



True Blue Rx (HMO)
True Blue Rx Gem (HMO)
True Blue Rx Preferred (HMO)
True Blue Rx Essentials (HMO)
True Blue Rx | St. Luke's Health Partners (HMO)

2024 Connected Access Formulary
(List of Covered Drugs)

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

FORMULARY ID: 00024098 V16

This formulary was updated on 05/01/2024.

For more recent information or other questions, please contact Blue Cross of Idaho Care Plus, Inc. Customer Service at 1-855-479-3661 (TTY users should call 711), 24 hours a day, seven days a week, or visit bcidaho.com/DrugList.

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 Customer Service for more information.

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

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 Blue Cross of Idaho Care Plus, Inc. When it refers to “plan” or “our plan,” it means True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, or True Blue Rx | St. Luke’s Health Partners.

This document includes a list of the drugs (formulary) for our plan which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners Formulary?

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

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
- If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled "How do I request an exception to the True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners Formulary?"
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the True Blue Rx, True Blue Rx Gem, True

Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners Formulary?"

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

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by our plan please contact us. Our contact information appears on the front and back cover pages. We will send you a notice in the event of a mid-year non-maintenance formulary change. The notice will generally be sent 60 days prior to the change. We list any formulary updates on our website along with the most current formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page nine. 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 Agents. If you know what your drug is used for, look for the category name in the list that begins on page nine. 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 in the back of the formulary. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

- **Prior Authorization:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 30 pills per prescription for Januvia 100 MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A

first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke’s Health Partners formulary?” on this 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 Customer Service and ask if your drug is covered.

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

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

How do I request an exception to the True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke’s Health Partners Formulary?

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

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

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

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

hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

When you have a change in your level of care, like admission to a long-term care facility, you may need more medication. Requests for more medication may be denied if you ask for a refill too soon. If this happens, your pharmacy can ask us to override the denial in order to refill your prescription.

For more information

For more detailed information about your True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners, 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>.

True Blue Rx, True Blue Rx Gem, True Blue Rx Preferred, True Blue Rx Essentials, and True Blue Rx | St. Luke's Health Partners Formulary

The formulary that begins on page nine provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index in the back of the formulary.

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

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

Connected Access (List of Covered Drugs)

Table of Contents

ANALGESICS AND ANTI-INFLAMMATORY AGENTS	9
ANTINEOPLASTICS	12
BLOOD PRODUCTS AND MODIFIERS	22
CARDIOVASCULAR AGENTS	25
CENTRAL NERVOUS SYSTEM AGENTS	31
DERMATOLOGICAL AGENTS	49
ELECTROLYTES / MINERALS / METALS / VITAMINS	54
ENDOCRINE AND METABOLIC DISORDER AGENTS	57
GASTROINTESTINAL AGENTS	64
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	67
GENITOURINARY AGENTS	68
HORMONAL AGENTS	70
IMMUNOLOGICAL AGENTS	79
INFECTIOUS DISEASE AGENTS	84
MISCELLANEOUS THERAPEUTIC AGENTS	95
OPHTHALMIC AGENTS	96
OTIC AGENTS	98
RESPIRATORY TRACT/PULMONARY AGENTS	99

LEGEND

B/D PA: Covered under Medicare B or D. This drug may be covered under Medicare Part B or D depending upon circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LA: This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-479-3661, 24 hours a day, 7 days a week TTY/TDD users should call 711.

NM: Not available for Mail Order

PA: The process of obtaining approval for certain prescriptions before benefits will be approved. You, your doctor or other network provider will need to request prior authorization before you fill the prescription.

QL: Restricts the frequency, amount or dosage of medication for which you can obtain benefits each time you get a prescription filled (most often set on a monthly basis).

