

# 2026

KelseyCare  
Advantage



# COMPREHENSIVE FORMULARY

## List of Covered Drugs

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

Formulary ID: 26415 Version: 6

This formulary was updated on 08/08/2025. For more recent information or other questions, please contact *Optum Rx* at 1-800-707-8194 (TTY users should call 711), 24 hours a day, 7 days per week, or visit [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com)

**1-866-535-8343 (TTY:711)**

**[www.kelseycareadvantage.com](http://www.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 Freedom (HMO-POS) and KelseyCare Advantage Signature (HMO). When it refers to "plan" or "our plan," it means KelseyCare Advantage.

This document includes a Drug List (formulary) for our plan which is current as of 08/08/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

The enclosed formulary is current as of 08/08/2025. To get updated information about the drugs covered KelseyCare Advantage please contact us. Our contact information appears on the front and back cover pages. 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 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 56. 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 JANUVIA. 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 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 the 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 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 the 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 lower cost-sharing level unless the drug is on the 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 56.

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	<b>Covered Under Medicare Part B or Part D.</b> 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	<b>Excluded Drugs.</b> 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	<b>Prior Authorization.</b> 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	<b>Quantity Limit.</b> For certain drugs, KelseyCare Advantage limits the amount of the drug that will be covered.
ST	<b>Step Therapy.</b> 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.
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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.

<b>Cost-Sharing Tier</b>	<b>Drugs Included in Tier</b>
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)

### Preferred Cost-Sharing\*

### Standard Cost-Sharing\*

Tier	30-Day Supply	90-Day Supply
1	\$0.00	\$0.00
2	\$5.00	\$12.50
3	\$40	\$100
4	35%	35%
5	30%	N/A±
6	\$0.00	\$0.00

Tier	30-Day Supply	90-Day Supply
1	\$7.00	\$21.00
2	\$15.00	\$45.00
3	\$47.00	\$141.00
4	35%	35%
5	30%	N/A±
6	\$0.00	\$0.00

## KelseyCare Advantage Signature (HMO)

### Preferred Cost-Sharing\*

### Standard Cost-Sharing\*

Tier	30-Day Supply	90-Day Supply
1	\$0.00	\$0.00
2	\$4.00	\$10.00
3	20%	20%
4	30%	30%
5	30%	N/A±
6	\$0.00	\$0.00

Tier	30-Day Supply	90-Day Supply
1	\$7.00	\$21.00
2	\$12.00	\$36.00
3	20%	20%
4	30%	30%
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.

## Comprehensive Member Formulary

KelseyCare Advantage

Effective: 01/01/2026

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
celecoxib caps 100mg, 200mg, 400mg, 50mg	2	QL(60 EA per 30 days)
diclofenac sodium dr tbec 25mg, 50mg, 75mg	2	
diclofenac sodium external soln 1.5%	4	PA
flurbiprofen tabs 100mg	2	
ibuprofen susp 100mg/5ml	2	
ibuprofen tabs 400mg, 600mg, 800mg	1	
ibu tabs 600mg, 800mg	1	
indomethacin er cpcr 75mg	3	
indomethacin caps 25mg, 50mg	2	
ketorolac tromethamine tabs 10mg	4	QL(20 EA per 30 days)
meloxicam tabs 15mg, 7.5mg	1	
nabumetone tabs 500mg, 750mg	2	
naproxen dr tbec 500mg	4	
naproxen tabs 250mg, 375mg, 500mg	1	
oxaprozin tabs 600mg	2	
piroxicam caps 10mg, 20mg	3	
sulindac tabs 150mg, 200mg	2	
<b>Opioid Analgesics, Long-acting</b>		
buprenorphine ptwk 10mcg/hr, 15mcg/hr, 20mcg/hr, 5mcg/hr, 7.5mcg/hr	4	QL(4 EA per 28 days)
fentanyl pt72 100mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr	4	
methadone hcl soln 10mg/5ml, 5mg/5ml	3	
methadone hcl tabs 10mg, 5mg	2	
morphine sulfate er tbcr 100mg, 15mg, 200mg, 30mg, 60mg	3	
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 36MG, 9MG	3	
<b>Opioid Analgesics, Short-acting</b>		
acetaminophen/codeine phosphate tabs 300mg; 60mg	2	
acetaminophen/codeine soln 120mg/5ml; 12mg/5ml	3	
acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg	2	
endocet tabs 325mg; 5mg	2	
endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	
hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml	4	
hydrocodone bitartrate/acetaminophen tabs 325mg; 10mg, 325mg; 5mg	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
hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg	3	
hydrocodone/acetaminophen tabs 325mg; 7.5mg	2	
hydromorphone hcl inj 10mg/ml	4	
hydromorphone hcl tabs 2mg, 4mg	2	
hydromorphone hcl tabs 8mg	4	
hydromorphone hydrochloride inj 50mg/5ml	4	
morphine sulfate soln 100mg/5ml, 10mg/5ml, 20mg/5ml	3	
morphine sulfate tabs 15mg, 30mg	3	
oxycodone hydrochloride soln 5mg/5ml	4	
oxycodone hydrochloride tabs 10mg, 15mg, 5mg	2	
oxycodone hydrochloride tabs 20mg, 30mg	3	
oxycodone/acetaminophen tabs 325mg; 5mg	2	
oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 7.5mg	3	
tramadol hydrochloride/acetaminophen tabs 325mg; 37.5mg	2	
tramadol hydrochloride tabs 50mg	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
lidocaine/prilocaine crea 2.5%; 2.5%	2	QL(30 GM per 30 days); PA
lidocaine oint 5%	4	QL(150 GM per 30 days); PA
lidocaine ptch 5%	4	PA
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium dr tbec 333mg	4	
disulfiram tabs 250mg	2	
disulfiram tabs 500mg	3	
naltrexone hydrochloride tabs 50mg	2	
VIVITROL INJ 380MG	5	
<b>Opioid Dependence</b>		
buprenorphine hcl/naloxone hcl subl 2mg; 0.5mg, 8mg; 2mg	2	
buprenorphine hcl subl 2mg, 8mg	2	
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	4	
<b>Opioid Reversal Agents</b>		
KLOXXADO LIQD 8MG/0.1ML	4	
naloxone hydrochloride inj 0.4mg/ml, 2mg/2ml	2	
OPVEE SOLN 2.7MG/0.1ML	3	
<b>Smoking Cessation Agents</b>		
bupropion hydrochloride er (sr) tb12 150mg	2	QL(60 EA per 30 days)
NICOTROL NS SOLN 10MG/ML	4	QL(360 ML per 365 days)
TYRVAYA SOLN 0.03MG/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
varenicline starting month tbpk 0	4	QL(504 EA per 365 days)
varenicline tartrate tabs 0.5mg, 1mg	4	QL(504 EA per 365 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
amikacin sulfate inj 500mg/2ml	4	
ARIKAYCE SUSP 590MG/8.4ML	5	PA
gentamicin sulfate crea 0.1%	3	
gentamicin sulfate inj 40mg/ml	3	
gentamicin sulfate oint 0.1%	3	
HUMATIN CAPS 250MG	5	
neomycin sulfate tabs 500mg	2	
streptomycin sulfate inj 1gm	5	
tobramycin sulfate inj 10mg/ml, 80mg/2ml	4	
<b>Antibacterials, Other</b>		
aztreonam inj 1gm, 2gm	4	
clindacin etz pledges swab 1%	3	
clindamycin hcl caps 300mg	2	
clindamycin hydrochloride caps 150mg, 75mg	2	
clindamycin palmitate hydrochloride solr 75mg/5ml	4	
clindamycin phosphate crea 2%	4	
clindamycin phosphate inj 300mg/2ml, 600mg/4ml, 900mg/6ml	3	
clindamycin phosphate swab 1%	3	
colistimethate sodium inj 150mg	4	
daptomycin inj 350mg, 500mg	4	
fosfomycin tromethamine pack 3gm	1	
IMPAVIDO CAPS 50MG	5	
linezolid inj 600mg/300ml	4	
linezolid susr 100mg/5ml	5	QL(1800 ML per 28 days)
linezolid tabs 600mg	4	QL(56 EA per 28 days)
metronidazole vaginal gel 0.75%	3	
metronidazole inj 500mg/100ml	2	
metronidazole tabs 250mg, 500mg	2	
nitrofurantoin macrocrystals caps 100mg, 50mg	4	
nitrofurantoin monohydrate/macrocrystals caps 100mg	2	
tigecycline inj 50mg	4	
tinidazole tabs 250mg, 500mg	4	
trimethoprim tabs 100mg	2	
vancomycin hcl inj 10gm	3	
vancomycin hydrochloride caps 125mg	4	QL(120 EA per 30 days)
vancomycin hydrochloride caps 250mg	4	QL(240 EA per 30 days)
vancomycin hydrochloride inj 1gm, 500mg, 750mg	3	
VOQUEZNA DUAL PAK THPK 500MG; 20MG	4	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
VOQUEZNA TRIPLE PAK THPK 500MG; 500MG; 20MG	4	PA
<b>Beta-lactam, Cephalosporins</b>		
cefaclor caps 250mg, 500mg	3	
cefadroxil caps 500mg	2	
cefadroxil susr 250mg/5ml, 500mg/5ml	2	
cefazolin sodium inj 10gm, 1gm, 500mg	4	
cefdinir caps 300mg	2	
cefdinir susr 125mg/5ml, 250mg/5ml	2	
cefeprazole inj 1gm, 2gm	4	
cefixime caps 400mg	4	
cefotetan inj 1gm, 2gm	4	
cefoxitin sodium inj 10gm, 1gm, 2gm	4	
cefpodoxime proxetil susr 100mg/5ml, 50mg/5ml	4	
cefpodoxime proxetil tabs 100mg, 200mg	4	
ceftazidime susr 125mg/5ml, 250mg/5ml	3	
ceftazidime tabs 250mg, 500mg	2	
ceftazidime inj 1gm, 2gm, 6gm	4	
ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg	4	
cefuroxime axetil tabs 250mg, 500mg	2	
cefuroxime sodium inj 750mg	3	
cefuroxime sodium inj 1.5gm	4	
cephalexin caps 250mg, 500mg	2	
cephalexin susr 125mg/5ml, 250mg/5ml	2	
TAZICEF INJ 6GM	4	
tazicef inj 1gm, 2gm	4	
TEFLARO INJ 400MG, 600MG	5	
<b>Beta-lactam, Penicillins</b>		
amoxicillin/clavulanate potassium er tb12 1000mg; 62.5mg	4	
amoxicillin/clavulanate potassium susr 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	
amoxicillin/clavulanate potassium susr 250mg/5ml; 62.5mg/5ml	4	
amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg	2	
amoxicillin/clavulanate potassium tabs 250mg; 125mg	4	
amoxicillin caps 250mg, 500mg	2	
amoxicillin chew 125mg, 250mg	2	
amoxicillin susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml	2	
amoxicillin tabs 500mg, 875mg	2	
ampicillin sodium inj 10gm, 1gm	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
ampicillin-sulbactam inj 10gm; 5gm, 1gm; 0.5gm	4	
ampicillin/sulbactam inj 2gm; 1gm	4	
ampicillin caps 500mg	2	
AUGMENTIN SUSR 125MG/5ML; 31.25MG/5ML	4	
BICILLIN L-A INJ 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	
dicloxacillin sodium caps 250mg, 500mg	2	
nafcillin sodium inj 1gm, 2gm	4	
nafcillin sodium inj 10gm	5	
penicillin g sodium inj 5000000unit	5	
penicillin v potassium solr 125mg/5ml, 250mg/5ml	2	
penicillin v potassium tabs 250mg, 500mg	2	
piperacillin sodium/tazobactam sodium inj 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
<b>Carbapenems</b>		
ertapenem sodium inj 1gm	4	
imipenem/cilastatin inj 250mg; 250mg, 500mg; 500mg	3	
meropenem inj 1gm, 500mg	3	
<b>Macrolides</b>		
azithromycin inj 500mg	3	
azithromycin susr 100mg/5ml, 200mg/5ml	2	
azithromycin tabs 250mg, 500mg, 600mg	2	
clarithromycin er tb24 500mg	4	
clarithromycin susr 125mg/5ml, 250mg/5ml	4	
clarithromycin tabs 250mg, 500mg	2	
DIFICID TABS 200MG	5	
erythromycin dr tbec 250mg, 333mg, 500mg	4	
<b>Quinolones</b>		
ciprofloxacin hcl tabs 750mg	1	
ciprofloxacin hydrochloride tabs 250mg, 500mg	1	
ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%	3	
levofloxacin in d5w inj 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin soln 25mg/ml	4	
levofloxacin tabs 250mg, 500mg, 750mg	2	
moxifloxacin hydrochloride/sodium hydrochloride inj 400mg/250ml; 0.8%	4	
moxifloxacin hydrochloride tabs 400mg	3	
<b>Sulfonamides</b>		
sulfadiazine tabs 500mg	5	
sulfamethoxazole(trimethoprim ds tabs 800mg; 160mg	2	
sulfamethoxazole(trimethoprim susp 200mg/5ml; 40mg/5ml	3	
sulfamethoxazole(trimethoprim tabs 400mg; 80mg	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
<b>Tetracyclines</b>		
<i>demeclocycline hcl tabs 150mg, 300mg</i>	4	
<i>doxy 100 inj 100mg</i>	4	
<i>doxycycline hyclate caps 100mg, 50mg</i>	2	
<i>doxycycline hyclate inj 100mg</i>	4	
<i>doxycycline hyclate tabs 100mg</i>	2	
<i>doxycycline monohydrate caps 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 100mg, 50mg</i>	2	
<i>doxycycline monohydrate tabs 150mg, 75mg</i>	3	
<i>doxycycline susr 25mg/5ml</i>	3	
<i>minocycline hcl caps 75mg</i>	3	
<i>minocycline hydrochloride caps 100mg, 50mg</i>	2	
<i>tetracycline hydrochloride caps 250mg, 500mg</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<i>BRIVIACT SOLN 10MG/ML</i>	5	PA
<i>BRIVIACT TABS 100MG, 10MG, 25MG, 50MG, 75MG</i>	5	PA
<i>EPIDIOLEX SOLN 100MG/ML</i>	5	PA
<i>EPRONTIA SOLN 25MG/ML</i>	4	
<i>felbamate susp 600mg/5ml</i>	4	
<i>felbamate tabs 400mg, 600mg</i>	4	
<i>FINTEPLA SOLN 2.2MG/ML</i>	5	PA
<i>FYCOMPA SUSP 0.5MG/ML</i>	5	
<i>FYCOMPA TABS 2MG</i>	4	
<i>FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG</i>	5	
<i>lamotrigine starter kit/blue kit 25mg</i>	4	
<i>lamotrigine starter kit/green kit 0</i>	4	
<i>lamotrigine starter kit/orange kit 0</i>	4	
<i>lamotrigine chew 25mg, 5mg</i>	2	
<i>lamotrigine tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>levetiracetam er tb24 500mg, 750mg</i>	2	
<i>levetiracetam soln 100mg/ml</i>	2	
<i>levetiracetam tabs 1000mg, 250mg, 500mg, 750mg</i>	2	
<i>levetiracetam tb3d 250mg</i>	4	
<i>NAYZILAM SOLN 5MG/0.1ML</i>	4	QL(10 EA per 30 days)
<i>roweepra tabs 500mg</i>	2	
<i>SPRITAM TB3D 1000MG, 250MG, 500MG, 750MG</i>	4	
<i>subvenite starter kit/blue kit 25mg</i>	4	
<i>subvenite starter kit/green kit 0</i>	4	
<i>subvenite starter kit/orange kit 0</i>	4	
<i>subvenite tabs 100mg, 150mg, 200mg, 25mg</i>	2	
<i>topiramate cpsp 15mg, 25mg, 50mg</i>	3	
<i>topiramate tabs 100mg, 200mg, 25mg, 50mg</i>	2	
<i>valproic acid caps 250mg</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>valproic acid soln 250mg/5ml</i>	2	
<b>Calcium Channel Modifying Agents</b>		
<i>ethosuximide caps 250mg</i>	3	
<i>ethosuximide soln 250mg/5ml</i>	3	
<i>methsuximide caps 300mg</i>	4	
<b>Gamma-aminobutyric Acid (GABA) Modulating Agents</b>		
<i>clobazam susp 2.5mg/ml</i>	4	
<i>clobazam tabs 10mg, 20mg</i>	4	
<i>clonazepam odt tbdp 2mg</i>	4	QL(300 EA per 30 days)
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL(90 EA per 30 days)
<i>clonazepam tabs 2mg</i>	2	QL(300 EA per 30 days)
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
<i>DIACOMIT CAPS 250MG, 500MG</i>	5	PA
<i>DIACOMIT PACK 250MG, 500MG</i>	5	PA
<i>diazepam rectal gel gel 10mg, 2.5mg, 20mg</i>	4	
<i>divalproex sodium dr csdr 125mg</i>	4	
<i>divalproex sodium dr tbec 125mg, 250mg, 500mg</i>	2	
<i>divalproex sodium er tb24 250mg, 500mg</i>	2	
<i>gabapentin caps 400mg</i>	2	QL(270 EA per 30 days)
<i>gabapentin caps 100mg, 300mg</i>	2	QL(360 EA per 30 days)
<i>gabapentin soln 250mg/5ml</i>	4	QL(2160 ML per 30 days)
<i>gabapentin tabs 800mg</i>	2	QL(150 EA per 30 days)
<i>gabapentin tabs 600mg</i>	2	QL(180 EA per 30 days)
<i>phenobarbital elix 20mg/5ml</i>	4	
<i>phenobarbital tabs 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg</i>	4	
<i>pregabalin caps 300mg</i>	2	QL(60 EA per 30 days)
<i>pregabalin caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg</i>	2	QL(90 EA per 30 days)
<i>pregabalin soln 20mg/ml</i>	4	QL(900 ML per 30 days)
<i>primidone tabs 125mg, 250mg, 50mg</i>	2	
<i>SYMPAZAN FILM 10MG, 5MG</i>	4	
<i>SYMPAZAN FILM 20MG</i>	5	
<i>tiagabine hydrochloride tabs 12mg, 16mg, 2mg, 4mg</i>	4	
<i>VALTOCO 10 MG DOSE LIQD 10MG/0.1ML</i>	5	QL(10 EA per 30 days)
<i>VALTOCO 15 MG DOSE LQPK 7.5MG/0.1ML</i>	5	QL(10 EA per 30 days)
<i>VALTOCO 20 MG DOSE LQPK 10MG/0.1ML</i>	5	QL(10 EA per 30 days)
<i>VALTOCO 5 MG DOSE LIQD 5MG/0.1ML</i>	5	QL(10 EA per 30 days)
<i>vigabatrin pack 500mg</i>	5	PA
<i>vigabatrin tabs 500mg</i>	5	PA
<i>vigadroner pack 500mg</i>	5	PA
<i>vigadroner tabs 500mg</i>	5	PA
<i>VIGAFYDE SOLN 100MG/ML</i>	5	PA
<i>vigpoder pack 500mg</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
ZTALMY SUSP 50MG/ML	5	PA
<b>Sodium Channel Agents</b>		
carbamazepine er cp12 100mg, 200mg, 300mg	4	
carbamazepine er tb12 100mg, 200mg, 400mg	4	
carbamazepine chew 100mg, 200mg	2	
carbamazepine susp 100mg/5ml	4	
carbamazepine tabs 200mg	3	
DILANTIN CAPS 30MG	4	
epitol tabs 200mg	3	
eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg	4	
lacosamide soln 10mg/ml	4	
lacosamide tabs 100mg, 150mg, 200mg, 50mg	4	
oxcarbazepine susp 300mg/5ml	4	
oxcarbazepine tabs 150mg, 300mg, 600mg	2	
phenytek caps 200mg, 300mg	2	
phenytoin sodium extended caps 100mg	2	
phenytoin chew 50mg	2	
phenytoin susp 125mg/5ml	2	
rufinamide susp 40mg/ml	5	
rufinamide tabs 200mg	4	
rufinamide tabs 400mg	5	
XCOPRI TABS 100MG, 150MG, 200MG, 25MG, 50MG	5	PA
XCOPRI TBPK 12.5MG-25MG	4	PA
XCOPRI TBPK 50MG-100MG; 150MG-200MG (28 TAB PACK); 100MG-150MG; 150MG-200MG (56 TAB PACK)	5	PA
ZONISADE SUSP 100MG/5ML	4	ST
zonisamide caps 100mg, 25mg, 50mg	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
memantine/donepezil hydrochloride er cp24 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	3	QL(30 EA per 30 days)
<b>Cholinesterase Inhibitors</b>		
donepezil hcl tabs 10mg	2	
donepezil hcl tbdp 10mg, 5mg	2	
donepezil hydrochloride tabs 5mg	2	
galantamine hydrobromide er cp24 16mg, 24mg, 8mg	4	
galantamine hydrobromide soln 4mg/ml	4	
galantamine hydrobromide tabs 12mg, 4mg, 8mg	4	
rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg	3	
rivastigmine transdermal system pt24 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		

