

2025

COMPREHENSIVE FORMULARY

List of Covered Drugs

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

Formulary ID: 25501 Version:

This formulary was updated on . For more recent information or other questions, please contact Optum Rx at 1-800-707-8194 (TTY: 711), 24 hours a day, 7 days per week or visit www.KelseyCareAdvantage.com.

1-866-535-8343 (TTY: 711)
KelseyCareAdvantage.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 KelseyCare Advantage. When it refers to “plan” or “our plan,” it means KelseyCare Advantage Freedom (HMO-POS) and KelseyCare Advantage Signature (HMO).

This document includes a Drug List (formulary) for our plan which is current as of 08/26/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025 and from time to time during the year.

What is the KelseyCare Advantage formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by KelseyCare Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.

KelseyCare Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a KelseyCare Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

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

Can the formulary change?

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

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

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

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

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

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 08/26/2024. To get updated information about the drugs covered by KelseyCare Advantage please contact us. Our contact information appears on the front and back cover pages. Formulary changes are updated monthly in the Formulary Addendum. To review and/or print formulary changes during the year, please visit our website at [KelseyCareAdvantage.com](https://www.KelseyCareAdvantage.com). You may also contact us to send you a copy of the Formulary Addendum.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 87. 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?

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

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online 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 KelseyCare Advantage 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 KelseyCare Advantage's formulary?" on the next page for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that KelseyCare Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by KelseyCare Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by KelseyCare Advantage.
- You can ask KelseyCare Advantage 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 KelseyCare Advantage's Formulary?

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

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

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

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

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

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

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 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. If coverage is not approved, 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.

For more information

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

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

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

KelseyCare Advantage Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by KelseyCare Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 87.

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

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

Requirements/Limits	Helpful Tips
B/D	Covered Under Medicare Part B or Part D. This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
ED	Excluded Drugs. This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
PA	Prior Authorization. KelseyCare Advantage requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, KelseyCare Advantage limits the amount of the drug that will be covered.
ST	Step Therapy. In some cases, KelseyCare Advantage 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, Drug B may not be covered unless you try Drug A first.

Next to the “Drug Name” column is a column labeled “**Tier**”. This identifies the tier to which the drug is assigned and will determine the amount you pay for your prescription. The amount you pay for your prescription drugs depends on the medication’s tier. Every drug on the plan’s Drug List is in one of six cost sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier	Drugs Included in Tier
Tier 1	Preferred Generic
Tier 2	Generic
Tier 3	Preferred Brand
Tier 4	Non-Preferred Drug
Tier 5	Specialty Tier
Tier 6	Select Care Drugs

Tier 1 Preferred Generic

Includes preferred generic drugs. Generic drugs have the same active ingredient formula as a brand name drug. Generic drugs usually cost less than brand name drugs and are rated by the Food and Drug Administration (FDA) to be safe and effective as brand name drugs. Not all generic drugs on the drug list (formulary) are included in this tier.

Tier 2 Generic

Includes generics that are high-cost generic drugs and/or generic drugs only available from one manufacturer, and some brand drugs.

Tier 3 Preferred Brand

Includes preferred brand drugs and non-preferred generic drugs.

Tier 4 Non-Preferred Drug

Includes non-preferred brand and generic drugs.

Tier 5 Specialty Tier

Highest cost tier. Contains very high-cost brand and generic drugs that may require special handling and/or close monitoring. Specialty drugs may be brand or generic.

Tier 6 Select Care Drugs

Lowest-cost tier. Contains select care generic drugs for treating conditions such as diabetes, high blood pressure, and high cholesterol.

KelseyCare Advantage Freedom (HMO-POS) and Signature (HMO)

Preferred Cost-Sharing*

Tier	30-Day Supply	90-Day Supply
1	\$0.00	\$0.00
2	\$5.00	\$12.50
3	\$40.00	\$100.00
4	40%	40%
5	30%	N/A±
6	\$0.00	\$0.00

Standard Cost-Sharing*

Tier	30-Day Supply	90-Day Supply
1	\$7.00	\$21.00
2	\$15.00	\$45.00
3	\$47.00	\$141.00
4	40%	40%
5	30%	N/A±
6	\$0.00	\$0.00

*After the annual deductible is met where applicable. For more information about your deductible and which prescription drugs it applies to, please review your Evidence of Coverage and other plan materials.

±A long-term supply is not available for drugs in Tier 5.

KelseyCare Advantage's pharmacy network includes pharmacies that offer standard cost-sharing and pharmacies that offer preferred cost-sharing. You may go to either type of network pharmacy to receive your covered prescription drugs. Your cost-sharing may be less at pharmacies with preferred cost-sharing.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month (30-day) supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	3	QL (60 EA per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	4	PA
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	4	
<i>flurbiprofen oral tablet 100 mg</i>	3	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>ketorolac tromethamine oral tablet 10 mg</i>	4	QL (20 EA per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
Opioid Analgesics, Long-acting		
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	4	QL (4 EA per 28 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	3	
<i>methadone hcl oral tablet 10 mg, 5 mg</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>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	3	
Opioid Analgesics, Short-acting		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	4	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	3	
<i>hydromorphone hcl oral tablet 8 mg</i>	4	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	4	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	3	
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	3	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	3	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	4	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	
<i>tramadol hcl oral tablet 50 mg</i>	2	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	3	
Anesthetics		

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
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	4	PA; QL (150 GM per 30 days)
<i>lidocaine external patch 5 %</i>	4	PA
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	3	PA; QL (30 GM per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	4	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>naltrexone hcl oral tablet 50 mg</i>	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	5	
Opioid Dependence		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	3	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg</i>	4	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg</i>	4	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (360 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (90 EA per 30 days)
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	3	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	4	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML	3	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	3	QL (60 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (360 ML per 365 days)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT	4	QL (8.4 ML per 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>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	4	QL (504 EA per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg, 1 mg (56 pack)</i>	4	QL (504 EA per 365 days)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	4	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA
<i>gentamicin sulfate external cream 0.1 %</i>	3	
<i>gentamicin sulfate external ointment 0.1 %</i>	3	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	3	
HUMATIN ORAL CAPSULE 250 MG	5	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	4	
Antibacterials, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	4	
<i>aztreonam injection solution reconstituted 2 gm</i>	5	
<i>clindacin etz external swab 1 %</i>	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	4	
<i>clindamycin phosphate external swab 1 %</i>	3	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	5	
IMPAVIDO ORAL CAPSULE 50 MG	5	
<i>linezolid intravenous solution 600 mg/300ml</i>	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
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	QL (1800 ML per 28 days)
<i>linezolid oral tablet 600 mg</i>	4	QL (56 EA per 28 days)
<i>metronidazole intravenous solution 500 mg/100ml</i>	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75 %</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	4	
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	3	
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 500 mg, 750 mg</i>	4	
<i>vancomycin hcl oral capsule 125 mg</i>	4	QL (120 EA per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	QL (240 EA per 30 days)
Beta-lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	3	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	3	
<i>cefazolin sodium injection solution reconstituted 1 gm</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	4	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	4	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	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
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	4	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	3	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	4	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	3	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	3	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	3	
<i>tazicef injection solution reconstituted 1 gm</i>	4	
<i>tazicef intravenous solution reconstituted 2 gm</i>	4	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	4	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
Beta-lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	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
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	4	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	4	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	4	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	4	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	5	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	