ST: The process of first trying a certain drug or drugs to determine if that drug or those drugs will treat your medical condition before your plan will cover another drug for that condition.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ANALGESICS AND ANTI-INFLAMMATORY AGENTS		
<i>acetaminophen-codeine #2</i>	1	QL (180 per 30 days)
<i>acetaminophen-codeine #3</i>	1	QL (180 per 30 days)
<i>acetaminophen-codeine #4</i>	1	QL (180 per 30 days)
<i>acetaminophen-codeine oral solution</i>	1	QL (900 per 30 days)
<i>acetaminophen-codeine oral tablet</i>	1	QL (180 per 30 days)
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ASCOMP-CODEINE	2	PA; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG	4	PA; QL (60 per 30 days)
BELBUCA BUCCAL FILM 750 MCG, 900 MCG	5	PA; QL (60 per 30 days)
<i>buprenorphine transdermal</i>	2	PA; QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	PA; QL (180 per 30 days)
<i>butalbital-asa-caff-codeine</i>	2	PA; QL (180 per 30 days)
<i>butorphanol tartrate injection</i>	2	
<i>butorphanol tartrate nasal</i>	2	QL (5 per 30 days)
<i>celecoxib oral</i>	2	
<i>codeine sulfate oral tablet</i>	3	QL (180 per 30 days)
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	1	
<i>diclofenac epolamine external</i>	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium er</i>	1	
<i>diclofenac sodium external gel 1 %</i>	2	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium oral</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	2	
<i>diflunisal oral</i>	1	
<i>duramorph injection solution 0.5 mg/ml</i>	2	
<i>duramorph injection solution 1 mg/ml</i>	1	
<i>ec-naproxen</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	1	QL (180 per 30 days)
<i>etodolac er</i>	2	
<i>etodolac oral</i>	1	
<i>febuxostat</i>	2	ST
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 400 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal tablet</i>	5	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr</i>	2	PA; QL (15 per 30 days)
<i>fentanyl transdermal patch 72 hour 87.5 mcg/hr</i>	4	PA; QL (15 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	
GLYDO EXTERNAL PREFILLED SYRINGE	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 per 10 days)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	2	PA; QL (30 per 30 days)
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (720 per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	1	
IBU	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>ketoprofen er</i>	2	
<i>ketoprofen oral capsule 50 mg</i>	2	
<i>lidocaine external ointment 5 %</i>	1	PA; QL (150 per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	2	
<i>lidocaine hcl external solution</i>	1	PA; QL (300 per 30 days)
<i>lidocaine hcl injection solution 1 %, 2 %</i>	2	
<i>lidocaine hcl urethral/mucosal</i>	1	
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	2	QL (30 per 30 days)
<i>meclofenamate sodium oral</i>	2	
<i>mefenamic acid oral</i>	2	
<i>meloxicam oral tablet</i>	1	
<i>meperidine hcl oral tablet 50 mg</i>	5	PA; QL (180 per 30 days)
<i>methadone hcl oral solution</i>	1	QL (900 per 30 days)
<i>methadone hcl oral tablet</i>	1	PA; QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	QL (180 per 30 days)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml</i>	2	
<i>morphine sulfate (pf) injection solution 1 mg/ml</i>	1	
<i>morphine sulfate er beads</i>	2	PA; QL (30 per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL (60 per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	4	PA; QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	2	PA; QL (60 per 30 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; QL (90 per 30 days)
<i>morphine sulfate oral solution</i>	1	QL (900 per 30 days)
<i>morphine sulfate oral tablet</i>	1	QL (180 per 30 days)
<i>nabumetone oral</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NUCYNTA ORAL TABLET 100 MG	5	QL (181 per 30 days)
<i>oxaprozin oral tablet</i>	1	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	2	PA; QL (60 per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	4	PA; QL (60 per 30 days)
<i>oxycodone hcl oral capsule</i>	1	QL (180 per 30 days)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml, 100 mg/5ml</i>	2	QL (180 per 30 days)
<i>oxycodone hcl oral solution</i>	1	QL (900 per 30 days)
<i>oxycodone hcl oral tablet</i>	1	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>oxymorphone hcl</i>	2	QL (180 per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	PA; QL (60 per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hour 40 mg</i>	5	PA; QL (60 per 30 days)
<i>piroxicam oral</i>	1	
<i>probenecid oral</i>	1	
RELAFEN	1	
<i>sulindac oral</i>	1	
<i>tolmetin sodium oral capsule</i>	2	
<i>tolmetin sodium oral tablet 600 mg</i>	2	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	2	PA; QL (30 per 30 days)
<i>tramadol hcl er</i>	2	PA; QL (30 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	QL (40 per 5 days)
ANTINEOPLASTICS		
<i>abiraterone acetate oral tablet 250 mg</i>	5	PA; QL (120 per 30 days); NM
<i>abiraterone acetate oral tablet 500 mg</i>	5	PA; QL (60 per 30 days); NM
ADRIAMYCIN INTRAVENOUS SOLUTION	2	B/D PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>adriamycin intravenous solution reconstituted 10 mg</i>	2	B/D PA; NM
ADRIAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	2	B/D PA; NM
AKEEGA	5	PA; QL (30 per 30 days); NM
ALECENSA	5	PA; QL (240 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 180 MG	5	PA; QL (30 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (180 per 30 days); NM; LA
ALUNBRIG ORAL TABLET 90 MG	5	PA; QL (60 per 30 days); NM; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA; QL (30 per 180 days); NM; LA
<i>anastrozole oral</i>	1	QL (30 per 30 days)
AUGTYRO	5	PA; QL (240 per 30 days); NM
AVASTIN	5	PA; NM; LA
AYVAKIT	5	PA; QL (30 per 30 days); NM; LA
<i>azacitidine</i>	5	PA; NM; LA
BALVERSA ORAL TABLET 3 MG	5	PA; QL (90 per 30 days); NM; LA
BALVERSA ORAL TABLET 4 MG	5	PA; QL (60 per 30 days); NM; LA
BALVERSA ORAL TABLET 5 MG	5	PA; QL (30 per 30 days); NM; LA
BAVENCIO	5	PA; NM; LA
BESREMI	5	PA; NM; LA
<i>bexarotene oral</i>	5	PA; QL (300 per 30 days); NM
<i>bicalutamide</i>	1	QL (30 per 30 days)
<i>bleomycin sulfate</i>	2	B/D PA; NM
<i>bortezomib injection solution reconstituted 1 mg, 3.5 mg</i>	5	PA; NM
<i>bortezomib injection solution reconstituted 2.5 mg</i>	4	PA; NM
<i>bortezomib intravenous solution reconstituted</i>	5	PA; NM
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days); NM; LA
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days); NM; LA
BOSULIF ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NM
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; QL (30 per 30 days); NM
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; QL (180 per 30 days); NM; LA
BRUKINSA	5	PA; QL (120 per 30 days); NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CABOMETYX	5	PA; QL (30 per 30 days); NM; LA
CALQUENCE	5	PA; QL (60 per 30 days); NM; LA
CAPRELSA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM; LA
CAPRELSA ORAL TABLET 300 MG	5	PA; QL (30 per 30 days); NM; LA
<i>carboplatin intravenous solution</i>	2	B/D PA; NM
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	2	B/D PA; NM
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA; QL (56 per 28 days); NM; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA; QL (112 per 28 days); NM; LA
COMETRIQ (60 MG DAILY DOSE)	5	PA; QL (84 per 28 days); NM; LA
COPIKTRA	5	PA; QL (60 per 30 days); NM; LA
COTELLIC	5	PA; QL (90 per 30 days); NM; LA
<i>cyclophosphamide intravenous</i>	5	NM
<i>cyclophosphamide oral capsule</i>	3	B/D PA; NM
CYRAMZA	5	PA; NM; LA
DARZALEX	5	PA; NM; LA
DARZALEX FASPRO	5	PA; NM
DAURISMO ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
DAURISMO ORAL TABLET 25 MG	5	PA; QL (60 per 30 days); NM; LA
<i>decitabine</i>	5	NM
<i>docetaxel intravenous concentrate 160 mg/8ml</i>	5	B/D PA; NM
DOCETAXEL INTRAVENOUS CONCENTRATE 80 MG/4ML	4	B/D PA; NM
<i>docetaxel intravenous solution 160 mg/16ml, 80 mg/8ml</i>	5	B/D PA; NM
<i>docetaxel intravenous solution 20 mg/2ml</i>	4	B/D PA; NM
<i>doxorubicin hcl</i>	2	B/D PA; NM
<i>doxorubicin hcl liposomal</i>	5	PA; NM
ELIGARD	4	PA; NM
ELITEK	5	PA; NM
EMCYT	5	NM
EMPLICITI	5	PA; NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENHERTU	5	PA; NM
ERBITUX	5	PA; NM
ERIVEDGE	5	PA; QL (30 per 30 days); NM; LA
ERLEADA	5	PA; NM; LA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	5	PA; QL (30 per 30 days); NM
<i>erlotinib hcl oral tablet 25 mg</i>	5	PA; QL (90 per 30 days); NM
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	2	B/D PA; NM
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; NM
<i>everolimus oral tablet soluble</i>	5	PA; NM
<i>exemestane</i>	2	QL (60 per 30 days)
EXKIVITY	5	PA; QL (120 per 30 days); NM; LA
FIRMAGON (240 MG DOSE)	5	PA; NM
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	4	PA; NM
<i>fluorouracil intravenous</i>	2	B/D PA; NM
FOTIVDA	5	PA; QL (21 per 28 days); NM
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NM; LA
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NM; LA
<i>fulvestrant intramuscular solution prefilled syringe</i>	5	PA; NM
GAVRETO	5	PA; QL (120 per 30 days); NM; LA
GAZYVA	5	PA; NM; LA
<i>gefitinib</i>	5	PA; QL (30 per 30 days); NM
<i>gemcitabine hcl intravenous solution 1 gm/26.3ml, 200 mg/5.26ml</i>	2	B/D PA; NM
<i>gemcitabine hcl intravenous solution 2 gm/52.6ml</i>	4	B/D PA; NM
<i>gemcitabine hcl intravenous solution reconstituted</i>	2	B/D PA; NM
GILOTRIF	5	PA; QL (30 per 30 days); NM; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; NM
HERCEPTIN HYLECTA	5	B/D PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	B/D PA; NM
<i>hydroxyurea oral</i>	1	
IBRANCE	5	PA; QL (21 per 28 days); NM; LA
ICLUSIG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
IDHIFA ORAL TABLET 50 MG	5	PA; QL (60 per 30 days); NM; LA
<i>imatinib mesylate oral tablet 100 mg</i>	5	PA; QL (90 per 30 days); NM
<i>imatinib mesylate oral tablet 400 mg</i>	5	PA; QL (60 per 30 days); NM
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NM; LA
IMBRUVICA ORAL SUSPENSION	5	PA; QL (216 per 27 days); NM; LA
IMBRUVICA ORAL TABLET 140 MG	5	PA; QL (90 per 30 days); NM; LA
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days); NM; LA
IMFINZI	5	PA; NM; LA
INLYTA ORAL TABLET 1 MG	5	PA; QL (180 per 30 days); NM; LA
INLYTA ORAL TABLET 5 MG	5	PA; QL (120 per 30 days); NM; LA
INQOVI	5	PA; QL (5 per 28 days); NM; LA
INREBIC	5	PA; QL (120 per 30 days); NM; LA
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml</i>	2	NM
<i>irinotecan hcl intravenous solution 500 mg/25ml</i>	2	B/D PA; NM
IWILFIN	5	PA; QL (240 per 30 days); NM
JAKAFI	5	PA; QL (60 per 30 days); NM; LA
JAYPIRCA ORAL TABLET 100 MG	5	PA; QL (60 per 30 days); NM
JAYPIRCA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM
KADCYLA	5	PA; NM
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; NM
KISQALI (200 MG DOSE)	5	PA; QL (21 per 21 days); NM
KISQALI (400 MG DOSE)	5	PA; QL (42 per 21 days); NM
KISQALI (600 MG DOSE)	5	PA; QL (63 per 21 days); NM
KISQALI FEMARA (200 MG DOSE)	5	PA; QL (49 per 28 days); NM
KISQALI FEMARA (400 MG DOSE)	5	PA; QL (70 per 28 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
KISQALI FEMARA (600 MG DOSE)	5	PA; QL (91 per 28 days); NM
KRAZATI	5	PA; QL (180 per 30 days); NM
KYPROLIS	5	PA; NM; LA
<i>lapatinib ditosylate</i>	5	PA; QL (180 per 30 days); NM
<i>lenalidomide oral capsule 10 mg</i>	5	PA; QL (60 per 30 days); NM; LA
<i>lenalidomide oral capsule 15 mg, 2.5 mg, 20 mg, 25 mg</i>	5	PA; QL (30 per 30 days); NM; LA
<i>lenalidomide oral capsule 5 mg</i>	5	PA; QL (150 per 30 days); NM; LA
LENVIMA (10 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (12 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (14 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (18 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (20 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
LENVIMA (24 MG DAILY DOSE)	5	PA; QL (90 per 30 days); NM; LA
LENVIMA (4 MG DAILY DOSE)	5	PA; QL (30 per 30 days); NM; LA
LENVIMA (8 MG DAILY DOSE)	5	PA; QL (60 per 30 days); NM; LA
<i>letrozole oral</i>	1	QL (30 per 30 days)
<i>leucovorin calcium injection solution reconstituted</i>	1	B/D PA
<i>leucovorin calcium oral</i>	1	
LEUKERAN	4	
<i>leuprolide acetate (3 month)</i>	4	PA; NM
<i>leuprolide acetate injection</i>	2	PA; NM
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	5	PA; NM
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml</i>	4	PA; NM
<i>levoleucovorin calcium pf intravenous solution 250 mg/25ml</i>	2	PA; NM
LONSURF	5	PA; NM
LORBRENA ORAL TABLET 100 MG	5	PA; QL (30 per 30 days); NM; LA
LORBRENA ORAL TABLET 25 MG	5	PA; QL (90 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 120 MG	5	PA; QL (240 per 30 days); NM; LA
LUMAKRAS ORAL TABLET 320 MG	5	PA; QL (90 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LUPRON DEPOT (1-MONTH)	5	PA; QL (1 per 28 days); NM
LUPRON DEPOT (3-MONTH)	5	PA; QL (1 per 84 days); NM
LUPRON DEPOT (4-MONTH)	5	PA; QL (1 per 112 days); NM
LUPRON DEPOT (6-MONTH)	5	PA; QL (1 per 168 days); NM
LYNPARZA ORAL TABLET	5	PA; QL (120 per 30 days); NM; LA
LYSODREN	5	NM
LYTGOBI (12 MG DAILY DOSE)	5	PA; NM
LYTGOBI (16 MG DAILY DOSE)	5	PA; NM
LYTGOBI (20 MG DAILY DOSE)	5	PA; NM
MATULANE	5	NM; LA
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	2	PA
<i>megestrol acetate oral tablet</i>	2	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	PA; QL (1200 per 30 days); NM
MEKINIST ORAL TABLET 0.5 MG	5	PA; QL (90 per 30 days); NM; LA
MEKINIST ORAL TABLET 2 MG	5	PA; QL (30 per 30 days); NM; LA
MEKTOVI	5	PA; QL (180 per 30 days); NM; LA
<i>mercaptopurine oral</i>	1	
<i>mesna</i>	2	
MESNEX ORAL	5	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg</i>	5	B/D PA; NM
<i>mitomycin intravenous solution reconstituted 5 mg</i>	2	B/D PA; NM
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 5 MG	2	B/D PA; NM
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	B/D PA; NM
NERLYNX	5	PA; QL (180 per 30 days); NM; LA
<i>nilutamide</i>	5	QL (30 per 30 days)
NINLARO	5	PA; QL (3 per 28 days); NM
NUBEQA	5	PA; QL (120 per 30 days); NM; LA
ODOMZO	5	PA; QL (30 per 30 days); NM; LA
OGSIVEO	5	PA; QL (180 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OJJAARA	5	PA; QL (30 per 30 days); NM; LA
ONUREG	5	PA; QL (14 per 28 days); NM; LA
OPDIVO	5	PA; NM; LA
ORGOVYX	5	PA; QL (32 per 30 days); NM; LA
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NM
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NM
<i>oxaliplatin</i>	2	B/D PA; NM
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	2	B/D PA; NM
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	2	B/D PA; NM
<i>pazopanib hcl</i>	5	PA; QL (120 per 30 days); NM
PEMAZYRE	5	PA; QL (14 per 21 days); NM; LA
<i>pemetrexed disodium intravenous solution reconstituted 100 mg</i>	5	PA; NM
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	5	NM
<i>pemetrexed disodium intravenous solution reconstituted 500 mg</i>	4	PA; NM
PERJETA	5	PA; NM
PHESGO	5	PA; NM
PIQRAY (200 MG DAILY DOSE)	5	PA; QL (28 per 28 days); NM
PIQRAY (250 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
PIQRAY (300 MG DAILY DOSE)	5	PA; QL (56 per 28 days); NM
POMALYST	5	PA; QL (21 per 28 days); NM; LA
POTELIGEO	5	B/D PA; NM; LA
PURIXAN	5	PA; NM
QINLOCK	5	PA; QL (90 per 30 days); NM
RETEVMO ORAL CAPSULE 40 MG	5	PA; QL (180 per 30 days); NM
RETEVMO ORAL CAPSULE 80 MG	5	PA; QL (120 per 30 days); NM
REZLIDHIA	5	PA; QL (60 per 30 days); NM; LA
RIABNI	5	B/D PA; NM
RITUXAN HYCELA	5	B/D PA; NM; LA
RITUXAN INTRAVENOUS SOLUTION	5	B/D PA; NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>romidepsin intravenous solution reconstituted</i>	5	NM
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; QL (150 per 30 days); NM; LA
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; QL (90 per 30 days); NM; LA
ROZLYTREK ORAL PACKET	5	PA; QL (240 per 30 days); NM; LA
RUBRACA	5	PA; QL (120 per 30 days); NM; LA
RYBREVANT	5	PA; NM
RYDAPT	5	PA; QL (240 per 30 days); NM
RYLAZE	5	PA; NM
SARCLISA	5	PA; NM
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NM
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NM
SOLTAMOX	4	
<i>sorafenib tosylate</i>	5	PA; QL (120 per 30 days); NM
SPRYCEL	5	PA; QL (30 per 30 days); NM
STIVARGA	5	PA; QL (84 per 28 days); NM; LA
<i>sunitinib malate</i>	5	PA; QL (30 per 30 days); NM
SYNRIBO	5	PA; NM
TABLOID	4	
TABRECTA	5	PA; QL (120 per 30 days); NM
TAFINLAR ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
TAFINLAR ORAL TABLET SOLUBLE	5	PA; QL (900 per 30 days); NM
TAGRISSO	5	PA; QL (30 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; QL (30 per 30 days); NM
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; QL (90 per 30 days); NM; LA
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; QL (30 per 30 days); NM; LA
<i>tamoxifen citrate oral</i>	1	
TASIGNA	5	PA; QL (112 per 28 days); NM
TAZVERIK	5	PA; QL (240 per 30 days); NM; LA
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	PA; QL (20 per 21 days); NM; LA
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML	5	PA; QL (28 per 28 days); NM; LA
TECVAYLI	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TEPMETKO	5	PA; QL (60 per 30 days); NM; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; QL (30 per 30 days); NM
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (60 per 30 days); NM
TIBSOVO	5	PA; QL (60 per 30 days); NM; LA
<i>toremifene citrate</i>	4	QL (30 per 30 days); NM
<i>tretinoin oral</i>	5	
TRODELVY	5	PA; NM
TRUQAP	5	PA; QL (64 per 28 days); NM
TRUSELTIQ (100MG DAILY DOSE)	5	PA; QL (21 per 28 days); NM; LA
TRUSELTIQ (125MG DAILY DOSE)	5	PA; QL (42 per 28 days); NM; LA
TRUSELTIQ (50MG DAILY DOSE)	5	PA; QL (42 per 28 days); NM; LA
TRUSELTIQ (75MG DAILY DOSE)	5	PA; QL (63 per 28 days); NM; LA
TUKYSA	5	PA; QL (120 per 30 days); NM; LA
TURALIO ORAL CAPSULE 125 MG	5	PA; QL (120 per 30 days); NM; LA
VANFLYTA	5	PA; QL (56 per 28 days); NM
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML	5	PA; NM
VENCLEXTA ORAL TABLET 10 MG	3	PA; QL (60 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; QL (180 per 30 days); NM; LA
VENCLEXTA ORAL TABLET 50 MG	5	PA; QL (30 per 30 days); NM; LA
VENCLEXTA STARTING PACK	5	PA; NM; LA
VERZENIO	5	PA; QL (60 per 30 days); NM; LA
<i>vinblastine sulfate intravenous solution</i>	2	B/D PA; NM
<i>vincristine sulfate intravenous</i>	2	B/D PA; NM
<i>vinorelbine tartrate</i>	2	B/D PA; NM
VITRAKVI ORAL CAPSULE 100 MG	5	PA; QL (60 per 30 days); NM; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA; QL (180 per 30 days); NM; LA
VITRAKVI ORAL SOLUTION	5	PA; QL (300 per 30 days); NM; LA
VIZIMPRO	5	PA; QL (30 per 30 days); NM; LA
VONJO	5	PA; QL (120 per 30 days); NM; LA
WELIREG	5	PA; QL (90 per 30 days); NM; LA
XALKORI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA; QL (90 per 30 days); NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA; QL (120 per 30 days); NM; LA
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA; QL (60 per 30 days); NM; LA
XOSPATA	5	PA; QL (90 per 30 days); NM; LA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA; QL (4 per 28 days); NM; LA
XPOVIO (60 MG TWICE WEEKLY)	5	PA; QL (24 per 28 days); NM; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA; QL (8 per 28 days); NM; LA
XPOVIO (80 MG TWICE WEEKLY)	5	PA; QL (32 per 28 days); NM; LA
XTANDI ORAL CAPSULE	5	PA; QL (120 per 30 days); NM; LA
XTANDI ORAL TABLET 40 MG	5	PA; QL (120 per 30 days); NM
XTANDI ORAL TABLET 80 MG	5	PA; QL (60 per 30 days); NM
YERVOY	5	PA; NM
YONSA	5	PA; QL (120 per 30 days); NM
ZEJULA ORAL CAPSULE	5	PA; QL (90 per 30 days); NM; LA
ZEJULA ORAL TABLET 100 MG	5	PA; QL (90 per 30 days); NM
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; QL (30 per 30 days); NM
ZELBORAF	5	PA; QL (240 per 30 days); NM; LA
ZEPZELCA	5	PA; NM
ZOLINZA	5	PA; QL (120 per 30 days); NM
ZYDELIG	5	PA; QL (60 per 30 days); NM; LA
ZYKADIA ORAL TABLET	5	PA; QL (90 per 30 days); NM; LA
BLOOD PRODUCTS AND MODIFIERS		
<i>anagrelide hcl</i>	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	5	PA; NM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	4	PA; NM
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA; NM
<i>aspirin-dipyridamole er</i>	2	ST; QL (60 per 30 days)
BRILINTA	3	QL (60 per 30 days)
<i>cilostazol</i>	1	
CINRYZE	5	PA; NM; LA
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	QL (1 per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	QL (30 per 30 days)
<i>dabigatran etexilate mesylate</i>	2	QL (60 per 30 days)
DROXIA	4	
ELIQUIS	3	QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	QL (74 per 180 days)
ENDARI	5	NM; LA
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	2	QL (168 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (56 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml</i>	1	QL (44.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (16.8 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (22.4 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (33.6 per 28 days)
<i>enoxaparin sodium injection solution prefilled syringe 80 mg/0.8ml</i>	2	QL (44.8 per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; NM
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days)
FULPHILA	5	PA; QL (1.2 per 28 days); NM
GRANIX	5	PA; NM
<i>heparin (porcine) in nacl intravenous solution 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	3	B/D PA
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	B/D PA
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i>	1	B/D PA
<i>icatibant acetate</i>	5	PA; NM
JANTOVEN	1	
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA; NM
MOZOBIL	5	PA; NM
NEULASTA ONPRO	5	PA; QL (1.2 per 28 days); NM
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1.2 per 28 days); NM
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA; NM
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA; NM
NIVESTYM INJECTION SOLUTION 300 MCG/ML	5	PA; NM
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	4	PA; NM
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	4	PA; NM
<i>pentoxifylline er</i>	1	
<i>plerixafor</i>	2	PA; NM
PRADAXA ORAL CAPSULE 110 MG	4	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>prasugrel hcl</i>	2	QL (30 per 30 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	5	PA; NM
PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	4	PA; NM
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (360 per 30 days); NM; LA
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days); NM; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG	5	PA; QL (30 per 30 days); NM; LA
PROMACTA ORAL TABLET 50 MG	5	PA; QL (90 per 30 days); NM; LA
PROMACTA ORAL TABLET 75 MG	5	PA; QL (60 per 30 days); NM; LA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; NM
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	2	
<i>tranexamic acid oral</i>	2	
<i>warfarin sodium oral</i>	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 per 30 days)
XARELTO STARTER PACK	3	
ZARXIO	5	PA; NM
CARDIOVASCULAR AGENTS		
<i>acebutolol hcl oral</i>	1	
<i>acetazolamide oral</i>	1	
ALDACTAZIDE ORAL TABLET 50-50 MG	4	
<i>aliskiren fumarate</i>	6	
<i>amiloride hcl oral</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amiodarone hcl oral</i>	1	
<i>amlodipine besy-benazepril hcl</i>	6	
<i>amlodipine besylate oral</i>	1	
<i>amlodipine besylate-valsartan</i>	6	QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	6	QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	6	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>amlodipine-valsartan-hctz</i>	6	QL (30 per 30 days)
<i>atenolol oral</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>atorvastatin calcium oral</i>	6	QL (30 per 30 days)
<i>benazepril hcl oral</i>	6	
<i>benazepril-hydrochlorothiazide</i>	6	
<i>betaxolol hcl oral</i>	1	
<i>bisoprolol fumarate oral</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	6	QL (60 per 30 days)
<i>candesartan cilexetil oral tablet 32 mg</i>	6	QL (30 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	6	QL (60 per 30 days)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	6	QL (30 per 30 days)
<i>captopril oral</i>	6	
<i>captopril-hydrochlorothiazide</i>	6	
CARTIA XT	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>cholestyramine light</i>	1	
<i>clonidine</i>	2	QL (4 per 28 days)
<i>clonidine hcl oral</i>	1	
<i>colesevelam hcl oral tablet</i>	2	
<i>colestipol hcl</i>	1	
CORLANOR ORAL SOLUTION	4	PA; QL (560 per 28 days)
CORLANOR ORAL TABLET	4	PA; QL (60 per 30 days)
DIGOX ORAL TABLET 125 MCG	1	QL (30 per 30 days)
DIGOX ORAL TABLET 250 MCG	1	PA; QL (60 per 30 days)
<i>digoxin injection</i>	2	PA
<i>digoxin oral solution</i>	2	
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>digoxin oral tablet 250 mcg</i>	1	PA; QL (60 per 30 days)
<i>digoxin oral tablet 62.5 mcg</i>	2	QL (30 per 30 days)
<i>diltiazem hcl er beads</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral</i>	1	
<i>dilt-xr</i>	1	
<i>disopyramide phosphate oral</i>	2	PA
<i>dofetilide</i>	2	NM
<i>doxazosin mesylate oral</i>	1	
<i>droxidopa oral capsule 100 mg</i>	2	PA; QL (90 per 30 days); NM
<i>droxidopa oral capsule 200 mg</i>	4	PA; QL (180 per 30 days); NM
<i>droxidopa oral capsule 300 mg</i>	5	PA; QL (180 per 30 days); NM
EDARBI	4	QL (30 per 30 days)
<i>enalapril maleate oral tablet</i>	6	
<i>enalapril-hydrochlorothiazide</i>	6	
ENTRESTO ORAL TABLET 24-26 MG	3	QL (180 per 30 days)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>epplerenone</i>	2	
<i>ethacrynic acid oral</i>	2	
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	6	QL (30 per 30 days)
<i>felodipine er</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	2	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fenofibric acid oral capsule delayed release</i>	1	
<i>flecainide acetate</i>	1	
<i>fluvastatin sodium</i>	6	QL (60 per 30 days)
<i>fluvastatin sodium er</i>	6	QL (30 per 30 days)
<i>fosinopril sodium</i>	6	
<i>fosinopril sodium-hctz</i>	6	
<i>furosemide injection</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet</i>	1	
<i>gemfibrozil oral</i>	1	
<i>guanfacine hcl oral</i>	2	PA
<i>hydralazine hcl injection</i>	2	
<i>hydralazine hcl oral</i>	1	
<i>hydrochlorothiazide oral</i>	1	
<i>indapamide oral</i>	1	
<i>irbesartan</i>	6	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	6	QL (60 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	6	QL (30 per 30 days)
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	2	QL (180 per 30 days)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
<i>isradipine</i>	2	
<i>labetalol hcl oral</i>	1	
<i>lisinopril oral</i>	6	
<i>lisinopril-hydrochlorothiazide</i>	6	
<i>losartan potassium oral tablet 100 mg</i>	6	QL (30 per 30 days)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	6	QL (60 per 30 days)
<i>losartan potassium-hctz</i>	6	QL (30 per 30 days)
<i>lovastatin oral</i>	6	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
MATZIM LA	2	
<i>metolazone</i>	2	
<i>metoprolol succinate er</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	5	
<i>mexiletine hcl oral</i>	1	
<i>midodrine hcl</i>	2	
<i>minoxidil oral</i>	1	
<i>moexipril hcl</i>	6	
MULTAQ	4	QL (60 per 30 days)
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol hcl</i>	2	
<i>niacin (antihyperlipidemic)</i>	1	
<i>niacin er (antihyperlipidemic)</i>	2	
NIACOR	1	
<i>nicardipine hcl oral</i>	1	
<i>nifedipine er</i>	1	
<i>nifedipine er osmotic release</i>	1	
<i>nimodipine oral</i>	2	
<i>nisoldipine er</i>	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	5	
<i>nitroglycerin sublingual</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual solution</i>	2	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>olmesartan medoxomil oral tablet 5 mg</i>	6	QL (60 per 30 days)
<i>olmesartan medoxomil-hctz</i>	6	QL (30 per 30 days)
<i>olmesartan-amlodipine-hctz</i>	6	QL (30 per 30 days)
<i>omega-3-acid ethyl esters</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG	1	
<i>perindopril erbumine</i>	6	
<i>phenoxybenzamine hcl oral</i>	5	
<i>pindolol</i>	1	
<i>pravastatin sodium</i>	6	QL (30 per 30 days)
<i>prazosin hcl oral</i>	1	
PREVALITE	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	2	
<i>propranolol hcl er</i>	2	
<i>propranolol hcl oral tablet</i>	1	
<i>quinapril hcl</i>	6	
<i>quinapril-hydrochlorothiazide</i>	6	
<i>quinidine gluconate er</i>	2	
<i>quinidine sulfate oral</i>	1	
<i>ramipril</i>	6	
<i>ranolazine er</i>	2	PA
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX SYSTEM	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin calcium</i>	6	QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	QL (30 per 30 days)
SORINE	1	
<i>sotalol hcl (af)</i>	2	
<i>sotalol hcl oral</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolactone-hctz</i>	1	
TAZTIA XT	1	
<i>telmisartan oral tablet 20 mg, 40 mg</i>	6	QL (30 per 30 days)
<i>telmisartan oral tablet 80 mg</i>	6	QL (60 per 30 days)
<i>telmisartan-amlodipine</i>	6	QL (30 per 30 days)
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg</i>	6	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	6	QL (60 per 30 days)
<i>terazosin hcl oral</i>	1	
TIADYLT ER	1	
<i>timolol maleate oral</i>	1	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	6	
<i>trandolapril-verapamil hcl er</i>	6	
<i>triamterene oral</i>	2	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet</i>	1	
<i>valsartan oral tablet 160 mg</i>	6	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	6	QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	6	QL (90 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	6	QL (30 per 30 days)
VASCEPA	3	
VECAMYL	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 360 mg</i>	2	
<i>verapamil hcl er oral tablet extended release</i>	1	
<i>verapamil hcl oral</i>	1	
VERQUVO	4	PA
CENTRAL NERVOUS SYSTEM AGENTS		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	QL (1 per 28 days)
<i>acamprosate calcium</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 per 28 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 per 28 days)
<i>almotriptan malate</i>	2	QL (9 per 30 days)
<i>alprazolam er</i>	2	QL (90 per 30 days)
ALPRAZOLAM INTENSOL	3	QL (300 per 30 days)
<i>alprazolam oral</i>	2	QL (90 per 30 days)
<i>alprazolam xr</i>	2	QL (90 per 30 days)
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
<i>amitriptyline hcl oral</i>	2	
<i>amoxapine</i>	1	PA
<i>amphetamine-dextroamphet er</i>	2	PA; QL (30 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA; QL (90 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	PA; QL (60 per 30 days)
<i>apomorphine hcl subcutaneous</i>	5	PA; QL (60 per 30 days); NM
APTIOM	5	ST
<i>aripiprazole oral solution</i>	2	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	2	QL (30 per 30 days)
<i>aripiprazole oral tablet dispersible 10 mg</i>	2	QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	QL (60 per 30 days)
ARISTADA INITIO	5	QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (30 per 30 days)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg</i>	4	QL (60 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	2	QL (240 per 30 days)
<i>asenapine maleate sublingual tablet sublingual 5 mg</i>	2	QL (120 per 30 days)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	QL (30 per 30 days)
AUBAGIO	5	PA; QL (30 per 30 days); NM; LA
AUVELITY	5	PA; QL (60 per 30 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; QL (4 per 28 days); NM
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; QL (4 per 28 days); NM
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	QL (120 per 30 days)
BELSOMRA	4	QL (30 per 30 days)
<i>benztropine mesylate injection</i>	2	PA
<i>benztropine mesylate oral</i>	1	PA
BETASERON SUBCUTANEOUS KIT	5	PA; QL (15 per 30 days); NM
BOTOX	4	PA; NM
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL SOLUTION	5	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG	4	QL (60 per 30 days)
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	5	QL (60 per 30 days)
<i>bromocriptine mesylate oral</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	2	QL (240 per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	4	QL (480 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	4	QL (240 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	4	QL (120 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	2	QL (480 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	2	QL (120 per 30 days)
<i>bupropion hcl er (smoking det)</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1	QL (120 per 30 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1	QL (60 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (135 per 30 days)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (180 per 30 days)
<i>bupirone hcl oral</i>	1	
CAPLYTA	5	QL (30 per 30 days)
<i>carbamazepine er</i>	2	
<i>carbamazepine oral</i>	1	
<i>carbidopa oral</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>carisoprodol oral tablet 250 mg</i>	2	
<i>chlordiazepoxide hcl</i>	2	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>chlordiazepoxide-amitriptyline</i>	2	PA
<i>chlorpromazine hcl injection</i>	3	
<i>chlorpromazine hcl oral concentrate</i>	4	
<i>chlorpromazine hcl oral tablet</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA
<i>citalopram hydrobromide oral solution</i>	1	QL (600 per 30 days)
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg</i>	1	QL (60 per 30 days)
<i>citalopram hydrobromide oral tablet 40 mg</i>	1	QL (30 per 30 days)
<i>clobazam oral suspension</i>	2	PA; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg</i>	2	PA; QL (120 per 30 days)
<i>clobazam oral tablet 20 mg</i>	2	PA; QL (60 per 30 days)
<i>clomipramine hcl oral</i>	2	PA
<i>clonazepam oral tablet 0.5 mg</i>	1	QL (1200 per 30 days)
<i>clonazepam oral tablet 1 mg</i>	1	QL (600 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg</i>	2	QL (4800 per 30 days)
<i>clonazepam oral tablet dispersible 0.25 mg</i>	2	QL (2400 per 30 days)
<i>clonazepam oral tablet dispersible 0.5 mg</i>	2	QL (1200 per 30 days)
<i>clonazepam oral tablet dispersible 1 mg</i>	2	QL (600 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (120 per 30 days)
<i>clozapine oral tablet 25 mg</i>	2	QL (1080 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (540 per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	2	QL (270 per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg</i>	2	QL (2160 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	2	QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	5	QL (120 per 30 days)
<i>clozapine oral tablet dispersible 25 mg</i>	2	QL (1080 per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; QL (30 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; QL (12 per 28 days); NM
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA
<i>dalfampridine er</i>	3	PA; QL (60 per 30 days); NM
<i>dantrolene sodium oral</i>	2	
<i>desipramine hcl oral</i>	2	PA
<i>desvenlafaxine succinate er</i>	2	
<i>dexmethylphenidate hcl</i>	1	QL (60 per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 20 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>	2	QL (60 per 30 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	2	QL (120 per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	1	QL (1920 per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1	QL (90 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; QL (360 per 30 days); NM; LA
DIACOMIT ORAL CAPSULE 500 MG	5	PA; QL (180 per 30 days); NM; LA
DIACOMIT ORAL PACKET 250 MG	5	PA; QL (360 per 30 days); NM; LA
DIACOMIT ORAL PACKET 500 MG	5	PA; QL (180 per 30 days); NM; LA
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg</i>	2	QL (120 per 30 days)
<i>diazepam oral tablet 2 mg</i>	2	QL (600 per 30 days)
<i>diazepam oral tablet 5 mg</i>	2	QL (240 per 30 days)
<i>diazepam rectal</i>	2	
<i>dihydroergotamine mesylate injection</i>	5	PA
<i>dihydroergotamine mesylate nasal</i>	5	QL (8 per 28 days)
DILANTIN ORAL CAPSULE 30 MG	4	
<i>disulfiram oral</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	
<i>divalproex sodium oral tablet delayed release</i>	1	
<i>donepezil hcl</i>	1	QL (30 per 30 days)
<i>doxepin hcl oral capsule</i>	3	PA
<i>doxepin hcl oral concentrate</i>	2	PA
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	2	QL (180 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	2	QL (120 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	2	QL (90 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	2	QL (60 per 30 days)
<i>eletriptan hydrobromide</i>	2	QL (9 per 30 days)
EMSAM	5	PA; QL (30 per 30 days)
<i>entacapone</i>	2	
EPIDIOLEX	5	PA; NM; LA
EPITOL	1	
EPRONTIA	4	
<i>ergoloid mesylates oral</i>	2	PA
<i>escitalopram oxalate oral solution</i>	1	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg</i>	1	QL (60 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (30 per 30 days)
<i>escitalopram oxalate oral tablet 5 mg</i>	1	QL (120 per 30 days)
<i>ethosuximide oral</i>	2	
FANAPT ORAL TABLET 1 MG	5	QL (720 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG	5	QL (60 per 30 days)
FANAPT ORAL TABLET 2 MG	5	QL (360 per 30 days)
FANAPT ORAL TABLET 4 MG	5	QL (180 per 30 days)
FANAPT ORAL TABLET 6 MG	5	QL (120 per 30 days)
FANAPT ORAL TABLET 8 MG	5	QL (90 per 30 days)
FANAPT TITRATION PACK	4	
<i>felbamate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
FETZIMA	4	PA; QL (30 per 30 days)
FETZIMA TITRATION	4	PA
<i>fingolimod hcl</i>	5	PA; QL (30 per 30 days); NM
FINTEPLA	5	PA; NM; LA
<i>fluoxetine hcl oral capsule 10 mg</i>	1	
<i>fluoxetine hcl oral capsule 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine hcl oral capsule 40 mg</i>	1	QL (60 per 30 days)
<i>fluoxetine hcl oral solution</i>	1	QL (600 per 30 days)
<i>fluphenazine decanoate injection</i>	1	
<i>fluphenazine hcl injection</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	QL (60 per 30 days)
<i>fluvoxamine maleate oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1	
<i>frovatriptan succinate</i>	2	QL (12 per 30 days)
FYCOMPA ORAL SUSPENSION	5	QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg</i>	1	QL (1080 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	QL (270 per 30 days)
<i>gabapentin oral solution</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	QL (120 per 30 days)
<i>galantamine hydrobromide er</i>	2	QL (30 per 30 days)
<i>galantamine hydrobromide oral solution</i>	2	QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet</i>	2	QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.25 MG	5	PA; QL (30 per 30 days); NM
<i>guanfacine hcl er</i>	2	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>haloperidol decanoate intramuscular</i>	1	
<i>haloperidol lactate</i>	1	
<i>haloperidol oral</i>	1	
<i>imipramine hcl oral</i>	2	PA
<i>imipramine pamoate</i>	2	PA
INGREZZA ORAL CAPSULE 40 MG	5	PA; QL (60 per 30 days); NM
INGREZZA ORAL CAPSULE 60 MG, 80 MG	5	PA; QL (30 per 30 days); NM
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; QL (56 per 365 days); NM
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 84 days)
<i>lacosamide intravenous</i>	5	QL (1200 per 30 days)
<i>lacosamide oral solution</i>	2	QL (1200 per 30 days)
<i>lacosamide oral tablet</i>	2	QL (60 per 30 days)
<i>lamotrigine er</i>	2	
<i>lamotrigine oral tablet</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lamotrigine oral tablet chewable</i>	1	
<i>lamotrigine oral tablet dispersible</i>	2	
<i>lamotrigine starter kit-blue</i>	2	
<i>lamotrigine starter kit-green</i>	5	
<i>lamotrigine starter kit-orange</i>	2	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	2	QL (180 per 30 days)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	2	QL (120 per 30 days)
<i>levetiracetam intravenous</i>	2	
<i>levetiracetam oral</i>	1	
<i>lithium</i>	3	
<i>lithium carbonate er</i>	1	
<i>lithium carbonate oral</i>	1	
LORAZEPAM INTENSOL	2	QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	QL (150 per 30 days)
<i>loxapine succinate oral</i>	2	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	5	QL (60 per 30 days)
LYBALVI	5	QL (30 per 30 days)
MARPLAN	4	
<i>memantine hcl er</i>	2	PA; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA; QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg</i>	2	PA; QL (60 per 30 days)
<i>memantine hcl oral tablet 5 mg</i>	2	PA; QL (90 per 30 days)
<i>meprobamate</i>	2	PA
<i>methsuximide</i>	2	
<i>methylphenidate hcl er (cd)</i>	2	PA; QL (30 per 30 days)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	2	PA; QL (60 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	2	PA; QL (30 per 30 days)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	2	PA; QL (60 per 30 days)
<i>methylphenidate hcl er (xr)</i>	2	PA; QL (30 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	PA; QL (90 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	2	PA; QL (30 per 30 days)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	2	PA; QL (60 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	PA; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	2	PA; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	1	PA; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	2	PA; QL (180 per 30 days)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	2	PA; QL (90 per 30 days)
<i>methylphenidate patch</i>	2	QL (30 per 30 days)
MIGERGOT	5	
<i>mirtazapine oral tablet 15 mg, 30 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet 45 mg</i>	1	QL (30 per 30 days)
<i>mirtazapine oral tablet dispersible</i>	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
<i>molindone hcl</i>	2	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	
<i>naloxone hcl nasal</i>	2	
<i>naltrexone hcl oral</i>	2	
<i>naratriptan hcl</i>	1	QL (9 per 30 days)
NAYZILAM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>nefazodone hcl</i>	2	
NEUPRO	4	QL (30 per 30 days)
NICOTROL NS	4	QL (120 per 30 days)
<i>nortriptyline hcl oral</i>	1	
NUEDEXTA	5	PA; QL (60 per 30 days)
NUPLAZID ORAL CAPSULE	5	PA; QL (30 per 30 days); NM; LA
NUPLAZID ORAL TABLET 10 MG	5	PA; QL (30 per 30 days); NM; LA
NURTEC	5	PA; QL (16 per 30 days)
<i>olanzapine intramuscular</i>	2	QL (90 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet 20 mg</i>	1	QL (30 per 30 days)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 5 mg</i>	2	
<i>olanzapine oral tablet dispersible 20 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	2	QL (30 per 30 days)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	2	QL (90 per 30 days)
<i>orphenadrine citrate er</i>	2	
<i>orphenadrine citrate injection</i>	2	
oxazepam	2	QL (120 per 30 days)
oxcarbazepine	1	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	2	QL (30 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	2	QL (60 per 30 days)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	4	QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	2	QL (30 per 30 days)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	2	QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	2	QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (45 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (60 per 30 days)
<i>perphenazine oral</i>	1	
<i>perphenazine-amitriptyline</i>	2	PA
PERSERIS	5	QL (1 per 28 days)
<i>phenelzine sulfate oral</i>	1	
<i>phenobarbital oral elixir</i>	1	PA; QL (3000 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; QL (120 per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg</i>	1	PA; QL (210 per 30 days)
PHENYTOIN INFATABS	1	
<i>phenytoin oral</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pimozide</i>	2	
<i>pramipexole dihydrochloride</i>	1	
<i>pramipexole dihydrochloride er</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral capsule 200 mg</i>	1	QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	QL (900 per 30 days)
<i>primidone oral</i>	1	
PROCENTRA	1	QL (1920 per 30 days)
<i>protriptyline hcl</i>	2	PA
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide oral solution</i>	5	
<i>pyridostigmine bromide oral tablet</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	2	QL (30 per 30 days)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	2	QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 100 mg</i>	1	QL (240 per 30 days)
<i>quetiapine fumarate oral tablet 150 mg</i>	1	QL (150 per 30 days)
<i>quetiapine fumarate oral tablet 200 mg</i>	1	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quetiapine fumarate oral tablet 25 mg</i>	1	QL (960 per 30 days)
<i>quetiapine fumarate oral tablet 300 mg</i>	1	QL (80 per 30 days)
<i>quetiapine fumarate oral tablet 400 mg</i>	1	QL (60 per 30 days)
<i>quetiapine fumarate oral tablet 50 mg</i>	1	QL (480 per 30 days)
<i>ramelteon</i>	2	QL (30 per 30 days)
<i>rasagiline mesylate oral</i>	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	5	QL (60 per 30 days)
REXULTI ORAL TABLET 3 MG, 4 MG	5	QL (30 per 30 days)
<i>riluzole</i>	2	NM
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG	4	QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG	5	QL (2 per 28 days)
<i>risperidone er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (2 per 28 days)
<i>risperidone er intramuscular suspension reconstituted er 50 mg</i>	5	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg</i>	2	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 50 mg</i>	5	QL (2 per 28 days)
<i>risperidone oral solution</i>	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg</i>	1	QL (1920 per 30 days)
<i>risperidone oral tablet 0.5 mg</i>	1	QL (960 per 30 days)
<i>risperidone oral tablet 1 mg</i>	1	QL (480 per 30 days)
<i>risperidone oral tablet 2 mg</i>	1	QL (240 per 30 days)
<i>risperidone oral tablet 3 mg, 4 mg</i>	1	QL (120 per 30 days)
<i>risperidone oral tablet dispersible 0.25 mg</i>	2	QL (1920 per 30 days)
<i>risperidone oral tablet dispersible 0.5 mg</i>	2	QL (960 per 30 days)
<i>risperidone oral tablet dispersible 1 mg</i>	2	QL (480 per 30 days)
<i>risperidone oral tablet dispersible 2 mg</i>	2	QL (240 per 30 days)
<i>risperidone oral tablet dispersible 3 mg</i>	2	QL (150 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>risperidone oral tablet dispersible 4 mg</i>	2	QL (120 per 30 days)
<i>rivastigmine</i>	2	QL (30 per 30 days)
<i>rivastigmine tartrate</i>	2	QL (60 per 30 days)
<i>rizatriptan benzoate</i>	2	QL (12 per 30 days)
<i>ropinirole hcl</i>	1	
<i>ropinirole hcl er</i>	2	
ROWEEPRA ORAL TABLET 500 MG	1	
<i>rufinamide oral suspension</i>	5	PA; QL (2400 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	PA; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	4	PA; QL (240 per 30 days)
RYTARY	4	ST
SECUADO	5	QL (30 per 30 days)
<i>selegiline hcl oral</i>	2	
<i>sertraline hcl oral concentrate</i>	1	QL (300 per 30 days)
<i>sertraline hcl oral tablet 100 mg</i>	1	QL (60 per 30 days)
<i>sertraline hcl oral tablet 25 mg</i>	1	QL (240 per 30 days)
<i>sertraline hcl oral tablet 50 mg</i>	1	QL (120 per 30 days)
SPRAVATO (56 MG DOSE)	4	PA; QL (16 per 28 days); NM
SPRAVATO (84 MG DOSE)	5	PA; QL (24 per 28 days); NM
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG	4	QL (60 per 30 days)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	4	QL (120 per 30 days)
SUBVENITE	1	
SUBVENITE STARTER KIT-BLUE	2	
SUBVENITE STARTER KIT-GREEN	2	
SUBVENITE STARTER KIT-ORANGE	2	
<i>sumatriptan nasal</i>	2	
<i>sumatriptan succinate oral</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (6 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	QL (6 per 30 days)
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (30 per 30 days)
<i>tasimelteon</i>	5	PA; QL (30 per 30 days); NM
TECFIDERA ORAL	5	PA; NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	5	PA; QL (14 per 7 days); NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	5	PA; QL (60 per 30 days); NM; LA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	5	PA; NM; LA
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	QL (30 per 30 days)
TENCON ORAL TABLET 50-325 MG	1	PA; QL (180 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; QL (240 per 30 days); NM
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; QL (120 per 30 days); NM
<i>thioridazine hcl oral</i>	2	
<i>thiothixene oral</i>	1	
<i>tiagabine hcl</i>	2	
<i>tizanidine hcl oral tablet</i>	1	
<i>tolcapone</i>	5	PA; QL (180 per 30 days)
<i>topiramate oral</i>	1	
<i>tranylcyromine sulfate</i>	2	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 300 mg</i>	2	
<i>triazolam</i>	1	QL (30 per 30 days)
<i>trifluoperazine hcl oral</i>	1	
<i>trihexyphenidyl hcl oral solution</i>	1	PA
<i>trihexyphenidyl hcl oral tablet</i>	1	
<i>trimipramine maleate oral</i>	2	
TRINTELLIX	4	QL (30 per 30 days)
TYSABRI	5	PA; NM; LA
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 per 60 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 per 30 days)
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>valproic acid oral capsule</i>	1	
<i>valproic acid oral solution</i>	1	
VALTOCO 10 MG DOSE	4	
VALTOCO 15 MG DOSE	4	
VALTOCO 20 MG DOSE	4	
VALTOCO 5 MG DOSE	4	
<i>varenicline tartrate (starter)</i>	4	PA
<i>varenicline tartrate oral tablet 0.5 mg</i>	4	PA; QL (60 per 30 days)
<i>varenicline tartrate oral tablet 1 mg</i>	4	PA; QL (56 per 28 days)
<i>varenicline tartrate oral tablet therapy pack</i>	4	PA
<i>venlafaxine besylate er</i>	4	QL (60 per 30 days)
<i>venlafaxine hcl</i>	1	QL (90 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (180 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	2	
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg</i>	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	2	QL (90 per 30 days)
VERSACLOZ	4	QL (600 per 30 days)
<i>vigabatrin</i>	5	PA; QL (180 per 30 days); NM; LA
VIGADRONE ORAL PACKET	5	PA; QL (180 per 30 days); NM; LA
VIGADRONE ORAL TABLET	5	PA; QL (180 per 30 days); NM
VIGODER	5	PA; QL (180 per 30 days); NM
<i>vilazodone hcl</i>	2	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK	4	
WAKIX	5	PA; QL (60 per 30 days); NM
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE)	5	QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 50 MG	5	QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	4	QL (56 per 365 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	5	QL (56 per 365 days)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT	4	PA; NM
<i>zaleplon oral capsule 10 mg</i>	2	QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	QL (30 per 30 days)
ZENZEDI ORAL TABLET 10 MG	1	QL (180 per 30 days)
ZENZEDI ORAL TABLET 5 MG	1	QL (90 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg</i>	2	QL (240 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg</i>	2	QL (120 per 30 days)
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	2	QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	QL (6 per 3 days)
<i>zolmitriptan nasal</i>	2	
<i>zolmitriptan oral</i>	2	QL (9 per 30 days)
<i>zolpidem tartrate er</i>	2	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ZONISADE	5	
<i>zonisamide oral</i>	1	
ZTALMY	5	QL (1100 per 30 days); NM
ZURZUVAE	5	NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	4	QL (2 per 28 days); NM
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (2 per 28 days); NM
DERMATOLOGICAL AGENTS		
ACCUTANE	2	
<i>acitretin oral capsule 10 mg, 25 mg</i>	2	
<i>acitretin oral capsule 17.5 mg</i>	4	
<i>acyclovir external cream</i>	2	QL (5 per 30 days)
<i>acyclovir external ointment</i>	2	QL (30 per 30 days)
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
<i>ala-cort external cream 1 %</i>	2	
<i>ala-cort external cream 2.5 %</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>amcinonide external cream</i>	2	
<i>ammonium lactate external</i>	1	
AMNESTEEM	2	
<i>azelaic acid external</i>	2	
AZELEX	4	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
<i>bexarotene external</i>	5	PA; QL (60 per 30 days); NM
<i>calcipotriene external cream</i>	2	QL (120 per 30 days)
<i>calcipotriene external ointment</i>	2	QL (120 per 30 days)
<i>calcipotriene external solution</i>	2	QL (60 per 30 days)
<i>calcipotriene-betameth diprop external ointment</i>	2	QL (400 per 28 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>calcipotriene-betameth diprop external suspension</i>	2	QL (420 per 28 days)
CALCITRENE	2	QL (120 per 30 days)
<i>calcitriol external</i>	2	QL (800 per 28 days)
CAPEX	4	
<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate mouth/throat</i>	1	
CICLODAN EXTERNAL SOLUTION	1	
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external cream</i>	1	QL (90 per 30 days)
<i>ciclopirox olamine external suspension</i>	1	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	
CLARAVIS ORAL CAPSULE 30 MG	4	
CLINDACIN	2	QL (100 per 30 days)
CLINDACIN ETZ EXTERNAL SWAB	1	
CLINDACIN-P	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	
<i>clindamycin phosphate external lotion</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external solution</i>	1	QL (120 per 30 days)
<i>clindamycin phosphate external swab</i>	1	
<i>clobetasol prop emollient base</i>	2	QL (120 per 30 days)
<i>clobetasol propionate e</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external foam</i>	2	QL (100 per 30 days)
<i>clobetasol propionate external gel</i>	2	QL (60 per 30 days)
<i>clobetasol propionate external liquid</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	QL (120 per 30 days)
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	QL (50 per 30 days)
CLODAN EXTERNAL SHAMPOO	2	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	QL (150 per 30 days)

