 KORLYM 51
 KRAZATI 17
kurvelo 46

L

labetalol hcl 24
lacosamide 29
lacosamide oral 29
lactated ringer's solution
 63

<i>lactic acid (ammonium lactate)</i> 73	<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> 29	<i>linezolid</i> 4
<i>lactulose</i> 54	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> 29	LINEZOLID INJ 2MG/ML 4
<i>lactulose (encephalopathy)</i> ... 54	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> 29	LINZESS.....54
<i>lamivudine</i> .....6	<i>levobunolol hcl</i> 66	<i>liothyronine sodium</i> ...52
<i>lamivudine (hbv)</i>.....9	<i>levocarnitine (metabolic modifiers)</i> 51	<i>lisinopril</i> .....21
<i>lamivudine-zidovudine tab 150-300 mg</i> .....8	<i>levocetirizine dihydrochloride</i> 68	<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> .....20
<i>lamotrigine</i> .....29	<i>levofloxacin</i> 10	<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> .....20
<i>lansoprazole</i> .....55	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .. 10	<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> .....20
LANTUS .....43	<i>levofloxacin in d5w iv soln 500 mg/100ml</i> 10	LITHIUM.....39
LANTUS SOLOSTAR ...43	<i>levofloxacin in d5w iv soln 750 mg/150ml</i> 10	<i>lithium carbonate</i> .....39
<i>lapatinib ditosylate</i> ....17	<i>levonest</i> 47	<i>loestrin 1.5/30-21</i> ....47
<i>larin 1.5/30</i> .....46	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> 47	<i>loestrin 1/20-21</i> .....47
<i>larin 1/20</i> .....47	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> 47	<i>loestrin fe 1.5/30</i>.....47
<i>larin fe 1.5/30</i> .....47	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> 47	<i>loestrin fe 1/20</i> .....47
<i>larin fe 1/20</i> .....47	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> 47	LOKELMA.....45
<i>latanoprost</i> .....66	<i>levora 0.15/30-28</i> 47	LONSURF TAB 15-6.14 .....13
LATUDA .....35	<i>levo-t</i> 52	LONSURF TAB 20-8.19 .....13
<i>leena</i> .....47	<i>levothyroxine sodium</i> 52	<i>loperamide hcl</i> .....54
<i>leflunomide</i> .....59	<i>levoxyl</i> 52	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> 8
<i>lenalidomide</i> .....14	LEXIVA 6	<i>lopinavir-ritonavir tab 100-25 mg</i> 8
LENVIMA 10 MG DAILY DOSE.....17	<i>lidocaine</i> 73	<i>lopinavir-ritonavir tab 200-50 mg</i> 8
LENVIMA 12MG DAILY DOSE.....17	<i>lidocaine hcl</i> 73	<i>lorazepam</i> .....27
LENVIMA 20 MG DAILY DOSE.....17	<i>lidocaine hcl (local anesth.)</i> 3	<i>lorazepam intensol</i> ....27
LENVIMA 4 MG DAILY DOSE.....17	<i>lidocaine hcl (mouth-throat)</i> 74	LORBRENA.....17
LENVIMA 8 MG DAILY DOSE.....17	<i>lidocaine-prilocaine cream 2.5-2.5%</i> 73	<i>loryna</i> .....47
LENVIMA CAP 14 MG .17		<i>losartan potassium</i> ....22
LENVIMA CAP 18 MG .17		<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> ....22
LENVIMA CAP 24 MG .17		<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> .....22
<i>lessina</i> .....47		<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> .....22
<i>letrozole</i> 13		
<i>leucovorin calcium</i>....20		
LEUKERAN.....12		
<i>leuprolide acetate</i>.....13		
<i>levalbuterol hcl</i> .....68		
<i>levalbuterol tartrate</i> ...68		
LEVEMIR .....43		
LEVEMIR FLEXPEN.....43		
LEVEMIR FLEXTOUCH 43		
<i>levetiracetam</i>.....29		

LOTEMAX 66
lovastatin 23
low-ogestrel 47
loxapine succinate 35
 LUMAKRAS 17
 LUMIGAN 66
 LUMIZYME 51
 LUPRON DEPOT (1-
 MONTH) 13
 LUPRON DEPOT (3-
 MONTH) 13
 LUPRON DEPOT-PED (1-
 MONTH 51
 LUPRON DEPOT-PED (3-
 MONTH 51
 LUPRON DEPOT-PED (6-
 MONTH 51
lurasidone hcl 35
lutea 47
lyleq 47
lyllana 49
 LYNPARZA 17
 LYSODREN 13
 LYTGObI 17
lyza 47