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
memantine hcl titration pak tabs 0	2	
memantine hydrochloride tabs 10mg, 5mg	2	
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY TBCR 105MG; 45MG	4	QL(60 EA per 30 days); ST
bupropion hydrochloride er (sr) tb12 150mg, 200mg	2	QL(60 EA per 30 days)
bupropion hydrochloride er (sr) tb12 100mg	2	QL(90 EA per 30 days)
bupropion hydrochloride er (xl) tb24 300mg	2	QL(30 EA per 30 days)
bupropion hydrochloride er (xl) tb24 150mg	2	QL(90 EA per 30 days)
bupropion hydrochloride tabs 100mg, 75mg	2	
mirtazapine odt tbdp 15mg, 30mg, 45mg	3	
mirtazapine tabs 15mg, 30mg, 45mg, 7.5mg	2	
ZURZUVAE CAPS 30MG	5	QL(14 EA per 14 days); PA
ZURZUVAE CAPS 20MG, 25MG	5	QL(28 EA per 14 days); PA
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM PT24 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL(30 EA per 30 days); ST
MARPLAN TABS 10MG	4	
phenelzine sulfate tabs 15mg	3	
tranylcypromine sulfate tabs 10mg	4	
<b>SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor</b>		
citalopram hydrobromide soln 10mg/5ml	4	
citalopram hydrobromide tabs 10mg, 20mg, 40mg	1	
desvenlafaxine er tb24 100mg	4	QL(120 EA per 30 days)
desvenlafaxine er tb24 25mg, 50mg	4	QL(30 EA per 30 days)
DRIZALMA SPRINKLE CSDR 20MG, 60MG	4	QL(60 EA per 30 days)
DRIZALMA SPRINKLE CSDR 30MG, 40MG	4	QL(90 EA per 30 days)
duloxetine hydrochloride dr cpep 20mg, 60mg	2	QL(60 EA per 30 days)
duloxetine hydrochloride dr cpep 30mg	2	QL(90 EA per 30 days)
escitalopram oxalate soln 5mg/5ml	4	
escitalopram oxalate tabs 10mg, 20mg, 5mg	2	
FETZIMA TITRATION PACK C4PK 0	4	QL(56 EA per 365 days); ST
FETZIMA CP24 120MG, 20MG, 40MG, 80MG	4	QL(30 EA per 30 days); ST
fluoxetine hydrochloride caps 10mg, 20mg, 40mg	1	
fluoxetine hydrochloride soln 20mg/5ml	4	
fluvoxamine maleate tabs 100mg, 25mg, 50mg	3	
nefazodone hydrochloride tabs 100mg, 150mg, 200mg, 250mg, 50mg	4	
paroxetine hcl tabs 30mg, 40mg	2	
paroxetine hydrochloride susp 10mg/5ml	4	
paroxetine hydrochloride tabs 10mg, 20mg	2	
RALDESY SOLN 10MG/ML	5	
sertraline hcl conc 20mg/ml	3	
sertraline hcl tabs 50mg	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
sertraline hydrochloride tabs 100mg, 25mg	1	
trazodone hydrochloride tabs 100mg, 150mg, 50mg	2	
TRINTELLIX TABS 10MG, 20MG, 5MG	4	QL(30 EA per 30 days)
venlafaxine hydrochloride er cp24 150mg, 37.5mg, 75mg	2	
venlafaxine hydrochloride tabs 100mg, 25mg, 37.5mg, 50mg, 75mg	2	
vilazodone hydrochloride tabs 10mg, 20mg, 40mg	4	QL(30 EA per 30 days)
<b>Tricyclics</b>		
amitriptyline hcl tabs 150mg	2	
amitriptyline hydrochloride tabs 100mg, 10mg, 25mg, 50mg, 75mg	2	
amoxapine tabs 100mg, 150mg, 25mg, 50mg	4	
clomipramine hydrochloride caps 25mg, 50mg, 75mg	4	
desipramine hydrochloride tabs 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4	
doxepin hcl caps 75mg	3	
doxepin hcl conc 10mg/ml	4	
doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg	3	
imipramine hcl tabs 25mg, 50mg	4	
imipramine hydrochloride tabs 10mg	4	
nortriptyline hcl caps 25mg, 75mg	2	
nortriptyline hcl soln 10mg/5ml	4	
nortriptyline hydrochloride caps 10mg, 50mg	2	
protriptyline hcl tabs 10mg, 5mg	4	
trimipramine maleate caps 100mg, 25mg, 50mg	4	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
compro supp 25mg	4	
meclizine hcl tabs 12.5mg, 25mg	4	
prochlorperazine maleate tabs 10mg, 5mg	2	
prochlorperazine supp 25mg	4	
promethazine hcl supp 12.5mg	4	
promethazine hydrochloride plain soln 6.25mg/5ml	3	
promethazine hydrochloride supp 25mg	4	
promethazine hydrochloride tabs 12.5mg, 25mg, 50mg	3	
promethegan supp 25mg	4	
scopolamine pt72 1mg/3days	4	
<b>Emetogenic Therapy Adjuncts</b>		
aprepitant caps 40mg	4	QL(1 EA per 30 days); B/D
aprepitant caps 0	4	QL(6 EA per 30 days); B/D
aprepitant caps 80mg	4	QL(8 EA per 30 days); B/D
aprepitant caps 125mg	5	QL(2 EA per 30 days); 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
dronabinol caps 10mg, 2.5mg, 5mg	4	QL(60 EA per 30 days); PA
ondansetron hcl soln 4mg/5ml	4	QL(450 ML per 30 days); B/D
ondansetron hydrochloride tabs 4mg, 8mg	2	B/D
ondansetron odt tbdp 4mg, 8mg	2	B/D
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INJ 5MG/ML	4	B/D
amphotericin b liposome inj 50mg	5	B/D
amphotericin b inj 50mg	4	B/D
CASPOFUNGIN ACETATE INJ 70MG	4	
caspofungin acetate inj 50mg	4	
clotrimazole crea 1%	2	QL(90 GM per 30 days)
clotrimazole soln 1%	3	QL(60 ML per 30 days)
clotrimazole troc 10mg	3	
CRESEMBIA CAPS 186MG, 74.5MG	5	PA
econazole nitrate crea 1%	2	
fluconazole in sodium chloride inj 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	3	
fluconazole susr 10mg/ml, 40mg/ml	3	
fluconazole tabs 100mg, 150mg, 200mg, 50mg	2	
flucytosine caps 250mg, 500mg	5	
griseofulvin microsize susp 125mg/5ml	4	
griseofulvin microsize tabs 500mg	4	
griseofulvin ultramicrosize tabs 125mg, 250mg	4	
itraconazole caps 100mg	4	PA
JUBLIA SOLN 10%	5	
ketoconazole crea 2%	2	QL(90 GM per 30 days)
ketoconazole sham 2%	2	
ketoconazole tabs 200mg	2	
micafungin inj 100mg, 50mg	4	
nyamyc powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin crea 100000unit/gm	2	
nystatin oint 100000unit/gm	2	
nystatin powd 100000unit/gm	2	QL(120 GM per 30 days)
nystatin susp 100000unit/ml	2	
nystatin tabs 500000unit	3	
nystop powd 100000unit/gm	2	QL(120 GM per 30 days)
posaconazole dr tbec 100mg	5	PA
posaconazole susp 40mg/ml	5	PA
terbinafine hcl tabs 250mg	2	QL(84 EA per 180 days)
terconazole crea 0.4%, 0.8%	3	
voriconazole inj 200mg	5	PA
voriconazole susr 40mg/ml	5	
voriconazole tabs 200mg, 50mg	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
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol tabs 100mg, 300mg</i>	2	
<i>colchicine tabs 0.6mg</i>	2	
<i>probenecid/colchicine tabs 0.5mg; 500mg</i>	2	
<i>probenecid tabs 500mg</i>	2	
<b>Antimigraine Agents</b>		
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
<i>AIMOVIG INJ 140MG/ML</i>	3	QL(1 ML per 28 days); PA
<i>AIMOVIG INJ 70MG/ML</i>	3	QL(2 ML per 28 days); PA
<i>EMGALITY INJ 120MG/ML</i>	3	QL(2 ML per 28 days); PA
<i>EMGALITY INJ 100MG/ML</i>	5	QL(3 ML per 28 days); PA
<i>QULIPTA TABS 10MG, 30MG, 60MG</i>	5	QL(30 EA per 30 days); PA
<i>UBRELVY TABS 100MG, 50MG</i>	5	QL(16 EA per 30 days); PA
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate soln 4mg/ml</i>	5	QL(8 ML per 30 days); PA
<i>ergotamine tartrate/caffeine tabs 100mg; 1mg</i>	3	QL(24 EA per 28 days)
<b>Prophylactic</b>		
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	3	
<b>Serotonin (5-HT) Receptor Agonist</b>		
<i>rizatriptan benzoate odt tbdp 10mg, 5mg</i>	3	QL(18 EA per 30 days)
<i>rizatriptan benzoate tabs 10mg, 5mg</i>	2	QL(18 EA per 30 days)
<i>sumatriptan succinate inj 6mg/0.5ml</i>	4	QL(5 ML per 30 days)
<i>sumatriptan succinate tabs 100mg, 25mg, 50mg</i>	2	QL(9 EA per 30 days)
<i>sumatriptan soln 20mg/act, 5mg/act</i>	4	QL(12 EA per 30 days)
<i>zolmitriptan tabs 2.5mg, 5mg</i>	4	QL(12 EA per 30 days)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>pyridostigmine bromide tabs 60mg</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone tabs 100mg, 25mg</i>	3	
<i>rifabutin caps 150mg</i>	4	
<b>Antituberculars</b>		
<i>cycloserine caps 250mg</i>	5	
<i>ethambutol hydrochloride tabs 100mg, 400mg</i>	2	
<i>isoniazid syrp 50mg/5ml</i>	4	
<i>isoniazid tabs 100mg, 300mg</i>	1	
<i>PRIFTIN TABS 150MG</i>	4	
<i>pyrazinamide tabs 500mg</i>	4	
<i>rifampin caps 150mg, 300mg</i>	3	
<i>rifampin inj 600mg</i>	4	
<i>SIRTURO TABS 100MG, 20MG</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide caps 25mg, 50mg	3	B/D
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
LEUKERAN TABS 2MG	5	
MATULANE CAPS 50MG	5	
VALCHLOR GEL 0.016%	5	PA
<b>Antiandrogens</b>		
abiraterone acetate tabs 250mg, 500mg	5	PA
abirtega tabs 250mg	2	PA
bicalutamide tabs 50mg	2	
ERLEADA TABS 240MG, 60MG	5	PA
EULEXIN CAPS 125MG	4	
nilutamide tabs 150mg	5	
NUBEQA TABS 300MG	5	PA
XTANDI CAPS 40MG	5	PA
XTANDI TABS 40MG, 80MG	5	PA
YONSA TABS 125MG	5	PA
<b>Antiangiogenic Agents</b>		
lenalidomide caps 10mg, 15mg, 2.5mg, 20mg, 25mg, 5mg	5	PA
POMALYST CAPS 3MG, 4MG	5	PA
POMALYST CAPS 1MG, 2MG	5	QL(30 EA per 30 days); PA
THALOMID CAPS 100MG, 50MG	5	PA
<b>Antiestrogens/Modifiers</b>		
ORSERDU TABS 345MG, 86MG	5	PA
SOLTAMOX SOLN 10MG/5ML	5	
tamoxifen citrate tabs 10mg, 20mg	2	
toremifene citrate tabs 60mg	4	
<b>Antimetabolites</b>		
hydroxyurea caps 500mg	2	
mercaptopurine susp 2000mg/100ml	5	
mercaptopurine tabs 50mg	3	
TABLOID TABS 40MG	5	
<b>Antineoplastics, Other</b>		
AKEEGA TABS 500MG; 100MG, 500MG; 50MG	5	PA
IBRANCE TABS 100MG, 125MG, 75MG	5	PA
INREBIC CAPS 100MG	5	PA
ITOVEBI TABS 9MG	5	PA
ITOVEBI TABS 3MG	5	QL(60 EA per 30 days); PA
IWILFIN TABS 192MG	5	PA
KISQALI FEMARA 400 DOSE TBPK 2.5MG; 200MG	5	PA
KISQALI FEMARA 600 DOSE TBPK 2.5MG; 200MG	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
LAZCLUZE TABS 240MG	5	PA
LAZCLUZE TABS 80MG	5	QL(60 EA per 30 days); PA
<i>leucovorin calcium tabs 10mg, 5mg</i>	2	
<i>leucovorin calcium tabs 15mg, 25mg</i>	3	
LONSURF TABS 6.14MG; 15MG, 8.19MG; 20MG	5	PA
LYSODREN TABS 500MG	5	
OGSIVEO TABS 100MG, 150MG, 50MG	5	PA
OJEMDA SUSR 25MG/ML	5	PA
OJEMDA TABS 100MG	5	PA
ONUREG TABS 200MG, 300MG	5	PA
REVUFORJ TABS 110MG, 160MG, 25MG	5	PA
VONJO CAPS 100MG	5	PA
ZOLINZA CAPS 100MG	5	PA
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole tabs 1mg</i>	2	
<i>exemestane tabs 25mg</i>	2	
<i>letrozole tabs 2.5mg</i>	2	
<b>Enzyme Inhibitors</b>		
AVMAPKI FAKZYNJA CO-PACK THPK 0.8MG; 200MG	5	PA
<b>Molecular Target Inhibitors</b>		
ALECENSA CAPS 150MG	5	PA
ALUNBRIG TABS 30MG	5	QL(120 EA per 30 days); PA
ALUNBRIG TABS 180MG, 90MG	5	QL(30 EA per 30 days); PA
ALUNBRIG TBPK 0	5	QL(60 EA per 365 days); PA
AUGTYRO CAPS 160MG, 40MG	5	PA
AYVAKIT TABS 100MG, 200MG, 25MG, 300MG, 50MG	5	QL(30 EA per 30 days); PA
BALVERSA TABS 3MG, 4MG, 5MG	5	PA
BOSULIF CAPS 100MG, 50MG	5	PA
BOSULIF TABS 100MG, 400MG, 500MG	5	PA
BRAFTOVI CAPS 75MG	5	PA
BRUKINSA CAPS 80MG	5	PA
CABOMETYX TABS 40MG, 60MG	5	PA
CABOMETYX TABS 20MG	5	QL(30 EA per 30 days); PA
CALQUENCE TABS 100MG	5	PA
CAPRELSA TABS 300MG	5	PA
CAPRELSA TABS 100MG	5	QL(60 EA per 30 days); PA
COMETRIQ KIT 0, 20MG	5	PA
COPIKTRA CAPS 15MG, 25MG	5	PA
COTELLIC TABS 20MG	5	PA
DANZITEN TABS 71MG, 95MG	5	PA
<i>dasatinib tabs 100mg, 140mg, 20mg, 50mg, 70mg, 80mg</i>	5	PA
DAURISMO TABS 100MG, 25MG	5	PA
ERIVEDGE CAPS 150MG	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
erlotinib hydrochloride tabs 150mg	4	PA
erlotinib hydrochloride tabs 100mg, 25mg	5	PA
everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg	5	QL(30 EA per 30 days); PA
everolimus tbs 2mg, 3mg, 5mg	5	PA
FOTIVDA CAPS 0.89MG, 1.34MG	5	PA
FRUZAQLA CAPS 1MG, 5MG	5	PA
GAVRETO CAPS 100MG	5	PA
gefitinib tabs 250mg	5	PA
GILOTrif TABS 20MG, 30MG, 40MG	5	QL(30 EA per 30 days); PA
GOMEKLI CAPS 1MG, 2MG	5	PA
GOMEKLI TBSO 1MG	5	PA
IBRANCE CAPS 100MG, 125MG, 75MG	5	PA
ICLUSIG TABS 30MG, 45MG	5	PA
ICLUSIG TABS 10MG, 15MG	5	QL(30 EA per 30 days); PA
IDHIFA TABS 100MG, 50MG	5	QL(30 EA per 30 days); PA
imatinib mesylate tabs 100mg	3	PA
imatinib mesylate tabs 400mg	5	PA
IMBRUVICA CAPS 140MG	5	QL(120 EA per 30 days); PA
IMBRUVICA CAPS 70MG	5	QL(28 EA per 28 days); PA
IMBRUVICA SUSP 70MG/ML	5	PA
IMBRUVICA TABS 420MG	5	PA
IMBRUVICA TABS 140MG, 280MG	5	QL(28 EA per 28 days); PA
IMKELDI SOLN 80MG/ML	5	PA
INLYTA TABS 1MG, 5MG	5	PA
INQOVI TABS 100MG; 35MG	5	PA
JAKAFI TABS 15MG, 20MG, 25MG, 5MG	5	PA
JAKAFI TABS 10MG	5	QL(60 EA per 30 days); PA
JAYPIRCA TABS 100MG	5	PA
JAYPIRCA TABS 50MG	5	QL(30 EA per 30 days); PA
KISQALI TBPK 200MG	5	PA
KOSELUGO CAPS 10MG, 25MG	5	PA
KRAZATI TABS 200MG	5	PA
lapatinib ditosylate tabs 250mg	5	PA
LENVIMA 10 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 12MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 14 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 18 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 20 MG DAILY DOSE CPPK 10MG	5	PA
LENVIMA 24 MG DAILY DOSE CPPK 0	5	PA
LENVIMA 4 MG DAILY DOSE CPPK 4MG	5	PA
LENVIMA 8 MG DAILY DOSE CPPK 4MG	5	PA
LORBRENA TABS 100MG, 25MG	5	PA
LUMAKRAS TABS 120MG, 240MG, 320MG	5	PA
LYNPARZA TABS 100MG, 150MG	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
LYTGOBI TBPK 4MG	5	PA
MEKINIST SOLR 0.05MG/ML	5	PA
MEKINIST TABS 0.5MG, 2MG	5	PA
MEKTOVI TABS 15MG	5	PA
NERLYNX TABS 40MG	5	QL(180 EA per 30 days); PA
<i>nilotinib hydrochloride caps 150mg, 200mg, 50mg</i>	5	PA
NINLARO CAPS 2.3MG, 3MG, 4MG	5	PA
ODOMZO CAPS 200MG	5	PA
OJJAARA TABS 100MG, 200MG	5	PA
OJJAARA TABS 150MG	5	QL(30 EA per 30 days); PA
<i>pazopanib hydrochloride tabs 200mg</i>	5	PA
PEMAZYRE TABS 13.5MG, 4.5MG, 9MG	5	QL(30 EA per 30 days); PA
PIQRAY 200MG DAILY DOSE TBPK 200MG	5	PA
PIQRAY 250MG DAILY DOSE TBPK 0	5	PA
PIQRAY 300MG DAILY DOSE TBPK 150MG	5	PA
QINLOCK TABS 50MG	5	PA
RETEVMO TABS 120MG, 160MG	5	PA
RETEVMO TABS 80MG	5	QL(60 EA per 30 days); PA
RETEVMO TABS 40MG	5	QL(90 EA per 30 days); PA
REZLIDHIA CAPS 150MG	5	PA
ROMVIMZA CAPS 14MG, 20MG, 30MG	5	PA
ROZLYTREK CAPS 100MG, 200MG	5	PA
ROZLYTREK PACK 50MG	5	PA
RUBRACA TABS 250MG, 300MG	5	PA
RUBRACA TABS 200MG	5	QL(120 EA per 30 days); PA
RYDAPT CAPS 25MG	5	PA
SCEMBLIX TABS 100MG	5	QL(120 EA per 30 days); PA
SCEMBLIX TABS 40MG	5	QL(240 EA per 30 days); PA
SCEMBLIX TABS 20MG	5	QL(60 EA per 30 days); PA
<i>sorafenib tosylate tabs 200mg</i>	5	PA
STIVARGA TABS 40MG	5	PA
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	5	PA
TABRECTA TABS 150MG, 200MG	5	QL(120 EA per 30 days); PA
TAFINLAR CAPS 50MG, 75MG	5	PA
TAFINLAR TBSO 10MG	5	PA
TAGRISSO TABS 80MG	5	PA
TAGRISSO TABS 40MG	5	QL(30 EA per 30 days); PA
TALZENNA CAPS 0.1MG, 0.25MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	PA
TAZVERIK TABS 200MG	5	PA
TEPMETKO TABS 225MG	5	PA
TIBSOVO TABS 250MG	5	PA
<i>torpenz tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL(30 EA per 30 days); PA
TRUQAP TABS 160MG, 200MG	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
TUKYSA TABS 150MG, 50MG	5	PA
TURALIO CAPS 125MG	5	PA
VANFLYTA TABS 17.7MG, 26.5MG	5	PA
VENCLEXTA STARTING PACK TBPK 0	5	PA
VENCLEXTA TABS 10MG	4	PA
VENCLEXTA TABS 100MG, 50MG	5	PA
VERZENIO TABS 100MG, 150MG, 200MG, 50MG	5	PA
VITRAKVI CAPS 100MG, 25MG	5	PA
VITRAKVI SOLN 20MG/ML	5	PA
VIZIMPRO TABS 15MG, 30MG, 45MG	5	PA
XALKORI CAPS 200MG, 250MG	5	PA
XALKORI CPSP 150MG, 20MG, 50MG	5	PA
XOSPATA TABS 40MG	5	PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20MG	5	PA
XPOVIO TBPK 10MG, 40MG, 50MG, 60MG	5	PA
ZEJULA TABS 200MG, 300MG	5	PA
ZEJULA TABS 100MG	5	QL(30 EA per 30 days); PA
ZELBORAF TABS 240MG	5	PA
ZYDELIG TABS 100MG, 150MG	5	PA
ZYKADIA TABS 150MG	5	PA
<b>Retinoids</b>		
bexarotene caps 75mg	5	PA
bexarotene gel 1%	5	PA
PANRETIN GEL 0.1%	5	
tretinoin caps 10mg	5	
<b>Treatment Adjuncts</b>		
mesna tabs 400mg	5	
VORANIGO TABS 40MG	5	PA
VORANIGO TABS 10MG	5	QL(60 EA per 30 days); PA
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole tabs 200mg	4	
ivermectin tabs 3mg, 6mg	2	PA
praziquantel tabs 600mg	4	
<b>Antiprotozoals</b>		
atovaquone/proguanil hcl tabs 62.5mg; 25mg	4	
atovaquone/proguanil hydrochloride tabs 250mg; 100mg	4	
atovaquone susp 750mg/5ml	4	
chloroquine phosphate tabs 250mg, 500mg	4	
COARTEM TABS 20MG; 120MG	4	
hydroxychloroquine sulfate tabs 100mg, 200mg	2	
mefloquine hydrochloride tabs 250mg	2	
nitazoxanide tabs 500mg	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
pentamidine isethionate inj 300mg	4	
pentamidine isethionate inhalation solr 300mg	4	B/D
primaquine phosphate tabs 26.3mg	3	
pyrimethamine tabs 25mg	5	PA
quinine sulfate caps 324mg	4	PA
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate tabs 0.5mg, 1mg, 2mg	2	
trihexyphenidyl hydrochloride tabs 2mg, 5mg	4	
<b>Antiparkinson Agents, Other</b>		
amantadine hcl caps 100mg	2	
amantadine hcl soln 50mg/5ml	2	
entacapone tabs 200mg	4	
<b>Dopamine Agonists</b>		
bromocriptine mesylate caps 5mg	4	
bromocriptine mesylate tabs 2.5mg	4	
pramipexole dihydrochloride tabs 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	
ropinirole hcl tabs 0.5mg, 1mg, 2mg, 4mg, 5mg	2	
ropinirole hydrochloride tabs 0.25mg, 3mg	2	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>		
carbidopa/levodopa er tbcr 25mg; 100mg, 50mg; 200mg	3	
carbidopa/levodopa odt tbdp 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	4	
carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	
carbidopa tabs 25mg	4	
INBRIJA CAPS 42MG	5	PA
RYTARY CPCR 23.75MG; 95MG, 36.25MG; 145MG, 48.75MG; 195MG, 61.25MG; 245MG	4	ST
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline mesylate tabs 0.5mg, 1mg	4	
selegiline hcl caps 5mg	3	
selegiline hcl tabs 5mg	3	
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
chlorpromazine hydrochloride conc 100mg/ml, 30mg/ml	4	
chlorpromazine hydrochloride tabs 100mg, 10mg, 200mg, 25mg, 50mg	4	
fluphenazine decanoate inj 25mg/ml	4	
fluphenazine hcl conc 5mg/ml	4	
fluphenazine hydrochloride elix 2.5mg/5ml	4	
fluphenazine hydrochloride inj 2.5mg/ml	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>fluphenazine hydrochloride tabs 10mg, 1mg, 2.5mg, 5mg</i>	4	
<i>haloperidol decanoate inj 100mg/ml, 50mg/ml</i>	3	
<i>haloperidol lactate inj 5mg/ml</i>	2	
<i>haloperidol conc 2mg/ml</i>	2	
<i>haloperidol tabs 0.5mg, 10mg, 1mg, 2mg, 5mg</i>	2	
<i>haloperidol tabs 20mg</i>	3	
<i>loxapine caps 10mg, 25mg, 50mg, 5mg</i>	2	
<i>molindone hydrochloride tabs 10mg, 25mg, 5mg</i>	4	
<i>perphenazine tabs 2mg, 4mg</i>	3	
<i>perphenazine tabs 16mg, 8mg</i>	4	
<i>pimozide tabs 1mg, 2mg</i>	4	
<i>thioridazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	3	
<i>thiothixene caps 10mg, 1mg, 2mg, 5mg</i>	4	
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	3	
<i>trifluoperazine hydrochloride tabs 1mg</i>	3	
<b>2nd Generation/Atypical</b>		
ABILIFY MAINTENA INJ 300MG, 400MG	5	
<i>ariPIPRAZOLE odt tbdp 10mg, 15mg</i>	4	QL(60 EA per 30 days)
<i>ariPIPRAZOLE soln 1mg/ml</i>	4	QL(750 ML per 30 days)
<i>ariPIPRAZOLE tabs 10mg, 15mg, 20mg, 2mg, 30mg, 5mg</i>	2	QL(30 EA per 30 days)
ARISTADA INITIO INJ 675MG/2.4ML	5	
ARISTADA INJ 1064MG/3.9ML, 441MG/1.6ML, 662MG/2.4ML, 882MG/3.2ML	5	
<i>asenapine maleate sl subl 10mg, 2.5mg, 5mg</i>	4	QL(60 EA per 30 days)
CAPLYTA CAPS 10.5MG, 21MG, 42MG	5	QL(30 EA per 30 days); PA
FANAPT TITRATION PACK A TABS 0	4	QL(16 EA per 365 days); ST
FANAPT TABS 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL(60 EA per 30 days); ST
INVEGA HAFYERA INJ 1092MG/3.5ML, 1560MG/5ML	5	ST
INVEGA SUSTENNA INJ 39MG/0.25ML	4	
INVEGA SUSTENNA INJ 117MG/0.75ML, 156MG/ML, 234MG/1.5ML, 78MG/0.5ML	5	
INVEGA TRINZA INJ 273MG/0.88ML, 410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML	5	
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	4	QL(30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	4	QL(60 EA per 30 days)
LYBALVI TABS 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL(30 EA per 30 days); ST
NUPLAZID CAPS 34MG	5	PA
NUPLAZID TABS 10MG	5	PA
<i>olanzapine odt tbdp 10mg, 15mg, 20mg, 5mg</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>olanzapine inj 10mg</i>	4	
<i>olanzapine tabs 10mg, 15mg, 2.5mg, 20mg, 5mg, 7.5mg</i>	2	QL(30 EA per 30 days)
<i>OPIPZA FILM 2MG</i>	5	QL(30 EA per 30 days); PA
<i>OPIPZA FILM 10MG, 5MG</i>	5	QL(90 EA per 30 days); PA
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL(30 EA per 30 days)
<i>paliperidone er tb24 6mg</i>	4	QL(60 EA per 30 days)
<i>PERSERIS INJ 120MG, 90MG</i>	5	
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate er tb24 200mg</i>	2	QL(90 EA per 30 days)
<i>quetiapine fumarate er tb24 150mg</i>	3	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL(60 EA per 30 days)
<i>quetiapine fumarate tabs 100mg, 150mg, 200mg, 25mg, 50mg</i>	2	QL(90 EA per 30 days)
<i>REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG, 3MG, 4MG</i>	5	QL(30 EA per 30 days)
<i>risperidone er inj 12.5mg, 25mg</i>	4	
<i>risperidone er inj 37.5mg, 50mg</i>	5	
<i>risperidone odt tbdp 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	4	QL(60 EA per 30 days)
<i>risperidone soln 1mg/ml</i>	2	QL(240 ML per 30 days)
<i>risperidone tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg</i>	2	QL(60 EA per 30 days)
<i>SECUADO PT24 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR</i>	5	QL(30 EA per 30 days); ST
<i>VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG</i>	5	QL(30 EA per 30 days)
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	2	QL(60 EA per 30 days)
<i>ziprasidone mesylate inj 20mg</i>	4	QL(60 EA per 30 days)
<b>Treatment-Resistant</b>		
<i>clozapine odt tbdp 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine odt tbdp 150mg</i>	4	QL(180 EA per 30 days)
<i>clozapine odt tbdp 100mg, 25mg</i>	4	QL(270 EA per 30 days)
<i>clozapine odt tbdp 12.5mg</i>	4	QL(90 EA per 30 days)
<i>clozapine tabs 50mg</i>	3	QL(180 EA per 30 days)
<i>clozapine tabs 25mg</i>	3	QL(270 EA per 30 days)
<i>clozapine tabs 200mg</i>	4	QL(120 EA per 30 days)
<i>clozapine tabs 100mg</i>	4	QL(270 EA per 30 days)
<i>VERSACLOZ SUSP 50MG/ML</i>	5	QL(540 ML per 30 days)
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen tabs 10mg, 20mg, 5mg</i>	2	
<i>dantrolene sodium caps 100mg, 25mg</i>	4	
<i>tizanidine hcl tabs 2mg</i>	2	
<i>tizanidine hydrochloride tabs 4mg</i>	2	
<b>Antivirals</b>		
<b>Anti-cytomegalovirus (CMV) Agents</b>		