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clotrimazole-betamethasone external cream</i>	1	QL (120 per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	2	
CROTAN	5	
<i>desonide external cream</i>	2	
<i>desonide external gel</i>	4	
<i>desonide external lotion</i>	2	
<i>desonide external ointment</i>	2	
<i>desoximetasone external cream</i>	2	QL (100 per 30 days)
<i>desoximetasone external gel</i>	2	
<i>desoximetasone external ointment</i>	2	
<i>diclofenac sodium external gel 3 %</i>	2	PA; QL (100 per 30 days)
<i>diflorasone diacetate external</i>	2	QL (60 per 30 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	5	PA; QL (8 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA; QL (1.34 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	5	PA; QL (4.56 per 28 days); NM
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL (8 per 28 days); NM
<i>econazole nitrate external</i>	1	QL (90 per 30 days)
<i>ery</i>	2	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>fluocinolone acetonide external</i>	2	QL (120 per 30 days)
<i>fluocinonide emulsified base</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.05 %</i>	1	QL (240 per 30 days)
<i>fluocinonide external cream 0.1 %</i>	2	QL (120 per 30 days)
<i>fluocinonide external gel</i>	1	QL (240 per 30 days)
<i>fluocinonide external ointment</i>	1	QL (240 per 30 days)
<i>fluocinonide external solution</i>	1	QL (240 per 30 days)
<i>fluorouracil external cream 0.5 %</i>	5	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>flurandrenolide external cream</i>	2	
<i>flurandrenolide external lotion</i>	2	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>gentamicin sulfate external</i>	1	QL (30 per 30 days)
<i>halcinonide</i>	2	
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
HALOG EXTERNAL OINTMENT	4	
<i>hydrocortisone (perianal)</i>	1	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone external cream 1 %</i>	2	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %</i>	2	
<i>hydrocortisone external ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	2	
<i>imiquimod external cream 3.75 %</i>	4	
<i>imiquimod external cream 5 %</i>	2	
<i>imiquimod pump</i>	4	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 35 mg, 40 mg</i>	2	
<i>isotretinoin oral capsule 25 mg</i>	5	
<i>ketoconazole external cream</i>	1	QL (120 per 30 days)
<i>ketoconazole external foam</i>	2	QL (100 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (120 per 30 days)
KETODAN EXTERNAL FOAM	2	QL (100 per 30 days)
KLAYESTA	1	
KOURZEQ	2	
<i>lindane external shampoo</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>malathion external</i>	2	
<i>methoxsalen rapid</i>	5	NM
<i>metronidazole external</i>	2	
<i>mometasone furoate external</i>	1	
<i>mupirocin calcium</i>	1	QL (30 per 30 days)
<i>mupirocin external</i>	1	QL (120 per 30 days)
MYORISAN	2	
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL GEL 2 %	3	
NEUAC EXTERNAL GEL	2	
<i>nitroglycerin rectal</i>	2	QL (30 per 30 days)
NYAMYC	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin-triamcinolone</i>	2	
NYSTOP	1	
ORALONE	2	
<i>oxiconazole nitrate</i>	4	QL (60 per 30 days)
OXISTAT EXTERNAL LOTION	4	
PANDEL	4	
PANRETIN	5	NM
<i>penciclovir</i>	2	QL (5 per 30 days)
PERIOGARD	1	
<i>permethrin external cream</i>	1	
<i>pilocarpine hcl oral</i>	2	
<i>pimecrolimus</i>	2	PA; QL (100 per 30 days)
<i>podofilox external solution</i>	2	
PROCTO-MED HC EXTERNAL	1	
PROCTOSOL HC EXTERNAL	1	
PROCTOZONE-HC EXTERNAL	1	
RECTIV	3	QL (30 per 30 days)
SANTYL	4	QL (30 per 30 days)
<i>selenium sulfide external lotion</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>silver sulfadiazine external</i>	1	
SSD (SILVER SULFADIAZINE)	1	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
<i>tacrolimus external ointment</i>	2	PA; QL (100 per 30 days)
<i>tazarotene external cream</i>	2	PA
<i>tazarotene external gel</i>	2	PA
<i>tretinoin external</i>	2	PA; QL (45 per 30 days)
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	2	PA; QL (50 per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>	2	PA; QL (50 per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	1	QL (454 per 30 days)
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat</i>	2	
TRIDERM EXTERNAL CREAM	1	QL (454 per 30 days)
VALCHLOR	5	PA; NM; LA
VEREGEN	5	
ZENATANE	2	
ELECTROLYTES / MINERALS / METALS / VITAMINS		
<i>carglumic acid oral tablet soluble</i>	5	PA; NM; LA
CLINIMIX E/DEXTROSE (2.75/5)	3	B/D PA
CLINIMIX E/DEXTROSE (4.25/10)	4	B/D PA
CLINIMIX E/DEXTROSE (4.25/5)	3	B/D PA
CLINIMIX E/DEXTROSE (5/15)	3	B/D PA
CLINIMIX E/DEXTROSE (5/20)	3	B/D PA
<i>clinimix e/dextrose (8/10)</i>	3	B/D PA
<i>clinimix e/dextrose (8/14)</i>	3	B/D PA
CLINIMIX/DEXTROSE (4.25/10)	3	B/D PA
CLINIMIX/DEXTROSE (4.25/5)	3	B/D PA
CLINIMIX/DEXTROSE (5/15)	3	B/D PA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CLINIMIX/DEXTROSE (5/20)	3	B/D PA
<i>clinimix/dextrose (6/5)</i>	3	B/D PA
<i>clinimix/dextrose (8/10)</i>	3	B/D PA
<i>clinimix/dextrose (8/14)</i>	3	B/D PA
CLINISOL SF	2	B/D PA
CLINOLIPID	1	B/D PA
<i>dextrose in lactated ringers</i>	2	
<i>dextrose intravenous solution 10 %, 5 %, 50 %, 70 %</i>	1	
<i>dextrose intravenous solution 250 mg/ml</i>	3	
<i>dextrose-nacl intravenous solution 10-0.2 %</i>	3	
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %</i>	3	
<i>dextrose-sodium chloride intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	
INTRALIPID INTRAVENOUS EMULSION 20 %	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE-P IN D5W	4	
ISOLYTE-S	4	
ISOLYTE-S PH 7.4	4	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%</i>	1	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	
<i>kcl-lactated ringers-d5w</i>	3	
KLOR-CON 10	1	
KLOR-CON M10	1	
KLOR-CON M15	2	
KLOR-CON M20	1	
KLOR-CON ORAL TABLET EXTENDED RELEASE	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>lactated ringers intravenous</i>	2	
<i>levocarnitine oral solution</i>	2	B/D PA
<i>levocarnitine oral tablet</i>	3	B/D PA
<i>levocarnitine sf</i>	2	B/D PA
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
<i>multiple electro type 1 ph 5.5</i>	2	
<i>multiple electro type 1 ph 7.4</i>	2	
NUTRILIPID	1	B/D PA
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
PLENAMINE	2	B/D PA
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	1	
<i>potassium chloride crys er oral tablet extended release 15 meq</i>	2	
<i>potassium chloride er oral capsule extended release</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 15 meq</i>	2	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
<i>potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l</i>	1	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D PA
PROSOL	3	B/D PA
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
TRAVASOL	3	B/D PA
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D PA
ENDOCRINE AND METABOLIC DISORDER AGENTS		
<i>acarbose oral</i>	1	QL (90 per 30 days)
<i>alendronate sodium oral solution</i>	1	QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
APIDRA	4	ST
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
AURYXIA	5	PA
BYDUREON BCISE	3	PA; QL (4 per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (2.4 per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (1.2 per 30 days)
<i>calcitonin (salmon) injection</i>	5	B/D PA
<i>calcitonin (salmon) nasal</i>	2	QL (4 per 30 days)
<i>calcitriol oral capsule</i>	2	B/D PA
<i>calcium acetate (phos binder)</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
<i>cinacalcet hcl oral tablet 30 mg</i>	2	B/D PA; QL (60 per 30 days); NM
<i>cinacalcet hcl oral tablet 60 mg</i>	4	B/D PA; QL (60 per 30 days); NM
<i>cinacalcet hcl oral tablet 90 mg</i>	5	B/D PA; QL (120 per 30 days); NM
CYCLOSET	4	ST; QL (180 per 30 days)
<i>deferasirox granules oral packet 180 mg, 360 mg</i>	5	PA; NM
<i>deferasirox granules oral packet 90 mg</i>	4	PA; NM
<i>deferasirox oral packet 180 mg, 360 mg</i>	5	PA; NM
<i>deferasirox oral packet 90 mg</i>	4	PA; NM
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; NM
<i>deferasirox oral tablet 90 mg</i>	2	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>deferasirox oral tablet soluble 125 mg</i>	4	PA; NM
<i>deferasirox oral tablet soluble 250 mg, 500 mg</i>	5	PA; NM
<i>deferiprone oral tablet 1000 mg</i>	5	PA; NM
<i>deferiprone oral tablet 500 mg</i>	5	PA; NM; LA
<i>diazoxide oral</i>	5	
<i>doxercalciferol</i>	2	B/D PA
FARXIGA	3	QL (30 per 30 days)
FERRIPROX ORAL SOLUTION	5	PA; NM; LA
FERRIPROX ORAL TABLET 1000 MG	5	PA; NM; LA
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML	5	PA; QL (3 per 28 days); NM
FOSAMAX PLUS D	4	ST; QL (4 per 28 days)
FOSRENOL ORAL PACKET	5	
<i>glimepiride oral tablet 1 mg</i>	6	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	6	
<i>glipizide oral tablet 5 mg</i>	6	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	6	QL (60 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	6	QL (240 per 30 days)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	6	QL (120 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>glucagon emergency injection kit</i>	2	
<i>glyburide micronized oral tablet 1.5 mg</i>	6	QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	6	QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	6	QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	6	QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	6	QL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	6	QL (240 per 30 days)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
GLYXAMBI	3	QL (30 per 30 days)
HUMALOG INJECTION	3	
HUMALOG JUNIOR KWIKPEN	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
HUMALOG MIX 50/50	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMALOG MIX 75/25	3	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	
HUMULIN 70/30	2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN R	2	
<i>ibandronate sodium intravenous</i>	2	B/D PA
<i>ibandronate sodium oral</i>	2	QL (1 per 28 days)
<i>insulin asp prot & asp flexpen</i>	4	ST
<i>insulin aspart flexpen</i>	4	ST
<i>insulin aspart injection</i>	4	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>insulin aspart penfill</i>	4	ST
<i>insulin aspart prot & aspart</i>	4	ST
<i>insulin lispro (1 unit dial)</i>	3	
<i>insulin lispro injection</i>	3	
<i>insulin lispro junior kwikpen</i>	3	
<i>insulin lispro prot & lispro</i>	3	
INVOKAMET	4	QL (60 per 30 days)
INVOKAMET XR	4	QL (60 per 30 days)
INVOKANA	4	QL (30 per 30 days)
JANUMET	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG	3	QL (30 per 30 days)
JANUVIA ORAL TABLET 25 MG	3	QL (120 per 30 days)
JANUVIA ORAL TABLET 50 MG	3	QL (60 per 30 days)
JARDIANCE	3	QL (30 per 30 days)
JENTADUETO	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 per 30 days)
JYNARQUE ORAL TABLET	5	PA; QL (120 per 30 days); NM; LA
KERENDIA	3	QL (30 per 30 days)
<i>lanthanum carbonate</i>	2	
LANTUS	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR	3	
LOKELMA	3	
LYUMJEV	3	
LYUMJEV KWIKPEN	3	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	6	QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	6	QL (60 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	6	QL (60 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	6	QL (150 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	6	QL (90 per 30 days)
<i>miglitol</i>	2	QL (90 per 30 days)
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	6	QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	6	QL (180 per 30 days)
NATPARA	5	PA; QL (2 per 28 days); NM
NOVOLIN 70/30	4	ST
NOVOLIN 70/30 FLEXPEN	4	ST
NOVOLIN 70/30 FLEXPEN RELION	4	ST
NOVOLIN 70/30 RELION	4	ST
NOVOLIN N	4	ST
NOVOLIN N FLEXPEN	4	ST
NOVOLIN N FLEXPEN RELION	4	ST
NOVOLIN N RELION	4	ST
NOVOLIN R	4	ST
NOVOLIN R FLEXPEN	4	ST
NOVOLIN R FLEXPEN RELION	4	ST
NOVOLIN R RELION	4	ST
NOVOLOG 70/30 FLEXPEN RELION	4	ST
NOVOLOG FLEXPEN RELION	4	ST
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	ST
NOVOLOG INJECTION	4	ST
NOVOLOG MIX 70/30	4	ST
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	4	ST
NOVOLOG MIX 70/30 RELION	4	ST
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	4	ST
NOVOLOG RELION INJECTION	4	ST