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>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	4	
Carbapenems		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	4	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	3	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	3	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	3	
<i>azithromycin oral packet 1 gm</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	3	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack)</i>	2	
<i>azithromycin oral tablet 500 mg, 500 mg (3 pack), 600 mg</i>	3	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	4	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	4	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	3	
DIFICID ORAL TABLET 200 MG	5	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	4	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	3	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl oral tablet 400 mg</i>	4	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	5	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	3	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA
EPRONTIA ORAL SOLUTION 25 MG/ML	4	
<i>felbamate oral suspension 600 mg/5ml</i>	4	
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	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
FYCOMPA ORAL TABLET 2 MG	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	3	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	4	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	3	
<i>levetiracetam oral solution 100 mg/ml</i>	3	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 EA per 30 days)
<i>roweepra oral tablet 500 mg</i>	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	4	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	4	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	3	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>valproic acid oral capsule 250 mg</i>	3	
<i>valproic acid oral solution 250 mg/5ml</i>	3	
Calcium Channel Modifying Agents		
<i>ethosuximide oral capsule 250 mg</i>	3	
<i>ethosuximide oral solution 250 mg/5ml</i>	3	
<i>methsuximide oral capsule 300 mg</i>	4	
Gamma-aminobutyric Acid (GABA) Modulating Agents		
<i>clobazam oral suspension 2.5 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	4	QL (300 EA per 30 days)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	5	PA
DIACOMIT ORAL PACKET 250 MG, 500 MG	5	PA
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	3	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	4	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg</i>	2	QL (360 EA per 30 days)
<i>gabapentin oral capsule 400 mg</i>	2	QL (270 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	4	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	QL (150 EA per 30 days)
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 EA per 30 days)
<i>phenobarbital oral elixir 20 mg/5ml</i>	4	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	4	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	3	QL (90 EA per 30 days)
<i>pregabalin oral capsule 300 mg</i>	3	QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	4	QL (900 ML per 30 days)
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	
SYMPAZAN ORAL FILM 5 MG	4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 EA per 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
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 7.5 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 10 MG/0.1ML	5	QL (10 EA per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 EA per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA
<i>vigabatrin oral tablet 500 mg</i>	5	PA
<i>vigadrone oral packet 500 mg</i>	5	PA
<i>vigadrone oral tablet 500 mg</i>	5	PA
<i>vigpoder oral packet 500 mg</i>	5	PA
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	4	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	4	
<i>carbamazepine oral suspension 100 mg/5ml</i>	4	
<i>carbamazepine oral tablet 200 mg</i>	3	
<i>carbamazepine oral tablet chewable 100 mg</i>	3	
DILANTIN ORAL CAPSULE 30 MG	4	
<i>epitol oral tablet 200 mg</i>	3	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	4	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	4	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<i>phenytoin oral suspension 125 mg/5ml</i>	3	
<i>phenytoin oral tablet chewable 50 mg</i>	3	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	3	
<i>rufinamide oral suspension 40 mg/ml</i>	5	
<i>rufinamide oral tablet 200 mg</i>	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
<i>rufinamide oral tablet 400 mg</i>	5	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	5	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	5	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	PA
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	QL (30 EA per 30 days)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	4	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	4	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	4	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	4	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		

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>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	2	
Antidepressants		
Antidepressants, Other		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	4	ST; QL (60 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	3	QL (90 EA per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	3	QL (60 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	2	QL (90 EA per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	2	
<i>mirtazapine oral tablet 7.5 mg</i>	3	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; QL (28 EA per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; QL (14 EA per 14 days)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; QL (30 EA per 30 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	3	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor)		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	4	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	4	QL (120 EA per 30 days)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	4	QL (30 EA per 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>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	2	QL (60 EA per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (90 EA per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	4	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 EA per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	4	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	3	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	QL (30 EA per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	4	QL (30 EA per 30 days)
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	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
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	4	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro rectal suppository 25 mg</i>	4	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	3	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 25 mg</i>	4	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule 125 mg</i>	4	B/D; QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	4	B/D; QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	4	B/D; QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D; QL (8 EA per 30 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	4	B/D; QL (450 ML per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	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
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	3	B/D
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	4	B/D
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	B/D
<i>casprofungin acetate intravenous solution reconstituted 50 mg</i>	4	
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED 70 MG	4	
<i>clotrimazole external cream 1 %</i>	2	QL (90 GM per 30 days)
<i>clotrimazole mouth/throat troche 10 mg</i>	3	
<i>econazole nitrate external cream 1 %</i>	2	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	PA
JUBLIA EXTERNAL SOLUTION 10 %	5	
<i>ketconazole external cream 2 %</i>	3	QL (90 GM per 30 days)
<i>ketconazole external shampoo 2 %</i>	2	
<i>ketconazole oral tablet 200 mg</i>	3	
<i>nyamyc external powder 100000 unit/gm</i>	3	QL (120 GM per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	2	
<i>nystatin external ointment 100000 unit/gm</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	3	QL (120 GM per 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>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	3	
<i>nystop external powder 100000 unit/gm</i>	3	QL (120 GM per 30 days)
<i>posaconazole oral suspension 40 mg/ml</i>	5	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	QL (84 EA per 180 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	PA
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	3	
<i>probenecid oral tablet 500 mg</i>	3	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; QL (2 ML per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; QL (2 ML per 28 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	5	PA; QL (30 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	5	PA; QL (16 EA per 30 days)
Ergot Alkaloids		

