



Arkansas Blue Medicare

2024 Formulary

(List of Covered Drugs)

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

BlueMedicare Premier Rx (PDP)

Formulary 00024092, Version 15

This Formulary was updated on September 1, 2024. For more recent information or other questions, please contact Arkansas Blue Medicare Customer Service at **1-844-280-5833** (TTY users should call **711**), 24 hours a day, seven days a week, or visit **www.arkbluemedicare.com**.

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 Arkansas Blue Medicare. When it refers to “plan” or “our plan,” it means BlueMedicare Premier Rx (PDP).

This document includes a list of the drugs (Formulary) for our plan, which is current as of September 1, 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, 2025, and from time to time during the year.

What is the Arkansas Blue Medicare Formulary?

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

Can the Formulary (Drug List) change?

Most changes in drug coverage happen on January 1, but we 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 Arkansas Blue Medicare’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our Formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our Formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug

currently on the Formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our Formulary, 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 30-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 Arkansas Blue Medicare’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 September 1, 2024. To get updated information about the drugs covered by Arkansas Blue Medicare, please contact us. Our contact information appears on the front and back cover pages. The Formulary is updated monthly with changes as described above and is posted on our website, which can be found 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 one. 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 one. 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 82. 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?

We cover 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 us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, we provide 30 tablets per prescription for rosuvastatin calcium. 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 one. 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 us 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 Arkansas Blue Medicare's Formulary?" on page IV 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 Customer Service 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 Customer Service 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 Arkansas Blue Medicare.
- You can ask us 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 Arkansas Blue Medicare's Formulary?

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

- You can ask us to cover a drug even if it is not on our Formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the Specialty Tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, we will only approve your request for an exception if the alternative drugs included on the plan's Formulary, the lower cost-sharing drug, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our Formulary, or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-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.

You may have changes that take you from one treatment setting to another. During this level of care change, drugs may be prescribed that are not covered by your plan. If this happens, you and your doctor must use our plan's exception and appeals processes. However, when you are admitted to or discharged from a long-term care setting, you may not have access to the drugs you were previously given. You may get a refill upon admission or discharge to prevent a gap in care.

For more information

For more detailed information about your Arkansas Blue Medicare 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, seven days a week. TTY users should call **1-877-486-2048**. Or visit **<http://www.medicare.gov>**.

Arkansas Blue Medicare 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 82.

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

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

Requirements/Limits Column Abbreviations

- **B/D:** Covered under Medicare Part B or Part D
- **GC:** Gap coverage. We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.
- **LA:** Limited access. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at **1-844-280-5833** (TTY users should call **711**) 24 hours a day, seven days a week, or visit **www.arkbluemedicare.com**.
- **NM:** Not available through mail order
- **PA:** Prior authorization
- **QL:** Quantity limits
- **ST:** Step therapy

Cost Sharing by Drug Tier for BlueMedicare Premier Rx (PDP)

Tier	Standard Retail In-Network Cost Sharing (up to a 30-day supply)	Mail-Order Cost Sharing (up to a 30-day supply)	Long-Term Care (LTC) Cost Sharing (up to a 31-day supply)
1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
2 (Generic)	\$5 copay	\$5 copay	\$5 copay
3 (Preferred Brand)	\$47 copay (\$35 copay for covered insulin products)	\$47 copay (\$35 copay for covered insulin products)	\$47 copay (\$35 copay for covered insulin products)
4 (Non-Preferred Drug)	\$100 copay (\$35 copay for covered insulin products)	\$100 copay (\$35 copay for covered insulin products)	\$100 copay (\$35 copay for covered insulin products)
5 (Specialty Tier)	33% of the total cost (\$35 copay for covered insulin products)	33% of the total cost (\$35 copay for covered insulin products)	33% of the total cost (\$35 copay for covered insulin products)

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol</i> TABS 100mg, 300mg	1	GC
<i>colchicine</i> TABS .6mg	2	GC, QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	GC
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	2	GC
NSAIDS		
<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	2	GC, QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	2	GC, QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	2	GC, QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	2	GC
<i>diflunisal</i> TABS 500mg	2	GC
<i>ec-naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>ec-naproxen</i> TBEC 500mg	2	GC, QL (90 tabs / 30 days)
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	2	GC
<i>flurbiprofen</i> TABS 100mg	2	GC
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	GC
<i>ibuprofen</i> SUSP 100mg/5ml	2	GC
<i>ibuprofen</i> TABS 400mg, 600mg, 800mg	1	GC
<i>meloxicam</i> TABS 7.5mg, 15mg	1	GC
<i>nabumetone</i> TABS 500mg, 750mg	1	GC
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	GC
<i>naproxen</i> TBEC 375mg	2	GC, QL (120 tabs / 30 days)
<i>naproxen</i> TBEC 500mg	2	GC, QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	2	GC
<i>piroxicam</i> CAPS 10mg, 20mg	2	GC
<i>sulindac</i> TABS 150mg, 200mg	2	GC
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	2	GC, QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg	2	GC, QL (30 tabs / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate</i> T24A 80mg, 100mg, 120mg	3	QL (30 tabs / 30 days), PA
<i>HYSINGLA ER</i> 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	GC, QL (450 mL / 30 days), PA
<i>methadone hcl</i> TABS 5mg, 10mg	2	GC, QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	2	GC, QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	2	GC, QL (90 tabs / 30 days), PA
<i>OPIOID ANALGESICS, SHORT-ACTING</i>		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	2	GC, QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	2	GC, QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	2	GC, QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	2	GC, QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	4	
<i>endocet tab</i> 2.5-325mg	2	GC, QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	2	GC, QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	2	GC, QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	2	GC, QL (180 tabs / 30 days)
<i>fentanyl citrate</i> LPOP 200mcg	2	GC, QL (120 lozenges / 30 days), PA
<i>fentanyl citrate</i> LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	5	QL (120 lozenges / 30 days), PA
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	2	GC, QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	2	GC, QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	2	GC, QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	2	GC, QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	2	GC, QL (600 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	2	GC, QL (180 tabs / 30 days)
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml, 50mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	4	B/D
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	2	GC, QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	2	GC, QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	2	GC, 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	GC, QL (180 caps / 30 days)
<i>oxycodone hcl</i> CONC 100mg/5ml	2	GC, QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	2	GC, QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	2	GC, QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2	GC, QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2	GC, QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	GC, QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	GC, QL (240 tabs / 30 days)

ANESTHETICS

LOCAL ANESTHETICS

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

ANTI-INFECTIVES - MISCELLANEOUS

<i>albendazole</i> TABS 200mg	5	QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	2	GC
<i>atovaquone</i> SUSP 750mg/5ml	2	GC
<i>aztreonam</i> SOLR 1gm, 2gm	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CAYSTON SOLR 75mg	5	NM, LA, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	GC
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	2	GC
<i>clindamycin phosphate</i> SOLN 600mg/4ml, 900mg/6ml, 9000mg/60ml	2	GC
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	2	GC
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	2	GC
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	2	GC
CLINDMYC/NAC INJ 300/50ML	4	
CLINDMYC/NAC INJ 600/50ML	4	
CLINDMYC/NAC INJ 900/50ML	4	
<i>colistimethate sodium</i> SOLR 150mg	2	GC
<i>dapsone</i> TABS 25mg, 100mg	2	GC
DAPTOMYCIN SOLR 350mg	5	
<i>daptomycin</i> SOLR 350mg, 500mg	5	
EMVERM CHEW 100mg	5	QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	2	GC
<i>gentamicin in saline inj</i> 0.8 mg/ml	2	GC
<i>gentamicin in saline inj</i> 1 mg/ml	2	GC
<i>gentamicin in saline inj</i> 1.2 mg/ml	2	GC
<i>gentamicin in saline inj</i> 1.6 mg/ml	2	GC
<i>gentamicin in saline inj</i> 2 mg/ml	2	GC
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	2	GC
<i>imipenem-cilastatin intravenous for soln</i> 250 mg	2	GC
<i>imipenem-cilastatin intravenous for soln</i> 500 mg	2	GC
<i>ivermectin</i> TABS 3mg	3	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	2	GC
<i>linezolid</i> SUSR 100mg/5ml	5	QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	2	GC, QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	2	GC
<i>meropenem</i> SOLR 1gm, 500mg	2	GC
<i>methenamine hippurate</i> TABS 1gm	2	GC
<i>metronidazole</i> SOLN 500mg/100ml	2	GC
<i>metronidazole</i> TABS 250mg, 500mg	1	GC
<i>neomycin sulfate</i> TABS 500mg	2	GC
<i>nitazoxanide</i> TABS 500mg	5	QL (6 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	3	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	3	
<i>pentamidine isethionate inh</i> SOLR 300mg	2	GC, B/D
<i>pentamidine isethionate inj</i> SOLR 300mg	2	GC
<i>praziquantel</i> TABS 600mg	2	GC
SIVEXTRO SOLR 200mg; TABS 200mg	5	
<i>streptomycin sulfate</i> SOLR 1gm	5	
<i>sulfadiazine</i> TABS 500mg	5	
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	2	GC
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	2	GC
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	GC
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	GC
<i>tinidazole</i> TABS 250mg, 500mg	2	GC
<i>tobramycin</i> NEBU 300mg/5ml	5	NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	2	GC
<i>trimethoprim</i> TABS 100mg	2	GC
<i>vancomycin hcl</i> CAPS 125mg	2	GC, QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	2	GC, QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	2	GC
VANCOMYCIN HYDROCHLORIDE SOLR 1gm, 5gm, 10gm, 500mg	2	GC
VANCOMYCIN INJ 1 GM	4	
VANCOMYCIN INJ 500MG	4	
VANCOMYCIN INJ 750MG	4	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	4	B/D
<i>amphotericin b</i> SOLR 50mg	2	GC, B/D
<i>amphotericin b liposome</i> SUSR 50mg	5	B/D
<i>caspofungin acetate</i> SOLR 50mg, 70mg	2	GC
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	2	GC
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	2	GC
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	2	GC
<i>flucytosine</i> CAPS 250mg, 500mg	5	PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	2	GC
<i>itraconazole</i> CAPS 100mg	3	PA
<i>ketoconazole</i> TABS 200mg	2	GC, PA
<i>miconazole sodium</i> SOLR 50mg, 100mg	5	
<i>nystatin</i> TABS 500000unit	2	GC
<i>posaconazole</i> SUSP 40mg/ml	5	QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	5	QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	GC, QL (90 tabs / year)
<i>voriconazole</i> SOLR 200mg	2	GC, PA
<i>voriconazole</i> SUSP 40mg/ml	5	PA
<i>voriconazole</i> TABS 50mg	2	GC, QL (480 tabs / 30 days), PA
<i>voriconazole</i> TABS 200mg	4	QL (120 tabs / 30 days), PA