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML	3	PA; QL (1.5 per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	3	PA; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE)	3	PA; QL (3 per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	2	NM
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	3	B/D PA; NM
<i>paricalcitol</i>	2	B/D PA
<i>pioglitazone hcl oral tablet 15 mg</i>	6	QL (90 per 30 days)
<i>pioglitazone hcl oral tablet 30 mg</i>	6	QL (45 per 30 days)
<i>pioglitazone hcl oral tablet 45 mg</i>	6	QL (30 per 30 days)
<i>pioglitazone hcl-glimepiride</i>	6	QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl</i>	6	QL (90 per 30 days)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 per 180 days); NM
<i>repaglinide oral tablet 0.5 mg</i>	6	QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	6	QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	6	QL (240 per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>	2	ST; QL (1 per 28 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	2	ST; QL (30 per 30 days)
<i>risedronate sodium oral tablet 35 mg</i>	2	ST; QL (4 per 28 days)
<i>risedronate sodium oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	ST; QL (4 per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG	3	PA; QL (30 per 30 days)
RYBELSUS ORAL TABLET 3 MG	3	PA; QL (60 per 365 days)
<i>sevelamer carbonate oral packet 0.8 gm</i>	2	QL (540 per 30 days)
<i>sevelamer carbonate oral packet 2.4 gm</i>	2	QL (180 per 30 days)
<i>sevelamer carbonate oral tablet</i>	2	QL (540 per 30 days)

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLQUA	3	QL (15 per 25 days)
SPS	1	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (11 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; QL (6 per 30 days)
SYNJARDY	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG	3	QL (30 per 30 days)
<i>teriparatide</i>	5	PA; QL (3 per 28 days); NM
<i>teriparatide (recombinant)</i>	5	PA; QL (3 per 28 days); NM
<i>tolvaptan oral tablet 15 mg</i>	5	PA; QL (30 per 30 days); NM
<i>tolvaptan oral tablet 30 mg</i>	5	PA; QL (60 per 30 days); NM
TOUJEO MAX SOLOSTAR	3	
TOUJEO SOLOSTAR	3	
TRADJENTA	3	QL (30 per 30 days)
TRESIBA	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	QL (30 per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	3	QL (18 per 30 days)
<i>trientine hcl</i>	5	NM
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)
TYMLOS	5	PA; QL (1.56 per 28 days); NM
VELPHORO	5	QL (180 per 30 days)
VELTASSA	5	
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; QL (9 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XGEVA	5	PA; QL (5.1 per 28 days); NM
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	3	QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	QL (60 per 30 days)
<i>zoledronic acid intravenous concentrate</i>	2	PA; NM
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	4	PA; NM
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	2	PA; NM
GASTROINTESTINAL AGENTS		
<i>alosetron hcl oral tablet 0.5 mg</i>	2	PA; QL (60 per 30 days)
<i>alosetron hcl oral tablet 1 mg</i>	5	PA; QL (60 per 30 days)
<i>aprepitant oral</i>	2	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 125 mg</i>	2	B/D PA; QL (5 per 30 days)
<i>aprepitant oral capsule 40 mg</i>	2	B/D PA; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	B/D PA; QL (15 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	2	B/D PA; QL (10 per 30 days)
<i>balsalazide disodium</i>	2	
<i>budesonide er oral tablet extended release 24 hour</i>	5	PA
<i>budesonide oral</i>	2	
CHENODAL	5	PA; NM
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral</i>	1	
COMPRO	1	
<i>constulose</i>	1	
<i>dexlansoprazole</i>	2	ST; QL (30 per 30 days)
<i>dicyclomine hcl intramuscular</i>	4	
<i>dicyclomine hcl oral</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>dronabinol</i>	2	B/D PA; QL (120 per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D PA; QL (15 per 30 days)
<i>enulose</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>esomeprazole magnesium oral capsule delayed release</i>	2	QL (30 per 30 days)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	2	
<i>famotidine (pf)</i>	1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	2	
<i>famotidine oral suspension reconstituted</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed</i>	2	
<i>fosaprepitant dimeglumine</i>	2	
GATTEX	5	PA; NM; LA
GAVILYTE-C	1	
GAVILYTE-G	1	
GAVILYTE-N WITH FLAVOR PACK	1	
<i>generlac</i>	1	
<i>glycopyrrolate injection solution</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	
<i>granisetron hcl oral</i>	2	B/D PA; QL (30 per 30 days)
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
KRISTALOSE ORAL PACKET 20 GM	4	
<i>lactulose encephalopathy</i>	1	
<i>lactulose oral packet</i>	5	
<i>lactulose oral solution</i>	1	
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	QL (30 per 30 days)
LINZESS	4	QL (30 per 30 days)
<i>loperamide hcl oral capsule</i>	1	
<i>lubiprostone</i>	2	QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine er oral capsule extended release</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>mesalamine er oral capsule extended release 24 hour</i>	2	
<i>mesalamine oral tablet delayed release</i>	2	
<i>mesalamine rectal</i>	2	
<i>mesalamine-cleanser</i>	2	
<i>methscopolamine bromide oral</i>	2	
<i>metoclopramide hcl injection</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>misoprostol oral</i>	1	
MOVANTIK	3	QL (30 per 30 days)
MYALEPT	5	PA; NM; LA
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule delayed release</i>	1	
<i>ondansetron</i>	2	B/D PA; QL (90 per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	2	
<i>ondansetron hcl injection solution prefilled syringe</i>	2	
<i>ondansetron hcl oral solution</i>	2	B/D PA; QL (450 per 30 days)
<i>ondansetron hcl oral tablet 24 mg</i>	2	B/D PA; QL (30 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; QL (90 per 30 days)
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	2	
<i>pantoprazole sodium intravenous</i>	2	
<i>pantoprazole sodium oral tablet delayed release</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-3350/electrolytes/ascorbat</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	2	
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>promethazine hcl injection</i>	2	
<i>promethazine hcl oral</i>	2	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	2	PA
PROMETHEGAN	2	PA
<i>rabeprazole sodium oral tablet delayed release</i>	2	QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	PA; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (0.6ML SYRINGE)	5	
SANCUSO	5	PA; QL (4 per 28 days)
<i>scopolamine</i>	2	QL (10 per 28 days)
<i>sucrafate oral suspension</i>	3	
<i>sucrafate oral tablet</i>	1	
<i>sulfasalazine oral</i>	1	
<i>trimethobenzamide hcl oral</i>	2	
UCERIS RECTAL	4	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VIBERZI	5	PA
XERMELO	5	PA; QL (90 per 30 days); NM; LA
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
<i>betaine</i>	5	NM; LA
CHOLBAM	5	PA; QL (120 per 30 days); NM
CREON	3	
<i>cromolyn sodium oral</i>	2	
FABRAZYME	5	PA; NM; LA
JAVYGTOR	5	PA; NM
LUMIZYME	5	PA; NM; LA
<i>miglustat</i>	5	PA; NM; LA
NAGLAZYME	5	PA; NM; LA
<i>nitisinone</i>	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	4	ST
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 37000-97300 UNIT	5	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT	5	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT	4	ST
PROCYSBI ORAL CAPSULE DELAYED RELEASE	5	NM; LA
PROLASTIN-C	5	PA; NM; LA
RAVICTI	5	PA; QL (525 per 30 days); NM; LA
<i>sapropterin dihydrochloride oral packet</i>	5	PA; NM
<i>sapropterin dihydrochloride oral tablet</i>	5	PA; NM
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	5	PA; NM
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NM
STRENSIQ	5	PA; NM; LA
SUCRAID	5	NM; LA
VIMIZIM	5	PA; NM
VIOKACE ORAL TABLET 10440-39150 UNIT	4	
VIOKACE ORAL TABLET 20880-78300 UNIT	5	
VPRIV	5	PA; NM
YARGESA	5	PA; NM
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 3000-10000 UNIT, 5000-24000 UNIT	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT, 40000-126000 UNIT	5	
GENITOURINARY AGENTS		
<i>alfuzosin hcl er</i>	2	
<i>bethanechol chloride oral</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>clindamycin phosphate vaginal</i>	1	
<i>darifenacin hydrobromide er</i>	2	QL (30 per 30 days)
<i>dutasteride oral</i>	2	QL (30 per 30 days)
<i>dutasteride-tamsulosin hcl</i>	2	QL (30 per 30 days)
ELMIRON	4	
<i>fesoterodine fumarate er</i>	2	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	
<i>flavoxate hcl</i>	1	
GELNIQUE TRANSDERMAL GEL 10 %	4	ST; QL (30 per 30 days)
GEMTESA	4	QL (30 per 30 days)
<i>metronidazole vaginal</i>	1	
<i>miconazole 3 vaginal suppository</i>	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (300 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg</i>	2	QL (60 per 30 days)
<i>oxybutynin chloride er oral tablet extended release 24 hour 5 mg</i>	2	QL (30 per 30 days)
<i>oxybutynin chloride oral solution</i>	1	QL (600 per 30 days)
<i>oxybutynin chloride oral tablet 2.5 mg</i>	1	QL (90 per 30 days)
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL (120 per 30 days)
<i>penicillamine oral tablet</i>	5	NM
<i>potassium citrate er</i>	2	
<i>silodosin</i>	2	
<i>solifenacin succinate</i>	2	QL (30 per 30 days)
<i>tamsulosin hcl</i>	1	
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	2	
<i>tolterodine tartrate</i>	2	QL (60 per 30 days)
<i>tolterodine tartrate er</i>	2	QL (30 per 30 days)
TOVIAZ	4	QL (30 per 30 days)
<i>trospium chloride</i>	2	QL (60 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>trospium chloride er</i>	2	QL (30 per 30 days)
VANDAZOLE	1	
HORMONAL AGENTS		
ACTHAR	5	PA; NM; LA
AFIRMELLE	1	
ALTAVERA	1	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	1	
AMABELZ ORAL TABLET 0.5-0.1 MG	2	PA
AMETHIA	2	
AMETHYST	2	
APRI	1	
ARANELLE	2	
ASHLYNA	2	
AUBRA EQ	1	
AUROVELA 1.5/30	1	
AUROVELA 1/20	1	
AUROVELA 24 FE	1	
AUROVELA FE 1.5/30	1	
AUROVELA FE 1/20	1	
AVIANE	1	
AYUNA	1	
AZURETTE	2	
BALZIVA	2	
BIJUVA	3	PA
BLISOVI 24 FE	1	
BLISOVI FE 1.5/30	1	
BLISOVI FE 1/20	1	
<i>briellyn</i>	2	
<i>cabergoline</i>	2	
CAMILA	1	
CAMRESE	2	
CHARLOTTE 24 FE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CHATEAL EQ	1	
<i>chorionic gonadotropin intramuscular</i>	3	PA; NM
COMBIPATCH	4	PA; QL (8 per 28 days)
CRINONE	4	PA; NM
CRYSSELLE-28	1	
CYRED EQ	1	
<i>danazol oral</i>	2	
DASETTA 1/35	2	
DASETTA 7/7/7	1	
DAYSEE	2	
DEBLITANE	1	
DELYLA	1	
DEPO-ESTRADIOL	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	2	PA
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	2	
<i>desmopressin ace spray refrig</i>	2	
<i>desmopressin acetate injection</i>	2	
<i>desmopressin acetate oral</i>	2	
<i>desmopressin acetate pf</i>	2	
<i>desmopressin acetate spray</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone sod phosphate pf injection solution</i>	1	
<i>dexamethasone sodium phosphate injection</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
DOLISHALE	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
DUAVEE	4	PA; QL (30 per 30 days)
ELESTRIN	4	PA
ELINEST	1	
ELURYNG	2	
EMOQUETTE	1	
ENPRESSE-28	1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	1	
ERRIN	1	
ESTARYLLA	1	
<i>estradiol oral</i>	1	
<i>estradiol transdermal gel</i>	2	PA
<i>estradiol transdermal patch twice weekly</i>	2	PA; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet</i>	2	PA
ESTROGEL	4	PA
<i>ethynodiol diac-eth estradiol</i>	2	
EUTHYROX	1	
EVAMIST	4	PA
FALMINA	1	
FEMYNOR	1	
FINZALA	2	
<i>fludrocortisone acetate oral</i>	1	
FYAVOLV	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG	4	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	5	PA; NM
GENOTROPIN SUBCUTANEOUS CARTRIDGE	5	PA; NM
HAILEY 1.5/30	1	
HAILEY 24 FE	1	
HAILEY FE 1.5/30	1	
HAILEY FE 1/20	1	
HEATHER	1	
HUMATROPE INJECTION CARTRIDGE	5	PA; NM
ICLEVIA	2	
INCASSIA	1	
INCRELEX	5	PA; NM; LA
INTROVALE	2	
ISIBLOOM	1	
JAIMIESS	2	
JASMIEL	2	
JENCYCLA	1	
JINTELI	1	PA
JOLESSA	2	
JULEBER	1	
JUNEL 1.5/30	1	
JUNEL 1/20	1	
JUNEL FE 1.5/30	1	
JUNEL FE 1/20	1	
JUNEL FE 24	1	
KAITLIB FE	2	
KALLIGA	1	
KARIVA	2	
KELNOR 1/35	2	
KELNOR 1/50	2	
KORLYM	5	PA; NM; LA
KURVELO	1	
<i>lanreotide acetate</i>	5	PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LARIN 1.5/30	1	
LARIN 1/20	1	
LARIN 24 FE	1	
LARIN FE 1.5/30	1	
LARIN FE 1/20	1	
LAYOLIS FE	2	
LEENA	2	
LESSINA	1	
LEVONEST	1	
<i>levonorgest-eth est & eth est</i>	2	
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	
LEVORA 0.15/30 (28)	1	
LEVO-T	1	
<i>levothyroxine sodium oral tablet</i>	1	
LEVOXYL	1	
<i>liothyronine sodium oral</i>	1	
LOESTRIN 1.5/30 (21)	1	
LOESTRIN 1/20 (21)	1	
LOESTRIN FE 1.5/30	1	
LOESTRIN FE 1/20	1	
LORYNA	2	
LOW-OGESTREL	1	
LO-ZUMANDIMINE	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA; QL (1 per 28 days); NM
LUTERA	1	
LYLEQ	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
LYZA	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate intramuscular</i>	2	
<i>medroxyprogesterone acetate oral</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA
MENEST	4	PA
MENOSTAR	4	PA; QL (4 per 28 days)
<i>methimazole oral</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	1	
<i>methyltestosterone oral</i>	5	
MIBELAS 24 FE	2	
MICROGESTIN 1.5/30	1	
MICROGESTIN 1/20	1	
MICROGESTIN 24 FE	1	
MICROGESTIN FE 1.5/30	1	
MICROGESTIN FE 1/20	1	
<i>mifepristone oral tablet 300 mg</i>	5	PA; NM; LA
MILI	1	
MIMVEY	2	PA
MONO-LINYAH	1	
NECON 0.5/35 (28)	2	
NIKKI	2	
NORA-BE	1	
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; NM
<i>norelgestromin-eth estradiol</i>	2	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	
<i>norethindrone acetate oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>norethindrone acet-ethinyl est oral tablet</i>	1	
<i>norethindrone oral</i>	1	
<i>norethindrone-eth estradiol</i>	1	PA
<i>norethindron-ethinyl estrad-fe</i>	2	
<i>norethin-eth estradiol-fe</i>	2	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	
<i>norgestim-eth estrad triphasic</i>	1	
NORLYDA	1	
NORLYROC	1	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	1	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	4	PA; NM
NP THYROID	1	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; NM; LA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA; NM; LA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; NM; LA
NYLIA 1/35	2	
NYLIA 7/7/7	1	
OCELLA	2	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	PA; NM
<i>octreotide acetate injection solution 500 mcg/ml</i>	4	PA; NM
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i>	2	PA; NM
<i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i>	5	PA; NM
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; NM; LA
ORSYTHIA	1	
<i>oxandrolone oral tablet 10 mg</i>	2	PA; QL (60 per 30 days)
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; QL (240 per 30 days)
PHILITH	2	
PIMTREA	2	
PIRMELLA 1/35	2	
PORTIA-28	1	
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
PREDNISON INTENSOL	4	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PREGNYL	3	PA; NM
PREMARIN ORAL	3	PA
PREMARIN VAGINAL	3	
PREMPHASE	3	PA
PREMPRO	3	PA
<i>progesterone oral</i>	2	
<i>propylthiouracil oral</i>	1	
<i>raloxifene hcl</i>	2	QL (30 per 30 days)
RECLIPSEN	1	
RIVELSA	2	
SAIZEN	5	PA; NM; LA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA; NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
SETLAKIN	2	
SHAROBEL	1	
SIGNIFOR	5	PA; NM; LA
SIMLIYA	2	
SIMPESSE	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 250 MG	4	
SOMATULINE DEPOT	5	PA; NM
SOMAVERT	5	PA; NM; LA
SPRINTEC 28	1	
SRONYX	1	
SYEDA	2	
SYNAREL	5	PA; NM
SYNTHROID	3	
TARINA 24 FE	1	
TARINA FE 1/20 EQ	1	
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	2	PA
<i>testosterone cypionate intramuscular solution 200 mg/ml, 200 mg/ml (1 ml)</i>	2	
<i>testosterone enanthate intramuscular solution</i>	2	PA
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%)</i>	2	PA; QL (112.5 per 30 days)
TILIA FE	2	
TRI FEMYNOR	1	
TRI-ESTARYLLA	1	
TRI-LEGEST FE	2	
TRI-LINYAH	1	
TRI-LO-ESTARYLLA	1	
TRI-LO-MARZIA	1	
TRI-LO-MILI	1	

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TRI-LO-SPRINTEC	1	
TRI-MILI	1	
TRI-NYMYO	1	
TRI-SPRINTEC	1	
TRIVORA (28)	1	
TRI-VYLIBRA	1	
TRI-VYLIBRA LO	1	
TURQOZ	1	
TYBLUME ORAL TABLET CHEWABLE	1	
UNITHROID	1	
VELIVET	2	
VIENVA	1	
<i>viorele</i>	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	1	
WERA	2	
WYMZYA FE	2	
XULANE	2	
YUVAFEM	2	
ZAFEMY	2	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	5	PA; NM
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG	4	PA; NM
ZOVIA 1/35 (28)	2	
ZUMANDIMINE	2	
IMMUNOLOGICAL AGENTS		
ABRYSVO	3	
ACTHIB	3	
ACTIMMUNE	5	PA; NM; LA
ADACEL	3	
ARCALYST	5	PA; NM
AREXVY	3	

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	B/D PA; NM
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	B/D PA; NM
AZASAN	4	B/D PA; NM
<i>azathioprine oral tablet 100 mg, 75 mg</i>	2	B/D PA; NM
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; NM
<i>bcg vaccine injection solution reconstituted</i>	3	
BENLYSTA	5	PA; NM
BEXSERO	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
COSENTYX (300 MG DOSE)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY (300 MG)	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SENSOREADY PEN	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; QL (8 per 28 days); NM; LA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (2 per 28 days); NM
<i>cyclosporine intravenous</i>	2	B/D PA; NM
<i>cyclosporine modified</i>	2	B/D PA; NM
<i>cyclosporine oral capsule</i>	2	B/D PA; NM
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
<i>diphtheria-tetanus toxoids dt</i>	3	
ENBREL MINI	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; QL (4 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; QL (4.08 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; QL (8 per 28 days); NM
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (8 per 28 days); NM
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	3	B/D PA
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	3	B/D PA
ENTYVIO INTRAVENOUS	5	PA; QL (4 per 56 days); NM
ENTYVIO SUBCUTANEOUS	5	PA; QL (1.36 per 28 days); NM
ENVARUSUS XR	4	B/D PA; NM
<i>everolimus oral tablet 0.25 mg</i>	2	B/D PA; NM
<i>everolimus oral tablet 0.5 mg, 0.75 mg</i>	4	B/D PA; NM
<i>everolimus oral tablet 1 mg</i>	5	B/D PA; NM
GAMUNEX-C	5	PA; NM
GARDASIL 9	3	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	2	B/D PA; NM
GENGRAF ORAL SOLUTION	2	B/D PA; NM
HAVRIX	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D PA
HIBERIX INJECTION	3	
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML	5	PA; QL (2 per 28 days); NM
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; QL (4 per 365 days); NM
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; QL (4 per 28 days); NM
HUMIRA PEN-PEDIATRIC UC START	5	PA; QL (8 per 365 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; QL (4 per 28 days); NM
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; QL (12 per 365 days); NM
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; QL (6 per 365 days); NM
HUMIRA-PS/UV/ADOL HS STARTER	5	PA; QL (8 per 365 days); NM
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL (6 per 365 days); NM
HYPERRAB	5	NM
ILARIS SUBCUTANEOUS SOLUTION	5	PA; NM; LA
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML	3	NM
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
INFANRIX	3	
<i>infliximab</i>	5	PA; NM
IPOL	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	B/D PA
<i>kedrab injection</i>	3	NM
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>leflunomide oral</i>	2	QL (30 per 30 days)
MENACTRA INTRAMUSCULAR SOLUTION	3	
MENQUADFI INTRAMUSCULAR SOLUTION	4	
MENVEO	3	
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	NM
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	NM
<i>methotrexate sodium injection solution reconstituted</i>	1	NM
<i>methotrexate sodium oral</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
M-M-R II INJECTION	3	
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; NM
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D PA; NM
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; NM
<i>mycophenolate sodium</i>	2	B/D PA; NM
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	2	B/D PA; NM
NULOJIX	5	PA; NM
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 2.5 GM/50ML, 30 GM/300ML, 5 GM/100ML	5	PA; NM
OTEZLA ORAL TABLET	5	PA; QL (60 per 30 days); NM
OTEZLA ORAL TABLET THERAPY PACK	5	PA; NM
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	NM
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	4	B/D PA
PRIORIX	3	
PROGRAF INTRAVENOUS	5	B/D PA; NM
PROGRAF ORAL PACKET	4	B/D PA; NM
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL	3	
RABAVERT	3	
RECOMBIVAX HB	3	B/D PA
REMICADE	5	PA; NM
REZUROCK	5	PA; NM; LA
RIDAURA	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
RINVOQ	5	PA; QL (30 per 30 days); NM
ROTARIX	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	
<i>sirolimus oral solution</i>	5	B/D PA; NM
<i>sirolimus oral tablet</i>	2	B/D PA; NM
SKYRIZI INTRAVENOUS	5	PA; QL (10 per 28 days); NM
SKYRIZI PEN	5	PA; QL (6 per 365 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	5	PA; QL (1.2 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	5	PA; QL (2.4 per 56 days); NM
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (6 per 365 days); NM
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; QL (1 per 28 days); NM; LA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL (1 per 28 days); NM
<i>tacrolimus oral</i>	2	B/D PA; NM
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TREXALL ORAL TABLET 10 MG, 15 MG	4	ST
TRUMENBA	3	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	NM
XATMEP	4	ST; NM
YF-VAX	3	
INFECTIOUS DISEASE AGENTS		
<i>abacavir sulfate oral solution</i>	2	QL (960 per 30 days); NM