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
LIVTENCITY TABS 200MG	5	
PREVYMIS PACK 120MG, 20MG	5	
PREVYMIS TABS 240MG, 480MG	5	
<i>valganciclovir hydrochloride solr 50mg/ml</i>	5	
<i>valganciclovir tabs 450mg</i>	3	
<b>Anti-hepatitis B (HBV) Agents</b>		
<i>adefovir dipivoxil tabs 10mg</i>	4	
BARACLUDE SOLN 0.05MG/ML	5	QL(600 ML per 30 days)
<i>entecavir tabs 0.5mg, 1mg</i>	4	QL(30 EA per 30 days)
<i>lamivudine tabs 100mg</i>	3	
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET PACK 50MG; 20MG	5	QL(560 EA per 365 days); PA
MAVYRET TABS 100MG; 40MG	5	QL(336 EA per 365 days); PA
<i>ribavirin tabs 200mg</i>	3	
<i>sofosbuvir/velpatasvir tabs 400mg; 100mg</i>	5	QL(84 EA per 365 days); PA
VOSEVI TABS 400MG; 100MG; 100MG	5	QL(84 EA per 365 days); PA
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY TABS 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	QL(30 EA per 30 days)
DOVATO TABS 50MG; 300MG	5	QL(30 EA per 30 days)
GENVOYA TABS 150MG; 150MG; 200MG; 10MG	5	QL(30 EA per 30 days)
ISENTRESS HD TABS 600MG	5	QL(60 EA per 30 days)
ISENTRESS CHEW 25MG	3	QL(180 EA per 30 days)
ISENTRESS CHEW 100MG	5	QL(180 EA per 30 days)
ISENTRESS PACK 100MG	5	QL(60 EA per 30 days)
ISENTRESS TABS 400MG	5	QL(60 EA per 30 days)
JULUCA TABS 50MG; 25MG	5	QL(30 EA per 30 days)
STRIBILD TABS 150MG; 150MG; 200MG; 300MG	5	QL(30 EA per 30 days)
TIVICAY PD TBSO 5MG	4	QL(180 EA per 30 days)
TIVICAY TABS 50MG	5	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO TABS 100MG; 300MG; 300MG	5	QL(30 EA per 30 days)
EDURANT TABS 25MG	5	QL(30 EA per 30 days)
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate tabs 600mg; 200mg; 300mg</i>	3	QL(30 EA per 30 days)
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate tabs 400mg; 300mg; 300mg, 600mg; 300mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>efavirenz tabs 600mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/rilpivirine/tenofovir disoproxil fumarate tabs 200mg; 25mg; 300mg</i>	5	QL(30 EA per 30 days)
<i>etravirine tabs 100mg, 200mg</i>	5	QL(60 EA per 30 days)
INTELENCE TABS 25MG	4	QL(120 EA per 30 days)
<i>nevirapine er tb24 400mg</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>nevirapine susp 50mg/5ml</i>	4	QL(1200 ML per 30 days)
<i>nevirapine tabs 200mg</i>	2	QL(60 EA per 30 days)
<i>PIFELTRO TABS 100MG</i>	5	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
<i>abacavir sulfate/lamivudine tabs 600mg; 300mg</i>	4	QL(30 EA per 30 days)
<i>abacavir soln 20mg/ml</i>	4	QL(960 ML per 30 days)
<i>abacavir tabs 300mg</i>	3	QL(60 EA per 30 days)
<i>CIMDUO TABS 300MG; 300MG</i>	5	QL(30 EA per 30 days)
<i>DESCOVY TABS 120MG; 15MG, 200MG; 25MG</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 200mg; 300mg</i>	2	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil fumarate tabs 133mg; 200mg</i>	5	QL(30 EA per 30 days)
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	4	QL(30 EA per 30 days)
<i>emtricitabine caps 200mg</i>	4	QL(30 EA per 30 days)
<i>EMTRIVA SOLN 10MG/ML</i>	4	QL(850 ML per 30 days)
<i>lamivudine/zidovudine tabs 150mg; 300mg</i>	3	QL(60 EA per 30 days)
<i>lamivudine soln 10mg/ml</i>	3	QL(960 ML per 30 days)
<i>lamivudine tabs 150mg</i>	2	QL(60 EA per 30 days)
<i>lamivudine tabs 300mg</i>	3	QL(30 EA per 30 days)
<i>ODEFSEY TABS 200MG; 25MG; 25MG</i>	5	QL(30 EA per 30 days)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	4	QL(30 EA per 30 days)
<i>TRIUMEQ PD TBSO 60MG; 5MG; 30MG</i>	4	QL(180 EA per 30 days)
<i>TRIUMEQ TABS 600MG; 50MG; 300MG</i>	5	QL(30 EA per 30 days)
<i>VIREAD POWD 40MG/GM</i>	5	QL(240 GM per 30 days)
<i>VIREAD TABS 150MG, 200MG, 250MG</i>	5	QL(30 EA per 30 days)
<i>zidovudine caps 100mg</i>	4	QL(180 EA per 30 days)
<i>zidovudine syrp 50mg/5ml</i>	4	QL(1920 ML per 30 days)
<i>zidovudine tabs 300mg</i>	3	QL(60 EA per 30 days)
<b>Anti-HIV Agents, Other</b>		
<i>maraviroc tabs 300mg</i>	5	QL(120 EA per 30 days)
<i>maraviroc tabs 150mg</i>	5	QL(60 EA per 30 days)
<i>RUKOBIA TB12 600MG</i>	5	QL(60 EA per 30 days)
<i>SELZENTRY SOLN 20MG/ML</i>	5	
<i>SUNLENCA TABS 300MG</i>	5	QL(24 EA per 168 days)
<i>SUNLENCA TBPK 300MG X 5 TABLETS</i>	5	QL(10 EA per 365 days)
<i>SUNLENCA TBPK 300MG X 4 TABLETS</i>	5	QL(8 EA per 365 days)
<i>TYBOST TABS 150MG</i>	3	QL(30 EA per 30 days)
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>		
<i>APTIVUS CAPS 250MG</i>	5	QL(120 EA per 30 days)
<i>atazanavir sulfate caps 300mg</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
atazanavir caps 150mg	4	
atazanavir caps 200mg	4	QL(60 EA per 30 days)
darunavir tabs 800mg	4	QL(30 EA per 30 days)
darunavir tabs 600mg	4	QL(60 EA per 30 days)
EVOTAZ TABS 300MG; 150MG	5	QL(30 EA per 30 days)
fosamprenavir calcium tabs 700mg	5	QL(120 EA per 30 days)
KALETRA SOLN 400MG/5ML; 100MG/5ML	4	
lopinavir/ritonavir tabs 100mg; 25mg, 200mg; 50mg	4	
NORVIR PACK 100MG	4	QL(360 EA per 30 days)
PREZCOBIX TABS 150MG; 800MG	5	QL(30 EA per 30 days)
PREZISTA SUSP 100MG/ML	5	QL(400 ML per 30 days)
PREZISTA TABS 75MG	4	QL(300 EA per 30 days)
PREZISTA TABS 150MG	5	QL(180 EA per 30 days)
REYATAZ PACK 50MG	5	QL(180 EA per 30 days)
ritonavir tabs 100mg	3	QL(360 EA per 30 days)
SYMTUZA TABS 150MG; 800MG; 200MG; 10MG	5	QL(30 EA per 30 days)
VIRACEPT TABS 625MG	5	QL(120 EA per 30 days)
VIRACEPT TABS 250MG	5	QL(300 EA per 30 days)
<b>Anti-influenza Agents</b>		
oseltamivir phosphate caps 75mg	2	QL(110 EA per 365 days)
oseltamivir phosphate caps 30mg	2	QL(168 EA per 365 days)
oseltamivir phosphate caps 45mg	2	QL(84 EA per 365 days)
oseltamivir phosphate susr 6mg/ml	3	QL(1080 ML per 365 days)
XOFLUZA TBPK 40MG, 80MG	3	
<b>Antiherpetic Agents</b>		
acyclovir sodium inj 50mg/ml	4	B/D
acyclovir caps 200mg	2	
acyclovir susp 200mg/5ml	4	
acyclovir tabs 400mg, 800mg	2	
famciclovir tabs 125mg, 250mg, 500mg	3	
valacyclovir hydrochloride tabs 1gm, 500mg	3	QL(120 EA per 30 days)
<b>Antiviral, Coronavirus Agents</b>		
PAXLOVID TBPK (300MG-100MG DAY 1; 150MG-100MG DAYS 2-5)	3	QL(11 EA per 5 days)
PAXLOVID TBPK (150MG-100MG)	3	QL(20 EA per 5 days)
PAXLOVID TBPK (300MG-100MG)	3	QL(30 EA per 5 days)
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
buspirone hcl tabs 15mg	1	
buspirone hydrochloride tabs 10mg, 30mg, 5mg, 7.5mg	1	
<b>Benzodiazepines</b>		
alprazolam tabs 0.25mg, 0.5mg, 1mg	2	QL(120 EA per 30 days)
alprazolam tabs 2mg	2	QL(150 EA per 30 days)
clorazepate dipotassium tabs 15mg	4	QL(180 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>clorazepate dipotassium tabs 7.5mg</i>	4	QL(360 EA per 30 days)
<i>clorazepate dipotassium tabs 3.75mg</i>	4	QL(720 EA per 30 days)
<i>diazepam intensol conc 5mg/ml</i>	2	
<i>diazepam soln 5mg/5ml</i>	2	
<i>diazepam tabs 10mg</i>	2	QL(120 EA per 30 days)
<i>diazepam tabs 5mg</i>	2	QL(240 EA per 30 days)
<i>diazepam tabs 2mg</i>	2	QL(300 EA per 30 days)
<i>lorazepam intensol conc 2mg/ml</i>	3	
<i>lorazepam tabs 2mg</i>	2	QL(150 EA per 30 days)
<i>lorazepam tabs 0.5mg, 1mg</i>	2	QL(90 EA per 30 days)
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
<i>lithium carbonate er tbcr 300mg, 450mg</i>	2	
<i>lithium carbonate caps 150mg, 300mg</i>	1	
<i>lithium carbonate caps 600mg</i>	2	
<i>lithium carbonate tabs 300mg</i>	2	
<i>lithium soln 8meq/5ml</i>	4	
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose tabs 100mg, 25mg, 50mg</i>	2	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	6	
<i>glipizide er tb24 10mg, 2.5mg, 5mg</i>	6	
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glipizide tabs 10mg, 2.5mg, 5mg</i>	6	
<i>glyburide/metformin hydrochloride tabs 1.25mg; 250mg, 2.5mg; 500mg, 5mg; 500mg</i>	6	
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	6	
<i>GLYXAMBI TABS 10MG; 5MG, 25MG; 5MG</i>	3	
<i>JANUMET XR TB24 1000MG; 100MG, 1000MG; 50MG, 500MG; 50MG</i>	3	
<i>JANUMET TABS 1000MG; 50MG, 500MG; 50MG</i>	3	
<i>JANUVIA TABS 100MG, 25MG, 50MG</i>	3	QL(30 EA per 30 days)
<i>JENTADUETO XR TB24 2.5MG; 1000MG, 5MG; 1000MG</i>	3	
<i>JENTADUETO TABS 2.5MG; 1000MG, 2.5MG; 500MG</i>	3	
<i>metformin hydrochloride er tb24 500mg, 750mg</i>	6	
<i>metformin hydrochloride tabs 1000mg, 500mg, 850mg</i>	6	
<i>MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML</i>	3	QL(2 ML per 28 days); PA
<i>nateglinide tabs 120mg, 60mg</i>	6	
<i>OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML</i>	3	QL(3 ML per 28 days); PA
<i>pioglitazone hcl/metformin hcl tabs 500mg; 15mg, 850mg; 15mg</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>pioglitazone hcl tabs 45mg</i>	6	
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	6	
<i>repaglinide tabs 0.5mg, 1mg, 2mg</i>	6	
RYBELSUS TABS 14MG, 7MG	3	QL(30 EA per 30 days); PA
RYBELSUS TABS 3MG	3	QL(60 EA per 365 days); PA
SOLIQUA 100/33 INJ 100UNIT/ML; 33MCG/ML	3	
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 25MG; 1000MG, 5MG; 1000MG	3	
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG, 5MG; 500MG	3	
TRADJENTA TABS 5MG	3	QL(30 EA per 30 days)
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 12.5MG; 2.5MG; 1000MG, 25MG; 5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	
TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL(2 ML per 28 days); PA
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG, 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK POWD 3MG/DOSE	3	
<i>diazoxide susp 50mg/ml</i>	5	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJ 1MG	3	
GVOKE HYPOPEN 2-PACK INJ 0.5MG/0.1ML, 1MG/0.2ML	3	
GVOKE KIT INJ 1MG/0.2ML	3	
GVOKE PFS INJ 1MG/0.2ML	3	
<b>Insulins</b>		
FIASP FLEXTOUCH INJ 100UNIT/ML	3	
FIASP PENFILL INJ 100UNIT/ML	3	
FIASP INJ 100UNIT/ML	3	
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3	
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
HUMALOG MIX 50/50 KWIKPEN INJ 50UNIT/ML; 50UNIT/ML	3	
HUMALOG MIX 75/25 KWIKPEN INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG MIX 75/25 INJ 25UNIT/ML; 75UNIT/ML	3	
HUMALOG INJ 100UNIT/ML	3	
HUMULIN 70/30 KWIKPEN INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
HUMULIN N KWIKPEN INJ 100UNIT/ML	3	
HUMULIN N INJ 100UNIT/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 U-500 (CONCENTRATED) INJ 500UNIT/ML	3	
HUMULIN R U-500 KWIKPEN INJ 500UNIT/ML	3	
HUMULIN R INJ 100UNIT/ML	3	
<i>insulin lispro inj 100unit/ml</i>	3	
LANTUS SOLOSTAR INJ 100UNIT/ML	3	
LANTUS INJ 100UNIT/ML	3	
LYUMJEV KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3	
LYUMJEV INJ 100UNIT/ML	3	
NOVOLIN 70/30 FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLIN N FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN N INJ 100UNIT/ML	3	
NOVOLIN R FLEXPEN INJ 100UNIT/ML	3	
NOVOLIN R INJ 100UNIT/ML	3	
NOVOLOG FLEXPEN INJ 100UNIT/ML	3	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG MIX 70/30 INJ 30UNIT/ML; 70UNIT/ML	3	
NOVOLOG PENFILL INJ 100UNIT/ML	3	
NOVOLOG INJ 100UNIT/ML	3	
TOUJEO MAX SOLOSTAR INJ 300UNIT/ML	3	
TOUJEO SOLOSTAR INJ 300UNIT/ML	3	
TRESIBA FLEXTOUCH INJ 100UNIT/ML, 200UNIT/ML	3	
TRESIBA INJ 100UNIT/ML	3	
<b>Blood Products and Modifiers</b>		
<b>Anticoagulants</b>		
<i>dabigatran etexilate caps 110mg, 150mg, 75mg</i>	2	QL(60 EA per 30 days)
ELIQUIS STARTER PACK TBPK 5MG	3	QL(148 EA per 365 days)
ELIQUIS TABS 2.5MG	3	QL(60 EA per 30 days)
ELIQUIS TABS 5MG	3	QL(90 EA per 30 days)
<i>enoxaparin sodium inj 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	
<i>fondaparinux sodium inj 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	
<i>fondaparinux sodium inj 10mg/0.8ml</i>	5	
FRAGMIN INJ 2500UNIT/0.2ML	4	
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	5	
<i>heparin sodium inj 5000unit/ml</i>	3	
<i>jantoven tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</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 tabs 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg</i>	1	
XARELTO STARTER PACK TBPK 0	3	QL(102 EA per 365 days)
XARELTO SUSR 1MG/ML	3	QL(600 ML per 30 days)
XARELTO TABS 10MG, 20MG	3	QL(30 EA per 30 days)
XARELTO TABS 2.5MG	3	QL(360 EA per 30 days)
XARELTO TABS 15MG	3	QL(60 EA per 30 days)
<b>Blood Products and Modifiers, Other</b>		
<i>anagrelide hydrochloride caps 0.5mg, 1mg</i>	3	
<i>eltrombopag olamine pack 12.5mg, 25mg</i>	5	PA
<i>eltrombopag olamine tabs 12.5mg, 25mg, 50mg, 75mg</i>	5	PA
NEULASTA INJ 6MG/0.6ML	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 20000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 40000UNIT/ML	5	PA
UDENYCA INJ 6MG/0.6ML	5	PA
XOLREMDI CAPS 100MG	5	QL(120 EA per 30 days); PA
ZARXIO INJ 300MCG/0.5ML, 480MCG/0.8ML	5	
<b>Hemostasis Agents</b>		
<i>tranexamic acid tabs 650mg</i>	3	
<b>Platelet Modifying Agents</b>		
ASPIRIN/DIPYRIDAMOLE ER CP12 25MG; 200MG	4	
CABLIVI INJ 11MG	5	QL(30 EA per 30 days); PA
<i>cilostazol tabs 100mg, 50mg</i>	2	
<i>clopidogrel tabs 75mg</i>	1	
DOPTELET TABS 20MG	5	PA
<i>prasugrel hydrochloride tabs 10mg, 5mg</i>	2	
<i>ticagrelor tabs 60mg, 90mg</i>	3	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1	
<i>clonidine ptwk 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	3	
<i>droxidopa caps 100mg</i>	4	PA
<i>droxidopa caps 200mg, 300mg</i>	5	PA
<i>methyldopa tabs 250mg, 500mg</i>	4	
<i>midodrine hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	
<b>Alpha-adrenergic Blocking Agents</b>		
<i>prazosin hydrochloride caps 1mg, 2mg, 5mg</i>	2	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil tabs 16mg, 32mg, 4mg, 8mg</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
irbesartan tabs 150mg, 300mg, 75mg	6	
losartan potassium tabs 100mg, 25mg, 50mg	6	
olmesartan medoxomil tabs 20mg, 40mg, 5mg	6	
telmisartan tabs 20mg, 40mg, 80mg	6	
valsartan tabs 160mg, 320mg, 40mg, 80mg	6	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
benazepril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	6	
captopril tabs 100mg, 12.5mg, 25mg, 50mg	6	
enalapril maleate tabs 10mg, 2.5mg, 20mg, 5mg	6	
fosinopril sodium tabs 10mg, 20mg, 40mg	6	
lisinopril tabs 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	6	
moexipril hydrochloride tabs 15mg, 7.5mg	6	
perindopril erbumine tabs 2mg, 4mg, 8mg	6	
quinapril hydrochloride tabs 10mg, 20mg, 40mg, 5mg	6	
ramipril caps 1.25mg, 10mg, 2.5mg, 5mg	6	
trandolapril tabs 1mg, 2mg, 4mg	6	
<b>Antiarrhythmics</b>		
amiodarone hydrochloride tabs 200mg	2	
amiodarone hydrochloride tabs 100mg	4	
digoxin soln 0.05mg/ml	4	
digoxin tabs 125mcg, 250mcg	2	
dofetilide caps 125mcg, 250mcg, 500mcg	4	
flecainide acetate tabs 100mg, 150mg, 50mg	2	
mexiletine hydrochloride caps 150mg	3	
mexiletine hydrochloride caps 200mg, 250mg	4	
PACERONE TABS 200MG	2	
PACERONE TABS 100MG	4	
propafenone hcl tabs 150mg	2	
propafenone hydrochloride tabs 225mg, 300mg	2	
quinidine sulfate tabs 200mg, 300mg	4	
sotalol hcl tabs 120mg, 160mg, 240mg	2	
sotalol hydrochloride (af) tabs 120mg, 160mg, 80mg	2	
sotalol hydrochloride tabs 80mg	2	
<b>Beta-adrenergic Blocking Agents</b>		
acebutolol hydrochloride caps 200mg, 400mg	2	
atenolol tabs 100mg, 25mg, 50mg	1	
betaxolol hcl tabs 10mg, 20mg	4	
bisoprolol fumarate tabs 10mg, 5mg	2	
carvedilol tabs 12.5mg, 25mg, 3.125mg, 6.25mg	1	
labetalol hydrochloride tabs 100mg, 200mg, 300mg	2	
metoprolol succinate er tb24 100mg, 200mg, 25mg, 50mg	2	
metoprolol tartrate tabs 100mg, 25mg, 37.5mg, 50mg	1	
metoprolol tartrate tabs 75mg	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>nadolol tabs 20mg, 40mg, 80mg</i>	2	
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 20mg, 5mg</i>	4	
<i>pindolol tabs 10mg, 5mg</i>	3	
<i>propranolol hcl tabs 40mg</i>	2	
<i>propranolol hydrochloride er cp24 120mg, 160mg, 60mg, 80mg</i>	2	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	2	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>		
<i>amlodipine besylate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>felodipine er tb24 10mg, 2.5mg, 5mg</i>	2	
<i>nifedipine er tb24 30mg, 60mg, 90mg</i>	2	
<i>nimodipine caps 30mg</i>	4	
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>		
<i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i>	2	
<i>dilt-xr cp24 120mg, 180mg, 240mg</i>	2	
<i>diltiazem hcl er cp24 420mg</i>	2	
<i>diltiazem hcl tabs 30mg, 60mg</i>	2	
<i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>diltiazem hydrochloride er tb24 240mg, 300mg, 360mg</i>	4	
<i>diltiazem hydrochloride tabs 120mg, 90mg</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	
<i>verapamil hcl er tbcr 120mg</i>	2	
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg, 360mg</i>	4	
<i>verapamil hcl tabs 40mg, 80mg</i>	2	
<i>verapamil hydrochloride er tbcr 180mg, 240mg</i>	2	
<i>verapamil hydrochloride tabs 120mg</i>	2	
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren tabs 150mg, 300mg</i>	6	
<i>amiloride/hydrochlorothiazide tabs 5mg; 50mg</i>	2	
<i>amlodipine besylate/benazepril hydrochloride caps 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg</i>	6	
<i>amlodipine besylate/valsartan tabs 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg</i>	6	
<i>atenolol/chlorthalidone tabs 100mg; 25mg, 50mg; 25mg</i>	2	
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg</i>	6	
<i>bisoprolol fumarate/hydrochlorothiazide tabs 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg</i>	2	
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg, 32mg; 12.5mg, 32mg; 25mg</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
enalapril maleate/hydrochlorothiazide tabs 10mg; 25mg, 5mg; 12.5mg	6	
ENTRESTO CPSP 15MG; 16MG, 6MG; 6MG	3	QL(240 EA per 30 days)
ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG	3	QL(60 EA per 30 days)
fosinopril sodium/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg	6	
irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg, 12.5mg; 300mg	6	
ivabradine hydrochloride tabs 5mg, 7.5mg	4	QL(60 EA per 30 days)
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
losartan potassium/hydrochlorothiazide tabs 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	6	
metyrosine caps 250mg	5	PA
olmesartan medoxomil/hydrochlorothiazide tabs 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	6	
pentoxifylline er tbcr 400mg	2	
quinapril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6	
ranolazine er tb12 1000mg, 500mg	4	
spironolactone/hydrochlorothiazide tabs 25mg; 25mg	2	
telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 12.5mg; 80mg, 25mg; 80mg	6	
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1	
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg	1	
valsartan/hydrochlorothiazide tabs 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	6	
VYNDAMAX CAPS 61MG	5	QL(30 EA per 30 days); PA
<b>Diuretics, Loop</b>		
bumetanide inj 0.25mg/ml	2	
bumetanide tabs 0.5mg, 1mg, 2mg	2	
furosemide inj 10mg/ml	2	
furosemide oral soln 10mg/ml, 40mg/5ml	1	
furosemide tabs 20mg, 40mg, 80mg	1	
torsemide tabs 100mg, 10mg, 20mg, 5mg	2	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl tabs 5mg	2	
triamterene caps 100mg, 50mg	4	
<b>Diuretics, Thiazide</b>		
chlorthalidone tabs 25mg, 50mg	2	
hydrochlorothiazide caps 12.5mg	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
hydrochlorothiazide tabs 12.5mg, 25mg, 50mg	1	
indapamide tabs 1.25mg, 2.5mg	2	
metolazone tabs 10mg, 2.5mg, 5mg	2	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized caps 134mg, 200mg, 67mg	2	
fenofibrate tabs 145mg, 160mg, 48mg, 54mg	2	
fenofibric acid dr cpdr 135mg, 45mg	2	
gemfibrozil tabs 600mg	2	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	6	
fluvastatin sodium er tb24 80mg	4	
fluvastatin caps 20mg, 40mg	4	
lovastatin tabs 10mg, 20mg, 40mg	6	
pitavastatin calcium tabs 1mg, 2mg, 4mg	4	
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	6	
rosuvastatin calcium tabs 10mg, 20mg, 40mg, 5mg	6	
simvastatin tabs 10mg, 20mg, 40mg, 5mg, 80mg	6	
<b>Dyslipidemics, Other</b>		
cholestyramine light pack 4gm	4	
cholestyramine pack 4gm	4	
colestipol hydrochloride tabs 1gm	3	
ezetimibe/simvastatin tabs 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	6	
ezetimibe tabs 10mg	2	
icosapent ethyl caps 0.5gm, 1gm	4	
NEXLETOL TABS 180MG	4	QL(30 EA per 30 days); PA
NEXLIZET TABS 180MG; 10MG	4	QL(30 EA per 30 days); PA
niacin er tbcr 1000mg, 500mg, 750mg	4	
omega-3-acid ethyl esters caps 375mg; 465mg; 1gm	4	
PRALUENT INJ 150MG/ML, 75MG/ML	3	QL(2 ML per 28 days); PA
prevalite pack 4gm	4	
REPATHA PUSHTRONEX SYSTEM INJ 420MG/3.5ML	3	QL(7 ML per 28 days); PA
REPATHA SURECLICK INJ 140MG/ML	3	QL(3 ML per 28 days); PA
REPATHA INJ 140MG/ML	3	QL(3 ML per 28 days); PA
TRYNGOLZA INJ 80MG/0.8ML	5	QL(0.8 ML per 28 days); PA
<b>Mineralocorticoid Receptor Antagonists</b>		
eplerenone tabs 25mg, 50mg	2	
KERENDIA TABS 10MG, 20MG	4	QL(30 EA per 30 days); PA
spironolactone tabs 100mg, 25mg, 50mg	2	
<b>Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)</b>		
dapagliflozin propanediol tabs 10mg, 5mg	3	QL(30 EA per 30 days)
FARXIGA TABS 10MG, 5MG	3	QL(30 EA per 30 days)
JARDIANCE TABS 10MG, 25MG	3	QL(30 EA per 30 days)
<b>Vasodilators, Direct-acting Arterial/Venous</b>		

