

Senior Whole Health Senior Care Options (SCO)

2025 List of Covered Drugs (Drug List or Formulary)

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For more recent information or other questions, contact us at (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time or visit [SWHMA.com](https://www.swhma.com).

Senior Whole Health Senior Care Options (SCO) | 2025 *List of Covered Drugs (Drug List or Formulary)*

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs are covered by Senior Whole Health. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Senior Whole Health. Key terms and their definitions appear in the last chapter of the *Member Handbook*.

Table of Contents

A. Disclaimers.....	3
B. Frequently Asked Questions (FAQ)	7
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.)	7
B2. Does the <i>Drug List</i> ever change?	7
B3. What happens when there is a change to the <i>Drug List</i> ?.....	8
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	9
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?.....	10
B6. What happens if Senior Whole Health changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?	10
B7. How can I find a drug on the <i>Drug List</i> ?	10
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	10
B9. What if I am a new Senior Whole Health member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	11
B10. Can I ask for an exception to cover my drug?	11
B11. How can I ask for an exception?	12
B12. How long does it take to get an exception?	12



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B13. What are generic drugs?	12
B14. What are original biological products and how are they related to biosimilars?	12
B15. What are OTC drugs?	13
B16. Does Senior Whole Health cover non-drug OTC products?	13
B17. Does Senior Whole Health cover long-term supplies of prescriptions?	13
B18. Can I get prescriptions delivered to my home from my local pharmacy?	13
B19. What is my copay?	13
B20. What are drug tiers?	13
C. Overview of the <i>List of Covered Drugs</i>	14
C1. Drugs Grouped by Medical Condition.....	15
D. Index of Covered Drugs.....	94

A. Disclaimers

This is a list of drugs that members can get in Senior Whole Health.

Free aids and services, such as sign language interpreters and written information in alternative formats, are available to you. Call 1-888-794-7268 (TTY: 711).

English: The enclosed materials are important and should be translated immediately. 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 1-888-794-7268. Someone who speaks English can help you. This is a free service.

Spanish: Los materiales adjuntos son importantes y se deben traducir inmediatamente. Contamos con servicios de intérprete gratuitos para responder a cualquier pregunta que pueda tener acerca de nuestro plan de salud o medicamentos. Para obtener un intérprete, llámenos al 1-888-794-7268. Alguien que hable idioma puede ayudarle. Este es un servicio gratuito.

Cambodian: ឯកសារដែលភ្ជាប់មកជាមួយគ្នានេះជា ឯកសារសំខាន់ និងគួរតែត្រូវបកប្រែភ្លាមៗ។ យើងមានសេវា អ្នកបកប្រែផ្ទាល់មាត់ដោយឥតគិតថ្លៃដើម្បីឆ្លើយតបទៅនឹង សំណួរនានា ដែលអ្នកអាចនឹងមានអំពីគម្រោងសុខភាពនិងឱសថ របស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ម្នាក់ គ្រាន់តែទូរសព្ទមកយើងខ្ញុំតាមលេខ 1-888-794-7268។ មនុស្ស ម្នាក់ដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។



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Chinese Mandarin: 所附材料非常重要，必须立即翻译。如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费
的口译服务回答您的问题。若要获得口译服务，请致电我们：**1-888-794-7268**。说语言的人士会帮助您。这是免费服务。我们可以为您提供免费帮助和服务，如手语翻译和其他格式
的书面信息。

Haitian Creole: Dokiman ki anekse yo enpòtan e yo ta dwe tradui imedyatman. Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-794-7268**. Yon moun ki pale lang ka ede w. Sa a se yon sèvis gratis.

Laotian: ສິ່ງທີ່ແນບມາແມ່ນມີຄວາມສຳຄັນຫຼາຍ ແລະ ຄວນຈະຖືກແປທັນທີ. ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບ ຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ການຢາຂອງພວກເຮົາ. ຖ້າຕ້ອງການນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ **1-888-794-7268**. ຄົນທີ່ເວົ້າ ພາສາ ສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການຟຣີ.

Portugués: Os materiais em anexo são importantes e devem ser traduzidos imediatamente. Temos serviços de intérprete gratuitos para responder a quaisquer perguntas que possa ter sobre o nosso plano de saúde ou de medicamentos. Para obter um intérprete, contacte-nos através do número **1-888-794-7268**. Alguém que fale idioma pode ajudá-lo. Este serviço é gratuito.

Russian: Прилагаемые материалы крайне важны и подлежат немедленному переводу. Если у вас возникли какие-либо вопросы о вашем плане медицинского обслуживания или плане с покрытием лекарственных препаратов, для вас предусмотрены бесплатные услуги переводчика. Чтобы воспользоваться услугами переводчика, просто позвоните нам по номеру 1-888-794-7268. Вам поможет сотрудник, владеющий Россия. Эта услуга предоставляется бесплатно.

Vietnamese: Các tài liệu đính kèm rất quan trọng và cần phải dịch ngay lập tức. Chúng tôi có các dịch vụ phiên dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình chăm sóc sức khỏe hoặc chương trình thuốc của chúng tôi. Để có phiên dịch viên, chỉ cần gọi cho chúng tôi theo số 1-888-794-7268. Một người nói ngôn ngữ có thể giúp quý vị. Đây là dịch vụ miễn phí.

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-794-7268。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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-794-7268. 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 1-888-794-7268. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-794-7268. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



If you have questions, please call Senior Whole Health at (800) 665-3086, TTY: 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit SWHMA.com.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-794-7268 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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 1-888-794-7268. 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 दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-794-7268 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 1-888-794-7268. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio 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 1-888-794-7268. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne 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 1-888-794-7268. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プ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。通訳をご用命になるには、1-888-794-7268にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

- ❖ You can get this document for free in other formats, such as large print, formats that work with screen reader technology, braille, or audio. Call (800) 665-3086, and TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time. The call is free.
- ❖ This document is available for free in Spanish.
- ❖ You can ask that we always send you information in the language or format you need. This is called a standing request. Call (888) 794-7268, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time. A Member Service representative can help you

make or change a standing request. We will keep track of your standing request, so you do not need to make separate requests each time we send you information.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *List of Covered Drugs* in section C1 are the drugs covered by Senior Whole Health. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- Senior Whole Health will cover all drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Senior Whole Health agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Senior Whole Health network pharmacy.
- In some cases, you have to do something before you can get a drug (refer to question B4 below).

You can also refer to an up-to-date list of drugs that we cover on our website at SWHMA.com or call Member Services at (800) 665-3086, TTY: 711.

B2. Does the *Drug List* ever change?

Yes, and Senior Whole Health must follow Medicare and MassHealth rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior approval (PA) for a drug. (PA is permission from Senior Whole Health before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.



If you have questions, please call Senior Whole Health at (800) 665-3086, TTY: 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit SWHMA.com.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Senior Whole Health's up to date *Drug List* online at SWHMA.com. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services to check the current *Drug List* at (800) 665-3086, TTY: 711.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:

- **Substitutions new version of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain versions of that drug but your cost for the new drug will stay the same. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - Is a new generic version of a brand name drug, or
 - Is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14.
 - You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to question B10 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change. After you receive the

notice of the change, you should work with your prescriber to switch to a different drug that we cover.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
 - tell you at least 30 days before we make the change to the *Drug List* **or**
 - let you know and give you a 31-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. Please refer to question B10 for more information about exceptions.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization (PA) or approval:** For some drugs, you or your doctor or other prescriber must get PA from Senior Whole Health before you fill your prescription. Senior Whole Health may not cover the drug if you do not get approval.
- **Quantity limits:** Sometimes Senior Whole Health limits the amount of a drug you can get.
- **Step therapy:** Sometimes Senior Whole Health requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your provider thinks the first drug doesn't work for you, then we will cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables beginning in section C1. You can also get more information by visiting our website at



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SWHMA.com. We have posted online documents that explain our and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Please refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table of drugs on in section C1 has a column labeled “Necessary actions, restrictions, or limits on use.”

B6. What happens if Senior Whole Health changes their rules about some drugs (for example, prior authorization (PA) or approval, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change PA, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- You can search alphabetically by the drug’s name, **or**
- You can search by medical condition.

To search **alphabetically**, refer to the Index of Covered Drugs section. You can find it in section D.

To search **by medical condition**, find the section labeled “Drugs Grouped by Medical Condition” in section C1. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at (800) 665-3086, TTY: 711 and ask about it. If you learn that Senior Whole Health will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask the health plan to make an exception to cover your drug. Please refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Senior Whole Health member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 31-day supply of your drug during the first 90 days you are a member of Senior Whole Health. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 31 days of medication.

We will cover a 31-day supply of your drug if:

- you are taking a drug that is not on our *Drug List*, **or**
- health plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires PA by Senior Whole Health, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Senior Whole Health does not consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug. You can find more information about getting a temporary supply of a drug in Chapter 5 of your *Member Handbook*.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31 supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Senior Whole Health member.
- This is in addition to the temporary supply during the first 90 days you are a member of Senior Whole Health.

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

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Senior Whole Health to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.



If you have questions, please call Senior Whole Health at (800) 665-3086, TTY: 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit SWHMA.com.

- For example, Senior Whole Health may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or PA requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read Chapter 9, Section F2, of the *Member Handbook* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours. Your prescriber can call Senior Whole Health or fax the supporting statement to (866) 290-1309.

Send the prescriber statement to:

Senior Whole Health
Attn: Pharmacy Department
7050 S Union Park Center, Suite 600
Midvale, Utah 84107

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Senior Whole Health covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

When we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have forms that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilars alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original

biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For more information on drug types, refer to Chapter 5 of the *Member Handbook*.

B15. What are OTC drugs?

OTC stands for “over-the-counter”. Senior Whole Health covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Senior Whole Health *Drug List* to find out what OTC drugs are covered.

B16. Does Senior Whole Health cover non-drug OTC products?

Senior Whole Health covers some non-drug OTC products when they are written as prescriptions by your provider.

You can read the Senior Whole Health *Drug List* to find out what non-drug OTC products are covered.

B17. Does Senior Whole Health cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 100-day supply of your prescription drugs sent directly to your home. A 100-day supply has the same copay as a one-month supply.
 - **100-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to a 100-day supply of covered prescription drugs. A 100-day supply has the same copay as a one-month supply.
-

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copay?

Senior Whole Health members have no copays for prescription and OTC drugs as long as the member follows the plan’s rules.

B20. What are drug tiers?

Tiers are groups of drugs on our *Drug List*.

- Tier 1 drugs are generic drugs.
- Tier 1 drugs are brand name drugs.

All tiers have no copay.



If you have questions, please call Senior Whole Health at (800) 665-3086, TTY: 711, October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time. The call is free. **For more information**, visit [SWHMA.com](https://www.swhma.com).

C. Overview of the *List of Covered Drugs*

The following list of covered drugs gives you information about the drugs covered by Senior Whole Health. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Senior Whole Health.

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

The information in the “necessary actions, restrictions, or limits on use” column tells you if Senior Whole Health has any rules for covering your drug.

Note: The _ next to a drug means the drug is not a “Part D drug.” The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage).

- In addition, if you are getting Extra Help to pay for your prescriptions, you will not get any Extra Help to pay for these drugs. For more information on Extra Help, please refer to the call-out box below.

Extra Help is a Medicare program that helps people with limited incomes and resources reduce Medicare Part D prescription drug costs, such as premiums, deductibles, and copays. Extra Help is also called the “Low-Income Subsidy,” or “LIS.”

- These drugs have different rules for appeals. An appeal is a formal way of asking us to review a decision we made about your coverage and to change it if you think we made a mistake. For example, we might decide that a drug that you want is not covered or is no longer covered by Medicare or MassHealth.
- If you or your prescriber disagrees with our decision, you can appeal.
- If you ever have a question, call Member Services at (800) 665-3086, TTY: 711. You can also read Chapter 9 of the *Member Handbook* to learn how to appeal a decision.

C1. Drugs Grouped by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category Cardiovascular. That is where you will find drugs that treat heart conditions.

Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

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

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

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

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

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

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

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

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



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MOLINA_CY25_1T_SNP_PMOD_CAID eff 06/01/2025

Drug Name	Drug Tier	Requirements/Limits
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ANALGESICS**GOUT**

<i>allopurinol</i> TABS 100mg, 300mg	1	
<i>colchicine</i> CAPS .6mg	1	QL (60 caps / 30 days)
<i>colchicine</i> TABS .6mg	1	QL (120 tabs / 30 days)
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
MITIGARE CAPS .6mg	1	QL (60 caps / 30 days)
<i>probenecid</i> TABS 500mg	1	

MISCELLANEOUS

<i>lidocaine hcl (local anesth.)</i> SOLN .5%, 1%, 1.5%, 2%	1	
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NSAIDS

<i>celecoxib</i> CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
<i>celecoxib</i> CAPS 400mg	1	QL (30 caps / 30 days)
<i>diclofenac potassium</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>diflunisal</i> TABS 500mg	1	
<i>etodolac</i> CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
<i>flurbiprofen</i> TABS 100mg	1	
<i>ibu</i> TABS 400mg, 600mg, 800mg	1	
<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
<i>meloxicam</i> TABS 7.5mg, 15mg	1	
<i>nabumetone</i> TABS 500mg, 750mg	1	
<i>naproxen</i> TABS 250mg, 375mg, 500mg	1	
<i>naproxen</i> TBEC 375mg	1	QL (120 tabs / 30 days)
<i>naproxen dr</i> TBEC 500mg	1	QL (90 tabs / 30 days)
<i>naproxen sodium</i> TABS 275mg, 550mg	1	
<i>piroxicam</i> CAPS 10mg, 20mg	1	
<i>sulindac</i> TABS 150mg, 200mg	1	

OPIOID ANALGESICS, LONG-ACTING

<i>buprenorphine</i> PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (30 tabs / 30 days), PA
<i>hydrocodone bitartrate</i> T24A 100mg, 120mg	1	NDS, QL (30 tabs / 30 days), PA
<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
<i>methadone hydrochloride i</i> CONC 10mg/ml	1	QL (90 mL / 30 days), PA
<i>morphine sulfate</i> TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	1	QL (60 tabs / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen w/ codeine soln</i> 120-12 mg/5ml	1	QL (2700 mL / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-15 mg	1	QL (400 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-30 mg	1	QL (360 tabs / 30 days)
<i>acetaminophen w/ codeine tab</i> 300-60 mg	1	QL (180 tabs / 30 days)
<i>butorphanol tartrate</i> SOLN 1mg/ml, 2mg/ml	1	
<i>endocet tab</i> 2.5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 5-325mg	1	QL (360 tabs / 30 days)
<i>endocet tab</i> 7.5-325mg	1	QL (240 tabs / 30 days)
<i>endocet tab</i> 10-325mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen soln</i> 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
<i>hydrocodone-acetaminophen tab</i> 5-325 mg	1	QL (240 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 7.5-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>hydrocodone-ibuprofen tab</i> 7.5-200 mg	1	QL (150 tabs / 30 days)
<i>hydromorphone hcl</i> LIQD 1mg/ml	1	QL (600 mL / 30 days)
<i>hydromorphone hcl</i> TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
<i>morphine sulfate</i> SOLN 4mg/ml, 8mg/ml, 10mg/ml	1	
<i>morphine sulfate</i> SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
<i>morphine sulfate</i> SOLN 100mg/5ml	1	QL (180 mL / 30 days)
<i>morphine sulfate</i> TABS 15mg, 30mg	1	QL (180 tabs / 30 days)
<i>nalbuphine hcl</i> SOLN 10mg/ml, 20mg/ml	1	
<i>oxycodone hcl</i> CONC 100mg/5ml	1	QL (180 mL / 30 days)
<i>oxycodone hcl</i> SOLN 5mg/5ml	1	QL (900 mL / 30 days)
<i>oxycodone hcl</i> TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 2.5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 5-325 mg	1	QL (360 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 7.5-325 mg	1	QL (240 tabs / 30 days)
<i>oxycodone w/ acetaminophen tab</i> 10-325 mg	1	QL (180 tabs / 30 days)
<i>tramadol hcl</i> TABS 50mg	1	QL (240 tabs / 30 days)
<i>tramadol-acetaminophen tab</i> 37.5-325 mg	1	QL (240 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
<i>albendazole</i> TABS 200mg	1	NDS, QL (672 tabs / year), PA
<i>amikacin sulfate</i> SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	1	NDS, NM, PA
<i>atovaquone</i> SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
<i>aztreonam</i> SOLR 1gm, 2gm	1	
CAYSTON SOLR 75mg	1	NDS, NM, PA
<i>clindamycin hcl</i> CAPS 75mg, 150mg, 300mg	1	
<i>clindamycin palmitate hydrochloride</i> SOLR 75mg/5ml	1	
<i>clindamycin phosphate</i> SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	1	
CLINDMYC/NAC INJ 300/50ML	1	
CLINDMYC/NAC INJ 600/50ML	1	
CLINDMYC/NAC INJ 900/50ML	1	
<i>colistimethate sodium</i> SOLR 150mg	1	
<i>dapsone</i> TABS 25mg, 100mg	1	
DAPTOMYCIN SOLR 350mg	1	NDS
<i>daptomycin</i> SOLR 350mg, 500mg	1	NDS
EMVERM CHEW 100mg	1	NDS, QL (12 tabs / year)
<i>ertapenem sodium</i> SOLR 1gm	1	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin in saline inj 2 mg/ml</i>	1	
<i>gentamicin sulfate</i> SOLN 10mg/ml, 40mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	1	
IMPAVIDO CAPS 50mg	1	NDS, PA
<i>ivermectin</i> TABS 3mg	1	QL (12 tabs / 90 days), PA
<i>linezolid</i> SOLN 600mg/300ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>linezolid</i> SUSR 100mg/5ml	1	NDS, QL (1800 mL / 30 days)
<i>linezolid</i> TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	1	
<i>meropenem</i> SOLR 1gm, 500mg	1	
<i>methenamine hippurate</i> TABS 1gm	1	
<i>metronidazole</i> SOLN 500mg/100ml; TABS 250mg, 500mg	1	
<i>neomycin sulfate</i> TABS 500mg	1	
<i>nitazoxanide</i> TABS 500mg	1	NDS, QL (6 tabs / 30 days)
<i>nitrofurantoin macrocrystal</i> CAPS 50mg, 100mg	1	
<i>nitrofurantoin monohyd macro</i> CAPS 100mg	1	
<i>pentamidine isethionate inh</i> SOLR 300mg	1	
<i>pentamidine isethionate inj</i> SOLR 300mg	1	
<i>polymyxin b sulfate</i> SOLR 500000unit	1	
<i>praziquantel</i> TABS 600mg	1	
<i>pyrimethamine</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), PA
<i>streptomycin sulfate</i> SOLR 1gm	1	NDS
<i>sulfadiazine</i> TABS 500mg	1	NDS
<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg	1	
<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg	1	
<i>tinidazole</i> TABS 250mg, 500mg	1	
TOBI PODHALER CAPS 28mg	1	NDS, NM, PA
<i>tobramycin</i> NEBU 300mg/5ml	1	NDS, NM, PA
<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>trimethoprim</i> TABS 100mg	1	
<i>vancomycin hcl</i> CAPS 125mg	1	QL (80 caps / 180 days)
<i>vancomycin hcl</i> CAPS 250mg	1	QL (160 caps / 180 days)
<i>vancomycin hcl</i> SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
VANCOMYCIN INJ 1 GM	1	
VANCOMYCIN INJ 500MG	1	
VANCOMYCIN INJ 750MG	1	
ANTIFUNGALS		
ABELCET SUSP 5mg/ml	1	
<i>amphotericin b</i> SOLR 50mg	1	
<i>amphotericin b liposome</i> SUSR 50mg	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>caspofungin acetate</i> SOLR 50mg, 70mg	1	
<i>fluconazole</i> SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
<i>fluconazole in nacl 0.9% inj</i> 200 mg/100ml	1	
<i>fluconazole in nacl 0.9% inj</i> 400 mg/200ml	1	
<i>flucytosine</i> CAPS 250mg, 500mg	1	NDS, PA
<i>griseofulvin microsize</i> SUSP 125mg/5ml; TABS 500mg	1	
<i>griseofulvin ultramicrosize</i> TABS 125mg, 250mg	1	
<i>itraconazole</i> CAPS 100mg	1	PA
<i>ketoconazole</i> TABS 200mg	1	PA
<i>micafungin sodium</i> SOLR 50mg, 100mg	1	
<i>nystatin</i> TABS 500000unit	1	
<i>posaconazole</i> SUSP 40mg/ml	1	NDS, QL (630 mL / 30 days), PA
<i>posaconazole</i> TBEC 100mg	1	NDS, QL (93 tabs / 30 days), PA
<i>terbinafine hcl</i> TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
<i>voriconazole</i> SOLR 200mg	1	PA
<i>voriconazole</i> SUSR 40mg/ml	1	NDS, QL (600 mL / 28 days), PA
<i>voriconazole</i> TABS 50mg	1	QL (480 tabs / 30 days)
<i>voriconazole</i> TABS 200mg	1	QL (120 tabs / 30 days)

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab</i> 62.5-25 mg	1	
<i>atovaquone-proguanil hcl tab</i> 250-100 mg	1	
<i>chloroquine phosphate</i> TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	1	
<i>mefloquine hcl</i> TABS 250mg	1	
<i>primaquine phosphate</i> TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	1	
<i>quinine sulfate</i> CAPS 324mg	1	PA

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate</i> SOLN 20mg/ml; TABS 300mg	1	NM
APTIVUS CAPS 250mg	1	NDS, NM
<i>atazanavir sulfate</i> CAPS 150mg, 200mg, 300mg	1	NM
<i>darunavir</i> TABS 600mg	1	NDS, QL (60 tabs / 30 days), NM
<i>darunavir</i> TABS 800mg	1	NDS, QL (30 tabs / 30 days), NM
EDURANT TABS 25mg	1	NDS, NM

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz</i> TABS 600mg	1	NM
<i>emtricitabine</i> CAPS 200mg	1	NM
EMTRIVA SOLN 10mg/ml	1	NM
<i>etravirine</i> TABS 100mg, 200mg	1	NDS, NM
<i>fosamprenavir calcium</i> TABS 700mg	1	NDS, NM
FUZEON SOLR 90mg	1	NDS, NM
INTELENCE TABS 25mg	1	NM
ISENTRESS CHEW 25mg	1	NM
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	1	NDS, NM
ISENTRESS HD TABS 600mg	1	NDS, NM
<i>lamivudine</i> SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
<i>maraviroc</i> TABS 150mg, 300mg	1	NDS, NM
<i>nevirapine</i> SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	NM
NORVIR PACK 100mg	1	NM
PIFELTRO TABS 100mg	1	NDS, NM
PREZISTA SUSP 100mg/ml	1	NDS, QL (400 mL / 30 days), NM
PREZISTA TABS 75mg	1	QL (480 tabs / 30 days), NM
PREZISTA TABS 150mg	1	NDS, QL (240 tabs / 30 days), NM
REYATAZ PACK 50mg	1	NDS, NM
<i>ritonavir</i> TABS 100mg	1	NM
RUKOBIA TB12 600mg	1	NDS, NM
SELZENTRY SOLN 20mg/ml	1	NDS, NM
SUNLENCA TBPK 300mg	1	NDS, NM
<i>tenofovir disoproxil fumarate</i> TABS 300mg	1	NM
TIVICAY TABS 10mg	1	NM
TIVICAY TABS 25mg, 50mg	1	NDS, NM
TIVICAY PD TBSO 5mg	1	NDS, NM
TROGARZO SOLN 200mg/1.33ml	1	NDS, NM
TYBOST TABS 150mg	1	NM
VIRACEPT TABS 250mg, 625mg	1	NDS, NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg	1	NDS, NM
<i>zidovudine</i> CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	NM
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine tab</i> 600-300 mg	1	NM
BIKTARVY TAB 30-120-15 MG	1	NDS, NM
BIKTARVY TAB 50-200-25 MG	1	NDS, NM
CIMDUO TAB 300-300	1	NDS, NM