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>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	PA; QL (8 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	QL (24 EA per 28 days)
Prophylactic		
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
Serotonin (5-HT) Receptor Agonist		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	3	QL (18 EA per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	4	QL (12 EA per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (9 EA per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	4	QL (5 ML per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	QL (12 EA per 30 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	4	
Antituberculars		
<i>cycloserine oral capsule 250 mg</i>	5	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	3	
<i>isoniazid oral syrup 50 mg/5ml</i>	4	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	4	
<i>rifampin intravenous solution reconstituted 600 mg</i>	4	
<i>rifampin oral capsule 150 mg, 300 mg</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
SIRTURO ORAL TABLET 100 MG, 20 MG	5	
TRECTOR ORAL TABLET 250 MG	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	
LEUKERAN ORAL TABLET 2 MG	5	
MATULANE ORAL CAPSULE 50 MG	5	
VALCHLOR EXTERNAL GEL 0.016 %	5	PA
Antiandrogens		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA
<i>bicalutamide oral tablet 50 mg</i>	2	
ERLEADA ORAL TABLET 240 MG, 60 MG	5	PA
<i>nilutamide oral tablet 150 mg</i>	5	
NUBEQA ORAL TABLET 300 MG	5	PA
XTANDI ORAL CAPSULE 40 MG	5	PA
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA
Antiangiogenic Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA
Antiestrogens/Modifiers		
ORSERDU ORAL TABLET 345 MG, 86 MG	5	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mercaptopurine oral tablet 50 mg</i>	4	
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
TABLOID ORAL TABLET 40 MG	5	
Antineoplastics, Other		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA
INREBIC ORAL CAPSULE 100 MG	5	PA
IWILFIN ORAL TABLET 192 MG	5	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA
LYSODREN ORAL TABLET 500 MG	5	
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	5	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA
OJEMDA ORAL TABLET 100 MG	5	PA
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA
VONJO ORAL CAPSULE 100 MG	5	PA
ZOLINZA ORAL CAPSULE 100 MG	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole oral tablet 1 mg</i>	2	
<i>exemestane oral tablet 25 mg</i>	3	
<i>letrozole oral tablet 2.5 mg</i>	2	
Molecular Target Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	5	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (120 EA per 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
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA; QL (60 EA per 365 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA; QL (30 EA per 30 days)
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA
BOSULIF ORAL CAPSULE 100 MG, 50 MG	5	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA
BRUKINSA ORAL CAPSULE 80 MG	5	PA
CABOMETYX ORAL TABLET 20 MG	5	PA; QL (30 EA per 30 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA
CALQUENCE ORAL CAPSULE 100 MG	5	PA
CALQUENCE ORAL TABLET 100 MG	5	PA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA
COTELLIC ORAL TABLET 20 MG	5	PA
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA
ERIVEDGE ORAL CAPSULE 150 MG	5	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	5	PA
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	5	PA
GAVRETO ORAL CAPSULE 100 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gefitinib oral tablet 250 mg</i>	5	PA
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; QL (30 EA per 30 days)
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	5	PA; QL (30 EA per 30 days)
ICLUSIG ORAL TABLET 30 MG, 45 MG	5	PA
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; QL (30 EA per 30 days)
<i>imatinib mesylate oral tablet 100 mg</i>	3	PA
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA
IMBRUVICA ORAL TABLET 420 MG	5	PA
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA
INQOVI ORAL TABLET 35-100 MG	5	PA
JAKAFI ORAL TABLET 10 MG	5	PA; QL (60 EA per 30 days)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG, 5 MG	5	PA
JAYPIRCA ORAL TABLET 100 MG	5	PA
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 EA per 30 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA
KRAZATI ORAL TABLET 200 MG	5	PA
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	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
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA
MEKTOVI ORAL TABLET 15 MG	5	PA
NERLYNX ORAL TABLET 40 MG	5	PA; QL (180 EA per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA
ODOMZO ORAL CAPSULE 200 MG	5	PA
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL (30 EA per 30 days)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	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
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA
QINLOCK ORAL TABLET 50 MG	5	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA
REZLIDHIA ORAL CAPSULE 150 MG	5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA
ROZLYTREK ORAL PACKET 50 MG	5	PA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA
RYDAPT ORAL CAPSULE 25 MG	5	PA
SCSEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 EA per 30 days)
SCSEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 EA per 30 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA
STIVARGA ORAL TABLET 40 MG	5	PA
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA
TAGRISSE ORAL TABLET 40 MG	5	PA; QL (30 EA per 30 days)
TAGRISSE ORAL TABLET 80 MG	5	PA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA
TAZVERIK ORAL TABLET 200 MG	5	PA
TEPMETKO ORAL TABLET 225 MG	5	PA
TIBSOVO ORAL TABLET 250 MG	5	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA
TURALIO ORAL CAPSULE 125 MG	5	PA
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	4	PA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG	5	PA
XOSPATA ORAL TABLET 40 MG	5	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA
ZEJULA ORAL TABLET 100 MG	5	PA; QL (30 EA per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA
ZELBORAF ORAL TABLET 240 MG	5	PA
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA
ZYKADIA ORAL TABLET 150 MG	5	PA
Retinoids		
<i>bexarotene external gel 1 %</i>	5	PA
<i>bexarotene oral capsule 75 mg</i>	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
PANRETIN EXTERNAL GEL 0.1 %	5	
<i>tretinoin oral capsule 10 mg</i>	5	
Treatment Adjuncts		
MESNEX ORAL TABLET 400 MG	5	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	5	
<i>ivermectin oral tablet 3 mg</i>	3	PA
<i>praziquantel oral tablet 600 mg</i>	4	
Antiprotozoals		
<i>atovaquone oral suspension 750 mg/5ml</i>	4	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	4	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	4	
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	3	
<i>nitazoxanide oral tablet 500 mg</i>	5	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	4	B/D
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	3	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA
<i>quinine sulfate oral capsule 324 mg</i>	4	PA
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	4	
Antiparkinson Agents, Other		
<i>entacapone oral tablet 200 mg</i>	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
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG	4	PA
Dopamine Agonists		
<i>bromocriptine mesylate oral capsule 5 mg</i>	4	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	4	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	4	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
INBRIJA INHALATION CAPSULE 42 MG	5	PA
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	
<i>selegiline hcl oral capsule 5 mg</i>	3	
<i>selegiline hcl oral tablet 5 mg</i>	3	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	4	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	4	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	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
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	3	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	3	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	4	
<i>perphenazine oral tablet 16 mg, 8 mg</i>	4	
<i>perphenazine oral tablet 2 mg, 4 mg</i>	3	
<i>pimozide oral tablet 1 mg, 2 mg</i>	4	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg, 5 mg</i>	3	
<i>trifluoperazine hcl oral tablet 10 mg</i>	4	
2nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 ML per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	3	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	QL (60 EA per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; QL (30 EA per 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
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (60 EA per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST; QL (16 EA per 365 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	5	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	5	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	QL (30 EA per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	4	QL (60 EA per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	ST; QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA
NUPLAZID ORAL TABLET 10 MG	5	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (30 EA per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	QL (30 EA per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	QL (60 EA per 30 days)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 300 mg, 400 mg, 50 mg</i>	3	QL (60 EA per 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>quetiapine fumarate er oral tablet extended release 24 hour 200 mg</i>	3	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (90 EA per 30 days)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	2	QL (60 EA per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	QL (30 EA per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	4	
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	
<i>risperidone oral solution 1 mg/ml</i>	3	QL (240 ML per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (60 EA per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	QL (60 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; QL (30 EA per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	QL (30 EA per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 EA per 30 days)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	4	QL (60 EA per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	
Treatment-Resistant		
<i>clozapine oral tablet 100 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg</i>	3	QL (270 EA per 30 days)
<i>clozapine oral tablet 50 mg</i>	3	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	4	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	4	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	QL (120 EA per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	QL (540 ML per 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
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>dantrolene sodium oral capsule 100 mg, 25 mg</i>	4	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY ORAL TABLET 200 MG	5	
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	5	
<i>valganciclovir hcl oral tablet 450 mg</i>	3	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	4	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	5	QL (600 ML per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	QL (30 EA per 30 days)
<i>lamivudine oral tablet 100 mg</i>	3	
Anti-hepatitis C (HCV) Agents		
MAVYRET ORAL PACKET 50-20 MG	5	PA; QL (560 EA per 365 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL (336 EA per 365 days)
<i>ribavirin oral tablet 200 mg</i>	3	
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	5	PA; QL (84 EA per 365 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (84 EA per 365 days)
Antiherpetic Agents		
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5ml</i>	4	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	3	QL (120 EA per 30 days)
Anti-HIV Agents, Integrase Inhibitors (INSTI)		

