



Molina Medicare Choice Care (HMO)

Molina Medicare Choice Care Select (HMO)

2024 Formulary / Formulario para 2024

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

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

HPMS Approved Formulary File Submission ID 00024173, Version Number 13

This formulary was updated on 07/01/2024. For more recent information or other questions, please contact Molina Medicare Choice Care Member Service at (800) 665-3086 (TTY users should call 711), October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time, or visit MolinaHealthcare.com/Medicare.

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

Identificación de Presentación del Archivo del Formulario Aprobado por el Sistema de Administración de Planes de Salud (HPMS): 00024173, Versión 13

Este formulario se actualizó el 07/01/2024. Para obtener información actualizada, o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Choice Care al (800) 665-3086, los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8 a. m. a 8 p. m., hora local, o puede visitar MolinaHealthcare.com/Medicare.

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

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

This document includes list of the drugs (formulary) for our plan which is current as of 07/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Molina Medicare Choice Care and Molina Medicare Choice Care Select Formulary?

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

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

Can the Formulary (drug list) change?

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

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

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

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the Molina Medicare Choice Care and Molina Medicare Choice Care Select's Formulary?"

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

The enclosed formulary is current as of 07/01/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 99. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 12. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Molina Medicare Choice Care and Molina Medicare Choice Care Select's formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Molina Medicare Choice Care and Molina Medicare Choice Care Select's Formulary?

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

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

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

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

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

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

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

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

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

For more information

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

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

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

Molina Medicare Choice Care and Molina Medicare Choice Care Select Formulary

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

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

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

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

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

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

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

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

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

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

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

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

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

En este documento, se incluye una Lista de medicamentos (formulario) de nuestro plan, la cual está vigente a partir del 07/01/2024. Para recibir una versión actualizada del formulario, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en la portada y en la contraportada.

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

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

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

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

¿Puede cambiar el formulario (Lista de medicamentos)?

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

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

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

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

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

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

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

El formulario adjunto está vigente a partir del 07/01/2024. Para obtener información actualizada sobre los medicamentos que nuestro plan cubre, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y en la contraportada.

¿Cómo uso el formulario?

Hay dos maneras de encontrar un medicamento en el formulario:

Enfermedad

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

Orden alfabético

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

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Para obtener más información

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

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

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

Formulario Molina Medicare Choice Care and Molina Medicare Choice Care Select

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

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

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

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

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

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

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

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

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

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

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

MOLINA_CY24_6T_STND eff 07/01/2024

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, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	QL (10 patches / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	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
<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
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab 2.5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 5-325mg</i>	2	QL (360 tabs / 30 days)
<i>endocet tab 7.5-325mg</i>	2	QL (240 tabs / 30 days)
<i>endocet tab 10-325mg</i>	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 7.5-325 mg/15ml</i>	2	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	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, 50mg/ml	4	B/D

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 100mg/5ml	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)
<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, QL (672 tabs / year), PA
<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 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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 SOLR 150mg</i>	2	
<i>dapsone TABS 25mg, 100mg</i>	2	
DAPTOMYCIN SOLR 350mg	5	NDS
<i>daptomycin SOLR 350mg, 500mg</i>	5	NDS
EMVERM CHEW 100mg	5	NDS, QL (12 tabs / year)
<i>ertapenem sodium SOLR 1gm</i>	2	
<i>gentamicin in saline inj 0.8 mg/ml</i>	2	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	5	NDS
<i>sulfadiazine TABS 500mg</i>	5	NDS
<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>tinidazole TABS 250mg, 500mg</i>	2	
<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	
<i>vancomycin hcl CAPS 125mg</i>	2	QL (80 caps / 180 days)
<i>vancomycin hcl CAPS 250mg</i>	2	QL (160 caps / 180 days)
<i>vancomycin hcl SOLR 1gm, 5gm, 10gm, 500mg, 750mg</i>	2	
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	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 SOLR 50mg</i>	2	B/D
<i>amphotericin b liposome SUSR 50mg</i>	5	NDS, B/D
<i>casprofungin acetate SOLR 50mg, 70mg</i>	2	
<i>fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<i>flucytosine CAPS 250mg, 500mg</i>	5	NDS, PA
<i>griseofulvin microsize SUSP 125mg/5ml; TABS 500mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<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	2	PA
<i>voriconazole</i> 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 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	
COARTEM TAB 20-120MG	4	
<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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>etravirine</i> TABS 100mg, 200mg	5	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NDS, NM
FUZEON SOLR 90mg	5	NDS, NM, LA
INTELENCE TABS 25mg	4	NM
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NDS, NM
ISENTRESS 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
REYATAZ PACK 50mg	5	NDS, NM
<i>ritonavir</i> 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
<i>tenofovir disoproxil fumarate</i> 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
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	NM

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-RETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	NDS, QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	QL (30 tabs / 30 days), NM
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

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

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

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ TAB	5	NDS, NM
TRIZIVIR TAB	5	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine</i> CAPS 250mg	5	NDS
<i>ethambutol hcl</i> TABS 100mg, 400mg	2	
<i>isoniazid</i> SYRP 50mg/5ml	2	
<i>isoniazid</i> TABS 100mg, 300mg	1	
PRIFTIN TABS 150mg	4	
<i>pyrazinamide</i> TABS 500mg	2	
<i>rifabutin</i> CAPS 150mg	2	
<i>rifampin</i> CAPS 150mg, 300mg; SOLR 600mg	2	
SIRTURO TABS 20mg, 100mg	5	NDS, NM, LA, PA
TRECTOR TABS 250mg	4	
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	
<i>acyclovir</i> SUSP 200mg/5ml	2	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	NM
BARACLUDE SOLN .05mg/ml	5	NDS, NM
<i>entecavir</i> TABS .5mg, 1mg	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
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	
<i>ganciclovir sodium</i> SOLR 500mg	2	B/D
HARVONI PAK 33.75-150MG	5	NDS, NM, PA
HARVONI PAK 45-200MG	5	NDS, NM, PA
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)
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); \$0 Cost Share

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

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

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID TAB 300-100	3	QL (60 tabs / 30 days); \$0 Cost Share
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	
CEFACLOR 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, 3gm, 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>cefpodoxime 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	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>erythrocine 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 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	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 250 mg/50ml</i>	2	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	
<i>moxifloxacin hcl</i> TABS 400mg	4	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	
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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	
<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 sodium SOLR 5000000unit</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml	2	
<i>penicillin v potassium</i> TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	2	
<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</i> SOLR 100mg	2	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	2	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	2	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	2	
NUZYRA SOLR 100mg; TABS 150mg	5	NDS, NM, LA
<i>tetracycline hcl</i> CAPS 250mg, 500mg	2	PA
<i>tigecycline</i> SOLR 50mg	5	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	NDS, B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/ml	5	NDS, B/D
<i>cyclophosphamide</i> SOLR 2gm	5	NDS, B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	NDS, B/D

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

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

Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NDS, NM
LEUKERAN TABS 2mg	5	NDS
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	B/D
<i>oxaliplatin</i> SOLR 100mg	5	NDS, B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	NDS, B/D
ELLECE 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, QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	5	NDS, QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	NDS, QL (80 tabs / 28 days), 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, QL (14 tabs / 28 days), NM, LA, PA
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	NDS, B/D
PURIXAN SUSP 2000mg/100ml	5	NDS, NM, LA
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	NDS, QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	NDS, QL (60 tabs / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
AKEEGA TAB 50/500MG	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	
<i>bicalutamide</i> TABS 50mg	2	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	NDS
<i>exemestane</i> TABS 25mg	2	
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NDS, NM, PA
<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, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	3	
<i>nilutamide</i> TABS 150mg	5	NDS
NUBEQA TABS 300mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	NDS, NM, LA, PA
ORSERDU TABS 86mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	
<i>toremifene citrate</i> TABS 60mg	2	
XTANDI CAPS 40mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
XTANDI TABS 40mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	NDS, QL (60 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 5.

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

Drug Name	Drug Tier	Requirements/Limits
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	5	NDS, QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	5	NDS, QL (112 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, QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	NDS, QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	B/D
IWILFIN TABS 192mg	5	NDS, QL (240 tabs / 30 days), NM, LA, PA
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
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	NDS
WELIREG TABS 40mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	2	B/D

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<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 100 mg</i>	5	NDS, B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	B/D
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	5	NDS, QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	5	NDS, QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	NDS, QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	5	NDS, NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NDS, NM, PA
BOSULIF CAPS 50mg	5	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	NDS, QL (180 tabs / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF TABS 400mg, 500mg	5	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	NDS, QL (120 caps / 30 days), 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	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	NDS, QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	NDS, QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	NDS, QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	NDS, QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	5	NDS, QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	5	NDS, QL (30 caps / 30 days), 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 5.

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

Drug Name	Drug Tier	Requirements/Limits
<i>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, QL (120 caps / 30 days), NM, LA, PA
FOTIVDA CAPS .89mg, 1.34mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	5	NDS, QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	5	NDS, QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	NDS, QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	NDS, QL (30 tabs / 30 days), 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, 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	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 5.

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

Drug Name	Drug Tier	Requirements/Limits
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, QL (120 caps / 30 days), 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
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
KOSELUGO CAPS 10mg	5	NDS, QL (240 caps / 30 days), NM, LA, PA
KOSELUGO CAPS 25mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	NDS, QL (180 tabs / 30 days), 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

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

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

Drug Name	Drug Tier	Requirements/Limits
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	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	5	NDS, QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	NDS, QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	5	NDS, QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	5	NDS, QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	5	NDS, NM, LA, PA
NERLYNX TABS 40mg	5	NDS, QL (180 tabs / 30 days), 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
ODOMZO CAPS 200mg	5	NDS, QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg	5	NDS, NM, LA, PA
OGIVRI INJ 420MG	5	NDS, NM, LA, PA
OGSIVEO TABS 50mg	5	NDS, QL (180 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 5.

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

Drug Name	Drug Tier	Requirements/Limits
OJJAARA TABS 100mg, 150mg, 200mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NDS, NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	NDS, QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	5	NDS, NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	5	NDS, QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	NDS, QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	5	NDS, QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
RYDAPT CAPS 25mg	5	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	5	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	5	NDS, QL (300 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	NDS, QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	NDS, QL (90 tabs / 30 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	NDS, QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	NDS, QL (84 tabs / 28 days), 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, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	5	NDS, QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE 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	5	NDS, QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	NDS, QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NDS, NM, LA, PA
TEPMETKO TABS 225mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	5	NDS, QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	5	NDS, QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	NDS, QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
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	5	NDS, QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	NDS, QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	NDS, QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	NDS, QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	NDS, QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	5	NDS, QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	5	NDS, QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	NDS, QL (90 tabs / 30 days), 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

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

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

Drug Name	Drug Tier	Requirements/Limits
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, QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NDS, NM, LA, PA
ZOLINZA CAPS 100mg	5	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	5	NDS, QL (84 tabs / 28 days), 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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
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)

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	
<i>amiodarone hcl TABS 200mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	
<i>pacerone TABS 200mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/af) TABS 80mg, 120mg, 160mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<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	6	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	6	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<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	
<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)
NEXLETOL TABS 180mg	3	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	3	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	2	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	
REPATHA SOSY 140mg/ml	3	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	3	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	3	NM, PA
VASCEPA CAPS .5gm, 1gm	3	

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

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

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

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	2	

BETA-BLOCKERS

<i>acebutolol hcl CAPS 200mg, 400mg</i>	2	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	2	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml</i>	2	
<i>metoprolol tartrate TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	2	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	2	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	2	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	2	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	2	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml</i>	2	
<i>diltiazem hcl TABS 30mg, 60mg, 90mg, 120mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 5-50 mg</i>	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	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>torseamide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	1	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	
<i>CORLANOR SOLN 5mg/5ml</i>	4	QL (450 mL / 30 days)
<i>CORLANOR TABS 5mg, 7.5mg</i>	4	QL (60 tabs / 30 days)
<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>metyrosine 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	
<i>VERQUVO TABS 2.5mg, 5mg, 10mg</i>	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	
<i>NITRO-BID OINT 2%</i>	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	
PULMONARY ARTERIAL HYPERTENSION		
<i>ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg</i>	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 5.