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
COMPLERA TAB	1	NDS, NM
DELSTRIGO TAB	1	NDS, NM
DESCOVY TAB 120-15MG	1	NDS, NM
DESCOVY TAB 200/25MG	1	NDS, NM
DOVATO TAB 50-300MG	1	NDS, NM
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	NDS, NM
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	NDS, NM
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	1	NM
EVOTAZ TAB 300-150	1	NDS, NM
GENVOYA TAB	1	NDS, NM
JULUCA TAB 50-25MG	1	NDS, NM
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	NM
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	NM
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	NM
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	NM
ODEFSEY TAB	1	NDS, NM
PREZCOBIX TAB 800-150	1	NDS, NM
STRIBILD TAB	1	NDS, NM
SYMTUZA TAB	1	NDS, NM
TRIUMEQ PD TAB	1	NM
TRIUMEQ TAB	1	NDS, NM
ANTITUBERCULAR AGENTS		
<i>cycloserine CAPS 250mg</i>	1	NDS
<i>ethambutol hcl TABS 100mg, 400mg</i>	1	
<i>isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg</i>	1	
PRIFTIN TABS 150mg	1	
<i>pyrazinamide TABS 500mg</i>	1	
<i>rifabutin CAPS 150mg</i>	1	
<i>rifampin CAPS 150mg, 300mg; SOLR 600mg</i>	1	
SIRTURO TABS 20mg, 100mg	1	NDS, NM, PA
TRECTOR TABS 250mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
<i>acyclovir</i> CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
<i>acyclovir sodium</i> SOLN 50mg/ml	1	
<i>adefovir dipivoxil</i> TABS 10mg	1	NM
BARACLUDE SOLN .05mg/ml	1	NDS, NM, ST
<i>entecavir</i> TABS .5mg, 1mg	1	NM
EPCLUSA PAK 150-37.5	1	NDS, NM, PA
EPCLUSA PAK 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 200-50MG	1	NDS, NM, PA
EPCLUSA TAB 400-100	1	NDS, NM, PA
<i>famciclovir</i> TABS 125mg, 250mg, 500mg	1	
<i>ganciclovir sodium</i> SOLR 500mg	1	
HARVONI PAK 33.75-150MG	1	NDS, NM, PA
HARVONI PAK 45-200MG	1	NDS, NM, PA
HARVONI TAB 45-200MG	1	NDS, NM, PA
HARVONI TAB 90-400MG	1	NDS, NM, PA
<i>lamivudine (hbv)</i> TABS 100mg	1	NM
LIVTENCITY TABS 200mg	1	NDS, QL (336 tabs / 28 days), NM, PA
MAVYRET PAK 50-20MG	1	NDS, NM, PA
MAVYRET TAB 100-40MG	1	NDS, NM, PA
<i>oseltamivir phosphate</i> CAPS 30mg	1	QL (168 caps / year)
<i>oseltamivir phosphate</i> CAPS 45mg, 75mg	1	QL (84 caps / year)
<i>oseltamivir phosphate</i> SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	1	NDS, NM, PA
PREVYMIS TABS 240mg, 480mg	1	NDS, QL (28 tabs / 28 days), PA
RELENZA DISKHALER AEPB 5mg/blister	1	QL (6 inhalers / year)
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
<i>valacyclovir hcl</i> TABS 1gm, 500mg	1	
<i>valganciclovir hcl</i> SOLR 50mg/ml	1	NDS
<i>valganciclovir hcl</i> TABS 450mg	1	
VOSEVI TAB	1	NDS, NM, PA
XOFLUZA TBPK 40mg, 80mg	1	QL (1 tab / 180 days)
CEPHALOSPORINS		
<i>cefaclor</i> CAPS 250mg, 500mg	1	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml	1	
CEFAZOLIN SOLR 2gm, 3gm	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INJ 1GM/50ML	1	
<i>cefazolin sodium</i> SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	1	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	1	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	1	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	1	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	1	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>cefepime hcl</i> SOLR 1gm, 2gm	1	
<i>cefixime</i> CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml	1	
<i>cefotetan disodium</i> SOLR 1gm, 2gm	1	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>cefprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> SOLR 1gm, 2gm, 6gm	1	
<i>ceftriaxone sodium</i> SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
<i>cefuroxime axetil</i> TABS 250mg, 500mg	1	
<i>cefuroxime sodium</i> SOLR 1.5gm, 750mg	1	
<i>cephalexin</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml	1	
<i>tazicef</i> SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	1	NDS
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin</i> PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
<i>clarithromycin</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	1	NDS
<i>e.e.s. 400</i> TABS 400mg	1	
<i>ery-tab</i> TBEC 250mg, 333mg, 500mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	1	
<i>erythromycin base</i> CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
<i>erythromycin ethylsuccinate</i> TABS 400mg	1	
<i>erythromycin lactobionate</i> SOLR 500mg	1	
FLUOROQUINOLONES		
<i>ciprofloxacin</i> 200 mg/100ml in d5w	1	
<i>ciprofloxacin</i> 400 mg/200ml in d5w	1	
<i>ciprofloxacin hcl</i> TABS 250mg, 500mg, 750mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin</i> SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>moxifloxacin hcl</i> TABS 400mg	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
PENICILLINS		
<i>amoxicillin</i> CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin</i> CAPS 500mg	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	1	
<i>ampicillin sodium</i> SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg	1	
<i>BICILLIN L-A</i> SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	1	
<i>dicloxacillin sodium</i> CAPS 250mg, 500mg	1	
<i>nafcillin sodium</i> SOLR 1gm, 2gm	1	
<i>nafcillin sodium</i> SOLR 10gm	1	NDS
<i>oxacillin sodium</i> SOLR 1gm, 2gm, 10gm	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium</i> SOLR 5000000unit, 20000000unit	1	
<i>penicillin g sodium</i> SOLR 5000000unit	1	
<i>penicillin v potassium</i> SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>pfizerpen</i> SOLR 5000000unit, 20000000unit	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	1	
TETRACYCLINES		
<i>doxy 100</i> SOLR 100mg	1	
<i>doxycycline (monohydrate)</i> CAPS 50mg, 100mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg	1	
<i>doxycycline hyclate</i> CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 100mg	1	
<i>minocycline hcl</i> CAPS 50mg, 75mg, 100mg	1	
NUZYRA SOLR 100mg	1	NDS, NM
NUZYRA TABS 150mg	1	NDS, QL (30 tabs / 14 days), NM
<i>tetracycline hcl</i> CAPS 250mg, 500mg	1	
<i>tigecycline</i> SOLR 50mg	1	NDS
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	1	NDS, NM
BENDEKA SOLN 100mg/4ml	1	NDS, NM
<i>carboplatin</i> SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	
<i>cisplatin</i> SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	
<i>cyclophosphamide</i> CAPS 25mg, 50mg; SOLR 1gm, 500mg	1	
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, NM
CYCLOPHOSPHAMIDE SOLN 1gm/5ml, 500mg/2.5ml, 500mg/5ml, 1000mg/10ml, 2000mg/20ml	1	NDS
<i>cyclophosphamide</i> SOLR 2gm	1	NDS

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE TABS 25mg, 50mg	1	
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	1	NDS
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	1	NDS, NM
GLEOSTINE CAPS 10mg, 40mg	1	NM
GLEOSTINE CAPS 100mg	1	NDS, NM
LEUKERAN TABS 2mg	1	NDS
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml; SOLR 50mg	1	
oxaliplatin SOLR 100mg	1	NDS
VIVIMUSTA SOLN 100mg/4ml	1	NDS, NM
ANTIMETABOLITES		
azacitidine SUSR 100mg	1	NDS, NM
cytarabine SOLN 20mg/ml	1	
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	
INQOVI TAB 35-100MG	1	NDS, QL (5 tabs / 28 days), NM, PA
LONSURF TAB 15-6.14	1	NDS, QL (100 tabs / 28 days), NM, PA
LONSURF TAB 20-8.19	1	NDS, QL (80 tabs / 28 days), NM, PA
mercaptopurine SUSP 2000mg/100ml	1	NDS, NM
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	
ONUREG TABS 200mg, 300mg	1	NDS, QL (14 tabs / 28 days), NM, PA
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	1	NDS
PURIXAN SUSP 2000mg/100ml	1	NDS, NM
TABLOID TABS 40mg	1	NDS
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	1	NDS, QL (120 tabs / 30 days), NM, PA
abiraterone acetate TABS 500mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 50/500MG	1	NDS, QL (60 tabs / 30 days), NM, PA
AKEEGA TAB 100/500	1	NDS, QL (60 tabs / 30 days), NM, PA
anastrozole TABS 1mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>bicalutamide</i> TABS 50mg	1	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	1	NM, PA
ERLEADA TABS 60mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ERLEADA TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
EULEXIN CAPS 125mg	1	NDS
<i>exemestane</i> TABS 25mg	1	
FIRMAGON SOLR 80mg	1	NM, PA
FIRMAGON SOLR 120mg/vial	1	NDS, NM, PA
<i>fulvestrant</i> SOSY 250mg/5ml	1	NDS
<i>letrozole</i> TABS 2.5mg	1	
<i>leuprolide acetate</i> KIT 1mg/0.2ml	1	NM, PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg	1	NDS, NM, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	1	NDS, NM, PA
LYSODREN TABS 500mg	1	NDS, NM
<i>megestrol acetate</i> TABS 20mg, 40mg	1	
<i>nilutamide</i> TABS 150mg	1	NDS
NUBEQA TABS 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ORGOVYX TABS 120mg	1	NDS, NM, PA
ORSERDU TABS 86mg	1	NDS, QL (90 tabs / 30 days), NM, PA
ORSERDU TABS 345mg	1	NDS, QL (30 tabs / 30 days), NM, PA
SOLTAMOX SOLN 10mg/5ml	1	NDS
<i>tamoxifen citrate</i> TABS 10mg, 20mg	1	
<i>toremifene citrate</i> TABS 60mg	1	PA
XTANDI CAPS 40mg	1	NDS, QL (120 caps / 30 days), NM, PA
XTANDI TABS 40mg	1	NDS, QL (120 tabs / 30 days), NM, PA
XTANDI TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMMUNOMODULATORS		
<i>lenalidomide</i> CAPS 2.5mg, 5mg, 10mg, 15mg	1	NDS, QL (28 caps / 28 days), NM, PA
<i>lenalidomide</i> CAPS 20mg, 25mg	1	NDS, QL (21 caps / 28 days), NM, PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	1	NDS, QL (21 caps / 28 days), NM, PA
THALOMID CAPS 50mg	1	NDS, QL (84 caps / 28 days), NM, PA
THALOMID CAPS 100mg	1	NDS, QL (112 caps / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPS 150mg, 200mg	1	NDS, QL (56 caps / 28 days), NM, PA
MISCELLANEOUS		
BESREMI SOSY 500mcg/ml	1	NDS, QL (2 syringes / 28 days), NM, PA
bexarotene CAPS 75mg	1	NDS, QL (300 caps / 30 days), NM, PA
doxorubicin hcl SOLN 2mg/ml	1	
doxorubicin hcl liposomal SUSP 2mg/ml	1	NDS
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	
IWILFIN TABS 192mg	1	NDS, QL (240 tabs / 30 days), NM, PA
MATULANE CAPS 50mg	1	NDS, NM
tretinoin (chemotherapy) CAPS 10mg	1	NDS
WELIREG TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MITOTIC INHIBITORS		
docetaxel CONC 20mg/ml	1	
docetaxel CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	1	NDS, NM
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	
paclitaxel inj 100mg	1	NDS, NM
vincristine sulfate SOLN 1mg/ml	1	
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	
MOLECULAR TARGET AGENTS		
ALECENSA CAPS 150mg	1	NDS, QL (240 caps / 30 days), NM, PA
ALUNBRIG TABS 30mg	1	NDS, QL (120 tabs / 30 days), NM, PA
ALUNBRIG TABS 90mg, 180mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ALUNBRIG PAK	1	NDS, QL (30 tabs / 30 days), NM, PA
AUGTYRO CAPS 40mg	1	NDS, QL (240 caps / 30 days), NM, PA
AUGTYRO CAPS 160mg	1	NDS, QL (60 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BALVERSA TABS 3mg	1	NDS, QL (84 tabs / 28 days), NM, PA
BALVERSA TABS 4mg	1	NDS, QL (56 tabs / 28 days), NM, PA
BALVERSA TABS 5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
BORTEZOMIB SOLR 1mg, 2.5mg	1	NM, PA
<i>bortezomib</i> SOLR 3.5mg	1	NDS, NM, PA
BOSULIF CAPS 50mg	1	NDS, QL (360 caps / 30 days), NM, PA
BOSULIF CAPS 100mg	1	NDS, QL (150 caps / 25 days), NM, PA
BOSULIF TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
BOSULIF TABS 400mg, 500mg	1	NDS, QL (30 tabs / 30 days), NM, PA
BRAFTOVI CAPS 75mg	1	NDS, QL (180 caps / 30 days), NM, PA
BRUKINSA CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
CABOMETYX TABS 20mg, 40mg, 60mg	1	NDS, QL (30 tabs / 30 days), NM, PA
CALQUENCE CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
CALQUENCE TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
CAPRELSA TABS 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
COMETRIQ (60MG DOSE) KIT 20mg	1	NDS, QL (84 caps / 28 days), NM, PA
COMETRIQ KIT 100MG	1	NDS, QL (56 caps / 28 days), NM, PA
COMETRIQ KIT 140MG	1	NDS, QL (112 caps / 28 days), NM, PA
COPIKTRA CAPS 15mg, 25mg	1	NDS, QL (56 caps / 28 days), NM, PA
COTELLIC TABS 20mg	1	NDS, QL (63 tabs / 28 days), NM, PA
DANZITEN TABS 71mg, 95mg	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>dasatinib</i> TABS 20mg	1	NDS, QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dasatinib</i> TABS 50mg, 70mg, 80mg, 100mg, 140mg	1	NDS, QL (30 tabs / 30 days), NM, PA
DAURISMO TABS 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
DAURISMO TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ERIVEDGE CAPS 150mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>erlotinib hcl</i> TABS 100mg, 150mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 2mg	1	NDS, QL (150 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 3mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>everolimus</i> TBSO 5mg	1	NDS, QL (60 tabs / 30 days), NM, PA
FOTIVDA CAPS .89mg, 1.34mg	1	NDS, QL (21 caps / 28 days), NM, PA
FRUZAQLA CAPS 1mg	1	NDS, QL (84 caps / 28 days), NM, PA
FRUZAQLA CAPS 5mg	1	NDS, QL (21 caps / 28 days), NM, PA
GAVRETO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
<i>gefitinib</i> TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
GILOTRIF TABS 20mg, 30mg, 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
GOMEKLI CAPS 1mg	1	NDS, QL (168 caps / 28 days), NM, PA
GOMEKLI CAPS 2mg	1	NDS, QL (84 caps / 28 days), NM, PA
GOMEKLI TBSO 1mg	1	NDS, QL (168 tabs / 28 days), NM, PA
HERCEP HYLEC SOL 60-10000	1	NDS, NM, PA
HERCEPTIN SOLR 150mg	1	NDS, NM, PA
HERZUMA SOLR 150mg, 420mg	1	NDS, NM, PA
IBRANCE CAPS 75mg, 100mg, 125mg	1	NDS, QL (21 caps / 28 days), NM, PA
IBRANCE TABS 75mg, 100mg, 125mg	1	NDS, QL (21 tabs / 28 days), NM, PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TABS 50mg, 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 100mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>imatinib mesylate</i> TABS 400mg	1	NDS, QL (60 tabs / 30 days), NM, PA
IMBRUVICA CAPS 70mg	1	NDS, QL (30 caps / 30 days), NM, PA
IMBRUVICA CAPS 140mg	1	NDS, QL (120 caps / 30 days), NM, PA
IMBRUVICA SUSP 70mg/ml	1	NDS, QL (216 mL / 27 days), NM, PA
IMBRUVICA TABS 140mg, 280mg, 420mg	1	NDS, QL (30 tabs / 30 days), NM, PA
IMKELDI SOLN 80mg/ml	1	NDS, QL (280 mL / 28 days), NM, PA
INLYTA TABS 1mg	1	NDS, QL (180 tabs / 30 days), NM, PA
INLYTA TABS 5mg	1	NDS, QL (120 tabs / 30 days), NM, PA
INREBIC CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ITOVEBI TABS 3mg	1	NDS, QL (56 tabs / 28 days), NM, PA
ITOVEBI TABS 9mg	1	NDS, QL (28 tabs / 28 days), NM, PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	1	NDS, QL (60 tabs / 30 days), NM, PA
JAYPIRCA TABS 50mg	1	NDS, QL (30 tabs / 30 days), NM, PA
JAYPIRCA TABS 100mg	1	NDS, QL (60 tabs / 30 days), NM, PA
KADCYLA SOLR 100mg, 160mg	1	NDS, NM
KANJINTI SOLR 150mg, 420mg	1	NDS, NM, PA
KEYTRUDA SOLN 100mg/4ml	1	NDS, NM, PA
KISQALI 200 DOSE TBPK 200mg	1	NDS, QL (21 tabs / 28 days), NM, PA
KISQALI 200 PAK FEMARA	1	NDS, QL (49 tabs / 28 days), NM, PA
KISQALI 400 DOSE TBPK 200mg	1	NDS, QL (42 tabs / 28 days), NM, PA
KISQALI 400 PAK FEMARA	1	NDS, QL (70 tabs / 28 days), NM, PA
KISQALI 600 DOSE TBPK 200mg	1	NDS, QL (63 tabs / 28 days), NM, PA
KISQALI 600 PAK FEMARA	1	NDS, QL (91 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
KOSELUGO CAPS 10mg	1	NDS, QL (240 caps / 30 days), NM, PA
KOSELUGO CAPS 25mg	1	NDS, QL (120 caps / 30 days), NM, PA
KRAZATI TABS 200mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>lapatinib ditosylate</i> TABS 250mg	1	NDS, QL (180 tabs / 30 days), NM, PA
LAZCLUZE TABS 80mg	1	NDS, QL (60 tabs / 30 days), NM, PA
LAZCLUZE TABS 240mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	1	NDS, QL (30 caps / 30 days), NM, PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 14 MG	1	NDS, QL (60 caps / 30 days), NM, PA
LENVIMA CAP 18 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LENVIMA CAP 24 MG	1	NDS, QL (90 caps / 30 days), NM, PA
LORBRENA TABS 25mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LORBRENA TABS 100mg	1	NDS, QL (30 tabs / 30 days), NM, PA
LUMAKRAS TABS 120mg	1	NDS, QL (240 tabs / 30 days), NM, PA
LUMAKRAS TABS 240mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LUMAKRAS TABS 320mg	1	NDS, QL (90 tabs / 30 days), NM, PA
LYNPARZA TABS 100mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
LYTGOBI (12 MG DAILY DOSE) TBPk 4mg	1	NDS, QL (84 tabs / 28 days), NM, PA
LYTGOBI (16 MG DAILY DOSE) TBPk 4mg	1	NDS, QL (112 tabs / 28 days), NM, PA
LYTGOBI (20 MG DAILY DOSE) TBPk 4mg	1	NDS, QL (140 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR .05mg/ml	1	NDS, QL (1260 mL / 30 days), NM, PA
MEKINIST TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
MEKINIST TABS .5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
MEKTOVI TABS 15mg	1	NDS, QL (180 tabs / 30 days), NM, PA
MONJUVI SOLR 200mg	1	NDS, NM, PA
NERLYNX TABS 40mg	1	NDS, QL (180 tabs / 30 days), NM, PA
NINLARO CAPS 2.3mg, 3mg, 4mg	1	NDS, QL (3 caps / 28 days), NM, PA
ODOMZO CAPS 200mg	1	NDS, QL (30 caps / 30 days), NM, PA
OGIVRI SOLR 150mg, 420mg	1	NDS, NM, PA
OGSIVEO TABS 50mg	1	NDS, QL (180 tabs / 30 days), NM, PA
OGSIVEO TABS 100mg, 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
OJEMDA SUSR 25mg/ml	1	NDS, QL (96 mL / 28 days), NM, PA
OJEMDA TABS 100mg	1	NDS, QL (24 tabs / 28 days), NM, PA
OJJAARA TABS 100mg, 150mg, 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ONTRUZANT SOLR 150mg, 420mg	1	NDS, NM, PA
<i>pazopanib hcl</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PHESGO SOL	1	NDS, NM, PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	1	NDS, QL (28 tabs / 28 days), NM, PA
PIQRAY 250MG TAB DOSE	1	NDS, QL (56 tabs / 28 days), NM, PA
PIQRAY 300MG DAILY DOSE TBPK 150mg	1	NDS, QL (56 tabs / 28 days), NM, PA
QINLOCK TABS 50mg	1	NDS, QL (90 tabs / 30 days), NM, PA
RETEVMO CAPS 40mg	1	NDS, QL (180 caps / 30 days), NM, PA
RETEVMO CAPS 80mg	1	NDS, QL (120 caps / 30 days), NM, PA
RETEVMO TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
RETEVMO TABS 80mg, 120mg, 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REVUFORJ TABS 25mg	1	NDS, QL (240 tabs / 30 days), NM, PA
REVUFORJ TABS 110mg	1	NDS, QL (120 tabs / 30 days), NM, PA
REVUFORJ TABS 160mg	1	NDS, QL (60 tabs / 30 days), NM, PA
REZLIDHIA CAPS 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ROZLYTREK CAPS 100mg	1	NDS, QL (180 caps / 30 days), NM, PA
ROZLYTREK CAPS 200mg	1	NDS, QL (90 caps / 30 days), NM, PA
ROZLYTREK PACK 50mg	1	NDS, QL (336 packets / 28 days), NM, PA
RUBRACA TABS 200mg, 250mg, 300mg	1	NDS, QL (120 tabs / 30 days), NM, PA
RYDAPT CAPS 25mg	1	NDS, QL (224 caps / 28 days), NM, PA
SCEMBLIX TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
SCEMBLIX TABS 40mg	1	NDS, QL (300 tabs / 30 days), NM, PA
SCEMBLIX TABS 100mg	1	NDS, QL (120 tabs / 30 days), NM, PA
<i>sorafenib tosylate</i> TABS 200mg	1	NDS, QL (120 tabs / 30 days), NM, PA
STIVARGA TABS 40mg	1	NDS, QL (84 tabs / 28 days), NM, PA
<i>sunitinib malate</i> CAPS 12.5mg, 25mg, 37.5mg, 50mg	1	NDS, QL (30 caps / 30 days), NM, PA
TABRECTA TABS 150mg, 200mg	1	NDS, QL (112 tabs / 28 days), NM, PA
TAFINLAR CAPS 50mg, 75mg	1	NDS, QL (120 caps / 30 days), NM, PA
TAFINLAR TBSO 10mg	1	NDS, QL (900 tabs / 30 days), NM, PA
TAGRISSE TABS 40mg, 80mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	1	NDS, QL (30 caps / 30 days), NM, PA
TALZENNA CAPS .25mg	1	NDS, QL (90 caps / 30 days), NM, PA
TASIGNA CAPS 50mg	1	NDS, QL (120 caps / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS 150mg, 200mg	1	NDS, QL (112 caps / 28 days), NM, PA
TAZVERIK TABS 200mg	1	NDS, QL (240 tabs / 30 days), NM, PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	1	NDS, NM, PA
TECENTRIQ INJ HYBREZA	1	NDS, QL (1 vial / 21 days), NM, PA
TEPMETKO TABS 225mg	1	NDS, QL (60 tabs / 30 days), NM, PA
TIBSOVO TABS 250mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>torpenz</i> TABS 2.5mg, 5mg, 7.5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
TRAZIMERA SOLR 150mg, 420mg	1	NDS, NM, PA
TRUQAP TABS 160mg, 200mg	1	NDS, QL (64 tabs / 28 days), NM, PA
TRUQAP TBPK 160mg, 200mg	1	NDS, QL (4 packs / 28 days), NM, PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	1	NDS, NM, PA
TUKYSA TABS 50mg, 150mg	1	NDS, QL (120 tabs / 30 days), NM, PA
TURALIO CAPS 125mg	1	NDS, QL (120 caps / 30 days), NM, PA
VANFLYTA TABS 17.7mg, 26.5mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VENCLEXTA TABS 10mg	1	QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 50mg	1	NDS, QL (112 tabs / 28 days), NM, PA
VENCLEXTA TABS 100mg	1	NDS, QL (180 tabs / 30 days), NM, PA
VENCLEXTA TAB START PK	1	NDS, QL (42 tabs / 28 days), NM, PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	1	NDS, QL (56 tabs / 28 days), NM, PA
VITRAKVI CAPS 25mg	1	NDS, QL (180 caps / 30 days), NM, PA
VITRAKVI CAPS 100mg	1	NDS, QL (60 caps / 30 days), NM, PA
VITRAKVI SOLN 20mg/ml	1	NDS, QL (300 mL / 30 days), NM, PA
VIZIMPRO TABS 15mg, 30mg, 45mg	1	NDS, QL (30 tabs / 30 days), NM, PA
VONJO CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
VORANIGO TABS 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 40mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XALKORI CAPS 200mg, 250mg; CPSP 50mg	1	NDS, QL (120 caps / 30 days), NM, PA
XALKORI CPSP 20mg	1	NDS, QL (240 caps / 30 days), NM, PA
XALKORI CPSP 150mg	1	NDS, QL (180 caps / 30 days), NM, PA
XOSPATA TABS 40mg	1	NDS, QL (90 tabs / 30 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 10mg	1	NDS, QL (16 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPk 60mg	1	NDS, QL (4 tabs / 28 days), NM, PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (24 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPk 40mg	1	NDS, QL (8 tabs / 28 days), NM, PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPk 20mg	1	NDS, QL (32 tabs / 28 days), NM, PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPk 50mg	1	NDS, QL (8 tabs / 28 days), NM, PA
ZEJULA TABS 100mg, 200mg, 300mg	1	NDS, QL (30 tabs / 30 days), NM, PA
ZELBORAF TABS 240mg	1	NDS, QL (240 tabs / 30 days), NM, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	1	NDS, NM, PA
ZOLINZA CAPS 100mg	1	NDS, QL (120 caps / 30 days), NM, PA
ZYDELIG TABS 100mg, 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ZYKADIA TABS 150mg	1	NDS, QL (84 tabs / 28 days), NM, PA

PROTECTIVE AGENTS

<i>leucovorin calcium</i> SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg; TABS 5mg, 10mg, 15mg, 25mg	1	
<i>mesna</i> TABS 400mg	1	NDS
MESNEX TABS 400mg	1	NDS