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>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	
<i>isosorbide mononitrate er tb24 120mg, 30mg, 60mg</i>	2	
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	2	
<i>nitroglycerin transdermal pt24 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr</i>	2	
<i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i>	2	
VERQUVO TABS 10MG, 2.5MG, 5MG	3	QL(30 EA per 30 days); PA
<b>Vasodilators, Direct-acting Arterial</b>		
<i>hydralazine hydrochloride tabs 100mg, 10mg, 25mg, 50mg</i>	2	
<i>minoxidil tabs 10mg, 2.5mg</i>	2	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine/dextroamphetamine cp24 1.25mg; 1.25mg; 1.25mg, 2.5mg; 2.5mg; 2.5mg; 2.5mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 6.25mg; 6.25mg; 6.25mg; 6.25mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	4	QL(60 EA per 30 days)
<i>amphetamine/dextroamphetamine tabs 1.25mg; 1.25mg; 1.25mg; 1.875mg; 1.875mg; 1.875mg; 1.875mg, 2.5mg; 2.5mg; 2.5mg, 3.125mg; 3.125mg; 3.125mg; 3.125mg, 3.75mg; 3.75mg; 3.75mg; 3.75mg, 5mg; 5mg; 5mg; 5mg, 7.5mg; 7.5mg; 7.5mg; 7.5mg</i>	3	QL(90 EA per 30 days)
<i>dextroamphetamine sulfate tabs 10mg</i>	3	QL(180 EA per 30 days)
<i>dextroamphetamine sulfate tabs 5mg</i>	3	QL(90 EA per 30 days)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine caps 100mg, 18mg, 25mg, 40mg, 60mg, 80mg</i>	4	QL(30 EA per 30 days)
<i>atomoxetine caps 10mg</i>	4	QL(60 EA per 30 days)
<i>guanfacine hydrochloride er tb24 1mg, 2mg, 3mg, 4mg</i>	4	
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	
<i>methylphenidate hydrochloride tabs 10mg, 20mg, 5mg</i>	2	QL(90 EA per 30 days)
<b>Central Nervous System, Other</b>		
AUSTEDO XR PATIENT TITRATION KIT TEPK 0	5	QL(56 EA per 365 days); PA
AUSTEDO XR TB24 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG, 6MG	5	QL(30 EA per 30 days); PA
AUSTEDO TABS 12MG, 6MG, 9MG	5	QL(120 EA per 30 days); PA
<i>butalbital/acetaminophen/caffeine tabs 325mg; 50mg; 40mg</i>	3	
COBENFY STARTER PACK CPPK 20MG; 0	5	QL(112 EA per 365 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
COBENFY CAPS 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL(60 EA per 30 days); PA
INGREZZA CAPS 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CAPS 40MG	5	QL(60 EA per 30 days); PA
INGREZZA CPPK 0	5	QL(56 EA per 365 days); PA
INGREZZA CPSP 60MG, 80MG	5	QL(30 EA per 30 days); PA
INGREZZA CPSP 40MG	5	QL(60 EA per 30 days); PA
NUEDEXTA CAPS 20MG; 10MG	5	PA
<i>riluzole tabs 50mg</i>	4	
<i>tetrabenazine tabs 12.5mg</i>	4	PA
<i>tetrabenazine tabs 25mg</i>	5	PA
VEOZAH TABS 45MG	4	QL(30 EA per 30 days); PA
<b>Fibromyalgia Agents</b>		
SAVELLA TITRATION PACK MISC 0	3	QL(110 EA per 365 days)
SAVELLA TABS 100MG, 12.5MG, 25MG, 50MG	3	QL(60 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
AVONEX INJ 30MCG/0.5ML	5	QL(4 EA per 28 days); PA
BETASERON INJ 0.3MG	5	QL(15 EA per 30 days); PA
<i>dalfampridine er tb12 10mg</i>	3	QL(60 EA per 30 days); PA
<i>dimethyl fumarate starterpack cdpk 0</i>	4	QL(120 EA per 365 days); PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	4	QL(60 EA per 30 days); PA
<i>fingolimod hydrochloride caps 0.5mg</i>	5	QL(30 EA per 30 days); PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL(12 ML per 28 days); PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL(30 ML per 30 days); PA
KESIMPTA INJ 20MG/0.4ML	5	QL(0.4 ML per 28 days); PA
MAYZENT STARTER PACK TBPK 0.25MG X 7 TABLETS	4	QL(14 EA per 365 days); PA
MAYZENT STARTER PACK TBPK 0.25MG X 12 TABLETS	5	QL(24 EA per 365 days); PA
MAYZENT TABS 0.25MG	5	QL(120 EA per 30 days); PA
MAYZENT TABS 1MG, 2MG	5	QL(30 EA per 30 days); PA
REBIF REBIDOSE TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA
REBIF REBIDOSE INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
REBIF TITRATION PACK INJ 0	5	QL(8.4 ML per 365 days); PA
REBIF INJ 22MCG/0.5ML, 44MCG/0.5ML	5	QL(6 ML per 28 days); PA
VUMERTY CPDR 231MG	5	QL(120 EA per 30 days); PA
<b>Dental and Oral Agents</b>		
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>doxycycline hyclate tabs 20mg</i>	3	
<i>kourzeq pste 0.1%</i>	3	
<i>lidocaine hydrochloride viscous soln 2%</i>	2	
PERIOGARD SOLN 0.12%	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
pilocarpine hydrochloride tabs 5mg, 7.5mg	4	
triamcinolone acetonide dental paste pste 0.1%	3	
<b>Dermatological Agents</b>		
<b>Acne and Rosacea Agents</b>		
acitretin caps 10mg, 17.5mg, 25mg	4	
amnesteem caps 10mg, 20mg, 30mg, 40mg	4	
azelaic acid gel 15%	4	QL(100 GM per 30 days)
claravis caps 10mg, 20mg, 30mg, 40mg	4	
erythromycin/benzoyl peroxide gel 5%; 3%	4	
FINACEA FOAM 15%	4	QL(50 GM per 30 days)
isotretinoin caps 10mg, 20mg, 30mg, 40mg	4	
metronidazole crea 0.75%	2	
metronidazole gel 0.75%	3	
metronidazole gel 1%	4	
tazarotene crea 0.1%	4	QL(60 GM per 30 days)
tretinoiin crea 0.025%, 0.05%	4	PA
zenatane caps 10mg, 20mg, 30mg, 40mg	4	
<b>Dermatitis and Pruritus Agents</b>		
ADBRY INJ 150MG/ML	5	QL(6 ML per 28 days); PA
ADBRY INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
alclometasone dipropionate crea 0.05%	2	
alclometasone dipropionate oint 0.05%	2	
ammonium lactate crea 12%	2	
ammonium lactate lotn 12%	2	
betamethasone dipropionate augmented crea 0.05%	2	
betamethasone dipropionate augmented gel 0.05%	4	
betamethasone dipropionate augmented oint 0.05%	4	
betamethasone dipropionate crea 0.05%	3	
betamethasone dipropionate lotn 0.05%	3	
betamethasone dipropionate oint 0.05%	4	
betamethasone valerate crea 0.1%	3	
betamethasone valerate lotn 0.1%	3	
betamethasone valerate oint 0.1%	3	
clobetasol propionate e crea 0.05%	4	
clobetasol propionate crea 0.05%	2	
clobetasol propionate gel 0.05%	4	
clobetasol propionate oint 0.05%	2	
clobetasol propionate soln 0.05%	4	
desonide crea 0.05%	3	
desonide oint 0.05%	2	QL(120 GM per 30 days)
desoximetasone crea 0.25%	3	QL(100 GM per 30 days)
desoximetasone oint 0.25%	3	
EUCRISA OINT 2%	4	PA
fluocinolone acetonide crea 0.01%, 0.025%	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
fluocinolone acetonide oint 0.025%	3	
fluocinolone acetonide soln 0.01%	4	
fluocinonide crea 0.1%	2	QL(120 GM per 30 days)
fluocinonide crea 0.05%	2	QL(60 GM per 30 days)
fluocinonide gel 0.05%	2	QL(60 GM per 30 days)
fluocinonide oint 0.05%	2	QL(60 GM per 30 days)
fluocinonide soln 0.05%	2	QL(60 ML per 30 days)
fluticasone propionate crea 0.05%	2	
fluticasone propionate oint 0.005%	2	
halobetasol propionate crea 0.05%	4	
halobetasol propionate oint 0.05%	4	
hydrocortisone valerate crea 0.2%	3	QL(60 GM per 30 days)
hydrocortisone crea 1%	2	
hydrocortisone lotn 2.5%	2	
hydrocortisone oint 2.5%	2	
hydrocortisone oint 1%	2	QL(100 GM per 30 days)
mometasone furoate crea 0.1%	2	
mometasone furoate oint 0.1%	2	
mometasone furoate soln 0.1%	2	
pimecrolimus crea 1%	4	
selenium sulfide lotn 2.5%	2	
SPEVIGO INJ 150MG/ML	5	QL(4 ML per 28 days); PA
tacrolimus oint 0.03%, 0.1%	4	
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	2	
triamcinolone acetonide lotn 0.1%	2	
triamcinolone acetonide lotn 0.025%	3	
triamcinolone acetonide oint 0.025%, 0.1%, 0.5%	2	
triderm crea 0.5%	2	
<b>Dermatological Agents, Other</b>		
calcipotriene crea 0.005%	4	QL(120 GM per 30 days)
calcipotriene oint 0.005%	4	QL(120 GM per 30 days)
calcipotriene soln 0.005%	3	QL(60 ML per 30 days)
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2	QL(90 GM per 30 days)
diclofenac sodium gel 3%	4	QL(300 GM per 30 days); ST
fluorouracil crea 5%	4	QL(40 GM per 30 days)
fluorouracil soln 2%, 5%	3	
imiquimod crea 5%	3	QL(48 EA per 30 days)
nystatin/triamcinolone acetonide oint 100000unit/gm; 0.1%	2	
nystatin/triamcinolone crea 100000unit/gm; 1mg/gm	3	
OTEZLA TABS 20MG, 30MG	5	QL(60 EA per 30 days); PA
podofilox soln 0.5%	3	
SANTYL OINT 250UNIT/GM	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>silver sulfadiazine crea 1%</i>	2	
<i>ssd crea 1%</i>	2	
<b>Pediculicides/Scabicides</b>		
<i>malathion lotn 0.5%</i>	4	
<i>permethrin crea 5%</i>	3	
<b>Topical Anti-infectives</b>		
<i>acyclovir oint 5%</i>	4	QL(60 GM per 30 days)
<i>ciclopirox nail lacquer soln 8%</i>	2	PA
<i>ciclopirox olamine crea 0.77%</i>	2	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox sham 1%</i>	3	
<i>ciclopirox susp 0.77%</i>	3	
<i>clindamycin phosphate external soln 1%</i>	3	QL(60 ML per 30 days)
<i>ery pads 2%</i>	3	
<i>erythromycin gel 2%</i>	3	
<i>erythromycin soln 2%</i>	2	
<i>mupirocin crea 2%</i>	3	
<i>mupirocin oint 2%</i>	2	QL(110 GM per 30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
<i>carglumic acid tbso 200mg</i>	5	
<i>dextrose 5%/sodium chloride 0.45% inj 5%; 0.45%</i>	4	
<i>dextrose 5%/sodium chloride 0.9% inj 5%; 0.9%</i>	4	
<i>dextrose 5% inj 5%</i>	2	
<i>klor-con 10 tbcr 10meq</i>	2	
<i>klor-con 8 tbcr 8meq</i>	2	
<i>klor-con m10 tbcr 10meq</i>	2	
<i>klor-con m15 tbcr 15meq</i>	3	
<i>klor-con m20 tbcr 20meq</i>	2	
<i>magnesium sulfate inj 50%</i>	3	
<i>PLENAMINE INJ 147.4MEQ/L; 2.17GM/100ML; 1.47GM/100ML; 434MG/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 749MG/100ML; 1.04GM/100ML; 1.18GM/100ML; 749MG/100ML; 1.04GM/100ML; 894MG/100ML; 592MG/100ML; 749MG/100ML; 250MG/100ML; 39MG/100ML; 960MG/100ML</i>	4	B/D
<i>potassium chloride er cpcr 10meq, 8meq</i>	2	
<i>potassium chloride er tbcr 10meq, 15meq, 20meq, 8meq</i>	2	
<i>potassium chloride er tbcr 15meq</i>	3	
<i>potassium chloride inj 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	2	
<i>potassium chloride oral soln 10%</i>	4	
<i>potassium citrate er tbcr 1080mg, 15meq, 540mg</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
sodium chloride 0.45% inj 0.45%	3	
sodium chloride inj 0.9%	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET CAPS 100MG	5	
deferasirox pack 180mg, 360mg, 90mg	5	PA
deferasirox tabs 90mg	3	PA
deferasirox tabs 180mg, 360mg	4	PA
deferasirox tbso 125mg, 250mg	4	PA
deferasirox tbso 500mg	5	PA
JYNARQUE TABS 15MG, 30MG	5	QL(120 EA per 30 days); PA
penicillamine tabs 250mg	5	
trientine hydrochloride caps 250mg	5	PA
<b>Potassium Binders</b>		
KIONEX SUSP 15GM/60ML	3	
LOKELMA PACK 10GM, 5GM	4	QL(90 EA per 30 days)
sodium polystyrene sulfonate powd 0	3	
sps susp 15gm/60ml	3	
VELTASSA PACK 16.8GM, 1GM, 25.2GM, 8.4GM	4	
<b>Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	2	ED
folic acid oral tablet 1 mg	2	ED; QL (30 EA per 30 days)
prenatal oral tablet 27-1 mg	2	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	2	ED
<b>Gastrointestinal Agents</b>		
<b>Anti-Constipation Agents</b>		
constulose soln 10gm/15ml	2	
enulose soln 10gm/15ml	2	
generlac soln 10gm/15ml	2	
lactulose soln 10gm/15ml	2	
LINZESS CAPS 145MCG, 290MCG, 72MCG	3	QL(30 EA per 30 days)
lubiprostone caps 24mcg, 8mcg	4	QL(60 EA per 30 days)
prucalopride tabs 1mg, 2mg	3	QL(30 EA per 30 days)
RELISTOR INJ 8MG/0.4ML	5	QL(12 ML per 30 days); ST
RELISTOR INJ 12MG/0.6ML	5	QL(18 ML per 30 days); ST
RELISTOR TABS 150MG	5	QL(90 EA per 30 days); ST
<b>Anti-Diarrheal Agents</b>		
alosetron hydrochloride tabs 0.5mg	4	PA
alosetron hydrochloride tabs 1mg	5	PA
diphenoxylate hydrochloride/atropine sulfate tabs 0.025mg; 2.5mg	3	
loperamide hydrochloride caps 2mg	2	
XERMELO TABS 250MG	5	QL(90 EA per 30 days); PA
<b>Antispasmodics, Gastrointestinal</b>		
dicyclomine hydrochloride caps 10mg	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>dicyclomine hydrochloride tabs 20mg</i>	2	
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	PA
<b>Gastrointestinal Agents, Other</b>		
CLENPIQ SOLN 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	
CTEXLI TABS 250MG	5	PA
<i>gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm</i>	2	
<i>gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
LIVMARLI SOLN 19MG/ML	5	QL(60 ML per 30 days); PA
LIVMARLI SOLN 9.5MG/ML	5	QL(90 ML per 30 days); PA
LIVMARLI TABS 30MG	5	QL(30 EA per 30 days); PA
LIVMARLI TABS 10MG, 15MG, 20MG	5	QL(60 EA per 30 days); PA
<i>metoclopramide hcl soln 5mg/5ml</i>	2	
<i>metoclopramide hydrochloride tabs 10mg, 5mg</i>	1	
NITROGLYCERIN OINT 0.4%	4	
<i>peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl solr 420gm; 1.48gm; 5.72gm; 11.2gm</i>	2	
<i>sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml</i>	3	
SUTAB TABS 225MG; 188MG; 1479MG	3	
<i>ursodiol tabs 250mg, 500mg</i>	3	
VOQUEZNA TABS 10MG	4	QL(30 EA per 30 days); PA
VOQUEZNA TABS 20MG	4	QL(60 EA per 30 days); PA
VOWST CAPS 0	5	PA
XIFAXAN TABS 200MG	4	PA
XIFAXAN TABS 550MG	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>famotidine tabs 20mg, 40mg</i>	2	
<i>nizatidine caps 150mg, 300mg</i>	4	
<b>Protectants</b>		
<i>misoprostol tabs 100mcg, 200mcg</i>	3	
<i>sucralfate tabs 1gm</i>	2	
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>lansoprazole cpdr 15mg, 30mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole dr cpdr 10mg</i>	2	QL(60 EA per 30 days)
<i>omeprazole cpdr 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>pantoprazole sodium tbec 20mg, 40mg</i>	2	QL(60 EA per 30 days)
<i>rabeprazole sodium tbec 20mg</i>	2	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
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
<i>betaine anhydrous powd 0</i>	5	
CERDELGA CAPS 84MG	5	PA
CHOLBAM CAPS 250MG, 50MG	5	PA
CREON CPEP 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	
<i>cromolyn sodium conc 100mg/5ml</i>	4	
CYSTAGON CAPS 150MG, 50MG	4	
EVRYSDI SOLR 0.75MG/ML	5	QL(240 ML per 30 days); PA
<i>l-glutamine pack 5gm</i>	5	PA
<i>miglustat caps 100mg</i>	5	PA
<i>nitisinone caps 10mg, 20mg, 2mg, 5mg</i>	5	
PROLASTIN-C INJ 1000MG/20ML	5	PA
PYRUKYND TAPER PACK TBPK 0, 5MG	5	QL(30 EA per 30 days); PA
PYRUKYND TABS 50MG	5	QL(120 EA per 30 days); PA
PYRUKYND TABS 20MG, 5MG	5	QL(60 EA per 30 days); PA
REVCOVI INJ 2.4MG/1.5ML	5	PA
<i>sapropterin dihydrochloride pack 100mg, 500mg</i>	5	PA
<i>sapropterin dihydrochloride tabs 100mg</i>	5	PA
<i>sodium phenylbutyrate powd 3gm/tsp</i>	5	
SUCRAID SOLN 8500UNIT/ML	5	PA
WELIREG TABS 40MG	5	PA
YARGESA CAPS 100MG	5	PA
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT, 14000UNIT; 3000UNIT; 10000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT, 84000UNIT; 20000UNIT; 63000UNIT	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
GEMTESA TABS 75MG	4	
MYRBETRIQ SRER 8MG/ML	3	
MYRBETRIQ TB24 25MG, 50MG	3	
<i>oxybutynin chloride er tb24 10mg, 15mg, 5mg</i>	2	
<i>oxybutynin chloride soln 5mg/5ml</i>	2	
<i>oxybutynin chloride tabs 5mg</i>	2	
<i>solifenacin succinate tabs 10mg, 5mg</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
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er tb24 10mg	2	
doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg	2	
dutasteride caps 0.5mg	2	
finasteride tabs 5mg	2	
tadalafil tabs 2.5mg, 5mg	3	QL(30 EA per 30 days); PA
tamsulosin hydrochloride caps 0.4mg	2	
terazosin hcl caps 10mg, 1mg, 5mg	2	
terazosin hydrochloride caps 2mg	2	
<b>Genitourinary Agents, Other</b>		
bethanechol chloride tabs 10mg, 25mg, 50mg, 5mg	3	
ELMIRON CAPS 100MG	4	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	ED; QL (6 EA per 30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
dexamethasone soln 0.5mg/5ml	3	
dexamethasone tabs 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	2	
fludrocortisone acetate tabs 0.1mg	2	
hydrocortisone tabs 10mg, 20mg, 5mg	2	
methylprednisolone dose pack tbpk 4mg	2	
methylprednisolone tabs 16mg, 32mg, 4mg, 8mg	2	
prednisolone sodium phosphate soln 25mg/5ml, 5mg/5ml	4	
prednisolone soln 15mg/5ml	2	
prednisone tabs 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	
prednisone tbpk 10mg, 5mg	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
desmopressin acetate soln 0.01%	4	
desmopressin acetate tabs 0.1mg, 0.2mg	3	
GENOTROPIN MINIQUICK INJ 0.2MG	4	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
GENOTROPIN INJ 12MG, 5MG	5	PA
INCRELEX INJ 40MG/4ML	5	PA
ISTURISA TABS 1MG	5	QL(240 EA per 30 days); PA
ISTURISA TABS 5MG	5	QL(360 EA per 30 days); PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		