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)

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	QL (200 mL / 30 days)
<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 applies if 29 years and younger
NAMZARIC CAP 7-10MG	4	
NAMZARIC CAP 14-10MG	4	
NAMZARIC CAP 21-10MG	4	
NAMZARIC CAP 28-10MG	4	
NAMZARIC CAP PACK	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	2	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	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	
<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, 150mg; CONC 10mg/ml	3	
<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	QL (2 packs / year), 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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	NDS, QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	5	NDS, QL (14 caps / 14 days), NM, LA, PA
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	2	PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone TABS 200mg</i>	2	
<i>INBRIJA CAPS 42mg</i>	5	NDS, QL (300 caps / 30 days), NM, LA, PA
<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	
<i>rasagiline mesylate TABS .5mg, 1mg</i>	2	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	PA; PA if 70 years and older
ANTIPSYCHOTICS		
<i>ABILIFY MAINTENA PRSY 300mg, 400mg</i>	5	NDS, QL (1 syringe / 28 days)
<i>ABILIFY MAINTENA SRER 300mg, 400mg</i>	5	NDS, QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	2	QL (60 tabs / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
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	QL (2 packs / year), 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	
<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)

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

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	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	2	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	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)
<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)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone</i> TBDP .25mg, .5mg	2	QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	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)
<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, 300mg	5	NDS, QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	NDS, QL (1 vial / 28 days), NM, PA
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	5	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	NDS, QL (600 mL / 30 days), PA
BRIVIACT 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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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; TBDP 2mg	2	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	2	QL (90 tabs / 30 days)
<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> SOLN 5mg/5ml	2	QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam</i> TABS 2mg, 5mg, 10mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	2	
<i>diazepam inj</i> SOLN 5mg/ml	2	
<i>diazepam intensol</i> CONC 5mg/ml	2	QL (240 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year
DILANTIN CAPS 30mg, 100mg	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	

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

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

Drug Name	Drug Tier	Requirements/Limits
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
<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	2	
<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 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>methsuximide</i> CAPS 300mg	2	
NAYZILAM SOLN 5mg/0.1ml	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	
<i>phenobarbital</i> ELIX 20mg/5ml	4	QL (1500 mL / 30 days), PA; PA if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	3	QL (120 tabs / 30 days), 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
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepira</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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<i>vigpoder</i> PACK 500mg	5	NDS, QL (180 packets / 30 days), NM, LA, PA
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)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	NDS, QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	2	
ZTALMY SUSP 50mg/ml	5	NDS, QL (1100 mL / 30 days), NM, LA, PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	QL (30 caps / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	QL (30 caps / 30 days), PA
<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
<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>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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	QL (90 tabs / 30 days), PA
HYPNOTICS		
DAYVIGO TABS 5mg, 10mg	3	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep)</i> TABS 3mg, 6mg	2	QL (30 tabs / 30 days)
<i>eszopiclone</i> TABS 1mg, 2mg, 3mg	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</i> CAPS 20mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	2	QL (30 caps / 30 days), PA; PA if 65 years and older
<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 1-100 mg</i>	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
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA
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
<i>lithium</i> SOLN 8meq/5ml	2	
<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	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 5.

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

Drug Name	Drug Tier	Requirements/Limits
<i> fingolimod hcl </i> CAPS .5mg	5	NDS, QL (30 caps / 30 days), NM, PA
<i> glatiramer acetate </i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatiramer acetate </i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
<i> glatopa </i> SOSY 20mg/ml	5	NDS, QL (30 syringes / 30 days), NM, PA
<i> glatopa </i> SOSY 40mg/ml	5	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	NDS, QL (16 pens / year), NM, LA, PA
MUSCULOSKELETAL THERAPY AGENTS		
<i> baclofen </i> TABS 5mg	2	QL (90 tabs / 30 days)
<i> baclofen </i> TABS 10mg, 20mg	2	
<i> carisoprodol </i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> cyclobenzaprine hcl </i> TABS 5mg, 10mg	3	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> dantrolene sodium </i> CAPS 25mg, 50mg, 100mg	2	
<i> methocarbamol </i> TABS 500mg	3	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> methocarbamol </i> TABS 750mg	3	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i> tizanidine hcl </i> TABS 2mg, 4mg	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>vanadom</i> TABS 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
NARCOLEPSY/CATAPLEXY		
<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
<i>modafinil</i> TABS 100mg	2	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	2	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	NDS, QL (540 mL / 30 days), NM, LA, PA
PSYCHOTHERAPEUTIC-MISC		
<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	QL (60 tabs / 30 days)
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	QL (2 packs / year), PA
VIVITROL SUSR 380mg	5	NDS, NM

ENDOCRINE AND METABOLIC

ANDROGENS

<i>depo-testosterone</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>methyltestosterone</i> CAPS 10mg	5	NDS, QL (600 caps / 30 days), PA
<i>testosterone</i> GEL 1%, 25mg/2.5gm, 50mg/5gm	2	QL (300 gm / 30 days), PA
<i>testosterone</i> GEL 1.62%	2	QL (150 gm / 30 days), PA
<i>testosterone cypionate</i> SOLN 100mg/ml, 200mg/ml	2	PA
<i>testosterone enanthate</i> SOLN 200mg/ml	2	PA

ANTIDIABETICS

<i>acarbose</i> 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)
<i>glimepiride</i> TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	6	QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	6	QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	6	QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	6	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	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)

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

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

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	6	QL (150 tabs / 30 days)
<i>metformin hcl</i> TABS 850mg	6	QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	6	QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	6	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	6	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	3	QL (4 pens / 28 days), PA
<i>nateglinide</i> TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN 2mg/1.5ml	3	QL (1 pen / 28 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	3	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	3	QL (1 pen / 28 days), PA
<i>pioglitazone hcl</i> TABS 15mg, 30mg, 45mg	6	QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	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)

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

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

Drug Name	Drug Tier	Requirements/Limits
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 12.5-1000	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
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	3	
ADMELOG SOLOSTAR SOPN 100unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	3	
BD ALCOHOL SWABS	3	
FIASP SOLN 100unit/ml	3	
FIASP FLEXTOUCH SOPN 100unit/ml	3	
FIASP PENFILL SOCT 100unit/ml	3	
FIASP PUMPCART SOCT 100unit/ml	3	B/D
GAUZE PADS 2" X 2"	3	
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	
LANTUS SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN INJ 70/30	3	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	3	(brand RELION not covered)

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

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N SUSP 100unit/ml	3	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	3	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	3	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	3	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	3	(brand RELION not covered)
OMNIPOD 5 G6 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G6 MIS PODS	4	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	4	QL (1 kit / year), PA
OMNIPOD 5 G7 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
SOLIQUA INJ 100/33	3	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	3	
TOUJEO SOLOSTAR SOPN 300unit/ml	3	

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

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

Drug Name	Drug Tier	Requirements/Limits
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	4	QL (30 devices / 30 days), PA
V-GO 30 KIT	4	QL (30 devices / 30 days), PA
V-GO 40 KIT	4	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	3	QL (5 pens / 30 days)
CALCIUM REGULATORS		
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	B/D
<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
<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	5	NDS
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 TABS .35mg</i>	2	
<i>chateal eq</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	
<i>deblitane TABS .35mg</i>	2	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	4	
<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>emzahh TABS .35mg</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	
<i>errin TABS .35mg</i>	2	
<i>estarylla</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	2	
<i>falmina</i>	2	
<i>hailey 1.5/30</i>	2	
<i>haloette</i>	2	
<i>heather TABS .35mg</i>	2	
<i>iclevia</i>	2	
<i>incassia TABS .35mg</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>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	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>lutera</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-lynyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
<i>nora-be TABS .35mg</i>	2	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	
<i>norethindrone (contraceptive) TABS .35mg</i>	2	
<i>norethindrone ace-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg- 20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>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	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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</i> CAPS 50mg, 100mg, 200mg	2	
SYNAREL SOLN 2mg/ml	5	NDS, PA
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
<i>estradiol</i> TABS .5mg, 1mg, 2mg	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	3	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	2	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	3	
<i>yuvafem</i> TABS 10mcg	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	B/D

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

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

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	4	B/D
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	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	
PREDNISONO 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 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, 60mg	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 5.

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>javvytor</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>mifepristone (hyperglycemia)</i> TABS 300mg	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

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

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

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NDS, NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NDS, NM, LA, PA
yargesa CAPS 100mg	5	NDS, QL (90 caps / 30 days), NM, 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)
lanthanum carbonate CHEW 500mg, 1000mg	2	QL (90 tabs / 30 days)
lanthanum carbonate CHEW 750mg	2	QL (180 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	2	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	2	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	
progesterone CAPS 100mg, 200mg	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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	2	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2	
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 CPR 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> TBP 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 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	PA; PA if 70 years and older
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	2	QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	QL (120 tabs / 30 days)

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)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	2	
<i>nizatidine</i> CAPS 150mg, 300mg	2	

INFLAMMATORY BOWEL DISEASE

<i>balsalazide disodium</i> CAPS 750mg	2	
<i>budesonide</i> CPEP 3mg	2	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	
<i>mesalamine</i> CP24 .375gm	2	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	
<i>mesalamine</i> TBEC 1.2gm	2	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	2	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	

LAXATIVES

<i>constulose</i> SOLN 10gm/15ml	2	
<i>enulose</i> SOLN 10gm/15ml	2	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>generlac</i> SOLN 10gm/15ml	2	
<i>lactulose</i> SOLN 10gm/15ml	2	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	
MISCELLANEOUS		
<i>alose tron 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	
GATTEX KIT 5mg	5	NDS, NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	2	
<i>misoprostol TABS 100mcg, 200mcg</i>	2	
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	NDS, QL (28 syringes / 28 days), PA
<i>sucral fate TABS 1gm</i>	2	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	2	
XERMELO TABS 250mg	5	NDS, QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	NDS, PA
PANCREATIC ENZYMES		
CREON CAP 3000UNIT	3	
CREON CAP 6000UNIT	3	
CREON CAP 12000UNT	3	
CREON CAP 24000UNT	3	
CREON CAP 36000UNT	3	
ZENPEP CAP 3000UNIT	4	
ZENPEP CAP 5000UNIT	4	
ZENPEP CAP 10000UNT	4	
ZENPEP CAP 15000UNT	4	
ZENPEP CAP 20000UNT	4	
ZENPEP CAP 25000UNT	4	
ZENPEP CAP 40000UNT	4	
ZENPEP CAP 60000UNT	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
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 0.5-0.4 mg</i>	2	QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	
URINARY ANTISPASMODICS		
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	2	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	QL (120 tabs / 30 days)
<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>tropium 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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	QL (120 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	4	
HEP SOD/D5W INJ 25000UNT	4	
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 110mg	4	QL (120 caps / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	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

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

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

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO SOSY 6mg/0.6ml	5	NDS, QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	NDS, QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	5	NDS, QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	
BERINERT KIT 500unit	5	NDS, QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET 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
<i>icatibant acetate</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, PA
<i>pentoxifylline</i> 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
<i>sajazir</i> SOSY 30mg/3ml	5	NDS, QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	2	
BRILINTA TABS 60mg, 90mg	3	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (56 pens / 365 days), NM, PA
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	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	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEDIA INJ CROHNS	5	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	5	NDS, QL (3 syringes / 28 days), 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, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	5	NDS, QL (4 pens / 28 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	NDS, QL (2 packs / year), 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
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
TREMFYA SOPN 100mg/ml	5	NDS, QL (1 pen / 28 days), NM, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
TREMFYA SOSY 100mg/ml	5	NDS, QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	5	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	NDS, QL (30 tabs / 30 days), NM, PA

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate</i> TABS 200mg	2	
JYLAMVO SOLN 2mg/ml	4	B/D
<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

IMMUNOGLOBULINS

BIVIGAM SOLN 5gm/50ml, 10%	5	NDS, NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/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
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, 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

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

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

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NDS, NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NDS, NM, LA, PA
ARCALYST SOLR 220mg	5	NDS, NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	NDS, B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<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>gengraf</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
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	NDS, B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	B/D, NM
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO INJ	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
DENGVAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 INJ	1	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI INJ	1	
MENVEO INJ	1	
MENVEO SOL	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PREHEVBRIO SUSP 10mcg/ml	1	B/D
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	B/D
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
TRUMENBA INJ	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX INJ 1350pfu/0.5ml	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

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	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	4	
POT CHL 20MEQ/L IN NACL 0.45% INJ	4	
POT CHL 40MEQ/L IN NACL 0.9% INJ	4	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	
POTASSIUM CHLORIDE SOLN 10meq/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 5.