CARDIOVASCULAR

ACE INHIBITOR COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	QL (30 caps / 30 days)
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You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	QL (30 caps / 30 days)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	QL (30 caps / 30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
ACE INHIBITORS		
<i>benazepril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>enalapril maleate TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>fosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	1	
<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
<i>quinapril hcl TABS 5mg, 10mg, 20mg, 40mg</i>	1	
<i>ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
<i>trandolapril TABS 1mg, 2mg, 4mg</i>	1	
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone TABS 25mg, 50mg</i>	1	
<i>KERENDIA TABS 10mg, 20mg</i>	1	QL (30 tabs / 30 days)
<i>spironolactone TABS 25mg, 50mg, 100mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
ALPHA BLOCKERS		
<i>doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg</i>	1	
<i>prazosin hcl CAPS 1mg, 2mg, 5mg</i>	1	
<i>terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	QL (30 tabs / 30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	1	QL (30 tabs / 30 days)
ENTRESTO CAP 6-6MG	1	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	1	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 49-51MG	1	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tabs / 30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil TABS 4mg, 8mg, 16mg</i>	1	QL (60 tabs / 30 days)
<i>candesartan cilexetil TABS 32mg</i>	1	QL (30 tabs / 30 days)
<i>irbesartan TABS 75mg, 150mg, 300mg</i>	1	QL (30 tabs / 30 days)
<i>losartan potassium TABS 25mg, 50mg, 100mg</i>	1	
<i>olmesartan medoxomil TABS 5mg</i>	1	QL (60 tabs / 30 days)
<i>olmesartan medoxomil TABS 20mg, 40mg</i>	1	QL (30 tabs / 30 days)
<i>telmisartan TABS 20mg, 40mg, 80mg</i>	1	QL (30 tabs / 30 days)
<i>valsartan TABS 40mg, 80mg, 160mg</i>	1	QL (60 tabs / 30 days)
<i>valsartan TABS 320mg</i>	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
<i>amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg</i>	1	
<i>disopyramide phosphate CAPS 100mg, 150mg</i>	1	
<i>dofetilide CAPS 125mcg, 250mcg, 500mcg</i>	1	NM
<i>flecainide acetate TABS 50mg, 100mg, 150mg</i>	1	
<i>MULTAQ TABS 400mg</i>	1	QL (60 tabs / 30 days)
<i>pacerone TABS 100mg, 200mg, 400mg</i>	1	
<i>propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg</i>	1	
<i>quinidine sulfate TABS 200mg, 300mg</i>	1	
<i>sotalol hcl TABS 80mg, 120mg, 160mg, 240mg</i>	1	
<i>sotalol hcl (afib/afib) TABS 80mg, 120mg, 160mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i> TABS 48mg, 54mg, 145mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> TABS 600mg	1	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>lovastatin</i> TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
<i>pravastatin sodium</i> TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
<i>rosuvastatin calcium</i> TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
<i>simvastatin</i> TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i> PACK 4gm; POWD 4gm/dose	1	
<i>cholestyramine light</i> PACK 4gm; POWD 4gm/dose	1	
<i>colesevelam hcl</i> PACK 3.75gm; TABS 625mg	1	
<i>colestipol hcl</i> GRAN 5gm; PACK 5gm; TABS 1gm	1	
<i>ezetimibe</i> TABS 10mg	1	
<i>ezetimibe-simvastatin tab 10-10 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	1	QL (30 tabs / 30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	1	QL (30 tabs / 30 days)
NEXLETOL TABS 180mg	1	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	1	QL (30 tabs / 30 days)
<i>niacin (antihyperlipidemic)</i> TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	PA
<i>prevalite</i> PACK 4gm; POWD 4gm/dose	1	
REPATHA SOSY 140mg/ml	1	NM, PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	1	NM, PA
REPATHA SURECLICK SOAJ 140mg/ml	1	NM, PA
VASCEPA CAPS .5gm, 1gm	1	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	1	
BETA-BLOCKERS		
<i>acebutolol hcl CAPS 200mg, 400mg</i>	1	
<i>atenolol TABS 25mg, 50mg, 100mg</i>	1	
<i>betaxolol hcl TABS 10mg, 20mg</i>	1	
<i>bisoprolol fumarate TABS 5mg, 10mg</i>	1	
<i>carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg</i>	1	
<i>labetalol hcl TABS 100mg, 200mg, 300mg</i>	1	
<i>metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg</i>	1	
<i>metoprolol tartrate SOLN 5mg/5ml; TABS 25mg, 50mg, 100mg</i>	1	
<i>nadolol TABS 20mg, 40mg, 80mg</i>	1	
<i>nebivolol hcl TABS 2.5mg, 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>nebivolol hcl TABS 20mg</i>	1	QL (60 tabs / 30 days)
<i>pindolol TABS 5mg, 10mg</i>	1	
<i>propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg</i>	1	
<i>timolol maleate TABS 5mg, 10mg, 20mg</i>	1	
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate TABS 2.5mg, 5mg, 10mg</i>	1	
<i>cartia xt CP24 120mg, 180mg, 240mg, 300mg</i>	1	
<i>dilt-xr CP24 120mg, 180mg, 240mg</i>	1	
<i>diltiazem hcl CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg</i>	1	
<i>diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	
<i>felodipine TB24 2.5mg, 5mg, 10mg</i>	1	
<i>isradipine CAPS 2.5mg, 5mg</i>	1	
<i>nicardipine hcl CAPS 20mg, 30mg</i>	1	
<i>nifedipine TB24 30mg, 60mg, 90mg</i>	1	
<i>nimodipine CAPS 30mg</i>	1	
<i>tiadyt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl</i> CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
<i>acetazolamide</i> CP12 500mg; TABS 125mg, 250mg	1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl</i> TABS 5mg	1	
<i>bumetanide</i> SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
<i>chlorthalidone</i> TABS 25mg, 50mg	1	
<i>furosemide</i> SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
<i>furosemide inj</i> SOLN 10mg/ml	1	
<i>hydrochlorothiazide</i> CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
<i>indapamide</i> TABS 1.25mg, 2.5mg	1	
<i>methazolamide</i> TABS 25mg, 50mg	1	
<i>metolazone</i> TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
MISCELLANEOUS		
<i>aliskiren fumarate</i> TABS 150mg, 300mg	1	
<i>clonidine</i> PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr	1	
<i>clonidine hcl</i> TABS .1mg, .2mg, .3mg	1	
<i>CORLANOR</i> SOLN 5mg/5ml	1	QL (450 mL / 30 days)
<i>digoxin</i> SOLN .05mg/ml, .25mg/ml	1	
<i>digoxin</i> TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
<i>droxidopa</i> CAPS 100mg	1	NDS, QL (90 caps / 30 days), NM, PA
<i>droxidopa</i> CAPS 200mg, 300mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>epinephrine (anaphylaxis)</i> SOLN 1mg/ml	1	
<i>guanfacine hcl</i> TABS 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>hydralazine hcl</i> SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>ivabradine hcl</i> TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
<i>metyrosine</i> CAPS 250mg	1	NDS, NM, PA
<i>midodrine hcl</i> TABS 2.5mg, 5mg, 10mg	1	
<i>minoxidil</i> TABS 2.5mg, 10mg	1	
<i>ranolazine</i> TB12 500mg, 1000mg	1	
VERQUVO TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days), PA

NITRATES

<i>isosorbide dinitrate</i> TABS 5mg, 10mg, 20mg, 30mg	1	
<i>isosorbide mononitrate</i> TB24 30mg, 60mg, 120mg	1	
NITRO-BID OINT 2%	1	
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	

PULMONARY ARTERIAL HYPERTENSION

<i>alyq</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>ambrisentan</i> TABS 5mg, 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>bosentan</i> TABS 62.5mg, 125mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OPSUMIT TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>sildenafil citrate (pulmonary hypertension)</i> TABS 20mg	1	QL (360 tabs / 30 days), NM, PA
<i>tadalafil (pulmonary hypertension)</i> TABS 20mg	1	NDS, QL (60 tabs / 30 days), NM, PA
<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	1	NDS, NM, PA

CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

<i>alprazolam</i> TABS .25mg, .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1	
<i>lorazepam</i> CONC 2mg/ml	1	QL (150 mL / 30 days)
<i>lorazepam</i> SOLN 4mg/ml, 20mg/10ml	1	
<i>lorazepam</i> TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
<i>lorazepam intensol</i> CONC 2mg/ml	1	QL (150 mL / 30 days)

ANTI-DEMENTIA

<i>donepezil hydrochloride</i> TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
<i>donepezil hydrochloride</i> TABS 10mg; TBDP 10mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide</i> CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
<i>galantamine hydrobromide</i> SOLN 4mg/ml	1	QL (200 mL / 30 days)
<i>galantamine hydrobromide</i> TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
<i>memantine hcl</i> CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	PA; PA applies if 29 years and younger
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	1	
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	1	
NAMZARIC CAP 7-10MG	1	
NAMZARIC CAP 14-10MG	1	
NAMZARIC CAP 21-10MG	1	
NAMZARIC CAP 28-10MG	1	
NAMZARIC CAP PACK	1	
<i>rivastigmine</i> PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	1	
AUVELITY TAB 45-105MG	1	QL (60 tabs / 30 days), PA
<i>bupropion hcl</i> TABS 75mg, 100mg	1	
<i>bupropion hcl</i> TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
<i>bupropion hcl</i> TB24 300mg	1	QL (30 tabs / 30 days)
<i>citalopram hydrobromide</i> SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
<i>clomipramine hcl</i> CAPS 25mg, 50mg, 75mg	1	PA
<i>desipramine hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	1	
<i>desvenlafaxine succinate</i> TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	1	
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	1	QL (60 caps / 30 days), PA
<i>duloxetine hcl</i> CPEP 20mg, 30mg, 60mg	1	QL (60 caps / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	1	NDS, QL (30 patches / 30 days), PA
<i>escitalopram oxalate</i> SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	
FETZIMA CP24 20mg, 40mg	1	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	1	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	1	QL (2 packs / year), PA
<i>fluoxetine hcl</i> CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1	
MARPLAN TABS 10mg	1	QL (180 tabs / 30 days)
<i>mirtazapine</i> TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
<i>nortriptyline hcl</i> CAPS 10mg, 25mg, 50mg, 75mg; SOLN 10mg/5ml	1	
<i>paroxetine hcl</i> SUSP 10mg/5ml	1	QL (900 mL / 30 days), PA
<i>paroxetine hcl</i> TABS 10mg, 20mg, 30mg, 40mg	1	
<i>phenelzine sulfate</i> TABS 15mg	1	
<i>protriptyline hcl</i> TABS 5mg, 10mg	1	
RALDESY SOLN 10mg/ml	1	QL (1800 mL / 30 days), PA
<i>sertraline hcl</i> CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>tranylcypromine sulfate</i> TABS 10mg	1	
<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg	1	
<i>trimipramine maleate</i> CAPS 25mg, 50mg	1	QL (120 caps / 30 days)
<i>trimipramine maleate</i> CAPS 100mg	1	QL (60 caps / 30 days)
TRINTELLIX TABS 5mg, 10mg, 20mg	1	QL (30 tabs / 30 days), PA
<i>venlafaxine hcl</i> CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
<i>vilazodone hcl</i> TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
ZURZUVAE CAPS 20mg, 25mg	1	NDS, QL (28 caps / 14 days), NM, PA
ZURZUVAE CAPS 30mg	1	NDS, QL (14 caps / 14 days), NM, PA
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i> CAPS 100mg	1	QL (120 caps / 30 days)
<i>amantadine hcl</i> SOLN 50mg/5ml; TABS 100mg	1	
<i>benztropine mesylate</i> SOLN 1mg/ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate</i> TABS .5mg, 1mg, 2mg	1	PA; PA applies if 70 years and older
<i>bromocriptine mesylate</i> CAPS 5mg; TABS 2.5mg	1	
<i>carb/levo orally disintegrating tab 10-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-100mg</i>	1	
<i>carb/levo orally disintegrating tab 25-250mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
<i>entacapone</i> TABS 200mg	1	
INBRIJA CAPS 42mg	1	NDS, QL (300 caps / 30 days), NM, PA
<i>pramipexole dihydrochloride</i> TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg	1	
<i>rasagiline mesylate</i> TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
<i>ropinirole hydrochloride</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg	1	
<i>selegiline hcl</i> CAPS 5mg; TABS 5mg	1	
<i>trihexyphenidyl hcl</i> SOLN .4mg/ml; TABS 2mg, 5mg	1	PA; PA applies if 70 years and older
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	1	NDS, QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	1	NDS, QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	1	NDS, QL (1 injection / 28 days)
<i>aripiprazole</i> SOLN 1mg/ml	1	QL (900 mL / 30 days)
<i>aripiprazole</i> TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole</i> TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	1	NDS, QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	1	NDS, QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	1	NDS
<i>asenapine maleate</i> SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
CAPLYTA CAPS 10.5mg, 21mg, 42mg	1	NDS, QL (30 caps / 30 days)
<i>chlorpromazine hcl</i> CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
<i>clozapine</i> TABS 25mg, 50mg	1	
<i>clozapine</i> TABS 100mg	1	QL (270 tabs / 30 days)
<i>clozapine</i> TABS 200mg	1	QL (120 tabs / 30 days)
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA
<i>clozapine</i> TBDP 100mg	1	QL (270 tabs / 30 days), PA
<i>clozapine</i> TBDP 150mg	1	QL (180 tabs / 30 days), PA
<i>clozapine</i> TBDP 200mg	1	QL (120 tabs / 30 days), PA
COBENFY CAP 50-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 100-20MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY CAP 125-30MG	1	NDS, QL (60 caps / 30 days), PA
COBENFY STRT CAP PACK	1	NDS, QL (2 packs / year), PA
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (60 tabs / 30 days), PA
FANAPT PAK	1	QL (2 packs / year), PA
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
<i>haloperidol decanoate</i> SOLN 50mg/ml, 100mg/ml	1	
<i>haloperidol lactate</i> CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	1	NDS, QL (1 injection / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	1	QL (1 syringe / 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	1	NDS, QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	1	NDS, QL (1 syringe / 90 days)
<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>lurasidone hcl</i> TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
<i>lurasidone hcl</i> TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	1	NDS, QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	1	NDS, QL (30 tabs / 30 days)
<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	1	NDS, QL (30 caps / 30 days), NM, PA
NUPLAZID TABS 10mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>olanzapine</i> SOLR 10mg	1	QL (3 vials / 1 day)
<i>olanzapine</i> TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
<i>olanzapine</i> TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
<i>olanzapine</i> TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
<i>olanzapine</i> TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	1	NDS, QL (30 films / 30 days), PA
OPIPZA FILM 10mg	1	NDS, QL (90 films / 30 days), PA
<i>paliperidone</i> TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
<i>paliperidone</i> TB24 6mg	1	QL (60 tabs / 30 days)
<i>perphenazine</i> TABS 2mg, 4mg, 8mg, 16mg	1	
<i>pimozide</i> TABS 1mg, 2mg	1	
<i>quetiapine fumarate</i> TABS 25mg	1	QL (180 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
<i>quetiapine fumarate</i> TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
<i>quetiapine fumarate</i> TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
<i>quetiapine fumarate</i> TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	1	NDS, QL (30 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
REXULTI TABS .25mg, .5mg, 1mg, 2mg	1	NDS, QL (60 tabs / 30 days)
<i>risperidone</i> SOLN 1mg/ml	1	QL (240 mL / 30 days)
<i>risperidone</i> TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
<i>risperidone</i> TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
<i>risperidone</i> TBDP 4mg	1	QL (120 tabs / 30 days), ST
<i>risperidone</i> TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
<i>risperidone microspheres</i> SRER 12.5mg, 25mg	1	QL (2 injections / 28 days)
<i>risperidone microspheres</i> SRER 37.5mg, 50mg	1	NDS, QL (2 injections / 28 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	1	NDS, QL (30 patches / 30 days)
<i>thioridazine hcl</i> TABS 10mg, 25mg, 50mg, 100mg	1	
<i>thiothixene</i> CAPS 1mg, 2mg, 5mg, 10mg	1	
<i>trifluoperazine hcl</i> TABS 1mg, 2mg, 5mg, 10mg	1	
VERSACLOZ SUSP 50mg/ml	1	NDS, QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	1	NDS, QL (60 caps / 30 days)
VRAYLAR CAPS 3mg, 4.5mg, 6mg	1	NDS, QL (30 caps / 30 days)
<i>ziprasidone hcl</i> CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
<i>ziprasidone mesylate</i> SOLR 20mg	1	QL (6 injections / 3 days)
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	1	NDS, QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	1	NDS, QL (60 tabs / 30 days)
BRIVIACT SOLN 10mg/ml	1	NDS, QL (600 mL / 30 days), PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	NDS, QL (60 tabs / 30 days), PA
<i>carbamazepine</i> CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
<i>clobazam</i> SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam</i> TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
<i>clonazepam</i> TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
<i>clonazepam</i> TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DIACOMIT CAPS 250mg	1	NDS, QL (360 caps / 30 days), NM, PA
DIACOMIT CAPS 500mg	1	NDS, QL (180 caps / 30 days), NM, PA
DIACOMIT PACK 250mg	1	NDS, QL (360 packets / 30 days), NM, PA
DIACOMIT PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>diazepam</i> SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam</i> TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
<i>diazepam (anticonvulsant)</i> GEL 2.5mg, 10mg, 20mg	1	
<i>diazepam inj</i> SOLN 5mg/ml	1	
<i>diazepam intensol</i> CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg	1	
<i>divalproex sodium</i> CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
EPIDIOLEX SOLN 100mg/ml	1	NDS, QL (600 mL / 30 days), NM, PA
<i>epitol</i> TABS 200mg	1	
EPRONTIA SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
<i>ethosuximide</i> CAPS 250mg; SOLN 250mg/5ml	1	
<i>felbamate</i> SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FINTEPLA SOLN 2.2mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSP .5mg/ml	1	NDS, QL (720 mL / 30 days), PA
FYCOMPA TABS 2mg	1	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	NDS, QL (30 tabs / 30 days), PA
<i>gabapentin</i> CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
<i>gabapentin</i> CAPS 400mg	1	QL (270 caps / 30 days)
<i>gabapentin</i> SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
<i>gabapentin</i> TABS 600mg	1	QL (180 tabs / 30 days)
<i>gabapentin</i> TABS 800mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> SOLN 200mg/20ml	1	
<i>lacosamide</i> TABS 50mg	1	QL (120 tabs / 30 days)
<i>lacosamide</i> TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
<i>lacosamide oral</i> SOLN 10mg/ml	1	QL (1200 mL / 30 days)
<i>lamotrigine</i> CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
<i>lamotrigine</i> TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1	ST
<i>levetiracetam</i> SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
LEVETIRACETAM TB3D 250mg	1	QL (360 tabs / 30 days)
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	1	
LIBERVANT FILM 5mg, 7.5mg, 10mg, 12.5mg, 15mg	1	QL (10 buccal films / 30 days)
<i>methsuximide</i> CAPS 300mg	1	
NAYZILAM SOLN 5mg/0.1ml	1	QL (10 nasal units per 30 days)
<i>oxcarbazepine</i> SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
<i>phenobarbital</i> ELIX 20mg/5ml	1	QL (1500 mL / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml	1	PA; PA applies if 70 years and older
<i>phenytek</i> CAPS 200mg, 300mg	1	
<i>phenytoin</i> CHEW 50mg; SUSP 125mg/5ml	1	
<i>phenytoin sodium</i> SOLN 50mg/ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended</i> CAPS 100mg, 200mg, 300mg	1	
<i>pregabalin</i> CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days), PA
<i>pregabalin</i> CAPS 200mg	1	QL (90 caps / 30 days), PA
<i>pregabalin</i> CAPS 225mg, 300mg	1	QL (60 caps / 30 days), PA
<i>pregabalin</i> SOLN 20mg/ml	1	QL (900 mL / 30 days), PA
<i>primidone</i> TABS 50mg, 125mg, 250mg	1	
<i>roweepra</i> TABS 500mg	1	
<i>rufinamide</i> SUSP 40mg/ml	1	NDS, QL (2400 mL / 30 days), PA
<i>rufinamide</i> TABS 200mg	1	QL (480 tabs / 30 days), PA
<i>rufinamide</i> TABS 400mg	1	NDS, QL (240 tabs / 30 days), PA
SPRITAM TB3D 250mg	1	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	1	QL (180 tabs / 30 days)
SPRITAM TB3D 750mg	1	QL (120 tabs / 30 days)
SPRITAM TB3D 1000mg	1	QL (90 tabs / 30 days)
<i>subvenite</i> TABS 25mg, 100mg, 150mg, 200mg	1	
SYMPAZAN FILM 5mg, 10mg, 20mg	1	NDS, QL (60 films / 30 days), PA
<i>tiagabine hcl</i> TABS 2mg, 4mg, 12mg, 16mg	1	
<i>topiramate</i> CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
<i>valproate sodium</i> SOLN 100mg/ml, 250mg/5ml	1	
<i>valproic acid</i> CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	1	QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	1	QL (10 blister packs per 30 days)
<i>vigabatrin</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigabatrin</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA
<i>vigadrone</i> PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
<i>vigadrone</i> TABS 500mg	1	NDS, QL (180 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
VIGAFYDE SOLN 100mg/ml	1	NDS, QL (900 mL / 30 days), NM, PA
vigpoder PACK 500mg	1	NDS, QL (180 packets / 30 days), NM, PA
XCOPRI TABS 25mg, 50mg, 100mg	1	NDS, QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	1	NDS, QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	1	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	1	NDS, QL (28 tabs / 28 days)
XCOPRI PAK 100-150	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	1	NDS, QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	1	NDS, QL (28 tabs / 28 days)
ZONISADE SUSP 100mg/5ml	1	NDS, QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	1	NDS, QL (1100 mL / 30 days), NM, PA

ATTENTION DEFICIT HYPERACTIVITY DISORDER

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps / 30 days), PA
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs / 30 days), PA
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (90 tabs / 30 days), PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (60 tabs / 30 days), PA
<i>atomoxetine hcl CAPS 10mg, 18mg, 25mg</i>	1	QL (120 caps / 30 days)
<i>atomoxetine hcl CAPS 40mg</i>	1	QL (60 caps / 30 days)
<i>atomoxetine hcl CAPS 60mg, 80mg, 100mg</i>	1	QL (30 caps / 30 days)
<i>dexmethylphenidate hcl TABS 2.5mg, 5mg</i>	1	QL (120 tabs / 30 days), PA
<i>dexmethylphenidate hcl TABS 10mg</i>	1	QL (60 tabs / 30 days), PA
<i>guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older
<i>guanfacine hcl (adhd) TB24 3mg</i>	1	QL (60 tabs / 30 days), PA; PA applies if 70 years and older
<i>methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg</i>	1	QL (180 tabs / 30 days), PA
<i>methylphenidate hcl SOLN 5mg/5ml</i>	1	QL (1800 mL / 30 days), PA
<i>methylphenidate hcl SOLN 10mg/5ml</i>	1	QL (900 mL / 30 days), PA
<i>methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg</i>	1	QL (90 tabs / 30 days), PA
<i>HYPNOTICS</i>		
<i>DAYVIGO TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>doxepin hcl (sleep) TABS 3mg, 6mg</i>	1	QL (30 tabs / 30 days)
<i>eszopiclone TABS 1mg, 2mg, 3mg</i>	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>tasimelteon CAPS 20mg</i>	1	NDS, QL (30 caps / 30 days), NM, PA
<i>temazepam CAPS 7.5mg, 30mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
<i>temazepam CAPS 15mg</i>	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
<i>zaleplon CAPS 5mg</i>	1	QL (30 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon</i> CAPS 10mg	1	QL (60 caps / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>zolpidem tartrate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 70 years and older after a 90 day supply in a calendar year
<i>MIGRAINE</i>		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	1	QL (1 pen / 30 days), NM, PA
<i>dihydroergotamine mesylate</i> SOLN 1mg/ml	1	NDS
<i>dihydroergotamine mesylate</i> SOLN 4mg/ml	1	NDS, QL (8 mL / 30 days), PA
EMGALITY SOAJ 120mg/ml	1	QL (2 pens / 30 days), NM, PA
EMGALITY SOSY 100mg/ml	1	QL (3 syringes / 30 days), NM, PA
EMGALITY SOSY 120mg/ml	1	QL (2 syringes / 30 days), NM, PA
<i>ergotamine w/ caffeine tab 1-100 mg</i>	1	QL (40 tabs / 28 days), PA
<i>naratriptan hcl</i> TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	1	QL (16 tabs / 30 days), PA
QULIPTA TABS 10mg, 30mg, 60mg	1	QL (30 tabs / 30 days), PA
<i>rizatriptan benzoate</i> TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
<i>sumatriptan</i> SOLN 5mg/act	1	QL (24 units / 30 days)
<i>sumatriptan</i> SOLN 20mg/act	1	QL (12 units / 30 days)
<i>sumatriptan succinate</i> SOAJ 4mg/0.5ml; SOCT 4mg/0.5ml	1	QL (18 injections / 30 days)
<i>sumatriptan succinate</i> SOAJ 6mg/0.5ml; SOCT 6mg/0.5ml; SOLN 6mg/0.5ml	1	QL (12 injections / 30 days)
<i>sumatriptan succinate</i> TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
UBRELVY TABS 50mg, 100mg	1	QL (16 tabs / 30 days), PA
<i>MISCELLANEOUS</i>		
AUSTEDO TABS 6mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO TABS 9mg, 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TB24 6mg	1	NDS, QL (90 tabs / 30 days), NM, PA
AUSTEDO XR TB24 12mg	1	NDS, QL (120 tabs / 30 days), NM, PA
AUSTEDO XR TB24 18mg, 24mg	1	NDS, QL (60 tabs / 30 days), NM, PA
AUSTEDO XR TB24 30mg, 36mg, 42mg, 48mg	1	NDS, QL (30 tabs / 30 days), NM, PA
AUSTEDO XR TAB TITR KIT	1	NDS, QL (2 packs / year), NM, PA
<i>lithium</i> SOLN 8meq/5ml	1	
<i>lithium carbonate</i> CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
NUDEXTA CAP 20-10MG	1	NDS, QL (60 caps / 30 days), PA
<i>pyridostigmine bromide</i> TABS 60mg	1	
<i>riluzole</i> TABS 50mg	1	
<i>tetrabenazine</i> TABS 12.5mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>tetrabenazine</i> TABS 25mg	1	NDS, QL (120 tabs / 30 days), NM, PA