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	GC
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	GC
<i>chloroquine phosphate</i> TABS 250mg, 500mg	2	GC
COARTEM TAB 20-120MG	4	
<i>mefloquine hcl</i> TABS 250mg	2	GC
<i>primaquine phosphate</i> TABS 26.3mg	2	GC
PRIMAQUINE PHOSPHATE TABS 26.3mg	3	
<i>quinine sulfate</i> CAPS 324mg	2	GC, PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	2	GC, NM
APTIVUS CAPS 250mg	5	NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	2	GC, NM
<i>darunavir</i> TABS 600mg	5	QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	5	QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	5	NM
<i>efavirenz</i> CAPS 50mg, 200mg; TABS 600mg	2	GC, NM
<i>emtricitabine</i> CAPS 200mg	2	GC, NM
EMTRIVA SOLN 10mg/ml	4	NM
<i>etravirine</i> TABS 100mg, 200mg	5	NM
<i>fosamprenavir calcium</i> TABS 700mg	5	NM
FUZEON SOLR 90mg	5	NM, LA
INTELENCE TABS 25mg	4	NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS CHEW 25mg	4	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	5	NM
ISENTRESS HD TABS 600mg	5	NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	2	GC, NM
LEXIVA SUSP 50mg/ml	4	NM
<i>maraviroc</i> TABS 150mg, 300mg	5	NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	2	GC, NM
NORVIR PACK 100mg	4	NM
PIFELTRO TABS 100mg	5	NM
PREZISTA SUSP 100mg/ml	5	QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	4	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	5	QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	5	NM
<i>ritonavir</i> TABS 100mg	2	GC, NM
RUKOBIA TB12 600mg	5	NM
SELZENTRY SOLN 20mg/ml; TABS 75mg	5	NM
SELZENTRY TABS 25mg	4	NM
SUNLENCA TBPK 300mg	5	NM, LA
<i>tenofovir disoproxil fumarate</i> TABS 300mg	2	GC, NM
TIVICAY TABS 10mg	3	NM
TIVICAY TABS 25mg, 50mg	5	NM
TIVICAY PD TBSO 5mg	5	NM
TROGARZO SOLN 200mg/1.33ml	5	NM, LA
TYBOST TABS 150mg	3	NM
VIRACEPT TABS 250mg, 625mg	5	NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	5	NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	2	GC, NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	2	GC, NM
BIKTARVY TAB 30-120-15 MG	5	NM
BIKTARVY TAB 50-200-25 MG	5	NM
CIMDUO TAB 300-300	5	NM
COMPLERA TAB	5	NM
DELSTRIGO TAB	5	NM
DESCOVY TAB 120-15MG	5	QL (30 tabs / 30 days), NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25MG	5	QL (30 tabs / 30 days), NM
DOVATO TAB 50-300MG	5	NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tabs / 30 days), NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	2	GC, QL (30 tabs / 30 days), NM
EVOTAZ TAB 300-150	5	NM
GENVOYA TAB	5	NM
JULUCA TAB 50-25MG	5	NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	GC, NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	GC, NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	GC, NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	GC, NM
ODEFSEY TAB	5	NM
PREZCOBIX TAB 800-150	5	NM
STRIBILD TAB	5	NM
SYMTUZA TAB	5	NM
TRIUMEQ PD TAB	5	NM
TRIUMEQ TAB	5	NM
TRIZIVIR TAB	5	NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	5	
<i>ethambutol hcl TABS 100mg, 400mg</i>	2	GC
<i>isoniazid SYRP 50mg/5ml</i>	2	GC
<i>isoniazid TABS 100mg, 300mg</i>	1	GC
PRIFTIN TABS 150mg	4	
<i>pyrazinamide TABS 500mg</i>	2	GC
<i>rifabutin CAPS 150mg</i>	2	GC
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	2	GC
SIRTURO TABS 20mg, 100mg	5	NM, LA, PA
TRECTOR TABS 250mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; TABS 400mg, 800mg	1	GC
<i>acyclovir</i> SUSP 200mg/5ml	4	
<i>acyclovir sodium</i> SOLN 50mg/ml	2	GC, B/D
<i>adefovir dipivoxil</i> TABS 10mg	2	GC, NM
BARACLUDE SOLN .05mg/ml	5	NM
<i>entecavir</i> TABS .5mg, 1mg	2	GC, NM
EPCLUSIA PAK 150-37.5	5	NM, PA
EPCLUSIA PAK 200-50MG	5	NM, PA
EPCLUSIA TAB 200-50MG	5	NM, PA
EPCLUSIA TAB 400-100	5	NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	2	GC
<i>ganciclovir sodium</i> SOLR 500mg	2	GC, B/D
HARVONI PAK 33.75-150MG	5	NM, PA
HARVONI PAK 45-200MG	5	NM, PA
HARVONI TAB 45-200MG	5	NM, PA
HARVONI TAB 90-400MG	5	NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	2	GC, NM
MAVYRET PAK 50-20MG	5	NM, PA
MAVYRET TAB 100-40MG	5	NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	2	GC, QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	2	GC, QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	2	GC, QL (1080 mL / year)
PAXLOVID TAB 150-100	3	QL (40 tabs / 30 days); \$0 Cost Share
PAXLOVID TAB 300-100	3	QL (60 tabs / 30 days); \$0 Cost Share
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	5	NM, PA
PREVYMIS TABS 240mg, 480mg	5	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	GC, NM
<i>rimantadine hydrochloride</i> TABS 100mg	2	GC
<i>valacyclovir hcl</i> TABS 1gm	3	
<i>valacyclovir hcl</i> TABS 500mg	2	GC
<i>valganciclovir hcl</i> SOLR 50mg/ml	5	
<i>valganciclovir hcl</i> TABS 450mg	2	GC
VEMLIDY TABS 25mg	5	NM
VOSEVI TAB	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 250mg/5ml	2	GC
CEFACLOR ER TB12 500mg	4	
<i>cefadroxil</i> CAPS 500mg	1	GC
<i>cefadroxil</i> SUSR 250mg/5ml, 500mg/5ml	2	GC
CEFAZOLIN SOLR 2gm, 3gm	4	
CEFAZOLIN INJ 1GM/50ML	4	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	2	GC
CEFAZOLIN SOLN 2GM/100ML-4%	4	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	2	GC
<i>cefepime hcl</i> SOLR 1gm, 2gm	2	GC
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	2	GC
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	2	GC
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	2	GC
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	2	GC
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	2	GC
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	2	GC
<i>cefuroxime axetil</i> TABS 250mg, 500mg	2	GC
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	2	GC
<i>cephalexin</i> CAPS 250mg, 500mg	1	GC
<i>cephalexin</i> SUSR 125mg/5ml, 250mg/5ml	2	GC
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	2	GC
TEFLARO SOLR 400mg, 600mg	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml	2	GC
<i>azithromycin</i> TABS 250mg, 500mg, 600mg	1	GC
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	2	GC
DIFICID SUSR 40mg/ml; TABS 200mg	5	
<i>e.e.s. 400</i> TABS 400mg	2	GC
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	2	GC
ERYTHROCIN LACTOBIONATE SOLR 500mg	4	
<i>erythrocine stearate</i> TABS 250mg	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	2	GC
<i>erythromycin ethylsuccinate</i> TABS 400mg	2	GC
<i>erythromycin lactobionate</i> SOLR 500mg	2	GC
FLUOROQUINOLONES		
CIPRO SUSR 500mg/5ml	4	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	GC
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	GC
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin</i> SOLN 25mg/ml	2	GC
<i>levofloxacin</i> TABS 250mg, 500mg, 750mg	1	GC
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	2	GC
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	2	GC
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	2	GC
<i>moxifloxacin hcl</i> TABS 400mg	2	GC
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	2	GC
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	GC
<i>amoxicillin</i> CHEW 125mg, 250mg	2	GC
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	2	GC
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	2	GC
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	2	GC
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	2	GC
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	2	GC
<i>ampicillin</i> CAPS 500mg	1	GC
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	2	GC
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	2	GC
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	2	GC
<i>BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>	4	
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	2	GC
<i>nafcillin sodium SOLR 1gm, 2gm</i>	2	GC
<i>nafcillin sodium SOLR 10gm</i>	5	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	2	GC
<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	GC
<i>penicillin g sodium SOLR 5000000unit</i>	2	GC
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml</i>	2	GC
<i>penicillin v potassium TABS 250mg, 500mg</i>	1	GC
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	2	GC
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	2	GC
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	2	GC
TETRACYCLINES		
<i>doxy 100 SOLR 100mg</i>	2	GC
<i>doxycycline (monohydrate) CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg</i>	2	GC
<i>doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg</i>	2	GC
<i>minocycline hcl CAPS 50mg, 75mg, 100mg</i>	2	GC
<i>NUZYRA SOLR 100mg; TABS 150mg</i>	5	NM, LA
<i>tetracycline hcl CAPS 250mg, 500mg</i>	2	GC, PA
<i>tigecycline SOLR 50mg</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA SOLN 100mg/4ml	5	B/D, NM, LA
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	2	GC, B/D
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	2	GC, B/D
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	2	GC, B/D
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	5	B/D
<i>cyclophosphamide</i> SOLR 2gm	5	B/D
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	4	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	5	B/D
GLEOSTINE CAPS 10mg, 40mg	4	NM
GLEOSTINE CAPS 100mg	5	NM
LEUKERAN TABS 2mg	5	
<i>oxaliplatin</i> SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	2	GC, B/D
<i>oxaliplatin</i> SOLR 100mg	5	B/D
<i>paraplatin</i> SOLN 1000mg/100ml	2	GC, B/D
ANTIBIOTICS		
<i>doxorubicin hcl</i> SOLN 2mg/ml	2	GC, B/D
<i>doxorubicin hcl liposomal</i> INJ 2mg/ml	5	B/D
ELLECE SOLN 50mg/25ml, 200mg/100ml	4	B/D
ANTIMETABOLITES		
<i>azacitidine</i> SUSR 100mg	5	B/D, NM
<i>cytarabine</i> SOLN 20mg/ml	2	GC, B/D
<i>fluorouracil</i> SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	2	GC, B/D
<i>gemcitabine hcl</i> SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	2	GC, B/D
INQOVI TAB 35-100MG	5	QL (5 tabs / 28 days), NM, LA, PA
LONSURF TAB 15-6.14	5	QL (100 tabs / 28 days), NM, LA, PA
LONSURF TAB 20-8.19	5	QL (80 tabs / 28 days), NM, LA, PA
<i>mercaptopurine</i> TABS 50mg	2	GC
<i>methotrexate sodium</i> SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	2	GC, B/D
ONUREG TABS 200mg, 300mg	5	QL (14 tabs / 28 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium</i> SOLR 100mg, 500mg, 750mg, 1000mg	5	B/D
PURIXAN SUSP 2000mg/100ml	5	NM, LA
TABLOID TABS 40mg	4	
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i> TABS 250mg	5	QL (120 tabs / 30 days), NM, PA
<i>abiraterone acetate</i> TABS 500mg	5	QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	5	QL (60 tabs / 30 days), NM, LA, PA
AKEEGA TAB 100/500	5	QL (60 tabs / 30 days), NM, LA, PA
<i>anastrozole</i> TABS 1mg	1	GC
<i>bicalutamide</i> TABS 50mg	2	GC
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	4	NM, PA
ERLEADA TABS 60mg	5	QL (120 tabs / 30 days), NM, LA, PA
ERLEADA TABS 240mg	5	QL (30 tabs / 30 days), NM, LA, PA
EULEXIN CAPS 125mg	5	
<i>exemestane</i> TABS 25mg	2	GC
FIRMAGON SOLR 80mg	4	NM, PA
FIRMAGON SOLR 120mg/vial	5	NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	5	B/D
<i>letrozole</i> TABS 2.5mg	1	GC
<i>leuprolide acetate</i> KIT 1mg/0.2ml	2	GC, NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	5	NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	5	NM, PA
LYSODREN TABS 500mg	5	NM, LA
<i>megestrol acetate</i> TABS 20mg, 40mg	2	GC
<i>nilutamide</i> TABS 150mg	5	
NUBEQA TABS 300mg	5	QL (120 tabs / 30 days), NM, LA, PA
ORGOVYX TABS 120mg	5	NM, LA, PA
ORSERDU TABS 86mg	5	QL (90 tabs / 30 days), NM, LA, PA
ORSERDU TABS 345mg	5	QL (30 tabs / 30 days), NM, LA, PA
SOLTAMOX SOLN 10mg/5ml	5	
<i>tamoxifen citrate</i> TABS 10mg, 20mg	2	GC
<i>toremifene citrate</i> TABS 60mg	2	GC
XTANDI CAPS 40mg	5	QL (120 caps / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
XTANDI TABS 40mg	5	QL (120 tabs / 30 days), NM, LA, PA
XTANDI TABS 80mg	5	QL (60 tabs / 30 days), NM, LA, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	5	QL (21 caps / 28 days), NM, LA, PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	5	QL (28 caps / 28 days), NM, LA, PA
REVLIMID CAPS 20mg, 25mg	5	QL (21 caps / 28 days), NM, LA, PA
THALOMID CAPS 50mg	5	QL (84 caps / 28 days), NM, LA, PA
THALOMID CAPS 100mg	5	QL (112 caps / 28 days), NM, LA, PA
THALOMID CAPS 150mg, 200mg	5	QL (56 caps / 28 days), NM, LA, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	5	QL (2 syringes / 28 days), NM, LA, PA
<i>bexarotene</i> CAPS 75mg	5	QL (300 caps / 30 days), NM, PA
<i>hydroxyurea</i> CAPS 500mg	2	GC
<i>irinotecan hcl</i> SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	2	GC, B/D
IWILFIN TABS 192mg	5	QL (240 tabs / 30 days), NM, LA, PA
KISQALI 200 PAK FEMARA	5	QL (49 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	5	QL (70 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	5	QL (91 tabs / 28 days), NM, PA
MATULANE CAPS 50mg	5	NM, LA
<i>tretinoin (chemotherapy)</i> CAPS 10mg	5	
WELIREG TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
MITOTIC INHIBITORS		
<i>docetaxel</i> CONC 20mg/ml	2	GC, B/D
<i>docetaxel</i> CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	5	B/D
<i>etoposide</i> SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	2	GC, B/D
<i>paclitaxel</i> CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	2	GC, B/D
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	5	B/D, NM
<i>vincristine sulfate</i> SOLN 1mg/ml	2	GC, B/D
<i>vinorelbine tartrate</i> SOLN 10mg/ml, 50mg/5ml	2	GC, B/D

MOLECULAR TARGET AGENTS

ALECENSA CAPS 150mg	5	QL (240 caps / 30 days), NM, LA, PA
ALUNBRIG TABS 30mg	5	QL (120 tabs / 30 days), NM, LA, PA
ALUNBRIG TABS 90mg, 180mg	5	QL (30 tabs / 30 days), NM, LA, PA
ALUNBRIG PAK	5	QL (30 tabs / 30 days), NM, LA, PA
AUGTYRO CAPS 40mg	5	QL (240 caps / 30 days), NM, LA, PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
BALVERSA TABS 3mg	5	QL (84 tabs / 28 days), NM, LA, PA
BALVERSA TABS 4mg	5	QL (56 tabs / 28 days), NM, LA, PA
BALVERSA TABS 5mg	5	QL (28 tabs / 28 days), NM, LA, PA
BORTEZOMIB SOLR 1mg, 2.5mg	5	NM, PA
<i>bortezomib</i> SOLR 3.5mg	5	NM, PA
BOSULIF CAPS 50mg	5	QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	5	QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	5	QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	5	QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	5	QL (180 caps / 30 days), NM, LA, PA
BRUKINSA CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
CABOMETYX TABS 20mg, 40mg, 60mg	5	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 the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
CALQUENCE TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
CAPRELSA TABS 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
COMETRIQ (60MG DOSE) KIT 20mg	5	QL (84 caps / 28 days), NM, LA, PA
COMETRIQ KIT 100MG	5	QL (56 caps / 28 days), NM, LA, PA
COMETRIQ KIT 140MG	5	QL (112 caps / 28 days), NM, LA, PA
COPIKTRA CAPS 15mg, 25mg	5	QL (56 caps / 28 days), NM, LA, PA
COTELLIC TABS 20mg	5	QL (63 tabs / 28 days), NM, LA, PA
DAURISMO TABS 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
DAURISMO TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
ERIVEDGE CAPS 150mg	5	QL (30 caps / 30 days), NM, LA, PA
<i>erlotinib hcl</i> TABS 25mg	5	QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	5	QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	5	QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	5	QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	5	QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	5	QL (21 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 1mg	5	QL (84 caps / 28 days), NM, LA, PA
FRUZAQLA CAPS 5mg	5	QL (21 caps / 28 days), NM, LA, PA
GAVRETO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
<i>gefitinib</i> TABS 250mg	5	QL (30 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	5	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 the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
HERCEP HYLEC SOL 60-10000	5	NM, LA, PA
HERCEPTIN SOLR 150mg	5	NM, LA, PA
HERZUMA SOLR 150mg, 420mg	5	NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	5	QL (21 caps / 28 days), NM, LA, PA
IBRANCE TABS 75mg, 100mg, 125mg	5	QL (21 tabs / 28 days), NM, LA, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
IDHIFA TABS 50mg, 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>imatinib mesylate</i> TABS 100mg	5	QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	5	QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	5	QL (30 caps / 30 days), NM, LA, PA
IMBRUVICA CAPS 140mg	5	QL (120 caps / 30 days), NM, LA, PA
IMBRUVICA SUSP 70mg/ml	5	QL (216 mL / 27 days), NM, LA, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	5	QL (30 tabs / 30 days), NM, LA, PA
INLYTA TABS 1mg	5	QL (180 tabs / 30 days), NM, LA, PA
INLYTA TABS 5mg	5	QL (120 tabs / 30 days), NM, LA, PA
INREBIC CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	5	QL (60 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 50mg	5	QL (30 tabs / 30 days), NM, LA, PA
JAYPIRCA TABS 100mg	5	QL (60 tabs / 30 days), NM, LA, PA
KADCYLA SOLR 100mg, 160mg	5	B/D, NM, LA
KANJINTI SOLR 150mg, 420mg	5	NM, LA, PA
KEYTRUDA SOLN 100mg/4ml	5	NM, LA, PA
KISQALI 200 DOSE TBPK 200mg	5	QL (21 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	5	QL (42 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	5	QL (63 tabs / 28 days), NM, PA
KOSELUGO CAPS 10mg	5	QL (240 caps / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 25mg	5	QL (120 caps / 30 days), NM, LA, PA
KRAZATI TABS 200mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>lapatinib ditosylate</i> TABS 250mg	5	QL (180 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	5	QL (30 caps / 30 days), NM, LA, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 14 MG	5	QL (60 caps / 30 days), NM, LA, PA
LENVIMA CAP 18 MG	5	QL (90 caps / 30 days), NM, LA, PA
LENVIMA CAP 24 MG	5	QL (90 caps / 30 days), NM, LA, PA
LORBRENA TABS 25mg	5	QL (90 tabs / 30 days), NM, LA, PA
LORBRENA TABS 100mg	5	QL (30 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 120mg	5	QL (240 tabs / 30 days), NM, LA, PA
LUMAKRAS TABS 320mg	5	QL (90 tabs / 30 days), NM, LA, PA
LYNPARZA TABS 100mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	5	QL (84 tabs / 28 days), NM, LA, PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	5	QL (112 tabs / 28 days), NM, LA, PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	5	QL (140 tabs / 28 days), NM, LA, PA
MEKINIST SOLR .05mg/ml	5	QL (1260 mL / 30 days), NM, LA, PA
MEKINIST TABS 2mg	5	QL (30 tabs / 30 days), NM, LA, PA
MEKINIST TABS .5mg	5	QL (90 tabs / 30 days), NM, LA, PA
MEKTOVI TABS 15mg	5	QL (180 tabs / 30 days), NM, LA, PA
MONJUVI SOLR 200mg	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
NERLYNX TABS 40mg	5	QL (180 tabs / 30 days), NM, LA, PA
NEXAVAR TABS 200mg	5	QL (120 tabs / 30 days), NM, LA, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	5	QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	5	QL (30 caps / 30 days), NM, LA, PA
OGIVRI SOLR 150mg, 420mg	5	NM, LA, PA
OGSIVEO TABS 50mg	5	QL (180 tabs / 30 days), NM, LA, PA
OGSIVEO TABS 100mg, 150mg	5	QL (56 tabs / 28 days), NM, LA, PA
OJEMDA SUSR 25mg/ml	5	QL (96 mL / 28 days), NM, LA, PA
OJEMDA TABS 100mg	5	QL (24 tabs / 28 days), NM, LA, PA
OJJAARA TABS 100mg, 150mg, 200mg	5	QL (30 tabs / 30 days), NM, LA, PA
ONTRUZANT SOLR 150mg, 420mg	5	NM, LA, PA
<i>pazopanib hcl</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	5	QL (28 tabs / 28 days), NM, LA, PA
PHESGO SOL	5	NM, LA, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	5	QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	5	QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	5	QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	5	QL (90 tabs / 30 days), NM, LA, PA
RETEVMO CAPS 40mg	5	QL (180 caps / 30 days), NM, LA, PA
RETEVMO CAPS 80mg	5	QL (120 caps / 30 days), NM, LA, PA
REZLIDHIA CAPS 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 100mg	5	QL (150 caps / 30 days), NM, LA, PA
ROZLYTREK CAPS 200mg	5	QL (90 caps / 30 days), NM, LA, PA
ROZLYTREK PACK 50mg	5	QL (336 packets / 28 days), NM, LA, PA
RUBRACA TABS 200mg, 250mg, 300mg	5	QL (120 tabs / 30 days), NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
RYDAPT CAPS 25mg	5	QL (224 caps / 28 days), NM, PA
SCSEMBLIX TABS 20mg	5	QL (60 tabs / 30 days), NM, PA
SCSEMBLIX TABS 40mg	5	QL (300 tabs / 30 days), NM, PA
SCSEMBLIX TABS 100mg	5	QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	5	QL (120 tabs / 30 days), NM, PA
SPRYCEL TABS 20mg	5	QL (90 tabs / 30 days), NM, PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	5	QL (30 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	5	QL (84 tabs / 28 days), NM, LA, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	5	QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	5	QL (120 caps / 30 days), NM, LA, PA
TAFINLAR TBSO 10mg	5	QL (900 tabs / 30 days), NM, LA, PA
TAGRISSE TABS 40mg, 80mg	5	QL (30 tabs / 30 days), NM, LA, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	5	QL (30 caps / 30 days), NM, LA, PA
TALZENNA CAPS .25mg	5	QL (90 caps / 30 days), NM, LA, PA
TASIGNA CAPS 50mg	5	QL (120 caps / 30 days), NM, PA
TASIGNA CAPS 150mg, 200mg	5	QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	5	QL (240 tabs / 30 days), NM, LA, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	5	NM, LA, PA
TEPMETKO TABS 225mg	5	QL (60 tabs / 30 days), NM, LA, PA
TIBSOVO TABS 250mg	5	QL (60 tabs / 30 days), NM, LA, PA
TRAZIMERA SOLR 150mg, 420mg	5	NM, PA
TRUQAP TABS 160mg, 200mg	5	QL (64 tabs / 28 days), NM, LA, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TUKYSA TABS 50mg, 150mg	5	QL (120 tabs / 30 days), NM, LA, PA
TURALIO CAPS 125mg	5	QL (120 caps / 30 days), NM, LA, PA
VANFLYTA TABS 17.7mg, 26.5mg	5	QL (56 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 10mg	4	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 50mg	5	QL (112 tabs / 28 days), NM, LA, PA
VENCLEXTA TABS 100mg	5	QL (180 tabs / 30 days), NM, LA, PA
VENCLEXTA TAB START PK	5	QL (42 tabs / 28 days), NM, LA, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	5	QL (56 tabs / 28 days), NM, LA, PA
VITRAKVI CAPS 25mg	5	QL (180 caps / 30 days), NM, LA, PA
VITRAKVI CAPS 100mg	5	QL (60 caps / 30 days), NM, LA, PA
VITRAKVI SOLN 20mg/ml	5	QL (300 mL / 30 days), NM, LA, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	5	QL (30 tabs / 30 days), NM, LA, PA
VONJO CAPS 100mg	5	QL (120 caps / 30 days), NM, LA, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	5	QL (120 caps / 30 days), NM, LA, PA
XALKORI CPSP 20mg	5	QL (240 caps / 30 days), NM, LA, PA
XALKORI CPSP 150mg	5	QL (180 caps / 30 days), NM, LA, PA
XOSPATA TABS 40mg	5	QL (90 tabs / 30 days), NM, LA, PA
XPOVIO 40 MG ONCE WEEKLY TBPK 40mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 40 MG TWICE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG ONCE WEEKLY TBPK 60mg	5	QL (4 tabs / 28 days), NM, LA, PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	5	QL (24 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG ONCE WEEKLY TBPK 40mg	5	QL (8 tabs / 28 days), NM, LA, PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	5	QL (32 tabs / 28 days), NM, LA, PA
XPOVIO 100 MG ONCE WEEKLY TBPK 50mg	5	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 the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZEJULA TABS 100mg, 200mg, 300mg	5	QL (30 tabs / 30 days), NM, LA, PA
ZELBORAF TABS 240mg	5	QL (240 tabs / 30 days), NM, LA, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	5	NM, LA, PA
ZOLINZA CAPS 100mg	5	QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
ZYKADIA TABS 150mg	5	QL (84 tabs / 28 days), NM, LA, PA