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophth susp</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
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>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	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	2	
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium (ophth)</i> SOLN .1%	2	
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth)</i> SUSP .1%	2	
<i>flurbiprofen sodium</i> SOLN .03%	2	
<i>ketorolac tromethamine (ophth)</i> SOLN .4%, .5%	2	
LOTEMAX OINT .5%	3	
<i>loteprednol etabonate</i> SUSP .2%	2	
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIATE SOLN .24%	4	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	
<i>brimonidine tartrate</i> SOLN .15%	2	
<i>brinzolamide</i> SUSP 1%	2	
<i>carteolol hcl (ophth)</i> SOLN 1%	2	
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	2	
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	
VYZULTA SOLN .024%	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	
CYSTADROPS SOLN .37%	5	NDS, NM, LA, PA
CYSTARAN SOLN .44%	5	NDS, NM, LA, PA
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	
RESTASIS EMUL .05%	3	
RESTASIS MULTIDOSE EMUL .05%	3	
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)

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

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

Drug Name	Drug Tier	Requirements/Limits
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%	2	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cyproheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	3	PA; PA if 70 years and older
<i>diphenhydramine hcl</i> SOLN 50mg/ml	2	
<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	2	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	QL (30 tabs / 30 days)
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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
BRONCHITOL CAPS 40mg	5	NDS, QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	B/D
<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 5.8mg, 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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone</i> CAPS 267mg	5	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NDS, NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	2	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	QL (30 tabs / 30 days)
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
<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
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 SOAJ 75mg/0.5ml, 150mg/ml, 300mg/2ml; SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml, 300mg/2ml	5	NDS, NM, LA, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	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		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml</i>	2	B/D

STEROID/BETA-AGONIST COMBINATIONS

ADVAIR HFA AER 45/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	3	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	3	QL (1 inhaler / 30 days)
BREO ELLIPTA INH 50-25MCG	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	3	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	3	QL (60 blisters / 30 days)
DULERA AER 50-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	4	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	4	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>amnesteem</i> CAPS 10mg, 20mg, 40mg	2	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	2	PA
<i>clindamycin phosphate (topical) GEL 1%</i>	2	QL (75 gm / 30 days)
<i>clindamycin phosphate (topical) LOTN 1%; SOLN 1%</i>	2	QL (60 mL / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
ery PADS 2%	2	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	2	QL (60 gm / 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 (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	QL (45 gm / 30 days)
<i>keconazole (topical)</i> CREA 2%	2	QL (60 gm / 30 days)
<i>klayesta</i> POWD 100000unit/gm	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)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	2	PA
<i>calcipotriene</i> CREA .005%; 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

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

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

Drug Name	Drug Tier	Requirements/Limits
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)
<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	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	
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 2.5-2.5%</i>	2	B/D, QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	2	QL (3 patches / 1 day), 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%, 2.5%	2	
<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)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	QL (30 gm / 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 5.

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>kourzeq</i> PSTE .1%	2	
<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	B, PA
DEXCOM G6 MIS SENSOR	0	B, PA
DEXCOM G6 MIS TRANSMIT	0	B, PA
DEXCOM G7 MIS RECEIVER	0	B, PA
DEXCOM G7 MIS SENSOR	0	B, PA
FREESTY LIBR KIT 2 SENSOR	0	B, PA
FREESTY LIBR KIT 3 SENSOR	0	B, PA
FREESTY LIBR MIS 2 READER	0	B, PA
FREESTY LIBR MIS 3 READER	0	B, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE KIT SENSOR	0	B, PA
FREESTYLE MIS READER	0	B, PA
TRUE METRIX KIT AIR	0	B
TRUE METRIX KIT METER	0	B
TRUE METRIX STRIPS	0	B

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

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

Index of Drugs / Índice de Medicamentos

A	
<i>abacavir sulfate</i> 17	ADMELOG SOLOSTAR 62
<i>abacavir sulfate-</i>	ADVAIR HFA AER
<i>lamivudine tab 600-</i>	115/21 93
300 mg 19	ADVAIR HFA AER
ABELCET 16	230/21 93
ABILIFY MAINTENA.... 47	ADVAIR HFA AER 45/21
<i>abiraterone acetate</i> ... 25	..... 93
ABRYSVO 82	<i>afirmelle</i> 64
<i>acamprosate calcium</i> .59	AIMOVIG 56
<i>acarbose</i> 60	AKEEGA TAB 100/500 26
<i>accutane</i> 93	AKEEGA TAB 50/500MG
<i>acebutolol hcl</i> 41	..... 26
<i>acetaminophen w/</i>	<i>ala-cort</i> 95
<i>codeine soln 120-12</i>	<i>albendazole</i> 14
mg/5ml 13	<i>albuterol sulfate</i> 90
<i>acetaminophen w/</i>	<i>alclometasone</i>
<i>codeine tab 300-15</i>	<i>dipropionate</i> 95
mg 13	ALDURAZYME 70
<i>acetaminophen w/</i>	ALECENSA 28
<i>codeine tab 300-30</i>	<i>alendronate sodium</i> .. 64
mg 13	<i>alfuzosin hcl</i> 76
<i>acetaminophen w/</i>	<i>aliskiren fumarate</i> 43
<i>codeine tab 300-60</i>	<i>allopurinol</i> 12
mg 13	<i>alose tron hcl</i> 75
<i>acetazolamide</i> 42	<i>alprazolam</i> 44
<i>acetic acid</i> 76	ALREX 87
<i>acetic acid (otic)</i> 89	<i>altavera</i> 64
<i>acetylcysteine</i> 91	ALUNBRIG 28
<i>acitretin</i> 94	ALUNBRIG PAK 28
ACTHIB INJ 82	ALVAIZ 78
ACTIMMUNE 82	ALVESCO 92
<i>acyclovir</i> 20	<i>alyacen 1/35</i> 65
<i>acyclovir sodium</i> 20	<i>alyacen 7/7/7</i> 65
ADACEL INJ 82	<i>amantadine hcl</i> 46
ADALIMUMAB-AACF (2	<i>ambrisentan</i> 44
PEN) 79	<i>amikacin sulfate</i> 14
<i>adefovir dipivoxil</i> 20	<i>amiloride &</i>
ADEMPAS 43	<i>hydrochlorothiazide</i>
ADMELOG 62	<i>tab 5-50 mg</i> 42
	<i>amiloride hcl</i> 42
	<i>amiodarone hcl</i> 39
	<i>amitriptyline hcl</i> 45
	<i>amlodipine besylate</i> ... 41
	<i>amlodipine besylate-</i>
	<i>benazepril hcl cap 10-</i>
	20 mg 36
	<i>amlodipine besylate-</i>
	<i>benazepril hcl cap 10-</i>
	40 mg 36
	<i>amlodipine besylate-</i>
	<i>benazepril hcl cap 2.5-</i>
	10 mg 36
	<i>amlodipine besylate-</i>
	<i>benazepril hcl cap 5-</i>
	10 mg 36
	<i>amlodipine besylate-</i>
	<i>benazepril hcl cap 5-</i>
	20 mg 36
	<i>amlodipine besylate-</i>
	<i>benazepril hcl cap 5-</i>
	40 mg 36
	<i>amlodipine besylate-</i>
	<i>olmesartan medoxomil</i>
	<i>tab 10-20 mg</i> 38
	<i>amlodipine besylate-</i>
	<i>olmesartan medoxomil</i>
	<i>tab 10-40 mg</i> 38
	<i>amlodipine besylate-</i>
	<i>olmesartan medoxomil</i>
	<i>tab 5-20 mg</i> 37
	<i>amlodipine besylate-</i>
	<i>olmesartan medoxomil</i>
	<i>tab 5-40 mg</i> 37
	<i>amlodipine besylate-</i>
	<i>valsartan tab 10-160</i>
	mg 38
	<i>amlodipine besylate-</i>
	<i>valsartan tab 10-320</i>
	mg 38
	<i>amlodipine besylate-</i>
	<i>valsartan tab 5-160</i>
	mg 38

<i>amlodipine besylate-valsartan tab 5-320 mg</i>	38	<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> .	55	<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	23
<i>amnestem</i>	93	<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> .	55	<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	23
<i>amoxapine</i>	45	<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> ...	54	<i>ampicillin sodium</i>	23
<i>amoxicillin</i>	22	<i>amphetamine-dextroamphetamine tab 10 mg</i>	55	<i>anagrelide hcl</i>	78
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	23	<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	55	<i>anastrozole</i>	26
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	23	<i>amphetamine-dextroamphetamine tab 15 mg</i>	55	ANORO ELLIPT AER 62.5-25	89
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> ...	23	<i>amphetamine-dextroamphetamine tab 20 mg</i>	55	<i>aprepitant</i>	73
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> ...	23	<i>amphetamine-dextroamphetamine tab 30 mg</i>	55	<i>aprepitant capsule therapy pack 80 & 125 mg</i>	73
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	23	<i>amphetamine-dextroamphetamine tab 5 mg</i>	55	<i>apri</i>	65
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> ...	23	<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	55	APTIOM	50
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	23	<i>amphotericin b</i>	16	APTIVUS.....	17
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	23	<i>amphotericin b liposome</i>	16	ARALAST NP	91
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	23	<i>ampicillin</i>	23	<i>aranelle</i>	65
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	23	<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	23	ARCALYST	82
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> ..	54	<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	23	AREXVY	82
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> ..	55	<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	23	<i>aripiprazole</i>	47
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> ..	55			ARISTADA	48
				ARISTADA INITIO	48
				<i>armodafinil</i>	59
				ARNUITY ELLIPTA	93
				<i>asenapine maleate</i>	48
				<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .	78
				ASTAGRAF XL	82
				<i>atazanavir sulfate</i>	17
				<i>atenolol</i>	41
				<i>atenolol & chlorthalidone tab 100-25 mg</i>	41
				<i>atenolol & chlorthalidone tab 50-25 mg</i>	41
				<i>atomoxetine hcl</i>	55
				<i>atorvastatin calcium</i> ...	40
				<i>atovaquone</i>	14
				<i>atovaquone-proguanil hcl tab 250-100 mg</i>	17
				<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .	17
				ATROPINE SULFATE ...	89

atropine sulfate
(ophthalmic) 89
 ATROVENT HFA..... 90
aubra eq 65
 AUGTYRO 28
aurovela 1/20 65
aurovela fe 1.5/30..... 65
aurovela fe 1/20 65
 AUSTEDO 57
 AUSTEDO XR 57
 AUSTEDO XR TAB TITR
 KIT 57
 AUVELITY TAB 45-
 105MG 45
aviane 65
ayuna 65
 AYVAKIT 28
azacitidine 25
azathioprine 82
azelastine hcl..... 90
azelastine hcl (ophth) 88
azithromycin..... 22
aztreonam..... 14
azurette 65