MULTIPLE SCLEROSIS AGENTS

BAFIERTAM CPDR 95mg	1	NDS, QL (120 caps / 30 days), NM, PA
BETASERON KIT .3mg	1	NDS, QL (14 syringes / 28 days), NM, PA
COPAXONE SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
COPAXONE SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>dalfampridine</i> TB12 10mg	1	QL (60 tabs / 30 days), NM, PA
<i>fingolimod hcl</i> CAPS .5mg	1	NDS, QL (30 caps / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatiramer acetate</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
<i>glatopa</i> SOSY 20mg/ml	1	NDS, QL (30 syringes / 30 days), NM, PA
<i>glatopa</i> SOSY 40mg/ml	1	NDS, QL (12 syringes / 28 days), NM, PA
KESIMPTA SOAJ 20mg/0.4ml	1	NDS, QL (16 pens / 365 days), NM, PA

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen</i> TABS 5mg	1	QL (90 tabs / 30 days)
<i>baclofen</i> TABS 10mg, 20mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol</i> TABS 350mg	1	QL (120 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>cyclobenzaprine hcl</i> TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>dantrolene sodium</i> CAPS 25mg, 50mg, 100mg	1	
<i>methocarbamol</i> TABS 500mg	1	QL (360 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>methocarbamol</i> TABS 750mg	1	QL (240 tabs / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>tizanidine hcl</i> TABS 2mg, 4mg	1	
<i>NARCOLEPSY/CATAPLEXY</i>		
<i>armodafinil</i> TABS 50mg	1	QL (60 tabs / 30 days), PA
<i>armodafinil</i> TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 100mg	1	QL (30 tabs / 30 days), PA
<i>modafinil</i> TABS 200mg	1	QL (60 tabs / 30 days), PA
SODIUM OXYBATE SOLN 500mg/ml	1	NDS, QL (540 mL / 30 days), NM, PA
<i>PSYCHOTHERAPEUTIC-MISC</i>		
<i>acamprosate calcium</i> TBEC 333mg	1	
<i>buprenorphine hcl</i> SUBL 2mg, 8mg	1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (90 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (60 films / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (90 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

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

ENDOCRINE AND METABOLIC

ANDROGENS

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

ANTIDIABETICS

<i>acarbose TABS 25mg, 50mg, 100mg</i>	1	
<i>FARXIGA TABS 5mg, 10mg</i>	1	QL (30 tabs / 30 days)
<i>glimepiride TABS 1mg, 2mg</i>	1	QL (90 tabs / 30 days)
<i>glimepiride TABS 4mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide TABS 5mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide TABS 10mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide xl TB24 2.5mg, 5mg</i>	1	QL (90 tabs / 30 days)
<i>glipizide xl TB24 10mg</i>	1	QL (60 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tabs / 30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	QL (120 tabs / 30 days)
<i>GLYXAMBI TAB 10-5 MG</i>	1	QL (30 tabs / 30 days)
<i>GLYXAMBI TAB 25-5 MG</i>	1	QL (30 tabs / 30 days)
<i>JANUMET TAB 50-500MG</i>	1	QL (60 tabs / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

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

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	1	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	1	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	1	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	1	QL (4 pens / 28 days), PA
XIGDUO XR TAB 2.5-1000	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	1	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	1	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	1	QL (30 tabs / 30 days)
<i>ANTIDIABETICS, INSULINS</i>		
ADMELOG SOLN 100unit/ml	1	
ADMELOG SOLOSTAR SOPN 100unit/ml	1	
ALCOHOL SWABS: BD-EMBECTA/MHC/RUGBY	1	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	1	
CEQUR SIMPL KIT PATCH 2U (3-DAY)	1	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	1	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	1	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	1	
FIASP FLEXTOUCH SOPN 100unit/ml	1	
FIASP PENFILL SOCT 100unit/ml	1	
FIASP PUMPCART SOCT 100unit/ml	1	
GAUZE PADS 2" X 2"	1	PA
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml	1	NDS
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	1	NDS
INSULIN PEN NEEDLES: BD-EMBECTA	1	PA
INSULIN SAFETY NEEDLES: BD-EMBECTA	1	PA
INSULIN SYRINGES: BD-EMBECTA	1	PA
NOVOLIN INJ 70/30	1	(brand RELION not covered)
NOVOLIN INJ 70/30 FP	1	(brand RELION not covered)
NOVOLIN N SUSP 100unit/ml	1	(brand RELION not covered)
NOVOLIN N FLEXPEN SUPN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLIN R FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SOLN 100unit/ml	1	(brand RELION not covered)
NOVOLOG FLEXPEN SOPN 100unit/ml	1	(brand RELION not covered)
NOVOLOG MIX INJ 70/30	1	(brand RELION not covered)
NOVOLOG MIX INJ FLEXPEN	1	(brand RELION not covered)
NOVOLOG PENFILL SOCT 100unit/ml	1	(brand RELION not covered)
OMNIPOD 5 DX KIT INT G7G6	1	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	1	QL (15 pods / 30 days), PA
OMNIPOD 5 G7 KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD 5 G7 MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD 5 LB KIT INTRO G6	1	QL (1 kit / year), PA
OMNIPOD 5 LB MIS PODS G6	1	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	1	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 10UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 15UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 20UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 25UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 30UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 35UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD GO KIT 40UNT/DY	1	QL (15 pods / 30 days), PA
OMNIPOD MIS CLASSIC	1	QL (15 pods / 30 days), PA
SOLIQUA INJ 100/33	1	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	1	
TOUJEO SOLOSTAR SOPN 300unit/ml	1	
TRESIBA SOLN 100unit/ml	1	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	1	
XULTOPHY INJ 100/3.6	1	QL (5 pens / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
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CALCIUM REGULATORS

<i>alendronate sodium</i> SOLN 70mg/75ml	1	ST
<i>alendronate sodium</i> TABS 10mg, 35mg, 70mg	1	
<i>calcitonin (salmon) spray</i> SOLN 200unit/act	1	
<i>ibandronate sodium</i> TABS 150mg	1	
PAMIDRONATE DISODIUM SOLN 6mg/ml	1	
<i>pamidronate disodium</i> SOLN 30mg/10ml, 90mg/10ml	1	
PROLIA SOSY 60mg/ml	1	QL (1 syringe / 180 days), NM
<i>risedronate sodium</i> TABS 5mg, 35mg, 150mg	1	
<i>risedronate sodium</i> TBEC 35mg	1	ST
TERIPARATIDE SOPN 620mcg/2.48ml	1	NDS, NM, PA
XGEVA SOLN 120mg/1.7ml	1	NDS, NM, PA
<i>zoledronic acid</i> CONC 4mg/5ml; SOLN 5mg/100ml	1	NM

CHELATING AGENTS

CHEMET CAPS 100mg	1	NDS
<i>deferasirox</i> TABS 90mg, 180mg, 360mg; TBSO 125mg	1	NM, PA
<i>deferasirox</i> TBSO 250mg, 500mg	1	NDS, NM, PA
<i>kionex</i> SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	1	
<i>penicillamine</i> TABS 250mg	1	NDS, NM
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sps</i> SUSP 15gm/60ml	1	
<i>sps rectal</i> SUSP 15gm/60ml	1	
<i>trientine hcl</i> CAPS 250mg	1	NDS, NM, PA

CONTRACEPTIVES

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe 1.5/30</i>	1	
<i>briellyn</i>	1	
<i>camila</i> TABS .35mg	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i> TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	1	
<i>desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.02-0.451 mg</i>	1	
<i>drospirenone-ethinyl estrad-levomefolate tab 3- 0.03-0.451 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i> TABS .35mg	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	
<i>errin</i> TABS .35mg	1	
<i>estarylla</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	1	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	1	
<i>etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr</i>	1	
<i>falmina</i>	1	
<i>feirza 1.5/30</i>	1	
<i>feirza 1/20</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>hailey 24 fe</i>	1	
<i>haloette</i>	1	
<i>heather TABS .35mg</i>	1	
<i>iclevia</i>	1	
<i>incassia TABS .35mg</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	
<i>kelnor 1/50</i>	1	
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
<i>layolis fe</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	1	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	1	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	1	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg</i>	1	
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	1	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	
<i>levora 0.15/30-28</i>	1	
<i>LILETTA IUD 20.1mcg/day</i>	1	NM

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>lyleq TABS .35mg</i>	1	
<i>lyza TABS .35mg</i>	1	
<i>marlissa</i>	1	
<i>medroxyprogesterone acetate (contraceptive)</i> SUSP 150mg/ml; SUSY 150mg/ml	1	
<i>mibelas 24 fe</i>	1	
<i>microgestin 1.5/30</i>	1	
<i>microgestin 1/20</i>	1	
<i>microgestin fe 1.5/30</i>	1	
<i>microgestin fe 1/20</i>	1	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON IMPL 68mg	1	NM
<i>nikki</i>	1	
<i>nora-be TABS .35mg</i>	1	
<i>norelgestromin-ethinyl estradiol td ptwk 150-35</i> <i>mcg/24hr</i>	1	
<i>norethindrone & ethinyl estradiol-fe chew tab</i> <i>0.4 mg-35 mcg</i>	1	
<i>norethindrone (contraceptive) TABS .35mg</i>	1	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-</i> <i>30/1-35 mg-mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-</i> <i>20 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol tab 1.5</i> <i>mg-30 mcg</i>	1	
<i>norethindrone ace & ethinyl estradiol-fe tab 1</i> <i>mg-20 mcg</i>	1	
<i>norethindrone ace-eth estradiol-fe chew tab 1</i> <i>mg-20 mcg (24)</i>	1	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i> <i>mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i> <i>25/0.25-25 mg-mcg</i>	1	
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i> <i>35/0.25-35 mg-mcg</i>	1	
<i>norlyroc TABS .35mg</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21)</i>	1	
<i>nortrel 1/35 (28)</i>	1	
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
<i>rivelsa</i>	1	
<i>setlakin</i>	1	
<i>sharobel TABS .35mg</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>valtya 1/50</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>xarah fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>dotti</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>estradiol</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	
<i>estradiol vaginal</i> CREA .1mg/gm; TABS 10mcg	1	
<i>estradiol valerate</i> OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
<i>fyavolv tab 0.5mg-2.5mcg</i>	1	
<i>fyavolv tab 1mg-5mcg</i>	1	
<i>jinteli</i>	1	
<i>lyllana</i> PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
<i>mimvey</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
<i>yuvaferm</i> TABS 10mcg	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i> ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE INTENSOL CONC 1mg/ml	1	
<i>dexamethasone sodium phosphate</i> SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml	1	
<i>fludrocortisone acetate</i> TABS .1mg	1	
<i>hydrocortisone</i> TABS 5mg, 10mg, 20mg	1	
<i>hydrocortisone sod succinate</i> SOLR 100mg	1	
<i>methylprednisolone</i> TABS 4mg, 8mg, 16mg, 32mg; TBPK 4mg	1	
<i>methylprednisolone acetate</i> SUSP 40mg/ml, 80mg/ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>methyprednisolone sod succ</i> SOLR 40mg, 125mg, 1000mg	1	
<i>prednisolone</i> SOLN 15mg/5ml	1	
<i>prednisolone sodium phosphate</i> SOLN 5mg/5ml, 15mg/5ml, 25mg/5ml	1	
<i>prednisone</i> SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; TBPk 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	1	
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	1	
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i> SUSP 50mg/ml	1	NDS
ZEGALOGUE SOAJ .6mg/0.6ml; SOSY .6mg/0.6ml	1	
MISCELLANEOUS		
ALDURAZYME SOLN 2.9mg/5ml	1	NDS, NM, PA
<i>betaine powder for oral solution</i>	1	NDS, NM
<i>cabergoline</i> TABS .5mg	1	
<i>carglumic acid</i> TBSO 200mg	1	NDS, NM, PA
CERDELGA CAPS 84mg	1	NDS, NM, PA
CEREZYME SOLR 400unit	1	NDS, NM, PA
<i>cinacalcet hcl</i> TABS 30mg, 60mg	1	QL (60 tabs / 30 days), NM
<i>cinacalcet hcl</i> TABS 90mg	1	NDS, QL (120 tabs / 30 days), NM
CYSTAGON CAPS 50mg, 150mg	1	NM, PA
<i>desmopressin acetate</i> SOLN 4mcg/ml	1	NDS
<i>desmopressin acetate</i> TABS .1mg, .2mg	1	
<i>desmopressin acetate spray</i> SOLN .01%	1	
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1	
FABRAZYME SOLR 5mg, 35mg	1	NDS, NM, PA
GENOTROPIN CART 5mg, 12mg	1	NDS, NM, PA
GENOTROPIN MINIQUICK PRSY .2mg	1	NM, PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	1	NDS, NM, PA
INCRELEX SOLN 40mg/4ml	1	NDS, NM, PA
<i>javygtor</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
<i>lanreotide acetate</i> SOLN 120mg/0.5ml	1	NDS, NM, PA
<i>levocarnitine (metabolic modifiers)</i> SOLN 1gm/10ml; TABS 330mg	1	
LUMIZYME SOLR 50mg	1	NDS, NM, PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	1	NDS, NM, PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	1	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (6-MONTH KIT 45mg	1	NDS, NM, PA
<i>mifepristone (hyperglycemia)</i> TABS 300mg	1	NDS, NM, PA
NAGLAZYME SOLN 1mg/ml	1	NDS, NM, PA
<i>nitisinone</i> CAPS 2mg, 5mg, 10mg, 20mg	1	NDS, NM, PA
<i>octreotide acetate</i> SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	NM, PA
<i>octreotide acetate</i> SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	1	NDS, NM, PA
<i>raloxifene hcl</i> TABS 60mg	1	
<i>sapropterin dihydrochloride</i> PACK 100mg, 500mg; TABS 100mg	1	NDS, NM, PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	1	NDS, NM, PA
<i>sodium phenylbutyrate</i> POWD 3gm/tsp; TABS 500mg	1	NDS, NM, PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	1	NDS, NM, PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	1	NDS, NM, PA
SYNAREL SOLN 2mg/ml	1	NDS, PA
VEOZAH TABS 45mg	1	PA
PROGESTINS		
<i>gallifrey</i> TABS 5mg	1	
<i>medroxyprogesterone acetate</i> TABS 2.5mg, 5mg, 10mg	1	
<i>megestrol acetate</i> SUSP 40mg/ml	1	
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	1	PA
<i>norethindrone acetate</i> TABS 5mg	1	
<i>progesterone</i> CAPS 100mg, 200mg	1	
THYROID AGENTS		
<i>euthyrox</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>levo-t</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levothyroxine sodium</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
<i>levoxyl</i> TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>liothyronine sodium</i> TABS 5mcg, 25mcg, 50mcg	1	
<i>methimazole</i> TABS 5mg, 10mg	1	
<i>propylthiouracil</i> TABS 50mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	
calcitriol (oral) SOLN 1mcg/ml	1	
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant CAPS 40mg, 80mg, 125mg	1	
aprepitant capsule therapy pack 80 & 125 mg	1	
compro SUPP 25mg	1	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	QL (60 caps / 30 days)
granisetron hcl SOLN 1mg/ml, 4mg/4ml; TABS 1mg	1	
meclizine hcl TABS 12.5mg, 25mg	1	
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
ondansetron TBDP 4mg, 8mg	1	
ondansetron hcl SOLN 4mg/2ml, 4mg/5ml, 40mg/20ml; SOSY 4mg/2ml; TABS 4mg, 8mg	1	
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
scopolamine PT72 1mg/3days	1	QL (10 patches / 30 days), PA; PA applies if 70 years and older after a 30 day supply in a calendar year
ANTISPASMODICS		
dicyclomine hcl CAPS 10mg; SOLN 10mg/5ml; TABS 20mg	1	
glycopyrrolate TABS 1mg	1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	1	QL (120 tabs / 30 days)
H2-RECEPTOR ANTAGONISTS		
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine</i> CAPS 150mg, 300mg	1	
<i>INFLAMMATORY BOWEL DISEASE</i>		
<i>balsalazide disodium</i> CAPS 750mg	1	
<i>budesonide</i> CPEP 3mg	1	QL (90 caps / 30 days), PA
<i>budesonide</i> TB24 9mg	1	NDS, QL (30 tabs / 30 days), PA
<i>hydrocortisone (intrarectal)</i> ENEM 100mg/60ml	1	
<i>mesalamine</i> CP24 .375gm	1	QL (120 caps / 30 days)
<i>mesalamine</i> CPDR 400mg	1	QL (180 caps / 30 days)
<i>mesalamine</i> ENEM 4gm	1	QL (1680 mL / 28 days)
<i>mesalamine</i> SUPP 1000mg	1	QL (30 suppositories / 30 days)
<i>mesalamine</i> TBEC 1.2gm	1	QL (120 tabs / 30 days)
<i>mesalamine w/ cleanser</i> KIT 4gm	1	QL (28 bottles / 28 days)
<i>sulfasalazine</i> TABS 500mg; TBEC 500mg	1	
<i>LAXATIVES</i>		
<i>constulose</i> SOLN 10gm/15ml	1	
<i>enulose</i> SOLN 10gm/15ml	1	
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i> SOLN 10gm/15ml	1	
<i>lactulose</i> SOLN 10gm/15ml	1	
<i>lactulose (encephalopathy)</i> SOLN 10gm/15ml	1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	
PLENVU SOL	1	
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	1	
<i>MISCELLANEOUS</i>		
<i>alosetron hcl</i> TABS 1mg	1	NDS, QL (60 tabs / 30 days), PA
<i>alosetron hcl</i> TABS .5mg	1	QL (60 tabs / 30 days), PA
CREON CAP 3000UNIT	1	
CREON CAP 6000UNIT	1	
CREON CAP 12000UNT	1	
CREON CAP 24000UNT	1	
CREON CAP 36000UNT	1	
<i>cromolyn sodium (mastocytosis)</i> CONC 100mg/5ml	1	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	1	
GATTEX KIT 5mg	1	NDS, NM, PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	1	QL (30 caps / 30 days)
<i>loperamide hcl CAPS 2mg</i>	1	
<i>misoprostol TABS 100mcg, 200mcg</i>	1	
MOVANTIK TABS 12.5mg, 25mg	1	QL (30 tabs / 30 days)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml	1	NDS, QL (28 syringes / 28 days), PA
<i>sucralfate TABS 1gm</i>	1	
<i>ursodiol CAPS 300mg; TABS 250mg, 500mg</i>	1	
VOWST CAP	1	NDS, QL (12 caps / 30 days), NM, PA
XERMELO TABS 250mg	1	NDS, QL (84 tabs / 28 days), NM, PA
XIFAXAN TABS 550mg	1	NDS, PA
ZENPEP CAP 3000UNIT	1	
ZENPEP CAP 5000UNIT	1	
ZENPEP CAP 10000UNIT	1	
ZENPEP CAP 15000UNIT	1	
ZENPEP CAP 20000UNIT	1	
ZENPEP CAP 25000UNIT	1	
ZENPEP CAP 40000UNIT	1	
ZENPEP CAP 60000UNIT	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium CPDR 20mg, 40mg</i>	1	QL (30 caps / 30 days), ST
<i>lansoprazole CPDR 15mg, 30mg</i>	1	QL (60 caps / 30 days)
<i>omeprazole CPDR 10mg, 20mg, 40mg</i>	1	
<i>pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg</i>	1	
<i>rabeprazole sodium TBEC 20mg</i>	1	QL (30 tabs / 30 days)
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl TB24 10mg</i>	1	QL (30 tabs / 30 days)
<i>dutasteride CAPS .5mg</i>	1	QL (30 caps / 30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	QL (30 caps / 30 days)
<i>finasteride TABS 5mg</i>	1	QL (30 tabs / 30 days)
<i>tadalafil TABS 5mg</i>	1	QL (30 tabs / 30 days), PA
<i>tamsulosin hcl CAPS .4mg</i>	1	QL (60 caps / 30 days)
MISCELLANEOUS		
<i>acetic acid SOLN .25%</i>	1	
<i>bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate (alkalinizer)</i> TBCR 15meq, 540mg, 1080mg	1	
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate</i> TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	1	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> SOLN 5mg/5ml	1	QL (600 mL / 30 days)
<i>oxybutynin chloride</i> TABS 5mg	1	QL (120 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 5mg	1	QL (30 tabs / 30 days)
<i>oxybutynin chloride</i> TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
<i>solifenacin succinate</i> TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
<i>tolterodine tartrate</i> CP24 2mg, 4mg	1	QL (30 caps / 30 days), ST
<i>tolterodine tartrate</i> TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
<i>tropium chloride</i> TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal</i> CREA 2%	1	
<i>metronidazole vaginal</i> GEL .75%	1	
<i>terconazole vaginal</i> CREA .4%, .8%; SUPP 80mg	1	
HEMATOLOGIC ANTICOAGULANTS		
<i>dabigatran etexilate mesylate</i> CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
<i>dabigatran etexilate mesylate</i> CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS TABS 2.5mg	1	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	1	QL (74 tabs / 30 days)
ELIQUIS STARTER PACK TBPk 5mg	1	QL (74 tabs / 30 days)
<i>enoxaparin sodium</i> SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
<i>fondaparinux sodium</i> SOLN 2.5mg/0.5ml	1	
<i>fondaparinux sodium</i> SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	1	NDS
HEP SOD/NACL INJ 25000UNT	1	
<i>heparin sodium (porcine)</i> SOLN 1000unit/ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	
<i>jantoven</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
<i>rivaroxaban</i> TABS 2.5mg	1	QL (60 tabs / 30 days)
<i>warfarin sodium</i> TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	1	QL (620 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS 2.5mg	1	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	1	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
FULPHILA SOSY 6mg/0.6ml	1	NDS, QL (2 syringes / 28 days), NM, PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	1	NM, PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	1	NDS, NM, PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	1	NDS, NM, PA
MISCELLANEOUS		
ALVAIZ TABS 9mg, 54mg	1	NDS, QL (60 tabs / 30 days), NM, PA
ALVAIZ TABS 18mg, 36mg	1	NDS, QL (90 tabs / 30 days), NM, PA
<i>anagrelide hcl</i> CAPS .5mg, 1mg	1	
BERINERT KIT 500unit	1	NDS, QL (24 boxes / 30 days), NM, PA
<i>cilostazol</i> TABS 50mg, 100mg	1	
DOPTELET TABS 20mg	1	NDS, NM, PA
HAEGARDA SOLR 2000unit	1	NDS, QL (30 vials / 30 days), NM, PA
HAEGARDA SOLR 3000unit	1	NDS, QL (20 vials / 30 days), NM, PA
<i>icatibant acetate</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
<i>l-glutamine (sickle cell)</i> PACK 5gm	1	NDS, NM, PA
<i>pentoxifylline</i> TBCR 400mg	1	
<i>sajazir</i> SOSY 30mg/3ml	1	NDS, QL (9 syringes / 30 days), NM, PA
SIKLOS TABS 100mg	1	
SIKLOS TABS 1000mg	1	NDS
TAVNEOS CAPS 10mg	1	NDS, QL (180 caps / 30 days), NM, PA
<i>tranexamic acid</i> SOLN 1000mg/10ml; TABS 650mg	1	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TABS 60mg, 90mg	1	
<i>clopidogrel bisulfate</i> TABS 75mg	1	
<i>dipyridamole</i> TABS 25mg, 50mg, 75mg	1	PA; PA applies if 70 years and older
<i>prasugrel hcl</i> TABS 5mg, 10mg	1	
<i>ticagrelor</i> TABS 90mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
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IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