M

magnesium sulfate 63
 MAGNESIUM SULFATE 63
magnesium sulfate in
dextrose 5% iv soln 1
gm/100ml 63
malathion 74
maraviroc 6
marlissa 47
 MARPLAN 32
 MATULANE 14
 MAVYRET PAK 50-20MG
 9
 MAVYRET TAB 100-
 40MG 9
meclizine hcl 53
medroxyprogesterone
acetate 52
medroxyprogesterone
acetate
(contraceptive) 47

mefloquine hcl 6
megestrol acetate 13, 52
megestrol acetate
(appetite) 52
 MEKINIST 17
 MEKTOVI 17
meloxicam 1
memantine hcl 31
 MENACTRA INJ 61
 MENQUADFI INJ 61
 MENVEO INJ 61
 MENVEO SOL 61
mercaptopurine 13
meropenem 4
mesalamine 54
mesalamine w/ cleanser
 54
 MESNEX 20
metadate er 37
metformin hcl 42
methadone hcl 2
methadone
hydrochloride i 2
methazolamide 25
methenamine hippurate
 4
methimazole 52
methocarbamol 40
methotrexate sodium 13,
 59
methsuximide 29
methylphenidate hcl .. 37
methylprednisolone ... 50
methylprednisolone
acetate 50
methylprednisolone sod
succ 50
metoclopramide hcl ... 53
metolazone 25
metoprolol &
hydrochlorothiazide
tab 100-25 mg 24
metoprolol &
hydrochlorothiazide
tab 100-50 mg 24
metoprolol &
hydrochlorothiazide
tab 50-25 mg 24

metoprolol succinate .. 24
metoprolol tartrate 24
metronidazole 4
metronidazole (topical)
 73
metronidazole vaginal 56
metyrosine 26
 MG SO4/D5W INJ
 10MG/ML 63
micalungin sodium 5
microgestin 1.5/30 47
microgestin 1/20 47
microgestin fe 1.5/30 47
microgestin fe 1/20 ... 47
midodrine hcl 26
miglustat 51
mili 47
mimvey 49
minocycline hcl 12
minoxidil 26
mirtazapine 32
misoprostol 54
 MITIGARE 1
 M-M-R II INJ 61
 M-NATAL PLUS TAB ... 63
moexipril hcl 21
molindone hcl 35
mometasone furoate .. 73
 MONJUVI 17
mono-lynyah 47
montelukast sodium ... 68
morphine sulfate 2
 MORPHINE SULFATE ... 2
 MORPHINE
 SULFATE/SODIUM C. 2
 MOVANTIK 55
moxifloxacin hcl 10
moxifloxacin hcl (ophth)
 65
 MULTAQ 23
multiple electrolytes ph
 5.5 63
multiple electrolytes ph
 7.4 63
mupirocin 71
 MVASI 17
mycophenolate mofetil
 60

mycophenolate sodium
.....60
MYRBETRIQ.....56

N

nabumetone1
nadolol24
nafcillin sodium11
NAGLAZYME51
nalbuphine hcl2
naloxone hcl40
naltrexone hcl.....40
NAMZARIC CAP 14-
10MG.....31
NAMZARIC CAP 21-
10MG.....31
NAMZARIC CAP 28-
10MG.....31
NAMZARIC CAP 7-10MG
.....31
NAMZARIC CAP PACK 31
naproxen1
naproxen sodium1
naratriptan hcl38
NATACYN65
nateglinide42
NATPARA44
NAYZILAM29
nebivolol hcl24
necon 0.5/35-2847
nefazodone hcl.....32
neomycin sulfate.....4
*neomycin-bacitrac zn-
polymyx 5(3.5)mg-
400unt-10000unt op
oin*.....65
*neomycin-polymy-
gramicid op sol 1.75-
10000-0.025mg-unt-
mg/ml*.....65
*neomycin-polymyxin-
dexamethasone ophth
oint 0.1%*64
*neomycin-polymyxin-
dexamethasone ophth
susp 0.1%*64

*neomycin-polymyxin-hc
ophth susp* 64
*neomycin-polymyxin-hc
otic soln 1%* 67
*neomycin-polymyxin-hc
otic susp 3.5 mg/ml-
10000 unit/ml-1%* . 67
*neo-polycin 5(3.5)mg-
400unt-10000unt op
oin* 65
*neo-polycin hc ophth
oint 1%* 64
NERLYNX 17
NEUPRO..... 33
nevirapine.....6
NEXAVAR..... 17
*niacin
(antihyperlipidemic)* 24
nicardipine hcl 25
NICOTROL INHALER.. 40
NICOTROL NS 40
nifedipine..... 25
nikki..... 47
nilutamide..... 13
nimodipine 25
NINLARO 17
nitazoxanide.....4
nitisinone..... 51
NITRO-BID..... 26
*nitrofurantoin
macrocrystal*4
*nitrofurantoin monohyd
macro*4
nitroglycerin 26
nizatidine 54
nora-be 47
*norethindrone
(contraceptive)* 47
*norethindrone ace &
ethinyl estradiol tab 1
mg-20 mcg* 47
*norethindrone ace &
ethinyl estradiol tab
1.5 mg-30 mcg* 47
*norethindrone ace &
ethinyl estradiol-fe tab
1 mg-20 mcg*..... 48
norethindrone acetate 52