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
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG	5	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	5	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG	5	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	QL (180 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG	5	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 10 MG	4	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	4	QL (180 EA per 30 days)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET 200-25-300 MG	5	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	5	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG	5	QL (30 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 EA per 30 days)
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG	4	QL (120 EA per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	4	QL (30 EA per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	4	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	QL (60 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG	5	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	4	QL (960 ML per 30 days)
<i>abacavir sulfate oral tablet 300 mg</i>	4	QL (60 EA per 30 days)
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	4	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG	5	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	QL (30 EA per 30 days)
<i>emtricitabine oral capsule 200 mg</i>	4	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	3	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	3	QL (60 EA per 30 days)
<i>lamivudine oral tablet 300 mg</i>	3	QL (30 EA per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	4	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	5	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	QL (30 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	QL (180 EA per 30 days)
VIREAD ORAL POWDER 40 MG/GM	5	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	QL (30 EA per 30 days)
<i>zidovudine oral capsule 100 mg</i>	4	QL (180 EA per 30 days)
<i>zidovudine oral syrup 50 mg/5ml</i>	4	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	3	QL (60 EA per 30 days)
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
<i>maraviroc oral tablet 150 mg</i>	5	QL (60 EA per 30 days)
<i>maraviroc oral tablet 300 mg</i>	5	QL (120 EA per 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
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 25 MG	4	QL (480 EA per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	QL (60 EA per 30 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	5	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	5	QL (10 EA per 365 days)
TYBOST ORAL TABLET 150 MG	3	QL (30 EA per 30 days)
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE 250 MG	5	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg</i>	4	
<i>atazanavir sulfate oral capsule 200 mg</i>	4	QL (60 EA per 30 days)
<i>atazanavir sulfate oral capsule 300 mg</i>	4	QL (30 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	5	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	5	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	5	QL (30 EA per 30 days)
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	QL (120 EA per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	4	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	
NORVIR ORAL PACKET 100 MG	4	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG	5	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	5	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	4	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG	5	QL (180 EA per 30 days)
<i>ritonavir oral tablet 100 mg</i>	3	QL (360 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	5	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	QL (120 EA per 30 days)
Anti-influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl oral solution 50 mg/5ml</i>	3	
<i>oseltamivir phosphate oral capsule 30 mg</i>	3	QL (168 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	3	QL (84 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	3	QL (110 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	3	QL (1080 ML per 365 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	3	
Antiviral, Coronavirus Agents		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	3	QL (20 EA per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	3	QL (30 EA per 5 days)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>buspirone hcl oral tablet 30 mg</i>	4	
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	QL (720 EA per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	QL (360 EA per 30 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	3	
<i>diazepam oral solution 5 mg/5ml</i>	3	
<i>diazepam oral tablet 10 mg</i>	2	QL (120 EA per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (300 EA per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 EA per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	3	
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 EA per 30 days)
Bipolar Agents		
Mood Stabilizers		

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	
<i>lithium carbonate oral capsule 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium oral solution 8 meq/5ml</i>	4	
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	4	PA; QL (3.4 ML per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	4	PA; QL (2.4 ML per 28 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	4	PA; QL (4.8 ML per 28 days)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	6	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	6	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	6	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	6	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	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>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	6	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	6	
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	6	
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; QL (3 ML per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	6	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	6	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	6	
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 EA per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG	3	
TRADJENTA ORAL TABLET 5 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG	3	
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; QL (2 ML per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	
Glycemic Agents		

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
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE	3	
<i>diazoxide oral suspension 50 mg/ml</i>	5	
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	3	
Insulins		
HUMALOG INJECTION SOLUTION 100 UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	3	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	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
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	
<i>insulin lispro injection solution 100 unit/ml</i>	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LYUMJEV INJECTION SOLUTION 100 UNIT/ML	3	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	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
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	QL (60 EA per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	3	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	4	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML	5	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML	4	
<i>heparin sodium (porcine) injection solution 5000 unit/ml</i>	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

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>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	QL (102 EA per 365 days)
Blood Products and Modifiers, Other		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	3	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
PROMACTA ORAL PACKET 12.5 MG, 25 MG	5	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML	5	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
XOLREMDI ORAL CAPSULE 100 MG	5	PA; QL (120 EA per 30 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	
Hemostasis Agents		
<i>tranexamic acid oral tablet 650 mg</i>	3	
Platelet Modifying Agents		
ASPIRIN-DIPYRIDAMOLE ER ORAL CAPSULE EXTENDED RELEASE 12 HOUR 25-200 MG	4	
BRILINTA ORAL TABLET 60 MG, 90 MG	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
CABLIVI INJECTION KIT 11 MG	5	PA; QL (30 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	5	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
Alpha-adrenergic Blocking Agents		
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	3	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	6	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	6	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	6	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	6	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	6	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	6	

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>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmics		
<i>amiodarone hcl oral tablet 100 mg</i>	4	
<i>amiodarone hcl oral tablet 200 mg</i>	2	
<i>digoxin oral solution 0.05 mg/ml</i>	4	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	3	
<i>mexiletine hcl oral capsule 150 mg</i>	3	
<i>mexiletine hcl oral capsule 200 mg, 250 mg</i>	4	
PACERONE ORAL TABLET 100 MG	4	
PACERONE ORAL TABLET 200 MG	2	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	3	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	4	
<i>sorine oral tablet 120 mg, 160 mg</i>	2	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	3	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	3	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	4	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</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>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 75 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
<i>pindolol oral tablet 10 mg, 5 mg</i>	3	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	3	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg</i>	4	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	

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>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	3	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	4	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	
Cardiovascular Agents, Other		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	6	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	6	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	6	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; QL (60 EA per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	6	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 EA per 30 days)
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	

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>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	
<i>metyrosine oral capsule 250 mg</i>	5	PA
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	4	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	6	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	6	
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; QL (30 EA per 30 days)
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	3	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>furosemide injection solution 10 mg/ml</i>	3	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
Diuretics, Potassium-sparing		
<i>amiloride hcl oral tablet 5 mg</i>	2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
Diuretics, Thiazide		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
Dyslipidemics, Fibric Acid Derivatives		

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>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	3	
<i>gemfibrozil oral tablet 600 mg</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	4	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	4	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	4	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	
Dyslipidemics, Other		
<i>cholestyramine light oral packet 4 gm</i>	4	
<i>cholestyramine oral packet 4 gm</i>	4	
<i>colestipol hcl oral tablet 1 gm</i>	3	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	6	
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	4	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML	3	PA; QL (2 ML per 28 days)
<i>prevalite oral packet 4 gm</i>	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
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	PA; QL (7 ML per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	PA; QL (3 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (3 ML per 28 days)
Mineralocorticoid Receptor Antagonists		
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
FARXIGA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial/Venous		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	3	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (30 EA per 30 days)
Vasodilators, Direct-acting Arterial		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		