B

bacitracin (ophthalmic)
 87
bacitracin-polymyxin b
ophth oint 87
bacitracin-polymyxin-
neomycin-hc ophth
oint 1%..... 86
baclofen 58
 BAFIERTAM 57
balsalazide disodium.. 74
 BALVERSA..... 28
balziva 65
 BARACLUDGE 20
 BASAGLAR KWIKPEN . 62
 BCG VACCINE..... 82
 BD ALCOHOL SWABS. 62
benazepril &
hydrochlorothiazide
tab 10-12.5 mg..... 36

benazepril &
hydrochlorothiazide
tab 20-12.5 mg 36
benazepril &
hydrochlorothiazide
tab 20-25 mg 36
benazepril &
hydrochlorothiazide
tab 5-6.25mg 36
benazepril hcl..... 37
 BENDEKA..... 24
 BENLYSTA..... 82
benzoyl peroxide-
erythromycin gel 5-
3%..... 93
benztropine mesylate 46
 BERINERT 78
 BESIVANCE 87
 BESREMI 27
betaine powder for oral
solution 70
betamethasone
dipropionate (topical)
 95
betamethasone
dipropionate
augmented..... 95
betamethasone valerate
 95
 BETASERON 57
betaxolol hcl (ophth) . 88
bethanechol chloride . 76
 BETOPTIC-S 88
 BEVESPI AER 9-4.8MCG
 89
bexarotene 27
bexarotene (topical).. 96
 BEXSERO INJ 82
bicalutamide 26
 BICILLIN L-A 23
 BIKTARVY TAB 30-120-
 15 MG 19
 BIKTARVY TAB 50-200-
 25 MG 19

bisoprolol &
hydrochlorothiazide
tab 10-6.25 mg41
bisoprolol &
hydrochlorothiazide
tab 2.5-6.25 mg41
bisoprolol &
hydrochlorothiazide
tab 5-6.25 mg41
bisoprolol fumarate...41
 BIVIGAM81
blisovi fe 1.5/3065
 BOOSTRIX INJ82
bortezomib28
 BORTEZOMIB.....28
bosentan44
 BOSULIF..... 28, 29
 BRAFTOVI.....29
 BREO ELLIPTA INH 100-
 25.....93
 BREO ELLIPTA INH 200-
 25.....93
 BREO ELLIPTA INH 50-
 25MCG93
 BREZTRI AERO AER
 SPHERE89
 BREZTRI AERO AER
 SPHERE
 (INSTITUTIONAL
 PACK)89
briellyn.....65
 BRILINTA78
brimonidine tartrate...88
brinzolamide88
 BRIVIACT50
bromfenac sodium
(ophth).....87
bromocriptine mesylate
46
 BROMSITE87
 BRONCHITOL91
 BRUKINSA29
budesonide74
budesonide (inhalation)
93

bumetanide 42
buprenorphine 12
buprenorphine hcl 59
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) 59
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 59
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) .. 59
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) .. 59
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) 59
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) 59
bupropion hcl 45
bupropion hcl (smoking deterrent) 59
buspirone hcl 44
butorphanol tartrate .. 13
 BYDUREON BCISE 60
 BYETTA 60

C

cabergoline 70
 CABOMETYX 29
calcipotriene 94
calcitonin (salmon) spray 64
calcitrene 94
calcitriol 73
calcitriol (oral) 73
calcium acetate (phosphate binder) . 72
 CALQUENCE 29
camila 65
candesartan cilexetil .. 39

candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 38
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 38
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg 38
 CAPLYTA 48
 CAPRELSA 29
captopril 37
captopril & hydrochlorothiazide tab 25-15 mg 36
captopril & hydrochlorothiazide tab 25-25 mg 36
captopril & hydrochlorothiazide tab 50-15 mg 36
captopril & hydrochlorothiazide tab 50-25 mg 37
carb/levo orally disintegrating tab 10-100mg 46
carb/levo orally disintegrating tab 25-100mg 46
carb/levo orally disintegrating tab 25-250mg 46
carbamazepine 50
carbidopa & levodopa tab 10-100 mg 46
carbidopa & levodopa tab 25-100 mg 47
carbidopa & levodopa tab 25-250 mg 47
carbidopa & levodopa tab er 25-100 mg... 47
carbidopa & levodopa tab er 50-200 mg... 47

carbidopa-levodopa-entacapone tabs 12.5-50-200 mg 47
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg ... 47
carbidopa-levodopa-entacapone tabs 25-100-200 mg 47
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg . 47
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 47
carbidopa-levodopa-entacapone tabs 50-200-200 mg 47
carboplatin 24
carglumic acid 70
carisoprodol 58
carteolol hcl (ophth) .. 88
cartia xt 41
carvedilol 41
casprofungin acetate ... 16
 CAYSTON 14
cefaclor 21
 CEFACTOR ER 21
cefadroxil 21
 CEFAZOLIN 21
 CEFAZOLIN INJ 1GM/50ML 21
cefazolin sodium 21
 CEFAZOLIN SOLN 2GM/100ML-4% 21
cefdinir 21
cefepime hcl 21
cefixime 21
cefoxitin sodium 21
cefpodoxime proxetil .. 21
cefprozil 21
ceftazidime 21
ceftriaxone sodium 21
cefuroxime axetil 21
cefuroxime sodium 22

<i>celecoxib</i>	12	<i>clindamycin phosphate</i> <i>in d5w iv soln 300</i> <i>mg/50ml</i>	14	<i>clotrimazole w/</i> <i>betamethasone cream</i> <i>1-0.05%</i>	94
<i>cephalexin</i>	22	<i>clindamycin phosphate</i> <i>in d5w iv soln 600</i> <i>mg/50ml</i>	14	<i>clozapine</i>	48
CERDELGA	70	<i>clindamycin phosphate</i> <i>in d5w iv soln 900</i> <i>mg/50ml</i>	15	COARTEM TAB 20- 120MG	17
CEREZYME	70	<i>clindamycin phosphate</i> <i>vaginal</i>	76	<i>colchicine</i>	12
<i>cetirizine hcl</i>	90	CLINDMYC/NAC INJ 300/50ML	15	<i>colchicine w/ probenecid</i> <i>tab 0.5-500 mg</i>	12
<i>chateal eq</i>	65	CLINDMYC/NAC INJ 600/50ML	15	<i>colesevelam hcl</i>	40
CHEMET	64	CLINDMYC/NAC INJ 900/50ML	15	<i>colestipol hcl</i>	40
<i>chlorhexidine gluconate</i> <i>(mouth-throat)</i>	97	CLINIMIX INJ 4.25/D10	86	<i>colistimethate sodium</i>	15
<i>chloroquine phosphate</i>	17	CLINIMIX INJ 4.25/D5W	86	COMBIGAN SOL 0.2/0.5%.....	88
<i>chlorpromazine hcl</i>	48	CLINIMIX INJ 5%/D15W	86	COMBIVENT AER 20-100	89
<i>chlorthalidone</i>	42	CLINIMIX INJ 5%/D20W	86	COMETRIQ (60MG DOSE).....	29
<i>cholestyramine</i>	40	CLINIMIX INJ 6/5.....	86	COMETRIQ KIT 100MG	29
<i>cholestyramine light</i> ..	40	CLINIMIX INJ 8/10	86	COMETRIQ KIT 140MG	29
<i>ciclopirox olamine</i>	94	CLINIMIX INJ 8/14	86	COMPLERA TAB	19
<i>cilostazol</i>	78	<i>clinisol sf 15%</i>	86	<i>compro</i>	73
CILOXAN.....	87	CLINOLIPID EMU 20%.....	86	<i>constulose</i>	74
CIMDUO TAB 300-300	19	<i>clobazam</i>	51	COPIKTRA	29
<i>cinacalcet hcl</i>	70, 71	<i>clobetasol propionate</i>	95	CORLANOR	43
CIPRO.....	22	<i>clobetasol propionate e</i>	95	COTELLIC.....	29
<i>ciprofloxacin 200</i> <i>mg/100ml in d5w</i> ...	22	<i>clomipramine hcl</i>	45	CREON CAP 12000UNT	75
<i>ciprofloxacin 400</i> <i>mg/200ml in d5w</i> ...	22	<i>clonazepam</i>	51	CREON CAP 24000UNT	75
<i>ciprofloxacin hcl</i>	22	<i>clonidine</i>	43	CREON CAP 3000UNIT	75
<i>ciprofloxacin hcl (ophth)</i>	87	<i>clonidine hcl</i>	43	CREON CAP 36000UNT	75
<i>ciprofloxacin-</i> <i>dexamethasone otic</i> <i>susp 0.3-0.1%</i>	89	<i>clopidogrel bisulfate</i> ..	78	CREON CAP 6000UNIT	75
<i>cisplatin</i>	24	<i>clorazepate dipotassium</i>	51	<i>cromolyn sodium</i>	91
<i>citalopram</i> <i>hydrobromide</i>	45	<i>clotrimazole</i>	97	<i>cromolyn sodium</i> <i>(mastocytosis)</i>	75
<i>claravis</i>	93	<i>clotrimazole (topical)</i> .	94	<i>cromolyn sodium</i> <i>(ophth)</i>	88
<i>clarithromycin</i>	22			<i>cryselle-28</i>	65
<i>clindamycin hcl</i>	14			<i>cyclobenzaprine hcl</i>	58
<i>clindamycin palmitate</i> <i>hydrochloride</i>	14			<i>cyclophosphamide</i>	24
<i>clindamycin phosphate</i>	14			CYCLOPHOSPHAMIDE.	24
<i>clindamycin phosphate</i> <i>(topical)</i>	93				

CYCLOPHOSPHAMIDE
 MONOHYDR 24
cycloserine 20
cyclosporine 82
cyclosporine modified
(for microemulsion) 82
cyproheptadine hcl 90
cyred eq 65
 CYSTADROPS..... 89
 CYSTAGON 71
 CYSTARAN 89
cytarabine 25

D

D10W/NAACL INJ 0.2% 84
 D2.5W/NAACL INJ 0.45%
 84
 D5W/LYTES INJ #48.. 84
dabigatran etexilate
mesylate 77
dalfampridine 57
danazol..... 69
dantrolene sodium 58
dapsone 15
 DAPTACEL INJ 82
daptomycin 15
 DAPTOMYCIN..... 15
darunavir 17
dasetta 1/35..... 65
dasetta 7/7/7 65
 DAURISMO 29
 DAYVIGO 56
deblitane..... 65
deferasirox 64
 DELSTRIGO TAB..... 19
 DENG VAXIA SUS..... 83
 DEPO-SUBQ PROVERA
 104 65
depo-testosterone 60
 DESCOVY TAB 120-
 15MG..... 19
 DESCOVY TAB
 200/25MG 19
desipramine hcl..... 45
desmopressin acetate 71

desmopressin acetate
spray..... 71
desmopressin acetate
spray refrigerated .. 71
desogest-eth estrad &
eth estrad tab 0.15-
*0.02/0.01 mg(21/5)*65
desogestrel & ethinyl
estradiol tab 0.15 mg-
30 mcg 65
desvenlafaxine succinate
 45
dexamethasone 69
 DEXAMETHASONE
 INTENSOL 70
dexamethasone sodium
phosphate 70
dexamethasone sodium
phosphate (ophth) . 87
 DEXCOM G6 MIS
 RECEIVER 97
 DEXCOM G6 MIS
 SENSOR..... 97
 DEXCOM G6 MIS
 TRANSMIT..... 97
 DEXCOM G7 MIS
 RECEIVER 97
 DEXCOM G7 MIS
 SENSOR..... 97
dexmethylphenidate hcl
 55
dextrose 86
dextrose 10% w/
sodium chloride
0.45% 84
dextrose 2.5% w/
sodium chloride
0.45% 84
dextrose 5% in lactated
ringers..... 84
dextrose 5% w/ sodium
chloride 0.2% 84
dextrose 5% w/ sodium
chloride 0.225% 84

dextrose 5% w/ sodium
chloride 0.3%.....84
dextrose 5% w/ sodium
chloride 0.45%.....84
dextrose 5% w/ sodium
chloride 0.9%.....84
 DIACOMIT 51
diazepam 51
diazepam
(anticonvulsant) 51
diazepam inj 51
diazepam intensol..... 51
diazoxide..... 70
diclofenac potassium.. 12
diclofenac sodium 12
diclofenac sodium
(ophth)..... 88
diclofenac sodium
(topical) 96
dicloxacillin sodium 23
dicyclomine hcl..... 74
 DIFICID..... 22
diflunisal 12
digoxin..... 43
dihydroergotamine
mesylate 56
 DILANTIN 51
 DILANTIN INFATABS .. 51
 DILANTIN-125 51
diltiazem hcl 41
diltiazem hcl coated
beads 42
diltiazem hcl extended
release beads 42
dilt-xr 41
 DIP/TET PED INJ 25-
 5LFU 83
diphenhydramine hcl.. 90
diphenoxylate w/
atropine liq 2.5-0.025
mg/5ml 75
diphenoxylate w/
atropine tab 2.5-0.025
mg..... 75
dipyridamole 78