PROTECTIVE AGENTS

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

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5- 40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 20 mg</i>	1	GC, QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10- 40 mg</i>	1	GC, QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5- 6.25mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 10- 12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20- 12.5 mg</i>	1	GC
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	GC
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	GC

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	GC, 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>	1	GC, QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	GC
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	GC
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	GC, QL (30 tabs / 30 days)

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	GC, QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	GC, QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	GC, QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	GC
<i>olmesartan medoxomil TABS 5mg</i>	1	GC, QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	GC, QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	GC, QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	GC, QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	GC, QL (30 tabs / 30 days)

ANTIARRHYTHMICS

<i>amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 400mg</i>	2	GC
<i>amiodarone hcl TABS 200mg</i>	1	GC
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	4	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	2	GC, NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	2	GC
<i>MULTAQ TABS 400mg</i>	4	
<i>NORPACE CR CP12 100mg, 150mg</i>	4	
<i>pacerone TABS 100mg, 400mg</i>	2	GC
<i>pacerone TABS 200mg</i>	1	GC
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	2	GC
<i>quinidine sulfate TABS 200mg, 300mg</i>	2	GC
<i>sorine TABS 80mg, 120mg, 160mg, 240mg</i>	2	GC
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	2	GC
<i>sotalol hcl (afib/afI) TABS 80mg, 120mg, 160mg</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	2	GC
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	2	GC
<i>gemfibrozil</i> TABS 600mg	1	GC
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	GC, QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	GC, QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	GC, QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	3	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	2	GC
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	2	GC
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	2	GC
<i>ezetimibe</i> TABS 10mg	2	GC
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	GC, QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	GC, 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	GC, QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	2	GC
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 the beginning of this table.

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml	2	GC
<i>diltiazem hcl</i> TABS 30mg, 60mg, 90mg, 120mg	1	GC
<i>diltiazem hcl coated beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg	2	GC
<i>diltiazem hcl extended release beads</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	2	GC
<i>nicardipine hcl</i> CAPS 20mg, 30mg	2	GC
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	2	GC
<i>nimodipine</i> CAPS 30mg	2	GC
NYMALIZE SOLN 6mg/ml	5	
<i>tiadylt er</i> CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	GC
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml	2	GC
<i>verapamil hcl</i> TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	GC

DIURETICS

<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	2	GC
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	3	
<i>amiloride hcl</i> TABS 5mg	1	GC
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	2	GC
<i>chlorthalidone</i> TABS 25mg, 50mg	2	GC
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	GC
<i>furosemide inj</i> SOLN 10mg/ml	2	GC
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	GC
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	GC
<i>methazolamide</i> TABS 25mg, 50mg	2	GC
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	2	GC
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	GC
<i>toremide</i> TABS 5mg, 10mg, 20mg, 100mg	1	GC
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	GC
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	GC
MISCELLANEOUS		
<i>aliskiren fumarate TABS 150mg, 300mg</i>	4	
<i>clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	2	GC
<i>clonidine hcl TABS .1mg, .2mg, .3mg</i>	1	GC
CORLANOR SOLN 5mg/5ml	4	QL (450 mL / 30 days)
CORLANOR TABS 5mg, 7.5mg	4	QL (60 tabs / 30 days)
<i>digoxin SOLN .05mg/ml, .25mg/ml</i>	2	GC
<i>digoxin TABS 125mcg, 250mcg</i>	2	GC, QL (30 tabs / 30 days)
<i>droxidopa CAPS 100mg</i>	5	QL (90 caps / 30 days), NM, PA
<i>droxidopa CAPS 200mg, 300mg</i>	5	QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis) SOLN 1mg/ml</i>	2	GC
<i>guanfacine hcl TABS 1mg, 2mg</i>	3	PA; PA if 70 years and older
<i>hydralazine hcl SOLN 20mg/ml</i>	2	GC
<i>hydralazine hcl TABS 10mg, 25mg, 50mg, 100mg</i>	1	GC
<i>metyrosine CAPS 250mg</i>	5	NM, PA
<i>midodrine hcl TABS 2.5mg, 5mg, 10mg</i>	2	GC
<i>minoxidil TABS 2.5mg, 10mg</i>	2	GC
<i>ranolazine TB12 500mg, 1000mg</i>	2	GC
VERQUVO TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
NITRATES		
<i>isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg</i>	2	GC
<i>isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg</i>	1	GC
NITRO-BID OINT 2%	3	
<i>nitroglycerin PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SUBL .3mg, .4mg, .6mg</i>	2	GC
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>ambrisentan TABS 5mg, 10mg</i>	5	QL (30 tabs / 30 days), NM, LA, PA
<i>bosentan TABS 62.5mg, 125mg</i>	5	QL (60 tabs / 30 days), NM, LA, PA
OPSUMIT TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>sildenafil citrate (pulmonary hypertension) TABS 20mg</i>	2	GC, QL (360 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	5	NM, LA, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	5	NM, LA, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

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

ANTIDEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	GC, QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	GC
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	2	GC, QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	2	GC, QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	2	GC, QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	2	GC, 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	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	2	GC, QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	2	GC, QL (60 caps / 30 days)

ANTIDEPRESSANTS

<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	GC
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	3	

Drug Name	Drug Tier	Requirements/Limits
AUVELITY TAB 45-105MG	4	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	2	GC
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	2	GC, QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	2	GC, QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml	2	GC
<i>citalopram hydrobromide</i> TABS 10mg, 20mg, 40mg	1	GC
<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	GC, QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	GC
<i>doxepin hcl</i> CONC 10mg/ml	4	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	4	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	2	GC, QL (60 caps / 30 days)
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml	2	GC
<i>escitalopram oxalate</i> TABS 5mg, 10mg, 20mg	1	GC
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	GC
<i>fluoxetine hcl</i> SOLN 20mg/5ml	2	GC
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	2	GC
MARPLAN TABS 10mg	4	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg; TBDP 15mg, 30mg, 45mg	2	GC
<i>mirtazapine</i> TABS 15mg, 30mg, 45mg	1	GC
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	2	GC
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg	2	GC
<i>nortriptyline hcl</i> SOLN 10mg/5ml	4	
<i>paroxetine hcl</i> SUSP 10mg/5ml	4	QL (900 mL / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	2	GC
<i>phenelzine sulfate</i> TABS 15mg	2	GC
<i>protriptyline hcl</i> TABS 5mg, 10mg	4	
<i>sertraline hcl</i> CONC 20mg/ml	2	GC
<i>sertraline hcl</i> TABS 25mg, 50mg, 100mg	1	GC
<i>tranylcypromine sulfate</i> TABS 10mg	2	GC
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	GC
<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	GC
<i>venlafaxine hcl</i> TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	2	GC
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	2	GC, QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	5	QL (28 caps / 14 days), NM, LA, PA
ZURZUVAE CAPS 30mg	5	QL (14 caps / 14 days), NM, LA, PA

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i> CAPS 100mg	2	GC, QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	2	GC
<i>benztropine mesylate</i> SOLN 1mg/ml	2	GC
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	2	GC, PA; PA if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	2	GC
<i>carb/levo orally disintegrating tab 10-100mg</i>	2	GC
<i>carb/levo orally disintegrating tab 25-100mg</i>	2	GC
<i>carb/levo orally disintegrating tab 25-250mg</i>	2	GC
<i>carbidopa & levodopa tab 10-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab 25-250 mg</i>	2	GC
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	GC
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	GC

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	GC
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	GC
<i>entacapone TABS 200mg</i>	2	GC
INBRIJA CAPS 42mg	5	QL (300 caps / 30 days), NM, LA, PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	4	
<i>pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	1	GC
<i>rasagiline mesylate TABS .5mg, 1mg</i>	2	GC, QL (30 tabs / 30 days)
<i>ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	1	GC
<i>selegiline hcl CAPS 5mg; TABS 5mg</i>	2	GC
<i>trihexyphenidyl hcl SOLN .4mg/ml</i>	3	PA; PA if 70 years and older
<i>trihexyphenidyl hcl TABS 2mg, 5mg</i>	2	GC, PA; PA if 70 years and older
ANTIPSYCHOTICS		
ABILIFY MAINTENA PRSY 300mg, 400mg	5	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	5	QL (1 injection / 28 days)
<i>aripiprazole SOLN 1mg/ml</i>	2	GC, QL (900 mL / 30 days)
<i>aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	2	GC, QL (30 tabs / 30 days)
<i>aripiprazole TBDP 10mg, 15mg</i>	2	GC, QL (60 tabs / 30 days)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	5	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	5	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	5	
<i>asenapine maleate SUBL 2.5mg, 5mg, 10mg</i>	2	GC, QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	5	QL (30 caps / 30 days)
<i>chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg</i>	2	GC
<i>clozapine TABS 25mg, 50mg</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine</i> TABS 100mg	2	GC, QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	2	GC, QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	2	GC, PA
<i>clozapine</i> TBDP 100mg	2	GC, QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	2	GC, QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	5	QL (120 tabs / 30 days), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (60 tabs / 30 days), PA
FANAPT PAK	4	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	2	GC
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	2	GC
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	2	GC
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	2	GC
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	2	GC
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	5	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	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	5	QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	2	GC
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	4	QL (60 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	2	GC
NUPLAZID CAPS 34mg	5	QL (30 caps / 30 days), NM, LA, PA
NUPLAZID TABS 10mg	5	QL (30 tabs / 30 days), NM, LA, PA
<i>olanzapine</i> SOLR 10mg	2	GC, QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg; TBDP 10mg	2	GC, QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg; TBDP 5mg, 15mg, 20mg	2	GC, QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	2	GC, QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	2	GC, QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	2	GC
PERSERIS PRSY 90mg, 120mg	5	QL (1 syringe / 30 days)
<i>pimozide</i> TABS 1mg, 2mg	2	GC
<i>quetiapine fumarate</i> TABS 25mg	2	GC, QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	2	GC, QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	2	GC, QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	2	GC, QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	2	GC, QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	5	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	5	QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	2	GC, QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	GC
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	2	GC, QL (60 tabs / 30 days)
<i>risperidone</i> TBDP 4mg	2	GC, QL (120 tabs / 30 days)
<i>risperidone</i> TBDP .25mg, .5mg	2	GC, QL (90 tabs / 30 days)
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	2	GC, QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	5	QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	5	QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	2	GC
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	2	GC
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	2	GC
VERSACLOZ SUSP 50mg/ml	5	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	5	QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	5	QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	2	GC, QL (60 caps / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate</i> SOLR 20mg	2	GC, QL (6 injections / 3 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	5	QL (2 vials / 28 days), NM, PA
ZYPREXA RELPREVV SUSR 405mg	5	QL (1 vial / 28 days), NM, PA

ANTISEIZURE AGENTS

APTIOM TABS 200mg, 400mg	5	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	5	QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	5	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	4	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	5	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	GC
<i>clobazam</i> SUSP 2.5mg/ml	2	GC, QL (480 mL / 30 days), PA
<i>clobazam</i> TABS 10mg, 20mg	2	GC, QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg	1	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg	1	GC, QL (90 tabs / 30 days)
<i>clonazepam</i> TBDP 2mg	2	GC, QL (300 tabs / 30 days)
<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg	2	GC, QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	2	GC, QL (180 tabs / 30 days), PA; PA if 65 years and older
DIACOMIT CAPS 250mg	5	QL (360 caps / 30 days), NM, LA, PA
DIACOMIT CAPS 500mg	5	QL (180 caps / 30 days), NM, LA, PA
DIACOMIT PACK 250mg	5	QL (360 packets / 30 days), NM, LA, PA
DIACOMIT PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>diazepam</i> SOLN 5mg/5ml	2	GC, QL (1200 mL / 30 days), PA; PA applies if 65 years and older after a 5 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	GC, 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	GC
<i>diazepam inj</i> SOLN 5mg/ml	2	GC
<i>diazepam intensol</i> CONC 5mg/ml	2	GC, 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	GC
EPIDIOLEX SOLN 100mg/ml	5	QL (600 mL / 30 days), NM, LA, PA
<i>epitol</i> TABS 200mg	2	GC
EPRONTIA SOLN 25mg/ml	4	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	2	GC
<i>felbamate</i> SUSP 600mg/5ml	5	
<i>felbamate</i> TABS 400mg, 600mg	2	GC
FINTEPLA SOLN 2.2mg/ml	5	QL (360 mL / 30 days), NM, LA, PA
FYCOMPA SUSP .5mg/ml	5	QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	4	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	5	QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg, 400mg	1	GC, QL (180 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	2	GC, QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	2	GC, QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	2	GC, QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	2	GC
<i>lacosamide</i> TABS 50mg	2	GC, QL (120 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	2	GC, QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	2	GC, QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	2	GC
<i>lamotrigine</i> TABS 25mg, 100mg, 150mg, 200mg	1	GC
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 500 mg/100ml	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 1000 mg/100ml	2	GC
<i>levetiracetam in sodium chloride iv soln</i> 1500 mg/100ml	2	GC
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	4	
<i>methsuximide</i> CAPS 300mg	2	GC
NAYZILAM SOLN 5mg/0.1ml	4	
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	2	GC
<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	GC
<i>phenytoin sodium</i> SOLN 50mg/ml	2	GC
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	2	GC
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	2	GC, QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	2	GC, QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	2	GC, QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	2	GC, QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	GC
<i>rowepra</i> TABS 500mg	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide</i> SUSP 40mg/ml	5	QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	2	GC, QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	5	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	GC
SYMPAZAN FILM 5mg, 10mg, 20mg	5	QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	2	GC
<i>topiramate</i> CPSP 15mg, 25mg	2	GC
<i>topiramate</i> TABS 25mg, 50mg, 100mg, 200mg	1	GC
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	2	GC
<i>valproic acid</i> CAPS 250mg	2	GC
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	QL (180 packets / 30 days), NM, LA, PA
<i>vigabatrin</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigadrone</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
<i>vigadrone</i> TABS 500mg	5	QL (180 tabs / 30 days), NM, LA, PA
<i>vigpoder</i> PACK 500mg	5	QL (180 packets / 30 days), NM, LA, PA
XCOPRI TABS 25mg, 50mg, 100mg	5	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	5	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	4	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	5	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	5	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	5	QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	5	QL (900 mL / 30 days), PA
<i>zonisamide</i> CAPS 25mg, 50mg, 100mg	4	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZTALMY SUSP 50mg/ml	5	QL (1100 mL / 30 days), NM, LA, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	2	GC, QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	GC, QL (90 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	GC, QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	2	GC, QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	2	GC, QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	2	GC, QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	2	GC, QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	2	GC, 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	GC, QL (1800 mL / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl</i> SOLN 10mg/5ml	2	GC, QL (900 mL / 30 days), PA
<i>methylphenidate hcl</i> TABS 5mg, 10mg	2	GC, QL (180 tabs / 30 days), PA
<i>methylphenidate hcl</i> TABS 20mg; TBCR 10mg, 20mg	2	GC, 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	GC, QL (30 tabs / 30 days)
<i>tasimelteon</i> CAPS 20mg	5	QL (30 caps / 30 days), NM, PA
<i>temazepam</i> CAPS 7.5mg, 30mg	1	GC, QL (30 caps / 30 days), PA; PA if 65 years and older
<i>temazepam</i> CAPS 15mg	1	GC, QL (60 caps / 30 days), PA; PA if 65 years and older
<i>zaleplon</i> CAPS 5mg	2	GC, QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zaleplon</i> CAPS 10mg	2	GC, QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	2	GC, 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	
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	5	QL (8 mL / 30 days), PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	GC, QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	2	GC, QL (12 tabs / 30 days)
NURTEC TBDP 75mg	3	QL (16 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
QULIPTA TABS 10mg, 30mg, 60mg	3	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	2	GC, QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	2	GC, QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	2	GC, QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	2	GC, QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	2	GC, QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	2	GC, QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	3	QL (16 tabs / 30 days), PA