*norethindrone acetate-
ethinyl estradiol tab
0.5 mg-2.5 mcg*49
*norethindrone acetate-
ethinyl estradiol tab 1
mg-5 mcg*.....49
*norethindrone ac-ethinyl
estradiol-fe tab 1-20/1-
30/1-35 mg-mcg*47
*norgestimate & ethinyl
estradiol tab 0.25 mg-
35 mcg*.....48
*norgestimate-eth estrad
tab 0.18-25/0.215-
25/0.25-25 mg-mcg*48
*norgestimate-eth estrad
tab 0.18-35/0.215-
35/0.25-35 mg-mcg*48
norlyroc48
NORPACE CR.....23
nortrel 0.5/35 (28)48
nortrel 1/35 (21)48
nortrel 1/35 (28)48
nortrel 7/7/748
nortriptyline hcl.....32
NORVIR..... 6
NOVOLIN INJ 70/30...43
NOVOLIN INJ 70/30 FP
.....43
NOVOLIN N.....43
NOVOLIN N FLEXPEN .43
NOVOLIN R.....43
NOVOLIN R FLEXPEN..43
NOVOLOG.....43
NOVOLOG FLEXPEN ...43
NOVOLOG MIX INJ
70/30.....43
NOVOLOG MIX INJ
FLEXPEN.....43
NOVOLOG PENFILL43
NOXAFIL 5
NUBEQA13
NUEDEXTA CAP 20-
10MG39
NULOJIX.....60
NUPLAZID35
NURTEC38
NUTRILIPID64

NUZYRA	12
nyamyc.....	71
nylia 1/35	48
nylia 7/7/7	48
NYMALIZE	25
nymyo	48
nystatin	5
nystatin (mouth-throat)	74
nystatin (topical).....	71
nystop	71

O

ocella.....	48
OCTAGAM	60
octreotide acetate	51
ODEFSEY TAB	8
ODOMZO.....	18
OFEV	69
ofloxacin (ophth).....	65
ofloxacin (otic).....	67
OGIVRI	18
OGIVRI INJ 420MG....	18
olanzapine.....	35
olmesartan medoxomil	22
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg.....	22
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg.....	22
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg.....	22
olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg...	22
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg.	22
olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg....	22
olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg...	22

olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg	22
olopatadine hcl	66
omeprazole	55
OMNIPOD 5 G6 KIT INTRO	43
OMNIPOD 5 G6 MIS PODS.....	44
OMNIPOD DASH KIT INTRO	44
OMNIPOD DASH MIS PODS.....	44
OMNIPOD GO KIT 10UNT/DY	44
OMNIPOD GO KIT 15UNT/DY	44
OMNIPOD GO KIT 20UNT/DY	44
OMNIPOD GO KIT 25UNT/DY	44
OMNIPOD GO KIT 30UNT/DY	44
OMNIPOD GO KIT 35UNT/DY	44
OMNIPOD GO KIT 40UNT/DY	44
OMNIPOD MIS CLASSIC	44
OMNIPOD PDM KIT CLASSIC	44
ondansetron	53
ondansetron hcl	53
ONTRUZANT.....	18
ONUREG	13
OPSUMIT	27
ORGOVYX	13
ORKAMBI GRA 100-125	69
ORKAMBI GRA 150-188	69
ORKAMBI GRA 75-94MG	69
ORKAMBI TAB 100-125	69
ORKAMBI TAB 200-125	69
ORSERDU	14

oseltamivir phosphate .	9
OTEZLA	58
OTEZLA TAB 10/20/30	59
oxacillin sodium.....	11
oxaliplatin.....	12
oxcarbazepine	29
oxybutynin chloride ...	56
oxycodone hcl	2, 3
oxycodone w/ acetaminophen tab 10-325 mg.....	3
oxycodone w/ acetaminophen tab 2.5-325 mg.....	3
oxycodone w/ acetaminophen tab 5- 325 mg	3
oxycodone w/ acetaminophen tab 7.5-325 mg.....	3
OXYCONTIN	2
OZEMPIC (0.25 OR 0.5MG/DOSE).....	42
OZEMPIC (1MG/DOSE)	42
OZEMPIC (2MG/DOSE) SOPN 8MG/3ML	42

P

pacerone	23
paclitaxel.....	15
paclitaxel protein-bound particles for iv susp 100 mg	15
paliperidone.....	35
pamidronate disodium	45
PAMIDRONATE DISODIUM	44
PANRETIN.....	73
pantoprazole sodium..	55
PANZYGA.....	60
paraplatin	12
paricalcitol	53
paromomycin sulfate...	4
paroxetine hcl	32
PEDIARIX INJ 0.5ML ..	61