<i>disopyramide phosphate</i>	<i>dutasteride-tamsulosin</i>	<i>enalapril maleate &</i>
..... 39	<i>hcl cap 0.5-0.4 mg</i> . 76	<i>hydrochlorothiazide</i>
<i>disulfiram</i> 59		<i>tab 5-12.5 mg</i> .....37
<i>divalproex sodium</i> 51	E	ENBREL.....79
<i>docetaxel</i> 27, 28	<i>e.e.s. 400</i> 22	ENBREL MINI .....79
DOCETAXEL..... 28	<i>ec-naproxen</i> 12	ENBREL SURECLICK...79
<i>dofetilide</i> 39	EDURANT..... 17	ENDARI .....78
<i>donepezil hydrochloride</i>	<i>efavirenz</i> 17	<i>endocet tab 10-325mg</i>
..... 44	<i>efavirenz-emtricitabine-</i>	.....13
DOPTELET 78	<i>tenofovir df tab 600-</i>	<i>endocet tab 2.5-325mg</i>
<i>dorzolamide hcl</i> 88	<i>200-300 mg</i> 19	.....13
<i>dorzolamide hcl-timolol</i>	<i>efavirenz-lamivudine-</i>	<i>endocet tab 5-325mg</i> .13
<i>maleate ophth soln 2-</i>	<i>tenofovir df tab 400-</i>	<i>endocet tab 7.5-325mg</i>
<i>0.5%</i> 88	<i>300-300 mg</i> 19	.....13
<i>dotti</i> 69	<i>efavirenz-lamivudine-</i>	ENGERIX-B .....83
DOVATO TAB 50-300MG	<i>tenofovir df tab 600-</i>	<i>enilloring</i> .....65
..... 19	<i>300-300 mg</i> 19	<i>enoxaparin sodium</i> ....77
<i>doxazosin mesylate</i> ... 37	ELIGARD..... 26	<i>enpresse-28</i>.....65
<i>doxepin hcl</i> 45	<i>elinest</i> 65	<i>enskyce</i>.....65
<i>doxepin hcl (sleep)</i> 56	ELIQUIS 77	ENSTILAR AER .....95
<i>doxorubicin hcl</i> 25	ELIQUIS STARTER PACK	<i>entacapone</i>.....47
<i>doxorubicin hcl</i>	..... 77	<i>entecavir</i> .....20
<i>liposomal</i> 25	ELLECE..... 25	ENTRESTO TAB 24-
<i>doxy 100</i> 24	<i>eluryng</i> 65	26MG .....38
<i>doxycycline</i>	EMSAM 45	ENTRESTO TAB 49-
<i>(monohydrate)</i> 24	<i>emtricitabine</i> 17	51MG .....38
<i>doxycycline hyclate</i> ... 24	<i>emtricitabine-tenofovir</i>	ENTRESTO TAB 97-
<i>dronabinol</i> 73	<i>disoproxil fumarate</i>	103MG .....38
<i>drospirenone-ethinyl</i>	<i>tab 100-150 mg</i> 19	<i>enulose</i> .....74
<i>estradiol tab 3-0.02</i>	<i>emtricitabine-tenofovir</i>	EPCLUSA PAK 150-37.5
<i>mg</i> 65	<i>disoproxil fumarate</i>	.....20
<i>drospirenone-ethinyl</i>	<i>tab 133-200 mg</i> 19	EPCLUSA PAK 200-50MG
<i>estradiol tab 3-0.03</i>	<i>emtricitabine-tenofovir</i>	.....20
<i>mg</i> 65	<i>disoproxil fumarate</i>	EPCLUSA TAB 200-50MG
DROXIA 78	<i>tab 167-250 mg</i> 19	.....20
<i>droxidopa</i> 43	<i>emtricitabine-tenofovir</i>	EPCLUSA TAB 400-100
DULERA AER 100-5MCG	<i>disoproxil fumarate</i>	.....20
..... 93	<i>tab 200-300 mg</i> 19	EPIDIOLEX.....52
DULERA AER 200-5MCG	EMTRIVA 17	<i>epinephrine</i>
..... 93	EMVERM 15	<i>(anaphylaxis)</i> ... 43, 91
DULERA AER 50-5MCG	<i>emzahh</i> 65	<i>epitol</i> .....52
..... 93	<i>enalapril maleate</i> 37	<i>eplerenone</i> .....37
<i>duloxetine hcl</i> 45	<i>enalapril maleate &</i>	EPRONTIA .....52
DUPIXENT 79	<i>hydrochlorothiazide</i>	<i>ergotamine w/ caffeine</i>
<i>dutasteride</i> 76	<i>tab 10-25 mg</i> 37	<i>tab 1-100 mg</i> .....56

fluticasone-salmeterol
aer powder ba 500-50
mcg/act 93
fluvoxamine maleate .44
fondaparinux sodium .77
fosamprenavir calcium
..... 18
fosinopril sodium..... 37
fosinopril sodium &
hydrochlorothiazide
tab 10-12.5 mg..... 37
fosinopril sodium &
hydrochlorothiazide
tab 20-12.5 mg..... 37
FOTIVDA 30
FREESTY LIBR KIT 2
SENSOR 97
FREESTY LIBR KIT 3
SENSOR 97
FREESTY LIBR MIS 2
READER 97
FREESTY LIBR MIS 3
READER 97
FREESTYLE KIT SENSOR
..... 98
FREESTYLE MIS READER
..... 98
FRUZAQLA..... 30
fulvestrant 26
furosemide 42
furosemide inj..... 42
FUZEON 18
fyavolv tab 0.5mg-
2.5mcg 69
fyavolv tab 1mg-5mcg
..... 69
FYCOMPA 52

G

gabapentin 52
galantamine
hydrobromide 44
GAMASTAN INJ 81
GAMMAGARD LIQUID. 81

GAMMAGARD S/D IGA
LESS TH..... 81
GAMMAKED 81
GAMMAPLEX..... 81
GAMUNEX-C..... 81
ganciclovir sodium 20
GARDASIL 9 INJ 83
gatifloxacin (ophth)... 87
GATTEX 75
GAUZE PADS 2 62
gavilyte-c..... 74
gavilyte-g 74
GAVRETO..... 30
gefitinib 30
gemcitabine hcl 25
gemfibrozil 40
GEMTESA..... 76
generlac 74
gengraf 82
GENOTROPIN 71
GENOTROPIN
MINIQUICK 71
gentamicin in saline inj
0.8 mg/ml..... 15
gentamicin in saline inj
1 mg/ml..... 15
gentamicin in saline inj
1.2 mg/ml..... 15
gentamicin in saline inj
1.6 mg/ml..... 15
gentamicin in saline inj
2 mg/ml..... 15
gentamicin sulfate..... 15
gentamicin sulfate
(ophth)..... 87
gentamicin sulfate
(topical)..... 94
GENVOYA TAB 19
GILOTRIF..... 30
glatiramer acetate..... 58
glatopa 58
GLEOSTINE 25
glimepiride 60
glipizide 60
glipizide xl 60

glipizide-metformin hcl
tab 2.5-250 mg60
glipizide-metformin hcl
tab 2.5-500 mg60
glipizide-metformin hcl
tab 5-500 mg60
glycopyrrolate74
glydo96
GLYXAMBI TAB 10-5 MG
.....60
GLYXAMBI TAB 25-5 MG
.....60
granisetron hcl73
griseofulvin microsize.16
griseofulvin
ultramicrosize17
guanfacine hcl.....43
guanfacine hcl (adhd) 55
GVOKE HYPOPEN 2-
PACK.....70
GVOKE KIT70
GVOKE PFS.....70

H

HAEGARDA78
hailey 1.5/3066
halobetasol propionate
.....95
haloette66
haloperidol48
haloperidol decanoate 48
haloperidol lactate48
HARVONI PAK 33.75-
150MG20
HARVONI PAK 45-
200MG20
HARVONI TAB 45-
200MG20
HARVONI TAB 90-
400MG20
HAVRIX83
heather66
HEP SOD/D5W INJ
20000UNT77

HEP SOD/D5W INJ 25000UNT 77	<i>hydrocodone- acetaminophen tab 5- 325 mg</i> 13	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....15
HEP SOD/NAACL INJ 12500UNT 77	<i>hydrocodone- acetaminophen tab 7.5-325 mg</i> 13	<i>imipramine hcl</i> .....45
HEP SOD/NAACL INJ 25000UNT 77	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> 13	<i>imiquimod</i> .....96
<i>heparin sodium (porcine)</i> 77	<i>hydrocortisone</i> 70	IMOVAX RABIES (H.D.C.V.) .....83
HEPARIN/NAACL INJ 25000UNT 77	<i>hydrocortisone (intrarectal)</i> 74	INBRIJA .....47
HEPLISAV-B 83	<i>hydrocortisone (rectal)</i> 96	<i>incassia</i> .....66
HERCEP HYLEC SOL 60- 10000 30	<i>hydrocortisone (topical)</i> .....95, 96	INCRELEX.....71
HERCEPTIN 30	<i>hydromorphone hcl</i> ... 13	INCRUSE ELLIPTA.....90
HERZUMA.....30	<i>hydroxychloroquine sulfate</i> 81	<i>indapamide</i>.....42
HIBERIX.....83	<i>hydroxyurea</i> 27	INFANRIX INJ.....83
HUMIRA 79	<i>hydroxyzine hcl</i> 90	INFLIXIMAB .....80
HUMIRA PEDIA INJ CROHNS..... 79	<i>hydroxyzine pamoate</i> 90	INLYTA.....31
HUMIRA PEDIATRIC CROHNS D 79	HYSINGLA ER 13	INQOVI TAB 35-100MG.....25
HUMIRA PEN..... 79		INREBIC .....31
HUMIRA PEN KIT PS/UV 79	I	INSULIN PEN NEEDLES: BD/NOVO .....62
HUMIRA PEN-CD/UC/HS START..... 79	<i>ibandronate sodium</i> .. 64	INSULIN SAFETY NEEDLES .....62
HUMIRA PEN-PEDIATRIC UC S 79	IBRANCE..... 30	INSULIN SYRINGES: BD.....62
HUMIRA PEN-PS/UV STARTER 79	<i>ibu</i> 12	INTELENCE .....18
HUMULIN R U-500 (CONCENTR..... 62	<i>ibuprofen</i> 12	INTRALIPID .....86
HUMULIN R U-500 KWIKPEN 62	<i>icatibant acetate</i> 78	<i>introvale</i>.....66
<i>hydralazine hcl</i>.....43	<i>iclevia</i> 66	INVEGA HAFYERA .....48
<i>hydrochlorothiazide</i> ... 42	ICLUSIG 30	INVEGA SUSTENNA...48
<i>hydrocodone bitartrate</i> 13	IDACIO (2 PEN) 80	INVEGA TRINZA .....49
<i>hydrocodone- acetaminophen soln 7.5-325 mg/15ml</i> ... 13	IDACIO (2 SYRINGE). 80	IPOL INJ INACTIVE ...83
<i>hydrocodone- acetaminophen tab 10-325 mg</i> 13	IDACIO CROHN INJ DISEASE 80	<i>ipratropium bromide</i> ..90
	IDACIO PLAQU INJ PSORIASIS..... 80	<i>ipratropium bromide (nasal)</i> .....90
	IDHIFA 30	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....89
	<i>imatinib mesylate</i> 30	<i>irbesartan</i>.....39
	IMBRUVICA 30	<i>irbesartan- hydrochlorothiazide tab 150-12.5 mg</i> ....38
	<i>imipenem-cilastatin intravenous for soln 250 mg</i> 15	<i>irbesartan- hydrochlorothiazide tab 300-12.5 mg</i> ....38
		<i>irinotecan hcl</i> .....27

ISENTRESS	18
ISENTRESS HD	18
<i>isibloom</i>	66
ISOLYTE-P INJ /D5W .	84
ISOLYTE-S INJ	84
ISOLYTE-S INJ PH 7.4	84
<i>isoniazid</i>	20
<i>isosorbide dinitrate</i>	43
<i>isosorbide mononitrate</i>	43
<i>isotretinoin</i>	94
<i>itraconazole</i>	17
<i>ivermectin</i>	15
IWILFIN	27
IXCHIQ INJ.....	83
IXIARO INJ.....	83

J

JAKAFI.....	31
<i>jantoven</i>	77
JANUMET TAB 50-1000	60
JANUMET TAB 50- 500MG	60
JANUMET XR TAB 100- 1000.....	61
JANUMET XR TAB 50- 1000.....	61
JANUMET XR TAB 50- 500MG	60
JANUVIA	61
JARDIANCE	61
<i>jasmiel</i>	66
<i>javygtor</i>	71
JAYPIRCA	31
JENTADUETO TAB 2.5- 1000.....	61
JENTADUETO TAB 2.5- 500	61
JENTADUETO TAB 2.5- 850	61
JENTADUETO TAB XR 2.5-1000MG	61
JENTADUETO TAB XR 5- 1000MG	61