ADALIMUMAB-AACF (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
ADALIMUMAB-AACF (2 SYRING PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
ADALIMUMAB-AACF STARTER P AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
COSENTYX SOLN 125mg/5ml	1	NDS, NM, PA
COSENTYX SOSY 75mg/0.5ml	1	NDS, QL (16 syringes / 365 days), NM, PA
COSENTYX SOSY 150mg/ml	1	NDS, QL (32 syringes / 365 days), NM, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	1	NDS, QL (32 pens / 365 days), NM, PA
COSENTYX UNOREADY SOAJ 300mg/2ml	1	NDS, QL (16 pens / 365 days), NM, PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
ENBREL SOLN 25mg/0.5ml	1	NDS, QL (16 vials / 28 days), NM, PA
ENBREL SOSY 25mg/0.5ml	1	NDS, QL (16 syringes / 28 days), NM, PA
ENBREL SOSY 50mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ENBREL MINI SOCT 50mg/ml	1	NDS, QL (8 cartridges / 28 days), NM, PA
ENBREL SURECLICK SOAJ 50mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
HUMIRA PSKT 10mg/0.1ml	1	NDS, QL (2 syringes / 28 days), NM, PA
HUMIRA PSKT 20mg/0.2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 syringes / 28 days), NM, PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	1	NDS, QL (6 pens / 28 days), NM, PA
HUMIRA PEN AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA
HUMIRA PEN KIT PS/UV	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	1	NDS, QL (3 pens / 28 days), NM, PA
HUMIRA PEN-PEDIATRIC UC S AJKT 80mg/0.8ml	1	NDS, QL (4 pens / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
IDACIO (2 PEN) AJKT 40mg/0.8ml	1	NDS, QL (56 pens / 365 days), NM, PA
IDACIO (2 SYRINGE) PSKT 40mg/0.8ml	1	NDS, QL (56 syringes / 365 days), NM, PA
IDACIO CROHN INJ DISEASE AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
IDACIO PLAQU INJ PSORIASIS AJKT 40mg/0.8ml	1	NDS, QL (2 packs / year), NM, PA
INFLIXIMAB SOLR 100mg	1	NDS, NM, PA
REMICADE SOLR 100mg	1	NDS, NM, PA
RENFLEXIS SOLR 100mg	1	NDS, NM, PA
RINVOQ TB24 15mg, 30mg	1	NDS, QL (30 tabs / 30 days), NM, PA
RINVOQ TB24 45mg	1	NDS, QL (168 tabs / year), NM, PA
RINVOQ LQ SOLN 1mg/ml	1	NDS, QL (360 mL / 30 days), NM, PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	1	NDS, QL (1 cartridge / 56 days), NM, PA
SKYRIZI SOLN 600mg/10ml	1	NDS, NM, PA
SKYRIZI SOSY 150mg/ml	1	NDS, QL (6 syringes / 365 days), NM, PA
SKYRIZI PEN SOAJ 150mg/ml	1	NDS, QL (6 pens / 365 days), NM, PA
SOTYKTU TABS 6mg	1	NDS, QL (30 tabs / 30 days), NM, PA
STELARA SOLN 45mg/0.5ml	1	NDS, QL (1 vial / 28 days), NM, PA
STELARA SOLN 130mg/26ml	1	NDS, NM, PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOAJ 100mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
TREMFYA SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TREMFYA SOLN 200mg/20ml	1	NDS, NM, PA
TREMFYA SOSY 100mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
TREMFYA SOSY 200mg/2ml	1	NDS, QL (2 syringes / 28 days), NM, PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	1	NDS, QL (2 pens / 28 days), NM, PA
TYENNE SOAJ 162mg/0.9ml	1	NDS, QL (4 pens / 28 days), NM, PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	1	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
TYENNE SOSY 162mg/0.9ml	1	NDS, QL (4 syringes / 28 days), NM, PA
VELSIPITY TABS 2mg	1	NDS, QL (30 tabs / 30 days), NM, PA
XELJANZ SOLN 1mg/ml	1	NDS, QL (480 mL / 24 days), NM, PA
XELJANZ TABS 5mg, 10mg	1	NDS, QL (60 tabs / 30 days), NM, PA
XELJANZ XR TB24 11mg, 22mg	1	NDS, QL (30 tabs / 30 days), NM, PA
<i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i>		
<i>hydroxychloroquine sulfate</i> TABS 200mg	1	
JYLAMVO SOLN 2mg/ml	1	
<i>leflunomide</i> TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
<i>methotrexate sodium</i> TABS 2.5mg	1	
XATMEP SOLN 2.5mg/ml	1	
<i>IMMUNOGLOBULINS</i>		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
BIVIGAM SOLN 5gm/50ml, 10%	1	NDS, NM, PA
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMASTAN INJ	1	NM
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	1	NDS, NM, PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	1	NDS, NM, PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	1	NDS, NM, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	1	NDS, NM, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	1	NDS, NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
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IMMUNOMODULATORS

ACTIMMUNE SOLN 100mcg/0.5ml	1	NDS, NM, PA
ARCALYST SOLR 220mg	1	NDS, NM, PA

IMMUNOSUPPRESSANTS

ASTAGRAF XL CP24 5mg	1	NDS, NM
ASTAGRAF XL CP24 .5mg, 1mg	1	NM
azathioprine TABS 50mg	1	
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
BENLYSTA SOLR 120mg, 400mg	1	NDS, NM, PA
cyclosporine CAPS 25mg, 100mg	1	NM
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	NM
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg, 1mg	1	NDS, NM
gengraf CAPS 25mg, 100mg; SOLN 100mg/ml	1	NM
mycophenolate mofetil CAPS 250mg; TABS 500mg	1	NM
mycophenolate mofetil SUSR 200mg/ml	1	NDS, NM
mycophenolate sodium TBEC 180mg, 360mg	1	NM
NULOJIX SOLR 250mg	1	NDS, NM
PROGRAF PACK .2mg, 1mg	1	NM
REZUROCK TABS 200mg	1	NDS, QL (30 tabs / 30 days), NM, PA
sirolimus SOLN 1mg/ml	1	NDS, NM
sirolimus TABS .5mg, 1mg, 2mg	1	NM
tacrolimus CAPS .5mg, 1mg, 5mg	1	NM

VACCINES

ABRYSVO SOLR 120mcg/0.5ml	1	
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
DENG VAXIA SUS	1	
DIP/TET PED INJ 25-5LFU	1	
ENGRIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSP 1440elu/ml; SUSY 720elu/0.5ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXCHIQ INJ	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	
KINRIX INJ	1	
M-M-R II INJ	1	
MENACTRA INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	
PEDIARIX INJ 0.5ML	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	1	
PENBRAYA INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
TENIVAC INJ 5-2LF	1	
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOLN 25mcg/0.5ml; SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	1	
D10W/NACL INJ 0.2%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% in lactated ringers</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.3%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.225%</i>	1	
<i>dextrose 10% w/ sodium chloride 0.45%</i>	1	
ISOLYTE-P INJ /D5W	1	
ISOLYTE-S INJ PH 7.4	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
KCL/D5W/NACL INJ 0.3/0.9%	1	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	1	
<i>magnesium sulfate SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%</i>	1	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml</i>	1	
<i>multiple electrolytes ph 5.5</i>	1	
<i>multiple electrolytes ph 7.4</i>	1	
POT CHL 20MEQ/L IN NACL 0.9% INJ	1	
POT CHL 20MEQ/L IN NACL 0.45% INJ	1	
POT CHL 40MEQ/L IN NACL 0.9% INJ	1	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROL INJ	1	
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>klor-con</i> PACK 20meq	1	
<i>klor-con</i> 8 TBCR 8meq	1	
<i>klor-con</i> 10 TBCR 10meq	1	
<i>klor-con m10</i> TBCR 10meq	1	
<i>klor-con m15</i> TBCR 15meq	1	
<i>klor-con m20</i> TBCR 20meq	1	
M-NATAL PLUS TAB	1	
<i>potassium chloride</i> CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 20meq	1	
<i>potassium chloride microencapsulated crystals</i> TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	1	
PRENATAL TAB PLUS	1	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
WESTAB PLUS TAB 27-1MG	1	
IV NUTRITION		
CLINIMIX INJ 4.25/D5W	1	
CLINIMIX INJ 4.25/D10	1	
CLINIMIX INJ 5%/D15W	1	
CLINIMIX INJ 5%/D20W	1	
CLINIMIX INJ 6/5	1	
CLINIMIX INJ 8/10	1	
CLINIMIX INJ 8/14	1	
<i>clinisol sf</i> 15%	1	
CLINOLIPID EMU 20%	1	
<i>dextrose</i> SOLN 5%, 10%, 50%, 70%	1	
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	1	
NUTRILIPID EMUL 20gm/100ml	1	
<i>plenamine</i>	1	
PREMASOL SOL 10%	1	NDS
PROSOL INJ 20%	1	
TRAVASOL INJ 10%	1	
TROPHAMINE INJ 10%	1	
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i> 1%	1	
<i>neo-polycin hc ophth oint</i> 1%	1	
<i>neomycin-polymyxin-dexamethasone ophth oint</i> 0.1%	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1%	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
ZYLET SUS 0.5-0.3%	1	
ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) OINT 500unit/gm</i>	1	
<i>bacitracin-polymyxin b ophth oint</i>	1	
BESIVANCE SUSP .6%	1	
CILOXAN OINT .3%	1	
<i>ciprofloxacin hcl (ophth) SOLN .3%</i>	1	
<i>erythromycin (ophth) OINT 5mg/gm</i>	1	
<i>gatifloxacin (ophth) SOLN .5%</i>	1	
<i>gentamicin sulfate (ophth) SOLN .3%</i>	1	
<i>moxifloxacin hcl (ophth) SOLN .5%</i>	1	QL (12 mL / 30 days)
<i>neo-polycin 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	1	
<i>ofloxacin (ophth) SOLN .3%</i>	1	
<i>polycin ophth oint</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>sulfacetamide sodium (ophth) OINT 10%; SOLN 10%</i>	1	
<i>tobramycin (ophth) SOLN .3%</i>	1	
trifluridine SOLN 1%	1	
XDEMY SOLN .25%	1	NDS, NM, PA
ZIRGAN GEL .15%	1	
ANTI-INFLAMMATORIES		
<i>bromfenac sodium (ophth) SOLN .07%, .075%</i>	1	
<i>dexamethasone sodium phosphate (ophth) SOLN .1%</i>	1	
<i>diclofenac sodium (ophth) SOLN .1%</i>	1	
<i>difluprednate EMUL .05%</i>	1	
FLAREX SUSP .1%	1	
<i>fluorometholone (ophth) SUSP .1%</i>	1	
<i>flurbiprofen sodium SOLN .03%</i>	1	
<i>ketorolac tromethamine (ophth) SOLN .4%, .5%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OINT .5%	1	
<i>loteprednol etabonate</i> SUSP .2%	1	
<i>prednisolone acetate (ophth)</i> SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	1	
ANTIALLERGICS		
<i>azelastine hcl (ophth)</i> SOLN .05%	1	
<i>cromolyn sodium (ophth)</i> SOLN 4%	1	
ZERVIAE SOLN .24%	1	
ANTIGLAUCOMA		
<i>betaxolol hcl (ophth)</i> SOLN .5%	1	
BETOPTIC-S SUSP .25%	1	
<i>brimonidine tartrate</i> SOLN .15%, .2%	1	
<i>brinzolamide</i> SUSP 1%	1	
<i>carteolol hcl (ophth)</i> SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	1	
<i>dorzolamide hcl</i> SOLN 2%	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>latanoprost</i> SOLN .005%	1	
<i>levobunolol hcl</i> SOLN .5%	1	
LUMIGAN SOLN .01%	1	
<i>pilocarpine hcl</i> SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	1	
ROCKLATAN DRO	1	
SIMBRINZA SUS 1-0.2%	1	
<i>timolol maleate (ophth)</i> SOLG .25%, .5%; SOLN .25%, .5%	1	
VYZULTA SOLN .024%	1	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	1	
<i>atropine sulfate (ophthalmic)</i> SOLN 1%	1	
CYSTADROPS SOLN .37%	1	NDS, NM, PA
CYSTARAN SOLN .44%	1	NDS, NM, PA
EYSUVIS SUSP .25%	1	
MIEBO SOLN 1.338gm/ml	1	
<i>proparacaine hcl</i> SOLN .5%	1	
RESTASIS EMUL .05%	1	
RESTASIS MULTIDOSE EMUL .05%	1	
XIIDRA SOLN 5%	1	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>flac</i> OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> OIL .01%	1	
<i>neomycin-polymyxin-hc otic soln</i> 1%	1	
<i>neomycin-polymyxin-hc otic susp</i> 3.5 mg/ml-10000 unit/ml-1%	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	1	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	1	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	1	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	1	QL (2 inhalers / 30 days)
<i>ipratropium-albuterol nebu soln</i> 0.5-2.5(3) mg/3ml	1	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	1	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	1	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	1	QL (2 inhalers / 30 days)
INCRUSE ELLIPTA AEPB 62.5mcg/inh	1	QL (30 blisters / 30 days)
<i>ipratropium bromide</i> SOLN .02%	1	
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1	
ANTI HISTAMINES		
<i>azelastine hcl</i> SOLN .1%	1	
<i>cetirizine hcl</i> SOLN 5mg/5ml	1	QL (300 mL / 30 days)
<i>cypheptadine hcl</i> SYRP 2mg/5ml; TABS 4mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>diphenhydramine hcl</i> SOLN 50mg/ml	1	
<i>hydroxyzine hcl</i> SOLN 25mg/ml, 50mg/ml	1	PA; PA applies if 70 years and older
<i>hydroxyzine hcl</i> SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate</i> CAPS 25mg, 50mg	1	PA; PA applies if 70 years and older after a 30 day supply in a calendar year
<i>levocetirizine dihydrochloride</i> SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
<i>levocetirizine dihydrochloride</i> TABS 5mg	1	QL (30 tabs / 30 days)
BETA AGONISTS		
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
<i>albuterol sulfate</i> AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
<i>albuterol sulfate</i> NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml; SYRP 2mg/5ml; TABS 2mg, 4mg	1	
<i>levalbuterol hcl</i> NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	
<i>levalbuterol tartrate</i> AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
SEREVENT DISKUS AEPB 50mcg/dose	1	QL (60 inhalations / 30 days)
<i>terbutaline sulfate</i> TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	1	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	1	QL (6 inhalers / 30 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
<i>zafirlukast</i> TABS 10mg, 20mg	1	
MISCELLANEOUS		
<i>acetylcysteine</i> SOLN 10%, 20%	1	
ALYFTREK TAB 4-20-50	1	NDS, QL (84 tabs / 28 days), NM, PA
ALYFTREK TAB 10-50-125	1	NDS, QL (56 tabs / 28 days), NM, PA
ARALAST NP SOLR 500mg, 1000mg	1	NDS, NM, PA
BRONCHITOL CAPS 40mg	1	NDS, QL (560 caps / 28 days), NM, PA
<i>cromolyn sodium</i> NEBU 20mg/2ml	1	
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine (anaphylaxis)</i> SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
FASENRA SOSY 10mg/0.5ml, 30mg/ml	1	NDS, QL (1 syringe / 28 days), NM, PA
FASENRA PEN SOAJ 30mg/ml	1	NDS, QL (1 pen / 28 days), NM, PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	1	NDS, QL (56 packets / 28 days), NM, PA
KALYDECO TABS 150mg	1	NDS, QL (60 tabs / 30 days), NM, PA
OFEV CAPS 100mg, 150mg	1	NDS, QL (60 caps / 30 days), NM, PA
ORKAMBI GRA 75-94MG	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 100-125	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI GRA 150-188	1	NDS, QL (56 packets / 28 days), NM, PA
ORKAMBI TAB 100-125	1	NDS, QL (112 tabs / 28 days), NM, PA
ORKAMBI TAB 200-125	1	NDS, QL (112 tabs / 28 days), NM, PA
<i>pirfenidone</i> CAPS 267mg	1	NDS, QL (270 caps / 30 days), NM, PA
<i>pirfenidone</i> TABS 267mg	1	NDS, QL (270 tabs / 30 days), NM, PA
<i>pirfenidone</i> TABS 534mg, 801mg	1	NDS, QL (90 tabs / 30 days), NM, PA
PROLASTIN-C SOLN 1000mg/20ml	1	NDS, NM, PA
PULMOZYME SOLN 2.5mg/2.5ml	1	NDS, NM, PA
<i>roflumilast</i> TABS 250mcg	1	QL (56 tabs / year)
<i>roflumilast</i> TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	1	NDS, QL (56 tabs / 28 days), NM, PA
SYMDEKO TAB 100-150	1	NDS, QL (56 tabs / 28 days), NM, PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	1	
<i>theophylline</i> ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA PAK 75MG	1	NDS, QL (56 packs / 28 days), NM, PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	1	NDS, QL (84 tabs / 28 days), NM, PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB 100-50-75MG & 150MG	1	NDS, QL (84 tabs / 28 days), NM, PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 pens / 28 days), NM, PA
XOLAIR SOAJ 150mg/ml	1	NDS, QL (8 pens / 28 days), NM, PA
XOLAIR SOLR 150mg	1	NDS, QL (8 vials / 28 days), NM, PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	1	NDS, QL (4 syringes / 28 days), NM, PA
XOLAIR SOSY 150mg/ml	1	NDS, QL (8 syringes / 28 days), NM, PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	1	NDS, NM, PA
NASAL STEROIDS		
<i>flunisolide (nasal)</i> SOLN .025%	1	QL (3 bottles / 30 days)
<i>fluticasone propionate (nasal)</i> SUSP 50mcg/act	1	QL (1 bottle / 30 days)
XHANCE EXHU 93mcg/act	1	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act	1	QL (3 inhalers / 30 days)
ALVESCO AERS 160mcg/act	1	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	1	QL (30 inhalations / 30 days)
<i>budesonide (inhalation)</i> SUSP .25mg/2ml, .5mg/2ml	1	
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR HFA AER 45/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	1	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	1	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	1	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	1	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	1	QL (60 blisters / 30 days)
<i>breyna</i>	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 160-4.5 mcg/act	1	QL (3 inhalers / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 50-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	1	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	1	QL (3 inhalers / 30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations / 30 days); (generic PRASCO not covered)
<i>wixela inhub</i>	1	QL (60 inhalations / 30 days)

TOPICAL

DERMATOLOGY, ACNE

<i>accutane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>amnestem</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	QL (46.6 gm / 30 days)
<i>claravis</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 mL / 30 days)
<i>clindamycin phosphate (topical)</i> LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
<i>ery</i> PADS 2%	1	QL (60 pledgets / 30 days)
<i>erythromycin (acne aid)</i> GEL 2%	1	QL (60 gm / 30 days)
<i>erythromycin (acne aid)</i> SOLN 2%	1	QL (60 mL / 30 days)
<i>isotretinoin</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA
<i>sulfacetamide sodium (acne)</i> LOTN 10%	1	QL (118 mL / 30 days)
<i>tretinoin</i> CREA .025%, .05%, .1%; GEL .01%, .025%	1	QL (45 gm / 30 days), PA
<i>twice-daily clindamycin phosphate (topical)</i> GEL 1%	1	QL (75 gm / 30 days)
<i>zenatane</i> CAPS 10mg, 20mg, 30mg, 40mg	1	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate (topical)</i> CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
<i>mupirocin</i> OINT 2%	1	QL (220 gm / 30 days)
<i>silver sulfadiazine</i> CREA 1%	1	
<i>ssd</i> CREA 1%	1	
<i>SULFAMYLON</i> CREA 85mg/gm	1	QL (453.6 gm / 30 days)

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox</i> SHAM 1%	1	QL (120 mL / 30 days)
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You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine</i> CREA .77%	1	QL (90 gm / 30 days)
<i>ciclopirox olamine</i> SUSP .77%	1	QL (60 mL / 30 days)
<i>clotrimazole (topical)</i> CREA 1%	1	QL (45 gm / 30 days)
<i>clotrimazole (topical)</i> SOLN 1%	1	QL (60 mL / 30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	QL (45 gm / 30 days)
<i>econazole nitrate</i> CREA 1%	1	QL (85 gm / 30 days)
<i>ketoconazole (topical)</i> CREA 2%	1	QL (60 gm / 30 days)
<i>ketoconazole (topical)</i> SHAM 2%	1	QL (120 mL / 30 days)
<i>klayesta</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nyamyc</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
<i>nystatin (topical)</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>nystop</i> POWD 100000unit/gm	1	QL (60 gm / 30 days)
<i>selenium sulfide</i> LOTN 2.5%	1	

DERMATOLOGY, ANTIPSORIATICS

<i>acitretin</i> CAPS 10mg, 17.5mg, 25mg	1	PA
<i>calcipotriene</i> CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
<i>calcipotriene</i> SOLN .005%	1	QL (120 mL / 30 days), PA
<i>calcitrene</i> OINT .005%	1	QL (120 gm / 30 days), PA
ENSTILAR AER	1	NDS, QL (120 gm / 30 days), PA
<i>tazarotene</i> CREA .05%, .1%	1	QL (60 gm / 30 days), PA
TAZORAC CREA .05%	1	QL (60 gm / 30 days), PA

DERMATOLOGY, CORTICOSTEROIDS

<i>ala-cort</i> CREA 1%	1	
<i>alclometasone dipropionate</i> CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate (topical)</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone dipropionate augmented</i> CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
<i>betamethasone dipropionate augmented</i> LOTN .05%	1	QL (120 mL / 30 days)
<i>betamethasone valerate</i> CREA .1%; OINT .1%	1	QL (120 gm / 30 days)
<i>betamethasone valerate</i> LOTN .1%	1	QL (120 mL / 30 days)
<i>clobetasol propionate</i> CREA .05%; GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>clobetasol propionate</i> SOLN .05%	1	QL (50 mL / 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate</i> e CREA .05%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .01%	1	QL (60 gm / 30 days)
<i>fluocinolone acetonide</i> CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
<i>fluocinolone acetonide</i> OIL .01%	1	QL (118.28 mL / 30 days)
<i>fluocinolone acetonide</i> SOLN .01%	1	QL (60 mL / 30 days)
<i>fluocinonide</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluocinonide</i> GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
<i>fluocinonide</i> SOLN .05%	1	QL (60 mL / 30 days)
<i>fluocinonide emulsified base</i> CREA .05%	1	QL (120 gm / 30 days)
<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>halobetasol propionate</i> CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
<i>hydrocortisone (topical)</i> OINT 1%	1	QL (30 gm / 30 days)
<i>hydrocortisone valerate</i> CREA .2%	1	QL (60 gm / 30 days)
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1%	1	
<i>triamcinolone acetonide (topical)</i> CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
<i>triamcinolone acetonide (topical)</i> LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
<i>triderm</i> CREA .5%	1	QL (454 gm / 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i> PRSY 2%	1	QL (60 mL / 30 days), PA
<i>lidocaine</i> OINT 5%	1	QL (50 gm / 30 days), PA
<i>lidocaine</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>lidocaine hcl</i> SOLN 4%	1	QL (50 mL / 30 days), PA
<i>lidocaine-prilocaine cream</i> 2.5-2.5%	1	QL (30 gm / 30 days)
<i>lidocan</i> PTCH 5%	1	QL (3 patches / 1 day), PA
<i>tridacaine ii</i> PTCH 5%	1	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>bexarotene (topical)</i> GEL 1%	1	NDS, QL (60 gm / 30 days), NM, PA
<i>diclofenac sodium (topical)</i> SOLN 1.5%	1	QL (300 mL / 28 days)
<i>fluorouracil (topical)</i> CREA 5%	1	QL (40 gm / 30 days)
<i>fluorouracil (topical)</i> SOLN 2%, 5%	1	QL (10 mL / 30 days)
<i>hydrocortisone (rectal)</i> CREA 1%, 2.5%	1	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod</i> CREA 5%	1	QL (24 packets / 30 days)
<i>lactic acid (ammonium lactate)</i> CREA 12%; LOTN 12%	1	
<i>metronidazole (topical)</i> CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
<i>metronidazole (topical)</i> LOTN .75%	1	QL (59 mL / 30 days)
<i>nitroglycerin (intra-anal)</i> OINT .4%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	1	NDS, QL (60 gm / 30 days), PA
<i>pimecrolimus</i> CREA 1%	1	QL (100 gm / 30 days), PA
<i>podofilox</i> SOLN .5%	1	QL (7 mL / 28 days)
<i>procto-med hc</i> CREA 2.5%	1	
<i>proctocort</i> CREA 1%	1	
<i>proctosol hc</i> CREA 2.5%	1	
<i>proctozone-hc</i> CREA 2.5%	1	
<i>tacrolimus (topical)</i> OINT .03%, .1%	1	QL (100 gm / 30 days), PA
VALCHLOR GEL .016%	1	NDS, QL (60 gm / 30 days), NM, PA
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i> LOTN .5%	1	QL (59 mL / 30 days)
<i>permethrin</i> CREA 5%	1	QL (60 gm / 30 days)
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01%	1	NDS, QL (30 gm / 30 days), PA
SANTYL OINT 250unit/gm	1	QL (180 gm / 30 days)
<i>sodium chloride (gu irrigant)</i> SOLN .9%	1	
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hcl</i> CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg	1	QL (150 lozenges / 30 days)
<i>kourzeq</i> PSTE .1%	1	
<i>lidocaine hcl (mouth-throat)</i> SOLN 2%	1	
<i>nystatin (mouth-throat)</i> SUSP 100000unit/ml	1	
<i>periogard</i> SOLN .12%	1	
<i>pilocarpine hcl (oral)</i> TABS 5mg, 7.5mg	1	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	
_ANTI OBESITY AGENTS		
ANTI OBESITY AGENTS		
ADIPEX-P TABS 37.5mg	0	PA
<i>benzphetamine hcl</i> TABS 50mg	0	PA

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

Drug Name	Drug Tier	Requirements/Limits
<i>diethylpropion hcl</i> TABS 25mg; TB24 75mg	0	PA
IMCIVREE SOLN 10mg/ml	0	NM, PA
LOMAIRA TABS 8mg	0	PA
<i>orlistat</i> CAPS 120mg	0	PA
PHENDIMETRAZINE TARTRATE CP24 105mg	0	PA
<i>phendimetrazine tartrate</i> TABS 35mg	0	PA
<i>phentermine hcl</i> CAPS 15mg, 30mg, 37.5mg; TABS 37.5mg	0	PA
SAXENDA SOPN 18mg/3ml	0	PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	0	PA
XENICAL CAPS 120mg	0	PA
_DIABETIC METERS AND TEST STRIPS		
<i>DIABETIC METERS AND TEST STRIPS</i>		
TRUE METRIX KIT AIR	0	
TRUE METRIX KIT METER	0	
TRUE METRIX STRIPS	0	

You can find information on what the symbols and abbreviations in this table mean by going to section C1.