MISCELLANEOUS

AUSTEDO TABS 6mg	5	QL (60 tabs / 30 days), NM, LA, PA
AUSTEDO TABS 9mg, 12mg	5	QL (120 tabs / 30 days), NM, LA, PA
AUSTEDO XR TB24 6mg	5	QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	5	QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 24mg	5	QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	5	QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	5	QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	2	GC
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg	1	GC
<i>lithium carbonate</i> TBCR 300mg, 450mg	2	GC
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	2	GC
<i>riluzole</i> TABS 50mg	2	GC
<i>tetrabenazine</i> TABS 12.5mg	5	QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	5	QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	5	QL (120 caps / 30 days), NM, LA, PA
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Drug Name	Drug Tier	Requirements/Limits
BETASERON KIT .3mg	5	QL (14 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	2	GC, QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	5	QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	5	QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	5	QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	5	QL (16 pens / year), NM, LA, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	2	GC, QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg	1	GC
<i>baclofen</i> TABS 20mg	2	GC
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	GC, 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	GC
<i>methocarbamol</i> TABS 500mg	2	GC, 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	2	GC, 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	1	GC

NARCOLEPSY/CATAPLEXY

<i>armodafinil</i> TABS 50mg	2	GC, QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	2	GC, QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	2	GC, QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil</i> TABS 200mg	2	GC, QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	5	QL (540 mL / 30 days), NM, LA, PA

PSYCHOTHERAPEUTIC-MISC

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

ENDOCRINE AND METABOLIC

ANDROGENS

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS		
<i>acarbose</i> TABS 25mg, 50mg, 100mg	2	GC
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	GC, QL (90 tabs / 30 days)
<i>glimepiride</i> TABS 4mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide</i> TABS 5mg	1	GC, QL (240 tabs / 30 days)
<i>glipizide</i> TABS 10mg	1	GC, QL (120 tabs / 30 days)
<i>glipizide</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide xl</i> TB24 2.5mg, 5mg	1	GC, QL (90 tabs / 30 days)
<i>glipizide xl</i> TB24 10mg	1	GC, QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	GC, QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	GC, QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	3	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	3	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	3	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-1000	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	3	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	3	QL (30 tabs / 30 days)
<i>metformin hcl</i> TABS 500mg	1	GC, QL (150 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl</i> TABS 850mg	1	GC, QL (90 tabs / 30 days)
<i>metformin hcl</i> TABS 1000mg	1	GC, QL (75 tabs / 30 days)
<i>metformin hcl</i> TB24 500mg	1	GC, QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
<i>metformin hcl</i> TB24 750mg	1	GC, 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	GC, 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	1	GC, QL (30 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	GC, QL (90 tabs / 30 days)
<i>repaglinide</i> TABS 2mg	1	GC, QL (240 tabs / 30 days)
<i>repaglinide</i> TABS .5mg, 1mg	1	GC, QL (120 tabs / 30 days)
RYBELSUS TABS 3mg, 7mg, 14mg	3	QL (30 tabs / 30 days), PA
SYNJARDY TAB 5-500MG	3	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	3	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	3	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	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)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
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	
HUMALOG SOCT 100unit/ml; SOLN 100unit/ml	3	
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	5	B/D
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	5	
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	
LEVEMIR SOLN 100unit/ml	3	
LEVEMIR FLEXPEN 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 the beginning of this table.

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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	GC
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	2	GC, B/D
<i>ibandronate sodium</i> TABS 150mg	2	GC, B/D
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	5	LA, PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	2	GC, B/D
PROLIA SOSY 60mg/ml	4	QL (1 syringe / 180 days), NM
TERIPARATIDE SOPN 620mcg/2.48ml	5	NM, PA
XGEVA SOLN 120mg/1.7ml	5	NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml, 5mg/100ml	2	GC, B/D, NM
CHELATING AGENTS		
CHEMET CAPS 100mg	5	
<i>deferasirox</i> PACK 90mg, 180mg, 360mg; TABS 180mg, 360mg	5	NM, PA
<i>deferasirox</i> TABS 90mg	2	GC, NM, PA
<i>kionex</i> SUSP 15gm/60ml	2	GC
LOKELMA PACK 5gm, 10gm	3	
<i>penicillamine</i> TABS 250mg	5	NM
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sps</i> SUSP 15gm/60ml	2	GC
<i>trientine hcl</i> CAPS 250mg	5	NM, PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	
CONTRACEPTIVES		
<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC
<i>alyacen 1/35</i>	2	GC
<i>alyacen 7/7/7</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	2	GC
<i>aubra eq</i>	2	GC
<i>aurovela 1/20</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	2	GC
<i>balziva</i>	2	GC
<i>blisovi fe 1.5/30</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i> TABS .35mg	2	GC
<i>chateal eq</i>	2	GC
<i>cryselle-28</i>	2	GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>deblitane</i> TABS .35mg	2	GC
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	GC
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	GC
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	GC
<i>elinest</i>	2	GC
<i>eluryng</i>	2	GC
<i>emzahh</i> TABS .35mg	2	GC
<i>enilloring</i>	2	GC
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	GC
<i>errin</i> TABS .35mg	2	GC
<i>estarylla</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	GC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	GC
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	2	GC
<i>falmina</i>	2	GC
<i>hailey 1.5/30</i>	2	GC
<i>haloette</i>	2	GC
<i>heather</i> TABS .35mg	2	GC
<i>iclevia</i>	2	GC
<i>incassia</i> TABS .35mg	2	GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jasmiel</i>	2	GC
<i>jolessa</i>	2	GC
<i>juleber</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	GC
<i>junel fe 1/20</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	GC
<i>kelnor 1/50</i>	2	GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
<i>leena</i>	2	GC
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	GC
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	GC
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	2	GC
<i>levora 0.15/30-28</i>	2	GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC
<i>loryna</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>lutera</i>	2	GC
<i>lyleq TABS .35mg</i>	2	GC
<i>lyza TABS .35mg</i>	2	GC
<i>marlissa</i>	2	GC
<i>medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml</i>	2	GC
<i>microgestin 1.5/30</i>	2	GC
<i>microgestin 1/20</i>	2	GC
<i>microgestin fe 1.5/30</i>	2	GC
<i>microgestin fe 1/20</i>	2	GC
<i>mili</i>	2	GC
<i>mono-linyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>nora-be</i> TABS .35mg	2	GC
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	2	GC
<i>norethindrone (contraceptive) TABS .35mg</i>	2	GC
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	GC
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	GC
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	GC
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	GC
<i>norlyroc</i> TABS .35mg	2	GC
<i>nortrel 0.5/35 (28)</i>	2	GC
<i>nortrel 1/35 (21)</i>	2	GC
<i>nortrel 1/35 (28)</i>	2	GC
<i>nortrel 7/7/7</i>	2	GC
<i>nylia 1/35</i>	2	GC
<i>nylia 7/7/7</i>	2	GC
<i>nymyo</i>	2	GC
<i>ocella</i>	2	GC
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>portia-28</i>	2	GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	2	GC
<i>sharobel</i> TABS .35mg	2	GC
<i>simliya</i>	2	GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	GC
<i>syeda</i>	2	GC
<i>tarina fe 1/20 eq</i>	2	GC
<i>tilia fe</i>	2	GC
<i>tri-estarylla</i>	2	GC
<i>tri-legest fe</i>	2	GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-sprintec</i>	2	GC
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	GC
<i>turqoz</i>	2	GC
<i>velivet</i>	2	GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	GC
<i>vyfemla</i>	2	GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>xulane</i>	2	GC
<i>zafemy</i>	2	GC
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	2	GC

ENDOMETRIOSIS

<i>danazol</i> CAPS 50mg, 100mg, 200mg	4	
SYNAREL SOLN 2mg/ml	5	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	1	GC
<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	GC
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	2	GC
<i>fyavolv tab 0.5mg-2.5mcg</i>	3	
<i>fyavolv tab 1mg-5mcg</i>	3	
<i>jinteli</i>	3	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
<i>mimvey</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>0.5 mg-2.5 mcg</i>	3	
<i>norethindrone acetate-ethinyl estradiol tab</i> <i>1 mg-5 mcg</i>	3	
PREMARIN CREA .625mg/gm; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPRO TAB	3	
PREMPRO TAB 0.3-1.5	3	
<i>yuvaferm</i> TABS 10mcg	2	GC
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	2	GC, B/D
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	GC
<i>fludrocortisone acetate</i> TABS .1mg	2	GC
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	3	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg	2	GC, B/D
<i>methylprednisolone</i> TBPK 4mg	2	GC
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	2	GC, B/D
<i>methylprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	2	GC, B/D
<i>prednisolone</i> SOLN 15mg/5ml	2	GC, B/D
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	2	GC, B/D
<i>prednisone</i> SOLN 5mg/5ml	2	GC, B/D
<i>prednisone</i> TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	GC, B/D
<i>prednisone</i> TBPK 5mg, 10mg	2	GC
PREDNISONE INTENSOL CONC 5mg/ml	4	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	4	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	5	
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	NM, LA, PA
<i>betaine powder for oral solution</i>	5	NM, LA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline</i> TABS .5mg	2	GC
<i>carglumic acid</i> TBSO 200mg	5	NM, LA, PA
CERDELGA CAPS 84mg	5	NM, LA, PA
CEREZYME SOLR 400unit	5	NM, LA, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	2	GC, B/D, QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	5	B/D, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	4	NM, LA, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	5	
<i>desmopressin acetate</i> TABS .1mg, .2mg	2	GC
<i>desmopressin acetate spray</i> SOLN .01%	2	GC
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	2	GC
FABRAZYME SOLR 5mg, 35mg	5	NM, LA, PA
GENOTROPIN CART 5mg, 12mg	5	NM, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	5	NM, PA
INCRELEX SOLN 40mg/4ml	5	NM, LA, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	5	NM, LA, PA
KORLYM TABS 300mg	5	NM, LA, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	5	NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	2	GC, B/D
LUMIZYME SOLR 50mg	5	NM, LA, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	5	NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	5	NM, PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	5	NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	5	NM, PA
<i>miglustat</i> CAPS 100mg	5	QL (90 caps / 30 days), NM, PA
NAGLAZYME SOLN 1mg/ml	5	NM, LA, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	5	NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	2	GC, NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	5	NM, PA
<i>raloxifene hcl</i> TABS 60mg	2	GC
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	5	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	5	NM, LA, PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	5	NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	5	NM, LA, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	5	NM, LA, PA
yargesa CAPS 100mg	5	QL (90 caps / 30 days), NM, PA

PHOSPHATE BINDER AGENTS

calcium acetate (phosphate binder) CAPS 667mg	2	GC, QL (360 caps / 30 days)
calcium acetate (phosphate binder) TABS 667mg	2	GC, QL (360 tabs / 30 days)
lanthanum carbonate CHEW 500mg, 1000mg	2	GC, QL (90 tabs / 30 days)
lanthanum carbonate CHEW 750mg	2	GC, QL (180 tabs / 30 days)
sevelamer carbonate PACK 2.4gm	3	QL (180 packets / 30 days)
sevelamer carbonate PACK .8gm	4	QL (540 packets / 30 days)
sevelamer carbonate TABS 800mg	3	QL (540 tabs / 30 days)
VELPHORO CHEW 500mg	5	QL (180 tabs / 30 days)

PROGESTINS

medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	GC
megestrol acetate SUSP 40mg/ml	2	GC
megestrol acetate (appetite) SUSP 625mg/5ml	4	PA
norethindrone acetate TABS 5mg	2	GC
progesterone CAPS 100mg	2	GC
progesterone CAPS 200mg	4	

THYROID AGENTS

euthyrox TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
levo-t TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	GC
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	2	GC
<i>methimazole</i> TABS 5mg, 10mg	1	GC
<i>propylthiouracil</i> TABS 50mg	2	GC
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	4	
<i>unithroid</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	GC

VITAMIN D ANALOGS

<i>calcitriol</i> CAPS .25mcg, .5mcg	2	GC, B/D
<i>calcitriol (oral)</i> SOLN 1mcg/ml	2	GC, B/D
<i>paricalcitol</i> CAPS 1mcg, 2mcg, 4mcg	2	GC, B/D
RAYALDEE CPR 30mcg	5	

GASTROINTESTINAL

ANTIEMETICS

<i>aprepitant</i> CAPS 40mg, 80mg, 125mg	2	GC, B/D
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	GC, B/D
<i>compro</i> SUPP 25mg	2	GC
<i>dronabinol</i> CAPS 2.5mg, 5mg, 10mg	2	GC, B/D, QL (60 caps / 30 days)
<i>granisetron hcl</i> SOLN 1mg/ml, 4mg/4ml	2	GC
<i>granisetron hcl</i> TABS 1mg	2	GC, B/D
<i>meclizine hcl</i> TABS 12.5mg, 25mg	2	GC
<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml	2	GC
<i>metoclopramide hcl</i> TABS 5mg, 10mg	1	GC
<i>ondansetron</i> TBP 4mg, 8mg	2	GC, B/D
<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	2	GC
<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 4mg, 8mg	2	GC, B/D
<i>prochlorperazine</i> SUPP 25mg	2	GC
<i>prochlorperazine edisylate</i> SOLN 10mg/2ml	2	GC
<i>prochlorperazine maleate</i> TABS 5mg, 10mg	2	GC
<i>promethazine hcl</i> SOLN 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg	2	GC, PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl</i> SOLN 25mg/ml, 50mg/ml	3	PA; PA if 70 years and older
<i>scopolamine</i> PT72 1mg/3days	4	QL (10 patches / 30 days), PA; PA if 70 years and older
ANTISPASMODICS		
<i>dicyclomine hcl</i> CAPS 10mg; TABS 20mg	3	
<i>dicyclomine hcl</i> SOLN 10mg/5ml	4	
<i>glycopyrrolate</i> TABS 1mg	2	GC, QL (90 tabs / 30 days)
<i>glycopyrrolate</i> TABS 2mg	2	GC, QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
<i>famotidine</i> SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml	2	GC
<i>famotidine</i> SUSR 40mg/5ml	2	GC, QL (300 mL / 30 days)
<i>famotidine</i> TABS 20mg	1	GC, QL (120 tabs / 30 days)
<i>famotidine</i> TABS 40mg	1	GC, QL (60 tabs / 30 days)
<i>famotidine in nacl 0.9% iv soln</i> 20 mg/50ml	2	GC
<i>nizatidine</i> CAPS 150mg, 300mg	2	GC
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i> CAPS 750mg	2	GC
<i>budesonide</i> CPEP 3mg	2	GC, QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	5	QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	2	GC
<i>mesalamine</i> CP24 .375gm	2	GC, QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	2	GC, QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm; SUPP 1000mg	2	GC
<i>mesalamine</i> TBEC 1.2gm	2	GC, QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	3	
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	2	GC
LAXATIVES		
<i>constulose</i> SOLN 10gm/15ml	2	GC
<i>enulose</i> SOLN 10gm/15ml	2	GC
<i>gavilyte-c</i>	1	GC
<i>gavilyte-g</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>generlac</i> SOLN 10gm/15ml	2	GC
<i>lactulose</i> SOLN 10gm/15ml	2	GC
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	2	GC
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	GC
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	GC
PLENVU SOL	4	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	2	GC