PEDVAX HIB	61	<i>pioglitazone hcl</i>	42	POT CHL 40MEQ/L IN	
<i>peg 3350-kcl-na bicarb-</i>		<i>piperacillin sod-</i>		<i>NACL 0.9% INJ</i>	63
<i>nacl-na sulfate for soln</i>		<i>tazobactam na for inj</i>		<i>potassium chloride</i>	63,
<i>236 gm</i>	54	<i>3.375 gm (3-0.375</i>		<i>64</i>	
<i>peg 3350-kcl-sod</i>		<i>gm)</i>	12	POTASSIUM CHLORIDE	
<i>bicarb-nacl for soln</i>		<i>piperacillin sod-</i>		.....	63
<i>420 gm</i>	54	<i>tazobactam sod for inj</i>		<i>potassium chloride 20</i>	
PEGASYS.....	9	<i>13.5 gm (12-1.5 gm)</i>		<i>meq/l (0.15%) in</i>	
PEMAZYRE.....	18	.....	12	<i>dextrose 5% inj</i>	63
<i>pemetrexed disodium</i>	13	<i>piperacillin sod-</i>		<i>potassium chloride</i>	
PEN GK/DEXTR INJ		<i>tazobactam sod for inj</i>		<i>microencapsulated</i>	
<i>40000/ML</i>	11	<i>2.25 gm (2-0.25 gm)</i>		<i>crystals er</i>	64
PEN GK/DEXTR INJ		.....	12	<i>potassium citrate</i>	
<i>60000/ML</i>	11	<i>piperacillin sod-</i>		<i>(alkalinizer)</i>	55
<i>penicillamine</i>	45	<i>tazobactam sod for inj</i>		PRADAXA	56, 57
<i>penicillin g potassium</i>	11	<i>4.5 gm (4-0.5 gm)</i> .	12	PRALUENT	24
PENICILLIN G PROCAINE		<i>piperacillin sod-</i>		<i>pramipexole</i>	
.....	11	<i>tazobactam sod for inj</i>		<i>dihydrochloride</i>	33
<i>penicillin g sodium</i>	11	<i>40.5 gm (36-4.5 gm)</i>		<i>prasugrel hcl</i>	58
<i>penicillin v potassium</i>	11	.....	12	<i>pravastatin sodium</i>	23
PENTACEL INJ.....	61	PIQRAY 200MG DAILY		<i>praziquantel</i>	4
<i>pentamidine isethionate</i>		<i>DOSE</i>	18	<i>prazosin hcl</i>	21
<i>inh</i>	4	PIQRAY 250MG TAB		<i>prednisolone</i>	50
<i>pentamidine isethionate</i>		<i>DOSE</i>	18	<i>prednisolone acetate</i>	
<i>inj</i>	4	PIQRAY 300MG DAILY		<i>(ophth)</i>	66
<i>pentoxifylline</i>	57	<i>DOSE</i>	18	PREDNISOLONE	
<i>perindopril erbumine</i> .	21	<i>pirfenidone</i>	69	<i>SODIUM PHOSP</i>	66
<i>periogard</i>	74	<i>pirmella 1/35</i>	48	<i>prednisolone sodium</i>	
<i>permethrin</i>	74	<i>piroxicam</i>	1	<i>phosphate</i>	50
<i>perphenazine</i>	35	PLASMA-LYTE INJ -148		<i>prednisone</i>	50
PERSERIS	35	.....	63	PREDNISONE INTENSOL	
<i>pfizerpen</i>	11	PLASMA-LYTE INJ -A .	63	.....	50
<i>phenelzine sulfate</i>	32	<i>plenamine</i>	64	<i>pregabalin</i>	29
<i>phenobarbital</i>	29	PLENVU SOL.....	54	PREHEVBRIO.....	61
<i>phenobarbital sodium</i>	29	<i>podofilox</i>	73	PREMASOL SOL 10% .	64
<i>phenytek</i>	29	<i>polycin ophth oint</i>	65	PRENATAL TAB 27-1MG	
<i>phenytoin</i>	29	<i>polymyxin b-</i>		.....	64
<i>phenytoin sodium</i>	29	<i>trimethoprim ophth</i>		PRENATAL TAB PLUS..	64
<i>phenytoin sodium</i>		<i>soln 10000 unit/ml-</i>		<i>prevalite</i>	24
<i>extended</i>	29	<i>0.1%</i>	65	PREVYMIS	9
PHESGO SOL	18	POMALYST	14	PREZCOBIX TAB 800-	
<i>philith</i>	48	<i>portia-28</i>	48	<i>150</i>	8
PIFELTRO	6	<i>posaconazole</i>	5	PREZISTA.....	6
<i>pilocarpine hcl</i>	66	POT CHL 20MEQ/L IN		PRIFTIN.....	8
<i>pilocarpine hcl (oral)</i> ..	74	<i>NACL 0.45% INJ</i>	63	<i>primaquine phosphate</i> .	6
<i>pimozide</i>	35	POT CHL 20MEQ/L IN		PRIMAQUINE	
<i>pimtrea</i>	48	<i>NACL 0.9% INJ</i>	63	<i>PHOSPHATE</i>	6
<i>pindolol</i>	24			<i>primidone</i>	30