<i>jinteli</i>	69
<i>jolessa</i>	66
<i>juleber</i>	66
JULUCA TAB 50-25MG	19
<i>junel 1.5/30</i>	66
<i>junel 1/20</i>	66
<i>junel fe 1.5/30</i>	66
<i>junel fe 1/20</i>	66
JYLAMVO	81
JYNNEOS	83

K

KADCYLA	31
KALYDECO	91
KANJINTI.....	31
<i>kariva</i>	66
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	84
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	84
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	84
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	84
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	84
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	84
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	84
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	84
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	85
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	84
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	85

KCL/D5W/NACL INJ 0.3/0.9%.....	85
<i>kelnor 1/35</i>	66
<i>kelnor 1/50</i>	66
KERENDIA	37
KESIMPTA	58
<i>ketoconazole</i>	17
<i>ketoconazole (topical)</i>	94, 95
<i>ketorolac tromethamine (ophth)</i>	88
KEVZARA.....	80
KEYTRUDA.....	31
KINRIX INJ	83
KISQALI 200 DOSE....	31
KISQALI 200 PAK FEMARA.....	27
KISQALI 400 DOSE....	31
KISQALI 400 PAK FEMARA.....	27
KISQALI 600 DOSE....	31
KISQALI 600 PAK FEMARA.....	27
<i>klayesta</i>	94
<i>klor-con</i>	85
<i>klor-con 10</i>	85
<i>klor-con 8</i>	85
<i>klor-con m10</i>	85
<i>klor-con m15</i>	85
<i>klor-con m20</i>	85
KORLYM	71
KOSELUGO	31
<i>kourzeq</i>	97
KRAZATI	31
<i>kurvelo</i>	66

L

<i>labetalol hcl</i>	41
<i>lacosamide</i>	52
<i>lacosamide oral</i>	52
<i>lactated ringer's solution</i>	85
<i>lactic acid (ammonium lactate)</i>	96
<i>lactulose</i>	74

<i>lactulose</i>	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	<i>lidocaine</i>
(encephalopathy) ... 74	52	96
<i>lamivudine</i>	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	<i>linezolid</i>
18	52	15
<i>lamivudine (hbv)</i>	<i>levobunolol hcl</i>	LINEZOLID INJ 2MG/ML
20	88	.....15
<i>lamivudine-zidovudine</i>	<i>levocarnitine (metabolic modifiers)</i>	LINZESS.....
<i>tab 150-300 mg</i>	71	75
19	<i>levocetirizine dihydrochloride</i>	<i>liothyronine sodium</i> ...
<i>lamotrigine</i>	90	73
52	<i>levofloxacin</i>	<i>lisinopril</i>
<i>lansoprazole</i>	22	37
76	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> ..	<i>lisinopril & hydrochlorothiazide</i>
<i>lanthanum carbonate</i> .72	22	<i>tab 10-12.5 mg</i>
LANTUS	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	37
62	22	<i>lisinopril & hydrochlorothiazide</i>
LANTUS SOLOSTAR ... 62	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	<i>tab 20-12.5 mg</i>
<i>lapatinib ditosylate</i>	22	37
31	<i>levonest</i>	<i>lisinopril & hydrochlorothiazide</i>
<i>larin 1.5/30</i>	66	<i>tab 20-25 mg</i>
66	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	37
<i>larin 1/20</i>	66	<i>lithium</i>
66	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	57
<i>larin fe 1.5/30</i>	66	<i>lithium carbonate</i>
66	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	57
<i>larin fe 1/20</i>	66	<i>loestrin 1.5/30-21</i>
66	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	67
<i>latanoprost</i>	66	<i>loestrin 1/20-21</i>
88	<i>levora 0.15/30-28</i>	67
<i>leena</i>	66	<i>loestrin fe 1.5/30</i>
66	<i>levo-t</i>	67
<i>leflunomide</i>	72	<i>loestrin fe 1/20</i>
81	<i>levothyroxine sodium</i>	67
<i>lenalidomide</i>	72	LOKELMA.....
27	<i>lexiva</i>	64
LENVIMA 10 MG DAILY DOSE.....	18	LONSURF TAB 15-6.14
31	<i>lidocaine</i> .....	.....25
LENVIMA 12MG DAILY DOSE.....	96	LONSURF TAB 20-8.19
31	<i>lidocaine hcl</i> .....	.....25
LENVIMA 20 MG DAILY DOSE.....	96	<i>loperamide hcl</i>
31	<i>lidocaine hcl (local anesth.)</i>	75
LENVIMA 4 MG DAILY DOSE.....	14	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>
31	<i>lidocaine hcl (mouth-throat)</i>	19
LENVIMA 8 MG DAILY DOSE.....	97	<i>lopinavir-ritonavir tab 100-25 mg</i>
31	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	19
LENVIMA CAP 14 MG .31	96	<i>lorazepam</i>
LENVIMA CAP 18 MG .32		44
LENVIMA CAP 24 MG .32		<i>lorazepam intensol</i>
<i>lessina</i>		44
66		LORBRENA.....
<i>letrozole</i>		32
26		<i>loryna</i>
<i>leucovorin calcium</i>		67
36		<i>losartan potassium</i>
LEUKERAN.....		39
25		<i>losartan potassium & hydrochlorothiazide</i>
<i>leuprolide acetate</i>		<i>tab 100-12.5 mg</i>
26		38
<i>levalbuterol hcl</i>		
90		
<i>levalbuterol tartrate</i> ... 90		
<i>levetiracetam</i>		
52		
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>		
52		

<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	38	<i>maraviroc</i>	18	<i>methylphenidate hcl</i> .55, 56
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	38	<i>marlissa</i>	67	<i>methylprednisolone</i> ...
LOTEMAX	88	MARPLAN	45	<i>methylprednisolone acetate</i>
<i>loteprednol etabonate</i>	88	MATULANE	27	<i>methylprednisolone sod succ</i>
<i>lovastatin</i>	40	MAVYRET PAK 50-20MG	20	<i>methyltestosterone</i>
<i>low-ogestrel</i>	67	MAVYRET TAB 100-40MG	20	<i>metoclopramide hcl</i> ...
<i>loxapine succinate</i>	49	<i>meclizine hcl</i>	73	<i>metolazone</i>
LUMAKRAS	32	<i>medroxyprogesterone acetate</i>	72	<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>
LUMIGAN	88	<i>medroxyprogesterone acetate (contraceptive)</i>	67	<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>
LUMIZYME.....	71	<i>mefloquine hcl</i>	17	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>
LUPRON DEPOT (1-MONTH)	26	<i>megestrol acetate</i> 26, 72		<i>metoprolol succinate</i> ..
LUPRON DEPOT (3-MONTH)	26	<i>megestrol acetate (appetite)</i>	72	<i>metoprolol tartrate</i>
LUPRON DEPOT-PED (1-MONTH)	71	MEKINIST	32	<i>metronidazole</i>
LUPRON DEPOT-PED (3-MONTH)	71	MEKTOVI	32	<i>metronidazole (topical)</i>
LUPRON DEPOT-PED (6-MONTH)	71	<i>meloxicam</i>	12	<i>metronidazole vaginal</i>
<i>lurasidone hcl</i>	49	<i>memantine hcl</i>	44	<i>metyrosine</i>
<i>lutera</i>	67	MENACTRA INJ	83	MG SO4/D5W INJ 10MG/ML.....
<i>lyleq</i>	67	MENQUADFI INJ	83	<i>micafungin sodium</i>
<i>lyllana</i>	69	MENVEO INJ.....	83	<i>microgestin 1.5/30</i>
LYNPARZA.....	32	MENVEO SOL.....	83	<i>microgestin 1/20</i>
LYSODREN	26	<i>mercaptopurine</i>	25	<i>microgestin fe 1.5/30</i> ..
LYTGOBI (12 MG DAILY DOSE)	32	<i>meropenem</i>	15	<i>microgestin fe 1/20</i> ..
LYTGOBI (16 MG DAILY DOSE)	32	<i>mesalamine</i>	74	<i>midodrine hcl</i>
LYTGOBI (20 MG DAILY DOSE)	32	<i>mesalamine w/ cleanser</i>	74	MIEBO
<i>lyza</i>	67	MESNEX	36	<i>mifepristone (hyperglycemia)</i>
M		<i>metformin hcl</i>	61	<i>miglustat</i>
<i>magnesium sulfate</i>	85	<i>methadone hcl</i>	13	<i>mili</i>
MAGNESIUM SULFATE	85	<i>methadone hydrochloride i</i>	13	<i>mimvey</i>
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	85	<i>methazolamide</i>	42	<i>minocycline hcl</i>
<i>malathion</i>	97	<i>methenamine hippurate</i>	15	<i>minoxidil</i>
		<i>methimazole</i>	73	<i>mirtazapine</i>
		<i>methocarbamol</i>	58	<i>misoprostol</i>
		<i>methotrexate sodium</i> 25, 81		MITIGARE.....
		<i>methsuximide</i>	52	

M-M-R II INJ.....	83	NAMZARIC CAP 28- 10MG	44	NEXAVAR	32
M-NATAL PLUS TAB ...	85	NAMZARIC CAP 7-10MG	44	NEXLETOL	40
<i>modafinil</i>	59	NAMZARIC CAP PACK	44	NEXLIZET TAB 180/10MG	40
<i>moexipril hcl</i>	37	<i>naproxen</i>	12	<i>niacin</i> (<i>antihyperlipidemic</i>)	40
<i>molindone hcl</i>	49	<i>naproxen sodium</i>	12	<i>nicardipine hcl</i>	42
<i>mometasone furoate</i> .	96	<i>naratriptan hcl</i>	56	NICOTROL INHALER...59	
MONJUVI.....	32	NATACYN	87	NICOTROL NS	59
<i>mono-linyah</i>	67	<i>nateglinide</i>	61	<i>nifedipine</i>	42
<i>montelukast sodium</i> ..	91	NATPARA	64	<i>nikki</i>	67
<i>morphine sulfate</i> .	13, 14	NAYZILAM.....	52	<i>nilutamide</i>	26
MORPHINE SULFATE ..	13	<i>nebivolol hcl</i>	41	<i>nimodipine</i>	42
MORPHINE SULFATE/SODIUM C14		<i>necon 0.5/35-28</i>	67	NINLARO	32
MOUNJARO.....	61	<i>nefazodone hcl</i>	46	<i>nitazoxanide</i>	15
MOVANTIK	75	<i>neomycin sulfate</i>	15	<i>nitisinone</i>	71
<i>moxifloxacin hcl</i>	22	<i>neomycin-bacitrac zn- polymyx 5(3.5)mg- 400unt-10000unt op oin</i>	87	NITRO-BID	43
<i>moxifloxacin hcl (ophth)</i>	87	<i>neomycin-polymy- gramicid op sol 1.75- 10000-0.025mg-unt- mg/ml</i>	87	<i>nitrofurantoin macrocrystal</i>	15
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	22	<i>neomycin-polymy- gramicid op sol 1.75- 10000-0.025mg-unt- mg/ml</i>	87	<i>nitrofurantoin monohyd macro</i>	15
MULTAQ.....	39	<i>neomycin-polymyxin- dexamethasone ophth oint 0.1%</i>	86	<i>nitroglycerin</i>	43
<i>multiple electrolytes ph 5.5</i>	85	<i>neomycin-polymyxin- dexamethasone ophth susp 0.1%</i>	86	<i>nitroglycerin (intra-anal)</i>	96
<i>multiple electrolytes ph 7.4</i>	85	<i>neomycin-polymyxin- dexamethasone ophth otic soln 1%</i>	89	<i>nizatidine</i>	74
<i>mupirocin</i>	94	<i>neomycin-polymyxin-hc ophth susp</i>	87	<i>nora-be</i>	67
<i>mycophenolate mofetil</i>	82	<i>neomycin-polymyxin-hc otic soln 1%</i>	89	<i>norelgestromin-ethinyl estradiol td ptwk 150- 35 mcg/24hr</i>	67
<i>mycophenolate sodium</i>	82	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%</i> .	89	<i>norethindrone</i> (<i>contraceptive</i>).....	67
MYRBETRIQ	76	<i>neo-polycin 5(3.5)mg- 400unt-10000unt op oin</i>	87	<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	67
N		<i>neo-polycin hc ophth oint 1%</i>	86	<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	67
<i>nabumetone</i>	12	NERLYNX	32	<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	67
<i>nadolol</i>	41	NEUPRO.....	47	<i>norethindrone acetate</i> 72	
<i>nafcillin sodium</i>	23	<i>nevirapine</i>	18	<i>norethindrone acetate- ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	69
NAGLAZYME	71				
<i>nalbuphine hcl</i>	14				
<i>naloxone hcl</i>	59				
<i>naltrexone hcl</i>	59				
NAMZARIC CAP 14- 10MG.....	44				
NAMZARIC CAP 21- 10MG.....	44				