D. Index of Covered Drugs

abacavir sulfate20
abacavir sulfate-
lamivudine tab 600-
300 mg21
 ABELCET19
 ABILIFY ASIMTUFII 47
 ABILIFY MAINTENA 47
abiraterone acetate 27
 ABRYSCO79
acamprosate calcium
58
acarbose59
accutane89
acebutolol hcl.....42
acetaminophen w/
codeine soln 120-12
mg/5ml17
acetaminophen w/
codeine tab 300-15
mg.....17
acetaminophen w/
codeine tab 300-30
mg.....17
acetaminophen w/
codeine tab 300-60
mg.....17
acetazolamide43
acetic acid73
acetic acid (otic)....84
acetylcysteine86
acitretin90
 ACTHIB INJ.....79
 ACTIMMUNE.....79
acyclovir.....23
acyclovir sodium....23
 ADACEL INJ79
 ADALIMUMAB-AACF
 (2 PEN)76
 ADALIMUMAB-AACF
 (2 SYRING)76
 ADALIMUMAB-AACF
 STARTER P.....76
adefovir dipivoxil ...23
 ADIPEX-P92

ADMELOG 61
 ADMELOG SOLOSTAR
 61
 ADVAIR HFA AER
 115/21 88
 ADVAIR HFA AER
 230/21 88
 ADVAIR HFA AER
 45/21 88
afirmelle 63
 AIMOVIG 56
 AIRSUPRA AER 90-
 80MCG..... 88
 AKEEGA TAB 100/500
 27
 AKEEGA TAB
 50/500MG 27
ala-cort..... 90
albendazole..... 18
albuterol sulfate.... 86
alclometasone
dipropionate 90
 ALCOHOL SWABS:
 BD-
 EMBECTA/MHC/RUG
 BY 61
 ALDURAZYME 69
 ALECENSA..... 29
alendronate sodium
 63
alfuzosin hcl 73
aliskiren fumarate . 43
allopurinol..... 16
alosetron hcl 72
alprazolam 44
altavera 63
 ALUNBRIG..... 29
 ALUNBRIG PAK 29
 ALVAIZ 75
 ALVESCO 88
alyacen 1/35 63
alyacen 7/7/7 63
 ALYFTREK TAB 10-50-
 125 86

ALYFTREK TAB 4-20-
 5086
 ALYGLO.....78
alyq44
amantadine hcl46
ambrisentan44
amethia63
amethyst.....63
amikacin sulfate18
amiloride &
hydrochlorothiazide
tab 5-50 mg.....43
amiloride hcl43
amiodarone hcl40
amitriptyline hcl45
amlodipine besylate
42
amlodipine besylate-
benazepril hcl cap
10-20 mg38
amlodipine besylate-
benazepril hcl cap
10-40 mg38
amlodipine besylate-
benazepril hcl cap
2.5-10 mg37
amlodipine besylate-
benazepril hcl cap
5-10 mg38
amlodipine besylate-
benazepril hcl cap
5-20 mg38
amlodipine besylate-
benazepril hcl cap
5-40 mg38
amlodipine besylate-
olmesartan
medoxomil tab 10-
20 mg39
amlodipine besylate-
olmesartan
medoxomil tab 10-
40 mg39

amlodipine besylate-
 olmesartan
 medoxomil tab 5-20
 mg.....39
 amlodipine besylate-
 olmesartan
 medoxomil tab 5-40
 mg.....39
 amlodipine besylate-
 valsartan tab 10-
 160 mg39
 amlodipine besylate-
 valsartan tab 10-
 320 mg39
 amlodipine besylate-
 valsartan tab 5-160
 mg.....39
 amlodipine besylate-
 valsartan tab 5-320
 mg.....39
 amnesteem.....89
 amoxapine.....45
 amoxicillin25
 amoxicillin & k
 clavulanate for susp
 200-28.5 mg/5ml25
 amoxicillin & k
 clavulanate for susp
 250-62.5 mg/5ml25
 amoxicillin & k
 clavulanate for susp
 400-57 mg/5ml ..25
 amoxicillin & k
 clavulanate for susp
 600-42.9 mg/5ml25
 amoxicillin & k
 clavulanate tab
 250-125 mg.....25
 amoxicillin & k
 clavulanate tab
 500-125 mg.....25
 amoxicillin & k
 clavulanate tab
 875-125 mg.....25
 amoxicillin & k
 clavulanate tab er
 12hr 1000-62.5 mg
25

amphetamine-
 dextroamphetamine
 cap er 24hr 10 mg
 54
 amphetamine-
 dextroamphetamine
 cap er 24hr 15 mg
 54
 amphetamine-
 dextroamphetamine
 cap er 24hr 20 mg
 54
 amphetamine-
 dextroamphetamine
 cap er 24hr 25 mg
 54
 amphetamine-
 dextroamphetamine
 cap er 24hr 30 mg
 54
 amphetamine-
 dextroamphetamine
 cap er 24hr 5 mg 54
 amphetamine-
 dextroamphetamine
 tab 10 mg 54
 amphetamine-
 dextroamphetamine
 tab 12.5 mg 54
 amphetamine-
 dextroamphetamine
 tab 15 mg 54
 amphetamine-
 dextroamphetamine
 tab 20 mg 54
 amphetamine-
 dextroamphetamine
 tab 30 mg 55
 amphetamine-
 dextroamphetamine
 tab 5 mg 54
 amphetamine-
 dextroamphetamine
 tab 7.5 mg 54
 amphotericin b 19
 amphotericin b
 liposome 19
 ampicillin 25

ampicillin &
 sulbactam sodium
 for inj 1.5 (1-0.5)
 gm.....25
 ampicillin &
 sulbactam sodium
 for inj 3 (2-1) gm25
 ampicillin &
 sulbactam sodium
 for iv soln 1.5 (1-
 0.5) gm25
 ampicillin &
 sulbactam sodium
 for iv soln 15 (10-5)
 gm.....25
 ampicillin &
 sulbactam sodium
 for iv soln 3 (2-1)
 gm.....25
 ampicillin sodium...25
 anagrelide hcl75
 anastrozole.....27
 ANORO ELLIPT AER
 62.5-2585
 aprepitant71
 aprepitant capsule
 therapy pack 80 &
 125 mg71
 apri63
 APTIOM.....50
 APTIVUS20
 ARALAST NP86
 aranelle.....63
 ARCALYST79
 AREXVY.....79
 ARIKAYCE.....18
 aripiprazole..... 47, 48
 ARISTADA48
 ARISTADA INITIO..48
 armodafinil58
 ARNUITY ELLIPTA..88
 asenapine maleate 48
 ashlyna63
 aspirin-dipyridamole
 cap er 12hr 25-200
 mg.....75
 ASTAGRAF XL79
 atazanavir sulfate ..20

atenolol42
atenolol & chlorthalidone tab 100-25 mg41
atenolol & chlorthalidone tab 50-25 mg41
atomoxetine hcl55
atorvastatin calcium41
atovaquone18
atovaquone-proguanil hcl tab 250-100 mg20
atovaquone-proguanil hcl tab 62.5-25 mg20
 ATROPINE SULFATE84
atropine sulfate (ophthalmic)84
 ATROVENT HFA85
aubra eq63
 AUGTYRO29
aurovela 1/2063
aurovela 24 fe63
aurovela fe 1.5/3063
aurovela fe 1/2063
 AUSTEDO56
 AUSTEDO XR57
 AUSTEDO XR TAB TITR KIT57
 AUVELITY TAB 45-105MG45
aviane63
ayuna63
 AYVAKIT30
azacitidine27
azathioprine79
azelastine hcl85
azelastine hcl (ophth)84
azithromycin24
aztreonam18
azurette64
bacitracin (ophthalmic)83

bacitracin-polymyxin b ophth oint 83
bacitracin-polymyxin-neomycin-hc ophth oint 1% 82
baclofen 57
 BAFIERTAM 57
balsalazide disodium 72
 BALVERSA 30
balziva 64
 BARACLUDE 23
 BASAGLAR KWIKPEN 61
 BCG VACCINE 79
benazepril & hydrochlorothiazide tab 10-12.5 mg.. 38
benazepril & hydrochlorothiazide tab 20-12.5 mg.. 38
benazepril & hydrochlorothiazide tab 20-25 mg 38
benazepril & hydrochlorothiazide tab 5-6.25mg 38
benazepril hcl 38
 BENDAMUSTINE HYDROCHLORID 26
 BENDEKA 26
 BENLYSTA 79
benzoyl peroxide-erythromycin gel 5-3% 89
benzphetamine hcl 92
benztropine mesylate46, 47
 BERINERT 75
 BESIVANCE 83
 BESREMI 29
betaine powder for oral solution 69
betamethasone dipropionate (topical) 90

betamethasone dipropionate augmented 90
betamethasone valerate 90
 BETASERON 57
betaxolol hcl 42
betaxolol hcl (ophth) 84
bethanechol chloride 73
 BETOPTIC-S 84
 BEVESPI AER 9-4.8MCG 85
bexarotene 29
bexarotene (topical) 91
 BEXSERO 79
bicalutamide 28
 BICILLIN L-A 25
 BIKTARVY TAB 30-120-15 MG 21
 BIKTARVY TAB 50-200-25 MG 21
bisoprolol & hydrochlorothiazide tab 10-6.25 mg .. 42
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg .41
bisoprolol & hydrochlorothiazide tab 5-6.25 mg41
bisoprolol fumarate 42
 BIVIGAM 78
blisovi 24 fe 64
blisovi fe 1.5/30 64
 BOOSTRIX INJ 79
bortezomib 30
 BORTEZOMIB 30
bosentan 44
 BOSULIF 30
 BRAFTOVI 30
 BREO ELLIPTA INH 100-25 88
 BREO ELLIPTA INH 200-25 88

BREO ELLIPTA INH
 50-25MCG88
breynd88
 BREZTRI AERO AER
 SPHERE85
 BREZTRI AERO AER
 SPHERE
 (INSTITUTIONAL
 PACK)85
brillyn.....64
 BRILINTA75
brimonidine tartrate
84
brinzolamide84
 BRIVIACT50
bromfenac sodium
 (*ophth*).....83
bromocriptine
mesylate47
 BRONCHITOL86
 BRUKINSA30
budesonide72
budesonide
 (*inhalation*)88
budesonide-
formoterol fumarate
dihyd aerosol 160-
 4.5 mcg/act88
budesonide-
formoterol fumarate
dihyd aerosol 80-
 4.5 mcg/act88
bumetanide43
buprenorphine16
buprenorphine hcl..58
buprenorphine hcl-
naloxone hcl sl film
 12-3 mg (*base*
equiv)58
buprenorphine hcl-
naloxone hcl sl film
 2-0.5 mg (*base*
equiv)58
buprenorphine hcl-
naloxone hcl sl film
 4-1 mg (*base*
equiv)58

buprenorphine hcl-
naloxone hcl sl film
 8-2 mg (*base*
equiv)..... 58
buprenorphine hcl-
naloxone hcl sl tab
 2-0.5 mg (*base*
equiv)..... 58
buprenorphine hcl-
naloxone hcl sl tab
 8-2 mg (*base*
equiv)..... 59
bupropion hcl 45
bupropion hcl
 (*smoking deterrent*)
 59
buspirone hcl..... 44
butorphanol tartrate
 17
cabergoline 69
 CABOMETYX 30
calcipotriene..... 90
calcitonin (salmon)
spray 63
calcitrene 90
calcitriol..... 71
calcitriol (oral) 71
 CALQUENCE 30
camila 64
camrese..... 64
camrese lo 64
candesartan cilexetil
 40
candesartan cilexetil-
hydrochlorothiazide
tab 16-12.5 mg.. 39
candesartan cilexetil-
hydrochlorothiazide
tab 32-12.5 mg.. 39
candesartan cilexetil-
hydrochlorothiazide
tab 32-25 mg 39
 CAPLYTA 48
 CAPRELSA..... 30
captopril 38
captopril &
hydrochlorothiazide
tab 25-15 mg 38

captopril &
hydrochlorothiazide
tab 25-25 mg38
captopril &
hydrochlorothiazide
tab 50-15 mg38
captopril &
hydrochlorothiazide
tab 50-25 mg38
carb/levo orally
disintegrating tab
 10-100mg47
carb/levo orally
disintegrating tab
 25-100mg47
carb/levo orally
disintegrating tab
 25-250mg47
carbamazepine.....50
carbidopa & levodopa
tab 10-100 mg ...47
carbidopa & levodopa
tab 25-100 mg ...47
carbidopa & levodopa
tab 25-250 mg ...47
carbidopa & levodopa
tab er 25-100 mg47
carbidopa & levodopa
tab er 50-200 mg47
carbidopa-levodopa-
entacapone tabs
 12.5-50-200 mg .47
carbidopa-levodopa-
entacapone tabs
 18.75-75-200 mg47
carbidopa-levodopa-
entacapone tabs
 25-100-200 mg ..47
carbidopa-levodopa-
entacapone tabs
 31.25-125-200 mg
47
carbidopa-levodopa-
entacapone tabs
 37.5-150-200 mg47
carbidopa-levodopa-
entacapone tabs
 50-200-200 mg ..47

carboplatin26
carglumic acid.....69
carisoprodol.....58
carteolol hcl (ophth)
.....84
cartia xt42
carvedilol.....42
caspofungin acetate
.....20
CAYSTON18
cefaclor23
cefadroxil23
CEFAZOLIN23
CEFAZOLIN INJ
1GM/50ML24
cefazolin sodium....24
CEFAZOLIN SOLN
2GM/100ML-4% .24
CEFAZOLIN/DEX SOL
1GM/50ML-4% ...24
CEFAZOLIN/DEX SOL
2GM/50ML-3% ...24
CEFAZOLIN/DEX SOL
3GM/150ML-4% .24
CEFAZOLIN/DEX SOL
3GM/50ML-2% ...24
cefdinir.....24
cefepime hcl24
cefixime24
cefotetan disodium 24
cefoxitin sodium24
cefpodoxime proxetil
.....24
cefprozil24
ceftazidime24
ceftriaxone sodium 24
cefuroxime axetil...24
cefuroxime sodium 24
celecoxib16
cephalexin24
CEQUR SIMPL KIT
PATCH 2U (3-DAY)
.....61
CEQUR SIMPL KIT
PATCH 2U (4-DAY)
.....61
CEQUR SIMPL MIS
INSERTER.....61

CERDELGA 69
CEREZYME 69
cetirizine hcl 85
cevimeline hcl..... 92
chateal eq 64
CHEMET..... 63
chlorhexidine
gluconate (mouth-
throat)..... 92
chloroquine
phosphate 20
chlorpromazine hcl 48
chlorthalidone..... 43
cholestyramine 41
cholestyramine light
..... 41
ciclopirox 89
ciclopirox olamine . 90
cilostazol..... 75
CILOXAN..... 83
CIMDUO TAB 300-300
..... 21
cinacalcet hcl..... 69
ciprofloxacin 200
*mg/100ml in d5w*24
ciprofloxacin 400
*mg/200ml in d5w*24
ciprofloxacin hcl.... 24
ciprofloxacin hcl
(ophth) 83
ciprofloxacin-
dexamethasone otic
susp 0.3-0.1%... 84
cisplatin 26
citalopram
hydrobromide 45
claravis..... 89
clarithromycin 24
clindamycin hcl 18
clindamycin palmitate
hydrochloride.... 18
clindamycin
phosphate 18
clindamycin
phosphate (topical)
..... 89
clindamycin
phosphate in d5w iv

soln 300 mg/50ml
..... 18
clindamycin
phosphate in d5w iv
soln 600 mg/50ml
..... 18
clindamycin
phosphate in d5w iv
soln 900 mg/50ml
..... 18
clindamycin
phosphate vaginal
..... 74
CLINDMYC/NAC INJ
300/50ML 18
CLINDMYC/NAC INJ
600/50ML 18
CLINDMYC/NAC INJ
900/50ML 18
CLINIMIX INJ
4.25/D10..... 82
CLINIMIX INJ
4.25/D5W 82
CLINIMIX INJ
5%/D15W..... 82
CLINIMIX INJ
5%/D20W..... 82
CLINIMIX INJ 6/5 .. 82
CLINIMIX INJ 8/10 82
CLINIMIX INJ 8/14 82
clinisol sf 15% 82
CLINOLIPID EMU
20% 82
clobazam..... 50, 51
clobetasol propionate
..... 90
clobetasol propionate
e 91
clomipramine hcl ... 45
clonazepam 51
clonidine 43
clonidine hcl 43
clopidogrel bisulfate
..... 75
clorazepate
dipotassium 51
clotrimazole 92

clotrimazole (topical)
90
clotrimazole w/
betamethasone
*cream 1-0.05% ..*90
clozapine48
 COARTEM TAB 20-
 120MG20
 COBENFY CAP 100-
 20MG48
 COBENFY CAP 125-
 30MG48
 COBENFY CAP 50-
 20MG48
 COBENFY STRT CAP
 PACK.....48
colchicine16
colchicine w/
probenecid tab 0.5-
500 mg16
colesevelam hcl.....41
colestipol hcl.....41
colistimethate sodium
18
 COMBIGAN SOL
 0.2/0.5%84
 COMBIVENT AER 20-
 100.....85
 COMETRIQ (60MG
 DOSE)30
 COMETRIQ KIT
 100MG30
 COMETRIQ KIT
 140MG30
 COMPLERA TAB22
compro71
constulose72
 COPAXONE57
 COPIKTRA30
 CORLANOR43
 COSENTYX.....76
 COSENTYX
 SENSOREADY PEN
76
 COSENTYX
 UNOREADY76
 COTELLIC30

CREON CAP
 12000UNT 72
 CREON CAP
 24000UNT 72
 CREON CAP
 3000UNIT 72
 CREON CAP
 36000UNT 72
 CREON CAP
 6000UNIT 72
cromolyn sodium .. 86
cromolyn sodium
(mastocytosis) ... 72
cromolyn sodium
(ophth) 84
cryselle-28 64
*cyclobenzaprine hcl*58
cyclophosphamide. 26
 CYCLOPHOSPHAMIDE
26, 27
 CYCLOPHOSPHAMIDE
 MONOHYDR 27
cycloserine 22
cyclosporine 79
cyclosporine modified
(for microemulsion)
 79
cyproheptadine hcl 85
cyred eq 64
 CYSTADROPS 84
 CYSTAGON..... 69
 CYSTARAN 84
cytarabine..... 27
 D10W/NACL INJ 0.2%
 80
 D2.5W/NACL INJ
 0.45% 80
dabigatran etexilate
mesylate 74
dalfampridine 57
danazol..... 59
dantrolene sodium 58
 DANZITEN..... 30
dapsone..... 18
 DAPTACEL INJ 79
daptomycin 18
 DAPTOMYCIN 18
darunavir 20

dasatinib 30, 31
dasetta 1/35..... 64
dasetta 7/7/7..... 64
 DAURISMO31
daysee64
 DAYVIGO.....55
deblitane64
deferasirox63
 DELSTRIGO TAB22
 DENG VAXIA SUS ...79
 DEPO-SUBQ
 PROVERA 10464
depo-testosterone .59
 DESCOVY TAB 120-
 15MG22
 DESCOVY TAB
 200/25MG22
desipramine hcl.....45
desmopressin acetate
69
desmopressin acetate
spray69
desmopressin acetate
spray refrigerated
69
desogest-eth estrad &
eth estrad tab 0.15-
0.02/0.01 mg(21/5)
64
desvenlafaxine
succinate45
dexamethasone.....68
 DEXAMETHASONE
 INTENSOL.....68
dexamethasone
sodium phosphate
68
dexamethasone
sodium phosphate
(ophth)83
dexmethylphenidate
hcl55
dextrose.....82
dextrose 10% w/
sodium chloride
0.45%.....81

dextrose 2.5% w/
 sodium chloride
 0.45%.....80
 dextrose 5% in
 lactated ringers ..80
 dextrose 5% w/
 sodium chloride
 0.2%.....80
 dextrose 5% w/
 sodium chloride
 0.225%81
 dextrose 5% w/
 sodium chloride
 0.3%.....80
 dextrose 5% w/
 sodium chloride
 0.45%.....81
 dextrose 5% w/
 sodium chloride
 0.9%.....81
 DIACOMIT51
 diazepam51
 diazepam
 (anticonvulsant) .51
 diazepam inj51
 diazepam intensol..51
 diazoxide.....69
 diclofenac potassium
16
 diclofenac sodium ..16
 diclofenac sodium
 (ophth).....83
 diclofenac sodium
 (topical)91
 dicloxacillin sodium 25
 dicyclomine hcl.....71
 diethylpropion hcl ..93
 DIFICID.....24
 diflunisal16
 difluprednate83
 digoxin43
 dihydroergotamine
 mesylate56
 DILANTIN51
 diltiazem hcl42
 diltiazem hcl coated
 beads.....42

diltiazem hcl
 extended release
 beads 42
 dilt-xr 42
 DIP/TET PED INJ 25-
 5LFU..... 79
 diphenhydramine hcl
 85
 diphenoxylate w/
 atropine liq 2.5-
 0.025 mg/5ml.... 72
 diphenoxylate w/
 atropine tab 2.5-
 0.025 mg 73
 dipyridamole 75
 disopyramide
 phosphate 40
 disulfiram..... 59
 divalproex sodium . 51
 docetaxel 29
 DOCETAXEL 29
 DOCIVYX 29
 dofetilide 40
 dolishale 64
 donepezil
 hydrochloride..... 44
 DOPTelet 75
 dorzolamide hcl 84
 dorzolamide hcl-
 timolol maleate
 ophth soln 2-0.5%
 84
 dott 68
 DOVATO TAB 50-
 300MG..... 22
 doxazosin mesylate39
 doxepin hcl 45
 doxepin hcl (sleep) 55
 doxorubicin hcl 29
 doxorubicin hcl
 liposomal 29
 doxy 100 26
 doxycycline
 (monohydrate) .. 26
 doxycycline hyclate 26
 DRIZALMA SPRINKLE
 45
 dronabinol..... 71

drospirenone-ethinyl
 estradiol tab 3-0.02
 mg..... 64
 drospirenone-ethinyl
 estradiol tab 3-0.03
 mg..... 64
 drospirenone-ethinyl
 estrad-levomefolate
 tab 3-0.02-0.451
 mg..... 64
 drospirenone-ethinyl
 estrad-levomefolate
 tab 3-0.03-0.451
 mg..... 64
 droxidopa43
 DULERA AER 100-
 5MCG..... 89
 DULERA AER 200-
 5MCG..... 89
 DULERA AER 50-
 5MCG..... 89
 duloxetine hcl45
 DUPIXENT 76
 dutasteride73
 dutasteride-
 tamsulosin hcl cap
 0.5-0.4 mg 73
 e.e.s. 400.....24
 econazole nitrate...90
 EDURANT20
 efavirenz21
 efavirenz-
 emtricitabine-
 tenofovir df tab
 600-200-300 mg 22
 efavirenz-lamivudine-
 tenofovir df tab
 400-300-300 mg 22
 efavirenz-lamivudine-
 tenofovir df tab
 600-300-300 mg 22
 ELIGARD28
 elinest.....64
 ELIQUIS74
 ELIQUIS STARTER
 PACK.....74
 eluryng64
 EMGALITY56

EMSAM.....46
emtricitabine.....21
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg22
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg22
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg22
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg22
 EMTRIVA21
 EMVERM18
emzahh64
enalapril maleate...38
enalapril maleate & hydrochlorothiazide tab 10-25 mg38
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg38
 ENBREL.....76
 ENBREL MINI76
 ENBREL SURECLICK76
endocet tab 10-325mg17
endocet tab 2.5-325mg17
endocet tab 5-325mg17
endocet tab 7.5-325mg17
 ENGERIX-B79
enilloring64
enoxaparin sodium 74
enpresse-28.....64
enskyce.....64
 ENSTILAR AER90
entacapone.....47
entecavir23