PRIORIX INJ 61
 PRIVIGEN..... 60
probenecid 1
prochlorperazine 53
prochlorperazine
edisylate 53
prochlorperazine
maleate..... 53
 PROCRT 57
procto-med hc 74
proctosol hc..... 74
proctozone-hc..... 74
 PROGRAF 60
 PROLASTIN-C 69
 PROLENSA..... 66
 PROLIA 45
 PROMACTA 57
promethazine hcl 53
propafenone hcl 23
proparacaine hcl 66
propranolol hcl..... 24
propylthiouracil 52
 PROQUAD INJ 61
 PROSOL INJ 20% 64
protriptyline hcl..... 32
 PULMICORT FLEXHALER
 70
 PULMOZYME 69
 PURIXAN 13
pyrazinamide 8
pyridostigmine bromide
 39

Q

QINLOCK 18
 QUADRACEL INJ 61
 QUADRACEL INJ 0.5ML
 61
quetiapine fumarate .. 35
quinapril hcl 21
quinapril-
hydrochlorothiazide
tab 10-12.5 mg 20
quinapril-
hydrochlorothiazide
tab 20-12.5 mg 20

quinapril-
hydrochlorothiazide
tab 20-25 mg 21
quinidine sulfate 23
quinine sulfate..... 6

R

RABAVERT INJ..... 61
rabeprazole sodium... 55
raloxifene hcl 51
ramipril 21
ranolazine..... 26
rasagiline mesylate ... 33
 RAYALDEE..... 53
reclipsen 48
 RECOMBIVAX HB 62
 RECTIV 74
 REGRANEX 74
 RELENZA DISKHALER.. 9
 RELISTOR 55
 REMICADE 59
 RENFLEXIS..... 59
repaglinide 42
 RESTASIS 66
 RESTASIS MULTIDOSE
 66
 RETEVMO..... 18
 REVLIMID 14
 REXULTI 35
 REYATAZ 7
 REZLIDHIA..... 18
 REZUROCK..... 60
 RHOPRESSA..... 66
ribavirin (hepatitis c)... 9
rifabutin 8
rifampin..... 8
riluzole 39
rimantadine
hydrochloride 9
 RINVOQ..... 59
 RISPERDAL CONSTA.. 36
risperidone..... 36
ritonavir 7
rivastigmine 31
rivastigmine tartrate . 31
rizatriptan benzoate .. 38
 ROCKLATAN DRO 66

roflumilast 69
ropinirole hydrochloride
 33
rosuvastatin calcium .. 23
 ROTARIX SUS 62
 ROTATEQ SOL..... 62
roweepra 30
 ROZLYTREK 18
 RUBRACA 18
rufinamide 30
 RUKOBIA..... 7
 RYBELSUS 42
 RYDAPT..... 18

S

sajazir..... 57
 SANDIMMUNE 61
 SANTYL 74
sapropterin
dihydrochloride..... 51
 SCEMBLIX 18
scopolamine..... 53
 SECUADO 36
selegiline hcl 33
selenium sulfide 72
 SELZENTRY..... 7
 SEREVENT DISKUS 68
sertraline hcl 32
setlakin 48
sevelamer carbonate.. 52
sharobel 48
 SHINGRIX 62
 SIGNIFOR..... 51
sildenafil citrate
(pulmonary
hypertension)..... 27
silver sulfadiazine 71
 SIMBRINZA SUS 1-0.2%
 66
simliya 48
simvastatin 23
sirolimus 61
 SIRTURO 8
 SIVEXTRO 4
 SKYRIZI 59
 SKYRIZI PEN..... 59

sod sulfate-pot sulf-mg
sulf oral sol 17.5-3.13-
1.6 gm/177ml 54
sodium chloride 63
sodium chloride (gu
irrigant) 74
sodium fluoride chew;
tab; 1.1 (0.5 f) mg/ml
soln 64
 SODIUM OXYBATE..... 40
sodium phenylbutyrate
 51
sodium polystyrene
sulfonate powder.... 45
solifenacin succinate.. 56
 SOLIQUA INJ 100/33. 44
 SOLTAMOX 14
 SOLU-CORTEF 50
 SOMATULINE DEPOT . 51
 SOMAVERT 52
sorafenib tosylate..... 18
sorine 23
sotalol hcl 23
sotalol hcl (afib/afl) ... 23
spironolactone 21
spironolactone &
hydrochlorothiazide
tab 25-25 mg..... 26
sprintec 28 48
 SPRITAM 30
 SPRYCEL 18
sps 45
sronyx 48
ssd 71
 STELARA 59
 STIVARGA 18
streptomycin sulfate 4
 STRIBILD TAB..... 8
subvenite 30
sucrafate 55
sulfacetamide sodium
(acne)..... 71
sulfacetamide sodium
(ophth) 65
sulfacetamide sodium-
prednisolone ophth
soln 10-0.23(0.25)%
 64