<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	69	NYMALIZE.....	42	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	38
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	67	<i>nymyo</i>	68	<i>omega-3-acid ethyl esters cap 1 gm</i>	40
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	67	<i>nystatin</i>	17	<i>omeprazole</i>	76
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> 67		<i>nystatin (mouth-throat)</i>	97	OMNIPOD 5 G6 KIT	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> 67		<i>nystatin (topical)</i>	94	INTRO	63
<i>norlyroc</i>	67	<i>nystop</i>	94	OMNIPOD 5 G6 MIS	
NORPACE CR	39			PODS	63
<i>nortrel 0.5/35 (28)</i>	68	O		OMNIPOD 5 G7 KIT	
<i>nortrel 1/35 (21)</i>	68	<i>ocella</i>	68	INTRO	63
<i>nortrel 1/35 (28)</i>	68	OCTAGAM	81	OMNIPOD 5 G7 MIS	
<i>nortrel 7/7/7</i>	68	<i>octreotide acetate</i>	71	PODS	63
<i>nortriptyline hcl</i>	46	ODEFSEY TAB.....	19	OMNIPOD DASH KIT	
NORVIR	18	ODOMZO	32	INTRO	63
NOVOLIN INJ 70/30... 62		OFEV.....	91	OMNIPOD DASH MIS	
NOVOLIN INJ 70/30 FP		<i>ofloxacin (ophth)</i>	87	PODS	63
.....	62	<i>ofloxacin (otic)</i>	89	OMNIPOD GO KIT	
NOVOLIN N	63	OGIVRI.....	32	10UNT/DY.....	63
NOVOLIN N FLEXPEN .	63	OGIVRI INJ 420MG ...	32	OMNIPOD GO KIT	
NOVOLIN R	63	OGSIVEO	32	15UNT/DY.....	63
NOVOLIN R FLEXPEN .	63	OJJAARA	33	OMNIPOD GO KIT	
NOVOLOG MIX INJ		<i>olanzapine</i>	49	20UNT/DY.....	63
70/30	63	<i>olmesartan medoxomil</i>		OMNIPOD GO KIT	
NOVOLOG MIX INJ		.....	39	25UNT/DY.....	63
FLEXPEN	63	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	38	OMNIPOD GO KIT	
NUBEQA.....	26	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	38	30UNT/DY.....	63
NUDEXTA CAP 20-		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	38	OMNIPOD GO KIT	
10MG.....	57	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> ..	38	35UNT/DY.....	63
NULOJIX	82	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .	38	OMNIPOD GO KIT	
NUPLAZID	49	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> ...	39	40UNT/DY.....	63
NURTEC	56	<i>olmesartan-amlodipine-hydrochlorothiazide</i>		OMNIPOD MIS CLASSIC	
NUTRILIPID	86	.....		.....	63
NUZYRA	24	<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> ..	38	<i>ondansetron</i>	73
<i>nyamyc</i>	94	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> .	38	<i>ondansetron hcl</i>	73
<i>nylia 1/35</i>	68	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> ...	39	ONTRUZANT	33
<i>nylia 7/7/7</i>	68	<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> ..	38	ONUREG.....	25
				OPSUMIT	44
				ORGOVYX.....	26
				ORKAMBI GRA 100-125	
				.....	91
				ORKAMBI GRA 150-188	
				.....	91

ORKAMBI GRA 75-94MG 91

ORKAMBI TAB 100-125 91

ORKAMBI TAB 200-125 91

ORSERDU..... 26

oseltamivir phosphate 20

OTEZLA..... 80

OTEZLA TAB 10/20/30 80

oxacillin sodium 23

oxaliplatin 25

oxcarbazepine 53

oxybutynin chloride ... 76

oxycodone hcl..... 14

oxycodone w/
acetaminophen tab
10-325 mg 14

oxycodone w/
acetaminophen tab
2.5-325 mg 14

oxycodone w/
acetaminophen tab 5-
325 mg 14

oxycodone w/
acetaminophen tab
7.5-325 mg 14

OXYCONTIN..... 13

OZEMPIC (0.25 OR 0.5
MG/DOSE)..... 61

OZEMPIC (0.25 OR
0.5MG/DOSE) 61

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

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

P

pacerone..... 39

paclitaxel 28

paclitaxel protein-bound
particles for iv susp
100 mg 28

paliperidone 49

pamidronate disodium 64

PAMIDRONATE
DISODIUM 64

PANRETIN 96

pantoprazole sodium . 76

PANZYGA..... 81

paraplatin 25

paricalcitol 73

paroxetine hcl 46

PAXLOVID TAB 150-100
..... 20

PAXLOVID TAB 300-100
..... 21

pazopanib hcl 33

PEDIARIX INJ 0.5ML.. 83

PEDVAX HIB..... 83

peg 3350-kcl-na bicarb-
nacl-na sulfate for soln
236 gm..... 75

peg 3350-kcl-sod
bicarb-nacl for soln
420 gm..... 75

PEGASYS 21

PEMAZYRE 33

pemetrexed disodium 25

PEN GK/DEXTR INJ
40000/ML 23

PEN GK/DEXTR INJ
60000/ML 23

PENBRAYA INJ..... 83

penicillamine 64

penicillin g potassium 23

penicillin g sodium 23

penicillin v potassium 24

PENTACEL INJ 83

pentamidine isethionate
inh 16

pentamidine isethionate
inj..... 16

pentoxifylline..... 78

perindopril erbumine . 37

periogard..... 97

permethrin..... 97

perphenazine 49

PERSERIS 49

pfizerpen 24

phenelzine sulfate..... 46

phenobarbital..... 53

phenobarbital sodium. 53

phenytek 53

phenytoin 53

phenytoin sodium 53

phenytoin sodium
extended 53

PHESGO SOL 33

philith 68

PIFELTRO 18

pilocarpine hcl..... 88

pilocarpine hcl (oral) .. 97

pimozide 49

pimtrea 68

pindolol 41

pioglitazone hcl 61

pioglitazone hcl-
metformin hcl tab 15-
500 mg 61

pioglitazone hcl-
metformin hcl tab 15-
850 mg 61

piperacillin sod-
tazobactam na for inj
3.375 gm (3-0.375
gm) 24

piperacillin sod-
tazobactam sod for inj
13.5 gm (12-1.5 gm)
..... 24

piperacillin sod-
tazobactam sod for inj
2.25 gm (2-0.25 gm)
..... 24

piperacillin sod-
tazobactam sod for inj
4.5 gm (4-0.5 gm) .. 24

piperacillin sod-
tazobactam sod for inj
40.5 gm (36-4.5 gm)
..... 24

PIQRAY 200MG DAILY
DOSE 33

PIQRAY 250MG TAB	<i>prednisolone</i> 70	<i>propafenone hcl</i> .....39
DOSE..... 33	<i>prednisolone acetate</i>	<i>proparacaine hcl</i>.....89
PIQRAY 300MG DAILY	(<i>ophth</i>)..... 88	<i>propranolol hcl</i> .....41
DOSE..... 33	PREDNISOLONE	<i>propylthiouracil</i> .....73
<i>pirfenidone</i> 92	SODIUM PHOSP 88	PROQUAD INJ .....83
<i>piroxicam</i> 12	<i>prednisolone sodium</i>	PROSOL INJ 20% .....86
PLASMA-LYTE INJ -148	<i>phosphate</i> 70	<i>protriptyline hcl</i> .....46
..... 85	<i>prednisone</i> 70	PULMOZYME .....92
PLASMA-LYTE INJ -A.. 85	PREDNISONE INTENSOL	PURIXAN .....25
<i>plenamine</i> .....86	..... 70	<i>pyrazinamide</i> .....20
PLENVU SOL..... 75	<i>pregabalin</i> 53	<i>pyridostigmine bromide</i>
<i>podofilox</i> 96	PREHEVBRIO 83	.....57
<i>polycin ophth oint</i> 87	PREMASOL SOL 10% . 86	
<i>polymyxin b-</i>	PRENATAL TAB 27-1MG	Q
<i>trimethoprim ophth</i>	..... 86	QINLOCK.....33
<i>soln 10000 unit/ml-</i>	PRENATAL TAB PLUS . 86	QUADRACEL INJ .....83
<i>0.1%</i> 87	<i>prevalite</i> 40	QUADRACEL INJ 0.5ML
POMALYST..... 27	PREVYMIS..... 21	.....83
<i>portia-28</i> 68	PREZCOBIX TAB 800-	<i>quetiapine fumarate</i> ...49
<i>posaconazole</i> 17	150 19	<i>quinapril hcl</i>.....37
POT CHL 20MEQ/L IN	PREZISTA 18	<i>quinidine sulfate</i> .....39
NACL 0.45% INJ..... 85	PRIFTIN 20	<i>quinine sulfate</i> .....17
POT CHL 20MEQ/L IN	<i>primaquine phosphate</i> 17	QULIPTA.....56
NACL 0.9% INJ 85	PRIMAQUINE	
POT CHL 40MEQ/L IN	PHOSPHATE 17	R
NACL 0.9% INJ 85	<i>primidone</i> 53	RABAVERT INJ .....83
<i>potassium chloride</i> ... 85,	PRIORIX INJ..... 83	<i>rabeprazole sodium</i> ...76
86	PRIVIGEN 82	<i>raloxifene hcl</i> .....71
POTASSIUM CHLORIDE	<i>probenecid</i> 12	<i>ramipril</i> .....37
..... 85	<i>prochlorperazine</i> 73	<i>ranolazine</i> .....43
<i>potassium chloride 20</i>	<i>prochlorperazine</i>	<i>rasagiline mesylate</i> ....47
<i>meq/l (0.15%) in</i>	<i>edisylate</i> 73	RAYALDEE .....73
<i>dextrose 5% inj</i> 85	<i>prochlorperazine</i>	<i>reclipsen</i> .....68
<i>potassium chloride</i>	<i>maleate</i> 73	RECOMBIVAX HB .....83
<i>microencapsulated</i>	PROCRIT..... 77	RECTIV .....97
<i>crystals er</i> 86	<i>procto-med hc</i> 97	REGRANEX .....97
<i>potassium citrate</i>	<i>proctosol hc</i> 97	RELENZA DISKHALER.21
(<i>alkalinizer</i>) 76	<i>proctozone-hc</i> 97	RELISTOR.....75
PRADAXA 77	<i>progesterone</i> 72	REMICADE .....80
<i>pramipexole</i>	PROGRAF..... 82	RENFLEXIS .....80
<i>dihydrochloride</i> 47	PROLASTIN-C..... 92	<i>repaglinide</i> .....61
<i>prasugrel hcl</i> 78	PROLENSA 88	REPATHA.....40
<i>pravastatin sodium</i> 40	PROLIA..... 64	REPATHA PUSHTRONEX
<i>praziquantel</i> 16	PROMACTA..... 78	SYSTEM.....40
<i>prazosin hcl</i> 37	<i>promethazine hcl</i> 73	REPATHA SURECLICK.40