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>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	4	QL (60 EA per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	QL (90 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	3	QL (180 EA per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	3	QL (90 EA per 30 days)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	4	QL (30 EA per 30 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	4	
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	4	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	3	QL (90 EA per 30 days)
Central Nervous System, Other		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	5	PA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (90 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	5	PA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (210 EA per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	5	PA; QL (84 EA per 365 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG	5	PA; QL (60 EA per 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
INGREZZA ORAL CAPSULE SPRINKLE 60 MG, 80 MG	5	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA; QL (56 EA per 365 days)
NUDEXTA ORAL CAPSULE 20-10 MG	5	PA
<i>riluzole oral tablet 50 mg</i>	4	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA
VEOZAH ORAL TABLET 45 MG	4	PA
Fibromyalgia Agents		
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	QL (110 EA per 365 days)
Multiple Sclerosis Agents		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; QL (4 EA per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 EA per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; QL (120 EA per 365 days)
<i> fingolimod hcl oral capsule 0.5 mg</i>	5	PA; QL (30 EA per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 ML per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 ML per 28 days)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; QL (0.4 ML per 28 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 EA per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA; QL (14 EA per 365 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
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	5	PA; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	5	PA; QL (8.4 ML per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; QL (120 EA per 30 days)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	5	PA; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	5	PA; QL (56 EA per 365 days)
Dental and Oral Agents		
Dental and Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	3	
<i>kourzeq mouth/throat paste 0.1 %</i>	3	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	3	
Dermatological Agents		
Acne and Rosacea Agents		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	4	
<i>azelaic acid external gel 15 %</i>	4	QL (100 GM per 30 days)
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	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
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
FINACEA EXTERNAL FOAM 15 %	4	QL (50 GM per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole external cream 0.75 %</i>	4	
<i>metronidazole external gel 0.75 %</i>	3	
<i>metronidazole external gel 1 %</i>	4	
<i>tazarotene external cream 0.1 %</i>	4	QL (60 GM per 30 days)
<i>tretinoin external cream 0.025 %, 0.05 %</i>	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
Dermatitis and Pruritus Agents		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (6 ML per 28 days)
ALA-CORT EXTERNAL CREAM 2.5 %	2	
<i>alclometasone dipropionate external cream 0.05 %</i>	3	
<i>alclometasone dipropionate external ointment 0.05 %</i>	3	
<i>ammonium lactate external cream 12 %</i>	2	
<i>ammonium lactate external lotion 12 %</i>	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	2	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	4	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	4	
<i>betamethasone dipropionate external cream 0.05 %</i>	3	
<i>betamethasone dipropionate external lotion 0.05 %</i>	3	
<i>betamethasone dipropionate external ointment 0.05 %</i>	4	
<i>betamethasone valerate external cream 0.1 %</i>	3	
<i>betamethasone valerate external lotion 0.1 %</i>	3	
<i>betamethasone valerate external ointment 0.1 %</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>clobetasol propionate e external cream 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	4	
<i>clobetasol propionate external gel 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	4	
<i>clobetasol propionate external solution 0.05 %</i>	4	
<i>desonide external cream 0.05 %</i>	3	
<i>desonide external ointment 0.05 %</i>	3	QL (120 GM per 30 days)
<i>desoximetasone external cream 0.25 %</i>	3	QL (100 GM per 30 days)
<i>desoximetasone external ointment 0.25 %</i>	3	
EUCRISA EXTERNAL OINTMENT 2 %	4	PA
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	4	
<i>fluocinolone acetonide external ointment 0.025 %</i>	3	
<i>fluocinolone acetonide external solution 0.01 %</i>	4	
<i>fluocinonide external cream 0.05 %</i>	3	QL (60 GM per 30 days)
<i>fluocinonide external cream 0.1 %</i>	3	QL (120 GM per 30 days)
<i>fluocinonide external gel 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external ointment 0.05 %</i>	4	QL (60 GM per 30 days)
<i>fluocinonide external solution 0.05 %</i>	3	QL (60 ML per 30 days)
<i>fluticasone propionate external cream 0.05 %</i>	3	
<i>fluticasone propionate external ointment 0.005 %</i>	3	
<i>halobetasol propionate external cream 0.05 %</i>	4	
<i>halobetasol propionate external ointment 0.05 %</i>	4	
<i>hydrocortisone external cream 1 %</i>	2	QL (100 GM per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %</i>	2	QL (100 GM per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	2	
<i>hydrocortisone valerate external cream 0.2 %</i>	3	QL (60 GM per 30 days)
<i>mometasone furoate external cream 0.1 %</i>	3	
<i>mometasone furoate external ointment 0.1 %</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>mometasone furoate external solution 0.1 %</i>	3	
<i>pimecrolimus external cream 1 %</i>	4	
<i>selenium sulfide external lotion 2.5 %</i>	2	
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (4 ML per 28 days)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	4	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	3	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm external cream 0.5 %</i>	2	
Dermatological Agents, Other		
<i>calcipotriene external cream 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	4	QL (120 GM per 30 days)
<i>calcipotriene external solution 0.005 %</i>	3	QL (60 ML per 30 days)
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	3	QL (90 GM per 30 days)
<i>diclofenac sodium external gel 3 %</i>	4	ST; QL (300 GM per 30 days)
<i>fluorouracil external cream 5 %</i>	4	QL (40 GM per 30 days)
<i>fluorouracil external solution 2 %, 5 %</i>	3	
<i>imiquimod external cream 5 %</i>	3	QL (48 EA per 30 days)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	3	
OTEZLA ORAL TABLET 30 MG	5	PA; QL (60 EA per 30 days)
<i>podofilox external solution 0.5 %</i>	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	
<i>silver sulfadiazine external cream 1 %</i>	2	
SOTYKTU ORAL TABLET 6 MG	5	PA; QL (30 EA per 30 days)
<i>ssd external cream 1 %</i>	2	
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	3	
Topical Anti-infectives		

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Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir external ointment 5 %</i>	4	QL (60 GM per 30 days)
<i>ciclopirox external gel 0.77 %</i>	2	
<i>ciclopirox external shampoo 1 %</i>	3	
<i>ciclopirox external solution 8 %</i>	2	PA
<i>ciclopirox olamine external cream 0.77 %</i>	3	
<i>ciclopirox olamine external suspension 0.77 %</i>	3	
<i>clindamycin phosphate external solution 1 %</i>	3	QL (60 ML per 30 days)
<i>ery external pad 2 %</i>	3	
<i>erythromycin external gel 2 %</i>	3	
<i>erythromycin external solution 2 %</i>	3	
<i>mupirocin calcium external cream 2 %</i>	3	
<i>mupirocin external ointment 2 %</i>	2	QL (110 GM per 30 days)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	
<i>dextrose intravenous solution 5 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	4	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m10 oral tablet extended release 10 meq</i>	2	
<i>klor-con m15 oral tablet extended release 15 meq</i>	3	
<i>klor-con m20 oral tablet extended release 20 meq</i>	2	
<i>klor-con oral tablet extended release 8 meq</i>	2	
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	3	
PLENAMINE INTRAVENOUS SOLUTION 15 %	4	B/D
<i>potassium chloride crystals oral tablet extended release 10 meq, 20 meq</i>	2	
<i>potassium chloride crystals oral tablet extended release 15 meq</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>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	3	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral solution 20 meq/15ml (10%)</i>	4	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	4	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %</i>	3	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	5	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg</i>	4	PA
<i>deferasirox oral tablet 90 mg</i>	3	PA
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA
<i>penicillamine oral tablet 250 mg</i>	5	
<i>trientine hcl oral capsule 250 mg</i>	5	PA
Potassium Binders		
KIONEX ORAL SUSPENSION 15 GM/60ML	3	
LOKELMA ORAL PACKET 10 GM, 5 GM	4	QL (90 EA per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	3	
<i>sps oral suspension 15 gm/60ml</i>	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	4	
Vitamins		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	2	ED
<i>folic acid oral tablet 1 mg</i>	2	ED; QL (30 EA per 30 days)
<i>prenatal oral tablet 27-1 mg</i>	2	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	ED
Gastrointestinal Agents		
Anti-Constipation Agents		