sulfadiazine 4
sulfamethoxazole-
trimethoprim iv soln
400-80 mg/5ml 4
sulfamethoxazole-
trimethoprim susp
200-40 mg/5ml 4
sulfamethoxazole-
trimethoprim tab 400-
80 mg 4
sulfamethoxazole-
trimethoprim tab 800-
160 mg..... 4
 SULFAMYLON 71
sulfasalazine 54
sulindac 1
sumatriptan 38
sumatriptan succinate 38
sunitinib malate 18
 SUNLENCA 7
 SUPREP BOWEL SOL
 PREP KIT..... 54
syeda 48
 SYMBICORT AER 160-
 4.5 71
 SYMBICORT AER 80-4.5
 71
 SYMDEKO TAB 100-150
 69
 SYMDEKO TAB 50-75MG
 69
 SYMJEPI 69
 SYMPAZAN 30
 SYMTUZA TAB 8
 SYNAREL 49
 SYNJARDY TAB 12.5-
 1000MG 42
 SYNJARDY TAB 12.5-500
 42
 SYNJARDY TAB 5-
 1000MG 42
 SYNJARDY TAB 5-500MG
 42
 SYNJARDY XR TAB 10-
 1000 42
 SYNJARDY XR TAB 12.5-
 1000MG 42

SYNJARDY XR TAB 25-
 1000 42
 SYNJARDY XR TAB 5-
 1000MG 42
 SYNRIPO 14
 SYNTHROID 52

T

TABLOID 13
 TABRECTA 18
tacrolimus 61
tacrolimus (topical).... 74
 TAFINLAR 18
 TAGRISSO 18
 TALTZ 59
 TALZENNA 18
tamoxifen citrate 14
tamsulosin hcl 55
tarina fe 1/20 eq 48
 TASIGNA 18
tasimelteon..... 37
tazarotene 72
tazicef..... 10
 TAZORAC 72
taztia xt 25
 TAZVERIK..... 18
 TDVAX INJ 2-2 LF 62
 TECENTRIQ..... 18
 TEFLARO 10
telmisartan 22
telmisartan-
hydrochlorothiazide
tab 40-12.5 mg 22
telmisartan-
hydrochlorothiazide
tab 80-12.5 mg 22
telmisartan-
hydrochlorothiazide
tab 80-25 mg 22
temazepam..... 37, 38
 TENIVAC INJ 5-2LF 62
tenofovir disoproxil
fumarate 7
 TEPMETKO 18
terazosin hcl 21
terbinafine hcl 5
terbutaline sulfate 68