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
<b>Androgens</b>		
<i>danazol caps 100mg, 200mg, 50mg</i>	4	
<i>testosterone cypionate inj 100mg/ml, 200mg/ml</i>	2	PA
<i>testosterone enanthate inj 200mg/ml</i>	3	PA
<i>testosterone pump gel 1%, 1.62%</i>	4	PA
<i>testosterone gel 25mg/2.5gm, 50mg/5gm</i>	4	PA
<b>Estrogens</b>		
<i>abigale lo tabs 0.5mg; 0.1mg</i>	4	
<i>altavera tabs 30mcg; 0.15mg</i>	3	
<i>alyacen 1/35 tabs 35mcg; 1mg</i>	3	
<i>ashlyna tabs 0; 0</i>	4	QL(91 EA per 91 days)
<i>aubra eq tabs 20mcg; 0.1mg</i>	3	
<i>aviane tabs 20mcg; 0.1mg</i>	3	
<i>azurette tabs 0; 0</i>	3	
<i>balziva tabs 35mcg; 0.4mg</i>	3	
<i>blisovi fe 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>briellyn tabs 35mcg; 0.4mg</i>	3	
<i>camrese lo tabs 0; 0</i>	4	QL(91 EA per 91 days)
<i>CLIMARA PRO PTWK 0.045MG/DAY; 0.015MG/DAY</i>	4	
<i>cryselle-28 tabs 30mcg; 0.3mg</i>	3	
<i>dolishale tabs 20mcg; 90mcg</i>	3	
<i>DOTTI PTTW 0.075MG/24HR, 0.1MG/24HR</i>	4	
<i>dotti pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr</i>	4	
<i>eluryng ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>enilloring ring 0.015mg/24hr; 0.12mg/24hr</i>	4	
<i>estarrylla tabs 35mcg; 0.25mg</i>	3	
<i>estradiol/norethindrone acetate tabs 0.5mg; 0.1mg, 1mg; 0.5mg</i>	4	
<i>estradiol crea 0.1mg/gm</i>	2	
<i>estradiol gel 0.06%, 0.25mg/0.25gm, 0.5mg/0.5gm, 0.75mg/0.75gm, 1.25mg/1.25gm, 1mg/gm</i>	4	
<i>estradiol pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr</i>	4	
<i>estradiol ptwk 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr</i>	3	
<i>estradiol oral tabs 0.5mg, 1mg, 2mg</i>	2	
<i>estradiol vaginal tabs 10mcg</i>	4	
<i>ESTRING RING 7.5MCG/24HR</i>	4	QL(1 EA per 90 days)
<i>etonogestrel/ethynodiol dihydrogen phosphate ring 0.015mg/24hr; 0.12mg/24hr</i>	3	
<i>falmina tabs 20mcg; 0.1mg</i>	3	
<i>feirza 1.5/30 tabs 30mcg; 75mg; 1.5mg</i>	3	
<i>feirza 1/20 tabs 20mcg; 75mg; 1mg</i>	3	
<i>fyavolv tabs 2.5mcg; 0.5mg, 5mcg; 1mg</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
haloette ring 0.015mg/24hr; 0.12mg/24hr	4	
iclevia tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
introvale tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
jaimiess tabs 0; 0	4	QL(91 EA per 91 days)
jinteli tabs 5mcg; 1mg	4	
junel 1.5/30 tabs 30mcg; 1.5mg	3	
junel 1/20 tabs 20mcg; 1mg	3	
junel fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
junel fe 1/20 tabs 20mcg; 75mg; 1mg	3	
kariva tabs 0; 0	3	
kelnor 1/35 tabs 35mcg; 1mg	3	
kelnor 1/50 tabs 50mcg; 1mg	3	
kurvelo tabs 0.03mg; 0.15mg	3	
larin 1.5/30 tabs 30mcg; 1.5mg	3	
larin 1/20 tabs 20mcg; 1mg	3	
larin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tabs 20mcg; 75mg; 1mg	3	
lessina tabs 20mcg; 0.1mg	3	
levonest tabs 0; 0	3	
levonorgestrel and ethynodiol dihydrogen phosphate tabs 20mcg; 90mcg	3	
levonorgestrel and ethynodiol dihydrogen phosphate tabs 0; 0	4	QL(91 EA per 91 days)
levonorgestrel/ethynodiol dihydrogen phosphate tabs 0.03mg; 0.15mg, 0; 0, 20mcg; 0.1mg	3	
levonorgestrel/ethynodiol dihydrogen phosphate tabs 0.03mg; 0.15mg	4	QL(91 EA per 91 days)
levora 0.15/30-28 tabs 0.03mg; 0.15mg	3	
lojaimiess tabs 0; 0	4	QL(91 EA per 91 days)
low-ogestrel tabs 30mcg; 0.3mg	3	
lutera tabs 20mcg; 0.1mg	3	
lyllana pttw 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	4	
marlissa tabs 0.03mg; 0.15mg	3	
microgestin 1.5/30 tabs 30mcg; 1.5mg	3	
microgestin 1/20 tabs 20mcg; 1mg	3	
microgestin fe 1.5/30 tabs 30mcg; 75mg; 1.5mg	3	
microgestin fe 1/20 tabs 20mcg; 75mg; 1mg	3	
milli tabs 35mcg; 0.25mg	3	
mimvey tabs 1mg; 0.5mg	4	
necon 0.5/35-28 tabs 35mcg; 0.5mg	3	
norelgestromin/ethynodiol dihydrogen phosphate ptwk 35mcg/24hr; 150mcg/24hr	4	
norethindrone acetate/ethynodiol dihydrogen phosphate tabs 20mcg; 1mg	3	
norethindrone acetate/ethynodiol dihydrogen phosphate tabs 2.5mcg; 0.5mg, 5mcg; 1mg	4	
norgestimate/ethynodiol dihydrogen phosphate tabs 0; 0, 35mcg; 0.25mg	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>nortrel 0.5/35 (28) tabs 35mcg; 0.5mg</i>	3	
<i>nortrel 1/35 tabs 35mcg; 1mg</i>	3	
<i>nortrel 7/7/7 tabs 35mcg; 0</i>	3	
<i>nylia 1/35 tabs 35mcg; 1mg</i>	3	
<i>nylia 7/7/7 tabs 35mcg; 0</i>	3	
<i>pimtrea tabs 0; 0</i>	3	
<i>portia-28 tabs 0.03mg; 0.15mg</i>	3	
<b>PREMARIN CREA 0.625MG/GM</b>	4	
<b>PREMARIN TABS 0.3MG, 0.45MG, 0.625MG, 0.9MG, 1.25MG</b>	4	
<b>PREMPHASE TABS 0.625MG; 5MG</b>	4	
<b>PREMPRO TABS 0.3MG; 1.5MG, 0.45MG; 1.5MG, 0.625MG; 2.5MG, 0.625MG; 5MG</b>	4	
<i>rivelsa tabs 0; 0</i>	4	QL(91 EA per 91 days)
<i>rosyrah tabs 0; 0</i>	4	QL(91 EA per 91 days)
<i>setlakin tabs 0.03mg; 0.15mg</i>	4	QL(91 EA per 91 days)
<i>sprintec 28 tabs 35mcg; 0.25mg</i>	3	
<i>sronyx tabs 20mcg; 0.1mg</i>	3	
<i>tarina fe 1/20 eq tabs 20mcg; 75mg; 1mg</i>	3	
<i>tri-estarrylla tabs 0; 0</i>	3	
<i>tri-mili tabs 0; 0</i>	3	
<i>tri-sprintec tabs 0; 0</i>	3	
<i>tri-vylibra tabs 0; 0</i>	3	
<i>turqoz tabs 30mcg; 0.3mg</i>	3	
<i>valtya 1/50 tabs 50mcg; 1mg</i>	3	
<i>vienva tabs 20mcg; 0.1mg</i>	3	
<i>vyfemla tabs 35mcg; 0.4mg</i>	3	
<i>vylibra tabs 35mcg; 0.25mg</i>	3	
<i>xulane ptwk 35mcg/24hr; 150mcg/24hr</i>	3	
<i>yuvafem tabs 10mcg</i>	4	
<i>zafemy ptwk 35mcg/24hr; 150mcg/24hr</i>	4	
<i>zovia 1/35 tabs 35mcg; 1mg</i>	3	
<b>Progestins</b>		
<i>camila tabs 0.35mg</i>	3	
<i>deblitane tabs 0.35mg</i>	3	
<b>DEPO-SUBQ PROVERA 104 INJ 104MG/0.65ML</b>	3	QL(0.65 ML per 90 days)
<i>errin tabs 0.35mg</i>	3	
<i>gallifrey tabs 5mg</i>	2	
<i>heather tabs 0.35mg</i>	3	
<i>incassia tabs 0.35mg</i>	3	
<b>LILETTA IUD 20.1MCG/DAY</b>	3	
<i>lyleq tabs 0.35mg</i>	3	
<i>lyza tabs 0.35mg</i>	3	
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	QL(1 ML per 90 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>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	1	
<i>megestrol acetate susp 40mg/ml</i>	3	
<i>megestrol acetate tabs 20mg, 40mg</i>	2	
<i>meleya tabs 0.35mg</i>	3	
<i>NEXPLANON INJ 68MG</i>	3	
<i>nora-be tabs 0.35mg</i>	3	
<i>norethindrone acetate tabs 5mg</i>	2	
<i>norethindrone tabs 0.35mg</i>	3	
<i>progesterone caps 100mg, 200mg</i>	2	
<i>sharobel tabs 0.35mg</i>	3	
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>OSPHENA TABS 60MG</i>	3	QL(30 EA per 30 days); PA
<i>raloxifene hydrochloride tabs 60mg</i>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	1	
<i>levoxyl tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 50mcg, 75mcg, 88mcg</i>	2	
<i>liothyronine sodium tabs 25mcg, 50mcg, 5mcg</i>	2	
<i>REZDIFFRA TABS 100MG, 60MG, 80MG</i>	5	QL(30 EA per 30 days); PA
<i>unithroid tabs 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg</i>	2	
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Adrenal or Pituitary)</b>		
<i>cabergoline tabs 0.5mg</i>	3	
<i>FIRMAGON INJ 80MG</i>	4	QL(1 EA per 28 days); PA
<i>FIRMAGON INJ 120MG/VIAL</i>	5	QL(4 EA per 365 days); PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	4	PA
<i>LUPRON DEPOT (1-MONTH) INJ 3.75MG, 7.5MG</i>	5	QL(1 EA per 28 days); PA
<i>LUPRON DEPOT (3-MONTH) INJ 11.25MG, 22.5MG</i>	5	QL(1 EA per 84 days); PA
<i>LUPRON DEPOT (4-MONTH) INJ 30MG</i>	5	QL(1 EA per 112 days); PA
<i>LUPRON DEPOT (6-MONTH) INJ 45MG</i>	5	QL(1 EA per 168 days); PA
<i>LUPRON DEPOT-PED (1-MONTH) INJ 7.5MG</i>	5	QL(1 EA per 28 days); PA
<i>LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG</i>	5	QL(1 EA per 84 days); PA
<i>mifepristone tabs 300mg</i>	5	QL(120 EA per 30 days); PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>ORGOVYX TABS 120MG</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
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	QL(60 ML per 30 days); PA
SOMAVERT INJ 10MG, 15MG, 20MG, 25MG, 30MG	5	PA
TRELSTAR MIXJECT INJ 22.5MG	4	QL(1 EA per 168 days); PA
TRELSTAR MIXJECT INJ 11.25MG	4	QL(1 EA per 84 days); PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole tabs 10mg, 5mg</i>	2	
<i>propylthiouracil tabs 50mg</i>	2	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
CINRYZE INJ 500UNIT	5	PA
<i>icatibant acetate inj 30mg/3ml</i>	5	PA
<b>Immunoglobulins</b>		
BIVIGAM INJ 5GM/50ML	5	PA
PRIVIGEN INJ 20GM/200ML	5	PA
<b>Immunological Agents, Other</b>		
BENLYSTA INJ 200MG/ML	5	PA
COSENTYX SENSOREADY PEN INJ 150MG/ML	5	QL(10 ML per 28 days); PA
COSENTYX UNOREADY INJ 300MG/2ML	5	QL(10 ML per 28 days); PA
COSENTYX INJ 150MG/ML, 75MG/0.5ML	5	QL(10 ML per 28 days); PA
DUPIXENT INJ 200MG/1.14ML	5	QL(4.56 ML per 28 days); PA
DUPIXENT INJ 300MG/2ML	5	QL(8 ML per 28 days); PA
EMPAVELI INJ 1080MG/20ML	5	PA
KINERET INJ 100MG/0.67ML	5	PA
ORENCIA CLICKJECT INJ 125MG/ML	5	QL(4 ML per 28 days); PA
ORENCIA INJ 50MG/0.4ML	5	QL(1.6 ML per 28 days); PA
ORENCIA INJ 87.5MG/0.7ML	5	QL(2.8 ML per 28 days); PA
ORENCIA INJ 125MG/ML	5	QL(4 ML per 28 days); PA
OTEZLA TBPK 0	5	QL(110 EA per 365 days); PA
RINVOQ LQ SOLN 1MG/ML	5	QL(360 ML per 30 days); PA
RINVOQ TB24 15MG, 30MG, 45MG	5	QL(30 EA per 30 days); PA
SKYRIZI PEN INJ 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJ 150MG/ML	5	QL(1 ML per 28 days); PA
SKYRIZI INJ 180MG/1.2ML	5	QL(1.2 ML per 56 days); PA
SKYRIZI INJ 360MG/2.4ML	5	QL(2.4 ML per 56 days); PA
STELARA INJ 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
STEQEYMA INJ 45MG/0.5ML	3	QL(3 ML per 84 days); PA
STEQEYMA INJ 90MG/ML	5	QL(3 ML per 84 days); PA
TAVNEOS CAPS 10MG	5	QL(180 EA per 30 days); PA
TYENNE INJ 162MG/0.9ML	5	QL(4 ML per 28 days); PA
USTEKINUMAB INJ 45MG/0.5ML, 90MG/ML	5	QL(3 ML per 84 days); PA
<i>ustekinumab inj 45mg/0.5ml</i>	5	QL(3 ML per 84 days); PA
<i>wezlana inj 45mg/0.5ml, 90mg/ml</i>	5	QL(3 ML per 84 days); PA
XELJANZ XR TB24 11MG, 22MG	5	QL(30 EA per 30 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN 1MG/ML	5	QL(300 ML per 30 days); PA
XELJANZ TABS 10MG, 5MG	5	QL(60 EA per 30 days); PA
XOLAIR INJ 75MG/0.5ML	5	QL(1 ML per 28 days); PA
XOLAIR INJ 150MG	5	QL(8 EA per 28 days); PA
XOLAIR INJ 150MG/ML, 300MG/2ML	5	QL(8 ML per 28 days); PA
<b>Immunostimulants</b>		
ACTIMMUNE INJ 100MCG/0.5ML	5	PA
BESREMI INJ 500MCG/ML	5	PA
PEGASYS INJ 180MCG/ML	5	PA
<b>Immunosuppressants</b>		
<i>adalimumab-aaty 1-pen kit inj 80mg/0.8ml</i>	5	QL(3 EA per 28 days); PA
<i>adalimumab-aaty 2-pen kit inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA
<i>adalimumab-aaty 2-syringe kit inj 20mg/0.2ml</i>	5	QL(2 EA per 28 days); PA
<i>adalimumab-aaty 2-syringe kit inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA
ADALIMUMAB-AATY CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL(3 EA per 28 days); PA
ADALIMUMAB-ADBM CROHNS/UC/HS STARTER INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA
ADALIMUMAB-ADBM INJ 10MG/0.2ML, 20MG/0.4ML	5	QL(2 EA per 28 days); PA
ADALIMUMAB-ADBM INJ 40MG/0.4ML, 40MG/0.8ML	5	QL(6 EA per 28 days); PA
<i>adalimumab-adbm inj 40mg/0.4ml</i>	5	QL(6 EA per 28 days); PA
<i>azathioprine tabs 50mg</i>	2	B/D
<i>cyclosporine modified caps 100mg, 25mg, 50mg</i>	4	B/D
<i>cyclosporine modified soln 100mg/ml</i>	4	B/D
<i>cyclosporine caps 100mg, 25mg</i>	4	B/D
ENBREL MINI INJ 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL SURECLICK INJ 50MG/ML	5	QL(8 ML per 28 days); PA
ENBREL INJ 25MG/0.5ML	5	QL(4 ML per 28 days); PA
ENBREL INJ 50MG/ML	5	QL(8 ML per 28 days); PA
ENVARSUS XR TB24 0.75MG, 1MG	4	B/D
ENVARSUS XR TB24 4MG	5	B/D
<i>everolimus tabs 0.25mg</i>	4	B/D
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D
<i>gengraf caps 100mg, 25mg</i>	4	B/D
HUMIRA PEN-CD/UC/HS STARTER INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA
HUMIRA PEN-PS/UV STARTER INJ 0	5	QL(6 EA per 365 days); PA
HUMIRA PEN INJ 80MG/0.8ML	5	QL(4 EA per 28 days); PA; Abbvie labeled products only