ENTRESTO CAP 15-16MG 39
 ENTRESTO CAP 6-6MG 39
 ENTRESTO TAB 24-26MG 39
 ENTRESTO TAB 49-51MG 39
 ENTRESTO TAB 97-103MG..... 39
enulose..... 72
 EPCLUSA PAK 150-37.5 23
 EPCLUSA PAK 200-50MG 23
 EPCLUSA TAB 200-50MG 23
 EPCLUSA TAB 400-100 23
 EPIDIOLEX 51
epinephrine (anaphylaxis) ... 43, 86, 87
epitol..... 51
eplerenone..... 38
 EPRONTIA..... 51
ergotamine w/caffeine tab 1-100 mg 56
 ERIVEDGE..... 31
 ERLEADA 28
erlotinib hcl 31
errin..... 64
ertapenem sodium 18
ery..... 89
ery-tab 24
 ERYTHROCIN LACTOBIONATE.. 24
erythromycin (acne aid) 89
erythromycin (ophth) 83
erythromycin base 24
erythromycin ethylsuccinate.... 24
erythromycin lactobionate..... 24

escitalopram oxalate46
esomeprazole magnesium73
estarylla64
estradiol68
estradiol & norethindrone acetate tab 0.5-0.1 mg.....68
estradiol & norethindrone acetate tab 1-0.5 mg.....68
estradiol vaginal68
estradiol valerate ..68
eszopiclone.....55
ethambutol hcl22
ethosuximide51
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 64
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 64
etodolac16
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr64
etoposide29
etravirine21
 EULEXIN.....28
euthyrox70
everolimus.....31
everolimus (immunosuppressant)79
 EVOTAZ TAB 300-15022
exemestane28
 EYSUVIS84
ezetimibe41
ezetimibe-simvastatin tab 10-10 mg41
ezetimibe-simvastatin tab 10-20 mg41

ezetimibe-simvastatin
tab 10-40 mg41
ezetimibe-simvastatin
tab 10-80 mg41
 FABRAZYME69
falmina.....64
famciclovir.....23
famotidine71
famotidine in nacl
0.9% iv soln 20
mg/50ml71
 FANAPT48
 FANAPT PAK.....48
 FARXIGA59
 FASENRA.....87
 FASENRA PEN87
feirza 1.5/3064
feirza 1/20.....64
felbamate51
felodipine42
fenofibrate.....41
fenofibrate
micronized41
fentanyl.....16
fesoterodine fumarate
.....74
 FETZIMA46
 FETZIMA CAP
 TITRATIO.....46
 FIASP.....61
 FIASP FLEXTOUCH.61
 FIASP PENFILL61
 FIASP PUMPCART ..61
finasteride73
ingolimod hcl57
 FINTEPLA51
finzala64
 FIRMAGON28
flac85
 FLAREX83
 FLEBOGAMMA DIF .78
flecainide acetate ..40
fluconazole20
fluconazole in nacl
0.9% inj 200
mg/100ml.....20

fluconazole in nacl
0.9% inj 400
mg/200ml 20
flucytosine 20
fludrocortisone
acetate 68
flunisolide (nasal) . 88
fluocinolone acetonide
..... 91
fluocinolone acetonide
(otic) 85
fluocinonide..... 91
fluocinonide
emulsified base.. 91
fluorometholone
(ophth) 83
fluorouracil..... 27
fluorouracil (topical)
..... 91
fluoxetine hcl..... 46
fluphenazine
decanoate 48
fluphenazine hcl.... 48
flurbiprofen 16
*flurbiprofen sodium*83
fluticasone propionate
..... 91
fluticasone propionate
(nasal)..... 88
fluticasone-salmeterol
aer powder ba 100-
50 mcg/act..... 89
fluticasone-salmeterol
aer powder ba 250-
50 mcg/act..... 89
fluticasone-salmeterol
aer powder ba 500-
50 mcg/act..... 89
fluvoxamine maleate
..... 44
fondaparinux sodium
..... 74
fosamprenavir
calcium 21
fosinopril sodium .. 38
fosinopril sodium &
hydrochlorothiazide
tab 10-12.5 mg.. 38

fosinopril sodium &
hydrochlorothiazide
tab 20-12.5 mg .. 38
 FOTIVDA31
 FRINDOVYX27
 FRUZAQLA.....31
 FULPHILA75
fulvestrant.....28
furosemide43
furosemide inj.....43
 FUZEON21
fyavolv tab 0.5mg-
2.5mcg.....68
fyavolv tab 1mg-
5mcg68
 FYCOMPA52
gabapentin52
galantamine
hydrobromide.....45
gallifrey.....70
 GAMASTAN INJ78
 GAMMAGARD LIQUID
.....78
 GAMMAGARD S/D
 IGA LESS TH78
 GAMMAKED78
 GAMMAPLEX78
 GAMUNEX-C78
ganciclovir sodium .23
 GARDASIL 979
*gatifloxacin (ophth)*83
 GATTEX.....73
 GAUZE PADS 2.....61
gavilyte-c72
gavilyte-g72
gavilyte-n/flavor pack
.....72
 GAVRETO31
gefitinib.....31
gemcitabine hcl27
gemfibrozil41
 GEMTESA74
generlac72
gengraf79
 GENOTROPIN69
 GENOTROPIN
 MINIQUICK69

gentamicin in saline inj 0.8 mg/ml18
gentamicin in saline inj 1 mg/ml.....18
gentamicin in saline inj 1.2 mg/ml.....18
gentamicin in saline inj 1.6 mg/ml.....18
gentamicin in saline inj 2 mg/ml.....18
gentamicin sulfate .18
gentamicin sulfate (ophth).....83
gentamicin sulfate (topical)89
 GENVOYA TAB.....22
 GILOTRIF31
glatiramer acetate .57
glatopa.....57
 GLEOSTINE.....27
glimepiride59
glipizide59
glipizide xl59
glipizide-metformin hcl tab 2.5-250 mg59
glipizide-metformin hcl tab 2.5-500 mg59
glipizide-metformin hcl tab 5-500 mg 59
glycopyrrolate71
glydo91
 GLYXAMBI TAB 10-5 MG.....59
 GLYXAMBI TAB 25-5 MG.....59
 GOMEKLI.....31
granisetron hcl71
griseofulvin microsize20
griseofulvin ultramicrosize20
guanfacine hcl.....43
guanfacine hcl (adhd)55
 HAEGARDA75
hailey 1.5/3064

hailey 24 fe 65
halobetasol propionate..... 91
haloette 65
haloperidol 48
haloperidol decanoate 48
haloperidol lactate. 48
 HARVONI PAK 33.75-150MG..... 23
 HARVONI PAK 45-200MG..... 23
 HARVONI TAB 45-200MG..... 23
 HARVONI TAB 90-400MG..... 23
 HAVRIX 79
heather..... 65
 HEP SOD/NACL INJ 25000UNT 74
heparin sodium (porcine)..... 74
 HEPLISAV-B 79
 HERCEP HYLEC SOL 60-10000 31
 HERCEPTIN 31
 HERZUMA 31
 HIBERIX 79
 HUMIRA..... 76
 HUMIRA PEN 76
 HUMIRA PEN KIT PS/UV..... 76
 HUMIRA PEN-CD/UC/HS START76
 HUMIRA PEN-PEDIATRIC UC S 76
 HUMULIN R U-500 (CONCENTR..... 61
 HUMULIN R U-500 KWIKPEN 61
hydralazine hcl 43
*hydrochlorothiazide*43
hydrocodone bitartrate 16
*hydrocodone-acetaminophen soln 7.5-325 mg/15ml*17

hydrocodone-acetaminophen tab 10-325 mg17
hydrocodone-acetaminophen tab 5-325 mg17
hydrocodone-acetaminophen tab 7.5-325 mg17
hydrocodone-ibuprofen tab 7.5-200 mg17
hydrocortisone68
hydrocortisone (intrarectal)72
hydrocortisone (rectal).....91
hydrocortisone (topical)91
hydrocortisone sod succinate68
hydrocortisone valerate.....91
hydromorphone hcl 17
hydroxychloroquine sulfate.....78
hydroxyurea29
hydroxyzine hcl85
hydroxyzine pamoate86
ibandronate sodium63
 IBRANCE31
ibu.....16
ibuprofen.....16
icatibant acetate....75
iclevia65
 ICLUSIG31
 IDACIO (2 PEN).....77
 IDACIO (2 SYRINGE)77
 IDACIO CROHN INJ DISEASE77
 IDACIO PLAQU INJ PSORIASIS77
 IDHIFA.....32
imatinib mesylate ..32
 IMBRUVICA32

IMCIVREE93
imipenem-cilastatin
intravenous for soln
250 mg18
imipenem-cilastatin
intravenous for soln
500 mg18
imipramine hcl46
imiquimod92
 IMKELDI32
 IMOVAX RABIES
 (H.D.C.V.)79
 IMPAVIDO18
 INBRIJA47
incassia65
 INCRELEX69
 INCRUSE ELLIPTA..85
indapamide43
 INFANRIX INJ.....80
 INFLIXIMAB77
 INLYTA.....32
 INQOVI TAB 35-
 100MG27
 INREBIC32
 INSULIN PEN
 NEEDLES: BD-
 EMBECTA61
 INSULIN SAFETY
 NEEDLES: BD-
 EMBECTA61
 INSULIN SYRINGES:
 BD-EMBECTA61
 INTELENCE21
 INTRALIPID82
introvale.....65
 INVEGA HAFYERA ..48
 INVEGA SUSTENNA
 48, 49
 INVEGA TRINZA49
 IPOL INJ INACTIVE 80
ipratropium bromide
85
ipratropium bromide
 (nasal)85
ipratropium-albuterol
nebu soln 0.5-
*2.5(3) mg/3ml ...*85
irbesartan.....40

irbesartan-
hydrochlorothiazide
tab 150-12.5 mg 39
irbesartan-
hydrochlorothiazide
tab 300-12.5 mg 39
irinotecan hcl..... 29
 ISENTRESS 21
 ISENTRESS HD 21
isibloom..... 65
 ISOLYTE-P INJ /D5W
 81
 ISOLYTE-S INJ PH 7.4
 81
isoniazid 22
isosorbide dinitrate 44
isosorbide
mononitrate 44
isotretinoin..... 89
isradipine 42
 ITOVEBI 32
itraconazole 20
ivabradine hcl 44
ivermectin..... 18
 IWILFIN 29
 IXCHIQ INJ 80
 IXIARO INJ..... 80
 JAKAFI..... 32
jantoven 74
 JANUMET TAB 50-
 1000 60
 JANUMET TAB 50-
 500MG..... 59
 JANUMET XR TAB
 100-1000..... 60
 JANUMET XR TAB 50-
 1000 60
 JANUMET XR TAB 50-
 500MG..... 60
 JANUVIA 60
 JARDIANCE 60
jasmie 65
javygtor..... 69
 JAYPIRCA..... 32
 JENTADUETO TAB
 2.5-1000..... 60
 JENTADUETO TAB
 2.5-500 60

JENTADUETO TAB
 2.5-850 60
 JENTADUETO TAB XR
 2.5-1000MG..... 60
 JENTADUETO TAB XR
 5-1000MG 60
jinteli 68
jolessa 65
juleber 65
 JULUCA TAB 50-25MG
 22
junel 1.5/30..... 65
junel 1/20 65
junel fe 1.5/30 65
junel fe 1/20 65
junel fe 24 65
 JYLAMVO 78
 JYNNEOS 80
 KADCYLA..... 32
kaitlib fe 65
 KALYDECO..... 87
 KANJINTI 32
kariva 65
kcl 10 meq/l
 (0.075%) in
dextrose 5% & nacl
0.45% inj 81
kcl 20 meq/l
 (0.149%) in *nacl*
0.45% inj 81
kcl 20 meq/l (0.15%)
 in *dextrose 5% &*
nacl 0.2% inj 81
kcl 20 meq/l (0.15%)
 in *dextrose 5% &*
nacl 0.45% inj.... 81
kcl 20 meq/l (0.15%)
 in *dextrose 5% &*
nacl 0.9% inj 81
kcl 20 meq/l (0.15%)
 in *nacl 0.45% inj* 81
kcl 20 meq/l (0.15%)
 in *nacl 0.9% inj*.. 81
kcl 30 meq/l
 (0.224%) in
dextrose 5% & nacl
0.45% inj 81

*kcl 40 meq/l (0.3%)
in dextrose 5% &
nacl 0.45% inj.....81*
*kcl 40 meq/l (0.3%)
in dextrose 5% &
nacl 0.9% inj81*
*kcl 40 meq/l (0.3%)
in nacl 0.9% inj ..81*
KCL/D5W/NACL INJ
0.3/0.9%.....81
kelnor 1/35.....65
kelnor 1/50.....65
KERENDIA38
KESIMPTA57
ketoconazole.....20
ketoconazole (topical)
.....90
ketorolac
tromethamine
(ophth).....83
KEYTRUDA.....32
KINRIX INJ80
kionex63
KISQALI 200 DOSE 32
KISQALI 200 PAK
FEMARA.....32
KISQALI 400 DOSE 32
KISQALI 400 PAK
FEMARA.....32
KISQALI 600 DOSE 32
KISQALI 600 PAK
FEMARA.....32
klayesta90
klor-con82
klor-con 1082
klor-con 8.....82
klor-con m1082
klor-con m1582
klor-con m2082
KOSELUGO33
kourzeq.....92
KRAZATI33
kurvelo.....65
labetalol hcl42
lacosamide52
lacosamide oral52
lactated ringer's
solution81

*lactic acid
(ammonium
lactate) 92*
lactulose 72
lactulose
(encephalopathy) 72
lamivudine 21
lamivudine (hbv) .. 23
lamivudine-
zidovudine tab 150-
300 mg 22
lamotrigine..... 52
lanreotide acetate . 69
lansoprazole 73
lapatinib ditosylate 33
larin 1.5/30 65
larin 1/20..... 65
larin 24 fe 65
larin fe 1.5/30 65
larin fe 1/20 65
latanoprost..... 84
layolis fe 65
LAZCLUZE..... 33
leflunomide 78
lenalidomide..... 28
LENVIMA 10 MG
DAILY DOSE 33
LENVIMA 12MG DAILY
DOSE..... 33
LENVIMA 20 MG
DAILY DOSE 33
LENVIMA 4 MG DAILY
DOSE..... 33
LENVIMA 8 MG DAILY
DOSE..... 33
LENVIMA CAP 14 MG
..... 33
LENVIMA CAP 18 MG
..... 33
LENVIMA CAP 24 MG
..... 33
lessina 65
letrozole 28
leucovorin calcium 37
LEUKERAN 27
leuprolide acetate . 28
levalbuterol hcl 86

*levalbuterol tartrate
.....86*
levetiracetam52
LEVETIRACETAM ...52
*levetiracetam in
sodium chloride iv
soln 1000
mg/100ml.....52*
*levetiracetam in
sodium chloride iv
soln 1500
mg/100ml.....52*
*levetiracetam in
sodium chloride iv
soln 500 mg/100ml
.....52*
levobunolol hcl84
levocarnitine
(metabolic
modifiers)69
levocetirizine
dihydrochloride...86
levofloxacin25
levofloxacin in d5w iv
soln 250 mg/50ml
.....25
levofloxacin in d5w iv
soln 500 mg/100ml
.....25
levofloxacin in d5w iv
soln 750 mg/150ml
.....25
levonest65
levonor-eth est tab
0.15-
0.02/0.025/0.03
mg ð est 0.01
mg.....65
levonorgestrel &
ethinyl estradiol
(91-day) tab 0.15-
0.03 mg65
levonorgestrel &
ethinyl estradiol tab
0.1 mg-20 mcg ..65
levonorgestrel &
ethinyl estradiol tab
0.15 mg-30 mcg.65

levonorgestrel-eth
estra tab 0.05-
30/0.075-40/0.125-
30mg-mcg65
levonorgestrel-ethinyl
estradiol
(continuous) tab
90-20 mcg65
levonorg-eth est tab
0.1-0.02mg(84) &
eth est tab
0.01mg(7)65
levonorg-eth est tab
0.15-0.03mg(84) &
eth est tab
0.01mg(7)65
levora 0.15/30-28 .65
levo-t.....70
levothyroxine sodium
.....70
levoxyl70
l-glutamine (sickle
cell)75
LIBERVANT52
lidocaine.....91
lidocaine hcl.....91
lidocaine hcl (local
anesth.)16
lidocaine hcl (mouth-
throat)92
lidocaine-prilocaine
cream 2.5-2.5% .91
lidocan91
LILETTA.....65
linezolid..... 18, 19
LINEZOLID INJ
2MG/ML.....19
LINZESS.....73
liothyronine sodium70
lisinopril38
lisinopril &
hydrochlorothiazide
tab 10-12.5 mg ..38
lisinopril &
hydrochlorothiazide
tab 20-12.5 mg ..38

lisinopril &
hydrochlorothiazide
tab 20-25 mg 38
lithium..... 57
lithium carbonate.. 57
LIVTENCITY..... 23
loestrin 1.5/30-21. 66
loestrin 1/20-21.... 66
loestrin fe 1.5/30 .. 66
loestrin fe 1/20 66
LOKELMA 63
LOMAIRA 93
LONSURF TAB 15-
6.14 27
LONSURF TAB 20-
8.19 27
loperamide hcl..... 73
lopinavir-ritonavir
soln 400-100
mg/5ml (80-20
mg/ml) 22
lopinavir-ritonavir tab
100-25 mg 22
lopinavir-ritonavir tab
200-50 mg 22
lorazepam..... 44
lorazepam intensol 44
LORBRENA 33
loryna..... 66
losartan potassium 40
losartan potassium &
hydrochlorothiazide
tab 100-12.5 mg 39
losartan potassium &
hydrochlorothiazide
tab 100-25 mg... 39
losartan potassium &
hydrochlorothiazide
tab 50-12.5 mg.. 39
LOTEMAX 84
loteprednol etabonate
..... 84
lovastatin..... 41
low-ogestrel 66
loxapine succinate. 49
LUMAKRAS 33
LUMIGAN 84
LUMIZYME 69

LUPRON DEPOT (1-
MONTH)28
LUPRON DEPOT (3-
MONTH)28
LUPRON DEPOT-PED
(1-MONTH69
LUPRON DEPOT-PED
(3-MONTH69
LUPRON DEPOT-PED
(6-MONTH70
lurasidone hcl49
lutra.....66
LYBALVI TAB 10-
10MG.....49
LYBALVI TAB 15-
10MG.....49
LYBALVI TAB 20-
10MG.....49
LYBALVI TAB 5-10MG
.....49
lyleq66
lyllana.....68
LYNPARZA33
LYSODREN.....28
LYTGOBI (12 MG
DAILY DOSE)33
LYTGOBI (16 MG
DAILY DOSE)33
LYTGOBI (20 MG
DAILY DOSE)33
lyza66
magnesium sulfate 81
MAGNESIUM SULFATE
.....81
magnesium sulfate in
dextrose 5% iv soln
1 gm/100ml.....81
malathion92
maraviroc.....21
marlissa66
MARPLAN46
MATULANE29
MAVYRET PAK 50-
20MG.....23
MAVYRET TAB 100-
40MG.....23
meclizine hcl71

medroxyprogesterone acetate.....70
medroxyprogesterone acetate (contraceptive)...66
mefloquine hcl20
megestrol acetate.28, 70
megestrol acetate (appetite)70
 MEKINIST.....34
 MEKTOVI.....34
meloxicam.....16
memantine hcl45
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 45
memantine hcl-donepezil hcl cap er 24hr 14-10 mg...45
memantine hcl-donepezil hcl cap er 24hr 21-10 mg...45
memantine hcl-donepezil hcl cap er 24hr 28-10 mg...45
 MENACTRA INJ.....80
 MENQUADFI.....80
 MENVEO INJ80
 MENVEO SOL80
mercaptopurine27
meropenem19
mesalamine72
mesalamine w/cleanser72
mesna.....37
 MESNEX37
metformin hcl60
methadone hcl 16, 17
methadone hydrochloride i ...17
methazolamide.....43
methenamine hippurate.....19
methimazole70
methocarbamol58
methotrexate sodium27, 78

methsuximide..... 52
methylphenidate hcl 55
*methylprednisolone*68
methylprednisolone acetate 68
methylprednisolone sod succ..... 69
methyltestosterone 59
*metoclopramide hcl*71
metolazone 43
metoprolol & hydrochlorothiazide tab 100-25 mg... 42
metoprolol & hydrochlorothiazide tab 100-50 mg... 42
metoprolol & hydrochlorothiazide tab 50-25 mg 42
metoprolol succinate 42
metoprolol tartrate 42
metronidazole 19
metronidazole (topical)..... 92
metronidazole vaginal 74
metyrosine..... 44
mibelas 24 fe 66
micafungin sodium 20
microgestin 1.5/30 66
microgestin 1/20... 66
microgestin fe 1.5/30 66
*microgestin fe 1/20*66
midodrine hcl 44
 MIEBO 84
mifepristone (hyperglycemia). 70
mili 66
mimvey 68
minocycline hcl 26
minoxidil..... 44
mirtazapine..... 46
misoprostol 73
 MITIGARE 16
 M-M-R II INJ 80

M-NATAL PLUS TAB82
modafinil 58
moexipril hcl 38
molindone hcl 49
mometasone furoate 91
 MONJUVI.....34
mono-lynyah66
montelukast sodium86
morphine sulfate ...17
 MOUNJARO.....60
 MOVANTIK.....73
moxifloxacin hcl25
moxifloxacin hcl (ophth)83
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....25
 MRESVIA.....80
 MULTAQ40
multiple electrolytes ph 5.5.....81
multiple electrolytes ph 7.4.....81
mupirocin89
mycophenolate mofetil79
mycophenolate sodium.....79
 MYRBETRIQ74
nabumetone16
nadolol.....42
naftillin sodium25
 NAGLAZYME70
nalbuphine hcl17
naloxone hcl59
naltrexone hcl59
 NAMZARIC CAP 14-10MG.....45
 NAMZARIC CAP 21-10MG.....45
 NAMZARIC CAP 28-10MG.....45
 NAMZARIC CAP 7-10MG.....45

NAMZARIC CAP PACK
45
naproxen.....16
naproxen dr.....16
naproxen sodium...16
naratriptan hcl56
nateglinide.....60
 NAYZILAM52
nebivolol hcl42
necon 0.5/35-28 ...66
nefazodone hcl.....46
neomycin sulfate ...19
*neomycin-bacitrac zn-
 polymyx 5(3.5)mg-
 400unt-10000unt
 op oin*83
*neomycin-polymy-
 gramcid op sol
 1.75-10000-
 0.025mg-unt-
 mg/ml*83
*neomycin-polymyxin-
 dexamethasone
 ophth oint 0.1%* .82
*neomycin-polymyxin-
 dexamethasone
 ophth susp 0.1%* 83
*neomycin-polymyxin-
 hc ophth susp*.....83
*neomycin-polymyxin-
 hc otic soln 1%*...85
*neomycin-polymyxin-
 hc otic susp 3.5
 mg/ml-10000
 unit/ml-1%*85
*neo-polycin
 5(3.5)mg-400unt-
 10000unt op oin* .83
*neo-polycin hc ophth
 oint 1%*82
 NERLYNX34
nevirapine21
 NEXLETOL41
 NEXLIZET TAB
 180/10MG41
 NEXPLANON.....66

*niacin
 (antihyperlipidemic)*
 41
nicardipine hcl 42
 NICOTROL INHALER
 59
 NICOTROL NS..... 59
nifedipine..... 42
nikki..... 66
nilutamide..... 28
nimodipine 42
 NINLARO 34
nitazoxanide..... 19
nitisinone 70
 NITRO-BID..... 44
*nitrofurantoin
 macrocrystal*..... 19
*nitrofurantoin
 monohyd macro* . 19
nitroglycerin 44
*nitroglycerin (intra-
 anal)* 92
nizatidine 72
nora-be 66
*norelgestromin-
 ethinyl estradiol td
 ptwk 150-35
 mcg/24hr* 66
*norethindrone &
 ethinyl estradiol-fe
 chew tab 0.4 mg-35
 mcg* 66
*norethindrone
 (contraceptive)* .. 66
*norethindrone ace &
 ethinyl estradiol tab
 1 mg-20 mcg*..... 66
*norethindrone ace &
 ethinyl estradiol tab
 1.5 mg-30 mcg* .. 66
*norethindrone ace &
 ethinyl estradiol-fe
 tab 1 mg-20 mcg* 66
*norethindrone ace-eth
 estradiol-fe chew
 tab 1 mg-20 mcg
 (24)* 66

norethindrone acetate
 70
*norethindrone
 acetate-ethinyl
 estradiol tab 0.5
 mg-2.5 mcg* 68
*norethindrone
 acetate-ethinyl
 estradiol tab 1 mg-
 5 mcg* 68
*norethindrone ac-
 ethinyl estrad-fe
 tab 1-20/1-30/1-35
 mg-mcg* 66
*norgestimate &
 ethinyl estradiol tab
 0.25 mg-35 mcg* .66
*norgestimate-eth
 estrad tab 0.18-
 25/0.215-25/0.25-
 25 mg-mcg* 66
*norgestimate-eth
 estrad tab 0.18-
 35/0.215-35/0.25-
 35 mg-mcg* 66
norlyroc 66
nortrel 0.5/35 (28) 66
nortrel 1/35 (21) ... 67
nortrel 1/35 (28) ... 67
nortrel 7/7/7..... 67
nortriptyline hcl..... 46
 NORVIR..... 21
 NOVOLIN INJ 70/30
 61
 NOVOLIN INJ 70/30
 FP..... 61
 NOVOLIN N..... 61
 NOVOLIN N FLEXPEN
 61
 NOVOLIN R..... 61
 NOVOLIN R FLEXPEN
 61
 NOVOLOG..... 62
 NOVOLOG FLEXPEN62
 NOVOLOG MIX INJ
 70/30..... 62
 NOVOLOG MIX INJ
 FLEXPEN..... 62