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>abacavir sulfate oral tablet</i>	2	QL (60 per 30 days); NM
<i>abacavir sulfate-lamivudine</i>	2	QL (30 per 30 days); NM
ABELCET	4	B/D PA
<i>acyclovir oral</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	B/D PA
<i>adefovir dipivoxil</i>	2	PA; NM
<i>albendazole oral</i>	4	
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>amphotericin b intravenous</i>	2	B/D PA
<i>amphotericin b liposome</i>	5	B/D PA
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous</i>	2	
APTIVUS ORAL CAPSULE	5	QL (120 per 30 days); NM
<i>atazanavir sulfate oral capsule 150 mg</i>	4	QL (60 per 30 days); NM
<i>atazanavir sulfate oral capsule 200 mg</i>	2	QL (60 per 30 days); NM
<i>atazanavir sulfate oral capsule 300 mg</i>	2	QL (30 per 30 days); NM
<i>atovaquone oral</i>	2	PA
<i>atovaquone-proguanil hcl</i>	2	
AVYCAZ	5	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>azithromycin oral tablet</i>	1	
<i>aztreonam</i>	2	
BARACLUDE ORAL SOLUTION	5	PA; NM
BICILLIN C-R	4	
BICILLIN C-R 900/300	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
BIKTARVY ORAL TABLET 30-120-15 MG	5	QL (30 per 30 days)
BIKTARVY ORAL TABLET 50-200-25 MG	5	QL (30 per 30 days); NM
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	5	QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	5	QL (6 per 28 days)
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg</i>	2	
<i>cefazolin sodium injection solution reconstituted 100 gm, 300 gm</i>	4	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	2	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	4	
<i>cefdinir</i>	2	
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefixime</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted 2 gm</i>	4	

You can find information on what the symbols and abbreviations
on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 100 gm</i>	3	
<i>ceftriaxone sodium intravenous</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
<i>chloroquine phosphate oral</i>	1	
<i>cidofovir intravenous</i>	2	B/D PA; NM
CIMDUO	5	QL (30 per 30 days); NM
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w</i>	1	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 9 gm/60ml, 9000 mg/60ml</i>	1	
COARTEM	4	
<i>colistimethate sodium (cba)</i>	2	
COMPLERA	5	QL (30 per 30 days); NM
CRESEMBA	5	PA
DALVANCE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>dapsone oral</i>	2	
<i>daptomycin</i>	5	
<i>darunavir</i>	5	QL (60 per 30 days); NM
DELSTRIGO	5	QL (30 per 30 days); NM
<i>demeclocycline hcl oral</i>	2	
DESCOVY	5	QL (30 per 30 days); NM
<i>dicloxacillin sodium</i>	1	
DIFICID	5	PA
DOVATO	5	QL (30 per 30 days); NM
DOXY 100	2	
<i>doxycycline hyclate intravenous</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
E.E.S. 400 ORAL TABLET	1	
EDURANT	5	QL (30 per 30 days); NM
<i>efavirenz oral capsule 200 mg</i>	2	QL (120 per 30 days); NM
<i>efavirenz oral capsule 50 mg</i>	2	QL (360 per 30 days); NM
<i>efavirenz oral tablet</i>	4	QL (30 per 30 days); NM
<i>efavirenz-emtricitab-tenofo df</i>	4	QL (30 per 30 days); NM
<i>efavirenz-lamivudine-tenofovir</i>	5	QL (30 per 30 days); NM
<i>emtricitabine</i>	2	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 per 30 days); NM
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	QL (30 per 30 days); NM
EMTRIVA ORAL SOLUTION	4	QL (850 per 30 days); NM
<i>entecavir</i>	2	PA; NM
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (30 per 30 days); NM
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (60 per 30 days); NM
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL (60 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; QL (30 per 30 days); NM
<i>ertapenem sodium</i>	2	
ERY-TAB	2	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet 250 mg</i>	2	
<i>erythromycin base oral tablet 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release</i>	2	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate</i>	2	
<i>erythromycin oral</i>	2	
<i>erythromycin stearate oral tablet 250 mg</i>	2	
<i>ethambutol hcl oral</i>	1	
<i>etravirine oral tablet 100 mg</i>	5	QL (120 per 30 days); NM
<i>etravirine oral tablet 200 mg</i>	5	QL (60 per 30 days); NM
EVOTAZ	5	QL (30 per 30 days); NM
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QL (60 per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	QL (21 per 7 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%</i>	2	
<i>fluconazole in sodium chloride intravenous solution 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	5	
<i>fosamprenavir calcium</i>	4	QL (120 per 30 days); NM
<i>fosfomycin tromethamine</i>	2	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	QL (60 per 30 days); NM
<i>ganciclovir sodium intravenous solution reconstituted</i>	5	B/D PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection</i>	1	
GENVOYA	5	QL (30 per 30 days); NM
<i>griseofulvin microsize oral</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
HARVONI	5	PA; QL (28 per 28 days); NM
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1	
<i>imipenem-cilastatin</i>	2	
INTELENCE ORAL TABLET 25 MG	4	QL (480 per 30 days); NM
ISENTRESS HD	5	QL (60 per 30 days); NM
ISENTRESS ORAL PACKET	5	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET	5	QL (120 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 100 MG	4	QL (180 per 30 days); NM
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	QL (720 per 30 days); NM
<i>isoniazid injection</i>	2	
<i>isoniazid oral syrup</i>	2	
<i>isoniazid oral tablet</i>	1	
<i>itraconazole oral capsule</i>	2	PA
<i>ivermectin oral</i>	2	PA
JULUCA	5	QL (30 per 30 days); NM
<i>ketoconazole oral</i>	1	
LAGEVRIO	5	QL (40 per 90 days)
<i>lamivudine oral solution</i>	2	QL (960 per 30 days); NM
<i>lamivudine oral tablet 100 mg</i>	2	NM
<i>lamivudine oral tablet 150 mg</i>	2	QL (60 per 30 days); NM
<i>lamivudine oral tablet 300 mg</i>	2	QL (30 per 30 days); NM
<i>lamivudine-zidovudine</i>	1	QL (60 per 30 days); NM
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
LEXIVA ORAL SUSPENSION	4	QL (1800 per 30 days); NM
<i>lincomycin hcl injection</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted</i>	5	PA; QL (1800 per 30 days)
<i>linezolid oral tablet</i>	2	PA; QL (56 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	2	QL (480 per 30 days); NM
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	QL (300 per 30 days); NM
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	QL (120 per 30 days); NM
<i>maraviroc</i>	5	QL (120 per 30 days); NM
<i>mefloquine hcl</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
<i>methenamine hippurate</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	2	
<i>metronidazole oral</i>	1	
<i>micafungin sodium</i>	5	
<i>minocycline hcl oral capsule</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG	2	
<i>moxifloxacin hcl in nacl</i>	2	
<i>moxifloxacin hcl intravenous</i>	3	
<i>moxifloxacin hcl oral</i>	2	
<i>nafcellin sodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>nafcellin sodium intravenous solution reconstituted 10 gm</i>	5	
<i>neomycin sulfate oral</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	QL (30 per 30 days); NM
<i>nevirapine oral suspension</i>	2	QL (1200 per 30 days); NM
<i>nevirapine oral tablet</i>	2	QL (60 per 30 days); NM
<i>nitazoxanide oral</i>	4	QL (6 per 30 days)
<i>nitrofurantoin macrocrystal oral</i>	2	
<i>nitrofurantoin monohyd macro</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	5	
NORVIR ORAL PACKET	4	QL (360 per 30 days); NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
NOXAFIL INTRAVENOUS	5	
NOXAFIL ORAL SUSPENSION	5	PA
<i>nystatin oral tablet</i>	1	
ODEFSEY	5	QL (30 per 30 days); NM
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (168 per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	2	QL (84 per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 per 365 days)
<i>paromomycin sulfate oral</i>	1	
PAXLOVID (150/100)	5	QL (20 per 90 days)
PAXLOVID (300/100)	5	QL (30 per 90 days)
<i>penicillin g pot in dextrose</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pentamidine isethionate inhalation</i>	2	B/D PA; NM
<i>pentamidine isethionate injection</i>	2	NM
PFIZERPEN	1	
PIFELTRO	5	QL (30 per 30 days); NM
<i>piperacillin sod-tazobactam</i>	2	
<i>posaconazole intravenous</i>	5	
<i>posaconazole oral</i>	5	PA
<i>praziquantel oral</i>	2	
PREVYMIS ORAL	5	QL (30 per 30 days); NM
PREZCOBIX	5	QL (30 per 30 days); NM
PREZISTA ORAL SUSPENSION	5	QL (400 per 30 days); NM
PREZISTA ORAL TABLET 150 MG	4	QL (180 per 30 days); NM
PREZISTA ORAL TABLET 75 MG	4	QL (300 per 30 days); NM
PRIFTIN	4	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	4	
<i>pyrazinamide oral</i>	1	
<i>pyrimethamine oral</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>quinine sulfate oral</i>	2	PA
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
RETROVIR INTRAVENOUS	4	NM
REYATAZ ORAL PACKET	5	QL (240 per 30 days); NM
<i>ribavirin oral capsule</i>	2	NM
<i>ribavirin oral tablet 200 mg</i>	2	NM
<i>rifabutin</i>	2	
<i>rifampin intravenous</i>	4	
<i>rifampin oral</i>	1	
<i>rimantadine hcl</i>	2	
<i>ritonavir</i>	2	QL (360 per 30 days); NM
RUKOBIA	5	QL (60 per 30 days)
SELZENTRY ORAL SOLUTION	3	QL (1840 per 30 days); NM
SELZENTRY ORAL TABLET 25 MG	3	QL (240 per 30 days); NM
SELZENTRY ORAL TABLET 75 MG	5	QL (60 per 30 days); NM
SIRTURO	5	PA; NM; LA
SIVEXTRO INTRAVENOUS	5	PA
SIVEXTRO ORAL	5	PA; QL (6 per 28 days)
<i>streptomycin sulfate intramuscular</i>	5	
STRIBILD	5	QL (30 per 30 days); NM
<i>sulfadiazine oral</i>	5	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SUNLENCA ORAL	3	LA
SUNLENCA SUBCUTANEOUS	5	QL (3 per 168 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	4	
SUPRAX ORAL TABLET CHEWABLE	4	
SYMTUZA	5	QL (30 per 30 days); NM
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED	2	
TEFLARO	5	
<i>tenofovir disoproxil fumarate</i>	2	QL (30 per 30 days); NM
<i>terbinafine hcl oral</i>	1	
<i>tetracycline hcl oral capsule</i>	2	
<i>tigecycline</i>	5	
<i>tinidazole oral</i>	2	
TIVICAY ORAL TABLET 10 MG	4	QL (120 per 30 days); NM
TIVICAY ORAL TABLET 25 MG, 50 MG	5	QL (60 per 30 days); NM
TIVICAY PD	5	QL (360 per 30 days); NM
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted</i>	2	
TRECTOR	4	
<i>trifluridine ophthalmic</i>	2	
<i>trimethoprim oral</i>	1	
TRIUMEQ	5	QL (30 per 30 days); NM
TRIUMEQ PD	5	QL (180 per 30 days); NM
TRIZIVIR	5	QL (60 per 30 days); NM
TROGARZO	5	PA; QL (23.94 per 28 days); NM; LA
TYBOST	3	QL (30 per 30 days); NM
<i>valacyclovir hcl oral tablet 1 gm</i>	2	QL (90 per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	2	QL (60 per 30 days)
<i>valganciclovir hcl oral tablet</i>	3	NM
<i>vancomycin hcl in nacl intravenous solution 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%</i>	4	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.5 gm, 10 gm, 500 mg</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm</i>	3	
<i>vancomycin hcl oral capsule 125 mg</i>	2	PA; QL (240 per 30 days)
<i>vancomycin hcl oral capsule 250 mg</i>	4	PA; QL (240 per 30 days)
VEMLIDY	5	PA; QL (30 per 30 days); NM
VIRACEPT ORAL TABLET 250 MG	5	QL (300 per 30 days); NM
VIRACEPT ORAL TABLET 625 MG	5	QL (120 per 30 days); NM
VIREAD ORAL POWDER	5	QL (240 per 30 days); NM
VIREAD ORAL TABLET 150 MG, 250 MG	5	QL (30 per 30 days); NM
VIREAD ORAL TABLET 200 MG	4	QL (30 per 30 days); NM
<i>voriconazole intravenous</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	5	PA; QL (300 per 30 days)
<i>voriconazole oral tablet 200 mg</i>	2	PA; QL (60 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	2	PA; QL (120 per 30 days)
VOSEVI	5	PA; QL (30 per 30 days); NM
XIFAXAN ORAL TABLET 200 MG	4	PA; QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (84 per 28 days)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	4	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	4	
<i>zidovudine oral capsule</i>	2	QL (180 per 30 days); NM
<i>zidovudine oral syrup</i>	2	QL (1920 per 30 days); NM
<i>zidovudine oral tablet</i>	2	QL (60 per 30 days); NM
ZIRGAN	4	
MISCELLANEOUS THERAPEUTIC AGENTS		
ALCOHOL SWABS	2	
GAUZE STERILE PADS 2	2	
INSULIN PEN NEEDLE	2	QL (200 per 30 days)
INSULIN SYRINGE	2	QL (200 per 30 days)
KOSELUGO	5	PA; NM
<i>lactated ringers irrigation</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>neomycin-polymyxin b gu</i>	2	
PHYSIOLYTE	4	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sterile water for irrigation</i>	2	
SYNAGIS	5	PA; NM
OPHTHALMIC AGENTS		
<i>acetazolamide er</i>	2	
<i>ak-poly-bac</i>	1	
ALOCRIL	4	
ALOMIDE	4	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
<i>apraclonidine hcl</i>	2	
<i>atropine sulfate ophthalmic ointment</i>	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	2	
<i>azelastine hcl ophthalmic</i>	2	
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>bepotastine besilate</i>	2	
<i>betaxolol hcl ophthalmic</i>	2	
BETOPTIC-S	4	
<i>bimatoprost ophthalmic</i>	2	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol</i>	3	
<i>brinzolamide</i>	2	
<i>bromfenac sodium (once-daily)</i>	2	
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	2	
BROMSITE	4	
<i>carteolol hcl</i>	1	
<i>ciprofloxacin hcl ophthalmic</i>	1	
COMBIGAN	3	
<i>cromolyn sodium ophthalmic</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
CYSTARAN	5	NM; LA
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	
<i>difluprednate</i>	2	
<i>dorzolamide hcl ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal</i>	2	
<i>epinastine hcl</i>	2	
<i>erythromycin ophthalmic</i>	1	QL (3.5 per 30 days)
<i>fluorometholone ophthalmic</i>	2	
<i>flurbiprofen sodium</i>	1	
<i>gatifloxacin ophthalmic</i>	2	
GENTAK OPHTHALMIC OINTMENT	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
ILEVRO	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	4	
<i>ketorolac tromethamine ophthalmic</i>	2	
LACRISERT	4	QL (60 per 30 days)
<i>latanoprost ophthalmic</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>levofloxacin ophthalmic</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	
<i>methazolamide oral</i>	1	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
NATACYN	4	
<i>neomycin-bacitracin zn-polymyx</i>	1	
<i>neomycin-polymyxin-dexameth</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	
NEO-POLYCIN	1	
NEO-POLYCIN HC	2	
<i>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
PHOSPHOLINE IODIDE	4	NM
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	
POLYCIN	1	
<i>polymyxin b-trimethoprim</i>	1	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	3	
RESTASIS	3	QL (60 per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 per 28 days)
RHOPRESSA	4	
ROCKLATAN	4	
SIMBRINZA	3	
<i>sulfacetamide sodium ophthalmic</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>tafluprost (pf)</i>	2	
<i>timolol maleate ophthalmic gel forming solution</i>	2	
<i>timolol maleate ophthalmic solution</i>	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	3	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	2	
<i>travoprost (bak free)</i>	2	
VYZULTA	4	
XIIDRA	3	QL (60 per 30 days)
ZYLET	4	
OTIC AGENTS		
<i>acetic acid otic</i>	1	
CIPRO HC	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	4	
FLAC	2	
<i>fluocinolone acetonide otic</i>	2	
<i>hydrocortisone-acetic acid</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>neomycin-polymyxin-hc otic</i>	1	
<i>ofloxacin otic</i>	1	
RESPIRATORY TRACT/PULMONARY AGENTS		
<i>acetylcysteine inhalation</i>	2	B/D PA
ADEMPAS	5	PA; NM; LA
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	3	QL (60 per 30 days)
ADVAIR HFA	3	QL (12 per 30 days)
<i>albuterol sulfate hfa</i>	2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	B/D PA; QL (360 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	1	B/D PA; QL (60 per 30 days)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	2	B/D PA; QL (360 per 30 days)
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	2	
ALYQ	5	PA; QL (60 per 30 days); NM
<i>ambrisentan</i>	5	PA; QL (30 per 30 days); NM; LA
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	QL (60 per 30 days)
<i>arformoterol tartrate</i>	4	B/D PA; QL (120 per 30 days)
ARNUIITY ELLIPTA	3	QL (30 per 30 days)
ATROVENT HFA	3	QL (26 per 30 days)
<i>azelastine hcl nasal</i>	2	QL (30 per 25 days)
<i>bosentan</i>	5	PA; QL (60 per 30 days); NM; LA
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	QL (60 per 30 days)
BREYNA	2	QL (30.9 per 30 days)
BREZTRI AEROSPHERE	3	QL (10.7 per 30 days)
BRONCHITOL	5	NM; LA
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	2	B/D PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>budesonide inhalation suspension 1 mg/2ml</i>	2	B/D PA; QL (60 per 30 days)
<i>budesonide-formoterol fumarate</i>	2	QL (30.6 per 30 days)
<i>carbinoxamine maleate oral solution</i>	2	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA
CAYSTON	5	PA; NM; LA
<i>cetirizine hcl oral solution</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA
COMBIVENT RESPIMAT	4	QL (8 per 30 days)
<i>cromolyn sodium inhalation</i>	2	B/D PA
<i>cyproheptadine hcl oral syrup</i>	2	PA
<i>cyproheptadine hcl oral tablet</i>	2	
<i>desloratadine</i>	2	
<i>diphenhydramine hcl injection</i>	2	
ELIXOPHYLLIN	4	
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	QL (2 per 28 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (75 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>	3	QL (60 per 30 days)
<i>fluticasone propionate diskus inhalation aerosol powder breath activated 250 mcg/act</i>	3	QL (240 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	3	QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	3	QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	3	QL (11 per 30 days)
<i>fluticasone propionate nasal</i>	1	QL (16 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	2	QL (60 per 30 days)
<i>formoterol fumarate inhalation</i>	4	B/D PA; QL (120 per 30 days)
<i>hydroxyzine hcl intramuscular</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>hydroxyzine hcl oral syrup</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate oral</i>	2	
<i>ipratropium bromide inhalation</i>	1	B/D PA
<i>ipratropium bromide nasal</i>	1	QL (30 per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PA; QL (540 per 30 days)
KALYDECO ORAL PACKET	5	PA; QL (56 per 28 days); NM
KALYDECO ORAL TABLET	5	PA; QL (60 per 30 days); NM
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	B/D PA; QL (270 per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.63 mg/3ml</i>	2	B/D PA; QL (540 per 30 days)
<i>levalbuterol tartrate</i>	2	QL (45 per 30 days)
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 per 30 days)
<i>mometasone furoate nasal</i>	2	
<i>montelukast sodium oral packet</i>	2	
<i>montelukast sodium oral tablet</i>	1	
<i>montelukast sodium oral tablet chewable</i>	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL (3 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days); NM; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (3 per 28 days); NM; LA
OFEV	5	PA; QL (60 per 30 days); NM
<i>olopatadine hcl nasal</i>	2	QL (31 per 30 days)
OPSUMIT	5	PA; QL (30 per 30 days); NM; LA
ORKAMBI ORAL TABLET	5	PA; QL (120 per 30 days); NM
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 per 30 days); NM
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 per 30 days); NM
<i>promethazine-phenylephrine</i>	2	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	B/D PA; NM

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
<i>roflumilast</i>	2	PA; QL (30 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	QL (60 per 30 days)
<i>sildenafil citrate intravenous</i>	5	PA; QL (1125 per 30 days); NM
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA; QL (720 per 30 days); NM
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; QL (360 per 30 days); NM
SPIRIVA HANDIHALER	3	QL (30 per 30 days)
SPIRIVA RESPIMAT	3	QL (4 per 30 days)
STIOLTO RESPIMAT	3	QL (4 per 30 days)
<i>tadalafil (pah)</i>	5	PA; QL (60 per 30 days); NM
<i>terbutaline sulfate injection</i>	1	
<i>terbutaline sulfate oral</i>	1	
<i>theophylline er</i>	1	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	5	B/D PA; QL (224 per 28 days); NM
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	B/D PA; QL (280 per 28 days); NM
TRACLEER ORAL TABLET SOLUBLE	5	PA; QL (120 per 30 days); NM; LA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	QL (60 per 30 days)
TYVASO	5	PA; QL (81.2 per 30 days); NM
TYVASO REFILL	5	PA; QL (81.2 per 30 days); NM
TYVASO STARTER	5	PA; QL (81.2 per 365 days); NM
VENTAVIS	5	PA; QL (270 per 30 days); NM
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	2	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML	5	PA; QL (8 per 28 days); NM; LA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; QL (4 per 28 days); NM; LA

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

DRUG NAME	DRUG TIER	REQUIREMENTS / LIMITS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; QL (8 per 28 days); NM; LA
<i>zafirlukast</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