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
HUMIRA PEN INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA PEN INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL(2 EA per 28 days); PA; Abbvie labeled products only
HUMIRA INJ 40MG/0.8ML	5	QL(6 EA per 28 days); PA
HUMIRA INJ 40MG/0.4ML	5	QL(6 EA per 28 days); PA; Abbvie labeled products only
JYLAMVO SOLN 2MG/ML	4	PA
<i>leflunomide tabs 10mg, 20mg</i>	2	
<i>methotrexate sodium inj 50mg/2ml</i>	2	
<i>methotrexate sodium tabs 2.5mg</i>	2	
<i>methotrexate inj 50mg/2ml</i>	2	
<i>mycophenolate mofetil caps 250mg</i>	4	B/D
<i>mycophenolate mofetil susr 200mg/ml</i>	5	B/D
<i>mycophenolate mofetil tabs 500mg</i>	4	B/D
<i>mycophenolic acid dr tbec 180mg, 360mg</i>	4	B/D
PEGASYS INJ 180MCG/0.5ML	5	PA
PROGRAF PACK 0.2MG, 1MG	4	B/D
REZUROCK TABS 200MG	5	QL(60 EA per 30 days); PA
<i>sirolimus soln 1mg/ml</i>	4	B/D
<i>sirolimus tabs 0.5mg, 1mg, 2mg</i>	4	B/D
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D
XATMEP SOLN 2.5MG/ML	4	PA
<b>Vaccines</b>		
ABRYSVO INJ 120MCG/0.5ML	1	QL(1 EA per 252 days)
ACTHIB INJ 0	1	
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1	
AREXVY INJ 120MCG/0.5ML	1	QL(1 EA per 999 days)
<i>bcg vaccine inj 50mg</i>	1	
BEXSERO INJ 0.5ML	1	
BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	1	
DAPTACEL INJ 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
ENGERIX-B INJ 10MCG/0.5ML, 20MCG/ML	1	B/D
GARDASIL 9 INJ 0.5ML	1	
HAVRIX INJ 1440ELU/ML	1	
HAVRIX INJ 720ELU/0.5ML	3	
HEPLISAV-B INJ 20MCG/0.5ML	1	B/D
HIBERIX INJ 10MCG	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5UNIT/ML	1	B/D
INFANRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJ 0	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
IXCHIQ INJ 0	1	
IXIARO INJ 0	1	
JYNNEOS INJ 0.5ML	1	
KINRIX INJ 25LFU/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
M-M-R II INJ 0; 0; 0	1	
<i>menquadfi inj 0.5ml</i>	1	
MENVEO INJ 0	1	
MRESVIA INJ 50MCG/0.5ML	1	QL(0.5 ML per 999 days)
PEDIARIX INJ 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 0; 10LFU/0.5ML	3	
PEDVAX HIB INJ 7.5MCG/0.5ML	3	
PENBRAYA INJ 0; 0	1	
PENTACEL INJ 15LFU/0.5ML; 0; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
PRIORIX INJ 0; 0; 0	1	
PROQUAD INJ 0; 0; 0; 0	3	
QUADRACEL INJ 15LFU/0.5ML; 48MCG/0.5ML; 0; 5LFU/0.5ML	3	
RABAVERT INJ 0	1	B/D
RECOMBIVAX HB INJ 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	1	B/D
ROTARIX SUSP 0	3	
ROTAVERSE SOLN 0	3	
SHINGRIX INJ 50MCG/0.5ML	1	
TENIVAC INJ 2LFU; 5LFU	1	
TICOVAC INJ 2.4MCG/0.5ML	1	
TICOVAC INJ 1.2MCG/0.25ML	3	
TRUMENBA INJ 0.5ML	1	
TWINRIX INJ 720ELU/ML; 20MCG/ML	1	
TYPHIM VI INJ 25MCG/0.5ML	1	
VAQTA INJ 50UNIT/ML	1	
VAQTA INJ 25UNIT/0.5ML	3	
VARIVAX INJ 1350PFU/0.5ML	1	
VAXCHORA SUSR 0	1	
VIMKUNYA INJ 40MCG/0.8ML	1	
VIVOTIF CPDR 0	1	
YF-VAX INJ 0	1	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium caps 750mg</i>	4	
<i>mesalamine er cpcc 500mg</i>	4	
<i>mesalamine enem 4gm</i>	4	
<i>mesalamine supp 1000mg</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
sulfasalazine tabs 500mg	2	
sulfasalazine tbec 500mg	2	
<b>Glucocorticoids</b>		
budesonide er tb24 9mg	5	
budesonide cprep 3mg	4	
hydrocortisone crea 2.5%	2	
hydrocortisone enem 100mg/60ml	4	
procto-med hc crea 2.5%	2	
proctosol hc crea 2.5%	2	
protozone-hc crea 2.5%	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium tabs 10mg, 35mg	6	
alendronate sodium tabs 70mg	6	QL(4 EA per 28 days)
calcitonin-salmon soln 200unit/act	3	QL(3.7 ML per 30 days)
calcitriol caps 0.25mcg, 0.5mcg	2	
cinacalcet hydrochloride tabs 30mg, 60mg, 90mg	4	
FORTEO INJ 560MCG/2.24ML	5	PA
ibandronate sodium tabs 150mg	6	QL(1 EA per 28 days)
JUBBONTI INJ 60MG/ML	4	QL(2 ML per 365 days)
paricalcitol caps 1mcg, 2mcg, 4mcg	4	
RAYALDEE CPCR 30MCG	5	
risedronate sodium tabs 35mg	4	QL(4 EA per 28 days)
teriparatide inj 560mcg/2.24ml	5	PA
TYMLOS INJ 3120MCG/1.56ML	5	PA
WYOST INJ 120MG/1.7ML	5	PA
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ALCOHOL PREP PADS PADS 70%	1	
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	1	QL(200 EA per 30 days)
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	1	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 12.7MM MISC	1	QL(200 EA per 30 days)
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 8MM MISC	1	QL(200 EA per 30 days)
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 12.7MM MISC	1	QL(200 EA per 30 days)
CURITY GAUZE PADS 2"X2" 12 PLY PADS	1	
NUTRILIPID INJ 20GM/100ML	4	B/D
RIVFLOZA INJ 128MG/0.8ML	5	QL(0.8 ML per 28 days); PA
RIVFLOZA INJ 160MG/ML, 80MG/0.5ML	5	QL(1 ML per 28 days); PA
SKYCLARYS CAPS 50MG	5	QL(90 EA per 30 days); PA