NOVOLOG PENFILL 62
NUBEQA28
NUDEXTA CAP 20-
10MG57
NULOJIX.....79
NUPLAZID49
NURTEC56
NUTRILIPID82
NUZYRA26
nyamyc90
nylia 1/35.....67
nylia 7/7/767
nystatin.....20
nystatin (mouth-
throat)92
nystatin (topical) ...90
nystop90
ocella67
OCTAGAM.....78
octreotide acetate..70
ODEFSEY TAB22
ODOMZO34
OFEV87
ofloxacin (ophth) ...83
ofloxacin (otic)85
OGIVRI34
OGSIVEO.....34
OJEMDA34
OJJAARA.....34
olanzapine49
olmesartan
medoxomil.....40
olmesartan
medoxomil-
hydrochlorothiazide
tab 20-12.5 mg ..39
olmesartan
medoxomil-
hydrochlorothiazide
tab 40-12.5 mg ..39
olmesartan
medoxomil-
hydrochlorothiazide
tab 40-25 mg39
olmesartan-
amlodipine-
hydrochlorothiazide

tab 20-5-12.5 mg
..... 39
olmesartan-
amlodipine-
hydrochlorothiazide
tab 40-10-12.5 mg
..... 40
olmesartan-
amlodipine-
hydrochlorothiazide
tab 40-10-25 mg 40
olmesartan-
amlodipine-
hydrochlorothiazide
tab 40-5-12.5 mg
..... 40
olmesartan-
amlodipine-
hydrochlorothiazide
tab 40-5-25 mg . 40
omega-3-acid ethyl
esters cap 1 gm . 41
omeprazole 73
OMNIPOD 5 DX KIT
INT G7G6..... 62
OMNIPOD 5 DX MIS
POD G7G6..... 62
OMNIPOD 5 G7 KIT
INTRO 62
OMNIPOD 5 G7 MIS
PODS..... 62
OMNIPOD 5 LB KIT
INTRO G6..... 62
OMNIPOD 5 LB MIS
PODS G6..... 62
OMNIPOD DASH KIT
INTRO 62
OMNIPOD DASH MIS
PODS..... 62
OMNIPOD GO KIT
10UNT/DY 62
OMNIPOD GO KIT
15UNT/DY 62
OMNIPOD GO KIT
20UNT/DY 62
OMNIPOD GO KIT
25UNT/DY 62

OMNIPOD GO KIT
30UNT/DY..... 62
OMNIPOD GO KIT
35UNT/DY..... 62
OMNIPOD GO KIT
40UNT/DY..... 62
OMNIPOD MIS
CLASSIC..... 62
ondansetron 71
ondansetron hcl71
ONTRUZANT34
ONUREG.....27
OPIPZA49
OPSUMIT.....44
ORGOVYX.....28
ORKAMBI GRA 100-
125.....87
ORKAMBI GRA 150-
188.....87
ORKAMBI GRA 75-
94MG.....87
ORKAMBI TAB 100-
125.....87
ORKAMBI TAB 200-
125.....87
orlistat93
ORSERDU28
oseltamivir phosphate
.....23
oxacillin sodium25
oxaliplatin27
oxcarbazepine.....52
oxybutynin chloride74
oxycodone hcl.....17
oxycodone w/
acetaminophen tab
10-325 mg17
oxycodone w/
acetaminophen tab
2.5-325 mg17
oxycodone w/
acetaminophen tab
5-325 mg17
oxycodone w/
acetaminophen tab
7.5-325 mg17
OXYCONTIN.....17

OZEMPIC (0.25 OR
0.5 MG/DOSE)....60
OZEMPIC (0.25 OR
0.5MG/DOSE).....60
OZEMPIC
(1MG/DOSE)60
OZEMPIC
(2MG/DOSE)60
pacerone40
paclitaxel.....29
paclitaxel inj 100mg
.....29
paliperidone.....49
pamidronate disodium
.....63
PAMIDRONATE
DISODIUM63
PANRETIN.....92
pantoprazole sodium
.....73
PANZYGA.....78
paricalcitol71
paroxetine hcl46
PAXLOVID TAB 150-
100.....23
PAXLOVID TAB 300-
100.....23
pazopanib hcl.....34
PEDIARIX INJ 0.5ML
.....80
PEDVAX HIB80
peg 3350-kcl-na
bicarb-nacl-na
sulfate for soln 236
gm.....72
peg 3350-kcl-sod
bicarb-nacl for soln
420 gm72
PEGASYS.....23
PEMAZYRE.....34
pemetrexed disodium
.....27
PENBRAYA INJ.....80
penicillamine.....63
penicillin g potassium
.....26
penicillin g sodium .26

penicillin v potassium
.....26
PENTACEL INJ 80
pentamidine
isethionate inh ... 19
pentamidine
isethionate inj.... 19
pentoxifylline..... 75
perindopril erbumine
..... 38
periogard 92
permethrin 92
perphenazine..... 49
pfizerpen 26
phendimetrazine
tartrate 93
PHENDIMETRAZINE
TARTRATE 93
phenelzine sulfate . 46
phenobarbital 52
phenobarbital sodium
..... 52
phentermine hcl.... 93
phenytekt 52
phenytoin 52
phenytoin sodium . 52
phenytoin sodium
extended..... 53
PHESGO SOL 34
philith..... 67
PIFELTRO..... 21
pilocarpine hcl 84
pilocarpine hcl (oral)
..... 92
pimecrolimus..... 92
pimozide..... 49
pimtrea 67
pindolol 42
pioglitazone hcl.... 60
pioglitazone hcl-
metformin hcl tab
15-500 mg 60
pioglitazone hcl-
metformin hcl tab
15-850 mg 60
piperacillin sod-
tazobactam na for

inj 3.375 gm (3-
0.375 gm)26
piperacillin sod-
tazobactam sod for
inj 13.5 gm (12-1.5
gm)26
piperacillin sod-
tazobactam sod for
inj 2.25 gm (2-0.25
gm)26
piperacillin sod-
tazobactam sod for
inj 4.5 gm (4-0.5
gm)26
piperacillin sod-
tazobactam sod for
inj 40.5 gm (36-4.5
gm)26
PIQRAY 200MG DAILY
DOSE34
PIQRAY 250MG TAB
DOSE34
PIQRAY 300MG DAILY
DOSE34
pirfenidone87
piroxicam16
plenamine82
PLENVU SOL72
podofilox92
polycin ophth oint...83
*polymyxin b sulfate*19
polymyxin b-
trimethoprim ophth
soln 10000 unit/ml-
0.1%83
POMALYST28
portia-2867
posaconazole20
POT CHL 20MEQ/L IN
NACL 0.45% INJ.81
POT CHL 20MEQ/L IN
NACL 0.9% INJ...81
POT CHL 40MEQ/L IN
NACL 0.9% INJ...81
*potassium chloride*81,
82

potassium chloride 20
meq/l (0.15%) in
dextrose 5% inj...81
potassium chloride
microencapsulated
crystals er......82
potassium citrate
(alkalinizer)74
pramipexole
dihydrochloride...47
prasugrel hcl.....75
pravastatin sodium 41
praziquantel.....19
prazosin hcl39
prednisolone69
prednisolone acetate
(ophth).....84
 PREDNISOLONE
SODIUM PHOSP...84
prednisolone sodium
phosphate.....69
prednisone69
 PREDNISONE
INTENSOL.....69
pregabalin53
 PREMASOL SOL 10%
82
 PRENATAL TAB 27-
 1MG.....82
 PRENATAL TAB PLUS
82
prevalite.....41
 PREVYMIS23
 PREZCOBIX TAB 800-
 150.....22
 PREZISTA.....21
 PRIFTIN.....22
primaquine
phosphate.....20
 PRIMAQUINE
 PHOSPHATE20
primidone53
 PRIORIX INJ80
 PRIVIGEN78
probenecid.....16
prochlorperazine....71
prochlorperazine
edisylate.....71

prochlorperazine
maleate 71
 PROCRT..... 75
proctocort 92
procto-med hc..... 92
proctosol hc 92
proctozone-hc 92
progesterone..... 70
 PROGRAF 79
 PROLASTIN-C 87
 PROLIA..... 63
promethazine hcl .. 71
propafenone hcl 40
proparacaine hcl ... 84
propranolol hcl..... 42
propylthiouracil.... 70
 PROQUAD INJ..... 80
 PROSOL INJ 20%.. 82
protriptyline hcl 46
 PULMOZYME..... 87
 PURIXAN..... 27
pyrazinamide..... 22
pyridostigmine
bromide 57
pyrimethamine 19
 QINLOCK 34
 QUADRACEL INJ
 0.5ML 80
quetiapine fumarate
 49
quinapril hcl 38
quinidine sulfate ... 40
quinine sulfate..... 20
 QULIPTA 56
 RABAVERT INJ..... 80
*rabeprazole sodium*73
 RALDESY 46
raloxifene hcl..... 70
ramipril..... 38
ranolazine 44
rasagiline mesylate 47
reclipsen 67
 RECOMBIVAX HB .. 80
 REGRANEX..... 92
 RELENZA DISKHALER
 23
 RELISTOR 73
 REMICADE 77

RENFLEXIS 77
repaglinide 60
 REPATHA..... 41
 REPATHA
 PUSHTRONEX
 SYSTEM..... 41
 REPATHA SURECLICK
 41
 RESTASIS..... 84
 RESTASIS
 MULTIDOSE 84
 RETEVMO 34, 35
 REVUFORJ 35
 REXULTI..... 49, 50
 REYATAZ 21
 REZLIDHIA 35
 REZUROCK 79
 RHOPRESSA 84
ribavirin (hepatitis c)
 23
rifabutin 22
rifampin 22
riluzole..... 57
rimantadine
hydrochloride 23
 RINVOQ 77
 RINVOQ LQ..... 77
risedronate sodium 63
risperidone 50
risperidone
microspheres 50
ritonavir 21
rivaroxaban 74
rivastigmine..... 45
rivastigmine tartrate
 45
rivelsa..... 67
rizatriptan benzoate
 56
 ROCKLATAN DRO .. 84
roflumilast 87
ropinirole
hydrochloride 47
rosuvastatin calcium
 41
 ROTARIX SUS 80
 ROTATEQ SOL..... 80
roweepra..... 53

ROZLYTREK35
 RUBRACA35
rufinamide53
 RUKOBIA.....21
 RYBELSUS60
 RYDAPT.....35
sajazir.....75
 SANTYL92
sapropterin
 dihydrochloride...70
 SAXENDA93
 SCEMBLIX35
scopolamine.....71
 SECUADO50
selegiline hcl47
selenium sulfide90
 SELZENTRY.....21
 SEREVENT DISKUS 86
sertraline hcl.....46
setlakin67
sharobel67
 SHINGRIX80
 SIGNIFOR.....70
 SIKLOS75
sildenafil citrate
 (*pulmonary*
 hypertension).....44
silver sulfadiazine ..89
 SIMBRINZA SUS 1-
 0.2%.....84
simliya67
simpesse67
simvastatin41
sirolimus79
 SIRTURO22
 SKYRIZI77
 SKYRIZI PEN.....77
sod sulfate-pot sulf-
 mg sulf oral sol
 17.5-3.13-1.6
 gm/177ml.....72
sodium chloride.....81
sodium chloride (gu
 irrigant).....92
sodium fluoride chew;
 tab; 1.1 (0.5 f)
 mg/ml soln82
 SODIUM OXYBATE .58

sodium
 phenylbutyrate .. 70
sodium polystyrene
 sulfonate powder 63
solifenacin succinate
 74
 SOLIQUA INJ 100/33
 62
 SOLTAMOX..... 28
 SOLU-CORTEF 69
 SOMATULINE DEPOT
 70
 SOMAVERT..... 70
sorafenib tosylate . 35
sotalol hcl 40
sotalol hcl (afib/af) 40
 SOTYKTU 77
spironolactone 38
spironolactone &
 hydrochlorothiazide
 tab 25-25 mg 43
sprintec 28..... 67
 SPRITAM..... 53
sps..... 63
sps rectal 63
sronyx..... 67
ssd..... 89
 STELARA..... 77
 STIVARGA..... 35
streptomycin sulfate
 19
 STRIBILD TAB 22
subvenite..... 53
sucalfate..... 73
sulfacetamide sodium
 (*acne*) 89
sulfacetamide sodium
 (*ophth*) 83
sulfacetamide
 sodium-
 prednisolone ophth
 soln 10-
 0.23(0.25)% 83
sulfadiazine..... 19
sulfamethoxazole-
 trimethoprim iv soln
 400-80 mg/5ml.. 19

sulfamethoxazole-
 trimethoprim susp
 200-40 mg/5ml .. 19
sulfamethoxazole-
 trimethoprim tab
 400-80 mg 19
sulfamethoxazole-
 trimethoprim tab
 800-160 mg..... 19
 SULFAMYLON89
sulfasalazine72
sulindac16
sumatriptan56
sumatriptan succinate
 56
sunitinib malate35
 SUNLENCA.....21
syeda.....67
 SYMDEKO TAB 100-
 150.....87
 SYMDEKO TAB 50-
 75MG.....87
 SYMPAZAN53
 SYMTUZA TAB.....22
 SYNAREL.....70
 SYNJARDY TAB 12.5-
 1000MG60
 SYNJARDY TAB 12.5-
 500.....60
 SYNJARDY TAB 5-
 1000MG60
 SYNJARDY TAB 5-
 500MG60
 SYNJARDY XR TAB
 10-100060
 SYNJARDY XR TAB
 12.5-100060
 SYNJARDY XR TAB
 25-100060
 SYNJARDY XR TAB 5-
 1000MG60
 SYNTHROID71
 TABLOID27
 TABRECTA35
tacrolimus79
tacrolimus (topical) 92
tadalafil.....73

<i>tadalafil (pulmonary hypertension).....</i>	44	<i>terbinafine hcl</i>	20	TOUJEO SOLOSTAR	62
TAFINLAR	35	<i>terbutaline sulfate .</i>	86	TPN ELECTROL INJ	82
TAGRISSO	35	<i>terconazole vaginal</i>	74	TRADJENTA	60
TALZENNA.....	35	TERIPARATIDE.....	63	<i>tramadol hcl</i>	17
<i>tamoxifen citrate ...</i>	28	<i>testosterone</i>	59	<i>tramadol-</i>	
<i>tamsulosin hcl.....</i>	73	<i>testosterone</i>		<i>acetaminophen tab</i>	
<i>tarina 24 fe.....</i>	67	<i>cypionate</i>	59	<i>37.5-325 mg.....</i>	17
<i>tarina fe 1/20 eq ...</i>	67	<i>testosterone</i>		<i>trandolapril.....</i>	38
TASIGNA	35, 36	<i>enantate</i>	59	<i>tranexamic acid.....</i>	75
<i>tasimelteon.....</i>	55	<i>testosterone pump</i>	59	<i>tranylcypromine</i>	
TAVNEOS	75	<i>tetrabenazine</i>	57	<i>sulfate.....</i>	46
<i>tazarotene</i>	90	<i>tetracycline hcl</i>	26	TRAVASOL INJ 10%	
<i>tazicef.....</i>	24	THALOMID	28, 29		82
TAZORAC	90	THEO-24	87	TRAZIMERA	36
TAZVERIK.....	36	<i>theophylline</i>	87	<i>trazodone hcl.....</i>	46
TECENTRIQ.....	36	<i>thioridazine hcl</i>	50	TRECATOR.....	22
TECENTRIQ INJ		<i>thiothixene.....</i>	50	TRELEGY AER	
HYBREZA.....	36	<i>tiadylt er.....</i>	42	ELLIPTA 100-62.5-	
TEFLARO	24	<i>tiagabine hcl.....</i>	53	<i>25 MCG</i>	85
<i>telmisartan</i>	40	TIBSOVO	36	TRELEGY AER	
<i>telmisartan-</i>		<i>ticagrelor</i>	75	ELLIPTA 200-62.5-	
<i>amlodipine tab 40-</i>		TICOVAC.....	80	<i>25 MCG</i>	85
<i>10 mg</i>	40	<i>tigecycline.....</i>	26	TREMFYA.....	77
<i>telmisartan-</i>		<i>tilia fe.....</i>	67	TREMFYA INDUCTION	
<i>amlodipine tab 40-5</i>		<i>timolol maleate.....</i>	42	<i>PACK FO.....</i>	77
<i>mg.....</i>	40	<i>timolol maleate</i>		<i>treprostinil.....</i>	44
<i>telmisartan-</i>		<i>(ophth)</i>	84	TRESIBA	62
<i>amlodipine tab 80-</i>		<i>tinidazole</i>	19	TRESIBA FLEXTOUCH	
<i>10 mg</i>	40	TIVICAY.....	21		62
<i>telmisartan-</i>		TIVICAY PD	21	<i>tretinoin</i>	89
<i>amlodipine tab 80-5</i>		<i>tizanidine hcl</i>	58	<i>tretinoin</i>	
<i>mg.....</i>	40	TOBI PODHALER ...	19	<i>(chemotherapy) .</i>	29
<i>telmisartan-</i>		TOBRADEX OIN 0.3-		<i>triamcinolone</i>	
<i>hydrochlorothiazide</i>		<i>0.1%</i>	83	<i>acetonide (mouth)</i>	
<i>tab 40-12.5 mg ..</i>	40	<i>tobramycin.....</i>	19		92
<i>telmisartan-</i>		<i>tobramycin (ophth)</i>	83	<i>triamcinolone</i>	
<i>hydrochlorothiazide</i>		<i>tobramycin sulfate</i>	19	<i>acetonide (topical)</i>	
<i>tab 80-12.5 mg ..</i>	40	<i>tobramycin-</i>			91
<i>telmisartan-</i>		<i>dexamethasone</i>		<i>triamterene &</i>	
<i>hydrochlorothiazide</i>		<i>ophth susp 0.3-</i>		<i>hydrochlorothiazide</i>	
<i>tab 80-25 mg</i>	40	<i>0.1%</i>	83	<i>cap 37.5-25 mg..</i>	43
<i>temazepam.....</i>	55	<i>tolterodine tartrate</i>	74	<i>triamterene &</i>	
TENIVAC INJ 5-2LF	80	<i>topiramate</i>	53	<i>hydrochlorothiazide</i>	
<i>tenofovir disoproxil</i>		<i>toremifene citrate .</i>	28	<i>tab 37.5-25 mg ..</i>	43
<i>fumarate</i>	21	<i>torpenz.....</i>	36	<i>triamterene &</i>	
TEPMETKO.....	36	<i>torsemide</i>	43	<i>hydrochlorothiazide</i>	
<i>terazosin hcl</i>	39	TOUJEO MAX		<i>tab 75-50 mg.....</i>	43
		SOLOSTAR	62	<i>tridacaine ii.....</i>	91

triderm.....91
trientine hcl63
tri-estarylla.....67
trifluoperazine hcl..50
trifluridine83
trihexyphenidyl hcl 47
 TRIJARDY XR TAB ER
 24HR 10-5-1000MG
 61
 TRIJARDY XR TAB ER
 24HR 12.5-2.5-
 1000MG.....61
 TRIJARDY XR TAB ER
 24HR 25-5-1000MG
 61
 TRIJARDY XR TAB ER
 24HR 5-2.5-
 1000MG.....61
 TRIKAFTA PAK
 59.5MG87
 TRIKAFTA PAK 75MG
 87
 TRIKAFTA TAB 100-
 50-75MG & 150MG
 88
 TRIKAFTA TAB 50-25-
 37.5MG & 75MG .87
tri-legest fe.....67
tri-linyah67
tri-lo-estarylla67
tri-lo-marzia67
tri-lo-mili.....67
tri-lo-sprintec.....67
trimethoprim.....19
tri-mili.....67
trimipramine maleate
 46
 TRINTELLIX46
tri-nymyo67
tri-sprintec67
 TRIUMEQ PD TAB ..22
 TRIUMEQ TAB22
trivora-28.....67
tri-vylibra67
tri-vylibra lo.....67
 TROGARZO21
 TROPHAMINE INJ
 10%.....82

trosipium chloride .. 74
 TRUE METRIX KIT AIR
 93
 TRUE METRIX KIT
 METER 93
 TRUE METRIX STRIPS
 93
 TRULICITY 61
 TRUMENBA..... 80
 TRUQAP..... 36
 TRUXIMA 36
 TUKYSA 36
 TURALIO 36
turqoz 67
twice-daily
 clindamycin
 phosphate (topical)
 89
 TWINRIX INJ 80
 TYBOST 21
tydemy..... 67
 TYENNE77, 78
 TYPHIM VI..... 80
 UBRELVY..... 56
unithroid 71
ursodiol 73
valacyclovir hcl 23
 VALCHLOR 92
valganciclovir hcl .. 23
valproate sodium .. 53
valproic acid..... 53
valsartan 40
valsartan-
 hydrochlorothiazide
 tab 160-12.5 mg 40
valsartan-
 hydrochlorothiazide
 tab 160-25 mg... 40
valsartan-
 hydrochlorothiazide
 tab 320-12.5 mg 40
valsartan-
 hydrochlorothiazide
 tab 320-25 mg... 40
valsartan-
 hydrochlorothiazide
 tab 80-12.5 mg.. 40

VALTOCO 10 MG
 DOSE 53
 VALTOCO 15 MG
 DOSE 53
 VALTOCO 20 MG
 DOSE 53
 VALTOCO 5 MG DOSE
 53
valtya 1/50.....67
vancomycin hcl19
 VANCOMYCIN INJ 1
 GM 19
 VANCOMYCIN INJ
 500MG 19
 VANCOMYCIN INJ
 750MG 19
 VANFLYTA 36
 VAQTA 80
varenicline tartrate 59
varenicline tartrate
 tab 11 x 0.5 mg &
 42 x 1 mg start
 pack..... 59
 VARIVAX 80
 VASCEPA..... 41
 VAXCHORA SUS 80
velivet.....67
 VELSIPITY 78
 VENCLEXTA 36
 VENCLEXTA TAB
 START PK 36
venlafaxine hcl 46
 VENTOLIN HFA..... 86
 VENTOLIN HFA
 (INSTITUTIONAL
 PACK) 86
 VEOZAH 70
verapamil hcl 43
 VERQUVO 44
 VERSACLOZ 50
 VERZENIO 36
vestura 67
vienva.....67
vigabatrin 53
vigadrone 53
 VIGAFYDE 54
vigpoder..... 54
vilazodone hcl 46

vincristine sulfate ..29
vinorelbine tartrate 29
violele67
VIRACEPT21
VIREAD21
VITRAKVI36
VIVIMUSTA27
VIVITROL59
VIVOTIF CAP EC80
VIZIMPRO.....36
VONJO36
VORANIGO 36, 37
voriconazole20
VOSEVI TAB.....23
VOWST CAP73
VRAYLAR50
vyfemla67
vylibra67
VYZULTA84
warfarin sodium74
water for irrigation,
sterile irrigation
soln92
WEGOVY93
WELIREG29
wera67
WESTAB PLUS TAB
27-1MG82
wixela inhub89
wymzya fe67
XALKORI37
xarah fe68
XARELTO 74, 75
XARELTO STAR TAB
15/20MG75
XATMEP.....78
XCOPRI54
XCOPRI PAK 100-150
.....54
XCOPRI PAK 12.5-25
.....54
XCOPRI PAK 150-
200MG
(MAINTENANCE). 54

XCOPRI PAK 150-
200MG
(TITRATION) 54
XCOPRI PAK 50-
100MG..... 54
XDEMVI..... 83
XELJANZ 78
XELJANZ XR 78
XENICAL 93
XERMELO 73
XGEVA..... 63
XHANCE..... 88
XIFAXAN 73
XIGDUO XR TAB 10-
1000 61
XIGDUO XR TAB 10-
500MG..... 61
XIGDUO XR TAB 2.5-
1000 61
XIGDUO XR TAB 5-
1000MG 61
XIGDUO XR TAB 5-
500MG..... 61
XIIDRA 84
XOFLUZA 23
XOLAIR..... 88
XOSPATA 37
XPOVIO PAK (100 MG
ONCE WEEKLY).. 37
XPOVIO PAK (40 MG
ONCE WEEKLY).. 37
XPOVIO PAK (40 MG
TWICE WEEKLY). 37
XPOVIO PAK (60 MG
ONCE WEEKLY).. 37
XPOVIO PAK (60 MG
TWICE WEEKLY). 37
XPOVIO PAK (80 MG
ONCE WEEKLY).. 37
XPOVIO PAK (80 MG
TWICE WEEKLY). 37
XTANDI 28
xulane 68
XULTOPHY INJ
100/3.6 62
YF-VAX INJ..... 80

yuvaferm68
zafemy68
zafirlukast86
zaleplon 55, 56
ZARXIO.....75
ZEGALOGUE69
ZEJULA37
ZELBORAF37
ZEMAIRA88
zenatane89
ZENPEP CAP
10000UNT73
ZENPEP CAP
15000UNT73
ZENPEP CAP
20000UNT73
ZENPEP CAP
25000UNT73
ZENPEP CAP
3000UNIT73
ZENPEP CAP
40000UNT73
ZENPEP CAP
5000UNIT73
ZENPEP CAP
60000UNT73
ZERViate.....84
zidovudine21
ziprasidone hcl50
ziprasidone mesylate
.....50
ZIRABEV37
ZIRGAN.....83
zoledronic acid63
ZOLINZA37
zolpidem tartrate...56
ZONISADE.....54
zonisamide54
zovia 1/3568
ZTALMY.....54
zumandimine68
ZURZUVAE46
ZYDELIG37
ZYKADIA37
ZYLET SUS 0.5-0.3%
.....83



This formulary was last updated on 06/01/2025.

For more recent information or other questions, contact us at (800) 665-3086, TTY: 711, October 1 – March 31: 7 days a week, 8 a.m. - 8 p.m., local time, April 1 - September 30: Monday – Friday, 8 a.m. – 8 p.m., local time or visit [SWHMA.com](https://www.swhma.com).