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Drug Name	Drug Tier	Requirements/Limits
<i>constulose oral solution 10 gm/15ml</i>	3	
<i>enulose oral solution 10 gm/15ml</i>	3	
<i>generlac oral solution 10 gm/15ml</i>	3	
<i>lactulose oral solution 10 gm/15ml</i>	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 EA per 30 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	4	QL (60 EA per 30 days)
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL (30 EA per 30 days)
RELISTOR ORAL TABLET 150 MG	5	ST; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 12 MG/0.6ML (0.6ML SYRINGE)	5	ST; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	ST; QL (12 ML per 30 days)
Anti-Diarrheal Agents		
<i>alosetron hcl oral tablet 0.5 mg</i>	4	PA
<i>alosetron hcl oral tablet 1 mg</i>	5	PA
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>loperamide hcl oral capsule 2 mg</i>	3	
XERMELO ORAL TABLET 250 MG	5	PA; QL (90 EA per 30 days)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule 10 mg</i>	3	
<i>dicyclomine hcl oral tablet 20 mg</i>	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	PA
Gastrointestinal Agents, Other		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	3	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	2	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	3	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	3	
NITROGLYCERIN RECTAL OINTMENT 0.4 %	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	
SUTAB ORAL TABLET 1479-225-188 MG	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
VOWST ORAL CAPSULE	5	PA
XIFAXAN ORAL TABLET 200 MG	4	PA
XIFAXAN ORAL TABLET 550 MG	5	PA
Histamine2 (H2) Receptor Antagonists		
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	4	
Protectants		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
<i>sucralfate oral tablet 1 gm</i>	3	
Proton Pump Inhibitors		
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	4	QL (60 EA per 30 days)
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	3	QL (60 EA per 30 days)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	QL (60 EA per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	3	QL (60 EA per 30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine oral powder</i>	5	
CERDELGA ORAL CAPSULE 84 MG	5	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	
ENDARI ORAL PACKET 5 GM	5	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML	5	PA; QL (240 ML per 30 days)
<i>miglustat oral capsule 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	5	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG	5	PA; QL (60 EA per 30 days)
PYRUKYND ORAL TABLET 50 MG	5	PA; QL (120 EA per 30 days)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG	5	PA; QL (30 EA per 30 days)
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	5	PA
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	
SUCRAID ORAL SOLUTION 8500 UNIT/ML	5	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	5	PA
WELIREG ORAL TABLET 40 MG	5	PA
YARGESA ORAL CAPSULE 100 MG	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	
Genitourinary Agents		
Antispasmodics, Urinary		
GEMTESA ORAL TABLET 75 MG	4	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	3	
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	3	
<i>finasteride oral tablet 5 mg</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; QL (30 EA per 30 days)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
ELMIRON ORAL CAPSULE 100 MG	5	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	ED; QL (6 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	3	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</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>methylprednisolone oral tablet therapy pack 4 mg</i>	2	
<i>prednisolone oral solution 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	4	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	4	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	3	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	5	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
ISTURISA ORAL TABLET 1 MG	5	PA; QL (240 EA per 30 days)
ISTURISA ORAL TABLET 5 MG	5	PA; QL (360 EA per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	3	PA
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA
Estrogens		
<i>altavera oral tablet 0.15-30 mg-mcg</i>	3	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	4	QL (91 EA per 91 days)
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	4	QL (91 EA per 91 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	3	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	3	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	3	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	4	QL (91 EA per 91 days)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY	4	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>dolishale oral tablet 90-20 mcg</i>	3	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr</i>	4	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.075 MG/24HR, 0.1 MG/24HR	4	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	4	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	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
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tablet 10 mcg</i>	4	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	4	
ESTRING VAGINAL RING 7.5 MCG/24HR	4	QL (1 EA per 90 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	3	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	4	
<i>iclevia oral tablet 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>introvale oral tablet 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	4	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	3	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	3	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	3	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	4	QL (91 EA per 91 days)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	4	QL (91 EA per 91 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>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	3	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	3	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	3	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	3	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	4	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	3	
MENEST ORAL TABLET 2.5 MG	4	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	3	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	3	
<i>mili oral tablet 0.25-35 mg-mcg</i>	3	
<i>mimvey oral tablet 1-0.5 mg</i>	4	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	4	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg</i>	3	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	3	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	3	
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	3	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	3	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	3	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</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>nymyo oral tablet 0.25-35 mg-mcg</i>	3	
<i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	3	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	4	
PREMARIN VAGINAL CREAM 0.625 MG/GM	4	
PREMPHASE ORAL TABLET 0.625-5 MG	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>rivelsa oral tablet 42-21-21-7 days</i>	4	QL (91 EA per 91 days)
<i>setlakin oral tablet 0.15-0.03 mg</i>	4	QL (91 EA per 91 days)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	3	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	3	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	3	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	3	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	3	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	3	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	3	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	3	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	3	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	4	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	4	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
Progestins		
<i>camila oral tablet 0.35 mg</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>deblitane oral tablet 0.35 mg</i>	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	QL (0.65 ML per 90 days)
<i>errin oral tablet 0.35 mg</i>	3	
<i>heather oral tablet 0.35 mg</i>	3	
<i>incassia oral tablet 0.35 mg</i>	3	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>lyleq oral tablet 0.35 mg</i>	3	
<i>lyza oral tablet 0.35 mg</i>	3	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	3	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	2	QL (1 ML per 90 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml</i>	3	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	3	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>nora-be oral tablet 0.35 mg</i>	3	
<i>norethindrone acetate oral tablet 5 mg</i>	3	
<i>norethindrone oral tablet 0.35 mg</i>	3	
<i>progesterone oral capsule 100 mg, 200 mg</i>	3	
<i>sharobel oral tablet 0.35 mg</i>	3	
Selective Estrogen Receptor Modifying Agents		
OSPHENA ORAL TABLET 60 MG	3	PA; QL (30 EA per 30 days)
<i>raloxifene hcl oral tablet 60 mg</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	