INDEX

A

<i>abacavir sulfate</i>	84, 85
<i>abacavir sulfate-lamivudine</i> ...	85
ABELCET	85
ABILIFY ASIMTUFII	31
ABILIFY MAINTENA	31
<i>abiraterone acetate</i>	12
ABRYSVO	79
<i>acamprosate calcium</i>	31
<i>acarbose</i>	57
AC CUTANE	49
<i>acebutolol hcl</i>	25
<i>acetaminophen-codeine</i>	9
<i>acetaminophen-codeine #2</i>	9
<i>acetaminophen-codeine #3</i>	9
<i>acetaminophen-codeine #4</i>	9
<i>acetazolamide</i>	25
<i>acetazolamide er</i>	96
<i>acetic acid</i>	98
<i>acetylcysteine</i>	99
<i>acitretin</i>	49
ACTHAR	70
ACTHIB	79
ACTIMMUNE	79
<i>acyclovir</i>	49, 85
<i>acyclovir sodium</i>	85
ADACEL	79
<i>adapalene</i>	49
<i>adefovir dipivoxil</i>	85
ADEMPAS	99
<i>adriamycin</i>	13
ADRIAMYCIN	12, 13
ADVAIR DISKUS	99
ADVAIR HFA	99
AFIRMELE	70
AIMOVIG	32
AKEEGA	13
<i>ak-poly-bac</i>	96
<i>ala-cort</i>	49
<i>albendazole</i>	85
<i>albuterol sulfate</i>	99
<i>albuterol sulfate hfa</i>	99
<i>alclometasone dipropionate</i> ..	49
ALCOHOL SWABS	95
ALDACTAZIDE	25
ALECENSA	13
<i>alendronate sodium</i>	57
<i>alfuzosin hcl er</i>	68
<i>aliskiren fumarate</i>	25
<i>allopurinol</i>	9
<i>almotriptan malate</i>	32
ALOCRIAL	96
ALOMIDE	96
<i>alose tron hcl</i>	64
ALPHAGAN P	96
<i>alprazolam</i>	32
<i>alprazolam er</i>	32
ALPRAZOLAM INTENSOL	32
<i>alprazolam xr</i>	32
ALTAVERA	70
ALUNBRIG	13
<i>alyacen 1/35</i>	70
<i>alyacen 7/7/7</i>	70
ALYQ	99
AMABELZ	70
<i>amantadine hcl</i>	32
<i>ambrisentan</i>	99
<i>amcinonide</i>	49
AMETHIA	70
AMETHYST	70
<i>amikacin sulfate</i>	85
<i>amiloride hcl</i>	25
<i>amiloride-hydrochlorothiazide</i>	25
<i>amiodarone hcl</i>	25
<i>amitriptyline hcl</i>	32
<i>amlodipine besy-benazepril hcl</i>	25
<i>amlodipine besylate</i>	25
<i>amlodipine besylate-valsartan</i>	25
<i>amlodipine-atorvastatin</i>	25
<i>amlodipine-olmesartan</i>	25
<i>amlodipine-valsartan-hctz</i>	26
<i>ammonium lactate</i>	49
AMNESTEEM	49
<i>amoxapine</i>	32
<i>amoxicillin</i>	85
<i>amoxicillin-pot clavulanate</i>	85
<i>amoxicillin-pot clavulanate er</i>	85
<i>amphetamine-dextroamphet er</i>	32
<i>amphetamine-</i> <i>dextroamphetamine</i>	32
<i>amphotericin b</i>	85
<i>amphotericin b liposome</i>	85
<i>ampicillin</i>	85
<i>ampicillin sodium</i>	85
<i>ampicillin-sulbactam sodium</i> ..	85
<i>anagrelide hcl</i>	22
<i>anastrozole</i>	13
ANORO ELLIPTA	99
APIDRA	57
APIDRA SOLOSTAR	57
<i>apomorphine hcl</i>	32
<i>apraclonidine hcl</i>	96
<i>aprepitant</i>	64
APRI	70
APTIOM	32
APTIVUS	85
ARANELLE	70
ARANESP (ALBUMIN FREE)	22, 23
ARCALYST	79
AREXVY	79
<i>arformoterol tartrate</i>	99
<i>aripiprazole</i>	32
ARISTADA	32
ARISTADA INITIO	32
<i>armodafinil</i>	33
ARNUITY ELLIPTA	99
ASCOMP-CODEINE	9
<i>asenapine maleate</i>	33
ASHLYNA	70
<i>aspirin-dipyridamole er</i>	23
ASTAGRAF XL	80
<i>atazanavir sulfate</i>	85
<i>atenolol</i>	26
<i>atenolol-chlorthalidone</i>	26
<i>atomoxetine hcl</i>	33
<i>atorvastatin calcium</i>	26
<i>atovaquone</i>	85
<i>atovaquone-proguanil hcl</i>	85
<i>atropine sulfate</i>	96
ATROVENT HFA	99

05/01/2024

AUBAGIO	33	<i>bepotastine besilate</i>	96	BRONCHITOL.....	99
AUBRA EQ.....	70	BESREMI	13	BRUKINSA	13
AUGTYRO.....	13	<i>betaine</i>	67	<i>budesonide</i>	64, 99, 100
AUROVELA 1.5/30	70	<i>betamethasone dipropionate</i>	49	<i>budesonide er</i>	64
AUROVELA 1/20	70	<i>betamethasone dipropionate</i>		<i>budesonide-formoterol</i>	
AUROVELA 24 FE	70	<i>aug</i>	49	<i>fumarate</i>	100
AUROVELA FE 1.5/30.....	70	<i>betamethasone valerate</i>	49	<i>bumetanide</i>	26
AUROVELA FE 1/20.....	70	BETASERON	33	<i>buprenorphine</i>	9
AURYXIA	57	<i>betaxolol hcl</i>	26, 96	<i>buprenorphine hcl</i>	33
AUVELITY	33	<i>bethanechol chloride</i>	68	<i>buprenorphine hcl-naloxone hcl</i>	
AVASTIN.....	13	BETOPTIC-S	96	.....	34
AVIANE	70	<i>bexarotene</i>	13, 49	<i>bupropion hcl</i>	34
AVONEX PEN	33	BEXSERO	80	<i>bupropion hcl er (smoking det)</i>	
AVONEX PREFILLED	33	<i>bicalutamide</i>	13	.....	34
AVYCAZ.....	85	BICILLIN C-R	86	<i>bupropion hcl er (sr)</i>	34
AYUNA	70	BICILLIN C-R 900/300.....	86	<i>bupropion hcl er (xl)</i>	34
AYVAKIT	13	BICILLIN L-A.....	86	<i>buspironone hcl</i>	34
<i>azacitidine</i>	13	BIJUVA	70	<i>butalbital-apap-caff-cod</i>	9
AZASAN.....	80	BIKTARVY	86	<i>butalbital-asa-caff-codeine</i>	9
<i>azathioprine</i>	80	<i>bimatoprost</i>	96	<i>butorphanol tartrate</i>	9
<i>azelaic acid</i>	49	<i>bisoprolol fumarate</i>	26	BYDUREON BCISE.....	57
<i>azelastine hcl</i>	96, 99	<i>bisoprolol-hydrochlorothiazide</i>		BYETTA 10 MCG PEN	57
AZELEX	49	.....	26	BYETTA 5 MCG PEN	57
<i>azithromycin</i>	85, 86	<i>bleomycin sulfate</i>	13	C	
<i>aztreonam</i>	86	BLISOVI 24 FE.....	70	CABENUVA.....	86
AZURETTE	70	BLISOVI FE 1.5/30	70	<i>cabergoline</i>	70
B		BLISOVI FE 1/20	70	CABOMETYX	14
<i>bacitracin</i>	96	BOOSTRIX	80	<i>calcipotriene</i>	49
<i>bacitracin-polymyxin b</i>	96	<i>bortezomib</i>	13	<i>calcipotriene-betameth diprop</i>	
<i>bacitra-neomycin-polymyxin-hc</i>		<i>bosentan</i>	99	.....	49, 50
.....	96	BOSULIF	13	<i>calcitonin (salmon)</i>	57
<i>baclofen</i>	33	BOTOX	33	CALCITRENE	50
<i>balsalazide disodium</i>	64	BRAFTOVI.....	13	<i>calcitriol</i>	50, 57
BALVERSA	13	BREO ELLIPTA	99	<i>calcium acetate</i>	57
BALZIVA	70	BREYNA.....	99	<i>calcium acetate (phos binder)</i>	57
BARACLUDE	86	BREZTRI AEROSPHERE	99	CALQUENCE	14
BAVENCIO.....	13	<i>briellyn</i>	70	CAMILA	70
<i>bcg vaccine</i>	80	BRILINTA	23	CAMRESE	70
BELBUCA.....	9	<i>brimonidine tartrate</i>	96	<i>candesartan cilexetil</i>	26
BELSOMRA.....	33	<i>brimonidine tartrate-timolol</i>	96	<i>candesartan cilexetil-hctz</i>	26
<i>benazepril hcl</i>	26	<i>brinzolamide</i>	96	CAPEX.....	50
<i>benazepril-hydrochlorothiazide</i>		BRIVIACT	33	CAPLYTA.....	34
.....	26	<i>bromfenac sodium</i>	96	CAPRELSA.....	14
BENLYSTA	80	<i>bromfenac sodium (once-daily)</i>		<i>captopril</i>	26
<i>benzoyl peroxide-erythromycin</i>		.....	96	<i>captopril-hydrochlorothiazide</i>	26
.....	49	<i>bromocriptine mesylate</i>	33	<i>carbamazepine</i>	34
<i>benztropine mesylate</i>	33	BROMSITE.....	96	<i>carbamazepine er</i>	34

<i>carbidopa</i>	34	<i>ciclopirox olamine</i>	50	<i>clinimix/dextrose (8/14)</i>	55
<i>carbidopa-levodopa</i>	34	<i>cidofovir</i>	87	CLINISOL SF.....	55
<i>carbidopa-levodopa er</i>	34	<i>cilostazol</i>	23	CLINOLIPID.....	55
<i>carbidopa-levodopa-entacapone</i>	34	CIMDUO.....	87	<i>clobazam</i>	35
<i>carbinoxamine maleate</i>	100	<i>cimetidine</i>	64	<i>clobetasol prop emollient base</i>	50
<i>carboplatin</i>	14	<i>cimetidine hcl</i>	64	<i>clobetasol propionate</i>	50
<i>carglumic acid</i>	54	<i>cinacalcet hcl</i>	57	<i>clobetasol propionate e</i>	50
<i>carisoprodol</i>	34	CINRYZE	23	CLODAN	50
<i>carteolol hcl</i>	96	CIPRO HC	98	<i>clomipramine hcl</i>	35
CARTIA XT.....	26	<i>ciprofloxacin hcl</i>	87, 96	<i>clonazepam</i>	35
<i>carvedilol</i>	26	<i>ciprofloxacin in d5w</i>	87	<i>clonidine</i>	26
CAYSTON	100	<i>ciprofloxacin-dexamethasone</i>	98	<i>clonidine hcl</i>	26
<i>cefaclor</i>	86	<i>cisplatin</i>	14	<i>clopidogrel bisulfate</i>	23
<i>cefadroxil</i>	86	<i>citalopram hydrobromide</i>	35	<i>clorazepate dipotassium</i>	35
<i>cefazolin sodium</i>	86	CLARAVIS	50	<i>clotrimazole</i>	50
<i>cefdinir</i>	86	<i>clarithromycin</i>	87	<i>clotrimazole-betamethasone</i>	51
<i>cefepime hcl</i>	86	<i>clarithromycin er</i>	87	<i>clozapine</i>	35
<i>cefixime</i>	86	<i>clemastine fumarate</i>	100	COARTEM	87
<i>cefotetan disodium</i>	86	CLEOCIN.....	68	<i>codeine sulfate</i>	9
<i>cefoxitin sodium</i>	86	CLINDACIN	50	<i>colchicine</i>	9
<i>cefpodoxime proxetil</i>	87	CLINDACIN ETZ	50	<i>colchicine-probenecid</i>	9
<i>cefprozil</i>	87	CLINDACIN-P.....	50	<i>colesevelam hcl</i>	26
<i>ceftazidime</i>	87	<i>clindamycin hcl</i>	87	<i>colestipol hcl</i>	26
<i>ceftriaxone sodium</i>	87	<i>clindamycin palmitate hcl</i>	87	<i>colistimethate sodium (cba)</i> ...	87
<i>cefuroxime axetil</i>	87	<i>clindamycin phos-benzoyl perox</i>	50	COMBIGAN	96
<i>cefuroxime sodium</i>	87	<i>clindamycin phosphate</i>	50, 69, 87	COMBIPATCH.....	71
<i>celecoxib</i>	9	<i>clindamycin phosphate in d5w</i>	87	COMBIVENT RESPIMAT	100
<i>cephalexin</i>	87	CLINIMIX E/DEXTROSE (2.75/5)	54	COMETRIQ (100 MG DAILY DOSE).....	14
<i>cetirizine hcl</i>	100	CLINIMIX E/DEXTROSE (4.25/10)	54	COMETRIQ (140 MG DAILY DOSE).....	14
<i>cevimeline hcl</i>	50	CLINIMIX E/DEXTROSE (4.25/5)	54	COMETRIQ (60 MG DAILY DOSE)	14
CHARLOTTE 24 FE.....	70	CLINIMIX E/DEXTROSE (5/15).54		COMPLERA.....	87
CHATEAL EQ	71	CLINIMIX E/DEXTROSE (5/20).54		COMPRO	64
CHENODAL.....	64	<i>clinimix e/dextrose (8/10)</i>	54	<i>constulose</i>	64
<i>chlordiazepoxide hcl</i>	34	<i>clinimix e/dextrose (8/14)</i>	54	COPAXONE.....	35, 36
<i>chlordiazepoxide-amitriptyline</i>	35	CLINIMIX/DEXTROSE (4.25/10)	54	COPIKTRA.....	14
<i>chlorhexidine gluconate</i>	50	CLINIMIX E/DEXTROSE (4.25/5) 54		CORLANOR.....	26
<i>chloroquine phosphate</i>	87	CLINIMIX E/DEXTROSE (5/15) ...54		CORTISPORIN-TC.....	98
<i>chlorpromazine hcl</i>	35	CLINIMIX/DEXTROSE (5/20) ...55		COSENTYX.....	80
<i>chlorthalidone</i>	26	<i>clinimix/dextrose (6/5)</i>	55	COSENTYX (300 MG DOSE).....	80
<i>chlorzoxazone</i>	35	<i>clinimix/dextrose (8/10)</i>	55	COSENTYX SENSOREADY (300 MG).....	80
CHOLBAM	67			COSENTYX SENSOREADY PEN.80	
<i>cholestyramine light</i>	26			COTELLIC.....	14
<i>chorionic gonadotropin</i>	71				
CICLODAN.....	50				
<i>ciclopirox</i>	50				

CREON	67	<i>desmopressin acetate</i>	71	<i>diphenoxylate-atropine</i>	64
CRESEMBA.....	87	<i>desmopressin acetate pf</i>	71	<i>diphtheria-tetanus toxoids dt</i> .	80
CRINONE.....	71	<i>desmopressin acetate spray</i> ...71		<i>disopyramide phosphate</i>	27
<i>cromolyn sodium</i>	67, 96, 100	<i>desogestrel-ethinyl estradiol</i> ..71		<i>disulfiram</i>	36
CROTAN	51	<i>desonide</i>	51	<i>divalproex sodium</i>	37
CRYSSELLE-28	71	<i>desoximetasone</i>	51	<i>divalproex sodium er</i>	36
<i>cyclobenzaprine hcl</i>	36	<i>desvenlafaxine succinate er</i> ...36		<i>docetaxel</i>	14
<i>cyclophosphamide</i>	14	<i>dexamethasone</i>	71	DOCETAXEL.....	14
CYCLOSET.....	57	DEXAMETHASONE INTENSOL.71		<i>dofetilide</i>	27
<i>cyclosporine</i>	80	<i>dexamethasone sod phosphate</i>		DOLISHALE	72
<i>cyclosporine modified</i>	80	<i>pf</i>	71	<i>donepezil hcl</i>	37
<i>cyproheptadine hcl</i>	100	<i>dexamethasone sodium</i>		<i>dorzolamide hcl</i>	97
CYRAMZA.....	14	<i>phosphate</i>	71, 97	<i>dorzolamide hcl-timolol mal</i> ...97	
CYRED EQ.....	71	<i>dexlansoprazole</i>	64	DOVATO.....	88
CYSTARAN.....	97	<i>dexmethylphenidate hcl</i>	36	<i>doxazosin mesylate</i>	27
D		<i>dexmethylphenidate hcl er</i> ....36		<i>doxepin hcl</i>	37
<i>dabigatran etexilate mesylate</i> 23		<i>dextroamphetamine sulfate</i> ...36		<i>doxercalciferol</i>	58
<i>dalfampridine er</i>	36	<i>dextroamphetamine sulfate er</i>		<i>doxorubicin hcl</i>	14
DALVANCE	87	.....	36	<i>doxorubicin hcl liposomal</i>	14
<i>danazol</i>	71	<i>dextrose</i>	55	DOXY 100.....	88
<i>dantrolene sodium</i>	36	<i>dextrose in lactated ringers</i> ...55		<i>doxycycline hyclate</i>	88
<i>dapsone</i>	88	<i>dextrose-nacl</i>	55	<i>doxycycline monohydrate</i>	88
DAPTACEL.....	80	<i>dextrose-sodium chloride</i>	55	<i>dronabinol</i>	64
<i>daptomycin</i>	88	DIACOMIT	36	<i>drospiren-eth estrad-levomefol</i>	
<i>darifenacin hydrobromide er</i> ..69		<i>diazepam</i>	36	.....	72
<i>darunavir</i>	88	<i>diazoxide</i>	58	<i>drospirenone-ethinyl estradiol</i> 72	
DARZALEX.....	14	<i>diclofenac epolamine</i>	9	DROXIA	23
DARZALEX FASPRO	14	<i>diclofenac potassium</i>	9	<i>droxidopa</i>	27
DASETTA 1/35.....	71	<i>diclofenac sodium</i>	9, 51, 97	DUAVEE.....	72
DASETTA 7/7/7	71	<i>diclofenac sodium er</i>	9	<i>duloxetine hcl</i>	37
DAURISMO	14	<i>diclofenac-misoprostol</i>	9	DUPIXENT	51
DAYSEE	71	<i>dicloxacillin sodium</i>	88	<i>duramorph</i>	9
DEBLITANE.....	71	<i>dicyclomine hcl</i>	64	<i>dutasteride</i>	69
<i>decitabine</i>	14	DIFICID	88	<i>dutasteride-tamsulosin hcl</i> ....69	
<i>deferasirox</i>	57, 58	<i>diflorasone diacetate</i>	51	E	
<i>deferasirox granules</i>	57	<i>diflunisal</i>	9	E.E.S. 400	88
<i>deferiprone</i>	58	<i>difluprednate</i>	97	<i>ec-naproxen</i>	9
DELSTRIGO.....	88	DIGOX	26	<i>econazole nitrate</i>	51
DELYLA.....	71	<i>digoxin</i>	26, 27	EDARBI	27
<i>demeclocycline hcl</i>	88	<i>dihydroergotamine mesylate</i> .36		EDURANT	88
DEPO-ESTRADIOL	71	DILANTIN	36	<i>efavirenz</i>	88
DEPO-SUBQ PROVERA 104.....	71	<i>diltiazem hcl</i>	27	<i>efavirenz-emtricitab-tenofo df</i> 88	
DEPO-TESTOSTERONE	71	<i>diltiazem hcl er</i>	27	<i>efavirenz-lamivudine-tenofovir</i>	
DESCOVY.....	88	<i>diltiazem hcl er beads</i>	27	.....	88
<i>desipramine hcl</i>	36	<i>diltiazem hcl er coated beads</i> .27		ELESTRIN	72
<i>desloratadine</i>	100	<i>dilt-xr</i>	27	<i>eletriptan hydrobromide</i>	37
<i>desmopressin ace spray refrig</i> 71		<i>diphenhydramine hcl</i>	100	ELIGARD	14

ELINEST.....	72	ERRIN.....	72	FEMYNOR.....	72
ELIQUIS.....	23	<i>ertapenem sodium</i>	89	<i>fenofibrate</i>	27
ELIQUIS DVT/PE STARTER PACK	23	<i>ery</i>	51	<i>fenofibrate micronized</i>	27
ELITEK.....	14	ERY-TAB.....	89	<i>fenofibric acid</i>	28
ELIXOPHYLLIN.....	100	ERYTHROCIN STEARATE.....	89	<i>fentanyl</i>	10
ELMIRON.....	69	<i>erythromycin</i>	51, 89, 97	<i>fentanyl citrate</i>	10
ELURYNG.....	72	<i>erythromycin base</i>	89	FERRIPROX.....	58
EMCYT.....	14	<i>erythromycin ethylsuccinate</i> ..	89	<i>fesoterodine fumarate er</i>	69
EMEND.....	64	<i>erythromycin lactobionate</i>	89	FETZIMA.....	38
EMOQUETTE.....	72	<i>erythromycin stearate</i>	89	FETZIMA TITRATION.....	38
EMPLICITI.....	14	<i>escitalopram oxalate</i>	37	<i>finasteride</i>	69
EMSAM.....	37	<i>esomeprazole magnesium</i>	65	<i>finolimid hcl</i>	38
<i>emtricitabine</i>	88	<i>esomeprazole sodium</i>	65	FINTEPLA.....	38
<i>emtricitabine-tenofovir df</i>	88	ESTARYLLA.....	72	FINZALA.....	72
EMTRIVA.....	88	<i>estradiol</i>	72	FIRMAGON.....	15
<i>enalapril maleate</i>	27	<i>estradiol valerate</i>	72	FIRMAGON (240 MG DOSE)....	15
<i>enalapril-hydrochlorothiazide</i>	27	<i>estradiol-norethindrone acet</i> ..	72	FLAC.....	98
ENBREL.....	80	ESTROGEL.....	72	<i>flavoxate hcl</i>	69
ENBREL MINI.....	80	<i>ethacrynic acid</i>	27	<i>flecainide acetate</i>	28
ENBREL SURECLICK.....	81	<i>ethambutol hcl</i>	89	<i>fluconazole</i>	89
ENDARI.....	23	<i>ethosuximide</i>	37	<i>fluconazole in sodium chloride</i>	89
ENDOCET.....	10	<i>ethynodiol diac-eth estradiol</i> ..	72	<i>flucytosine</i>	89
ENGERIX-B.....	81	<i>etodolac</i>	10	<i>fludrocortisone acetate</i>	72
ENHERTU.....	15	<i>etodolac er</i>	10	<i>flunisolide</i>	100
<i>enoxaparin sodium</i>	23	<i>etoposide</i>	15	<i>fluocinolone acetonide</i>	51, 98
ENPRESSE-28.....	72	<i>etravirine</i>	89	<i>fluocinonide</i>	51
ENSKYCE.....	72	EUTHYROX.....	72	<i>fluocinonide emulsified base</i> ..	51
<i>entacapone</i>	37	EVAMIST.....	72	<i>fluorometholone</i>	97
<i>entecavir</i>	88	<i>everolimus</i>	15, 81	<i>fluorouracil</i>	15, 51, 52
ENTRESTO.....	27	EVOTAZ.....	89	<i>fluoxetine hcl</i>	38
ENTYVIO.....	81	<i>exemestane</i>	15	<i>fluphenazine decanoate</i>	38
<i>enulose</i>	64	EXKIVITY.....	15	<i>fluphenazine hcl</i>	38
ENVARUSUS XR.....	81	<i>ezetimibe</i>	27	<i>flurandrenolide</i>	52
EPCLUSA.....	88, 89	<i>ezetimibe-simvastatin</i>	27	<i>flurbiprofen</i>	10
EPIDIOLEX.....	37	F		<i>flurbiprofen sodium</i>	97
<i>epinastine hcl</i>	97	FABRAZYME.....	67	<i>fluticasone propionate</i>	52, 100
<i>epinephrine</i>	100	FALMINA.....	72	<i>fluticasone propionate diskus</i>	100
EPITOL.....	37	<i>famciclovir</i>	89	<i>fluticasone propionate hfa</i> ...	100
<i>eplerenone</i>	27	<i>famotidine</i>	65	<i>fluticasone-salmeterol</i>	100
EPOGEN.....	23	<i>famotidine (pf)</i>	65	<i>fluvastatin sodium</i>	28
EPRONTIA.....	37	<i>famotidine premixed</i>	65	<i>fluvastatin sodium er</i>	28
ERBITUX.....	15	FANAPT.....	37	<i>fluvoxamine maleate</i>	38
<i>ergoloid mesylates</i>	37	FANAPT TITRATION PACK.....	37	<i>fluvoxamine maleate er</i>	38
ERIVEDGE.....	15	FARXIGA.....	58	<i>fondaparinux sodium</i>	23, 24
ERLEADA.....	15	<i>febuxostat</i>	10	<i>formoterol fumarate</i>	100
<i>erlotinib hcl</i>	15	<i>felbamate</i>	37		
		<i>felodipine er</i>	27		