MISCELLANEOUS

<i>alose tron hcl</i> TABS .5mg, 1mg	5	QL (60 tabs / 30 days), PA
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	2	GC
<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	NM, LA, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	4	QL (30 caps / 30 days)
<i>loperamide hcl</i> CAPS 2mg	2	GC
<i>misoprostol</i> TABS 100mcg, 200mcg	2	GC
MOVANTIK TABS 12.5mg, 25mg	3	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	5	QL (28 syringes / 28 days), PA
<i>sucral fate</i> TABS 1gm	2	GC
<i>ursodiol</i> CAPS 300mg; TABS 250mg, 500mg	2	GC
XERMELO TABS 250mg	5	QL (84 tabs / 28 days), NM, LA, PA
XIFAXAN TABS 550mg	5	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	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 60000UNT	4	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium</i> CPDR 20mg, 40mg	2	GC, QL (30 caps / 30 days), ST
<i>lansoprazole</i> CPDR 15mg, 30mg	2	GC, QL (60 caps / 30 days)
<i>omeprazole</i> CPDR 10mg, 20mg, 40mg	1	GC
<i>pantoprazole sodium</i> SOLR 40mg	2	GC
<i>pantoprazole sodium</i> TBEC 20mg, 40mg	1	GC
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl</i> TB24 10mg	1	GC, QL (30 tabs / 30 days)
<i>dutasteride</i> CAPS .5mg	2	GC, QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap</i> 0.5-0.4 mg	2	GC, QL (30 caps / 30 days)
<i>finasteride</i> TABS 5mg	1	GC, QL (30 tabs / 30 days)
<i>tamsulosin hcl</i> CAPS .4mg	1	GC, QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid</i> SOLN .25%	2	GC
<i>bethanechol chloride</i> TABS 5mg, 10mg, 25mg, 50mg	2	GC
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	2	GC
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	GC, QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	2	GC, QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	2	GC, QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	2	GC, QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	2	GC, QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	2	GC, QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	2	GC, QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>trosipium chloride</i> TABS 20mg	2	GC, QL (60 tabs / 30 days)

VAGINAL ANTI-INFECTIVES

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

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	2	GC, QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	2	GC, 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	GC
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	2	GC
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	5	
HEP SOD/D5W INJ 20000UNT	4	
HEP SOD/D5W INJ 25000UNT	4	
HEP SOD/NAACL INJ 12500UNT	3	
HEP SOD/NAACL INJ 25000UNT	3	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	2	GC, B/D
HEPARIN/NAACL INJ 25000UNT	3	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	GC
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	GC
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	NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	5	NM, PA
ZIEXTENZO SOSY 6mg/0.6ml	5	QL (2 syringes / 28 days), NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	5	QL (60 tabs / 30 days), NM, LA, PA
ALVAIZ TABS 18mg, 36mg	5	QL (90 tabs / 30 days), NM, LA, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	2	GC
BERINERT KIT 500unit	5	QL (24 boxes / 30 days), NM, LA, PA
<i>cilostazol</i> TABS 50mg, 100mg	2	GC
DOPTELET TABS 20mg	5	NM, LA, PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
ENDARI PACK 5gm	5	NM, LA, PA
HAEGARDA SOLR 2000unit	5	QL (30 vials / 30 days), NM, LA, PA
HAEGARDA SOLR 3000unit	5	QL (20 vials / 30 days), NM, LA, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	5	NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	GC
PROMACTA PACK 12.5mg	5	QL (360 packets / 30 days), NM, LA, PA
PROMACTA PACK 25mg	5	QL (180 packets / 30 days), NM, LA, PA
PROMACTA TABS 12.5mg, 25mg	5	QL (30 tabs / 30 days), NM, LA, PA
PROMACTA TABS 50mg, 75mg	5	QL (60 tabs / 30 days), NM, LA, PA
<i>sajazir</i> SOSY 30mg/3ml	5	QL (9 syringes / 30 days), NM, LA, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	2	GC
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA TABS 60mg, 90mg	3	
<i>clopidogrel bisulfate</i> TABS 75mg	1	GC
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	3	PA; PA if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	5	NM, PA
ENBREL SOLN 25mg/0.5ml	5	QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	5	QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	5	QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	5	QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	5	QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	5	QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	5	QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 syringes / 28 days), NM, PA
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml	5	QL (6 pens / 28 days), NM, PA
HUMIRA PEN PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START PNKT 80mg/0.8ml	5	QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	5	QL (4 pens / 28 days), NM, PA
IDACIO (2 PEN) AJKT 40mg/0.8ml	5	QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	5	QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	5	QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	5	NM, LA, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	5	QL (2 pens / 28 days), NM, PA
KEVZARA SOSY 150mg/1.14ml, 200mg/1.14ml	5	QL (2 syringes / 28 days), NM, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA TABS 30mg	5	QL (60 tabs / 30 days), NM, PA
OTEZLA TAB 10/20/30	5	QL (110 tabs / year), NM, PA
REMICADE SOLR 100mg	5	NM, LA, PA
RENFLEXIS SOLR 100mg	5	NM, LA, PA
RINVOQ TB24 15mg, 30mg	5	QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	5	QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	5	QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	5	QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	5	QL (6 vials / year), NM, PA
SKYRIZI SOSY 150mg/ml	5	QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	5	QL (6 pens / 365 days), NM, PA
STELARA SOLN 45mg/0.5ml	5	QL (1 vial / 28 days), NM, LA, PA
STELARA SOLN 130mg/26ml	5	NM, LA, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	5	QL (1 syringe / 28 days), NM, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	5	QL (3 syringes / 28 days), NM, LA, PA
TREMFYA SOPN 100mg/ml	5	QL (1 pen / 28 days), NM, PA
TREMFYA SOSY 100mg/ml	5	QL (1 syringe / 28 days), NM, PA
XELJANZ SOLN 1mg/ml	5	QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	5	QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	5	QL (30 tabs / 30 days), NM, PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i> TABS 200mg	2	GC
JYLAMVO SOLN 2mg/ml	4	B/D
<i>leflunomide</i> TABS 10mg, 20mg	2	GC, QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	2	GC
XATMEP SOLN 2.5mg/ml	4	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
BIVIGAM SOLN 5gm/50ml, 10%	5	NM, LA, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	5	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	NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	5	NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	5	NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	5	NM, LA, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	5	NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	5	NM, PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	5	NM, LA, PA
ARCALYST SOLR 220mg	5	NM, LA, PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	5	B/D, NM
ASTAGRAF XL CP24 .5mg, 1mg	4	B/D, NM
<i>azathioprine</i> TABS 50mg	2	GC, B/D
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	5	QL (8 syringes / 28 days), NM, LA, PA
BENLYSTA SOLR 120mg, 400mg	5	NM, LA, PA
<i>cyclosporine</i> CAPS 25mg, 100mg	2	GC, B/D, NM
<i>cyclosporine modified (for microemulsion)</i> CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	2	GC, B/D, NM
<i>everolimus (immunosuppressant)</i> TABS .25mg, .5mg, .75mg, 1mg	5	B/D, NM
<i>gengraf</i> CAPS 25mg, 100mg; SOLN 100mg/ml	2	GC, B/D, NM
<i>mycophenolate mofetil</i> CAPS 250mg; TABS 500mg	2	GC, B/D, NM
<i>mycophenolate mofetil</i> SUSR 200mg/ml	5	B/D, NM

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolate sodium</i> TBEC 180mg, 360mg	2	GC, B/D, NM
NULOJIX SOLR 250mg	5	B/D, NM
PROGRAF PACK .2mg, 1mg	4	B/D, NM
REZUROCK TABS 200mg	5	NM, LA, PA
SANDIMMUNE SOLN 100mg/ml	4	B/D, NM
<i>sirolimus</i> SOLN 1mg/ml	5	B/D, NM
<i>sirolimus</i> TABS .5mg, 1mg, 2mg	2	GC, B/D, NM
<i>tacrolimus</i> CAPS .5mg, 1mg, 5mg	2	GC, B/D, NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	GC
ACTHIB INJ	1	GC
ADACEL INJ	1	GC
AREXVY SUSR 120mcg/0.5ml	1	GC
BCG VACCINE SOLR 50mg	1	GC
BEXSERO INJ	1	GC
BOOSTRIX INJ	1	GC
DAPTACEL INJ	1	GC
DENGVAXIA SUS	1	GC
DIP/TET PED INJ 25-5LFU	1	GC, B/D
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	GC, B/D
GARDASIL 9 INJ	1	GC
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	1	GC
HEPLISAV-B SOSY 20mcg/0.5ml	1	GC, B/D
HIBERIX SOLR 10mcg	1	GC
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	GC, B/D
INFANRIX INJ	1	GC
IPOL INJ INACTIVE	1	GC
IXCHIQ INJ	1	GC
IXIARO INJ	1	GC
JYNNEOS SUSP .5ml	1	GC, B/D
KINRIX INJ	1	GC
M-M-R II INJ	1	GC
MENACTRA INJ	1	GC
MENQUADFI INJ	1	GC
MENVEO INJ	1	GC
MENVEO SOL	1	GC
PEDIARIX INJ 0.5ML	1	GC
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	GC
PENBRAYA INJ	1	GC
PENTACEL INJ	1	GC
PREHEVBRIO SUSP 10mcg/ml	1	GC, B/D
PRIORIX INJ	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
PROQUAD INJ	1	GC
QUADRACEL INJ	1	GC
QUADRACEL INJ 0.5ML	1	GC
RABAVERT INJ	1	GC, B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	GC, B/D
ROTARIX SUS	1	GC
ROTATEQ SOL	1	GC
SHINGRIX SUSR 50mcg/0.5ml	1	GC, QL (2 vials per lifetime)
TDVAX INJ 2-2 LF	1	GC, B/D
TENIVAC INJ 5-2LF	1	GC, B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	GC
TRUMENBA INJ	1	GC
TWINRIX INJ	1	GC
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	GC
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	GC
VARIVAX INJ 1350pfu/0.5ml	1	GC
YF-VAX INJ	1	GC

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	2	GC
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	2	GC
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	2	GC
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	2	GC
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	2	GC
KCL/D5W/NACL INJ 0.3/0.9%	4	
<i>lactated ringer's solution</i>	2	GC
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	GC
<i>multiple electrolytes ph 7.4</i>	2	GC
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, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	2	GC
POTASSIUM CHLORIDE SOLN 10meq/50ml	4	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	2	GC
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	2	GC
TPN ELECTROL INJ	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con PACK 20meq</i>	2	GC
<i>klor-con 8 TBCR 8meq</i>	1	GC
<i>klor-con 10 TBCR 10meq</i>	1	GC
<i>klor-con m10 TBCR 10meq</i>	1	GC
<i>klor-con m15 TBCR 15meq</i>	2	GC
<i>klor-con m20 TBCR 20meq</i>	1	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
M-NATAL PLUS TAB	3	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%	2	GC
<i>potassium chloride</i> TBCR 8meq, 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 10meq, 20meq	1	GC
<i>potassium chloride microencapsulated crystals er</i> TBCR 15meq	2	GC
PRENATAL TAB 27-1MG	3	
PRENATAL TAB PLUS	3	
<i>sodium fluoride</i> chew; tab; 1.1 (0.5 f) mg/ml soln	2	GC

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</i> 15%	2	GC, B/D
CLINOLIPID EMU 20%	4	B/D
<i>dextrose</i> SOLN 5%, 10%	2	GC
<i>dextrose</i> SOLN 50%, 70%	2	GC, B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	4	B/D
NUTRILIPID EMUL 20gm/100ml	4	B/D
<i>plenamine</i>	2	GC, B/D
PREMASOL SOL 10%	5	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	GC
<i>neo-polycin hc ophth oint 1%</i>	2	GC
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	GC
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	GC
<i>neomycin-polymyxin-hc ophth susp</i>	2	GC
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	GC
TOBRADEX OIN 0.3-0.1%	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
TOBRADEX ST SUS 0.3-0.05	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	GC
ZYLET SUS 0.5-0.3%	3	

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	2	GC
<i>bacitracin-polymyxin b ophth oint</i>	1	GC
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	3	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	GC
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	GC
<i>gatifloxacin (ophth) SOLN .5%</i>	2	GC
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	GC
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	2	GC
NATACYN SUSP 5%	4	
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	GC
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	GC
<i>ofloxacin (ophth) SOLN .3%</i>	2	GC
<i>polycin ophth oint</i>	1	GC
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	GC
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	2	GC
<i>tobramycin (ophth) SOLN .3%</i>	1	GC
<i>trifluridine SOLN 1%</i>	2	GC
XDEMVI SOLN .25%	5	NM, LA, PA
ZIRGAN GEL .15%	4	

ANTI-INFLAMMATORIES

ALREX SUSP .2%	3	
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	2	GC
BROMSITE SOLN .075%	4	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	2	GC
<i>diclofenac sodium (ophth) SOLN .1%</i>	2	GC
EYSUVIS SUSP .25%	4	
FLAREX SUSP .1%	4	
<i>fluorometholone (ophth) SUSP .1%</i>	2	GC
<i>flurbiprofen sodium SOLN .03%</i>	2	GC
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	2	GC
LOTEMAX OINT .5%	3	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate</i> SUSP .2%	2	GC
<i>prednisolone acetate (ophth)</i> SUSP 1%	2	GC
PREDNISOLONE SODIUM PHOSP SOLN 1%	3	
PROLENSA SOLN .07%	3	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	2	GC
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	GC
ZERVIAE SOLN .24%	4	
ANTI GLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	2	GC
BETOPTIC-S SUSP .25%	4	
<i>brimonidine tartrate</i> SOLN .2%	1	GC
<i>brimonidine tartrate</i> SOLN .15%	2	GC
<i>brinzolamide</i> SUSP 1%	2	GC
<i>carteolol hcl (ophth)</i> SOLN 1%	2	GC
COMBIGAN SOL 0.2/0.5%	3	
<i>dorzolamide hcl</i> SOLN 2%	1	GC
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	1	GC
<i>latanoprost</i> SOLN .005%	1	GC
<i>levobunolol hcl</i> SOLN .5%	2	GC
LUMIGAN SOLN .01%	3	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	2	GC
RHOPRESSA SOLN .02%	4	
ROCKLATAN DRO	4	
SIMBRINZA SUS 1-0.2%	4	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%	2	GC
<i>timolol maleate (ophth)</i> SOLN .25%, .5%	1	GC
<i>travoprost</i> SOLN .004%	3	
VYZULTA SOLN .024%	4	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	3	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	2	GC
CYSTADROPS SOLN .37%	5	NM, LA, PA
CYSTARAN SOLN .44%	5	NM, LA, PA
MIEBO SOLN 1.338gm/ml	3	
<i>proparacaine hcl</i> SOLN .5%	2	GC
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	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
<i>flac OIL .01%</i>	2	GC
<i>fluocinolone acetonide (otic) OIL .01%</i>	2	GC
<i>neomycin-polymyxin-hc otic soln 1%</i>	2	GC
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	GC
<i>ofloxacin (otic) SOLN .3%</i>	2	GC

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	GC, B/D
TRELEGY AER ELLIPTA 100-62.5-25 MCG	3	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	3	QL (60 blisters / 30 days)

ANTICHOLINERGICS

ATROVENT HFA AERS 17mcg/act	4	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	3	QL (30 blisters / 30 days)
<i>ipratropium bromide SOLN .02%</i>	2	GC, B/D
<i>ipratropium bromide (nasal) SOLN .03%, .06%</i>	2	GC

ANTI-HISTAMINES

<i>azelastine hcl SOLN .1%</i>	2	GC
<i>cetirizine hcl SOLN 5mg/5ml</i>	1	GC, QL (300 mL / 30 days)
<i>cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg</i>	3	PA; PA if 70 years and older
<i>diphenhydramine hcl SOLN 50mg/ml</i>	2	GC
<i>hydroxyzine hcl SOLN 25mg/ml, 50mg/ml</i>	4	PA; PA if 70 years and older
<i>hydroxyzine hcl SYRP 10mg/5ml</i>	3	PA; PA if 70 years and older
<i>hydroxyzine hcl TABS 10mg, 25mg, 50mg</i>	2	GC, PA; PA if 70 years and older

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	3	PA; PA if 70 years and older
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	2	GC, QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	2	GC, QL (30 tabs / 30 days)

BETA AGONISTS

<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	2	GC, 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	GC, B/D
<i>albuterol sulfate</i> SYRP 2mg/5ml; TABS 2mg, 4mg	2	GC
<i>levalbuterol hcl</i> NEBU 1.25mg/0.5ml, 1.25mg/3ml	2	GC, B/D
<i>levalbuterol tartrate</i> AERO 45mcg/act	2	GC, QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	3	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	2	GC
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	GC
<i>montelukast sodium</i> TABS 10mg	1	GC
<i>zafirlukast</i> TABS 10mg, 20mg	2	GC