<i>terconazole vaginal</i> ...	56	<i>tramadol-</i>		TRIJARDY XR TAB ER	
TERIPARATIDE.....	45	<i>acetaminophen tab</i>		24HR 5-2.5-1000MG	
testosterone	41	37.5-325 mg	3	.....	42
testosterone cypionate		<i>trandolapril</i>	21	TRIKAFTA PAK 59.5MG	
.....	41	<i>tranexamic acid</i>	57	.....	69
testosterone enanthate		<i>tranylcypromine sulfate</i>		TRIKAFTA PAK 75MG..	70
.....	41	.....	32	TRIKAFTA TAB 100-50-	
tetrabenazine	39	TRAVASOL INJ 10% ..	64	75MG & 150MG	70
tetracycline hcl	12	TRAZIMERA.....	18	TRIKAFTA TAB 50-25-	
THALOMID	14	<i>trazodone hcl</i>	32	37.5MG & 75MG	70
THEO-24	69	TRECATOR	8	<i>tri-legest fe</i>	48
theophylline	69	TRELEGY AER ELLIPTA		<i>tri-lynyah</i>	48
thioridazine hcl	36	100-62.5-25 MCG ..	67	<i>tri-lo-estarylla</i>	48
thiothixene	36	TRELEGY AER ELLIPTA		<i>tri-lo-marzia</i>	48
tiadylt er	25	200-62.5-25 MCG ..	67	<i>tri-lo-mili</i>	48
tiagabine hcl.....	30	<i>treprostinil</i>	27	<i>tri-lo-sprintec</i>	48
TIBSOVO.....	18	TRESIBA	44	<i>trimethoprim</i>	4
TICOVAC.....	62	TRESIBA FLEXTOUCH	44	<i>tri-mili</i>	48
tigecycline	12	<i>tretinoin</i>	71	<i>trimipramine maleate</i> ..	32
TIGECYCLINE.....	12	<i>tretinoin</i>		TRINTELLIX	32
<i>tilia fe</i>	48	(chemotherapy)	14	<i>tri-nymyo</i>	48
<i>timolol maleate</i>	24	<i>triamcinolone acetoneide</i>		<i>tri-sprintec</i>	48
<i>timolol maleate (ophth)</i>		(mouth)	74	TRIUMEQ PD TAB	8
.....	66	<i>triamcinolone acetoneide</i>		TRIUMEQ TAB	8
TIVICAY	7	(topical)	73	<i>trivora-28</i>	49
TIVICAY PD	7	<i>triamterene &</i>		<i>tri-vylibra</i>	48
<i>tizanidine hcl</i>	40	<i>hydrochlorothiazide</i>		<i>tri-vylibra lo</i>	48
TOBRADEX OIN 0.3-		<i>cap 37.5-25 mg</i>	26	TRIZIVIR TAB	8
0.1%	65	<i>triamterene &</i>		TROGARZO	7
TOBRADEX ST SUS 0.3-		<i>hydrochlorothiazide</i>		TROPHAMINE INJ 10%	
0.05	65	<i>tab 37.5-25 mg</i>	26	.....	64
<i>tobramycin</i>	4	<i>triamterene &</i>		<i>tropium chloride</i>	56
<i>tobramycin (ophth)</i> ...	65	<i>hydrochlorothiazide</i>		TRUE METRIX KIT AIR	74
<i>tobramycin sulfate</i>	4	<i>tab 75-50 mg</i>	26	TRUE METRIX KIT	
<i>tobramycin-</i>		<i>trientine hcl</i>	45	METER.....	74
<i>dexamethasone ophth</i>		<i>tri-estarylla</i>	48	TRUE METRIX STRIPS	74
<i>susp 0.3-0.1%</i>	65	<i>trifluoperazine hcl</i>	36	TRULICITY	42
<i>tolterodine tartrate</i>	56	<i>trifluridine</i>	65	TRUMENBA INJ.....	62
<i>topiramate</i>	30	<i>trihexyphenidyl hcl</i>	34	TRUSELTIQ 100MG	
<i>toremifene citrate</i>	14	TRIJARDY XR TAB ER		DAILY DOSE.....	19
<i>torse mide</i>	26	24HR 10-5-1000MG	42	TRUSELTIQ 125MG	
TOUJEO MAX SOLOSTAR		TRIJARDY XR TAB ER		DAILY DOSE.....	19
.....	44	24HR 12.5-2.5-		TRUSELTIQ 50MG DAILY	
TOUJEO SOLOSTAR ...	44	1000MG	42	DOSE	18
TPN ELECTROL INJ	63	TRIJARDY XR TAB ER		TRUSELTIQ 75MG DAILY	
TRADJENTA	42	24HR 25-5-1000MG	42	DOSE	18
<i>tramadol hcl</i>	3			TRUXIMA.....	19
				TUKYSA.....	19

TURALIO	19
TWINRIX INJ	62
TYBOST	7
TYPHIM VI.....	62
TYRVAYA.....	67

U

<i>unithroid</i>	52
<i>ursodiol</i>	55

V

<i>valacyclovir hcl</i>	9
VALCHLOR	74
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	30
<i>valproic acid</i>	30
<i>valsartan</i>	23
<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 160-12.5 mg</i>	22
<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 160-25 mg</i>	22
<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 320-12.5 mg</i>	22
<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 320-25 mg</i>	22
<i>valsartan-</i> <i>hydrochlorothiazide</i> <i>tab 80-12.5 mg</i>	22
VALTOCO 10 MG DOSE	30
VALTOCO 15 MG DOSE	30
VALTOCO 20 MG DOSE	30
VALTOCO 5 MG DOSE	30
<i>vanadom</i>	40
<i>vancomycin hcl</i>	5
VANCOMYCIN INJ 1 GM5	
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	19