FORTEO.....	58	GILOTRIF	15	HUMALOG MIX 50/50 KWIKPEN	59
FOSAMAX PLUS D.....	58	GLEOSTINE.....	15	.....	59
<i>fosamprenavir calcium</i>	89	<i>glimepiride</i>	58	HUMALOG MIX 75/25	59
<i>fosaprepitant dimeglumine</i>	65	<i>glipizide</i>	58	HUMALOG MIX 75/25 KWIKPEN	59
<i>fosfomycin tromethamine</i>	89	<i>glipizide er</i>	58	.....	59
<i>fosinopril sodium</i>	28	<i>glipizide xl</i>	58	HUMATROPE	73
<i>fosinopril sodium-hctz</i>	28	<i>glipizide-metformin hcl</i>	58	HUMIRA	82
FOSRENOL	58	GLUCAGEN HYPOKIT.....	58	HUMIRA (2 PEN)	81
FOTIVDA	15	<i>glucagon emergency</i>	59	HUMIRA (2 SYRINGE).....	81
<i>frovatriptan succinate</i>	38	<i>glyburide</i>	59	HUMIRA PEDIATRIC CROHNS	81
FRUZAQLA	15	<i>glyburide micronized</i>	59	START	81
FULPHILA	24	<i>glyburide-metformin</i>	59	HUMIRA PEN.....	81
<i>fulvestrant</i>	15	<i>glycopyrrolate</i>	65	HUMIRA PEN-PEDIATRIC UC	81
<i>furosemide</i>	28	GLYDO.....	10	START	81
FUZEON	89	GLYXAMBI.....	59	HUMIRA-CD/UC/HS STARTER .	82
FYAVOLV.....	72	<i>granisetron hcl</i>	65	HUMIRA-PS/UV/ADOL HS	82
FYCOMPA	38	GRANIX	24	STARTER.....	82
G		<i>griseofulvin microsize</i>	90	HUMIRA-PSORIASIS/UVEIT	82
<i>gabapentin</i>	38	<i>griseofulvin ultramicrosize</i>	90	STARTER.....	82
<i>galantamine hydrobromide</i> ...	38	<i>guanfacine hcl</i>	28	HUMULIN 70/30	59
<i>galantamine hydrobromide er</i>	38	<i>guanfacine hcl er</i>	38	HUMULIN 70/30 KWIKPEN	59
GAMUNEX-C.....	81	H		HUMULIN N	59
<i>ganciclovir sodium</i>	89	HAILEY 1.5/30.....	73	HUMULIN N KWIKPEN	59
GARDASIL 9.....	81	HAILEY 24 FE.....	73	HUMULIN R.....	59
<i>gatifloxacin</i>	97	HAILEY FE 1.5/30	73	<i>hydralazine hcl</i>	28
GATTEX.....	65	HAILEY FE 1/20	73	<i>hydrochlorothiazide</i>	28
GAUZE STERILE PADS 2.....	95	<i>halcinonide</i>	52	<i>hydrocodone-acetaminophen</i> 10	
GAVILYTE-C.....	65	<i>halobetasol propionate</i>	52	<i>hydrocodone-ibuprofen</i>	10
GAVILYTE-G	65	HALOG	52	<i>hydrocortisone</i>	52, 65
GAVILYTE-N WITH FLAVOR PACK	65	<i>haloperidol</i>	39	<i>hydrocortisone (perianal)</i>	52
.....	65	<i>haloperidol decanoate</i>	39	<i>hydrocortisone butyrate</i>	52
GAVRETO	15	<i>haloperidol lactate</i>	39	<i>hydrocortisone valerate</i>	52
GAZYVA.....	15	HARVONI	90	<i>hydrocortisone-acetic acid</i>	98
<i>gefitinib</i>	15	HAVRIX.....	81	<i>hydromorphone hcl</i>	10
GELNIQUE.....	69	HEATHER.....	73	<i>hydromorphone hcl er</i>	10
<i>gemcitabine hcl</i>	15	<i>heparin (porcine) in nacl</i>	24	<i>hydromorphone hcl pf</i>	10
<i>gemfibrozil</i>	28	<i>heparin sod (porcine) in d5w</i> ..	24	<i>hydroxychloroquine sulfate</i>	90
GEMTESA.....	69	<i>heparin sodium (porcine)</i>	24	<i>hydroxyurea</i>	16
<i>generlac</i>	65	<i>heparin sodium (porcine) pf</i> ...	24	<i>hydroxyzine hcl</i>	100, 101
GENGRAF	81	HEPLISAV-B.....	81	<i>hydroxyzine pamoate</i>	101
GENOTROPIN.....	73	HERCEPTIN.....	16	HYPERRAB.....	82
GENOTROPIN MINIQUICK 72, 73	73	HERCEPTIN HYLECTA	15	I	
GENTAK	97	HIBERIX	81	<i>ibandronate sodium</i>	59
<i>gentamicin in saline</i>	90	HUMALOG	59	IBRANCE.....	16
<i>gentamicin sulfate</i>	52, 90, 97	HUMALOG JUNIOR KWIKPEN .	59	IBU	10
GENVOYA.....	90	HUMALOG KWIKPEN	59	<i>ibuprofen</i>	10
GILENYA.....	38	HUMALOG MIX 50/50	59	<i>icatibant acetate</i>	24

ICLEVIA	73	<i>ipratropium-albuterol</i>	101	JYNNEOS	82
ICLUSIG	16	<i>irbesartan</i>	28	K	
IDHIFA.....	16	<i>irbesartan-hydrochlorothiazide</i>		KADCYLA	16
ILARIS.....	82	.....	28	KAITLIB FE	73
ILEVRO	97	<i>irinotecan hcl</i>	16	KALLIGA	73
<i>imatinib mesylate</i>	16	ISENTRESS.....	90	KALYDECO.....	101
IMBRUVICA.....	16	ISENTRESS HD.....	90	KARIVA.....	73
IMFINZI	16	ISIBLOOM.....	73	<i>kcl (0.149%) in nacl</i>	55
<i>imipenem-cilastatin</i>	90	ISOLYTE-P IN D5W	55	<i>kcl in dextrose-nacl</i>	55
<i>imipramine hcl</i>	39	ISOLYTE-S.....	55	<i>kcl-lactated ringers-d5w</i>	55
<i>imipramine pamoate</i>	39	ISOLYTE-S PH 7.4	55	<i>kedrab</i>	82
<i>imiquimod</i>	52	<i>isoniazid</i>	90	KELNOR 1/35	73
<i>imiquimod pump</i>	52	<i>isosorb dinitrate-hydralazine</i> ..	28	KELNOR 1/50	73
IMOGAM RABIES-HT	82	<i>isosorbide dinitrate</i>	28	KERENDIA.....	60
IMOVAX RABIES.....	82	<i>isosorbide mononitrate</i>	28	<i>ketoconazole</i>	52, 90
INCASSIA.....	73	<i>isosorbide mononitrate er</i>	28	KETODAN	52
INCRELEX	73	<i>isotretinoin</i>	52	<i>ketoprofen</i>	11
<i>indapamide</i>	28	<i>isradipine</i>	28	<i>ketoprofen er</i>	11
INFANRIX	82	<i>itraconazole</i>	90	<i>ketorolac tromethamine</i>	97
<i>infliximab</i>	82	<i>ivermectin</i>	90	KEYTRUDA.....	16
INGREZZA.....	39	IWILFIN	16	KINRIX	82
INLYTA	16	IXCHIQ.....	82	KISQALI (200 MG DOSE)	16
INQOVI.....	16	IXIARO.....	82	KISQALI (400 MG DOSE)	16
INREBIC.....	16	J		KISQALI (600 MG DOSE)	16
<i>insulin asp prot & asp flexpen</i> 59		JAIMIESS	73	KISQALI FEMARA (200 MG	
<i>insulin aspart</i>	59	JAKAFI	16	DOSE).....	16
<i>insulin aspart flexpen</i>	59	JANTOVEN	24	KISQALI FEMARA (400 MG	
<i>insulin aspart penfill</i>	60	JANUMET	60	DOSE).....	16
<i>insulin aspart prot & aspart</i> ...	60	JANUMET XR.....	60	KISQALI FEMARA (600 MG	
<i>insulin lispro</i>	60	JANUVIA.....	60	DOSE).....	17
<i>insulin lispro (1 unit dial)</i>	60	JARDIANCE.....	60	KLAYESTA	52
<i>insulin lispro junior kwikpen</i> ...	60	JASMIEL	73	KLOR-CON	55
<i>insulin lispro prot & lispro</i>	60	JAVYGTOR.....	67	KLOR-CON 10	55
INSULIN PEN NEEDLE.....	95	JAYPIRCA.....	16	KLOR-CON M10.....	55
INSULIN SYRINGE.....	95	JENCYCLA.....	73	KLOR-CON M15.....	55
INTELENCE	90	JENTADUETO	60	KLOR-CON M20.....	55
INTRALIPID.....	55	JENTADUETO XR	60	KORLYM	73
INTROVALE	73	JINTELI.....	73	KOSELUGO	95
INVEGA HAFYERA	39	JOLESSA	73	KOURZEQ	52
INVEGA SUSTENNA.....	39	JULEBER	73	KRAZATI	17
INVEGA TRINZA	39	JULUCA	90	KRISTALOSE.....	65
INVOKAMET.....	60	JUNEL 1.5/30	73	KURVELO.....	73
INVOKAMET XR	60	JUNEL 1/20	73	KYPROLIS.....	17
INVOKANA	60	JUNEL FE 1.5/30.....	73	L	
IOPIDINE	97	JUNEL FE 1/20.....	73	<i>labetalol hcl</i>	28
IPOL	82	JUNEL FE 24	73	<i>lacosamide</i>	39
<i>ipratropium bromide</i>	101	JYNARQUE	60	LACRISERT	97

<i>lactated ringers</i>	56, 95	<i>leuprolide acetate (3 month)</i> ..	17	LONSURF	17
<i>lactulose</i>	65	<i>levabuterol hcl</i>	101	<i>loperamide hcl</i>	65
<i>lactulose encephalopathy</i>	65	<i>levabuterol tartrate</i>	101	<i>lopinavir-ritonavir</i>	91
LAGEVRIO	90	LEVEMIR.....	60	<i>lorazepam</i>	40
<i>lamivudine</i>	90	<i>levetiracetam</i>	40	LORAZEPAM INTENSOL	40
<i>lamivudine-zidovudine</i>	90	<i>levetiracetam er</i>	40	LORBRENA	17
<i>lamotrigine</i>	39, 40	<i>levobunolol hcl</i>	97	LORYNA.....	74
<i>lamotrigine er</i>	39	<i>levocarnitine</i>	56	<i>losartan potassium</i>	28
<i>lamotrigine starter kit-blue</i>	40	<i>levocarnitine sf</i>	56	<i>losartan potassium-hctz</i>	28
<i>lamotrigine starter kit-green</i> ..	40	<i>levocetirizine dihydrochloride</i>		<i>lovastatin</i>	28
<i>lamotrigine starter kit-orange</i>	40	.....	101	LOW-OGESTREL	74
<i>lanreotide acetate</i>	73	<i>levofloxacin</i>	90, 97	<i>loxapine succinate</i>	40
<i>lansoprazole</i>	65	<i>levofloxacin in d5w</i>	90	LO-ZUMANDIMINE	74
<i>lanthanum carbonate</i>	60	<i>levoleucovorin calcium</i>	17	<i>lubiprostone</i>	65
LANTUS.....	60	<i>levoleucovorin calcium pf</i>	17	LUMAKRAS.....	17
LANTUS SOLOSTAR.....	60	LEVONEST	74	LUMIGAN	97
<i>lapatinib ditosylate</i>	17	<i>levonorgest-eth est & eth est</i> .	74	LUMIZYME	67
LARIN 1.5/30.....	74	<i>levonorgest-eth estrad 91-day</i>	74	LUPRON DEPOT (1-MONTH)...	18
LARIN 1/20.....	74	<i>levonorgestrel-ethinyl estrad</i> .	74	LUPRON DEPOT (3-MONTH)...	18
LARIN 24 FE	74	<i>levonorg-eth estrad triphasic</i> .	74	LUPRON DEPOT (4-MONTH)...	18
LARIN FE 1.5/30.....	74	LEVORA 0.15/30 (28).....	74	LUPRON DEPOT (6-MONTH)...	18
LARIN FE 1/20.....	74	LEVO-T	74	LUPRON DEPOT-PED (1-	
<i>latanoprost</i>	97	<i>levothyroxine sodium</i>	74	MONTH).....	74
LAYOLIS FE	74	LEVOXYL.....	74	<i>lurasidone hcl</i>	40
LEENA	74	LEXIVA.....	90	LUTERA	74
<i>leflunomide</i>	82	<i>lidocaine</i>	11	LYBALVI	40
<i>lenalidomide</i>	17	<i>lidocaine hcl</i>	11	LYLEQ	74
LENVIMA (10 MG DAILY DOSE)		<i>lidocaine hcl (pf)</i>	11	LYNPARZA	18
.....	17	<i>lidocaine hcl urethral/mucosal</i>		LYSODREN.....	18
LENVIMA (12 MG DAILY DOSE)		.....	11	LYTGOBI (12 MG DAILY DOSE)	18
.....	17	<i>lidocaine viscous hcl</i>	11	LYTGOBI (16 MG DAILY DOSE)	18
LENVIMA (14 MG DAILY DOSE)		<i>lidocaine-prilocaine</i>	11	LYTGOBI (20 MG DAILY DOSE)	18
.....	17	<i>lincomycin hcl</i>	90	LYUMJEV	60
LENVIMA (18 MG DAILY DOSE)		<i>lindane</i>	52	LYUMJEV KWIKPEN.....	60
.....	17	<i>linezolid</i>	91	LYZA	75
LENVIMA (20 MG DAILY DOSE)		LINZESS	65	M	
.....	17	<i>liothyronine sodium</i>	74	<i>magnesium sulfate</i>	56
LENVIMA (24 MG DAILY DOSE)		<i>lisinopril</i>	28	<i>malathion</i>	53
.....	17	<i>lisinopril-hydrochlorothiazide</i> .	28	<i>maraviroc</i>	91
LENVIMA (4 MG DAILY DOSE)	17	<i>lithium</i>	40	<i>marlissa</i>	75
LENVIMA (8 MG DAILY DOSE)	17	<i>lithium carbonate</i>	40	MARPLAN.....	40
LESSINA.....	74	<i>lithium carbonate er</i>	40	MATULANE	18
<i>letrozole</i>	17	LOESTRIN 1.5/30 (21)	74	MATZIM LA	29
<i>leucovorin calcium</i>	17	LOESTRIN 1/20 (21)	74	<i>meclizine hcl</i>	65
LEUKERAN.....	17	LOESTRIN FE 1.5/30.....	74	<i>meclofenamate sodium</i>	11
LEUKINE	24	LOESTRIN FE 1/20.....	74	<i>medroxyprogesterone acetate</i>	
<i>leuprolide acetate</i>	17	LOKELMA	60	.....	75

<i>mefenamic acid</i>	11	<i>metoclopramide hcl</i>	66	MOZOBIL.....	24
<i>mefloquine hcl</i>	91	<i>metolazone</i>	29	MULTAQ	29
<i>megestrol acetate</i>	18, 75	<i>metoprolol succinate er</i>	29	<i>multiple electro type 1 ph 5.5</i>	56
MEKINIST	18	<i>metoprolol tartrate</i>	29	<i>multiple electro type 1 ph 7.4</i>	56
MEKTOVI.....	18	<i>metoprolol-hydrochlorothiazide</i>	29	<i>mupirocin</i>	53
<i>meloxicam</i>	11	<i>metronidazole</i>	53, 69, 91	<i>mupirocin calcium</i>	53
<i>memantine hcl</i>	40	<i>metyrosine</i>	29	MUTAMYCIN.....	18
<i>memantine hcl er</i>	40	<i>mexiletine hcl</i>	29	MYALEPT.....	66
MENACTRA.....	82	MIBELAS 24 FE.....	75	<i>mycophenolate mofetil</i>	83
MENEST	75	<i>micafungin sodium</i>	91	<i>mycophenolate sodium</i>	83
MENOSTAR.....	75	<i>miconazole 3</i>	69	<i>mycophenolic acid</i>	83
MENQUADFI.....	82	MICROGESTIN 1.5/30	75	MYORISAN	53
MENVEO	82	MICROGESTIN 1/20	75	MYRBETRIQ.....	69
<i>mepiridine hcl</i>	11	MICROGESTIN 24 FE	75	N	
<i>meprobamate</i>	40	MICROGESTIN FE 1.5/30	75	<i>nabumetone</i>	11
<i>mercaptopurine</i>	18	MICROGESTIN FE 1/20	75	<i>nadolol</i>	29
<i>meropenem</i>	91	<i>midodrine hcl</i>	29	<i>nafcillin sodium</i>	91
<i>mesalamine</i>	66	<i>mifepristone</i>	75	<i>naftifine hcl</i>	53
<i>mesalamine er</i>	65, 66	MIGERGOT.....	41	NAFTIN.....	53
<i>mesalamine-cleanser</i>	66	<i>miglitol</i>	61	NAGLAZYME	67
<i>mesna</i>	18	<i>miglustat</i>	67	<i>naloxone hcl</i>	41
MESNEX.....	18	MILI.....	75	<i>naltrexone hcl</i>	41
<i>metformin hcl</i>	61	MIMVEY	75	<i>naproxen</i>	11
<i>metformin hcl er</i>	60, 61	<i>minocycline hcl</i>	91	<i>naproxen dr</i>	11
<i>methadone hcl</i>	11	<i>minoxidil</i>	29	<i>naproxen sodium</i>	12
<i>methazolamide</i>	97	<i>mirtazapine</i>	41	<i>naratriptan hcl</i>	41
<i>methenamine hippurate</i>	91	<i>misoprostol</i>	66	NATACYN	97
<i>methimazole</i>	75	<i>mitomycin</i>	18	<i>nateglinide</i>	61
<i>methotrexate</i>	82	M-M-R II.....	83	NATPARA	61
<i>methotrexate sodium</i>	82	<i>modafinil</i>	41	NAYZILAM.....	41
<i>methotrexate sodium (pf)</i>	82	<i>moexipril hcl</i>	29	<i>nebivolol hcl</i>	29
<i>methoxsalen rapid</i>	53	<i>molindone hcl</i>	41	NECON 0.5/35 (28)	75
<i>methscopolamine bromide</i>	66	<i>mometasone furoate</i>	53, 101	<i>nefazodone hcl</i>	42
<i>methsuximide</i>	40	MONDOXYNE NL	91	<i>neomycin sulfate</i>	91
<i>methylphenidate hcl</i>	41	MONO-LINYAH	75	<i>neomycin-bacitracin zn-polymyx</i>	97
<i>methylphenidate hcl er</i>	41	<i>montelukast sodium</i>	101	<i>neomycin-polymyxin b gu</i>	96
<i>methylphenidate hcl er (cd)</i>	40	<i>morphine sulfate</i>	11	<i>neomycin-polymyxin-dexameth</i>	97
<i>methylphenidate hcl er (la)</i> ...	40, 41	<i>morphine sulfate (concentrate)</i>	11	<i>neomycin-polymyxin-gramicidin</i>	97
<i>methylphenidate hcl er (osm)</i>	41	<i>morphine sulfate (pf)</i>	11	<i>neomycin-polymyxin-hc</i>	97, 99
<i>methylphenidate hcl er (xr)</i>	41	<i>morphine sulfate er</i>	11	NEO-POLYCIN.....	97
<i>methylphenidate patch</i>	41	<i>morphine sulfate er beads</i>	11	NEO-POLYCIN HC	97
<i>methylprednisolone</i>	75	MOUNJARO	61	NERLYNX	18
<i>methylprednisolone acetate</i> ...	75	MOVANTIK.....	66	NEUAC.....	53
<i>methylprednisolone sodium succ</i>	75	<i>moxifloxacin hcl</i>	91, 97	NEULASTA.....	24
<i>methyltestosterone</i>	75	<i>moxifloxacin hcl in nacl</i>	91		

NEULASTA ONPRO.....	24	NORTREL 1/35 (28).....	76	NYSTOP	53
NEUPOGEN.....	24	NORTREL 7/7/7.....	76	O	
NEUPRO.....	42	<i>nortriptyline hcl</i>	42	OCELLA.....	76
<i>nevirapine</i>	91	NORVIR	91	OCTAGAM.....	83
<i>nevirapine er</i>	91	NOVAREL	76	<i>octreotide acetate</i>	76
<i>niacin (antihyperlipidemic)</i>	29	NOVOLIN 70/30.....	61	ODEFSEY	92
<i>niacin er (antihyperlipidemic)</i>	29	NOVOLIN 70/30 FLEXPEN	61	ODOMZO	18
NIACOR.....	29	NOVOLIN 70/30 FLEXPEN		OFEV	101
<i>nicardipine hcl</i>	29	RELION.....	61	<i>ofloxacin</i>	92, 97, 99
NICOTROL NS.....	42	NOVOLIN 70/30 RELION	61	OGSIVEO	18
<i>nifedipine er</i>	29	NOVOLIN N	61	OJJAARA.....	19
<i>nifedipine er osmotic release</i> ..	29	NOVOLIN N FLEXPEN	61	<i>olanzapine</i>	42
NIKKI	75	NOVOLIN N FLEXPEN RELION ..	61	<i>olanzapine-fluoxetine hcl</i>	42
<i>nilutamide</i>	18	NOVOLIN N RELION	61	<i>olmesartan medoxomil</i>	29
<i>nimodipine</i>	29	NOVOLIN R	61	<i>olmesartan medoxomil-hctz</i> ..	29
NINLARO.....	18	NOVOLIN R FLEXPEN	61	<i>olmesartan-amlodipine-hctz</i> ..	29
<i>nisoldipine er</i>	29	NOVOLIN R FLEXPEN RELION ..	61	<i>olopatadine hcl</i>	97, 101
<i>nitazoxanide</i>	91	NOVOLIN R RELION.....	61	<i>omega-3-acid ethyl esters</i>	29
<i>nitisinone</i>	67	NOVOLOG.....	61	<i>omeprazole</i>	66
NITRO-BID.....	29	NOVOLOG 70/30 FLEXPEN		OMNITROPE.....	76, 77
NITRO-DUR.....	29	RELION.....	61	<i>ondansetron</i>	66
<i>nitrofurantoin</i>	91	NOVOLOG FLEXPEN	61	<i>ondansetron hcl</i>	66
<i>nitrofurantoin macrocrystal</i> ..	91	NOVOLOG FLEXPEN RELION ..	61	ONUREG.....	19
<i>nitrofurantoin monohyd macro</i>		NOVOLOG MIX 70/30	61	OPDIVO	19
.....	91	NOVOLOG MIX 70/30 FLEXPEN		OPSUMIT.....	101
<i>nitroglycerin</i>	29, 53	.....	61	ORALONE	53
NIVESTYM.....	24	NOVOLOG MIX 70/30 RELION ..	61	ORGOVYX.....	19
<i>nizatidine</i>	66	NOVOLOG PENFILL	61	ORKAMBI	101
NORA-BE.....	75	NOVOLOG RELION	61	<i>orphenadrine citrate</i>	42
NORDITROPIN FLEXPRO	75	NOXAFIL.....	92	<i>orphenadrine citrate er</i>	42
<i>norelgestromin-eth estradiol</i> ..	75	NP THYROID.....	76	ORSERDU	19
<i>norethin ace-eth estrad-fe</i>	75	NUBEQA.....	18	ORSYTHIA.....	77
<i>norethindrone</i>	76	NUCALA	101	<i>oseltamivir phosphate</i>	92
<i>norethindrone acetate</i>	75	NUCYNTA.....	12	OTEZLA.....	83
<i>norethindrone acet-ethinyl est</i>		NUEDEXTA	42	<i>oxaliplatin</i>	19
.....	76	NULOJIX	83	<i>oxandrolone</i>	77
<i>norethindrone-eth estradiol</i> ...	76	NUPLAZID	42	<i>oxaprozin</i>	12
<i>norethindron-ethinyl estrad-fe</i>		NURTEC.....	42	<i>oxazepam</i>	42
.....	76	NUTRILIPID	56	<i>oxcarbazepine</i>	42
<i>norethin-eth estradiol-fe</i>	76	NUTROPIN AQ NUSPIN 10	76	<i>oxiconazole nitrate</i>	53
<i>norgestimate-eth estradiol</i>	76	NUTROPIN AQ NUSPIN 20	76	OXISTAT	53
<i>norgestim-eth estrad triphasic</i>		NUTROPIN AQ NUSPIN 5	76	<i>oxybutynin chloride</i>	69
.....	76	NYAMYC.....	53	<i>oxybutynin chloride er</i>	69
NORLYDA.....	76	NYLIA 1/35.....	76	<i>oxycodone hcl</i>	12
NORLYROC.....	76	NYLIA 7/7/7	76	<i>oxycodone hcl er</i>	12
NORTREL 0.5/35 (28).....	76	<i>nystatin</i>	53, 92	<i>oxycodone-acetaminophen</i>	12
NORTREL 1/35 (21).....	76	<i>nystatin-triamcinolone</i>	53	<i>oxymorphone hcl</i>	12