MISCELLANEOUS

<i>acetylcysteine</i> SOLN 10%, 20%	2	GC, B/D
ARALAST NP SOLR 500mg, 1000mg	5	NM, LA, PA
BRONCHITOL CAPS 40mg	5	QL (560 caps / 28 days), NM, LA, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	2	GC, B/D
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	2	GC; (generic of EpiPen)
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	2	GC; (generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	5	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
FASENRA PEN SOAJ 30mg/ml	5	NM, LA, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	5	QL (56 packs / 28 days), NM, LA, PA
KALYDECO TABS 150mg	5	QL (60 tabs / 30 days), NM, LA, PA
OFEV CAPS 100mg, 150mg	5	QL (60 caps / 30 days), NM, LA, PA
ORKAMBI GRA 75-94MG	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 100-125	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI GRA 150-188	5	QL (56 packs / 28 days), NM, LA, PA
ORKAMBI TAB 100-125	5	QL (112 tabs / 28 days), NM, LA, PA
ORKAMBI TAB 200-125	5	QL (112 tabs / 28 days), NM, LA, PA
<i>pirfenidone</i> CAPS 267mg	5	QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	5	QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	5	QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	5	NM, LA, PA
PULMOZYME SOLN 2.5mg/2.5ml	5	NM, PA
<i>roflumilast</i> TABS 250mcg	2	GC, QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	2	GC, QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	5	QL (56 tabs / 28 days), NM, LA, PA
SYMDEKO TAB 100-150	5	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	GC
TRIKAFTA PAK 59.5MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA PAK 75MG	5	QL (56 packs / 28 days), NM, LA, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	5	QL (84 tabs / 28 days), NM, LA, PA
TRIKAFTA TAB 100-50-75MG & 150MG	5	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	NM, LA, PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	5	NM, LA, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	2	GC, QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	2	GC, QL (1 bottle / 30 days)
<i>mometasone furoate (nasal)</i> SUSP 50mcg/act	2	GC, QL (2 inhalers / 30 days), ST
XHANCE EXHU 93mcg/act	4	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	4	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	4	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	3	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	2	GC, 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	GC, QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	2	GC, QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	2	GC, QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	2	GC, QL (60 inhalations / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>klayesta</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	2	GC, QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	2	GC, QL (60 gm / 30 days)
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	4	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	2	GC, QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	2	GC, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .1%	2	GC, QL (60 gm / 30 days), PA
TAZORAC CREA .05%	4	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketconazole (topical)</i> SHAM 2%	1	GC, QL (120 mL / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	2	GC
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i> CREA 1%, 2.5%	1	GC
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	2	GC, QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	2	GC, QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	2	GC, QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	2	GC, QL (50 mL / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> e CREA .05%	2	GC, QL (60 gm / 30 days)
ENSTILAR AER	4	QL (120 gm / 30 days), PA
<i>fluocinolone acetonide</i> CREA .01%	2	GC, QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	2	GC, QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	2	GC, QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	2	GC, QL (90 mL / 30 days)
<i>fluocinonide</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	2	GC, QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	2	GC, QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	2	GC, QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	2	GC
<i>halobetasol propionate</i> CREA .05%; OINT .05%	2	GC, QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%	1	GC
<i>hydrocortisone (topical)</i> LOTN 2.5%; OINT 2.5%	2	GC
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	2	GC
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	GC, QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%	2	GC
<i>triamcinolone acetonide (topical)</i> OINT .025%, .1%, .5%	1	GC
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	2	GC, QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	2	GC, QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	2	GC, QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	2	GC, QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	2	GC, B/D, QL (30 gm / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocan</i> PTCH 5%	2	GC, QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	5	QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> GEL 1%	2	GC, QL (1000 gm / 30 days)
<i>fluorouracil (topical)</i> CREA 5%	2	GC, QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	2	GC, QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	2	GC
<i>imiquimod</i> CREA 5%	2	GC, QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	2	GC
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	2	GC, QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	2	GC, QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	2	GC, QL (30 gm / 30 days)
PANRETIN GEL .1%	5	QL (60 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	2	GC, QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	2	GC
<i>proctocort</i> CREA 1%	2	GC
<i>proctosol hc</i> CREA 2.5%	2	GC
<i>proctozone-hc</i> CREA 2.5%	2	GC
RECTIV OINT .4%	4	QL (30 gm / 30 days)
<i>tacrolimus (topical)</i> OINT .03%, .1%	2	GC, QL (100 gm / 30 days)
VALCHLOR GEL .016%	5	QL (60 gm / 30 days), NM, LA, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	2	GC, QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	2	GC, QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	5	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	GC
<i>water for irrigation, sterile irrigation soln</i>	2	GC

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>MOUTH/THROAT/DENTAL AGENTS</i>		
<i>chlorhexidine gluconate (mouth-throat) SOLN .12%</i>	1	GC
<i>clotrimazole TROC 10mg</i>	2	GC, QL (150 lozenges / 30 days)
<i>kourzeq PSTE .1%</i>	2	GC
<i>lidocaine hcl (mouth-throat) SOLN 2%</i>	2	GC
<i>nystatin (mouth-throat) SUSP 100000unit/ml</i>	2	GC
<i>periogard SOLN .12%</i>	1	GC
<i>pilocarpine hcl (oral) TABS 5mg, 7.5mg</i>	2	GC
<i>triamcinolone acetonide (mouth) PSTE .1%</i>	2	GC

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<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	70	BIVIGAM.....	66
<i>baclofen</i>	44	<i>blisovi fe 1.5/30</i>	51
BAFIERTAM	43	BOOSTRIX INJ.....	67
<i>balsalazide disodium</i>	59	<i>bortezomib</i>	16
BALVERSA.....	16		
<i>balziva</i>	51		
BARACLUDGE	9		
BASAGLAR KWIKPEN	48		
BCG VACCINE.....	67		

BORTEZOMIB	16	<i>calcitrene</i>	78
<i>bosentan</i>	30	<i>calcitriol</i>	58
BOSULIF	16	<i>calcitriol (oral)</i>	58
BRAFTOVI	16	<i>calcium acetate (phosphate binder)</i> ..	57
BREO ELLIPTA INH 100-25	76	CALQUENCE	17
BREO ELLIPTA INH 200-25	76	<i>camila</i>	51
BREO ELLIPTA INH 50-25MCG	76	<i>candesartan cilexetil</i>	26
BREZTRI AERO AER SPHERE	73	CAPLYTA	34
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	73	CAPRELSA	17
<i>briellyn</i>	51	<i>captopril</i>	24
BRILINTA	63	<i>captopril & hydrochlorothiazide tab 25- 15 mg</i>	23
<i>brimonidine tartrate</i>	72	<i>captopril & hydrochlorothiazide tab 25- 25 mg</i>	23
<i>brinzolamide</i>	72	<i>captopril & hydrochlorothiazide tab 50- 15 mg</i>	23
BRIVIACT	37	<i>captopril & hydrochlorothiazide tab 50- 25 mg</i>	24
<i>bromfenac sodium (ophth)</i>	71	<i>carb/levo orally disintegrating tab 10- 100mg</i>	33
<i>bromocriptine mesylate</i>	33	<i>carb/levo orally disintegrating tab 25- 100mg</i>	33
BROMSITE	71	<i>carb/levo orally disintegrating tab 25- 250mg</i>	33
BRONCHITOL	74	<i>carbamazepine</i>	37
BRUKINSA	16	<i>carbidopa & levodopa tab 10-100 mg</i> 33	
<i>budesonide</i>	59	<i>carbidopa & levodopa tab 25-100 mg</i> 33	
<i>budesonide (inhalation)</i>	76	<i>carbidopa & levodopa tab 25-250 mg</i> 33	
<i>bumetanide</i>	29	<i>carbidopa & levodopa tab er 25-100 mg</i>	33
<i>buprenorphine hcl</i>	45	<i>carbidopa & levodopa tab er 50-200 mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	45	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	45	<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	33
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	45	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	34
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	45	<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	34
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	45	<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	34
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	45	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	34
<i>bupropion hcl</i>	32	<i>carboplatin</i>	13
<i>bupropion hcl (smoking deterrent)</i> ..	45	<i>carglumic acid</i>	56
<i>bupirone hcl</i>	31	<i>carteolol hcl (ophth)</i>	72
<i>butorphanol tartrate</i>	2		
BYDUREON BCISE	46		
BYETTA	46		
C			
<i>cabergoline</i>	56		
CABOMETYX	16		
<i>calcipotriene</i>	78		
<i>calcitonin (salmon) spray</i>	50		

<i>cartia xt</i>	28	<i>cisplatin</i>	13
<i>carvedilol</i>	28	<i>citalopram hydrobromide</i>	32
<i>caspofungin acetate</i>	5	<i>claravis</i>	77
CAYSTON.....	4	<i>clarithromycin</i>	10
<i>cefaclor</i>	10	<i>clindamycin hcl</i>	4
CEFACLOR ER.....	10	<i>clindamycin palmitate hydrochloride</i> ...4	
<i>cefadroxil</i>	10	<i>clindamycin phosphate</i>	4
CEFAZOLIN.....	10	<i>clindamycin phosphate (topical)</i>	77
CEFAZOLIN INJ 1GM/50ML.....	10	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefazolin sodium</i>	10	300 mg/50ml.....	4
CEFAZOLIN SOLN 2GM/100ML-4% ...	10	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefdinir</i>	10	600 mg/50ml.....	4
<i>cefepime hcl</i>	10	<i>clindamycin phosphate in d5w iv soln</i>	
<i>cefixime</i>	10	900 mg/50ml.....	4
<i>cefoxitin sodium</i>	10	<i>clindamycin phosphate vaginal</i>	62
<i>cefpodoxime proxetil</i>	10	CLINDMYC/NAC INJ 300/50ML.....	4
<i>cefprozil</i>	10	CLINDMYC/NAC INJ 600/50ML.....	4
<i>ceftazidime</i>	10	CLINDMYC/NAC INJ 900/50ML.....	4
<i>ceftriaxone sodium</i>	10	CLINIMIX INJ 4.25/D10.....	70
<i>cefuroxime axetil</i>	10	CLINIMIX INJ 4.25/D5W.....	70
<i>cefuroxime sodium</i>	10	CLINIMIX INJ 5%/D15W.....	70
<i>celecoxib</i>	1	CLINIMIX INJ 5%/D20W.....	70
<i>cephalexin</i>	10	CLINIMIX INJ 6/5.....	70
CERDELGA.....	56	CLINIMIX INJ 8/10.....	70
CEREZYME.....	56	CLINIMIX INJ 8/14.....	70
<i>cetirizine hcl</i>	73	<i>clinisol sf 15%</i>	70
<i>chateal eq</i>	51	CLINOLIPID EMU 20%.....	70
CHEMET.....	50	<i>clobazam</i>	37
<i>chlorhexidine gluconate (mouth-throat)</i>		<i>clobetasol propionate</i>	78
.....	81	<i>clobetasol propionate e</i>	79
<i>chloroquine phosphate</i>	6	<i>clomipramine hcl</i>	32
<i>chlorpromazine hcl</i>	34	<i>clonazepam</i>	37
<i>chlorthalidone</i>	29	<i>clonidine</i>	30
<i>cholestyramine</i>	27	<i>clonidine hcl</i>	30
<i>cholestyramine light</i>	27	<i>clopidogrel bisulfate</i>	63
<i>ciclopirox olamine</i>	77	<i>clorazepate dipotassium</i>	37
<i>cilostazol</i>	63	<i>clotrimazole</i>	81
CILOXAN.....	71	<i>clotrimazole (topical)</i>	77
CIMDUO TAB 300-300.....	7	<i>clotrimazole w/ betamethasone cream</i>	
<i>cinacalcet hcl</i>	56	1-0.05%.....	77
CIPRO.....	11	<i>clozapine</i>	34, 35
<i>ciprofloxacin 200 mg/100ml in d5w</i> ..	11	COARTEM TAB 20-120MG.....	6
<i>ciprofloxacin 400 mg/200ml in d5w</i> ..	11	<i>colchicine</i>	1
<i>ciprofloxacin-dexamethasone otic susp</i>		<i>colchicine w/ probenecid tab 0.5-500</i>	
0.3-0.1%.....	73	mg.....	1
<i>ciprofloxacin hcl</i>	11	<i>colesevelam hcl</i>	27
<i>ciprofloxacin hcl (ophth)</i>	71	<i>colestipol hcl</i>	27

<i>colistimethate sodium</i>	4	<i>darunavir</i>	6
COMBIGAN SOL 0.2/0.5%	72	<i>dasetta 1/35</i>	51
COMBIVENT AER 20-100	73	<i>dasetta 7/7/7</i>	51
COMETRIQ (60MG DOSE).....	17	DAURISMO.....	17
COMETRIQ KIT 100MG.....	17	DAYVIGO	42
COMETRIQ KIT 140MG.....	17	<i>deblitane</i>	51
COMPLERA TAB	7	<i>deferasirox</i>	50
<i>compro</i>	58	DELSTRIGO TAB	7
<i>constulose</i>	59	DENGVAXIA SUS.....	67
COPIKTRA.....	17	DEPO-SUBQ PROVERA 104	51
CORLANOR.....	30	<i>depo-testosterone</i>	45
COTELLIC	17	DESCOVY TAB 120-15MG.....	7
CREON CAP 12000UNT	60	DESCOVY TAB 200/25MG.....	8
CREON CAP 24000UNT	60	<i>desipramine hcl</i>	32
CREON CAP 3000UNIT	60	<i>desmopressin acetate</i>	56
CREON CAP 36000UNT	60	<i>desmopressin acetate spray</i>	56
CREON CAP 6000UNIT	60	<i>desmopressin acetate spray</i>	
<i>cromolyn sodium</i>	74	<i>refrigerated</i>	56
<i>cromolyn sodium (mastocytosis)</i>	60	<i>desogest-eth estrad & eth estrad tab</i>	
<i>cromolyn sodium (ophth)</i>	72	0.15-0.02/0.01 mg(21/5).....	51
<i>cryselle-28</i>	51	<i>desogestrel & ethinyl estradiol tab 0.15</i>	
<i>cyclobenzaprine hcl</i>	44	mg-30 mcg	51
<i>cyclophosphamide</i>	13	<i>desvenlafaxine succinate</i>	32
CYCLOPHOSPHAMIDE	13	<i>dexamethasone</i>	55
CYCLOPHOSPHAMIDE MONOHYDR....	13	DEXAMETHASONE INTENSOL.....	55
<i>cycloserine</i>	8	<i>dexamethasone sodium phosphate</i> ...	55
<i>cyclosporine</i>	66	<i>dexamethasone sodium phosphate</i>	
<i>cyclosporine modified (for</i>		<i>(ophth)</i>	71
<i>microemulsion)</i>	66	<i>dexmethylphenidate hcl</i>	41
<i>cyproheptadine hcl</i>	73	<i>dextrose</i>	70
<i>cyred eq</i>	51	<i>dextrose 10% w/ sodium chloride</i>	
CYSTADROPS	72	0.45%	68
CYSTAGON.....	56	<i>dextrose 2.5% w/ sodium chloride</i>	
CYSTARAN	72	0.45%	68
<i>cytarabine</i>	13	<i>dextrose 5% in lactated ringers</i>	68
D		<i>dextrose 5% w/ sodium chloride 0.2%</i>	
D10W/NAACL INJ 0.2%	68	.....	68
D2.5W/NAACL INJ 0.45%.....	68	<i>dextrose 5% w/ sodium chloride</i>	
D5W/LYTES INJ #48.....	68	0.225%	68
<i>dabigatran etexilate mesylate</i>	62	<i>dextrose 5% w/ sodium chloride 0.3%</i>	
<i>dalfampridine</i>	44	.....	68
<i>danazol</i>	54	<i>dextrose 5% w/ sodium chloride 0.45%</i>	
<i>dantrolene sodium</i>	44	.....	68
<i>dapsone</i>	4	<i>dextrose 5% w/ sodium chloride 0.9%</i>	
DAPTACEL INJ	67	.....	68
<i>daptomycin</i>	4	DIACOMIT.....	37
DAPTOMYCIN	4	<i>diazepam</i>	37, 38

<i>diazepam (anticonvulsant)</i>	38	<i>doxycycline (monohydrate)</i>	12
<i>diazepam inj</i>	38	<i>doxycycline hyclate</i>	12
<i>diazepam intensol</i>	38	DRIZALMA SPRINKLE.....	32
<i>diazoxide</i>	55	<i>dronabinol</i>	58
<i>diclofenac potassium</i>	1	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.02 mg</i>	51
<i>diclofenac sodium</i>	1	<i>drospirenone-ethinyl estradiol tab 3-</i> <i>0.03 mg</i>	51
<i>diclofenac sodium (ophth)</i>	71	DROXIA	63
<i>diclofenac sodium (topical)</i>	80	<i>droxidopa</i>	30
<i>dicloxacillin sodium</i>	12	DULERA AER 100-5MCG.....	76
<i>dicyclomine hcl</i>	59	DULERA AER 200-5MCG.....	76
DIFICID	10	DULERA AER 50-5MCG.....	76
<i>diflunisal</i>	1	<i>duloxetine hcl</i>	32
<i>digoxin</i>	30	DUPIXENT	64
<i>dihydroergotamine mesylate</i>	42	<i>dutasteride</i>	61
DILANTIN	38	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg</i>	61
DILANTIN-125	38	E	
DILANTIN INFATABS	38	<i>e.e.s. 400</i>	10
<i>diltiazem hcl</i>	29	<i>ec-naproxen</i>	1
<i>diltiazem hcl coated beads</i>	29	EDURANT	6
<i>diltiazem hcl extended release beads</i>	29	<i>efavirenz</i>	6
<i>dilt-xr</i>	28	<i>efavirenz-emtricitabine-tenofovir df tab</i> <i>600-200-300 mg</i>	8
DIP/TET PED INJ 25-5LFU	67	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>400-300-300 mg</i>	8
<i>diphenhydramine hcl</i>	73	<i>efavirenz-lamivudine-tenofovir df tab</i> <i>600-300-300 mg</i>	8
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> <i>mg/5ml</i>	60	ELIGARD.....	14
<i>diphenoxylate w/ atropine tab 2.5-</i> <i>0.025 mg</i>	60	<i>elinest</i>	51
<i>dipyridamole</i>	63	ELIQUIS	62
<i>disopyramide phosphate</i>	26	ELIQUIS STARTER PACK	62
<i>disulfiram</i>	45	ELLENCE.....	13
<i>divalproex sodium</i>	38	<i>eluryng</i>	51
<i>docetaxel</i>	15	EMSAM	32
DOCETAXEL	16	<i>emtricitabine</i>	6
<i>dofetilide</i>	26	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 100-150 mg</i>	8
<i>donepezil hydrochloride</i>	31	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 133-200 mg</i>	8
DOPTLET.....	63	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 167-250 mg</i>	8
<i>dorzolamide hcl</i>	72	<i>emtricitabine-tenofovir disoproxil</i> <i>fumarate tab 200-300 mg</i>	8
<i>dorzolamide hcl-timolol maleate ophth</i> <i>soln 2-0.5%</i>	72	EMTRIVA	6
<i>dotti</i>	54	EMVERM.....	4
DOVATO TAB 50-300MG	8		
<i>doxazosin mesylate</i>	24		
<i>doxepin hcl</i>	32		
<i>doxepin hcl (sleep)</i>	42		
<i>doxorubicin hcl</i>	13		
<i>doxorubicin hcl liposomal</i>	13		
<i>doxy 100</i>	12		