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>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline oral tablet 0.5 mg</i>	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	PA; QL (4 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; QL (1 EA per 28 days)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG	5	PA; QL (1 EA per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA; QL (1 EA per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA; QL (1 EA per 84 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (120 EA per 30 days)
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA
<i>octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml</i>	5	PA
ORGOVYX ORAL TABLET 120 MG	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
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 ML per 30 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	4	PA; QL (1 EA per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	4	PA; QL (1 EA per 168 days)
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	3	
Immunological Agents		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA
Immunoglobulins		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
Immunological Agents, Other		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA; QL (10 ML per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (10 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA; QL (10 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 ML per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	5	PA; QL (4 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	5	PA; QL (1.6 ML per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	5	PA; QL (2.8 ML per 28 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	5	PA; QL (110 EA per 365 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA; QL (30 EA per 30 days)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA; QL (1 ML per 28 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 ML per 56 days)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (3 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA; QL (3 ML per 84 days)
TAVNEOS ORAL CAPSULE 10 MG	5	PA; QL (180 EA per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; QL (300 ML per 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
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA; QL (30 EA per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
Immunosuppressants		
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	5	PA; QL (2 EA per 28 days)
<i>adalimumab-adbm (2 syringe) subcutaneous prefilled syringe kit 40 mg/0.4ml</i>	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
<i>azathioprine oral tablet 50 mg</i>	3	B/D
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	4	B/D
<i>cyclosporine modified oral solution 100 mg/ml</i>	4	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
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B/D
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA; QL (8 ML per 28 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG	4	B/D
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG	5	B/D
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D
<i>gengraf oral capsule 100 mg, 25 mg</i>	4	B/D
<i>gengraf oral solution 100 mg/ml</i>	4	B/D
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; Abbvie labeled products only; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; Abbvie labeled products only; QL (4 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; Abbvie labeled products only; QL (2 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; Abbvie labeled products only; QL (6 EA per 28 days)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (6 EA per 28 days)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA-PED \geq 40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (4 EA per 28 days)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (6 EA per 365 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
JYLAMVO ORAL SOLUTION 2 MG/ML	5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	4	B/D
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	B/D
<i>mycophenolate mofetil oral tablet 500 mg</i>	4	B/D
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	B/D
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	B/D
REZUROCK ORAL TABLET 200 MG	5	PA; QL (60 EA per 30 days)
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	B/D
<i>sirolimus oral solution 1 mg/ml</i>	5	B/D
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	B/D
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	B/D
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	1	QL (1 EA per 252 days)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	1	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	1	QL (1 EA per 999 days)
<i>bcg vaccine injection solution reconstituted 50 mg</i>	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	

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
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt intramuscular suspension 25-5 lfu/0.5ml</i>	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	1	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	1	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	1	
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	1	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	1	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	1	
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	1	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	1	
<i>menquadfi intramuscular solution</i>	1	

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
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION , (58 UNT/ML)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION 5 MCG/0.5ML	3	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	1	B/D
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	1	

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
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	1	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	1	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	1	
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	4	
<i>mesalamine er oral capsule extended release 500 mg</i>	4	
<i>mesalamine rectal enema 4 gm</i>	4	
<i>mesalamine rectal suppository 1000 mg</i>	4	
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	2	
Glucocorticoids		
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	5	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	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
<i>procto-med hc external cream 2.5 %</i>	2	
<i>proctosol hc external cream 2.5 %</i>	2	
<i>proctozone-hc external cream 2.5 %</i>	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg</i>	6	
<i>alendronate sodium oral tablet 70 mg</i>	6	QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	3	QL (3.7 ML per 30 days)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	
<i>cinacalcet hcl oral tablet 90 mg</i>	5	
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA
<i>ibandronate sodium oral tablet 150 mg</i>	2	QL (1 EA per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (2 ML per 365 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	5	
<i>risedronate sodium oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 EA per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 620 mcg/2.48ml</i>	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	QL (200 EA per 30 days)
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	QL (200 EA per 30 days)
CVS GAUZE STERILE PAD 2"X2"	1	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	QL (200 EA per 30 days)
GLOBAL ALCOHOL PREP EASE PAD 70 %	1	

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
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	B/D
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	QL (200 EA per 30 days)
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	QL (200 EA per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; QL (90 EA per 30 days)
<i>sodium chloride irrigation solution 0.9 %</i>	2	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; QL (120 EA per 30 days)
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution 1 %</i>	3	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	3	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	3	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	3	
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	5	QL (60 ML per 28 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	2	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	3	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	3	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	3	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	

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
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 %	4	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	4	
XIIDRA OPHTHALMIC SOLUTION 5 %	4	QL (60 EA per 30 days)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl ophthalmic solution 0.05 %</i>	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	
Ophthalmic Anti-Infectives		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	4	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	4	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	4	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>levofloxacin ophthalmic solution 0.5 %</i>	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	3	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	3	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	3	
<i>tobramycin ophthalmic solution 0.3 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	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
XDEMVI OPTHALMIC SOLUTION 0.25 %	5	QL (10 ML per 42 days)
ZIRGAN OPTHALMIC GEL 0.15 %	4	
Ophthalmic Anti-inflammatories		
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	4	QL (12 ML per 365 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	3	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	
FLAREX OPTHALMIC SUSPENSION 0.1 %	3	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	3	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	
LOTEMAX SM OPTHALMIC GEL 0.38 %	4	QL (20 GM per 365 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	4	
<i>carteolol hcl ophthalmic solution 1 %</i>	2	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	4	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
BRIMONIDINE TARTRATE OPTHALMIC SOLUTION 0.1 %	3	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	3	
RHOPRESSA OPTHALMIC SOLUTION 0.02 %	3	QL (2.5 ML per 25 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
Ophthalmic Prostaglandin and Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	QL (2.5 ML per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	QL (5 ML per 25 days)
Otic Agents		
Otic Agents		
<i>acetic acid otic solution 2 %</i>	3	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	3	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	3	
<i>ofloxacin otic solution 0.3 %</i>	4	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	3	QL (60 ML per 30 days)
<i>cyproheptadine hcl oral tablet 4 mg</i>	4	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	4	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	3	
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	QL (30 EA per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	4	QL (1 EA per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	4	QL (1 EA per 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
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	4	QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	4	B/D; QL (120 ML per 30 days)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 GM per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT	3	QL (21.2 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	4	
<i>montelukast sodium oral tablet 10 mg</i>	2	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	2	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	3	QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D; QL (312.5 ML per 30 days)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	3	QL (8 GM per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	4	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION 175 MCG/3ML	5	B/D; QL (90 ML per 30 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	QL (17 GM per 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>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	QL (13.4 GM per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	QL (48 GM per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	B/D; QL (525 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	4	B/D; QL (375 ML per 30 days)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	2	B/D; QL (100 EA per 30 days)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	4	PA; QL (120 ML per 30 days)
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	Applies to products manufactured by Impax or Linea
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml</i>	3	
<i>epinephrine injection solution auto-injector 0.3 mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	4	B/D; QL (540 ML per 30 days)
<i>levalbuterol tartrate inhalation aerosol 45 mcg/act</i>	3	QL (30 GM per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	3	QL (2 EA per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 EA per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (60 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; QL (112 EA per 28 days)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	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
TOBI PODHALER INHALATION CAPSULE 28 MG	5	QL (224 EA per 56 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; QL (84 EA per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	3	B/D
Phosphodiesterase Inhibitors, Airways Disease		
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	PA
THEOPHYLLINE ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG	4	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	4	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	3	
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 EA per 30 days)
<i>alyq oral tablet 20 mg</i>	4	PA; QL (60 EA per 30 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 EA per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG	5	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG	5	PA; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>sildenafil citrate oral tablet 20 mg</i>	3	PA; QL (90 EA per 30 days)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; QL (60 EA per 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
Pulmonary Fibrosis Agents		
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA
<i>pirfenidone oral capsule 267 mg</i>	5	PA
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA
PIRFENIDONE ORAL TABLET 534 MG	5	PA
Respiratory Tract Agents, Other		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	QL (24 GM per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 EA per 30 days)
<i>breyndra inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	4	QL (10.3 GM per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL (23.6 GM per 28 days)
BRONCHITOL INHALATION CAPSULE 40 MG	5	PA; QL (560 EA per 28 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	4	PA; QL (17.6 GM per 30 days)
DULERA INHALATION AEROSOL 50-5 MCG/ACT	4	PA; QL (13 GM per 30 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	5	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	3	QL (60 EA per 30 days)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	3	B/D; QL (540 ML per 30 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 ML per 28 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
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	QL (24 GM per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 EA per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 EA per 30 days)
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	3	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	4	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 EA per 30 days)
ESZOPICLONE ORAL TABLET 1 MG, 2 MG, 3 MG	4	QL (30 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	QL (60 EA per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	4	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	QL (30 EA per 30 days)
Wakefulness Promoting Agents		
ARMODAFINIL ORAL TABLET 150 MG, 200 MG, 250 MG	4	PA; QL (30 EA per 30 days)
ARMODAFINIL ORAL TABLET 50 MG	4	PA; QL (60 EA per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL (30 EA per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 ML per 30 days)