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

Drug Name	Drug Tier	Requirements/Limits
sodium chloride 0.9% soln 0.9%	2	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents, Other</b>		
atropine sulfate soln 1%	3	
bacitracin/polymyxin b oint 500unit/gm; 10000unit/gm	2	
COMBIGAN SOLN 0.2%; 0.5%	3	
CYSTARAN SOLN 0.44%	5	QL(60 ML per 28 days)
dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml	2	
neo-polycin hc oint 400unit/gm; 1%; 3.5mg/gm; 10000unit/gm	3	
neo-polycin oint 400unit/gm; 3.5mg/gm; 10000unit/gm	3	
neomycin/bacitracin/polymyxin oint 400unit/gm; 5mg/gm; 10000unit/gm	3	
neomycin/polymyxin/bacitracin/hydrocortisone oint 400unit/gm; 1%; 0.5%; 10000unit/gm	3	
neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm	2	
neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml	2	
neomycin/polymyxin/gramicidin soln 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	
polycin oint 500unit/gm; 10000unit/gm	2	
polymyxin b sulfate(trimethoprim sulfate) soln 10000unit/ml; 0.1%	2	
RESTASIS MULTIDOSE EMUL 0.05%	3	
RESTASIS EMUL 0.05%	3	
ROCKLATAN SOLN 0.005%; 0.02%	3	QL(2.5 ML per 25 days)
SIMBRINZA SUSP 0.2%; 1%	3	
sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	2	
TOBRADEX ST SUSP 0.05%; 0.3%	4	
tobramycin/dexamethasone susp 0.1%; 0.3%	4	
XIIDRA SOLN 5%	4	QL(60 EA per 30 days)
ZYLET SUSP 0.5%; 0.3%	4	
<b>Ophthalmic Anti-allergy Agents</b>		
azelastine hcl soln 0.05%	2	
cromolyn sodium soln 4%	2	
<b>Ophthalmic Anti-Infectives</b>		
bacitracin oint 500unit/gm	4	
BESIVANCE SUSP 0.6%	4	
ciprofloxacin hydrochloride soln 0.3%	2	
erythromycin oint 5mg/gm	2	
gatifloxacin soln 0.5%	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>gentamicin sulfate ophthalmic soln 0.3%</i>	2	
<i>moxifloxacin hydrochloride soln 0.5%</i>	2	
<i>NATACYN SUSP 5%</i>	4	
<i>ofloxacin ophthalmic soln 0.3%</i>	2	
<i>sulfacetamide sodium oint 10%</i>	3	
<i>sulfacetamide sodium soln 10%</i>	2	
<i>tobramycin soln 0.3%</i>	2	
<i>trifluridine soln 1%</i>	4	
<i>XDEMVY SOLN 0.25%</i>	5	QL(10 ML per 42 days)
<i>ZIRGAN GEL 0.15%</i>	4	
<b>Ophthalmic Anti-inflammatories</b>		
<i>bromfenac sodium soln 0.07%</i>	4	QL(12 ML per 365 days)
<i>dexamethasone sodium phosphate soln 0.1%</i>	3	
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	
<i>FLAREX SUSP 0.1%</i>	3	
<i>flurbiprofen sodium soln 0.03%</i>	3	
<i>ketorolac tromethamine soln 0.5%</i>	2	
<i>LOTEMAX SM GEL 0.38%</i>	4	QL(20 GM per 365 days)
<i>prednisolone acetate susp 1%</i>	3	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl soln 0.5%</i>	4	
<i>carteolol hcl soln 1%</i>	2	
<i>levobunolol hcl soln 0.5%</i>	2	
<i>timolol maleate soln 0.25%, 0.5%</i>	1	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
<i>acetazolamide er cp12 500mg</i>	4	
<i>acetazolamide tabs 125mg, 250mg</i>	3	
<i>BRIMONIDINE TARTRATE SOLN 0.1%</i>	3	
<i>brimonidine tartrate soln 0.2%</i>	2	
<i>dorzolamide hydrochloride soln 2%</i>	2	
<i>pilocarpine hydrochloride soln 1%, 2%, 4%</i>	3	
<i>RHOPRESSA SOLN 0.02%</i>	3	QL(2.5 ML per 25 days)
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
<i>latanoprost soln 0.005%</i>	1	
<i>LUMIGAN SOLN 0.01%</i>	3	QL(2.5 ML per 25 days)
<i>VYZULTA SOLN 0.024%</i>	4	QL(5 ML per 25 days)
<b>Otic Agents</b>		
<b>Otic Agents</b>		
<i>acetic acid soln 2%</i>	2	
<i>neomycin/polymyxin/hc soln 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>neomycin/polymyxin/hydrocortisone susp 1%; 3.5mg/ml; 10000unit/ml</i>	3	
<i>ofloxacin otic soln 0.3%</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
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ARNUITY ELLIPTA AEPB 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL(30 EA per 30 days)
ASMANEX HFA AERO 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	4	QL(13 GM per 30 days)
ASMANEX TWISTHALER 120 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 30 METERED DOSES AEPB 110MCG/INH, 220MCG/INH	4	QL(1 EA per 30 days)
ASMANEX TWISTHALER 60 METERED DOSES AEPB 220MCG/INH	4	QL(1 EA per 30 days)
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	QL(120 ML per 30 days); B/D
<i>fluticasone propionate susp 50mcg/act</i>	2	
<i>mometasone furoate susp 50mcg/act</i>	4	QL(34 GM per 30 days)
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	3	QL(21.2 GM per 30 days)
<b>Antihistamines</b>		
<i>azelastine hydrochloride soln 0.1%</i>	2	QL(60 ML per 30 days)
<i>cetirizine hydrochloride soln 5mg/5ml</i>	2	
<i>cyproheptadine hydrochloride tabs 4mg</i>	4	
<i>hydroxyzine hcl tabs 50mg</i>	2	
<i>hydroxyzine hydrochloride syrup 10mg/5ml</i>	4	
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	2	
<i>hydroxyzine pamoate caps 100mg, 25mg, 50mg</i>	4	
<i>levocetirizine dihydrochloride tabs 5mg</i>	2	
<b>Antileukotrienes</b>		
<i>montelukast sodium chew 4mg, 5mg</i>	2	
<i>montelukast sodium pack 4mg</i>	4	
<i>montelukast sodium tabs 10mg</i>	2	
<i>zafirlukast tabs 10mg, 20mg</i>	4	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA AERS 17MCG/ACT	4	QL(25.8 GM per 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	3	QL(30 EA per 30 days)
<i>ipratropium bromide nasal soln 0.03%, 0.06%</i>	2	
<i>ipratropium bromide inhalation soln 0.02%</i>	2	QL(312.5 ML per 30 days); B/D
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	3	
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	3	QL(8 GM per 30 days)
<i>tiotropium bromide caps 18mcg</i>	4	QL(30 EA per 30 days)
YUPELRI SOLN 175MCG/3ML	5	QL(90 ML per 30 days); B/D
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol sulfate hfa aers 180mcg/act x 7gm</i>	2	QL(13.4 GM per 30 days)
<i>albuterol sulfate hfa aers 180mcg/act x 8gm</i>	2	QL(17 GM per 30 days)
<i>albuterol sulfate hfa aers 180mcg/act x 18gm</i>	2	QL(48 GM per 30 days)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	2	QL(100 EA per 30 days); 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>albuterol sulfate nebu 0.083%</i>	2	QL(525 ML per 30 days); B/D
<i>albuterol sulfate nebu 0.63mg/3ml, 1.25mg/3ml</i>	4	QL(375 ML per 30 days); B/D
<i>arformoterol tartrate nebu 15mcg/2ml</i>	4	QL(120 ML per 30 days); PA
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml</i>	3	
<i>epinephrine inj 0.3mg/0.3ml</i>	3	Applies to product manufactured by Mylan Specialty L.P. Only
<i>epinephrine inj 0.3mg/0.3ml</i>	3	Applies to products manufactured by Impax or Lineage Therapeutics
<i>levalbuterol hydrochloride nebu 0.63mg/3ml</i>	4	QL(540 ML per 30 days); B/D
<i>levalbuterol tartrate hfa aero 45mcg/act</i>	3	QL(30 GM per 30 days)
PROAIR RESPICLICK AEPB 108MCG/ACT	3	QL(2 EA per 30 days)
SEREVENT DISKUS AEPB 50MCG/DOSE	3	QL(60 EA per 30 days)
<b>Cystic Fibrosis Agents</b>		
CAYSTON SOLR 75MG	5	PA
KALYDECO PACK 13.4MG, 25MG, 5.8MG, 50MG, 75MG	5	QL(56 EA per 28 days); PA
KALYDECO TABS 150MG	5	QL(60 EA per 30 days); PA
ORKAMBI TABS 125MG; 100MG, 125MG; 200MG	5	QL(112 EA per 28 days); PA
PULMOZYME SOLN 2.5MG/2.5ML	5	PA
<i>tobramycin nebu 300mg/5ml</i>	5	B/D
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL(84 EA per 28 days); PA
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>roflumilast tabs 250mcg, 500mcg</i>	4	PA
THEOPHYLLINE ER TB12 100MG, 200MG	4	
<i>theophylline er tb12 300mg, 450mg</i>	4	
<i>theophylline er tb24 400mg, 600mg</i>	2	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS TABS 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL(90 EA per 30 days); PA
<i>alyq tabs 20mg</i>	4	QL(60 EA per 30 days); PA
<i>ambrisentan tabs 10mg, 5mg</i>	5	QL(30 EA per 30 days); PA
OPSUMIT TABS 10MG	5	QL(30 EA per 30 days); PA
ORENITRAM TITRATION KIT MONTH 1 TEPK 0	5	QL(336 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 2 TEPK 0	5	QL(672 EA per 365 days); PA
ORENITRAM TITRATION KIT MONTH 3 TEPK 0	5	QL(504 EA per 365 days); PA
ORENITRAM TBCR 0.125MG	4	PA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA
<i>sildenafil citrate tabs 20mg</i>	3	QL(90 EA per 30 days); PA
<i>tadalafil tabs 20mg</i>	4	QL(60 EA per 30 days); PA
WINREVAIR INJ 0, 45MG, 60MG	5	QL(1 EA per 21 days); PA
<b>Pulmonary Fibrosis Agents</b>		
OFEV CAPS 100MG, 150MG	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
<i>pirfenidone caps 267mg</i>	5	PA
PIRFENIDONE TABS 534MG	5	PA
<i>pirfenidone tabs 267mg, 801mg</i>	5	PA
<b>Respiratory Tract Agents, Other</b>		
ADVAIR HFA AERO 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	3	QL(24 GM per 30 days)
AIRSUPRA AERO 90MCG/ACT; 80MCG/ACT	3	QL(32.1 GM per 30 days)
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3	QL(60 EA per 30 days)
BREO ELLIPTA AEPB 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>breyna aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4	QL(10.3 GM per 30 days)
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL(23.6 GM per 28 days)
COMBIVENT RESPIMAT AERS 100MCG/ACT; 20MCG/ACT	3	QL(8 GM per 30 days)
DULERA AERO 5MCG/ACT; 50MCG/ACT	4	QL(13 GM per 30 days); PA
DULERA AERO 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT	4	QL(17.6 GM per 30 days); PA
FASENRA PEN INJ 30MG/ML	5	QL(1 ML per 28 days); PA
FASENRA INJ 10MG/0.5ML	5	QL(0.5 ML per 28 days); PA
FASENRA INJ 30MG/ML	5	QL(1 ML per 28 days); PA
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<i>ipratropium bromide/albuterol sulfate soln 2.5mg/3ml; 0.5mg/3ml</i>	2	QL(540 ML per 30 days); B/D
NUCALA INJ 40MG/0.4ML	5	QL(0.4 ML per 28 days); PA
NUCALA INJ 100MG	5	QL(3 EA per 28 days); PA
NUCALA INJ 100MG/ML	5	QL(3 ML per 28 days); PA
STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT	3	QL(24 GM per 30 days)
TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL(60 EA per 30 days)
<i>wixela inhba aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2	QL(60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
cyclobenzaprine hydrochloride tabs 10mg, 5mg	3	PA
methocarbamol tabs 500mg, 750mg	2	
orphenadrine citrate er tb12 100mg	3	
<b>Sleep Disorder Agents</b>		

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
<b>Sleep Promoting Agents</b>		
BELSOMRA TABS 10MG, 15MG, 20MG, 5MG	3	QL(30 EA per 30 days)
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL(30 EA per 30 days)
ESZOPICLONE TABS 1MG, 2MG, 3MG	4	QL(30 EA per 30 days)
<i>temazepam caps 15mg, 30mg</i>	2	QL(30 EA per 30 days)
<i>zaleplon caps 5mg</i>	4	QL(30 EA per 30 days)
<i>zaleplon caps 10mg</i>	4	QL(60 EA per 30 days)
<i>zolpidem tartrate er tbcr 12.5mg, 6.25mg</i>	4	QL(30 EA per 30 days)
<i>zolpidem tartrate tabs 10mg, 5mg</i>	2	QL(30 EA per 30 days)
<b>Wakefulness Promoting Agents</b>		
ARMODAFINIL TABS 150MG, 200MG, 250MG	4	QL(30 EA per 30 days); PA
ARMODAFINIL TABS 50MG	4	QL(60 EA per 30 days); PA
<i>modafinil tabs 100mg, 200mg</i>	3	QL(30 EA per 30 days); PA
<i>sodium oxybate soln 500mg/ml</i>	5	QL(540 ML per 30 days); PA

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ADALIMUMAB-ADBM CROHNS/UC/HS STARTER	46	amlodipine besylate/valsartan	29
ADALIMUMAB-ADBM	46	ammonium lactate	34
PSORIASIS/UVEITIS STARTER	46	amnesteem	34
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	46	amoxapine	10
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS ADBRY	46	amoxicillin	4
adefovir dipivoxil	34	amoxicillin/clavulanate potassium	4
ADEMPAS	21	amoxicillin/clavulanate potassium er	4
ADVAIR HFA	53	amphetamine/dextroamphetamine	32
AIMOVIG	54	amphotericin b	11
	12	amphotericin b liposome	11
		ampicillin	5
		ampicillin sodium	4
		ampicillin/sulbactam	5
		ampicillin-sulbactam	5
		anagrelide hydrochloride	27
		anastrozole	14
		ANORO ELLIPTA	54
		aprepitant	10

<b>Drug Name</b>	<b>Page #</b>	<b>Drug Name</b>	<b>Page #</b>
APTIVUS	22	azelastine hydrochloride	52
AREXVY	47	azithromycin	5
<i>arformoterol tartrate</i>	53	aztreonam	3
ARIKAYCE	3	azurette	41
<i>ariPIPRAZOLE</i>	19	bacitracin	50
<i>ariPIPRAZOLE odt</i>	19	<i>bacitracin/polymyxin b</i>	50
ARISTADA	19	<i>baclofen</i>	20
ARISTADA INITIO	19	<i>balsalazide disodium</i>	48
ARMODAFINIL	55	BALVERSA	14
ARNURITY ELLIPTA	52	<i>balziva</i>	41
<i>asenapine maleate sl</i>	19	BAQSIMI ONE PACK	25
<i>ashlynA</i>	41	BARACLUDE	21
ASMANEX HFA	52	<i>bcg vaccine</i>	47
ASMANEX TWISTHALER 120	52	BD INSULIN SYRINGE	49
METERED DOSES		SAFETYGLIDE/1ML/29G X 1/2"	
ASMANEX TWISTHALER 30	52	B-D INSULIN SYRINGE ULTRAFINE	49
METERED DOSES		II/0.3ML/31G X 5/16"	
ASMANEX TWISTHALER 60	52	BD INSULIN SYRINGE ULTRA-	49
METERED DOSES		FINE/0.5ML/30G X 12.7MM	
ASPIRIN/DIPYRIDAMOLE ER	27	BD INSULIN SYRINGE ULTRA-	49
<i>atazanavir</i>	23	FINE/1ML/31G X 8MM	
<i>atazanavir sulfate</i>	22	BD PEN NEEDLE/ORIGINAL/ULTRA-	49
<i>atenolol</i>	28	FINE/29G X 12.7MM	
<i>atenolol/chlorthalidone</i>	29	BELSOMRA	55
<i>atomoxetine</i>	32	<i>benazepril hydrochloride</i>	28
<i>atorvastatin calcium</i>	31	<i>benazepril</i>	29
<i>atovaquone</i>	17	<i>hydrochloride/hydrochlorothiazide</i>	
<i>atovaquone/proguanil hcl</i>	17	BENLYSTA	45
<i>atovaquone/proguanil hydrochloride</i>	17	<i>benztropine mesylate</i>	18
<i>atropine sulfate</i>	50	BESIVANCE	50
ATROVENT HFA	52	BESREMI	46
<i>aubra eq</i>	41	<i>betaine anhydrous</i>	39
AUGMENTIN	5	<i>betamethasone dipropionate</i>	34
AUGTYRO	14	<i>betamethasone dipropionate</i>	34
AUSTEDO	32	<i>augmented</i>	
AUSTEDO XR	32	<i>betamethasone valerate</i>	34
AUSTEDO XR PATIENT TITRATION	32	BETASERON	33
KIT		<i>betaxolol hcl</i>	28
AUVELITY	9	<i>betaxolol hcl</i>	51
<i>aviane</i>	41	<i>bethanechol chloride</i>	40
AVMAPKI FAKZYNJA CO-PACK	14	<i>bexarotene</i>	17
AVONEX	33	BEXSERO	47
AVONEX PEN	33	<i>bicalutamide</i>	13
AYVAKIT	14	BICILLIN L-A	5
<i>azathioprine</i>	46	BIKTARVY	21
<i>azelaic acid</i>	34	<i>bisoprolol fumarate</i>	28
<i>azelastine hcl</i>	50	<i>bisoprolol fumarate/hydrochlorothiazide</i>	29