<i>emzahn</i>	51	<i>erythromycin (ophth)</i>	71
<i>enalapril maleate</i>	24	<i>erythromycin base</i>	11
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 10-25 mg</i>	24	<i>erythromycin ethylsuccinate</i>	11
<i>enalapril maleate & hydrochlorothiazide</i> <i>tab 5-12.5 mg</i>	24	<i>erythromycin lactobionate</i>	11
ENBREL	64	<i>escitalopram oxalate</i>	32
ENBREL MINI.....	64	<i>esomeprazole magnesium</i>	61
ENBREL SURECLICK	64	<i>estarylla</i>	51
ENDARI	63	<i>estradiol</i>	54
<i>endocet tab 10-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i> <i>0.5-0.1 mg</i>	54
<i>endocet tab 2.5-325mg</i>	2	<i>estradiol & norethindrone acetate tab</i> <i>1-0.5 mg</i>	54
<i>endocet tab 5-325mg</i>	2	<i>estradiol vaginal</i>	54
<i>endocet tab 7.5-325mg</i>	2	<i>estradiol valerate</i>	54
ENGERIX-B	67	<i>ethambutol hcl</i>	8
<i>enilloring</i>	51	<i>ethosuximide</i>	38
<i>enoxaparin sodium</i>	62	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i>	51
<i>enpresse-28</i>	51	<i>ethynodiol diacetate & ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i>	51
<i>enskyce</i>	51	<i>etodolac</i>	1
ENSTILAR AER.....	79	<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.12-0.015 mg/24hr</i>	51
<i>entacapone</i>	34	<i>etoposide</i>	16
<i>entecavir</i>	9	<i>etravirine</i>	6
ENTRESTO TAB 24-26MG	25	EULEXIN	14
ENTRESTO TAB 49-51MG	25	<i>euthyrox</i>	57
ENTRESTO TAB 97-103MG	25	<i>everolimus</i>	17
<i>enulose</i>	59	<i>everolimus (immunosuppressant)</i>	66
EPCLUSA PAK 150-37.5	9	EVOTAZ TAB 300-150	8
EPCLUSA PAK 200-50MG	9	<i>exemestane</i>	14
EPCLUSA TAB 200-50MG	9	EYSUVIS	71
EPCLUSA TAB 400-100	9	<i>ezetimibe</i>	27
EPIDIOLEX	38	<i>ezetimibe-simvastatin tab 10-10 mg</i>	27
<i>epinephrine (anaphylaxis)</i>	30, 74	<i>ezetimibe-simvastatin tab 10-20 mg</i>	27
<i>epitol</i>	38	<i>ezetimibe-simvastatin tab 10-40 mg</i>	27
<i>eplerenone</i>	24	<i>ezetimibe-simvastatin tab 10-80 mg</i>	27
EPRONTIA	38	F	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	42	FABRAZYME	56
ERIVEDGE.....	17	<i>falmina</i>	51
ERLEADA	14	<i>famciclovir</i>	9
<i>erlotinib hcl</i>	17	<i>famotidine</i>	59
<i>errin</i>	51	<i>famotidine in nacl 0.9% iv soln 20</i> <i>mg/50ml</i>	59
<i>ertapenem sodium</i>	4	FANAPT	35
<i>ery</i>	77	FANAPT PAK	35
<i>ery-tab</i>	10	FARXIGA.....	46
ERYTHROCIN LACTOBIONATE	10		
<i>erythrocin stearate</i>	10		
<i>erythromycin (acne aid)</i>	77		

FASENRA	74	<i>fluticasone-salmeterol aer powder ba</i>	
FASENRA PEN.....	75	250-50 mcg/act	76
<i>felbamate</i>	38	<i>fluticasone-salmeterol aer powder ba</i>	
<i>felodipine</i>	29	500-50 mcg/act	76
<i>fenofibrate</i>	27	<i>fluvoxamine maleate</i>	31
<i>fenofibrate micronized</i>	27	<i>fondaparinux sodium</i>	62
<i>fentanyl</i>	1	<i>fosamprenavir calcium</i>	6
<i>fentanyl citrate</i>	2	<i>fosinopril sodium</i>	24
FETZIMA.....	32	<i>fosinopril sodium & hydrochlorothiazide</i>	
FETZIMA CAP TITRATIO	32	<i>tab 10-12.5 mg</i>	24
FIASP	48	<i>fosinopril sodium & hydrochlorothiazide</i>	
FIASP FLEXTOUCH	48	<i>tab 20-12.5 mg</i>	24
FIASP PENFILL.....	48	FOTIVDA.....	17
FIASP PUMPCART	48	FRUZAQLA	17
<i>finasteride</i>	61	<i>fulvestrant</i>	14
<i> fingolimod hcl</i>	44	<i>furosemide</i>	29
FINTEPLA	38	<i>furosemide inj</i>	29
FIRMAGON	14	FUZEON	6
<i>flac</i>	73	<i>fyavolv tab 0.5mg-2.5mcg</i>	54
FLAREX.....	71	<i>fyavolv tab 1mg-5mcg</i>	54
FLEBOGAMMA DIF	66	FYCOMPA.....	38
<i>flecainide acetate</i>	26	G	
<i>fluconazole</i>	5	<i>gabapentin</i>	38
<i>fluconazole in nacl 0.9% inj 200</i>		<i>galantamine hydrobromide</i>	31
<i>mg/100ml</i>	5	GAMASTAN INJ	66
<i>fluconazole in nacl 0.9% inj 400</i>		GAMMAGARD LIQUID	66
<i>mg/200ml</i>	5	GAMMAGARD S/D IGA LESS TH	66
<i>flucytosine</i>	5	GAMMAKED.....	66
<i>fludrocortisone acetate</i>	55	GAMMAPLEX.....	66
<i>flunisolide (nasal)</i>	76	GAMUNEX-C	66
<i>fluocinolone acetonide</i>	79	<i>ganciclovir sodium</i>	9
<i>fluocinolone acetonide (otic)</i>	73	GARDASIL 9 INJ	67
<i>fluocinonide</i>	79	<i>gatifloxacin (ophth)</i>	71
<i>fluocinonide emulsified base</i>	79	GATTEX	60
<i>fluorometholone (ophth)</i>	71	GAUZE PADS 2	48
<i>fluorouracil</i>	13	<i>gavilyte-c</i>	59
<i>fluorouracil (topical)</i>	80	<i>gavilyte-g</i>	59
<i>fluoxetine hcl</i>	32	GAVRETO.....	17
<i>fluphenazine decanoate</i>	35	<i>gefitinib</i>	17
<i>fluphenazine hcl</i>	35	<i>gemcitabine hcl</i>	13
<i>flurbiprofen</i>	1	<i>gemfibrozil</i>	27
<i>flurbiprofen sodium</i>	71	GEMTESA.....	61
<i>fluticasone propionate</i>	79	<i>generlac</i>	60
<i>fluticasone propionate (nasal)</i>	76	<i>gengraf</i>	66
<i>fluticasone-salmeterol aer powder ba</i>		GENOTROPIN	56
100-50 mcg/act	76	GENOTROPIN MINIQUICK.....	56
		<i>gentamicin in saline inj 0.8 mg/ml</i>	4

<i>gentamicin in saline inj 1.2 mg/ml</i>	4	<i>heparin sodium (porcine)</i>	62
<i>gentamicin in saline inj 1.6 mg/ml</i>	4	HEPLISAV-B	67
<i>gentamicin in saline inj 1 mg/ml</i>	4	HEP SOD/D5W INJ 20000UNT	62
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<i>nortrel 7/7/7</i>	53	OJEMDA.....	20
<i>nortriptyline hcl</i>	32	OJJAARA.....	20
NORVIR.....	7	<i>olanzapine</i>	35
NOVOLIN INJ 70/30	48	<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i>	25
NOVOLIN INJ 70/30 FP	48	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i>	25
NOVOLIN N	49	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i>	25
NOVOLIN N FLEXPEN	49	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i>	25
NOVOLIN R	49	<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i>	25
NOVOLIN R FLEXPEN	49	<i>olmesartan medoxomil</i>	26
NOVOLOG MIX INJ 70/30	49	<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i>	25
NOVOLOG MIX INJ FLEXPEN	49	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i>	25
NUBEQA	14	<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .25	
NUDEXTA CAP 20-10MG	43	<i>omega-3-acid ethyl esters cap 1 gm</i> .27	
NULOJIX	67	<i>omeprazole</i>	61
NUPLAZID	35	OMNIPOD 5 G6 KIT INTRO	49
NURTEC.....	42	OMNIPOD 5 G6 MIS PODS.....	49
NUTRILIPID.....	70	OMNIPOD 5 G7 KIT INTRO	49
NUZYRA.....	12		
<i>nyamyc</i>	78		
<i>nylia 1/35</i>	53		
<i>nylia 7/7/7</i>	53		
NYMALIZE.....	29		
<i>nymyo</i>	53		

OMNIPOD 5 G7 MIS PODS.....	49	<i>paclitaxel protein-bound particles for iv</i>	
OMNIPOD DASH KIT INTRO.....	49	<i>susp 100 mg</i>	16
OMNIPOD DASH MIS PODS	49	<i>paliperidone</i>	36
OMNIPOD GO KIT 10UNT/DY	49	<i>pamidronate disodium</i>	50
OMNIPOD GO KIT 15UNT/DY	49	PAMIDRONATE DISODIUM.....	50
OMNIPOD GO KIT 20UNT/DY	49	PANRETIN	80
OMNIPOD GO KIT 25UNT/DY	49	<i>pantoprazole sodium</i>	61
OMNIPOD GO KIT 30UNT/DY	49	PANZYGA	66
OMNIPOD GO KIT 35UNT/DY	49	<i>paraplatin</i>	13
OMNIPOD GO KIT 40UNT/DY	49	<i>paricalcitol</i>	58
OMNIPOD MIS CLASSIC	49	<i>paroxetine hcl</i>	32, 33
<i>ondansetron</i>	58	PAXLOVID TAB 150-100	9
<i>ondansetron hcl</i>	58	PAXLOVID TAB 300-100	9
ONTRUZANT.....	20	<i>pazopanib hcl</i>	20
ONUREG	13	PEDIARIX INJ 0.5ML.....	67
OPSUMIT	30	PEDVAX HIB	67
ORGOVYX	14	<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
ORKAMBI GRA 100-125	75	<i>for soln 236 gm</i>	60
ORKAMBI GRA 150-188	75	<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
ORKAMBI GRA 75-94MG	75	<i>420 gm</i>	60
ORKAMBI TAB 100-125.....	75	PEGASYS	9
ORKAMBI TAB 200-125.....	75	PEMAZYRE	20
ORSERDU	14	<i>pemetrexed disodium</i>	14
<i>oseltamivir phosphate</i>	9	PENBRAYA INJ	67
OTEZLA	65	PEN GK/DEXTR INJ 40000/ML.....	12
OTEZLA TAB 10/20/30.....	65	PEN GK/DEXTR INJ 60000/ML.....	12
<i>oxacillin sodium</i>	12	<i>penicillamine</i>	50
<i>oxaliplatin</i>	13	<i>penicillin g potassium</i>	12
<i>oxcarbazepine</i>	39	<i>penicillin g sodium</i>	12
<i>oxybutynin chloride</i>	61	<i>penicillin v potassium</i>	12
<i>oxycodone hcl</i>	3	PENTACEL INJ	67
<i>oxycodone w/ acetaminophen tab 10-</i>		<i>pentamidine isethionate inh</i>	5
<i>325 mg</i>	3	<i>pentamidine isethionate inj</i>	5
<i>oxycodone w/ acetaminophen tab 2.5-</i>		<i>pentoxifylline</i>	63
<i>325 mg</i>	3	<i>perindopril erbumine</i>	24
<i>oxycodone w/ acetaminophen tab 5-</i>		<i>perio gard</i>	81
<i>325 mg</i>	3	<i>permethrin</i>	80
<i>oxycodone w/ acetaminophen tab 7.5-</i>		<i>perphenazine</i>	36
<i>325 mg</i>	3	PERSERIS	36
OZEMPIC (0.25 OR 0.5MG/DOSE)	47	<i>pfizerpen</i>	12
OZEMPIC (0.25 OR 0.5 MG/DOSE)....	47	<i>phenelzine sulfate</i>	33
OZEMPIC (1MG/DOSE)	47	<i>phenobarbital</i>	39
OZEMPIC (2MG/DOSE)	47	<i>phenobarbital sodium</i>	39
P		<i>phenytek</i>	39
<i>pacerone</i>	26	<i>phenytoin</i>	39
<i>paclitaxel</i>	16	<i>phenytoin sodium</i>	39
		<i>phenytoin sodium extended</i>	39

PHESGO SOL	20	POT CHL 20MEQ/L IN NAACL 0.45% INJ	69
<i>philith</i>	53	.....	69
PIFELTRO	7	POT CHL 20MEQ/L IN NAACL 0.9% INJ	69
<i>pilocarpine hcl</i>	72	.....	69
<i>pilocarpine hcl (oral)</i>	81	POT CHL 40MEQ/L IN NAACL 0.9% INJ	69
<i>pimozide</i>	36	.....	69
<i>pimtrea</i>	53	PRADAXA	62
<i>pindolol</i>	28	<i>pramipexole dihydrochloride</i>	34
<i>pioglitazone hcl</i>	47	<i>prasugrel hcl</i>	63
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>pravastatin sodium</i>	27
<i>500 mg</i>	47	<i>praziquantel</i>	5
<i>pioglitazone hcl-metformin hcl tab 15-</i>		<i>prazosin hcl</i>	24
<i>850 mg</i>	47	<i>prednisolone</i>	55
<i>piperacillin sod-tazobactam na for inj</i>		<i>prednisolone acetate (ophth)</i>	72
<i>3.375 gm (3-0.375 gm)</i>	12	PREDNISOLONE SODIUM PHOSP	72
<i>piperacillin sod-tazobactam sod for inj</i>		<i>prednisolone sodium phosphate</i>	55
<i>13.5 gm (12-1.5 gm)</i>	12	<i>prednisone</i>	55
<i>piperacillin sod-tazobactam sod for inj</i>		PREDNISONE INTENSOL	55
<i>2.25 gm (2-0.25 gm)</i>	12	<i>pregabalin</i>	39
<i>piperacillin sod-tazobactam sod for inj</i>		PREHEVBRIO	67
<i>4.5 gm (4-0.5 gm)</i>	12	PREMARIN	55
<i>piperacillin sod-tazobactam sod for inj</i>		PREMASOL SOL 10%	70
<i>40.5 gm (36-4.5 gm)</i>	12	PREMPRO TAB	55
PIQRAY 200MG DAILY DOSE	20	PREMPRO TAB 0.3-1.5	55
PIQRAY 250MG TAB DOSE.....	20	PRENATAL TAB 27-1MG	70
PIQRAY 300MG DAILY DOSE	20	PRENATAL TAB PLUS	70
<i>pirfenidone</i>	75	<i>prevalite</i>	27
<i>piroxicam</i>	1	PREVYMIS.....	9
PLASMA-LYTE INJ -148	69	PREZCOBIX TAB 800-150.....	8
PLASMA-LYTE INJ -A.....	69	PREZISTA	7
<i>plenamine</i>	70	PRIFTIN.....	8
PLENVU SOL.....	60	<i>primaquine phosphate</i>	6
<i>podofilox</i>	80	PRIMAQUINE PHOSPHATE	6
<i>polycin ophth oint</i>	71	<i>primidone</i>	39
<i>polymyxin b-trimethoprim ophth soln</i>		PRIORIX INJ.....	67
<i>10000 unit/ml-0.1%</i>	71	PRIVIGEN	66
POMALYST	15	<i>probenecid</i>	1
<i>portia-28</i>	53	<i>prochlorperazine</i>	58
<i>posaconazole</i>	6	<i>prochlorperazine edisylate</i>	58
<i>potassium chloride</i>	69, 70	<i>prochlorperazine maleate</i>	58
POTASSIUM CHLORIDE.....	69	PROCRIT.....	62
<i>potassium chloride 20 meq/l (0.15%)</i>		<i>proctocort</i>	80
<i>in dextrose 5% inj</i>	69	<i>procto-med hc</i>	80
<i>potassium chloride microencapsulated</i>		<i>proctosol hc</i>	80
<i>crystals er</i>	70	<i>proctozone-hc</i>	80
<i>potassium citrate (alkalinizer)</i>	61	<i>progesterone</i>	57
		PROGRAF.....	67