RESTASIS	89	SCSEMBLIX.....	33	SOMAVERT	72
RESTASIS MULTIDOSE		<i>scopolamine</i>	74	<i>sorafenib tosylate</i>	33
.....	89	SECUADO	50	<i>sorine</i>	39
RETEVMO	33	<i>selegiline hcl</i>	47	<i>sotalol hcl</i>	39
REVLIMID.....	27	<i>selenium sulfide</i>	95	<i>sotalol hcl (afib/af)</i> ...	39
REXULTI	49	SELZENTRY.....	18	<i>spironolactone</i>	37
REYATAZ.....	18	SEREVENT DISKUS ...	91	<i>spironolactone &</i>	
REZLIDHIA	33	<i>sertraline hcl</i>	46	<i>hydrochlorothiazide</i>	
REZUROCK	82	<i>setlakin</i>	68	<i>tab 25-25 mg</i>	42
RHOPRESSA	88	<i>sevelamer carbonate</i> .	72	<i>sprintec 28</i>	68
<i>ribavirin (hepatitis c)</i> .	21	<i>sharobel</i>	68	SPRITAM	53
<i>rifabutin</i>	20	SHINGRIX.....	83	SPRYCEL	33, 34
<i>rifampin</i>	20	SIGNIFOR.....	71	<i>sps</i>	64
<i>riluzole</i>	57	<i>sildenafil citrate</i>		<i>sronyx</i>	68
<i>rimantadine</i>		<i>(pulmonary</i>		<i>ssd</i>	94
<i>hydrochloride</i>	21	<i>hypertension)</i>	44	STELARA	80
RINVOQ	80	<i>silver sulfadiazine</i>	94	STIVARGA	34
<i>risperidone</i>	49, 50	SIMBRINZA SUS 1-0.2%		<i>streptomycin sulfate</i> ..	16
<i>risperidone</i>		.....	88	STRIBILD TAB.....	19
<i>microspheres</i>	50	<i>simliya</i>	68	<i>subvenite</i>	53
<i>ritonavir</i>	18	<i>simvastatin</i>	40	<i>sucrafate</i>	75
<i>rivastigmine</i>	45	<i>sirolimus</i>	82	<i>sulfacetamide sodium</i>	
<i>rivastigmine tartrate</i> ..	45	SIRTURO	20	<i>(acne)</i>	94
<i>rizatriptan benzoate</i> ..	56	SIVEXTRO.....	16	<i>sulfacetamide sodium</i>	
ROCKLATAN DRO	88	SKYRIZI	80	<i>(ophth)</i>	87
<i>roflumilast</i>	92	SKYRIZI PEN	80	<i>sulfacetamide sodium-</i>	
<i>ropinirole hydrochloride</i>		<i>sod sulfate-pot sulf-mg</i>		<i>prednisolone ophth</i>	
.....	47	<i>sulf oral sol 17.5-3.13-</i>		<i>soln 10-0.23(0.25)%</i>	
<i>rosuvastatin calcium</i> ..	40	<i>1.6 gm/177ml</i>	75	.....	87
ROTARIX SUS	83	<i>sodium chloride</i>	85	<i>sulfadiazine</i>	16
ROTATEQ SOL.....	83	<i>sodium chloride (gu</i>		<i>sulfamethoxazole-</i>	
<i>roweepra</i>	53	<i>irrigant)</i>	97	<i>trimethoprim iv soln</i>	
ROZLYTREK.....	33	<i>sodium fluoride chew;</i>		<i>400-80 mg/5ml</i>	16
RUBRACA.....	33	<i>tab; 1.1 (0.5 f) mg/ml</i>		<i>sulfamethoxazole-</i>	
<i>rufinamide</i>	53	<i>soln</i>	86	<i>trimethoprim susp</i>	
RUKOBIA	18	SODIUM OXYBATE	59	<i>200-40 mg/5ml</i>	16
RYBELSUS.....	61	<i>sodium phenylbutyrate</i>		<i>sulfamethoxazole-</i>	
RYDAPT	33	.....	71	<i>trimethoprim tab 400-</i>	
		<i>sodium polystyrene</i>		<i>80 mg</i>	16
		<i>sulfonate powder</i> ...	64	<i>sulfamethoxazole-</i>	
		<i>solifenacin succinate</i> .	76	<i>trimethoprim tab 800-</i>	
S		SOLIQUA INJ 100/33.	63	<i>160 mg</i>	16
<i>sajazir</i>	78	SOLTAMOX.....	26	SULFAMYLON	94
SANDIMMUNE.....	82	SOLU-CORTEF	70	<i>sulfasalazine</i>	74
SANTYL.....	97	SOMATULINE DEPOT .	72	<i>sulindac</i>	12
<i>sapropterin</i>					
<i>dihydrochloride</i>	71				

sumatriptan..... 56
sumatriptan succinate 57
sunitinib malate 34
 SUNLENCA 18
syeda 68
 SYMDEKO TAB 100-150
 92
 SYMDEKO TAB 50-75MG
 92
 SYMPAZAN 53
 SYMTUZA TAB..... 19
 SYNAREL..... 69
 SYNJARDY TAB 12.5-
 1000MG 61
 SYNJARDY TAB 12.5-500
 61
 SYNJARDY TAB 5-
 1000MG 61
 SYNJARDY TAB 5-500MG
 61
 SYNJARDY XR TAB 10-
 1000..... 62
 SYNJARDY XR TAB 12.5-
 1000..... 62
 SYNJARDY XR TAB 25-
 1000..... 62
 SYNJARDY XR TAB 5-
 1000MG 62
 SYNTHROID..... 73

T

TABLOID 25
 TABRECTA..... 34
tacrolimus 82
tacrolimus (topical) ... 97
 TAFINLAR..... 34
 TAGRISSO..... 34
 TALTZ..... 80
 TALZENNA..... 34
tamoxifen citrate..... 26
tamsulosin hcl 76
tarina fe 1/20 eq 68
 TASIGNA..... 34
tasimelteon 56
tazarotene..... 94

tazicef 22
 TAZORAC..... 95
taztia xt..... 42
 TAZVERIK 34
 TDVAX INJ 2-2 LF 83
 TECENTRIQ..... 34
 TEFLARO..... 22
telmisartan 39
telmisartan-
hydrochlorothiazide
tab 40-12.5 mg 39
telmisartan-
hydrochlorothiazide
tab 80-12.5 mg 39
telmisartan-
hydrochlorothiazide
tab 80-25 mg 39
temazepam 56
 TENIVAC INJ 5-2LF ... 83
tenofovir disoproxil
fumarate 18
 TEPMETKO 34
terazosin hcl..... 37
terbinafine hcl 17
terbutaline sulfate..... 91
terconazole vaginal ... 77
 TERIPARATIDE 64
testosterone..... 60
testosterone cypionate
 60
testosterone enanthate
 60
tetrabenazine 57
tetracycline hcl 24
 THALOMID 27
theophylline 92
thioridazine hcl 50
thiothixene..... 50
tiadylt er..... 42
tiagabine hcl 53
 TIBSOVO 34
 TICOVAC 83
tigecycline 24
tilia fe..... 68
timolol maleate..... 41

timolol maleate (ophth)
 88
tinidazole..... 16
 TIVICAY 18
 TIVICAY PD..... 18
tizanidine hcl 58
 TOBRADEX OIN 0.3-
 0.1%..... 87
 TOBRADEX ST SUS 0.3-
 0.05..... 87
tobramycin 16
tobramycin (ophth).... 87
tobramycin sulfate..... 16
tobramycin-
dexamethasone ophth
susp 0.3-0.1% 87
tolterodine tartrate ... 76
topiramate..... 53, 54
toremifene citrate..... 26
toremide 42
 TOUJEO MAX SOLOSTAR
 63
 TOUJEO SOLOSTAR ... 63
 TPN ELECTROL INJ.... 85
 TRADJENTA 62
tramadol hcl 14
tramadol-
acetaminophen tab
37.5-325 mg..... 14
trandolapril 37
tranexamic acid..... 78
tranylcypromine sulfate
 46
 TRAVASOL INJ 10% ... 86
 TRAZIMERA 34
trazodone hcl 46
 TRECATOR..... 20
 TRELEGY AER ELLIPTA
 100-62.5-25 MCG ... 89
 TRELEGY AER ELLIPTA
 200-62.5-25 MCG ... 89
 TREMFYA 80, 81
treprostinil..... 44
 TRESIBA..... 64
 TRESIBA FLEXTOUCH. 64

VENCLEXTA TAB START	
PK	35
<i>venlafaxine hcl</i>	46
VENTAVIS	44
VENTOLIN HFA.....	91
VENTOLIN HFA (INSTITUTIONAL PACK)	91
<i>verapamil hcl</i>	42
VERQUVO.....	43
VERSACLOZ.....	50
VERZENIO.....	35
<i>vestura</i>	68
V-GO 20 KIT.....	64
V-GO 30 KIT.....	64
V-GO 40 KIT.....	64
<i>vienna</i>	68
<i>vigabatrin</i>	54
<i>vigadrone</i>	54
<i>vigpoder</i>	54
<i>vilazodone hcl</i>	46
<i>vincristine sulfate</i>	28
<i>vinorelbine tartrate</i>	28
<i>viorele</i>	68
VIRACEPT.....	18
VIREAD.....	18
VITRAKVI	35
VIVITROL	60
VIZIMPRO	35
VONJO	35
<i>voriconazole</i>	17
VOSEVI TAB	21
VRAYLAR.....	50
<i>vyfemla</i>	69
<i>vylibra</i>	69
VYZULTA.....	88

W

<i>warfarin sodium</i>	77
<i>water for irrigation, sterile irrigation soln</i>	97
WELIREG	27
<i>wera</i>	69
<i>wixela inhub</i>	93

X

XALKORI.....	35
XARELTO	77
XARELTO STAR TAB 15/20MG.....	77
XATMEP	81
XCOPRI	54
XCOPRI PAK 100-150	54
XCOPRI PAK 12.5-25.	54
XCOPRI PAK 150-200MG (MAINTENANCE)	54
XCOPRI PAK 150-200MG (TITRATION)	54
XCOPRI PAK 50-100MG	54
XELJANZ.....	81
XELJANZ XR.....	81
XERMELO.....	75
XGEVA.....	64
XHANCE.....	92
XIFAXAN.....	75
XIGDUO XR TAB 10- 1000	62
XIGDUO XR TAB 10- 500MG.....	62
XIGDUO XR TAB 2.5- 1000	62
XIGDUO XR TAB 5- 1000MG.....	62
XIGDUO XR TAB 5- 500MG.....	62
XIIDRA.....	89
XOLAIR.....	92
XOSPATA	35
XPOVIO 100 MG ONCE WEEKLY	35
XPOVIO 40 MG ONCE WEEKLY	35
XPOVIO 40 MG TWICE WEEKLY	35
XPOVIO 60 MG ONCE WEEKLY	35
XPOVIO 60 MG TWICE WEEKLY	35

XPOVIO 80 MG ONCE WEEKLY.....	35
XPOVIO 80 MG TWICE WEEKLY.....	35
XTANDI	26
<i>xulane</i>	69
XULTOPHY INJ 100/3.6	64

Y

<i>yargesa</i>	72
YF-VAX INJ	84
<i>yuvafem</i>	69

Z

<i>zafemy</i>	69
<i>zafirlukast</i>	91
ZARXIO	77
ZEJULA	36
ZELBORAF	36
ZEMAIRA.....	92
<i>zenatane</i>	94
ZENPEP CAP 10000UNT	75
ZENPEP CAP 15000UNT	75
ZENPEP CAP 20000UNT	75
ZENPEP CAP 25000UNT	75
ZENPEP CAP 3000UNIT	75
ZENPEP CAP 40000UNT	75
ZENPEP CAP 5000UNIT	75
ZENPEP CAP 60000UNT	75
ZERVIATE.....	88
<i>zidovudine</i>	18
ZIEXTENZO	78
<i>ziprasidone hcl</i>	50
<i>ziprasidone mesylate</i> .	50
ZIRABEV	36
ZIRGAN.....	87

<i>zoledronic acid</i>	64	<i>zovia 1/35</i>	69	ZYKADIA	36
ZOLINZA	36	ZTALMY	54	ZYLET SUS 0.5-0.3% ..	87
<i>zolpidem tartrate</i>	56	<i>zumandimine</i>	69	ZYPREXA RELPREVV...	50
ZONISADE	54	ZURZUVAE	46		
<i>zonisamide</i>	54	ZYDELIG	36		

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.

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.



This formulary was updated on 07/01/2024. For more recent information or other questions, please contact Molina Medicare Choice Care Member Service at (800) 665-3086 (TTY users should call 711), October 1 – March 31: 7 days a week, 8 a.m. - 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 07/01/2024. Para obtener información actualizada, o si tiene otras preguntas, comuníquese con el Departamento de Servicios para Miembros de Molina Medicare Choice Care al (800) 665-3086, (los usuarios de TTY deben llamar al 711), del 1 de octubre al 31 de marzo: los 7 días de la semana, de 8 a. m. a 8 p. m., hora local; del 1 de abril al 30 de septiembre: de lunes a viernes, de 8 a. m. a 8 p. m., hora local, o puede visitar MolinaHealthcare.com/Medicare.