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BIVIGAM	45	carbidopa	18
<i>blisovi fe 1.5/30</i>	41	carbidopa/levodopa	18
BOOSTRIX	47	carbidopa/levodopa er	18
BOSULIF	14	carbidopa/levodopa odt	18
BRAFTOVI	14	carglumic acid	36
BREO ELLIPTA	54	carteolol hcl	51
<i>breyna</i>	54	cartia xt	29
BREZTRI AEROSPHERE	54	carvedilol	28
<i>briellyn</i>	41	CASPOFUNGIN ACETATE	11
BRIMONIDINE TARTRATE	51	CAYSTON	53
BRIVIACT	6	cefaclor	4
<i>bromfenac sodium</i>	51	cefadroxil	4
<i>bromocriptine mesylate</i>	18	cefazolin sodium	4
BRUKINSA	14	cefdinir	4
<i>budesonide</i>	49	cefepime	4
<i>budesonide</i>	52	cefixime	4
<i>budesonide er</i>	49	cefotetan	4
<i>bumetanide</i>	30	cefoxitin sodium	4
<i>buprenorphine</i>	1	cefpodoxime proxetil	4
<i>buprenorphine hcl</i>	2	cefprozil	4
<i>buprenorphine hcl/naloxone hcl</i>	2	ceftazidime	4
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	2	ceftriaxone sodium	4
<i>bupropion hydrochloride</i>	9	cefuroxime axetil	4
<i>bupropion hydrochloride er (sr)</i>	2	cefuroxime sodium	4
<i>bupropion hydrochloride er (sr)</i>	9	celecoxib	1
<i>bupropion hydrochloride er (xl)</i>	9	cephalexin	4
<i>buspirone hcl</i>	23	CERDELGA	39
<i>buspirone hydrochloride</i>	23	cetirizine hydrochloride	52
butalbital/acetaminophen/caffeine	32	CHEMET	37
<i>cabergoline</i>	44	chlorhexidine gluconate	33
CABLIVI	27	chloroquine phosphate	17
CABOMETYX	14	chlorpromazine hydrochloride	18
<i>calcipotriene</i>	35	chlorthalidone	30
<i>calcitonin-salmon</i>	49	CHOLBAM	39
<i>calcitriol</i>	49	cholestyramine	31
CALQUENCE	14	cholestyramine light	31
<i>camila</i>	43	ciclopirox	36
<i>camrese lo</i>	41	ciclopirox nail lacquer	36
<i>candesartan cilexetil</i>	27	ciclopirox olamine	36
<i>candesartan</i>	29	cilostazol	27
<i>cilexetil/hydrochlorothiazide</i>		CIMDUO	22
CAPLYTA	19	cinacalcet hydrochloride	49
CAPRELSA	14	CINRYZE	45
<i>captopril</i>	28	ciprofloxacin hcl	5
<i>carbamazepine</i>	8	ciprofloxacin hydrochloride	5
<i>carbamazepine er</i>	8	ciprofloxacin hydrochloride	50
		<i>ciprofloxacin i.v.-in d5w</i>	5

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citalopram hydrobromide	9	cromolyn sodium	53
claravis	34	cryselle-28	41
clarithromycin	5	CTEXLI	38
clarithromycin er	5	CURITY GAUZE PADS 2"X2" 12 PLY	49
CLENPIQ	38	cyclobenzaprine hydrochloride	54
CLIMARA PRO	41	cyclophosphamide	13
clindacin etz pledges	3	cycloserine	12
clindamycin hcl	3	cyclosporine	46
clindamycin hydrochloride	3	cyclosporine modified	46
clindamycin palmitate hydrochloride	3	cyproheptadine hydrochloride	52
clindamycin phosphate	3	CYSTAGON	39
clindamycin phosphate	36	CYSTARAN	50
clobazam	7	dabigatran etexilate	26
clobetasol propionate	34	dalfampridine er	33
clobetasol propionate e	34	danazol	41
clomipramine hydrochloride	10	dantrolene sodium	20
clonazepam	7	DANZITEN	14
clonazepam odt	7	dapagliflozin propanediol	31
clonidine	27	dapsone	12
clonidine hydrochloride	27	DAPTACEL	47
clopidogrel	27	daptomycin	3
clorazepate dipotassium	23	darunavir	23
clotrimazole	11	dasatinib	14
clotrimazole/betamethasone	35	DAURISMO	14
dipropionate		deblitane	43
clozapine	20	deferasirox	37
clozapine odt	20	DELSTRIGO	21
COARTEM	17	demeocycline hcl	6
COBENFY	33	DEPO-SUBQ PROVERA 104	43
COBENFY STARTER PACK	32	DESCOVY	22
colchicine	12	desipramine hydrochloride	10
colestipol hydrochloride	31	desmopressin acetate	40
colistimethate sodium	3	desonide	34
COMBIGAN	50	desoximetasone	34
COMBIVENT RESPIMAT	54	desvenlafaxine er	9
COMETRIQ	14	dexamethasone	40
compro	10	dexamethasone sodium phosphate	51
constulose	37	dextroamphetamine sulfate	32
COPIKTRA	14	dextrose 5%	36
COSENTYX	45	dextrose 5%/sodium chloride 0.45%	36
COSENTYX SENSOREADY PEN	45	dextrose 5%/sodium chloride 0.9%	36
COSENTYX UNOREADY	45	DIACOMIT	7
COTELLIC	14	diazepam	24
CREON	39	diazepam intensol	24
CRESEMBA	11	diazepam rectal gel	7
cromolyn sodium	39	diazoxide	25
cromolyn sodium	50	diclofenac sodium	1

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<i>diclofenac sodium</i>	35	<b>EDURANT</b>	21
<i>diclofenac sodium</i>	51	<i>efavirenz</i>	21
<i>diclofenac sodium dr</i>	1	<i>efavirenz/emtricitabine/tenofovir</i>	21
<i>dicloxacillin sodium</i>	5	<i>disoproxil fumarate</i>	
<i>dicyclomine hydrochloride</i>	37	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	21
<i>DIFICID</i>	5	<i>fumarate</i>	
<i>digoxin</i>	28	<b>ELIQUIS</b>	26
<i>dihydroergotamine mesylate</i>	12	<b>ELIQUIS STARTER PACK</b>	26
<i>DILANTIN</i>	8	<b>ELMIRON</b>	40
<i>diltiazem hcl</i>	29	<i>eltrombopag olamine</i>	27
<i>diltiazem hcl er</i>	29	<i>eluryng</i>	41
<i>diltiazem hydrochloride</i>	29	<b>EMGALITY</b>	12
<i>diltiazem hydrochloride er</i>	29	<b>EMPAVELI</b>	45
<i>dilt-xr</i>	29	<b>EMSAM</b>	9
<i>dimethyl fumarate</i>	33	<i>emtricitabine</i>	22
<i>dimethyl fumarate starterpack</i>	33	<i>emtricitabine/rilpivirine/tenofovir</i>	21
<i>diphenoxylate hydrochloride/atropine sulfate</i>	37	<i>disoproxil fumarate</i>	
<i>disulfiram</i>	2	<i>emtricitabine/tenofovir disoproxil</i>	22
<i>divalproex sodium dr</i>	7	<i>emtricitabine/tenofovir disoproxil</i>	22
<i>divalproex sodium er</i>	7	<i>fumarate</i>	
<i>dofetilide</i>	28	<b>EMTRIVA</b>	22
<i>dolishale</i>	41	<i>enalapril maleate</i>	28
<i>donepezil hcl</i>	8	<i>enalapril maleate/hydrochlorothiazide</i>	30
<i>donepezil hydrochloride</i>	8	<b>ENBREL</b>	46
<i>DOPTELET</i>	27	<b>ENBREL MINI</b>	46
<i>dorzolamide hcl/timolol maleate</i>	50	<b>ENBREL SURECLICK</b>	46
<i>dorzolamide hydrochloride</i>	51	<i>endocet</i>	1
<i>DOTTI</i>	41	<b>ENGERIX-B</b>	47
<i>DOVATO</i>	21	<i>enilloring</i>	41
<i>doxazosin mesylate</i>	40	<b>enoxaparin sodium</b>	26
<i>doxepin hcl</i>	10	<i>entacapone</i>	18
<i>doxepin hydrochloride</i>	10	<i>entecavir</i>	21
<i>doxepin hydrochloride</i>	55	<b>ENTRESTO</b>	30
<i>doxy 100</i>	6	<i>enulose</i>	37
<i>doxycycline</i>	6	<b>ENVARSUS XR</b>	46
<i>doxycycline hyclate</i>	6	<i>EPIDIOLEX</i>	6
<i>doxycycline hyclate</i>	33	<i>epinephrine</i>	53
<i>doxycycline monohydrate</i>	6	<i>epitol</i>	8
<i>DRIZALMA SPRINKLE</i>	9	<i>eplerenone</i>	31
<i>dronabinol</i>	11	<b>EPRONTIA</b>	6
<i>droxidopa</i>	27	<i>ergotamine tartrate/caffeine</i>	12
<i>DULERA</i>	54	<b>ERIVEDGE</b>	14
<i>duloxetine hydrochloride dr</i>	9	<b>ERLEADA</b>	13
<i>DUPIXENT</i>	45	<i>erlotinib hydrochloride</i>	15
<i>dutasteride</i>	40	<i>errin</i>	43
<i>econazole nitrate</i>	11	<i>ertapenem sodium</i>	5
		<i>ery</i>	36

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erythromycin	36	finasteride	40
erythromycin	50	fingolimod hydrochloride	33
erythromycin dr	5	FINTEPLA	6
erythromycin/benzoyl peroxide	34	FIRMAGON	44
escitalopram oxalate	9	FLAREX	51
eslicarbazepine acetate	8	flecainide acetate	28
esomeprazole magnesium	38	fluconazole	11
estarrylla	41	fluconazole in sodium chloride	11
estradiol	41	flucytosine	11
estradiol/norethindrone acetate	41	fludrocortisone acetate	40
ESTRING	41	fluocinolone acetonide	34
ESZOPICLONE	55	fluocinonide	35
ethambutol hydrochloride	12	fluorouracil	35
ethosuximide	7	fluoxetine hydrochloride	9
etonogestrel/ethynodiol estradiol	41	fluphenazine decanoate	18
etrvirine	21	fluphenazine hcl	18
EUCRISA	34	fluphenazine hydrochloride	18
EULEXIN	13	flurbiprofen	1
everolimus	15	flurbiprofen sodium	51
everolimus	46	fluticasone propionate	35
EVOTAZ	23	fluticasone propionate	52
EVRYSDI	39	fluticasone propionate/salmeterol	54
exemestane	14	fluticasone propionate/salmeterol diskus	54
ezetimibe	31	fluvastatin	31
ezetimibe/simvastatin	31	fluvastatin sodium er	31
falmina	41	fluvoxamine maleate	9
famciclovir	23	fondaparinux sodium	26
famotidine	38	FORTEO	49
FANAPT	19	fosamprenavir calcium	23
FANAPT TITRATION PACK A	19	fosfomycin tromethamine	3
FARXIGA	31	fosinopril sodium	28
FASENRA	54	fosinopril sodium/hydrochlorothiazide	30
FASENRA PEN	54	FOTIVDA	15
feirza 1.5/30	41	FRAGMIN	26
feirza 1/20	41	FRUZAQLA	15
felbamate	6	furosemide	30
felodipine er	29	fyavolv	41
fenofibrate	31	FYCOMPA	6
fenofibrate micronized	31	gabapentin	7
fenofibric acid dr	31	galantamine hydrobromide	8
fentanyl	1	galantamine hydrobromide er	8
FETZIMA	9	gallifrey	43
FETZIMA TITRATION PACK	9	GARDASIL 9	47
FIASP	25	gatifloxacin	50
FIASP FLEXTOUCH	25	gavilyte-c	38
FIASP PENFILL	25	gavilyte-g	38
FINACEA	34	GAVRETO	15

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<i>gemfibrozil</i>	31	HUMIRA PEN	46
GEMTESA	39	HUMIRA PEN-CD/UC/HS STARTER	46
<i>generlac</i>	37	HUMIRA PEN-PS/UV STARTER	46
<i>gengraf</i>	46	HUMULIN 70/30	25
GENOTROPIN	40	HUMULIN 70/30 KWIKPEN	25
GENOTROPIN MINIQUICK	40	HUMULIN N	25
<i>gentamicin sulfate</i>	3	HUMULIN N KWIKPEN	25
<i>gentamicin sulfate</i>	51	HUMULIN R	26
GENVOYA	21	HUMULIN R U-500 (CONCENTRATED)	26
GILOTrif	15	HUMULIN R U-500 KWIKPEN	26
<i>glatiramer acetate</i>	33	<i>hydralazine hydrochloride</i>	32
GLEOSTINE	13	<i>hydrochlorothiazide</i>	30
<i>glimepiride</i>	24	<i>hydrocodone bitartrate/acetaminophen</i>	1
<i>glipizide</i>	24	<i>hydrocodone/acetaminophen</i>	2
<i>glipizide er</i>	24	<i>hydrocortisone</i>	35
<i>glipizide/metformin hydrochloride</i>	24	<i>hydrocortisone</i>	40
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	25	<i>hydrocortisone</i>	49
<i>glyburide</i>	24	<i>hydrocortisone valerate</i>	35
<i>glyburide/metformin hydrochloride</i>	24	<i>hydromorphone hcl</i>	2
<i>glycopyrrolate</i>	38	<i>hydromorphone hydrochloride</i>	2
GLYXAMBI	24	<i>hydroxychloroquine sulfate</i>	17
GOMEKLI	15	<i>hydroxyurea</i>	13
<i>griseofulvin microsize</i>	11	<i>hydroxyzine hcl</i>	52
<i>griseofulvin ultramicrosize</i>	11	<i>hydroxyzine hydrochloride</i>	52
<i>guanfacine hydrochloride er</i>	32	<i>hydroxyzine pamoate</i>	52
GVOKE HYPOOPEN 2-PACK	25	<i>ibandronate sodium</i>	49
GVOKE KIT	25	IBRANCE	13
GVOKE PFS	25	IBRANCE	15
<i>halobetasol propionate</i>	35	<i>ibu</i>	1
<i>haloette</i>	42	<i>ibuprofen</i>	1
<i>haloperidol</i>	19	<i>icatibant acetate</i>	45
<i>haloperidol decanoate</i>	19	<i>iclevia</i>	42
<i>haloperidol lactate</i>	19	ICLUSIG	15
HAVRIX	47	<i>icosapent ethyl</i>	31
<i>heather</i>	43	IDHIFA	15
<i>heparin sodium</i>	26	<i>imatinib mesylate</i>	15
HEPLISAV-B	47	IMBRUVICA	15
HIBERIX	47	<i>imipenem/cilastatin</i>	5
HUMALOG	25	<i>imipramine hcl</i>	10
HUMALOG JUNIOR KWIKPEN	25	<i>imipramine hydrochloride</i>	10
HUMALOG KWIKPEN	25	<i>imiquimod</i>	35
HUMALOG MIX 50/50 KWIKPEN	25	IMKELDI	15
HUMALOG MIX 75/25	25	IMOVAX RABIES (H.D.C.V.)	47
HUMALOG MIX 75/25 KWIKPEN	25	IMPAVIDO	3
HUMATIN	3	INBRIJA	18
		<i>incassia</i>	43

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INCRELEX	40	JUBBONTI	49
INCRUSE ELLIPTA	52	JUBLIA	11
<i>indapamide</i>	31	JULUCA	21
<i>indomethacin</i>	1	junel 1.5/30	42
<i>indomethacin er</i>	1	<i>junel 1/20</i>	42
INFANRIX	47	<i>junel fe 1.5/30</i>	42
INGREZZA	33	<i>junel fe 1/20</i>	42
INLYTA	15	JYLAMVO	47
INQOVI	15	JYNARQUE	37
INREBIC	13	JYNNEOS	48
<i>insulin lispro</i>	26	KALETRA	23
INTELENCE	21	KALYDECO	53
<i>introvale</i>	42	kariva	42
INVEGA HAFYERA	19	kelnor 1/35	42
INVEGA SUSTENNA	19	kelnor 1/50	42
INVEGA TRINZA	19	KERENDIA	31
IPOL INACTIVATED IPV	47	KESIMPTA	33
<i>ipratropium bromide</i>	52	ketoconazole	11
<i>ipratropium bromide/albuterol sulfate</i>	54	ketorolac tromethamine	1
<i>irbesartan</i>	28	ketorolac tromethamine	51
<i>irbesartan/hydrochlorothiazide</i>	30	KINERET	45
ISENTRESS	21	KINRIX	48
ISENTRESS HD	21	KIONEX	37
<i>isoniazid</i>	12	KISQALI	15
<i>isosorbide dinitrate</i>	32	KISQALI FEMARA 400 DOSE	13
<i>isosorbide mononitrate</i>	32	KISQALI FEMARA 600 DOSE	13
<i>isosorbide mononitrate er</i>	32	klor-con 10	36
<i>isotretinoin</i>	34	klor-con 8	36
ISTURISA	40	klor-con m10	36
ITOVEBI	13	klor-con m15	36
itraconazole	11	klor-con m20	36
ivabradine hydrochloride	30	KLOXXADO	2
<i>ivermectin</i>	17	KOSELUGO	15
IWILFIN	13	kourzeq	33
IXCHIQ	48	KRAZATI	15
IXIARO	48	kurvelo	42
jaimiess	42	labetalol hydrochloride	28
JAKAFI	15	lacosamide	8
jantoven	26	lactulose	37
JANUMET	24	lamivudine	21
JANUMET XR	24	lamivudine	22
JANUVIA	24	lamivudine/zidovudine	22
JARDIANCE	31	lamotrigine	6
JAYPIRCA	15	lamotrigine starter kit/blue	6
JENTADUETO	24	lamotrigine starter kit/green	6
JENTADUETO XR	24	lamotrigine starter kit/orange	6
<i>jinteli</i>	42	lansoprazole	38

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LANTUS SOLOSTAR	26	lithium	24
<i>lapatinib ditosylate</i>	15	lithium carbonate	24
<i>larin 1.5/30</i>	42	lithium carbonate er	24
<i>larin 1/20</i>	42	LIVMARLI	38
<i>larin fe 1.5/30</i>	42	LIVTENCITY	21
<i>larin fe 1/20</i>	42	<i>lojaimies</i>	42
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<i>tri-vylibra</i>	43	verapamil hcl sr	29
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## Notice of Availability of Language Assistance Services

**ATTENTION:** If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call 1-866-535-8343. (TTY: 711).

**Spanish: ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al 1-866-535-8343. (TTY: 711).

**Vietnamese:** LUÚ Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-535-8343 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

### Chinese:

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-866-535-8343（文本电话：711）或咨询您的服务提供商。

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-535-8343 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Arabic:** تنبية: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم. أو تحدث إلى مقدم الخدمة

**Urdu:** دھیان دیں: اگر آپ اردو بولتے ہیں تو مفت زبان میں مدد کی خدمات اور مفت مواصلات دوسرے فارمیٹس، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ 1-866-535-866-8343 پر کال کریں۔

**Tagalog: PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyon tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-535-8343 (TTY: 711) o makipag-usap sa iyong provider.

**French: ATTENTION:** Si vous parlez français, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-535-8343. (TTY: 711).

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-535-8343. (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، برای شما تماس بگیرید 1-866-535-8343 (TTY: 711) در دسترس است. با شماره Persian

**German: ACHTUNG:** Falls Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie 1-866-535-8343. (TTY: 711).

**Gujarati: ધ્યાન આપો:** જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષા સહાય સેવાઓ અને મોટા અક્ષરો જેવા અન્ય ફોર્મેટમાં મફત સંદેશાવ્યવહાર તમારા માટે ઉપલબ્ધ છે. 1-866-535-8343 પર કોલ કરો. (TTY: 711).

**Russian: ВНИМАНИЕ:** Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-535-8343 (TTY: 711) или обратитесь к своему поставщику услуг.

**Japanese:**

日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-535-8343 (TTY: 711)までお電話ください。または、ご利用の事業者にご相談ください。

**Laotian: ເຄີ່ມຄາບ:** ຖ້າທ່ານເວົ້າພາສາ ລາວ, ລະມືບໍລິການຈ່ວຍດຳນັບພາສາແບບປໍ່ແຍລຄ່າໃຫ້ທ່ານ. ມີຄື່ອງຈ່ວຍ ແລະ ການບໍລິການແບບປໍ່ແຍລຄ່າທີ່ໜີກະສົມເຜື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດຂຶ້ນຕົງໄດ້. ໃຫ້ທ່ານເປີ 1-866-535-8343 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

<b>METHOD</b>	<b>KelseyCare Advantage Member Services - Contact Information</b>
<b>CALL</b>	<b>1-866-535-8343</b>  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.
<b>TTY</b>	<b>711</b>  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.
<b>FAX</b>	713-442-5450
<b>WRITE</b>	KelseyCare Advantage ATTN: Member Services P.O. Box 841569 Pearland, TX 77584-9832
<b>WEBSITE</b>	<a href="http://www.KelseyCareAdvantage.com">www.KelseyCareAdvantage.com</a>

### **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.

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

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