<i>oxymorphone hcl er</i>	12	<i>perphenazine</i>	43	<i>potassium cl in dextrose 5%</i> ...	56
OZEMPIC (0.25 OR 0.5		<i>perphenazine-amitriptyline</i>	43	POTELIGEO.....	19
MG/DOSE)	62	PERSERIS	43	PRADAXA	24
OZEMPIC (1 MG/DOSE)	62	PERTZYE	68	<i>pramipexole dihydrochloride</i> ..	43
OZEMPIC (2 MG/DOSE)	62	PFIZERPEN	92	<i>pramipexole dihydrochloride er</i>	
P		<i>phenelzine sulfate</i>	43	.....	43
PACERONE	30	<i>phenobarbital</i>	43	<i>prasugrel hcl</i>	25
<i>paclitaxel</i>	19	<i>phenoxybenzamine hcl</i>	30	<i>pravastatin sodium</i>	30
<i>paliperidone er</i>	42	<i>phenytoin</i>	43	<i>praziquantel</i>	92
<i>palonosetron hcl</i>	66	PHENYTOIN INFATABS.....	43	<i>prazosin hcl</i>	30
<i>pamidronate disodium</i>	62	<i>phenytoin sodium extended</i> ...	43	<i>prednicarbate</i>	77
PANCREAZE	68	PHESGO	19	<i>prednisolone</i>	77
PANDEL.....	53	PHILITH	77	<i>prednisolone acetate</i>	98
PANRETIN	53	PHOSPHOLINE IODIDE	98	<i>prednisolone sodium phosphate</i>	
<i>pantoprazole sodium</i>	66	PHYSIOLYTE	96	.....	77, 98
PARAPLATIN	19	PIFELTRO.....	92	<i>prednisone</i>	77
<i>paricalcitol</i>	62	<i>pilocarpine hcl</i>	53, 98	PREDNISONE INTENSOL.....	77
<i>paromomycin sulfate</i>	92	<i>pimecrolimus</i>	53	<i>pregabalin</i>	43
<i>paroxetine hcl</i>	42, 43	<i>pimozide</i>	43	PREGNYL	77
<i>paroxetine hcl er</i>	42	PIMTREA	77	PREHEVBRIO	83
PAXLOVID (150/100)	92	<i>pindolol</i>	30	PREMARIN	77
PAXLOVID (300/100)	92	<i>pioglitazone hcl</i>	62	PREMASOL.....	56
<i>pazopanib hcl</i>	19	<i>pioglitazone hcl-glimepiride</i> ...	62	PREMPHASE.....	77
PEDIARIX.....	83	<i>pioglitazone hcl-metformin hcl</i>		PREMPRO.....	77
PEDVAX HIB	83	.....	62	PREVALITE.....	30
<i>peg 3350-kcl-na bicarb-nacl</i> ...66		<i>piperacillin sod-tazobactam</i> ...	92	PREVYMIS	92
<i>peg-3350/electrolytes</i>	66	PIQRAY (200 MG DAILY DOSE)19		PREZCOBIX	92
<i>peg-3350/electrolytes/ascorbat</i>		PIQRAY (250 MG DAILY DOSE)19		PREZISTA	92
.....	66	PIQRAY (300 MG DAILY DOSE)19		PRIFTIN	92
PEGASYS	83	<i>pirfenidone</i>	101	<i>primaquine phosphate</i>	92
<i>peg-kcl-nacl-nasulf-na asc-c</i> ...66		PIRMELLA 1/35	77	<i>primidone</i>	43
PEMAZYRE	19	<i>piroxicam</i>	12	PRIORIX.....	83
<i>pemetrexed disodium</i>	19	PLASMA-LYTE 148.....	56	<i>probenecid</i>	12
PENBRAYA	83	PLASMA-LYTE A	56	PROCENTRA	43
<i>penciclovir</i>	53	PLENAMINE	56	<i>prochlorperazine</i>	66
<i>penicillamine</i>	69	<i>plerixafor</i>	24	<i>prochlorperazine edisylate</i>	66
<i>penicillin g pot in dextrose</i>	92	<i>podofilox</i>	53	<i>prochlorperazine maleate</i>	66
<i>penicillin g potassium</i>	92	POLYCIN	98	PROCRIT	25
<i>penicillin g sodium</i>	92	<i>polymyxin b-trimethoprim</i>	98	PROCTO-MED HC.....	53
<i>penicillin v potassium</i>	92	POMALYST	19	PROCTOSOL HC.....	53
PENTACEL	83	PORTIA-28.....	77	PROCTOZONE-HC.....	53
<i>pentamidine isethionate</i>	92	<i>posaconazole</i>	92	PROCYSBI	68
<i>pentoxifylline er</i>	24	<i>potassium chloride</i>	56	<i>progesterone</i>	77
<i>perindopril erbumine</i>	30	<i>potassium chloride crys er</i>	56	PROGRAF	83
PERIOGARD.....	53	<i>potassium chloride er</i>	56	PROLASTIN-C	68
PERJETA	19	<i>potassium chloride in nacl</i>	56	PROLIA	62
<i>permethrin</i>	53	<i>potassium citrate er</i>	69	PROMACTA.....	25

<i>promethazine hcl</i>	67	REPATHA SURECLICK	30	RYTARY.....	45
<i>promethazine-phenylephrine</i>	101	RESTASIS	98	S	
PROMETHEGAN.....	67	RESTASIS MULTIDOSE.....	98	SAIZEN.....	77
<i>propafenone hcl</i>	30	RETEVMO.....	19	SAJAZIR	25
<i>propafenone hcl er</i>	30	RETROVIR.....	93	SANCUSO	67
<i>propranolol hcl</i>	30	REXULTI.....	44	SANTYL.....	53
<i>propranolol hcl er</i>	30	REYATAZ	93	<i>sapropterin dihydrochloride</i> ...	68
<i>propylthiouracil</i>	77	REZLIDHIA	19	SARCLISA.....	20
PROQUAD.....	83	REZUROCK	83	SCEMBLIX.....	20
PROSOL.....	56	RHOPRESSA	98	<i>scopolamine</i>	67
<i>protriptyline hcl</i>	43	RIABNI.....	19	SECUADO	45
PULMOZYME	101	<i>ribavirin</i>	93	<i>selegiline hcl</i>	45
PURIXAN	19	RIDAURA	83	<i>selenium sulfide</i>	53
<i>pyrazinamide</i>	92	<i>rifabutin</i>	93	SELZENTRY	93
<i>pyridostigmine bromide</i>	43	<i>rifampin</i>	93	SEREVENT DISKUS.....	102
<i>pyridostigmine bromide er</i>	43	<i>riluzole</i>	44	SEROSTIM	77
<i>pyrimethamine</i>	92	<i>rimantadine hcl</i>	93	<i>sertraline hcl</i>	45
Q		RINVOQ.....	84	SETLAKIN.....	78
QINLOCK	19	<i>risedronate sodium</i>	62	<i>sevelamer carbonate</i>	62
QUADRACEL.....	83	RISPERDAL CONSTA.....	44	SHAROBEL.....	78
<i>quetiapine fumarate</i>	43, 44	<i>risperidone</i>	44, 45	SHINGRIX	84
<i>quetiapine fumarate er</i>	43	<i>risperidone er</i>	44	SIGNIFOR	78
<i>quinapril hcl</i>	30	<i>risperidone microspheres er</i> ...	44	<i>sildenafil citrate</i>	102
<i>quinapril-hydrochlorothiazide</i>	30	<i>ritonavir</i>	93	<i>silodosin</i>	69
<i>quinidine gluconate er</i>	30	RITUXAN	19	<i>silver sulfadiazine</i>	54
<i>quinidine sulfate</i>	30	RITUXAN HYCELA.....	19	SIMBRINZA.....	98
<i>quinine sulfate</i>	93	<i>rivastigmine</i>	45	SIMLIYA.....	78
R		<i>rivastigmine tartrate</i>	45	SIMPESSE	78
RABAVERT.....	83	RIVELSA.....	77	<i>simvastatin</i>	30
<i>rabeprazole sodium</i>	67	<i>rizatriptan benzoate</i>	45	<i>sirolimus</i>	84
<i>raloxifene hcl</i>	77	ROCKLATAN	98	SIRTURO.....	93
<i>ramelteon</i>	44	<i>roflumilast</i>	102	SIVEXTRO	93
<i>ramipril</i>	30	<i>romidepsin</i>	20	SKYRIZI	84
<i>ranolazine er</i>	30	<i>ropinirole hcl</i>	45	SKYRIZI PEN.....	84
<i>rasagiline mesylate</i>	44	<i>ropinirole hcl er</i>	45	<i>sodium chloride</i>	56, 57, 96
RAVICTI.....	68	<i>rosuvastatin calcium</i>	30	<i>sodium phenylbutyrate</i>	68
RECLIPSEN	77	ROTARIX.....	84	<i>sodium polystyrene sulfonate</i>	63
RECOMBIVAX HB	83	ROTATEQ	84	<i>solifenacin succinate</i>	69
RECTIV	53	ROWEEPRA	45	SOLIQUA	63
RELAFEN	12	ROZLYTREK	20	SOLTAMOX.....	20
RELENZA DISKHALER	93	RUBRACA	20	SOLU-CORTEF	78
RELISTOR	67	<i>rufinamide</i>	45	SOMATULINE DEPOT	78
REMICADE	83	RUKOBIA	93	SOMAVERT.....	78
<i>repaglinide</i>	62	RYBELSUS.....	62	<i>sorafenib tosylate</i>	20
REPATHA.....	30	RYBREVANT	20	SORINE.....	30
REPATHA PUSHTRONEX SYSTEM		RYDAPT	20	<i>sotalol hcl</i>	30
.....	30	RYLAZE	20	<i>sotalol hcl (af)</i>	30

SPIRIVA HANDIHALER.....	102	SYMTUZA	93	<i>testosterone enanthate</i>	78
SPIRIVA RESPIMAT.....	102	SYNAGIS.....	96	<i>tetrabenazine</i>	46
<i>spironolactone</i>	30	SYNAREL	78	<i>tetracycline hcl</i>	94
<i>spironolactone-hctz</i>	30	SYNJARDY	63	THALOMID	21
SPRAVATO (56 MG DOSE)	45	SYNJARDY XR	63	<i>theophylline er</i>	102
SPRAVATO (84 MG DOSE)	45	SYNRIBO.....	20	<i>thioridazine hcl</i>	46
SPRINTEC 28	78	SYNTHROID.....	78	<i>thiothixene</i>	46
SPRITAM	45	T		TIADYLT ER.....	31
SPRYCEL	20	TABLOID.....	20	<i>tiagabine hcl</i>	46
SPS	63	TABRECTA	20	TIBSOVO.....	21
SRONYX.....	78	<i>tacrolimus</i>	54, 84	TICOVAC.....	84
SSD (SILVER SULFADIAZINE) ...	54	<i>tadalafil (pah)</i>	102	<i>tigecycline</i>	94
STELARA.....	84	TAFINLAR	20	TILIA FE	78
<i>sterile water for irrigation</i>	96	<i>tafluprost (pf)</i>	98	<i>timolol maleate</i>	31, 98
STIOLTO RESPIMAT	102	TAGRISSE.....	20	<i>tinidazole</i>	94
STIVARGA	20	TALZENNA.....	20	TIVICAY	94
STRENSIQ.....	68	<i>tamoxifen citrate</i>	20	TIVICAY PD	94
<i>streptomycin sulfate</i>	93	<i>tamsulosin hcl</i>	69	<i>tizanidine hcl</i>	46
STRIBILD.....	93	TARINA 24 FE	78	TOBRADEX	98
SUBVENITE.....	45	TARINA FE 1/20 EQ.....	78	TOBRADEX ST.....	98
SUBVENITE STARTER KIT-BLUE		TASIGNA	20	<i>tobramycin</i>	98, 102
.....	45	<i>tasimelteon</i>	46	<i>tobramycin sulfate</i>	94
SUBVENITE STARTER KIT-GREEN		<i>tazarotene</i>	54	<i>tobramycin-dexamethasone</i> ..	98
.....	45	TAZICEF	93, 94	<i>tolcapone</i>	46
SUBVENITE STARTER KIT-		TAZTIA XT.....	30	<i>tolmetin sodium</i>	12
ORANGE.....	45	TAZVERIK	20	<i>tolterodine tartrate</i>	69
SUCRAID	68	TDVAX.....	84	<i>tolterodine tartrate er</i>	69
<i>sucralfate</i>	67	TECENTRIQ.....	20	<i>tolvaptan</i>	63
<i>sulfacetamide sodium</i>	98	TECFIDERA	46	<i>topiramate</i>	46
<i>sulfacetamide sodium (acne)</i> .	54	TECVAYLI.....	20	<i>toremifene citrate</i>	21
<i>sulfacetamide-prednisolone</i> ...	98	TEFLARO	94	<i>torseamide</i>	31
<i>sulfadiazine</i>	93	<i>telmisartan</i>	30	TOUJEO MAX SOLOSTAR	63
<i>sulfamethoxazole-trimethoprim</i>		<i>telmisartan-amlodipine</i>	30	TOUJEO SOLOSTAR	63
.....	93	<i>telmisartan-hctz</i>	30, 31	TOVIAZ	69
SULFAMYLON	54	<i>temazepam</i>	46	TRACLEER.....	102
<i>sulfasalazine</i>	67	TENCON	46	TRADJENTA	63
<i>sulindac</i>	12	TENIVAC.....	84	<i>tramadol hcl</i>	12
<i>sumatriptan</i>	45	<i>tenofovir disoproxil fumarate</i> .	94	<i>tramadol hcl (er biphasic)</i>	12
<i>sumatriptan succinate</i>	45, 46	TEPMETKO	21	<i>tramadol hcl er</i>	12
<i>sumatriptan succinate refill</i>	45	<i>terazosin hcl</i>	31	<i>tramadol-acetaminophen</i>	12
<i>sunitinib malate</i>	20	<i>terbinafine hcl</i>	94	<i>trandolapril</i>	31
SUNLENCA	93	<i>terbutaline sulfate</i>	102	<i>trandolapril-verapamil hcl er</i> ..	31
SUPRAX.....	93	<i>terconazole</i>	69	<i>tranexamic acid</i>	25
SYEDA	78	<i>teriparatide</i>	63	<i>tranylcypromine sulfate</i>	46
SYMLINPEN 120.....	63	<i>teriparatide (recombinant)</i>	63	TRAVASOL.....	57
SYMLINPEN 60.....	63	<i>testosterone</i>	78	<i>travoprost (bak free)</i>	98
SYMPAZAN	46	<i>testosterone cypionate</i>	78	<i>trazodone hcl</i>	46

TRECATOR.....	94	TRUSELTIQ (100MG DAILY DOSE).....	21	VECAMYL	31
TRELEGY ELLIPTA	102	TRUSELTIQ (125MG DAILY DOSE).....	21	VECTIBIX.....	21
TRESIBA	63	TRUSELTIQ (50MG DAILY DOSE)	21	VELIVET	79
TRESIBA FLEXTOUCH	63	TRUSELTIQ (75MG DAILY DOSE)	21	VELPHORO	63
<i>tretinoin</i>	21, 54	TUKYSA	21	VELTASSA.....	63
<i>tretinoin microsphere</i>	54	TURALIO.....	21	VEMLIDY	95
<i>tretinoin microsphere pump</i> ...	54	TURQOZ	79	VENCLEXTA	21
TREXALL.....	84	TWINRIX.....	84	VENCLEXTA STARTING PACK ..	21
TRI FEMYNOR	78	TYBLUME	79	<i>venlafaxine besylate er</i>	47
<i>triamcinolone acetonide</i>	54	TYBOST	94	<i>venlafaxine hcl</i>	47
<i>triamterene</i>	31	TYMLOS	63	<i>venlafaxine hcl er</i>	47, 48
<i>triamterene-hctz</i>	31	TYPHIM VI.....	84	VENTAVIS.....	102
<i>triazolam</i>	46	TYSABRI.....	46	<i>verapamil hcl</i>	31
TRIDERM.....	54	TYVASO	102	<i>verapamil hcl er</i>	31
<i>trientine hcl</i>	63	TYVASO REFILL.....	102	VEREGEN.....	54
TRI-ESTARYLLA.....	78	TYVASO STARTER.....	102	VERQUVO.....	31
<i>trifluoperazine hcl</i>	46	U		VERSACLOZ	48
<i>trifluridine</i>	94	UCERIS	67	VERZENIO.....	21
<i>trihexyphenidyl hcl</i>	46	UNITHROID	79	VIBERZI.....	67
TRIJARDY XR	63	<i>ursodiol</i>	67	VICTOZA.....	63
TRI-LEGEST FE.....	78	UZEDY	46, 47	VIENVA.....	79
TRI-LINYAH	78	V		<i>vigabatrin</i>	48
TRI-LO-ESTARYLLA	78	<i>valacyclovir hcl</i>	94	VIGADRONE	48
TRI-LO-MARZIA.....	78	VALCHLOR.....	54	VIGPODER.....	48
TRI-LO-MILI.....	78	<i>valganciclovir hcl</i>	94	<i>vilazodone hcl</i>	48
TRI-LO-SPRINTEC	79	<i>valproate sodium</i>	47	VIMIZIM	68
<i>trimethobenzamide hcl</i>	67	<i>valproic acid</i>	47	<i>vinblastine sulfate</i>	21
<i>trimethoprim</i>	94	<i>valsartan</i>	31	<i>vincristine sulfate</i>	21
TRI-MILI	79	<i>valsartan-hydrochlorothiazide</i>	31	<i>vinorelbine tartrate</i>	21
<i>trimipramine maleate</i>	46	VALTOCO 10 MG DOSE.....	47	VIOKACE.....	68
TRINTELLIX.....	46	VALTOCO 15 MG DOSE.....	47	<i>viorele</i>	79
TRI-NYMYO	79	VALTOCO 20 MG DOSE.....	47	VIRACEPT	95
TRI-SPRINTEC.....	79	VALTOCO 5 MG DOSE.....	47	VIREAD	95
TRIUMEQ.....	94	<i>vancomycin hcl</i>	94, 95	VITRAKVI.....	21
TRIUMEQ PD.....	94	<i>vancomycin hcl in nacl</i>	94	VIZIMPRO.....	21
TRIVORA (28).....	79	VANDAZOLE.....	70	VOLNEA.....	79
TRI-VYLIBRA	79	VANFLYTA	21	VONJO.....	21
TRI-VYLIBRA LO.....	79	VAQTA	84	<i>voriconazole</i>	95
TRIZIVIR	94	<i>varenicline tartrate</i>	47	VOSEVI	95
TRODELVY.....	21	<i>varenicline tartrate (starter)</i> ..	47	VPRIV	68
TROGARZO.....	94	VARIVAX.....	84	VRAYLAR	48
TROPHAMINE	57	VARIZIG.....	84	VYFEMLA.....	79
<i>tropium chloride</i>	69	VASCEPA	31	VYLIBRA.....	79
<i>tropium chloride er</i>	70			VYZULTA	98
TRULICITY	63			W	
TRUMENBA.....	84			WAKIX.....	48
TRUQAP	21			<i>warfarin sodium</i>	25

WELIREG	21	XPOVIO (40 MG TWICE WEEKLY)	22	ZENPEP	68
WERA	79	.....	22	ZENZEDI	48
WIXELA INHUB.....	102	XPOVIO (60 MG ONCE WEEKLY)	22	ZEPZELCA	22
WYMZYA FE	79	.....	22	<i>zidovudine</i>	95
X		XPOVIO (60 MG TWICE WEEKLY)	22	<i>ziprasidone hcl</i>	48
XALKORI	21, 22	.....	22	<i>ziprasidone mesylate</i>	48
XARELTO	25	XPOVIO (80 MG ONCE WEEKLY)	22	ZIRGAN.....	95
XARELTO STARTER PACK	25	.....	22	<i>zoledronic acid</i>	64
XATMEP	84	XPOVIO (80 MG TWICE WEEKLY)	22	ZOLINZA	22
XCOPRI.....	48	.....	22	<i>zolmitriptan</i>	48
XCOPRI (250 MG DAILY DOSE).....	48	XTANDI.....	22	<i>zolpidem tartrate</i>	48
XCOPRI (350 MG DAILY DOSE).....	48	XULANE.....	79	<i>zolpidem tartrate er</i>	48
XEOMIN	48	Y		ZOMACTON.....	79
XERMELO	67	YARGESA	68	ZONISADE	49
XGEVA.....	64	YERVOY	22	<i>zonisamide</i>	49
XIFAXAN.....	95	YF-VAX	84	ZOVIA 1/35 (28)	79
XIGDUO XR	64	YONSA.....	22	ZTALMY	49
XIIDRA.....	98	YUVAFEM.....	79	ZUMANDIMINE.....	79
XOFLUZA (40 MG DOSE).....	95	Z		ZURZUVAE	49
XOFLUZA (80 MG DOSE).....	95	ZAFEMY.....	79	ZYDELIG.....	22
XOLAIR.....	102, 103	<i>zafirlukast</i>	103	ZYKADIA	22
XOSPATA.....	22	<i>zaleplon</i>	48	ZYLET.....	98
XPOVIO (100 MG ONCE		ZARXIO.....	25	ZYPREXA RELPREVV	49
WEEKLY)	22	ZEJULA	22		
XPOVIO (40 MG ONCE WEEKLY)		ZELBORAF	22		
.....	22	ZENATANE	54		

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-627-1188 (TTY: 711). Someone who speaks English can help you. This is a free service.

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-627-1188 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-627-1188 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 請此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-627-1188 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-627-1188 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-627-1188 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-627-1188 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-627-1188 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-627-1188 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-627-1188 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس عليك سوى الاتصال بنا على 1-800-627-1188 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषयिणी सेवाएँ उपलब्ध हैं। एक दुभाषयिणी प्राप्त करने के लिए, बस हमें 1-800-627-1188 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-627-1188 (TTY: 711). Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-627-1188 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-627-1188 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatnie skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-627-1188 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬 ランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳 ご用意になるには、1-800-627-1188 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Bantu: ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-627-1188 (TTY: 711).

Farsi: دینک یم وگتفگ یسراف نابز هب رگا: هجوت، یم مهارف امش یارب ناگیار تروصب ینابز تالیست یدیریگب سامت 1-800-627-1188 (TTY: 711) اب دشاب.

Nepali: ध्यान दनुहोस्: तपाइंले नेपाली बोलनुहुन्छ भने तपाइंको नमिती भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-627-1188 (टिडिडिडि: 711) ।

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-627-1188 (TTY: 711).

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-627-1188 (TTY: Telefon za osobe sa oštećenim govorom ili sluhom: 711).



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This formulary was updated on 05/01/2024.

For more recent information or other questions, please contact Blue Cross of Idaho Care Plus, Inc. Customer Service at 1-855-479-3661 (TTY users should call 711), 24 hours a day, seven days a week, or visit ***bcidaho.com/DrugList***.

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