VAQTA.....	62
<i>varenicline tartrate</i>	40
<i>varenicline tartrate tab</i> <i>11 x 0.5 mg & 42 x 1</i> <i>mg start pack</i>	40
VARIVAX.....	62
VASCEPA	24
<i>velivet</i>	49
VELPHORO	52
VELTASSA.....	45
VEMLIDY.....	9
VENCLEXTA.....	19
VENCLEXTA TAB START PK.....	19
<i>venlafaxine hcl</i>	32, 33
VENTAVIS	27
VENTOLIN HFA	68
VENTOLIN HFA (INSTITUTIONAL PACK).....	68
<i>verapamil hcl</i>	25
VERQUVO	26
VERSACLOZ	36
VERZENIO	19
<i>vestura</i>	49
V-GO 20 KIT	44
V-GO 30 KIT	44
V-GO 40 KIT	44
VICTOZA	42
<i>vienva</i>	49
<i>vigabatrin</i>	30
<i>vigadrone</i>	30
VIIBRYD KIT STARTER	33
<i>vilazodone hcl</i>	33
VIMPAT	30
<i>vincristine sulfate</i>	15
<i>vinorelbine tartrate</i> ...	15
<i>violele</i>	49
VIRACEPT	7
VIREAD	7
VITRAKVI.....	19
VIVITROL.....	41
VIZIMPRO	19
VONJO.....	19
<i>voriconazole</i>	5
VOSEVI TAB.....	9
VOTRIENT.....	19

VRAYLAR	36
VRAYLAR CAP 1.5-3MG	36
<i>vyfemla</i>	49
<i>vylibra</i>	49
VYZULTA	66

W

<i>warfarin sodium</i>	57
<i>water for irrigation,</i> <i>sterile irrigation soln</i>	74
WELIREG.....	14
<i>wera</i>	49

X

XALKORI	19
XARELTO	57
XARELTO STAR TAB 15/20MG	57
XATMEP.....	59
XCOPRI	30
XCOPRI PAK 100-150.30	
XCOPRI PAK 12.5-25 .30	
XCOPRI PAK 150-200MG (MAINTENANCE).....	31
XCOPRI PAK 150-200MG (TITRATION).....	31
XCOPRI PAK 50-100MG	30
XELJANZ	59
XELJANZ XR.....	59
XERMELO	55
XGEVA	45
XHANCE	70
XIFAXAN	55
XIGDUO XR TAB 10- 1000	42
XIGDUO XR TAB 10- 500MG	42
XIGDUO XR TAB 2.5- 1000	42
XIGDUO XR TAB 5- 1000MG.....	42
XIGDUO XR TAB 5- 500MG	42
XIIDRA.....	67

XOLAIR..... 70
 XOSPATA 19
 XPOVIO 100 MG ONCE
 WEEKLY 19
 XPOVIO 40 MG ONCE
 WEEKLY 19
 XPOVIO 40 MG TWICE
 WEEKLY 19
 XPOVIO 60 MG ONCE
 WEEKLY 19
 XPOVIO 60 MG TWICE
 WEEKLY 19
 XPOVIO 80 MG ONCE
 WEEKLY 19
 XPOVIO 80 MG TWICE
 WEEKLY 19
 XTANDI..... 14
xulane 49
 XULTOPHY INJ 100/3.6
 44
 XYREM 40

Y

YF-VAX INJ 62
yuvaferm 49

Z

zafemy 49
zafirlukast 68
 ZARXIO 57
 ZEJULA..... 19
 ZELBORAF 19
 ZEMAIRA 70
zenatane 71
 ZENPEP CAP 10000UNT
 55
 ZENPEP CAP 15000UNT
 55
 ZENPEP CAP 20000UNT
 55
 ZENPEP CAP 25000UNT
 55
 ZENPEP CAP 3000UNIT
 55

ZENPEP CAP 40000UNT
55
 ZENPEP CAP 5000UNIT
55
 ZERVIAE.....66
zidovudine 7
 ZIEXTENZO57
ziprasidone hcl36
ziprasidone mesylate .36
 ZIRABEV19
 ZIRGAN.....65
zoledronic acid45
 ZOLINZA20
zolmitriptan38
zolpidem tartrate.....38
 ZONISADE.....31
zonisamide31
zovia 1/3549
 ZTALMY31
zumandimine49
 ZYDELIG20
 ZYKADIA20
 ZYLET SUS 0.5-0.3% .65
 ZYPREXA RELPREVV...36

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 665-3086, TTY: 711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

<https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>

Puede solicitar este documento de forma gratuita en otros idiomas que no sean inglés o en otros formatos, tales como letra de molde grande, sistema Braille o audio. Llame al (800) 665-3086, TTY: 711. La llamada es gratuita.

Molina Healthcare cumple con las leyes federales vigentes de derechos civiles y no discrimina por motivos de raza, origen étnico, nacionalidad de origen, religión, género, sexo, edad, discapacidad mental o física, estado de salud, recepción de atención médica, experiencia de reclamos, antecedentes médicos, información genética, evidencia de asegurabilidad ni ubicación geográfica.

<https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>



This formulary was updated on 12/01/2023. For more recent information or other questions, please contact Molina Medicare Choice Care Plus Member Service at (800) 665-3086 (TTY users should call 711), October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

Este formulario se actualizó el 12/01/2023. Para obtener información más reciente u otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Choice Care Plus (800) 665-3086 (los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8:00 a. m. a 8:00 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8:00 a. m. a 8:00 p. m., hora local; o visite MolinaHealthcare.com/Medicare.