PROLASTIN-C	75	REVLIMID	15
PROLENSA	72	REXULTI	36
PROLIA	50	REYATAZ	7
PROMACTA.....	63	REZLIDHIA.....	20
<i>promethazine hcl</i>	58, 59	REZUROCK.....	67
<i>propafenone hcl</i>	26	RHOPRESSA	72
<i>proparacaine hcl</i>	72	<i>ribavirin (hepatitis c)</i>	9
<i>propranolol hcl</i>	28	<i>rifabutin</i>	8
<i>propylthiouracil</i>	58	<i>rifampin</i>	8
PROQUAD INJ.....	68	<i>riluzole</i>	43
PROSOL INJ 20%	70	<i>rimantadine hydrochloride</i>	9
<i>protriptyline hcl</i>	33	RINVOQ.....	65
PULMOZYME.....	75	RINVOQ LQ.....	65
PURIXAN.....	14	<i>risperidone</i>	36
<i>pyrazinamide</i>	8	<i>risperidone microspheres</i>	36
<i>pyridostigmine bromide</i>	43	<i>ritonavir</i>	7
Q		<i>rivastigmine</i>	31
QINLOCK	20	<i>rivastigmine tartrate</i>	31
QUADRACEL INJ.....	68	<i>rizatriptan benzoate</i>	43
QUADRACEL INJ 0.5ML	68	ROCKLATAN DRO	72
<i>quetiapine fumarate</i>	36	<i>roflumilast</i>	75
<i>quinapril hcl</i>	24	<i>ropinirole hydrochloride</i>	34
<i>quinidine sulfate</i>	26	<i>rosuvastatin calcium</i>	27
<i>quinine sulfate</i>	6	ROTARIX SUS.....	68
QULIPTA	43	ROTATEQ SOL	68
R		<i>rowepra</i>	39
RABAVERT INJ	68	ROZLYTREK.....	20
<i>raloxifene hcl</i>	56	RUBRACA.....	20
<i>ramipril</i>	24	<i>rufinamide</i>	40
<i>ranolazine</i>	30	RUKOBIA	7
<i>rasagiline mesylate</i>	34	RYBELSUS.....	47
RAYALDEE.....	58	RYDAPT	21
<i>reclipsen</i>	53	S	
RECOMBIVAX HB	68	<i>sajazir</i>	63
RECTIV	80	SANDIMMUNE.....	67
REGRANEX.....	80	SANTYL	80
RELENZA DISKHALER	9	<i>sapropterin dihydrochloride</i>	56
RELISTOR	60	SCSEMBLIX.....	21
REMICADE	65	<i>scopolamine</i>	59
RENFLEXIS.....	65	SECUADO	36
<i>repaglinide</i>	47	<i>selegiline hcl</i>	34
REPATHA	27	<i>selenium sulfide</i>	78
REPATHA PUSHTRONEX SYSTEM	27	SELZENTRY.....	7
REPATHA SURECLICK	27	SEREVENT DISKUS.....	74
RESTASIS	72	<i>sertraline hcl</i>	33
RESTASIS MULTIDOSE.....	72	<i>setlakin</i>	53
RETEVMO.....	20	<i>sevelamer carbonate</i>	57

<i>sharobel</i>	53	<i>subvenite</i>	40
SHINGRIX	68	<i>sucralfate</i>	60
SIGNIFOR	57	<i>sulfacetamide sodium (acne)</i>	77
<i>sildenafil citrate (pulmonary hypertension)</i>	30	<i>sulfacetamide sodium (ophth)</i>	71
<i>silver sulfadiazine</i>	77	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	70
SIMBRINZA SUS 1-0.2%	72	<i>sulfadiazine</i>	5
<i>simliya</i>	53	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	5
<i>simvastatin</i>	27	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	5
<i>sirolimus</i>	67	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	5
SIRTURO	8	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	5
SIVEXTRO	5	SULFAMYLON	77
SKYRIZI	65	<i>sulfasalazine</i>	59
SKYRIZI PEN	65	<i>sulindac</i>	1
<i>sodium chloride</i>	69	<i>sumatriptan</i>	43
<i>sodium chloride (gu irrigant)</i>	80	<i>sumatriptan succinate</i>	43
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	70	<i>sunitinib malate</i>	21
SODIUM OXYBATE	45	SUNLENCA	7
<i>sodium phenylbutyrate</i>	57	<i>syeda</i>	53
<i>sodium polystyrene sulfonate powder</i>	50	SYMDEKO TAB 100-150	75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	60	SYMDEKO TAB 50-75MG	75
<i>solifenacin succinate</i>	61	SYMPAZAN	40
SOLIQUA INJ 100/33	49	SYMTUZA TAB	8
SOLTAMOX	14	SYNAREL	54
SOLU-CORTEF	55	SYNJARDY TAB 12.5-1000MG	47
SOMATULINE DEPOT	57	SYNJARDY TAB 12.5-500	47
SOMAVERT	57	SYNJARDY TAB 5-1000MG	47
<i>sorafenib tosylate</i>	21	SYNJARDY TAB 5-500MG	47
<i>sorine</i>	26	SYNJARDY XR TAB 10-1000	47
<i>sotalol hcl</i>	26	SYNJARDY XR TAB 12.5-1000	47
<i>sotalol hcl (afib/af)</i>	26	SYNJARDY XR TAB 25-1000	47
<i>spironolactone</i>	24	SYNJARDY XR TAB 5-1000MG	47
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	29	SYNTHROID	58
<i>sprintec 28</i>	53	T	
SPRITAM	40	TABLOID	14
SPRYCEL	21	TABRECTA	21
<i>sps</i>	50	<i>tacrolimus</i>	67
<i>sronyx</i>	53	<i>tacrolimus (topical)</i>	80
<i>ssd</i>	77	TAFINLAR	21
STELARA	65	TAGRISSO	21
STIVARGA	21	TALTZ	65
<i>streptomycin sulfate</i>	5	TALZENNA	21
STRIBILD TAB	8	<i>tamoxifen citrate</i>	14

<i>tamsulosin hcl</i>	61	<i>tobramycin-dexamethasone ophth susp</i>	
<i>tarina fe 1/20 eq</i>	53	0.3-0.1%	71
TASIGNA	21	<i>tobramycin sulfate</i>	5
<i>tasimelteon</i>	42	<i>tolterodine tartrate</i>	61
<i>tazarotene</i>	78	<i>topiramate</i>	40
<i>tazicef</i>	10	<i>toremifene citrate</i>	14
TAZORAC	78	<i>torseamide</i>	29
TAZVERIK	21	TOUJEO MAX SOLOSTAR	49
TDVAX INJ 2-2 LF	68	TOUJEO SOLOSTAR	49
TECENTRIQ	21	TPN ELECTROL INJ	69
TEFLARO	10	TRADJENTA	47
<i>telmisartan</i>	26	<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>temazepam</i>	42	mg	3
TENIVAC INJ 5-2LF	68	<i>tramadol hcl</i>	3
<i>tenofovir disoproxil fumarate</i>	7	<i>trandolapril</i>	24
TEPMETKO	21	<i>tranexamic acid</i>	63
<i>terazosin hcl</i>	24	<i>tranylcypromine sulfate</i>	33
<i>terbinafine hcl</i>	6	TRAVASOL INJ 10%	70
<i>terbutaline sulfate</i>	74	<i>travoprost</i>	72
<i>terconazole vaginal</i>	62	TRAZIMERA	21
TERIPARATIDE	50	<i>trazodone hcl</i>	33
<i>testosterone</i>	45	TRECATOR	8
<i>testosterone cypionate</i>	45	TRELEGY AER ELLIPTA 100-62.5-25	
<i>testosterone enanthate</i>	45	MCG	73
<i>tetrabenazine</i>	43	TRELEGY AER ELLIPTA 200-62.5-25	
<i>tetracycline hcl</i>	12	MCG	73
THALOMID	15	TREMFYA	65
<i>theophylline</i>	75	<i>treprostinil</i>	31
<i>thioridazine hcl</i>	36	TRESIBA	49
<i>thiothixene</i>	36	TRESIBA FLEXTOUCH	49
<i>tiadylt er</i>	29	<i>tretinoin</i>	77
<i>tiagabine hcl</i>	40	<i>tretinoin (chemotherapy)</i>	15
TIBSOVO	21	<i>triamcinolone acetonide (mouth)</i>	81
TICOVAC	68	<i>triamcinolone acetonide (topical)</i>	79
<i>tigecycline</i>	12	<i>triamterene & hydrochlorothiazide cap</i>	
<i>tilia fe</i>	53	37.5-25 mg	29
<i>timolol maleate</i>	28	<i>triamterene & hydrochlorothiazide tab</i>	
<i>timolol maleate (ophth)</i>	72	37.5-25 mg	29
<i>tinidazole</i>	5	<i>triamterene & hydrochlorothiazide tab</i>	
TIVICAY	7	75-50 mg	30
TIVICAY PD	7	<i>trientine hcl</i>	50
<i>tizanidine hcl</i>	44	<i>tri-estarylla</i>	53
TOBRADEX OIN 0.3-0.1%	70	<i>trifluoperazine hcl</i>	36
TOBRADEX ST SUS 0.3-0.05	71	<i>trifluridine</i>	71
<i>tobramycin</i>	5	<i>trihexyphenidyl hcl</i>	34
<i>tobramycin (ophth)</i>	71	TRIJARDY XR TAB ER 24HR 10-5-	
		1000MG	47

TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	47
TRIJARDY XR TAB ER 24HR 25-5-1000MG	47
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	47
TRIKAFTA PAK 59.5MG	75
TRIKAFTA PAK 75MG	75
TRIKAFTA TAB 100-50-75MG & 150MG	75
TRIKAFTA TAB 50-25-37.5MG & 75MG	75
<i>tri-legest fe</i>	53
<i>tri-linyah</i>	53
<i>tri-lo-estarylla</i>	53
<i>tri-lo-marzia</i>	53
<i>tri-lo-mili</i>	53
<i>tri-lo-sprintec</i>	54
<i>trimethoprim</i>	5
<i>tri-mili</i>	54
<i>trimipramine maleate</i>	33
TRINTELLIX	33
<i>tri-nymyo</i>	54
<i>tri-sprintec</i>	54
TRIUMEQ PD TAB	8
TRIUMEQ TAB	8
<i>trivora-28</i>	54
<i>tri-vylibra</i>	54
<i>tri-vylibra lo</i>	54
TRIZIVIR TAB	8
TROGARZO	7
TROPHAMINE INJ 10%	70
<i>trosipium chloride</i>	62
TRULICITY	48
TRUMENBA INJ	68
TRUQAP	21
TRUXIMA	21
TUKYSA	22
TURALIO	22
<i>turqoz</i>	54
TWINRIX INJ	68
TYBOST	7
TYPHIM VI	68
TYRVAYA	72
U	
UBRELVY	43
<i>unithroid</i>	58

<i>ursodiol</i>	60
V	
<i>valacyclovir hcl</i>	9
VALCHLOR	80
<i>valganciclovir hcl</i>	9
<i>valproate sodium</i>	40
<i>valproic acid</i>	40
<i>valsartan</i>	26
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	25
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	26
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	25
VALTOCO 10 MG DOSE	40
VALTOCO 15 MG DOSE	40
VALTOCO 20 MG DOSE	40
VALTOCO 5 MG DOSE	40
<i>vancomycin hcl</i>	5
VANCOMYCIN HYDROCHLORIDE	5
VANCOMYCIN INJ 1 GM	5
VANCOMYCIN INJ 500MG	5
VANCOMYCIN INJ 750MG	5
VANFLYTA	22
VAQTA	68
<i>varenicline tartrate</i>	45
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	45
VARIVAX	68
VASCEPA	27
<i>velivet</i>	54
VELPHORO	57
VELTASSA	50
VEMLIDY	9
VENCLEXTA	22
VENCLEXTA TAB START PK	22
<i>venlafaxine hcl</i>	33
VENTAVIS	31
VENTOLIN HFA	74
VENTOLIN HFA (INSTITUTIONAL PACK)	74
<i>verapamil hcl</i>	29
VERQUVO	30

VERSACLOZ	36	XELJANZ	65
VERZENIO.....	22	XELJANZ XR	65
<i>vestura</i>	54	XERMELO	60
V-GO 20 KIT.....	49	XGEVA.....	50
V-GO 30 KIT.....	49	XHANCE.....	76
V-GO 40 KIT.....	50	XIFAXAN.....	60
<i>vienva</i>	54	XIGDUO XR TAB 10-1000.....	48
<i>vigabatrin</i>	40	XIGDUO XR TAB 10-500MG	48
<i>vigadrone</i>	40	XIGDUO XR TAB 2.5-1000.....	48
<i>vigpoder</i>	40	XIGDUO XR TAB 5-1000MG	48
<i>vilazodone hcl</i>	33	XIGDUO XR TAB 5-500MG	48
<i>vincristine sulfate</i>	16	XIIDRA	72
<i>vinorelbine tartrate</i>	16	XOLAIR.....	75
<i>viorele</i>	54	XOSPATA	22
VIRACEPT	7	XPOVIO 100 MG ONCE WEEKLY	22
VIREAD	7	XPOVIO 40 MG ONCE WEEKLY	22
VITRAKVI.....	22	XPOVIO 40 MG TWICE WEEKLY	22
VIVITROL.....	45	XPOVIO 60 MG ONCE WEEKLY	22
VIZIMPRO	22	XPOVIO 60 MG TWICE WEEKLY	22
VONJO.....	22	XPOVIO 80 MG ONCE WEEKLY	22
<i>voriconazole</i>	6	XPOVIO 80 MG TWICE WEEKLY	22
VOSEVI TAB.....	9	XTANDI.....	14, 15
VRAYLAR	36	<i>xulane</i>	54
<i>vyfemla</i>	54	XULTOPHY INJ 100/3.6	50
<i>vylibra</i>	54	Y	
VYZULTA.....	72	<i>yargesa</i>	57
W		YF-VAX INJ.....	68
<i>warfarin sodium</i>	62	<i>yuvafem</i>	55
<i>water for irrigation, sterile irrigation</i>		Z	
<i>soln</i>	80	<i>zafemy</i>	54
WELIREG	15	<i>zafirlukast</i>	74
<i>wera</i>	54	<i>zaleplon</i>	42
<i>wixela inhub</i>	76	ZARXIO	63
X		ZEJULA.....	23
XALKORI.....	22	ZELBORAF.....	23
XARELTO	62	ZEMAIRA	76
XARELTO STAR TAB 15/20MG.....	62	<i>zenatane</i>	77
XATMEP	65	ZENPEP CAP 10000UNT	60
XCOPRI	40	ZENPEP CAP 15000UNT	60
XCOPRI PAK 100-150	40	ZENPEP CAP 20000UNT	60
XCOPRI PAK 12.5-25	40	ZENPEP CAP 25000UNT	60
XCOPRI PAK 150-200MG		ZENPEP CAP 3000UNIT	60
(MAINTENANCE)	40	ZENPEP CAP 40000UNT	60
XCOPRI PAK 150-200MG (TITRATION)		ZENPEP CAP 5000UNIT	60
.....	40	ZENPEP CAP 60000UNT	61
XCOPRI PAK 50-100MG.....	40	ZERVIATE	72
XDEMVY	71	<i>zidovudine</i>	7

ZIEXTENZO	63	<i>zonisamide</i>	40
<i>ziprasidone hcl</i>	36	<i>zovia 1/35</i>	54
<i>ziprasidone mesylate</i>	37	ZTALMY	41
ZIRABEV	23	<i>zumandimine</i>	54
ZIRGAN	71	ZURZUVAE	33
<i>zoledronic acid</i>	50	ZYDELIG	23
ZOLINZA.....	23	ZYKADIA.....	23
<i>zolpidem tartrate</i>	42	ZYLET SUS 0.5-0.3%.....	71
ZONISADE	40	ZYPREXA RELPREVV	37

This Formulary was updated on September 1, 2024. For more recent information or other questions, please contact Arkansas Blue Medicare Customer Service at **1-844-280-5833** (TTY users should call **711**), 24 hours a day, seven days a week, or visit **www.arkbluemedicare.com**.

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