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<i>tarina fe 1/20 eq</i>	66	<i>toremifene citrate</i>	20	TYRVAYA	3
TASIGNA	25	<i>torse mide</i>	47	U	
TAVNEOS.....	70	TOUJEO MAX SOLOSTAR		UBRELVY	18
<i>tazarotene</i>	53	41	UDENYCA.....	42
<i>tazicef</i>	6	TOUJEO SOLOSTAR	41	<i>unithroid</i>	68
TAZICEF	6	TRADJENTA	38	<i>ursodiol</i>	59
TAZVERIK.....	25	<i>tramadol hcl</i>	2	V	
TDVAX	75	<i>tramadol-acetaminophen</i>	2	<i>valacyclovir hcl</i>	32
TEFLARO.....	6	<i>trandolapril</i>	44	VALCHLOR.....	20
TEGSEDI	60	<i>tranexamic acid</i>	42	<i>valganciclovir hcl</i>	32
<i>telmisartan</i>	43	<i>tranylcypromine sulfate</i>	14	<i>valproic acid</i>	10
<i>telmisartan-hctz</i>	47	<i>trazodone hcl</i>	15	<i>valsartan</i>	43
<i>temazepam</i>	86	TRECATOR	20		

<i>valsartan-hydrochlorothiazide</i>	VYNDAMAX	XPOVIO (80 MG TWICE WEEKLY)
47	47	26
VALTOCO 10 MG DOSE ..	VYZULTA	XTAMPZA ER
11	81	2
VALTOCO 15 MG DOSE ..	W	XTANDI
12		20
VALTOCO 20 MG DOSE ..	<i>warfarin sodium</i>	<i>xulane</i>
12	42	66
VALTOCO 5 MG DOSE	WELIREG.....	Y
12	60	
<i>vancomycin hcl</i>	<i>wixela inhub</i>	YARGESA.....
5	86	60
VANFLYTA.....	X	YF-VAX
25		76
VAQTA.....	XALKORI.....	YUPELRI.....
76	26	82
<i>varenicline tartrate</i>	XARELTO	<i>yuvaferm</i>
4	42	66
<i>varenicline tartrate (starter)</i> .	XARELTO STARTER PACK	Z
4	42	
VARIVAX	XATMEP	<i>zafemy</i>
76	73	66
VELTASSA.....	XCOPRI	<i>zafirlukast</i>
57	13	82
VENCLEXTA.....	XCOPRI (250 MG DAILY DOSE)	<i>zaleplon</i>
26	13	86
VENCLEXTA STARTING PACK.....	XCOPRI (350 MG DAILY DOSE)	ZARXIO
26	13	42
<i>venlafaxine hcl</i>	XDEMVY	ZEJULA
15	80	26
<i>venlafaxine hcl er</i>	XELJANZ	ZELBORAF
15	70, 71	26
VEOZAH	XELJANZ XR	<i>zenatane</i>
51	71	53
<i>verapamil hcl</i>	XERMELO.....	ZENPEP
46	58	60
<i>verapamil hcl er</i>	XGEVA.....	ZEPOSIA.....
46	77	52
VERQUVO	XIFAXAN.....	ZEPOSIA 7-DAY STARTER PACK
49	59	52
VERSACLOZ	XIGDUO XR	<i>zidovudine</i>
31	38	34
VERZENIO.....	XIIDRA	<i>ziprasidone hcl</i>
26	79	31
<i>vienna</i>	XOFLUZA (40 MG DOSE) 36	<i>ziprasidone mesylate</i>
66	36	31
<i>vigabatrin</i>	XOFLUZA (80 MG DOSE) 36	ZIRGAN.....
12	36	80
<i>vigadrone</i>	XOLAIR.....	ZOKINVY
12	71	78
<i>vigpoder</i>	XOLREMDI	ZOLINZA
12	42	21
<i>vilazodone hcl</i>	XOSPATA	<i>zolmitriptan</i>
15	26	19
VIRACEPT	XPOVIO (100 MG ONCE WEEKLY)	<i>zolpidem tartrate</i>
35	26	86
VIREAD.....	XPOVIO (40 MG ONCE WEEKLY)	<i>zolpidem tartrate er</i>
34	26	86
<i>vitamin d (ergocalciferol)</i> ...	XPOVIO (40 MG TWICE WEEKLY)	ZONISADE
57	26	13
VITRAKVI.....	XPOVIO (60 MG ONCE WEEKLY)	<i>zonisamide</i>
26	26	13
VIVITROL.....	XPOVIO (60 MG TWICE WEEKLY)	<i>zovia 1/35 (28)</i>
3	26	66
VIZIMPRO.....	XPOVIO (80 MG ONCE WEEKLY)	ZTALMY
26	26	12
VONJO.....		ZURZUVAE.....
21		14
<i>voriconazole</i>		ZYDELIG.....
18		26
VOSEVI.....		ZYKADIA.....
32		26
VOWST		ZYLET
59		79
VRAYLAR		ZYPREXA RELPREVV
31		31
VUMERITY.....		
52		
<i>vyfemla</i>		
66		
<i>vylibra</i>		
66		

METHOD	KelseyCare Advantage Member Services - Contact Information
CALL	1-866-535-8343 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays.
FAX	713-442-5450
WRITE	KelseyCare Advantage ATTN: Member Services P.O. Box 841569 Pearland, TX 77584-9832
WEBSITE	www.KelseyCareAdvantage.com

Health Information Counseling and Advocacy Program (HICAP)

Health Information Counseling and Advocacy Program (HICAP) is a state program that gets money from the Federal Government to give free local health insurance counseling to people with Medicare.

METHOD	Health Information Counseling and Advocacy Program (HICAP) (Texas' SHIP) - Contact Information
CALL	1-800-252-9240
TTY	1-800-735-2989 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	701 West 51st Street MC: W275 Austin, TX 78751
WEBSITE	https://hhs.texas.gov/services/health/medicare

This formulary was updated on 08/26/2024. For more recent information or other questions, please contact Optum Rx at 1-800-707-8194 (TTY: 711), 24 hours a day, 7 days per week or visit www.KelseyCareAdvantage.com.

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